Australian HEALTH PROMOTION Association

A submission to Treasury from the Australian Health Promotion Association on

Measuring What Matters

January 2023

Australian Health Promotion Association
38 Surrey Road | Keswick SA 5035
Ph: 1300 857 796
national@healthpromotion.org.au
ABN: 443 730 807 90 | ACN: 116 231 595

Australian Health Promotion Association
38 Surrey Road | Keswick SA 5035 | Ph: 1300 857 796
national@healthpromotion.org.au
ABN: 443 730 807 90 | ACN: 116 231 595

INTRODUCTION

The Australian Health Promotion Association Ltd (AHPA®) is the peak body for health promotion in Australia. AHPA advocates for the development of healthy living, working and recreational environments for all people. Through our work we support the participation of communities and groups in decisions that affect their health.

Australia is one of the healthiest countries in the world. This is largely because of effective public health and its core services – protection, prevention and health promotion which includes action to create and support the social and environmental conditions that enable Australians to enjoy a healthy and happy life. We are now more aware than ever of just how complex the circumstances are by which human health is influenced – policies and actions shaped by the unfair distribution of wealth, power and resources, both locally and internationally. We are also more cognisant of the range of skills and practices required to enhance individual and community capacity and act to address those forces that lead to health inequities - the unfair and avoidable differences in health status seen within and between countries. Conceptualising a wellbeing-oriented economy shares many features of health promotion in the way that we assess progress towards a just, safe and sustainable future with a focus on health, social and environmental outcomes. Health promotion's role has never been so significant.

As the adage goes, what gets counted counts. But not everything that can be counted does or should count and not everything that counts can be counted. Health Matters. Health Promotion matters. They are vital for Australia's wellbeing. But measuring them is not simple. Despite some positive recent commitments, it is our observation that governments continue to prioritise measures which prioritise action towards treatment over prevention for health and wellbeing in Australia. This is despite the strong evidence base to support health promotion approaches and the recent experience of local and global public health challenges responding to the COVID-19 pandemic. We acknowledge the critical need for indicators related to inputs and outputs of secondary and tertiary healthcare. However, greater allocation of resources to orient our policies, systems and services towards measuring the impacts and outcomes of the structural determinants of health equity is vital if we are to achieve meaningful change in relation to Australia's health and wellbeing.

About Us

Incorporated in 1990, AHPA is the only professional association specifically for people interested or involved in the practice, policy, research and study of health promotion. Our member-driven national Association represents over 1000 members and subscribers and is governed by a Board at the national level with operational branches representing all states and territories. Membership of AHPA is diverse, and includes designated health promotion practitioners, researchers and students, as well as others involved in promoting physical, mental, social, cultural and environmental health, whose primary profession or area of study may be something different, but whose responsibilities include promoting health. Members represent a broad range of sectors including health, education, welfare, environment, transport, law enforcement, town planning, housing, and politics. They are drawn from government departments and agencies, universities, non-government organisations, community-based organisations and groups, private companies, and students.

Our activities include: national registration of health promotion practitioners for the International Union for Health Promotion and Education (IUHPE) in Australia; national health promotion university learning and teaching network; early career support; national and local conferences and events; a tri-yearly Population Health Congress (with partners: Public Health Association of Australia, Australasian Epidemiological Association and Australasian Faculty of Public Health Medicine); a website providing professional and membership information; a national listserv providing members with sector news, employment, advocacy and events information; stakeholder and member communication across a range of platforms; advocacy action; strong partnership working with a range of organisations; awards; traineeships; mentoring; scholarships and bursaries; and the Health Promotion Journal of Australia, which has a strong focus on health equity and participation by First Nations people.

Australian Health Promotion Association
38 Surrey Road | Keswick SA 5035 | Ph: 1300 857 796
national@healthpromotion.org.au
ABN: 443 730 807 90 | ACN: 116 231 595

Our Vision
A healthy, equitable Australia.

Our Purpose
Leadership, advocacy and workforce development for health promotion practice, research, evaluation and policy.

Our Principles
- Ethical practice - Supporting culturally informed, participatory, respectful, and safe practice.
- Health equity - Addressing the sociocultural, economic, political, commercial and ecological determinants of health in order to build health equity.
- Innovative and evidence informed approaches - Promoting and supporting evidence informed research, policy and practice.
- Collaboration - Working in partnership with other organisations to improve health and wellbeing.

Our Strategy
1. Promote our profession and members
2. Advocate for health promotion
3. Build professional capacity of AHPA members
4. Support career pathways in health promotion
5. Promote equity, diversity and inclusion
6. Provide responsible and sustainable governance and management

Detailed actions to achieve the strategy can be found in our Strategic Plan document.

Achieving change
Our submission suggests areas of focus to support a healthy, equitable Australia.

Some key principles:

- **A broad conceptualisation of health and wellbeing matters**
- **Achieving health and social change means that health promotion matters**
- **The health promotion workforce matters**
- **Practice informed evidence and meaningful involvement matters**

AHPA also supports recommendations from relevant public health and social policy organisations of which the Association is a member such as the Public Health Association of Australia, the Australian Council of Social Service and the Climate and Health Alliance.

*More about our vision for a healthy, equitable Australia can be found in our **Health Promotion and Illness Prevention Policy**.*

Dr Gemma Crawford
President | Australian Health Promotion Association

Australian Health Promotion Association
38 Surrey Road | Keswick SA 5035 | Ph: 1300 857 796
national@healthpromotion.org.au
ABN: 443 730 807 90 | ACN: 116 231 595

Why health matters

Health is a complex construct with multiple components, for which the importance to communities can differ and within individuals can change over time. In 1948, the World Health Organization developed the following definition of health:

> *'health is a state of complete physical, mental and social well-being and not merely the absence of disease and infirmity.'*

Subsequently, the Ottawa Charter for Health Promotion (1986) presented an expanded definition of health:

> *'to reach a state of complete physical, mental and social well-being, an individual or group must be able to identify and to realize aspirations, to satisfy needs, and to change or cope with the environment. Health is, therefore, seen as a resource for everyday life, not the objective of living. Health is a positive concept emphasizing social and personal resources, as well as physical capacities.'*

Therefore, important components of health include the physical, mental, spiritual, social and cultural aspects of wellbeing and health supports a person's function in wider society and is not an end in itself.

Health and well-being are impacted by a multitude of factors (socio-ecological determinants), from the planetary and built environment through to social determinants, such as socioeconomic status, educational level, culture and religion. That is, the conditions into which we are born, will affect our health and wellbeing. Significant inequities in health and well-being are evident – that is there are community members that are disproportionately impacted by socio-ecological determinants of health in a detrimental way, which means that they are over-represented in terms of poor health and well-being outcomes. For example, in Australia in 2020, those residing in the lowest socioeconomic areas were 2.2 times more likely to die from preventable causes than those in living in higher socioeconomic areas (AIHW, 2022). This does not mean that everyone residing in a low socio-economic status area will have poorer health and wellbeing than their higher socio-economic counterparts, but on average and across countries globally, the risk of poorer health and wellbeing is greater and these patterns in inequities exist. Intersectionality is evident too, where those that are affected detrimentally by multiple socio-ecological factors are even more severely impacted by poor health and well-being, such as can be seen in Australia where Indigenous children of higher socio-economic status are less likely to have poor mental health than Indigenous children of lower socio-economic status (Shepherd et al., 2012).

Why health promotion matters

The Australian Health Promotion Association (AHPA®) endorses the World Health Organization's (1986) definition of health promotion: *the process of enabling people to increase control over the determinants of health and thereby improve their health.* Health promotion not only embraces actions directed at strengthening the skills and capabilities of individuals but also actions directed towards changing social, environmental, political, and economic conditions to alleviate their impact on populations and individual health. Health promotion is a vital component of the public health response to significant global challenges. Issues such as climate change, pandemics, and noncommunicable diseases continue to influence population health outcomes, health inequities, and healthcare systems (Armstrong et al., 2019; Smith, & Judd, 2020), emphasising the importance of disease prevention and community-based health promotion initiatives (Van den Broucke, 2021).

Health promotion practice is values-driven (Ritchie, 2006), with a strong focus on equity, empowerment, social justice, and participation (International Union for Health Promotion and Education, 2021). Seminal health promotion charters and declarations have driven the development of best practice in health promotion, which aims to promote social change and challenge the dominant biomedical and behavioural paradigms. The Red Lotus Critical Health Promotion Model (Gregg & O'Hara, 2007) supports those involved in health promotion to develop and implement health promotion strategies in-line with the principles and values of health promotion. A critical health promotion approach should be utilised in health promotion efforts to ensure that practices are

Australian Health Promotion Association
38 Surrey Road | Keswick SA 5035 | Ph: 1300 857 796
national@healthpromotion.org.au
ABN: 443 730 807 90 | ACN: 116 231 595

underpinned by the principles and values of health promotion. The most recent health promotion charter, the Geneva Charter for Wellbeing (2022) outlines the importance of addressing the ecological, political, commercial, digital, and social determinants of health and mitigate the risks to population health caused by climate change, poverty, population displacement, pollution, and widespread inequity.

Health promotion and disease prevention are effective. As outlined in AHPA's joint Health Promotion and Illness Prevention Policy Position Statement with the Public Health Association of Australia, effective health promotion and illness prevention interventions have been shown to improve health outcomes in both the short and long term. Evidence to support this has emerged across multiple areas of health promotion and illness prevention practice, including in the areas of smoking cessation, cardiovascular disease prevention, dental caries, periodontal disease, child injury, road safety, sudden infant death syndrome and HIV (Gruszin et al., 2012). Investment in public health interventions is highly cost-saving (Masters et al., 2017) and cost-effective (WHO, 2018). The evidence comes from controlled trials and well-designed, rigorous observational studies, but is also evident in large practice and policy-based application. Some health promotion and illness prevention activities have been found to be cost-saving, but most generate flow-on benefits – such as reduced burden on health care – which provide positive returns for public investment (Shiell & Jackson 2018; Knapp and McDaid, 2009; Merkur et al., 2013; WHO, 2018; Vos et al., 2010). Such interventions contribute to national economic and social productivity by increasing the number of years that Australians remain in good health (Bloom et al., 2001; Butler et al., 2008; Moodie, 2008). Better health, wellbeing and equity will enhance Australia's social and economic progress and can contribute to reduced absenteeism and presenteeism.

Why the health promotion workforce matters

A comprehensive and capable public health workforce is a crucial part of the Wellbeing Economy. The health promotion workforce are the prevention specialists of the public health workforce. Prevention is a fundamental and effective component of public health as, for every 20 premature deaths, 12 could be avoided, six by prevention, three by early detection and three by treatment (Department of Human Services 2008), confirming the value of the prevention workforce in terms of return on investment (Shiell & Jackson 2018).

Health promotion practice encompasses a focus on changing the systems and structures of society that influence health and wellbeing, the social determinants of health that are reflected in the OECD Framework for Measuring Well-being and Progress. This focus on health equity is fundamental to achieving progress in policy areas that would be a focus of measuring what matters such as the OECD Domains of health, wellbeing, social connection, civic engagement, and environmental quality.

Improving the lives of Australians will only be achieved with a workforce of sufficient size, quality and reach to enable progress towards improved and optimised wellbeing. Over the past three decades, the health promotion workforce has grown substantially due to an increase in the number of health promotion training programs and organisations globally. However, Australia has seen significant ebbs and flows during this time, reflecting periods of government investment and disinvestment making it challenging to maintain a consistent and ongoing emphasis on prevention (Smith, Crawford & Signal 2016).

Specialist health promotion practitioners work in agencies such as hospitals, community health services, not for profit agencies and local government. The workforce includes managers, researchers and evaluators. Academic and clinical health professionals include health promotion as part of their work. Other professions that influence wellbeing include those that work on transport, housing and urban planning. Efforts to date to enumerate components of the prevention workforce have shown the need for more comprehensive, consistent and systemic approaches (Watts et al. 2020; Workplace Research Centre 2014).

Building and enabling the health promotion workforce requires planning, supportive systems and infrastructure, standards, accreditation and ongoing training (see the Australian Health Promotion Association and the Public Health Association of Australia joint Health Promotion and Illness Prevention Policy Position Statement). Importantly, investment in undergraduate and postgraduate education courses ensure supply. Models such as

injections of resources to support greater cooperation between academic institutions responsible for public health programs and the broader institutions and organisations that receive them as part of the workforce are recommended to secure future workforce needs.

Similar to other specialists and professionals, registration of specialist health promotion practitioners in Australia, via the International Union for Health Promotion and Education (IUHPE), supports the enumeration, quality and credibility of the workforce. The IUHPE Core Competencies and Professional Standards for Health Promotion are internationally recognised and have been in place for over a decade. Health promotion registration is in the early stage of establishment in Australia. Increasing the proportion of the health promotion workforce that are IUHPE registered will translate to a legitimate, quality workforce with the core competencies needed to support and enable a Wellbeing Economy (Battel-Kirk et al. 2021; Jones-Roberts, Phillips & Tinsley 2014).

Why health promotion measurement matters

While disease prevalence, waiting lists and hospital separations are routinely counted and benchmarked– the outcome and impact of health promotion and prevention programs is not always captured. This has consequences for understanding what works and why and where pilot programs have shown utility, implementing these at scale. Evidence needs to be judged on fitness for purpose or in other words - does the evidence convincingly answer the question asked? There is growing recognition that individual interventions and programs take place within a complex system which must be considered in designing indicators. There has been an overreliance on randomised control trials as gold standard evidence which are costly and often difficult to implement in community-based prevention work. Further they are inappropriate to measure the effectiveness of interventions designed to influence social determinants of health. The reliance on published controlled studies as the 'standard' of evidence can be fraught when dealing with health and social issues or wicked policy problems because these exist in the real world and are dynamic (Nielsen et al., 2010), meaning, it is often not practical, possible or ethical to apply this type of lens to measurement. If want practice evidence-based practice, we need practice-based evidence. Mixed methods evaluations are often more appropriate when assessing programmatic and policy interventions because they allow for the merging of different perspectives, which is what matters in practice and is also a better representation of the whole when it comes to what constitutes as 'evidence' (Crane et al., 2019; Rosas, 2015).

Furthermore, initiatives focussing on complex issues, such as youth homelessness, intergenerational trauma, racism, social inequities and health inequalities require genuine engagement (and where possible co-design) with the intended beneficiaries and people who bring lived experience expertise. The same applies in measurement. Integrating diverse perspectives at the design, analysis and interpretation phase of evaluation, research and other measurement activities not only strengthens the validity of evidence (Rosas, 2015), but also the acceptance, application and use of the information generated. Knowledge translation efforts should also be developed with communities to ensure evidence not only informs future practice, and research and evaluation (LaRocca et al., 2012), but is also accessible and directed to communities and participants so they have a fair opportunity to use this knowledge as individuals and as a collective.

We acknowledge and commend the Commonwealth on developing a whole of government evaluation guide. (Department of Finance, 2022) and we strongly encourage: (i) monitoring uptake and use of the evaluation guidance, (ii) supporting and upskilling entities to utilise this guidance and related principles concerning the ethical conduct of evaluation and other measurement activities, including knowledge translation and community enablement / empowerment, and (iii) collating and making public the findings of interventions across Departments. These actions not only contribute to evidence and avoid duplication, but more importantly foster a culture of learning where 'failure' is reported and not judged harshly, but valued for the lessons learned and opportunity to build from the work of others in future initiatives.

Wellbeing indicators which reflect positive, strengths-focused measures of health, and those which recognise health as a means rather than an end are critical. Broader measures beyond morbidity and mortality are vital.

AHPA encourages a focus on measuring and tracking action, output and outcomes pertaining to social justice and inequity over time, possibly with a system wide focus. Some broad considerations around indicators that are critical to provide accurate assessment of Australia's health and wellbeing include:

- Cultural capital
- Health literacy (functional, interactive, critical)
- Prerequisites to health – peace, food security, democratic participation
- Poverty
- Personhood
- Stigma
- Climate related mental health issues
- Intergenerational trauma
- Deprivation/social exclusion
- A measure to consider the scope, quantum and quality of the health and non-health workforce.

We recognise that some of these are already collected, but some are inconsistently captured or not captured routinely at the national level. It is critical for the Commonwealth to work with other jurisdictions to allow for consistent collection of data (including type of indicators) and increased ability for data sharing.

Some additional tools and resources for consideration include:

- the UCLA-4 -loneliness scale
- Wellbeing economy toolkit
- New Economy Network Australia (NENA)
- ANDI (Australian National Development Index)
- The Wellbeing Index for South Australia

Continuing to develop the evidence base for health promotion and its role in a wellbeing economy is critical. AHPA would like to emphasise that our flagship peer-reviewed publication – the *Health Promotion Journal of Australia* - provides an important source of evidence to guide a range of actions which will impact and stem from a greater focus on wellbeing. AHPA is enthusiastic to explore options in commissioning a special issue of the *Health Promotion Journal of Australia* on 'A Wellbeing Economy', in collaboration with the Australian Government and other peak bodies with an interest in prevention and health promotion, if that is of interest.

References

Australian Institute of Health and Welfare. (2022). *Health across socioeconomic groups.* Available from: https://www.aihw.gov.au/reports/australias-health/health-across-socioeconomic-groups

Australian National Preventative Health Taskforce, Moodie, A. R., Daube, M., & Carnell, K. (2009). *Australia: The Healthiest Country by 2020: National Preventative Health Strategy-the Roadmap for Action*. National Preventative Health Taskforce. Available from: https://apo.org.au/sites/default/files/resource-files/2009-06/apo-nid241341.pdf

Battel-Kirk, B., Chiou, S-T., Comeau, L., et al. (2021). The IUHPE Health Promotion Accreditation System – developing and maintaining a competent health promotion workforce. *Global Health Promotion*, *28*(4):46-50. doi:10.1177/17579759211029603

Baum, F., & Fisher, M. (2014), Why behavioural health promotion endures despite its failure to reduce health inequities. *Sociol Health Illn, 36:* 213-225. https://doi.org/10.1111/1467-9566.12112

Biron, C., Gatrell, C., & Cooper, C. L. (2010). Autopsy of a failure: evaluating process and contextual issues in an organizational-level work stress intervention. *International Journal of Stress Management, 17,* 135–158.

Bloom, D.E., Canning, D., & Sevilla, J. (2001). The effect of health on economic growth: theory and Evidence. Working Paper 8587: National Bureau of Economic Research. 1050 Massachusetts Avenue Cambridge, MA 02138. Available from: https://www.nber.org/system/files/working_papers/w8587/w8587.pdf

Butler, R. N., Miller, R. A., Perry, D., Carnes, B. A., Williams, T. F., Cassel, C., Brody, J., Bernard, M. A., Partridge, L., Kirkwood, T., Martin, G. M., & Olshansky, S. J. (2008). New model of health promotion and disease prevention for the 21st century. *BMJ*, *337*(7662), a399. https://doi.org/10.1136/bmj.a399

Crane, M., Bauman, A., Lloyd, B., McGill, B., Rissel, C., & Grunseit, A. (2019). Applying pragmatic approaches to complex program evaluation: A case study of implementation of the New South Wales Get Healthy at Work program. *Health Promot J Austr.* *30*(3):422–432. doi: 10.1002/hpja.239.

Department of Finance. (2022). *The Evaluation in the Commonwealth (RMG 130).* Available from: Evaluation in the Commonwealth (RMG 130) | Department of Finance.

Department of Human Services. (2008). Avoidable mortality in Victoria: trends between 1997 and 2003. 2008. Health Intelligence Unit, Office of the Chief Health Officer, Public Health Branch, DHS, Melbourne. Available from: https://www.health.vic.gov.au/sites/default/files/migrated/files/collections/research-and-reports/a/avoid_mort_1997-2003---pdf.pdf

Gregg, J., & O'Hara, L. (2007). The Red Lotus Health Promotion Model: a new model for holistic, ecological, salutogenic health promotion practice. *Health Promot J Austral*, *18*(1):12-9. doi: 10.1071/he07012.

Gruszin, S., Hetzel, D., Glover, J., & Public Health Information Development Unit (2012). Advocacy and action in public health: lessons from Australia over the twentieth century. Adelaide: Public Health Information Development Unit. Available from: http://www.publichealth.gov.au/publications/advocacy-and-action-in-public-health%3a-lessons-from-australia-over-the-20th-century.html

Jones-Roberts, A., Phillips, J., & Tinsley, K. (2014). Creating a sustainable health promotion workforce in Australia: a health promoting approach to professionalisation. *Health Promot J Austral*, *25*(2):150-152. https://doi.org/10.1071/HE13076

Knapp, M., & McDaid, D. (2009) Making an Economic Case for Prevention and Promotion. *International Journal of Mental Health Promotion, 11*:3, 49-56, DOI: 10.1080/14623730.2009.9721792

LaRocca, R., Yost, J., Dobbins, M., Ciliska, D., & Butt, M. (2012). The effectiveness of knowledge translation strategies used in public health: a systematic review. *BMC Public Health,* 12(1), 751.

Moodie, A. R. (2008). Australia: the healthiest country by 2020. *MJA*, *189*(10), 588–590. https://doi.org/10.5694/j.1326-5377.2008.tb02189.x

Masters, R., Anwar, E., Collins, B., Cookson, R., & Capewell, S. (2017). Return on investment of public health interventions: a systematic review. *J Epidemiol Community Health, 71*(8):827-834. doi: 10.1136/jech-2016-208141.

Merkur, S., Franco, S., & McDaid, D. (2013). *Promoting health, preventing disease: is there an economic case?* LSE Research Online Documents on Economics 55659, London School of Economics and Political Science, LSE Library. Available from: http://www.euro.who.int/__data/assets/pdf_file/0004/235966/e96956.pdf

Nielsen, K., Taris, T. W., & Cox, T. (2010). The future of organizational interventions: addressing the challenges of today's organizations. *Work and Stress,* 24: 219–233.

O'Hara, L., & Taylor, J. (2022). A Critical Health Promotion Research Approach Using the Red Lotus Critical Health Promotion Model. In: Potvin, L., Jourdan, D. (eds) *Global Handbook of Health Promotion Research,* Vol. 1. Springer, Cham. https://doi.org/10.1007/978-3-030-97212-7_36

Patrick, R., Armstrong, F., Hancock, T., Capon, A. and Smith, J.A. (2019). Climate change and health promotion in Australia: Navigating political, policy, advocacy and research challenges. *Health Promot J Austral, 30*: 295-298. https://doi.org/10.1002/hpja.278

Ritchie, J. (2006). Values in health promotion. *Health Promot J Austral,* 17(2), 83.

Rosas, S. R. (2015). Systems thinking and complexity: considerations for health promoting schools. *Health Promotion International*. doi: 10.1093/heapro/dav109.

Shepherd, C.C., Li, J., Mitrou, F. et al. (2012). Socioeconomic disparities in the mental health of Indigenous children in Western Australia. *BMC Public Health* 12, 756. https://doi.org/10.1186/1471-2458-12-756

Shiell, A., & Jackson, H. (2018). How much does Australia spend on prevention and how would we know whether it is enough? *Health Promot J Austral, 29*(S1):7-9. https://doi.org/10.1002/hpja.165

Smith, J.A., Crawford, G., & Signal, L. (2016). The case of national health promotion policy in Australia: where to *now? Health Promot J Austral*, *27*(1):61-65. https://onlinelibrary.wiley.com/doi/full/10.1071/HE15055

Smith, J.A. & Judd, J. (2020). COVID-19: Vulnerability and the power of privilege in a pandemic. *Health Promot J Austral, 31:* 158-160. https://doi.org/10.1002/hpja.333

Van den Broucke, S. (2021). Strengthening health promotion practice: capacity development for a transdisciplinary field. *Global Health Promotion, 28*(4):36-45. doi:10.1177/17579759211061751

Vos, T., Carter, R., Barendregt, J., Mihalopoulos, C., Veerman, L., Magnus, A., ... & Wallace, A. (2010). Assessing cost-effectiveness in prevention. *The University of Queensland, Brisbane, and Deakin University, Melbourne*. Available from: http://dro.deakin.edu.au/eserv/DU:30030306/carter-assessingcost-2010.pdf

Watts, R.D., Bowles, D.C., Ryan, E., et al. (2020). No Two Workforces Are the Same: A Systematic Review of Enumerations and Definitions of Public Health Workforces. *Frontiers in Public Health, 8* https://www.frontiersin.org/articles/10.3389/fpubh.2020.588092

Workplaces Research Centre. Mapping the Preventive Health Workforce – Overview Report. 2014. Workplace Research Centre, The University of Sydney Business School, The University of Sydney, Sydney. Available from: https://preventioncentre.org.au/wp-content/uploads/2021/10/1408-prevention-workforce-report-for-web.pdf

World Health Organization. (1948). World Health Organization constitution. Available from: https://www.who.int/about/who-we-are/constitution.

World Health Organization. (1986). The Ottawa Charter for Health Promotion. Geneva, Switzerland: WHO. Available from: http://www.who.int/healthpromotion/conferences/previous/ottawa/en/index.html.

World Health Organization. Regional Office for Europe, European Observatory on Health Systems and Policies & McDaid, D. (2018). Using economic evidence to help make the case for investing in health promotion and disease prevention. World Health Organization. Regional Office for Europe. Available from: https://apps.who.int/iris/handle/10665/331981