

WHAT WE HEARD REPORT:

Aligning Wellbeing Budgeting with Health Promotion: Opportunities and Reflections

MONTRÉAL, MAY 16, 2022

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1 Introduction

1.1 Background

Wellbeing budgeting is an innovative framework that redefines and conceptualizes societal success. A wellbeing budgeting approach monitors and reports on a broader set of measurements, beyond standard economic ones, such as gross domestic product (GDP), and aims to ensure that government actions focus on investments that improve citizens' quality of life (QoL). Wellbeing policy approaches have become a growing trend over the past decade as governments seek to integrate wellbeing and QoL considerations into decision-making and have been adopted by jurisdictions such as New Zealand, Scotland, Wales, Canada, and Finland, among several other Organisation for Economic Co-operation and Development (OECD) countries. More so, wellbeing budgeting offers an important role for public health communities to work collaboratively with other non-health sectors to help mobilize wellbeing and health equity (McLaren, 2022).

To build on this international momentum, the Université de Montréal Hospital Centre, the “Centre hospitalier universitaire Sainte-Justine”, the Montréal Regional Directorate of Public Health as part of the “Centre intégré universitaire de santé et de services sociaux du Centre-Sud-de-l'Île-de-Montréal”, the School of Public Health of Université de Montréal, and the Québec National Institute for Public Health virtually hosted the 24th World Conference on Health Promotion of the International Union of Health Promotion and Education (IUHPE) from May 15 to 19, 2022 in Montréal. This global conference brought together researchers, health practitioners, and policy makers from different countries to exchange knowledge and share experiences on progress and challenges integrating population health equity and wellbeing into decision-making, including wellbeing policy approaches.

As part of the IUHPE conference, the Public Health Agency of Canada (PHAC) co-developed a workshop with representatives from the National Collaborating Centre for Healthy Public Policy (NCCHPP), the Finnish Institute for Health and Welfare, the Finnish Ministry of Social Affairs and Health, the What Works Centre for Wellbeing, and Statistics Canada. This session offered an opportunity for wellbeing budgeting to be discussed with an international audience, to increase awareness of wellbeing budgeting within and outside of the public health sector, and to highlight the importance of the public health sector's role within this initiative.

2 Workshop Outline

On May 16, 2022, PHAC hosted a virtual workshop at IUHPE as an opportunity for Canadian and international experts to discuss the practice of wellbeing budgeting, to learn how it is implemented in different countries, and to explore how this could be transposed into other jurisdictions and sectors within and outside of health. The objectives of the **Aligning Wellbeing Budgeting with Health Promotion: Opportunities and Reflections** workshop were to:

1. To better understand the alignment between wellbeing budgeting principles and key public health concepts, namely Health in All Policies and Health Equity.
2. To determine what areas of work present opportunities and challenges to the uptake of wellbeing budgeting approaches in public health.
3. To develop a knowledge resource for the public health and policy communities based on:
 - learnings of the session;
 - outlining facilitators, barriers, knowledge gaps; and
 - experiences of working across financial and health sectors.

The workshop was facilitated by the Scientific Director of the NCCHPP, Olivier Bellefleur. The session began with an acknowledgement that the facilitator was situated on the unceded traditional territory of the Kanien'kehà:ka and participants were encouraged to acknowledge the territory in which they were joining from in the chat feature. The land acknowledgement was followed by an overview of the workshop's objectives, housekeeping items, and an outline of the workshop's proceedings.

Throughout the 75-minute virtual event, during the plenary presentations by panelists, a PHAC representative moderated an online/virtual discussion. Participants were encouraged to network using the chat feature, answer or elaborate on questions provided by the speakers, and pose questions to the speakers.

The workshop opened with a poll question to gauge participant's familiarity with wellbeing policies, with reference to three questions:

- What is your experience with wellbeing policy/wellbeing economy?
- Why are you interested in joining this session?
- What sector do you primarily work in?

Based on the responses received to the poll questions, many of the participants worked in a health-related sector and had a wide-range of familiarity with wellbeing approaches to policy. Participants were interested in learning how various wellbeing frameworks integrated planetary, economic, and health and wellbeing considerations into decision making.

2.1 Presentations

The workshop was divided into three sections with presentations given within each as follows:

Section 1: What is “wellbeing budgeting” or “wellbeing approaches to policy?”

This section included two presentations, reflecting an overview of wellbeing budgeting and its key concepts:

- *Wellbeing Budgeting and Health Promotion*, by Nancy Hey, What Works Centre for Wellbeing; and,
- *Measuring Quality of Life in Canada Part 1*, by Craig Joyce, Statistics Canada.

Section 2: Approaches to wellbeing policy

This section opened with a poll question, seeking participants' awareness, or participation in, wellbeing initiatives within their country. Participants were asked to share a description of the wellbeing approach within the chat. A summary of each wellbeing approach identified by participants is provided in Section 5.

Following this introduction, there were three more presentations, providing an overview of efforts to advance wellbeing approaches:

- *Development of the Wellbeing Economy Action Plan*, by Heli Heliätön, Finnish Ministry of Social Affairs and Health;
- *Measuring Quality of Life in Canada Part 2*, by Craig Joyce, Statistics Canada; and,
- *Hallmarks of Coherent Wellbeing Policy*, by Joanne Smithson, What Works Centre for Wellbeing.

Section 3: The role of public health and other sectors

This section included two presentations outlining public health and other sectors role in wellbeing policy approaches:

- *The Role of Public Health and Other Sectors*, by Kelsey Lucyk, Public Health Agency of Canada; and,
- *Rationale Behind a Wellbeing Economy*, Timo Ståhl, Finnish Institute for Health and Welfare.

2.2 Participant Questions

As time did not permit an interactive question period, questions from participants were collated from the online chat function. Detailed answers have been prepared by panelists and are shared in Section 4 of this report, as a means to further knowledge translation on international experiences of wellbeing budgeting.

3 Presentation Highlights

3.1 What is Wellbeing Budgeting?

The presentations in this section of the workshop highlighted the following key elements of wellbeing budgeting.

“Wellbeing is... how we’re doing as individuals, communities, and as a nation and how sustainable that is for the future” (What Works Centre for Wellbeing, 2022a). Further to this description of wellbeing, wellbeing budgeting is defined as:

The idea that we can judge a society by how much people are thriving. It is the ultimate goal of policy: it brings together the social, economic, and environmental. Pursuing wellbeing is an end in itself; not because it will improve GDP or productivity, but how economic and other policies work together to improve people’s lives (What Works Centre for Wellbeing, 2022b).

As a general concept, wellbeing budgeting seeks to redefine societal success and the method in which it is measured. It offers an alternative framework for policy makers that prioritizes health and wellbeing, the sustainability of the planet, and the quality of peoples’ lives. Wellbeing budgeting requires that policy makers shift their perspective from deficits to assets, from treatment to prevention, from short-term thinking to long-term thinking, from present generation to intergenerational considerations, and from averaging impacts to looking more closely at distribution across and within populations.

A wellbeing approach to policy recognizes that the current measure of economic wellbeing, Gross Domestic Product (GDP), while remaining an important metric, fails to capture the entirety of economic (e.g., income, employment, education) and non-economic (e.g., mental health, social connectedness, etc.) aspects of QoL (Pilling, 2018). Even the economist that developed the concept of GDP, Simon Kuznets, acknowledged that, “the welfare of a nation ... can scarcely be inferred from a measurement of national income, as defined by GDP” (Kuznets, 1934). Further, a focus on GDP tends to omit the unequal distribution of benefits and harms, neglects the importance of unpaid labour such as caregiving, and fails to consider environmental harms that reduce wellbeing and QoL for present and future generations.

In response to these shortcomings, a number of international organizations have explored how to conceptualize and measure wellbeing to look beyond GDP. For example, in 2009, France commissioned the Sen-Stiglitz-Fitoussi report in the context of the 2008 recession (Stiglitz et al., 2018). The report discouraged over-reliance on measures like GDP in favour of an approach that speaks to a variety of aspects of economic growth and societal progress, and its publication represented an acceleration of ‘beyond GDP’ thinking post-recession. Subsequently, frameworks of this nature advocated by the What Works Centre for Wellbeing, Organisation for Economic Co-operation and Development (OECD), the United Nations (UN), and the Wellbeing Economics Alliance have been influential in encouraging decision makers to apply these wellbeing frameworks to foster more comprehensive evidence-based policymaking. These initiatives share common themes including (Department of Finance Canada, 2021):

1. Wellbeing – holistic measurement, including income and wealth, but also non-economic factors like health, housing, environment;

2. Equality – the distribution of outcomes across sub-groups; and,
3. Sustainability – whether today's prosperity undermines future living standards.

All wellbeing frameworks include a set of domains that matter most for the QoL in their country and include a set of indicators to measure performance within those domains. Although, specific frameworks vary from country to country, most include similar set of indicators based on the OECD's well-being framework as a tool to capture progress towards meeting the UN 17 Sustainable Development Goals.

3.2 Approaches to Wellbeing Policy

International panelists from Canada, Finland, and England presented on their respective wellbeing budgeting initiatives. A summary of each wellbeing policy approach is described in the following paragraphs.

3.2.1 Finland's Economy of Wellbeing

The Economy of Wellbeing (EoW), much like other wellbeing approaches to policy, put people and their wellbeing at the centre of policy and decision-making. An EoW recognizes the mutually reinforcing nature of wellbeing and economic growth. Considering wellbeing within all policies is critically important to economic growth, productivity, fiscal sustainability, as well as to societal stability, and democracy (Voipio-Pulkki et al., 2019).

In 2019, during Finland's Presidency of the Council of the European Union (EU) the Council outlined several priorities for the EU's new Strategic Agenda 2019–2024 including education, social security, gender equality, healthcare, and safe and healthy working environments. In an effort to meet those priorities, Finland's Ministry of Social Affairs and Health began work on integrating an Economy of Wellbeing (EoW) policy approach to decision-making. As such, the Ministry of Social Affairs and Health (2022) has been working toward the development of an action plan for an EoW. A high-level steering group that contains members from different ministries, the private sector, and non-governmental organizations directs this action plan.

The Ministry of Social Affairs and Health highlighted the importance of defining and delineating the concept of the EoW, which is an ongoing process, and having a strong knowledge base (including for the development of indicators and to strengthen the know-how to improve shared understanding of EoW). Based on Finland's experience in developing the EoW, they have provided a number of important lessons for integrating EoW into strategic-steering and decision-making, including:

Tools and resources for policy makers to implement an EoW include:

- Steering policy by setting strategic objectives (e.g., where do we want to go, ensuring that economic governance and budgeting processes are using the indicators for the objective set), utilizing and informed by international examples and experiences of WBB.
- Showing the investments in wellbeing budgeting versus showing what the costs are if nothing is done,
- Displaying how an EoW supports other key government initiatives (e.g., Sustainable Development Goals); and,
- Balancing social, economic, and sustainability considerations during the policy process.

Legislative tools for EoW implementation include:

- Considering how current legislation affects future generations (e.g., Wales Well-being of Future Generations Act) and planetary health.
- Involvement of civil society and empowering citizens to support the implementation of EoW,
- Preventing the exclusion of equity-seeking groups; and,
- Strengthening the use of impact assessments in decision-making.

Additional recommended resources and approaches for EoW implementation include:

- Research and competence – e.g., the results of an impact assessment can often exist in silos (e.g., economic, social, and environmental impact assessments). However, there is a need for an assessment that evaluates the impacts of policy across multiple sectors; and,
- Implementing an EoW requires an intersectoral and communicative approach, where different departments and levels of government work collaboratively to achieve the goal of integrating an economy of wellbeing.

3.2.2 Canada's Quality of Life Framework

In Canada the Department of Finance (2021) led the development of a national Quality of Life Framework, with the goal of better incorporating QoL measurements into government decision-making and budgeting. This framework was developed through consultation with Indigenous organizations, provincial and territorial officials, colleagues across the federal government, domestic and international experts, and through issuing focus groups and surveying Canadians to ensure that the framework remains evidence based and reflects the values of Canadians themselves. The Framework includes five broad domains of QoL such as prosperity, health, environment, society, and good governance. Further, each domain is organized into 2 to 4 sub-domains, to measure how Canadians are doing in specific areas. In order to provide flexibility for various applications of this framework, the indicators are also organized into headline, core, and additional indicators.

The Framework also applies two lenses to each of its five domains: (i) fairness and inclusion, and (ii) sustainability and resilience. The fairness and inclusion lens promotes greater equity and equality by assessing the distribution of all outcomes across different sub-populations. The sustainability and resilience lens promotes long-term thinking and ensures that the policy decisions made today are contributing to a higher QoL in the future.

3.2.3 What Works Centre for Wellbeing Policy Approach

The United Kingdom (UK) Prime Minister established the What Works Centre for Wellbeing in response to the Commission on Wellbeing and Policy in 2014 and as a continuation of the 2010 UK National Wellbeing Measurement Programme. Since then, the Centre has continued to develop and share robust evidence for wellbeing that governments, communities, and others can use to improve wellbeing. In their experience

collaborating with jurisdictions to incorporate wellbeing into policy decision-making, the Centre provided six hallmarks for a coherent wellbeing policy:

1. Inclusive understanding and definition of wellbeing
 - An example comes from the Canberra's Australian Capital Territory (ACT) Wellbeing Framework (2020) where, "wellbeing is about how we are doing, as individuals, as a community, and as a place to live. It's about having the opportunity and ability to lead lives of personal and community value – with qualities such as good health, time to enjoy the things in life that matter, in an environment that promotes growth and is sustainable. Measuring wellbeing is about having a sense of our progress around the things that matter to our QoL and help us to live our lives well."
2. Improving wellbeing and reducing inequity are policy goals
 - Indicators to measure social progress and wellbeing, alongside traditional economic measures, can help frame the government's focus for decision-making and investment (e.g., The ACT Wellbeing Framework, 2020)
 - A wellbeing framework should have a measurement for inequalities in wellbeing (e.g., dispersion, gaps between groups, and deprivations)
3. Powered by evidence of:
 - wellbeing needs (e.g., needs assessments)
 - what works (e.g., basing new wellbeing policies on existing effective policies)
4. Targets wellbeing factors that matter
 - The framework should target wellbeing factors that matter to citizens and enhance QoL, like work, income, society and governance, emotional and mental health, and relationships and communities
5. Comprehensive performance measures
 - Contains both subjective and objective measures and understand how they play out together
 - Metrics across the life course
 - Measure both individual and community wellbeing (Section 6.2)
6. Implemented to maximize benefits
 - Three common misunderstandings about 'doing implementation' among policy makers:
 - "It seemed like a good idea at the time": the unreflective approach to implementation (e.g., implementing a strategy hastily)
 - Train and pray: the simplistic approach to implementation (e.g., intending to provide a training course, but not following through)
 - The more the better: the over ambitious approach to implementation (e.g., "we'll just do a lot of it")
 - Draw upon examples provided by other jurisdictions, within the Wellbeing Measures bank (Section 6.1), to maintain consistency from nation to nation

- Provide access to wellbeing research
- Collaborating across silos to learn together
- Make it relevant for policy makers to implement evidence-based wellbeing policies

3.3 The Role of Public Health and Other Sectors in Wellbeing Budgeting

Presentations by PHAC and Finland highlighted key advantages, as well as some challenges, for public health's role in wellbeing budgeting (Public Health Agency of Canada, 2022). The role of public health in the field of wellbeing budgeting is an opportunity to advance efforts on the social determinants of health (Braveman & Gottlieb, 2014; World Health Organization [WHO], n.d.). In order to have the greatest impact on health, wellbeing, and health equity, public health action must go beyond the health sector to keep people healthy in the first place, and to pursue action at the most upstream level of intervention (McLaren, 2022).

Wellbeing budgeting frameworks, like an EoW, redefine success by complementing the GDP measure with other social, environmental and democratic measures, to “manage the economy for the people, and not the other way around”. It challenges governments to consider the shared understanding of wellbeing and can help build in consideration for key intersectoral issues, including employment, equity and gender equality, and climate change. The EoW and QoL frameworks represent a way to guide economic growth so that it supports public health goals and promotes and maintains peoples' wellbeing. Based on Finland's experience with Health in All Policies and Economy of Wellbeing, it is important to note that it takes a long time to build systematic and sustained work across sectors, and that the policies, structures, and dialogues developed to support wellbeing approaches need to continuously re-evaluated over time to ensure that they continue to support the wellbeing of the population.

As an example of how public health can be involved in wellbeing budgeting initiatives, PHAC played a distinct role in shaping the QoL framework early on in developing the health domain, with consideration for determinants of health across other domains. PHAC worked collaboratively with interdepartmental committees (and committees of decision makers) to provide expert advice and guidance on the framework's indicators and technical definitions utilizing a social determinants of health and health equity lens. However, some challenges were experienced through this collaboration, reflective of ongoing tensions in population health to address short-term and long-term needs. Key challenges from a public health perspective included: representing the complexity of influences on health in a simplified snapshot; narrow focus of the health domain on health care and individual behaviours; and a lack of standardized language and terminology.

Despite these challenges, opportunities for public health engagement and collaboration across sectors to discuss the QoL framework prevailed, and PHAC's engagement was an overall success. First, the QoL work has led to significant investments into social determinants of health-related data and data disaggregation. Second, the active engagement approach taken by the Department of Finance to establish the framework has resulted in senior-level buy-in for intersectoral action and a model that could be applied to other initiatives requiring horizontal coordination. Finally, the development and implementation of the framework strengthened PHAC's role at decision-making tables, through providing expertise and guidance on the consideration of the determinants of health across all domains.

4 Participant Questions

The webinar was scheduled to have an interactive discussion period following the presentations, where panelists would answer questions from participants. However, due to time limitations, the questions raised by participants in the chat are collated, with responses included, in the material below.

Please note that some questions that were specific to one or more presenters have been broadened to permit a wider array of responses from panelists. The answers provided by the panelists are included below and have not been edited, and thus may include repetitious information.



FAQ 1: How do you make sure that the most marginalized groups are meaningfully included in the development and implementation of wellbeing measurement and policy?



Craig Joyce, Statistics Canada: At its core, the Quality of Life Framework is about understanding how Canadians experience the quality of their lives across a variety of domains, and how QoL outcomes are distributed across the population. It enables a data-driven approach to understand who is doing well, who is doing less well, and on what measures, so that resources can be more effectively targeted to meet the greatest needs.

Throughout the development of the Framework, efforts were made to include a diverse range of voices to ensure that the Framework reflects the values of Canadians themselves through an iterative process of consultation. This included groups representing racialized Canadians, and Indigenous-led organizations. In addition, all Canadians were (and are) invited to provide their feedback directly via the Department of Finance's [discussion paper](#), released with Budget 2021 (Department of Finance Canada, 2021).

The Framework is at an early stage of development and implementation. The work to include the voices of marginalized Canadians will need to be ongoing. In particular, collaboration with Indigenous communities across Canada will be key, and this remains at an early stage.



Kelsey Lucyk, Public Health Agency of Canada: The Quality of Life Framework was developed in consultation with diverse groups, including Indigenous-led organizations and by public opinion research conducted with Canadians. It is important that the Framework recognize the voices and experiences of diverse groups of people living in Canada, as significant health inequalities are experienced among Indigenous peoples, sexual and racial minorities, immigrants, people living with functional limitations, and other socioeconomic groups. The framework promoted data disaggregation, which gave further insight into inequalities in wellbeing for diverse groups of Canadians, for health and related outcomes, as well as the factors that influence those outcomes.

Complementary to the QoL framework, public health seeks to understand health and social inequities to better address social determinants of health and health equity – a core value of the field. In support of health equity, it is important that population-level

decision-making tools that have the potential to shift the structures and systems that makes people well, like the QoL framework, be used in complement with measures that seek to understand the distribution of impacts on different population groups. Sex and Gender Based Analysis Plus and the Health Inequalities Data Tool are two examples of resources that can complement QoL decision-making to comprehensively consider wellbeing within and between groups. Improving access to information about health inequalities is a crucial step towards supporting action to address existing disparities.



Nancy Hey, What Works Centre for Wellbeing: Distribution - within wellbeing drivers, between groups and basic minimums are a core part of a wellbeing approach, see the OECD Better Life model. We applied this in our COVID WIRED impact of the pandemic work and you can see it in distributional analysis approaches by Treasuries and Inclusion statistics innovations.

More specifically, we have three other projects that have done this:

1. Co-developing measures with people in severe financial hardship
2. Joint decision making 'what works' - careful of harms here, true also of digital approaches that can exacerbate loneliness if people can't use them
3. Indicators of loneliness in London



FAQ 2: How are subjective wellbeing measures (i.e., life satisfaction, extent to which individual experiences meaning and purpose) currently being assessed within the wellbeing budgeting frameworks in your jurisdiction? Is qualitative data also being used to report on these domains?



Craig Joyce, Statistics Canada: The [QoL] Framework is comprised of a set of 84 indicators across five domains, and these are a deliberate mix of subjective and objective measures. Importantly, the Framework implements a measure of 'sense of meaning and purpose' to get at eudaimonic aspects of well-being, which has not been traditionally measured in Canadian household surveys in the past.

In general, subjective measures of well-being, like life satisfaction and sense of meaning and purpose, are used to monitor the overall experience of QoL in Canada, or to yield important insight into what key determinants of well-being might be. These measures are viewed more as 'outcomes' from Canadians' own perspectives. Other measures in the Framework support these as key determinants of well-being, and often it is these determinants rather than the subjective outcome measures that align best with policy objectives.



Nancy Hey, What Works Centre for Wellbeing: The UK incorporates wellbeing data and evidence, including subjective wellbeing measures, into policy making and spending through the Green Book guidance.

It sets out that you can use wellbeing domains and subjective wellbeing evidence for:

1. Setting policy objectives - this is key, what's your focus, why and how
2. Descriptive assessment of likely impacts
3. Quantitative impact assessment
4. Monetising where robust causal values are available with agreed values
5. Evaluation where there are still gaps in the evidence base



FAQ 3: How have wellbeing budgeting frameworks been influential in initiating or supporting environmental conservation in your jurisdictions? What criteria, if any, is used to determine which areas are reserved for conservation?



Craig Joyce, Statistics Canada: The [QoL] Framework includes a measure of 'Natural capital', which will be funded by a new 'Census of the Environment', which was also funded in Budget 2021 alongside the QoL Framework. It also includes a measure of 'conserved areas'. Together these will lay an important data foundation for evidence-based decision-making in the area of environmental policy.

Note that the Framework is at an early stage of implementation, and it is too early to say how it will influence specific priorities. However, in general it has been designed as a way to make decisions about complex issues in a multidimensional way.



Kelsey Lucyk, Public Health Agency of Canada: The relationship between the environment and well-being is recognized in Canada's QoL framework, with one of its five domains focused on the environment. Under this domain, the 'conserved areas' indicator will be used to measure the amount and proportion of Canada's terrestrial and marine area that is recognized as conserved.

More so, the connection between environmental conservation and public health is recognized in the Public Health Agency of Canada's commitment to One Health approaches to address public health and environmental risks. The environment has long been recognized as an important factor in public health, health and disease, and wellbeing. With increasing attention to the ecological determinants of health, public health approaches are evolving to address health impacts related to environmental and ecological change.



Nancy Hey, What Works Centre for Wellbeing: There are Natural Capital accounts in the UK. There are some mechanisms for using this in decision-making. In subjective wellbeing methods, impacts on future generations can be included.



FAQ 4: How does the WHO Geneva Charter for Wellbeing apply to and align with wellbeing policy approaches?



Craig Joyce, Statistics Canada: The ambitions of the QoL Framework are well-aligned with the WHO Geneva Charter for Wellbeing. The Framework is part of a long, global movement 'beyond GDP' that has been accelerating since the 2009 report by the Commission on the Measurement of Economic Performance and Social Progress (The Stiglitz Report). This report highlighted the

need for multidimensional thinking about what progress means and how we measure it, about reducing our negative impacts on the natural world, and about prioritizing inclusion and paying greater attention to how outcomes are distributed across society. The WHO Charter echoes many of these themes.



Kelsey Lucyk, Public Health Agency of Canada: The WHO (2021) Geneva Charter for Well-being recognizes that well-being requires multi-sectoral policies for health and involvement from governance at all levels. This aligns with PHAC's priorities as listed in PHAC's Chief Public Health Officer report (2021), where there is an aim to utilize whole-of-government and intersectoral action on social, structural, and environmental conditions that lead to poor health. Canada's QoL (QoL) framework recognizes the importance of intersectoral action in its holistic approach, which acknowledges the crosscutting nature of the drivers of health, and health inequities. This holistic approach aligns with key health promotion responses, including healthy public policy, by building in considerations for the social determinants of health through the measurement and monitoring of indicators, such as healthy eating environments, elements of social cohesion, the structural determinants of health, the ecological determinants of health, stigma and discrimination, and socio-environmental indicators.

The WHO (2021) Charter also states that a well-being society is one that will implement new indicators of success, beyond gross domestic product (GDP), take account of human and planetary wellbeing, and adopt new priorities for public spending. Along similar lines, Canada's QoL framework recognizes that while GDP remains an important metric, it fails to capture both the economic and non-economic aspects of QoL. Therefore, the framework provides domains that go beyond GDP measurements to measure the factors that influence people's wellbeing. The domains include prosperity, health, environment, society, and good governance. Thus, the priorities within the Charter and the measurements and metrics within the QoL framework align with PHAC's mandate to promote and protect the health of Canadians (Government of Canada, 2021).



Nancy Hey, What Works Centre for Wellbeing: My view on a Wellbeing State is [here](#)¹.



FAQ 5: Are there risks (e.g., to public health) that come with shifting to wellbeing policy approaches? How does wellbeing budgeting complement and/or differ from other public health perspectives (e.g., HiAP, Healthy public policy).



Craig Joyce, Statistics Canada: Risks might include:

- Overwhelming the policy process with too many measures that are not commensurate with one another;
- Becoming 'human centric' at the expense of the environment. There are lots of 'well-being maximizing' strategies that come at a cost to environmental sustainability;

¹ <https://whatworkswellbeing.org/blog/the-wellbeing-state-a-long-term-approach-to-national-resilience-and-wellbeing/>

- Difficulties of creating space for salutogenic or strengths-based approaches to policy where the default mode can often be to 'fix problems once they occur. Well-being or QoL's logical conclusion is preventive policy, but the 'problem of prevention' remains a difficult one: it requires resources *before* problems arise in a system that is often more inclined to prioritize emergencies.
 - Related to this: being seen as 'taking resources' from policy that is deficit based, like poverty reduction. While poverty reduction remains an imperative, alone it is not enough to ensure the well-being of a population as evidence shows us.

I will leave others to comment on HiAP and Healthy Public Policy, as I am less familiar with the nuances of these, though they strike me as entirely consistent with the ambitions of a well-being approach.



Kelsey Lucyk, Public Health Agency of Canada: As a policy approach that systematically takes into account the health implications of decision, Wellbeing Budgeting (WBB) is similar to Health in All Policies (HiAP) as both policy approaches aim to avoid harmful health impacts of policy decisions in other sectors. WBB and HiAP are tools for population health promotion, promoting health equity and advancing the social determinants of health. At PHAC, the complementary nature of HiAP and WBB is reflected in the governance of, and support for research, analysis and policy direction of both approaches. Both HiAP and WBB are situated in the same division – the Health Equity Policy Division – of the Public Health Agency of Canada. By having these located together in an organizational structure, it allows for both WBB and HiAP to benefit from shared resources, analytical and policy functions, collaborations and networks, to work intersectorally and address social determinants of health from the upstream level of action.

Risks or challenges to championing wellbeing policy approaches are not unique to public health or public health's role in wellbeing policy. From our experience in Canada, one challenge faced while working on the QoL framework was lack of common language. As an emerging policy approach, there is no explicit or common definition of WBB identified in literature, which speaks to the relative infancy of WBB as an area of focus for public policy. The concepts of WBB (as well as public health concepts like SDH) can be quite complex, so the lack of a 'common language' can introduce barriers in sharing knowledge and evidence about ongoing "wellbeing"/QoL initiatives.



Nancy Hey, What Works Centre for Wellbeing: Yes, I think there can be risks depending on where the focus is coming from for a wellbeing approach e.g., finance, joined up public service, environment, public health, subjective wellbeing etc. needs strong leadership.

Risks are:

1. It can be confusing and overwhelming - where do you start?
2. Over-focus on collaboration can turn inwards and too many meetings, you spend the whole time talking to people - systems are better
3. I've seen very important things missed e.g., drug & alcohol deaths in Scotland
4. Not looking further at the detail about what's going on e.g., on crime - an incident in a low crime rate area has bigger impact on subjective wellbeing than it does in high crime area because its more noticeable and sadly we adapt to bad circumstances. This is about how you work out what the policy problem and strategic objective is.

5. How do you account for funding intended to create health that happens outside the health sector in system terms?
6. Health system forgets it needs to do stuff on wellbeing too - mental health, mental health for those with physical health conditions, physical health for those with mental health conditions, pain, palliative/end of life care for patient and those who love them.

At its best subjective wellbeing helps health a lot though - because it picks up in a single metric the things that matter and shift focus to 'healthy life expectancy.' Wellbeing was found to be a great word for public health teams to make a shared narrative with other vital services in local settings.



Timo Ståhl, Finnish Institute for Health and Welfare: One of the risks, which is also a benefit, is the concept of wellbeing. While Health in All Policies is sometimes criticized of being health imperialism and the ownership of the health concept lies within health sector, ministry of health at the government level, there is not similar ownership when it comes to concept of wellbeing. In practice it can mean that more sectors find it acceptable and not stepping to another work domain. However, wellbeing as a concept is not easy to define precisely which means people understand it in different ways. And, since there is no clear ownership, it can mean that it's no one's business. This creates policy space for the government (Prime Minister's Office) to take ownership of the concept and approach.

It may also be confusing when people are talking about these approaches (HiAP, whole of government, healthy public policy). Not everyone understands the differences of the concepts and when, in what context they should be used. Wellbeing budgeting can be seen as a continuum starting from Healthy Public Policy, Health in All Policies and Wellbeing budgeting. Wellbeing budgeting highlights the importance of health and wellbeing in the development (also economic) of the society and emphasizes their interrelationships.



FAQ 6: What is the role of public health and/or other sectors in wellbeing policy approaches?



Craig Joyce, Statistics Canada: Public health is one of the early (and I would say, still one of the few) areas of policy that champion prevention, salutogenic approaches to policy, and as such, public health is an important tradition to build upon here. We cannot maximize QoL by only addressing our deficits (like homelessness and poverty). More is needed. Public health experts understand this very well.



Kelsey Lucyk, Public Health Agency of Canada: Similar to the intent of wellbeing policy approaches, public health strives to promote policy approaches that adopt a holistic approach to improve population health and health equity - approaches that acknowledge the complexity and drivers of health and wellbeing. With this common intent, public health has a role to simultaneously promote and advance wellbeing policies to improve population health through intersectoral action.

Canada's QoL Framework is an illustration of public health's role in Wellbeing policy approaches. PHAC was engaged early on to help inform the development of the QoL Framework, with particular interest in developing the health domain, and has contributed to the initiative in a number of ways:

- PHAC was involved in the QoL frameworks' workshops and technical and governance tables since early planning on the health and other domains, with consideration for determinants of health across other domains.
- PHAC applies the QoL framework during preparation for budget proposals
- PHAC utilized its internal expertise to ensure that core public health functions (i.e., chronic disease prevention, health promotion, surveillance and infectious disease prevention and control expertise) were consulted in the development QoL framework.
- As the QoL framework is incrementally implemented across various departments, PHAC continues to be involved and engaged in the ongoing QoL implementation through ad hoc requests for support on technical interpretations, knowledge translation events with stakeholders.



Nancy Hey, What Works Centre for Wellbeing: At its best, it [public health] is a wellbeing approach. I think the treatment, prevention, promotion model of thinking is brilliantly useful. Public health is also very data and evidence literate - public health teams often seem to provide the data for all services in a place to use.



Timo Ståhl, Finnish Institute for Health and Welfare: Public health, health sector needs to advocate the concept and its implementation. It has a long experience of work across sectors and how to make it systematic and sustained (tools and mechanisms have been developed especially in HiAP). That's also a key task in wellbeing budgeting. There is no wellbeing budgeting if not all sectors participate in it.



FAQ 7: What conditions might prevent or facilitate health and/or other sectors from participating in wellbeing policy approaches?



Craig Joyce, Statistics Canada: One thing that is (often) unique about well-being policy is that it tends to come from the centre of governments in some way, shape or form (prime minister's offices, central treasuries). In Bhutan, it was championed by the King. In Canada, [the Department of Finance Canada] (FIN), an important central agency. This is a huge opportunity as that kind of central support sends an important message. This creates probably both challenges and opportunities for public health actors. It may be a challenge in the sense that health stakeholders are less likely to have direct relationships with central bodies than they have with health ministries. However, the opportunity is that where those relationships can be established, central governments can really amplify the message and influence the policy process in ways that other actors cannot.



Kelsey Lucyk, Public Health Agency of Canada: One challenge previously mentioned was the lack of common language. Engaging other sectors without common language, terms and consistent definitions may present barriers in determining commitments, driving accountability and measuring outcomes across sectors. However, the lack of common language should not dissuade various

levels of governments, non-health sector partners and the public health community from collaboratively participating in wellbeing approaches. To illustrate, public health's (and other sectors') longstanding history of creating flexible and adaptable frameworks (such as HiAP, healthy public policy), despite the lack of 'common language'; but with the common goal and intention to advance drivers of equity, health and wellbeing.

Notwithstanding, wellbeing policy approaches present unique opportunities to leverage multi-sectoral buy-in for whole-of-government approaches. Given the current momentum for WBB, implementation tools (such as Canada's QoL framework and New Zealand's Living Standards framework) can continue to facilitate intersectoral action on social determinants of health and wellbeing, with the buy-in of senior-level decision makers, as well as Canadians who are monitoring QoL reporting over time.



Timo Ståhl, Finnish Institute for Health and Welfare: I agree with Craig's answer. In addition, we have to remember that the more complex and wider the issue/problem is, the more important it is that it's led by the management (central government) which has power to influence each sector.



FAQ 8: How do we build buy-in across sectors for new initiatives, such as wellbeing budgeting and wellbeing economy?



Kelsey Lucyk, Public Health Agency of Canada: It is important to create a clear vision and common goals that will unify diverse sectors. The particular challenge with wellbeing budgeting is that the concept of wellbeing can be defined and understood in many ways across sectors. Therefore, it is important to develop a common language and to frame messages that make sense from the perspective of other sectors who have their own concerns and mandates. It is also important to engage with diverse sectors in the early planning stages and throughout the life of an initiative, to create collective goals and propose efforts that align with the mandates of specific sectors. The facilitation of intergovernmental committees, for example the Assistant Deputy Minister committees that were convened as part of the Government of Canada's QoL initiative, can help achieve common goals across sectors through continued collaboration.



Craig Joyce, Statistics Canada: To the extent that well-being is a part of the budgeting cycle is likely to be a huge win for creating buy-in broadly, because everyone cares/pays attention to budgets if they depend upon them for resourcing. So that is already a head start. Otherwise, I think this is a hard question to answer. These initiatives are all very young and time will tell how they unfold.

Agree with Kelsey's view and I would add, this is where subjective well-being is helpful. It puts some parameters around what we are speaking about, and what we are not.



Timo Ståhl, Finnish Institute for Health and Welfare: Agree with Kelsey and Craig and would just add the synergies and policy coherence that can be achieved.



FAQ 9: How can we leverage opportunities to systematically integrate health considerations into decision-making?



Kelsey Lucyk, Public Health Agency of Canada: Utilizing tools that support Health in All Policies and Wellbeing Budgeting approaches such as health impact assessments can help promote health considerations in decision-making by identifying the potential health effects of a policy or program on a population. Based on findings from a health impact assessment, recommendations can be made to enhance health benefits and minimize health-related harms.

Raising awareness across non-health sectors of the intersections between health and social, economic, and environmental determinants can help decision makers understand the importance of integrating health considerations. This can help ensure that those working in the health sector are actively part of discussions with collaborators and decision makers.



Nancy Hey, What Works Centre for Wellbeing: Build data into systems - make it easy to use and understand - building capacity and capability not just motivation above. Partner with the What Works Centre for Wellbeing - we're a proven institutional mechanism for knowledge use.



Timo Ståhl, Finnish Institute for Health and Welfare: I would also speak for the tools and mechanisms already available and systematically developed e.g., in Health in All Policies approach. We should remember that wellbeing budgeting is a complementary approach, not an approach that replaces other approaches (e.g., HiAP, whole of government etc.).

5 Wellbeing Policy Approaches

With the intention of keeping the session interactive, the webinar moderators invited participants to share the wellbeing policy approaches implemented in their country. Participants identified the following wellbeing policy approaches in the chat. Provided below is a brief description of each approach.

5.1 New Zealand: Living Standard's Framework

In 2019, New Zealand released its first wellbeing budget. The [New Zealand Treasury's Living Standard's Framework \(LSF\)](#) informed decision-making for this budget, along with all other subsequent wellbeing budgets (The Treasury New Zealand, 2022). The LSF recognizes that human, environmental, social, physical, and financial capital needs to be developed and sustained in order to achieve wellbeing. New Zealand's Treasury is also developing a complementary framework to sit alongside the LSF, He Ara Waiora, which draws on a te ao Māori perspective. Both frameworks are used to analyze the distributional impacts of policies across different groups and the environment.

The LSF contains three levels:

- i. Level 1: Our Individual and Collective Wellbeing
 1. Includes 12 domains that reflect what research and public engagement have shown are important for the wellbeing of both individuals and collectives, such as whānau – a Māori-language word for extended family, and communities of place, identity, and interest.
- ii. Level 2: Our Institutions and Governance
 1. This level captures the role New Zealand's institutions play in safeguarding and building wealth, as well as facilitating the wellbeing of individuals and collectives.
 2. The institutions are disaggregated into six spheres.
- iii. Level 3: The Wealth of Aotearoa New Zealand
 1. This level captures how wealthy New Zealand is as a country, including sources of wealth not fully captured in the system of national accounts, such as human capability and the natural environment.

5.2 Ireland: Ireland's Well-being Framework

The Government of Ireland released its first report on a wellbeing framework in 2021. The National Economic and Social Council carried out significant stakeholder consultation, which informed the report. The report included a guiding vision, goals and an initial [Conceptual Framework for Ireland](#) with a supporting dashboard of indicators. Phase two of this work included wide-ranging consultation, further research, and the

launch of a wellbeing portal, and the Central Statistics Office's (CSO) Wellbeing Information hub, which provides wellbeing information and a dashboard of key indicators. As part of phase two, a second report was published in 2022. The second report included an updated well-being framework, which includes 35 indicators divided across 11 dimensions of wellbeing, with sustainability and equality as crosscutting themes.

The Framework contains 11 dimensions, which are:

- subjective wellbeing
- mental and physical health
- income and wealth
- knowledge, skills and innovation
- housing and the built environment
- environment, climate and biodiversity
- safety and security
- work and job quality (paid and unpaid)
- time use
- community, connections and participation
- civic engagement, trust and cultural expression

The overarching goals of the framework are:

- Providing a good standard of living which includes:
 - enabling people to have purposeful lives that support good physical and mental health; and,
 - enabling development of skills across the life cycle.
- Ensuring a sustainable sense of place, including an appropriate and safe place to live, and protection of Ireland's environment, climate, and biodiversity.
- Preserving balance, inclusivity, and equality of opportunities across society with an open and effective government. Empowering families, friends, and communities to grow, connect, and meaningfully engage with government.

5.3 United Kingdom: Valuation of Wellbeing Supplementary Guidance to the Green Book

In 2021, the United Kingdom's Government Economics Service and Social Research Service released the [Valuation of Wellbeing Supplementary Guidance to the Green Book](#). Her Majesty's (HM) Treasury's Green Book (2021) provides instruction on how to appraise policies, programs and projects. It also provides guidance on the design and use of monitoring and evaluation before, during and after policy implementation. The supplementary wellbeing guidance was developed by the Social Impacts Task Force, through a specialist cross government sub-group on wellbeing appraisal, which included input from various government departments, independent organizations including the What Works Centre for Wellbeing, academics, economists, and public health practitioners. The supplementary wellbeing guidance provides tools that are to be used by decision-makers within the UK, with other guidance issued by the HM Treasury, like the Green Book to inform policy making and policy appraisal. The aim of the supplementary wellbeing guide is to incorporate wellbeing monitoring and evaluation across organizations, while following the requirements of the Green Book. Further, this supplementary guide to the Green Book provides other tools including an overview of the key findings from the current wellbeing literature, and guidance on how to conduct wellbeing impact assessments.

6 Wellbeing Budgeting Tools and Reports

Participants throughout the webinar in the chat feature identified the following tools and/or reports that may help support wellbeing budgeting implementation. Provided below is a brief description of each tool or report.

6.1 Wellbeing Measures Bank

The [Wellbeing Measures Bank](#) was developed by the What Works Centre for Wellbeing, an independent organization formed by the United Kingdom (UK) government in 2014 to provide evidence-informed policy recommendations for decision-makers (What Works Centre for Wellbeing, n.d.). The Wellbeing Measures Bank is a searchable database of metrics and measures that can be used to assess changes in wellbeing in an evaluation. It contains measures, tools, and instruments that assess the subjective wellbeing of individuals. It does not include objective measures. Currently, this tool provides measures that are being used by the UK's Office of National Statistics to assess the nation's wellbeing progress.

The Wellbeing Measures Bank includes stand-alone questions, inventory measures, and indices where a number of questions are asked together as a set to measure one variable of interest. The measures that are in the bank have been widely tested and are included in many national surveys. Additionally, the Wellbeing Measures Bank contains a guide to help users select measures for their evaluation.

6.2 Different People, Same Place Project

The What Works Centre for Wellbeing (2021) developed a model that describes the relationships between individual and community wellbeing². The What Works Centre for Wellbeing is an independent collaborating centre, launched by the United Kingdom government in 2014 to provide wellbeing research to inform decision-making. The What Works Centre for Wellbeing conducted the [Different People, Same Place project](#) in collaboration with Warwick and Birmingham Universities, in partnership with Spirit of 2012 and the Centre for Ageing Better. The model is intended for policy makers and decision makers who are working to improve community wellbeing. It highlights how policy interventions affect various groups of people within the same place differently and how these interventions affect individual and community wellbeing differently. This model was recently used by the Centre to highlight how individual experiences within a community differed during the COVID-19 pandemic to inform decision-makers that are designing and delivering community-based interventions to improve wellbeing outcomes (Jopling et al., 2022).

6.3 Understanding Local Needs for Wellbeing Data: Measures and Indicators

The [Understanding Local Needs for Wellbeing Data](#) report is a product of a project co-commissioned by the United Kingdom's Office for National Statistics (ONS) and Public Health England, in collaboration with the What Works Centre for Wellbeing and Happy City (What Works Centre for Wellbeing, 2017). This report produced sets of Local Wellbeing Indicators that measured individual wellbeing and its determinants at the

² A full description of the model's structure and usage can be found at: <https://whatworkswellbeing.org/resources/model-different-people-same-place/>

municipal level to inform national decision-making within the United Kingdom. Further, it provided recommendations for additional indicators to provide more insight in specific areas and contexts. The purpose of the new set of indicators is to provide a balanced, holistic picture of wellbeing and its determinants, giving decision-makers an overview of community wellbeing and provides insight into how to improve wellbeing outcomes.

6.4 The World Happiness Reports

The [World Happiness Reports](#) are a publication of the United Nation's Sustainable Development Solutions Network. The first edition of the Report was released in 2012, as a response to the United Nations General assembly calling on member states to "undertake steps that give more importance to happiness and well-being in determining how to achieve and measure social and economic development" (Helliwell, 2019). Annual World Happiness Reports contain national rankings of happiness, drawing data provided by the Gallup World Poll. The reports measure six factors (levels of GDP, healthy life expectancy, having someone to count on in times of trouble, sense of freedom to make key life decisions, trust, and generosity) to show the estimated extent to which these factors contribute to higher life evaluations in each country. Data from the Gallup World Poll is used to inform the OECD How's Life report. This report is published every two years and provides information on wellbeing across 40 countries (World Happiness Report, n.d.).

6.5 Office for National Statistics Health Index

In the United Kingdom, indices have been developed to measure specific domains. For example, the [ONS Health Index](#) is an interactive tool that displays how health has changed in each local authority across England between 2015 and 2019. The Health Index can reveal different trends that are emerging between regions (Office of National Statistics, 2022).

The Health Index contains 14 different subdomains to measure health including:

- Children and young people (early year's development, school attendance, teenage pregnancy, and young people in education, employment and apprenticeships).
- Physical health conditions
- Living conditions
- Difficulties in daily life
- Behavioural risk factors
- Crime
- Mental health
- Personal wellbeing
- Economic and working conditions
- Physiological risk factors
- Protective measures
- Mortality

- Access to green space
- Access to services

6.6 Key Health Inequalities in Canada: A National Portrait

This [report](#) is a product of the Pan-Canadian Health Inequalities Reporting (HIR) Initiative, which was a collaboration between PHAC, the Pan-Canadian Public Health Network, Statistics Canada, and the Canadian Institute for Health Information, and the First Nations Information Governance Centre (PHAC, 2019). The HIR Initiative based the project on the framework developed by the World Health Organization (WHO). The objectives of the project were to strengthen the measurement, monitoring, and reporting of health inequalities in Canada through improved access to data. Data from the HIR Initiative can be accessed using the interactive online [Health Inequalities Data Tool](#).

This report highlights the widespread health inequalities that exist within Canada by reporting on data from on over 100 indicators of health status and determinants of health. Health inequalities are demonstrated according to a number of social, economic and demographic factors that contribute to health equity including, age, sex, income, education, employment, occupation, Indigenous identity, rural/urban residence, immigrant status, sexual orientation, functional health (physical and mental impairment), and cultural/racial background.

The report found that those with lower socioeconomic status, Indigenous peoples, sexual, racial and ethnic minorities, immigrants, and people living with physical or mental impairments experienced significant health inequalities. These differing health outcomes were associated with the socio-economic contexts, which are defined by differing levels of advantage and disadvantage. Further, a strong relationship between health, income, education levels, employment, and occupational status was evident for many indicators, meaning that health outcomes progressively worsened with every lower step of socioeconomic status. As a result, achieving healthy equity requires addressing the social determinants of health and creating conditions where all people have the opportunity to be healthier.

7 Glossary of Terms

C

Community wellbeing: Community wellbeing can be defined as 'being well together' and includes the strength of networks and supports between people in a community. It is also impacted by both the physical conditions of the community, as well as the opportunity to meaningfully participate in the local area.

D

Deprivations: Proportion of people falling below a given standard of living. Often used as a measure of inequality.

Dispersion: Total size of gap between people at the top and people at the bottom. Often used as a measure of inequality.

E

Economy of Wellbeing (EoW): The concept of an Economy of Wellbeing is a society's capacity to create a feedback cycle in which citizens' well-being drives economic prosperity, stability, and resilience, and vice-versa that those macroeconomic outcomes sustain wellbeing investments over time. It highlights the need for putting people at the center of policy and deviates from an attitude of 'grow first, redistribute, and clean up later', towards a growth model that is equitable and sustainable from the outset.

G

Gaps between groups: Otherwise known as horizontal inequalities. E.g., by age, gender, education, migrant status, where people live, etc. Often used as a measure of inequality.

Gross Domestic Product (GDP): A measure of the economic production that takes place within a country in a given period of time (e.g., a quarter or a year).

H

Health: A state of complete physical, mental, and social well-being, and not merely the absence of disease or infirmity.

Health equity: Equity in health means that peoples' needs guide the distribution of opportunities for well-being. Equity in health is not the same as equality in health status. Inequalities in health status between individuals and populations are inevitable consequences of genetic differences and various social and economic conditions, or a result of personal lifestyle choices. Inequities occur as a consequence of differences in opportunity, which result, for example in unequal access to health services, nutritious food or adequate housing. In such cases, inequalities in health status arise as a consequence of inequities in opportunities in life. Health equity is achieved when everyone can attain their full potential for health and well-being.

Health inequities: Unfair and unavoidable differences in health status or in the distribution of health resources between different population groups, arising from the social conditions in which people are born, grow, live, work and age. Health inequities are unfair and could be reduce by the right mix of government policies.

Health in All Policies (HiAP): Health in All Policies is a collaborative approach that systematically integrates health considerations into policymaking across sectors to improve the health of all communities and people.

Health promotion: The process of enabling people to increase control over, and to improve their health. It not only embraces actions directed at strengthening the skills and capabilities of individuals, but also action directed towards changing social, environmental, political and economic conditions so as to alleviate their impact on public and individual health.

L

Life satisfaction: Life satisfaction is an individual's self-evaluation of their QoL in a given point in time.

P

Personal wellbeing: Often measured using subjective measures including, an individual's rational, overarching assessment of the quality of their own life, the extent to which an individual experiences meaning and purpose, and the frequency of positive and negative emotions such as happiness and anxiety.

S

Social determinants of health: The non-medical factors that influence health outcomes. They are the conditions in which people are born into, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life. These forces and systems include economic policies, and systems, development agendas, social norms, social policies and political systems.

Subjective wellbeing: Subjective wellbeing refers to how people experience and evaluate the quality of their lives, drawing on whatever criteria are relevant in that assessment.

Q

Quality of Life (QoL): An individual's perception of their position in life in the context of the culture and value systems in which they live and in relation to their goals, expectations, standards, and concerns.

W

Wellbeing: Wellbeing can be described as 'how we're doing' as individuals, communities and as a nation, and how sustainable that is for the future.

Wellbeing budgeting: A wellbeing budget recognizes that economic growth alone does not guarantee better QoL and offers an alternative frame for redefining how societal success is measured. It implies that GDP metrics should be used when pertinent and as part of a broader dashboard of indicators. A wellbeing budgeting approach integrates aspects of wellbeing, including social, economic, and environmental considerations, into government decision-making and budgeting processes.

Wellbeing framework: A wellbeing framework guides decision-makers to consider the policy impacts across different dimensions of wellbeing, as well as the long-term and distributional impacts and implications of policy. Frameworks of this nature have been adopted across different jurisdictions such as New Zealand, Ireland, Scotland, Wales, Canada, Finland, the United Kingdom, among several other OECD countries.

8 References

- Australian Capital Territory (2020). *ACT Wellbeing Framework*. https://www.act.gov.au/_data/assets/pdf_file/0004/1498198/ACT-wellbeing-framework.pdf
- Braveman, P., & Gottlieb, L. (2014). The social determinants of health: it's time to consider the causes of the causes. *Public Health Reports*, 129(1_suppl2), 19-31.
- Department of Finance Canada. (2021). *Measuring What Matters: Toward a QoL Strategy for Canada*. <https://www.canada.ca/en/department-finance/services/publications/measuring-what-matters-toward-quality-life-strategy-canada.html#Toc61968272>
- Government of Canada. (2021, November 5). *Public Health Agency of Canada Mandate*. About the Agency. <https://www.canada.ca/en/public-health/corporate/mandate/about-agency.html>
- Government of Ireland. (2022, June 2). *Publication of the Second Report on Ireland's Well-being Framework and Analysis of the Well-being Dashboard*. <https://www.gov.ie/en/press-release/6db7f-publication-of-the-second-report-on-irelands-well-being-framework-and-analysis-of-the-well-being-dashboard/>
- Government of Ireland. (2021, May 11). *Healthy Ireland Strategic Action Plan 2021-2025*. <https://www.gov.ie/en/publication/441c8-healthy-ireland-strategic-action-plan-2021-2025/>
- Helliwell, J. F. (2019). *Measuring and using happiness to support public policies* (No. w26529). National Bureau of Economic Research.
- Her Majesty's (HM) Treasury. (2021, July 26). *Wellbeing Guidance for Appraisal: Supplementary Green Book Guidance*. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1005388/Wellbeing_guidance_for_appraisal_-_supplementary_Green_Book_guidance.pdf
- Jopling K, Martin S, Hey N, Hvide L. (2022, March). *Better understanding the relationships between individual and place-based community wellbeing*. What Works Centre for Wellbeing.
- Kuznets, S. (1934). *National Income, 1929-1932*. National Bureau of Economic Research. Washington: U.S. Government Printing Office.
- McLaren, L. (2022). *Wellbeing Budgeting: A Critical Public Health Perspective. Invited Commentary*. National Collaborating Centre for Healthy Public Policy. <https://ccnpps-ncchpp.ca/docs/2022-Wellbeing-Budgeting-A-Critical-Public-Health-Perspective.pdf>
- Ministry of Social Affairs and Health. (2022, May 16). *Development of the Wellbeing Economy Action Plan*. [PowerPoint slides].
- Organisation for Economic Co-operation and Development (OECD). (2019, September 16). *The Economy of Wellbeing*. <https://www.oecd.org/about/secretary-general/the-economy-of-well-being-iceland-september-2019.htm#:~:text=The%20Economy%20of%20Well%20Being%20is%20defined%20as%20the%20'capacity,%20being%20investments%20over%20time'>
- Office for National Statistics. (2022). *How health has changed in your area*. <https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/healthandwellbeing/articles/howhealthhaschangedinyourlocalarea/2022-03-18>
- Pilling, D. (2018). *5 ways GDP gets it totally wrong as a measure of our success*. *World Economic Forum*. <https://www.weforum.org/agenda/2018/01/gdp-frog-matchbox-david-pilling-growth-delusion/#:~:text=GDP's%20inventor%20Simon%20Kuznets%20was,global%20elite's%20go%20to%20number>
- Public Health Agency of Canada. (2019, July 31). Understanding the report on Key health Inequalities in Canada. <https://www.canada.ca/en/public-health/services/publications/science-research-data/understanding-report-key-health-inequalities-canada.html>

- Public Health Agency of Canada. (2021, December 13). *Chief Public Health Officers Report on the State of Public Health in Canada 2021*. <https://www.canada.ca/en/public-health/corporate/publications/chief-public-health-officer-reports-state-public-health-canada/state-public-health-canada-2021/report.html>
- Public Health Agency of Canada. (2022, May 16). *The Role of Public Health and Other Sectors*. [PowerPoint slides].
- Stiglitz, J. E., Fitoussi, J. P., & Durand, M. (2018). *Measuring What Counts for Economic and Social Performance*. Organisation for Economic Co-operation and Development (OECD), Paris.
- Stone, A. A., & Mackie, C. (2013). Panel on Measuring Subjective Well-Being in a Policy-Relevant Framework; Committee on National Statistics; Division of Behavioral and Social Sciences and Education; National Research Council: Subjective Well-Being: Measuring Happiness, Suffering, and Other Dimensions of Experience. *Social Sciences, and Education*.
- The Treasury New Zealand. (2022, Apr 12). The Living Standards Framework (LSF) 2021. <https://www.treasury.govt.nz/publications/tp/living-standards-framework-2021-html#child-5>
- Voipio-Pulkki, L. M., Heinonen, N., Korhonen, P., & Mustonen, P. (2019). The quest for more balanced policy and decision making: the economy of wellbeing. *Eurohealth*, 25(3), 23-25.
- World Happiness Report. (n.d.). *FAQ*. <https://worldhappiness.report/faq/>
- World Health Organization. (n.d.) *Social Determinants of Health*. https://www.who.int/health-topics/social-determinants-of-health#tab=tab_1
- What Works Centre for Wellbeing. (2022a, May 16). *Hallmarks of coherent wellbeing policy*. [PowerPoint slides].
- What Works Centre for Wellbeing. (2022b, May 16). *Wellbeing Budgeting and Health Promotion*. [PowerPoint slides].
- What Works Centre for Wellbeing. (2021, November). *Different People, Same Place*. <https://whatworkswellbeing.org/projects/different-people-same-place/>
- What Works Centre for Wellbeing (2017, November). *Understanding Local Needs for Wellbeing Data*. <https://whatworkswellbeing.org/resources/understanding-local-needs-for-wellbeing-data/>
- What Works Centre for Wellbeing. (n.d.). *Wellbeing Measures Bank*. <https://measure.whatworkswellbeing.org/measures-bank/>

Appendix A – Presenter Bios

A brief biography of each panelist is provided below.



Craig Joyce, Statistics Canada

Craig is currently working at Statistics Canada. He was an advisor within the Department of Finance, where he worked as part of the team that led the development of the federal QoL Framework, released with Budget 2021. He has a particular interest in subjective well-being and its uses for policy, including with respect to budgeting/priority setting, program evaluation and public reporting. Prior to his role at the Department of Finance, he held positions at the Privy Council Office (Impact and Innovation Unit), and the Public Health Agency of Canada in the area of healthy living and chronic disease prevention.



Heli Hätönen, Finnish Ministry of Social Affairs and Health

Heli Hätönen is a Ministerial Advisor for the Ministry of Social Affairs and Health where she is responsible for the promotion of health and wellbeing. She is the Secretary General of the Advisory Board for Public Health. Heli has over 20 years of experience in the management, development, and research of social and healthcare, including health promotion and prevention. Heli earned her PhD in 2010 from Turku University.



Joanne Smithson, What Works Centre for Wellbeing

Joanne Smithson is Head of Implementation & Learning at the What Works Centre for Wellbeing. Her role with the Centre aims to understand what governments, business, communities and individuals can do to increase wellbeing and effectively translate this into practice.



Kelsey Lucyk, Public Health Agency of Canada

Kelsey Lucyk is a manager with the Public Health Agency of Canada's Centre for Chronic Disease Prevention and Health Equity. She works with the Social Determinants of Health Division on intersectoral partnerships and initiatives. This group works to leverage actions outside of the health sector in ways that can improve social determinants of health and health equity.



Nancy Hey, What Works Centre for Wellbeing

Nancy Hey is a global leader in the field of wellbeing. In 2014, she set up the What Works Centre for Wellbeing, the UK's national body for wellbeing evidence and practice aiming to understand what governments, business, communities and people could do to improve wellbeing. The Centre is the first of its kind and is working with the OECD, over 18 universities across the UK and in partnership with HM Government, Business and Civil Society.



Timo Ståhl, Finnish Institute for Health and Welfare

Chief Specialist Timo Ståhl's expertise is in health promotion, especially in "Health in All Policies" (HiAP) type of work. He has 25 years' experience in working in health promotion research, development and implementation at local, national, European Union and global level. He is the first editor of the landmark book "Health in All Policies: Prospects and potential" that was published during the Finnish European Union presidency in 2006. His research expertise is in evaluation research focusing on the organizations capacity and ability to exert health promotion.