



CANADIAN INSTITUTE
OF PLANNERS

INSTITUT CANADIEN
DES URBANISTES

THE CANADIAN INSTITUTE OF PLANNERS' DRAFT POLICY STATEMENT ON **HEALTHY COMMUNITIES**

ABOUT THE CANADIAN INSTITUTE OF PLANNERS

The Canadian Institute of Planners (CIP) is a professional body that works on behalf of over 6,900 members nationally, and has served as the voice of Canada's planning community since 1919. Planners work to enhance the health and well-being of urban, rural and remote communities, by addressing the use of land, resources, facilities, and services to optimize environmental, economic, and social outcomes. Our members work in the public service, voluntary, and private sectors and are engaged in general planning, land use planning, environmental planning, natural resource management, land development, heritage planning, conservation, housing and social planning, health and human service planning, transportation planning, urban design, and community and economic development.

ABOUT THIS POLICY STATEMENT

This policy statement was developed by the Canadian Institute of Planners, in partnership with its consulting team. The statement is based on input gathered from CIP members, planning and health practitioners, academics and other experts in the healthy community field using interviews, surveys, and focus groups. CIP acknowledges and appreciates the invaluable contributions provided by its Healthy Communities Committee in developing this policy.



EXECUTIVE SUMMARY

The relationship between how our communities are designed and the health status of Canadians is ever more salient. Rising levels of inequality, urban sprawl, uneven access to healthy and affordable food, a sedentary lifestyle, inadequate access to affordable housing, and environmental threats, are all affecting the health and well-being of Canadian communities. The public health impacts of the built environment are well documented, and there is now strong evidence that the causes of poor health and health inequities lie beyond the health care sector, and are rooted in social, economic, natural, and built environments.

This policy statement presents CIP's vision for planning healthy communities in Canada, identifies the responsibilities of its members to contribute to healthy community outcomes in their planning practices, and lays out the organization's commitments in promoting healthy community planning in Canada. The policy is designed to work alongside Canada's federal health reports and strategies, as well as the United Nations Sustainable Development Goals and New Urban Agenda, regarding health and well-being, sustainable cities and communities, and other built environment-related objectives.

CIP envisions a future where all communities and cities are planned, designed, developed, and managed to foster vibrant environments and active lifestyles that increase equity, as well as promote and protect the health of all Canadians. CIP supports several desired outcomes for the built, natural, social, and policy and professional environments. These include the recognition that healthy community planning can help create healthier built environments; improved access to natural and green spaces in an equitable manner; the creation of inclusive and resilient communities, which support the well-being of all citizens and reduce health inequities; and the consideration of healthy community principles in all relevant planning processes and decisions.

A fundamental goal of planning is to ensure a high level of well-being for all citizens. Planners have a responsibility to plan and support the development of healthy communities and make decisions according to the principles of healthy community planning. Planners affect the health and well-being of communities in a variety of ways. Decisions on land use and development patterns, zoning and other regulations, policy development, design standards, among others, affect communities and the environment in both the short- and long-term. Understanding the links between the built environment and public health, and acting accordingly, is therefore critical for planners.

CIP will incorporate a healthy community lens into all its work, meaning that it will promote the vision of a healthy community in its communications, policy advocacy, educational standards, professional development activities, and its work with other professions. Additionally, CIP will highlight the roles and competencies of planners in addressing health challenges and improving health equity outcomes. Recognizing that promoting, supporting, and creating healthier communities requires interdisciplinary collaboration and innovation, CIP will also make developing and deepening partnerships with other professional





organizations a priority in its approach to planning healthy communities. Finally, CIP is committed to working to ensure that practicing planners have access to the resources, training, and support they need to fully integrate healthy community principles in their work.

INTRODUCTION

The relationship between how our communities are designed and the health status of Canadians is ever more salient. Rising levels of inequality, urban sprawl, uneven access to healthy and affordable food, a sedentary lifestyle, inadequate access to affordable housing, and environmental threats, such as climate change, are all affecting the health and well-being of Canadian communities. For instance, chronic disease is now so pervasive that half of those over 20 years of age are living with one or more chronic conditions,¹ including more than a quarter of the Canadian adult population living with obesity.² Further, research shows that 91% of children and youth and 85% of adults in Canada do not get recommended levels of physical activity.³ Many of these current challenges are influenced by the built environments in which people live. The public health impacts of the built environment are now well documented, and there is strong evidence that the causes of poor health and health inequities lie beyond the health care sector, and are rooted in peoples’ built, social, economic, and natural environments.⁴

HOW DOES CIP DEFINE HEALTH?

In the context of this policy, health is understood to be a “state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity.”¹

1 World Health Organisation. (1948). *Constitution of WHO: principles*. Retrieved from: <http://www.who.int/about/mission/en/>

Planning for healthy communities represents an important means of addressing these concerns. Planners can help create healthy communities by promoting and creating the conditions under which community and individual health and well-being can be improved, while increasing prosperity, and social and health equity. For example, active living, healthy and affordable food, adequate housing, and social inclusivity and cohesion, can help improve health. These solutions depend – at least in part – on the design of the built environment and are thus within the scope of planners. Planners are also trained to see a community holistically and are in a unique position to integrate diverse perspectives, collaborate with a wide variety

- 1 Centre for Chronic Disease Prevention (2015). *Improving Health Outcomes: A Paradigm Shift*, pg 17. Retrieved from: <http://www.phac-aspc.gc.ca/cd-mc/assets/pdf/ccdp-strategic-plan-2016-2019-plan-strategique-cpmc-eng.pdf>
- 2 The Chief Public Health Officer’s Report on the State of Public Health in Canada 2017. *Designing Healthy Living*. pg 3 and pg III.
- 3 ParticipACTION (2016). *Are Canadian kids too tired to move?: The 2016 ParticipACTION Report Card on Physical Activity for Children and Youth*. Toronto: ParticipACTION. Retrieved from: <https://www.participaction.com/sites/default/files/downloads/2016%20ParticipACTION%20Report%20Card%20-%20Full%20Report.pdf>; Statistics Canada (2011). *Physical activity of Canadian adults: Accelerometer results from the 2007 to 2009 CHMS*, Catalogue no. 82-003-XPE. *Health Reports*, 22(1). Retrieved from: http://publications.gc.ca/collections/collection_2011/statcan/82-003-X/82-003-x2011001-eng.pdf
- 4 Canadian Medical Association (2018) *Health equity and the social determinants of health*. Retrieved from: <https://www.cma.ca/En/Pages/health-equity.aspx>; Kent J, Thompson SM and Jalaludin B (2011) *Healthy Built Environments: A review of the literature*, Sydney: Healthy Built Environments Program, City Futures Research Centre, UNSW; The Chief Public Health Officer’s Report on the State of Public Health in Canada 2017. *Designing Healthy Living*.





of stakeholders, and bring solutions to the table that demonstrate the principles of healthy community planning. Professionals involved in the planning of our communities can have a profound and lasting impact on the health and well-being of citizens.

Despite planners’ abilities and responsibilities to plan and create healthy communities, doing so is not without challenges. First, planners need enabling policy environments and the support, acceptance of, and trust of elected officials, health professionals, diverse publics, and other key stakeholders to fully integrate healthy community solutions in planning policies and practices. This support is particularly important given the inconsistent recognition of the potential for long-term future savings in health and social costs from planning for healthy communities today.

A second challenge is the need to balance and integrate multiple considerations, research, and knowledge to promote and create better health outcomes. To do so, planners require better access to updated relevant scientific literature and data from various fields, including public health, epidemiology, ecology, and engineering. Planners also need guidance on how to incorporate this information, along with Indigenous and local community knowledge, in decision-making and planning processes to implement solutions that are locally appropriate and reduce health inequities. Finally, given the importance of cross-sectoral collaboration with other professions and diverse stakeholders to promote and achieve healthy community outcomes, planners need support to help build and maintain key relationships.

This Policy Statement is CIP’s response to the challenges posed to the planning profession in relation to planning healthy communities. The policy is designed to work alongside Canada’s federal health reports and strategies (i.e., Chief Public Health Officer Report – Designing Healthy Living, the Healthy Eating Strategy, etc.) and the United Nations Sustainable Development Goals and New Urban Agenda, regarding health and well-being, sustainable cities and communities, and other built environment-related goals.

WHAT IS A HEALTHY COMMUNITY?

Our understanding of healthy communities is evolving as our knowledge of the social, economic, and ecological determinants of public health develops. For purposes of this policy statement, a healthy community is defined as “a place where healthy built, social, economic, and natural environments give citizens the opportunity to live to their full potential”¹ regardless of their socially, culturally, or economically defined circumstances. A healthy community allows “people to come together to make their community better for themselves, their family, their friends, their neighbours, and others. A healthy community creates ongoing dialogue, generates leadership opportunities for all, embraces diversity, connects people and resources, fosters a sense of community, and shapes its own future”.²

1 Adapted from American Planning Association (2017) Healthy Communities Policy Guide, pg 3. Retrieved from <https://planning-org-uploaded-media.s3.amazonaws.com/document/Healthy-Communities-Policy-Guide.pdf>
2 Adapted from Massachusetts Department of Public Health’s Office of Healthy Communities (2013) Massachusetts Office of Healthy Communities. (2013). Retrieved from: <http://www.mass.gov/eohhs/gov/departments/dph/programs/healthycommunities.html>



The *Policy Statement on Healthy Communities* is relevant to all Canadian professional planners, as it addresses the professional responsibilities and commitments required to create healthy communities. It outlines the principles of planning healthy communities to guide actions of CIP and its members, while further identifying the priorities for CIP, as it engages with governments, key stakeholders, and other professions and sectors, to advance the planning of healthy communities in Canada.

VISION AND DESIRED OUTCOMES

CIP envisions a future where all communities and cities are planned, designed, developed, and managed to foster vibrant environments and active lifestyles that increase equity and promote and enhance the health of all Canadians.⁵

As a part of this broader vision, CIP supports the following desired outcomes for the built, natural, social, policy, and professional environments:

Built environment

- ◆ Planning for healthy communities is recognized and prioritized as a way to create living environments that are clean, safe, and of high quality for everyone. These living environments enable healthy behaviours; are sustainable, equitable, and inclusive; and foster a sense of community.
- ◆ Complete, compact, and connected development and mixed-land use is promoted to support improved services and amenities, and reduce car dependence for everyone in an equitable manner.
- ◆ Cities, towns, rural and remote areas, and neighbourhoods are designed to have robust transportation systems, including active and multi-modal transportation infrastructure and zero-emissions public transit, rideshares, and private transportation. Active and public transportation infrastructure is universally accessible, affordable, and takes into account local climate conditions.

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5 Adapted from Kent J; Thompson SM and Jalaludin B (2011). *Healthy Built Environments: A review of the literature*, Sydney: Healthy Built Environments Program, City Futures Research Centre, UNSW.

CALL TO ACTION

CIP recognizes that all planners have a professional responsibility to plan and support the development of healthy communities and make decisions according to the principles of healthy community planning. CIP will strive to ensure to ensure that practicing planners have access to the resources, data, training, and public and political support they need to incorporate planning for healthy community principles in their work. CIP is also committed to collaborating with other professions, planning associations, governments, stakeholders, and the general public, to help address the health challenges that Canadians are facing.





- ◆ Streets are designed to promote and accommodate the safe cohabitation of all road users, with particular attention to the safety and comfort of the most vulnerable.
- ◆ Planning for a rich public realm is promoted, composed of public spaces that are human scale, safe, and accessible to all citizens, thereby creating socially inclusive communities.
- ◆ Rural, northern and remote, and urban communities have suitable, affordable, and adequate housing options and services for all ages, abilities, and social groups.
- ◆ Design promotes safety, accessibility, and well-being in public spaces and neighbourhoods, while limiting opportunities for crime and victimisation.


Natural environment

- ◆ Planning recognizes the importance of preserving and regenerating natural environments for health and well-being.
- ◆ Planning practices ensure an adequate distribution of green space, increase the connectivity of green spaces, and improve access to natural environments in an equitable manner.
- ◆ Exposure to pollutants is monitored and action is taken to help improve local air and water quality and to minimize the impacts of exposure to pollutants and contaminants.
- ◆ Local, provincial/territorial, and federal planning jurisdictions take steps to manage the long-term health effects associated with global ecological change, including climate change.

Social environment

- ◆ Strong, inclusive, and resilient communities support the social development and well-being of all citizens, along with the reduction of health inequities.
- ◆ Equity considerations are incorporated into all healthy community strategies and decisions made by planners.
- ◆ Facilities, services, infrastructure, and opportunities that influence health and well-being are available, accessible, and affordable to all citizens.
- ◆ The activity needs of the public are supported through year-round health-promoting services and facilities, which provide safe places to engage in physical activity, be outside, connect socially, and build community.



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- ◆ The diverse needs of those living in rural areas, small towns and hamlets, northern and remote communities, and Indigenous communities are recognised in planning for healthy communities, not just those of city dwellers.
 - ◆ The work that goes into developing healthy communities respects and benefits Indigenous communities in the context of reconciliation and decolonization.
 - ◆ Local community groups and citizens are informed and empowered, allowing them to engage in the planning process and implement neighbourhood-scale improvements.

Policy and professional environment

- ◆ Healthy community principles are considered in all relevant planning processes and decisions, both strategic and operational.
- ◆ Policy support and funding exist at local, regional, provincial, and national levels, to ensure that communities are planned to equitably promote the health of all citizens.
- ◆ Planners' expertise in, and contributions to, developing and implementing healthy community solutions are widely recognized.
- ◆ Planners are engaged in local, regional, national, and international conversations related to healthy community planning, including sharing best practices and lessons learned.

THE ROLE OF PROFESSIONAL PLANNERS IN REALIZING THE VISION

Planners affect the health and well-being of communities in a variety of ways. Decisions on land use and development patterns, zoning, policy development, and design standards, among others, have intended and unintended consequences affecting communities and the environment in both the short- and long-term. Understanding the links between the built environment and public health, and acting accordingly, is therefore critical for planners.

PRINCIPLES OF HEALTHY COMMUNITY PLANNING

The following principles of healthy community planning should be integrated into planning practice, including general planning, land use planning, environmental planning, natural resource management, land development, heritage planning, natural area conservation, housing and social planning, health and human service planning, community and economic development, transportation planning, and urban design:




- ◆ Planning must work to increase the health, well-being, quality of life, and level of human development of all citizens, while working within the boundaries of what is ecologically and fiscally sustainable;
- ◆ Planners should use their influence to increase equity and actively work towards meaningful public engagement, social and cultural inclusion, and reduce inequities in all planning processes;
- ◆ Planners should collaborate on healthy community solutions with affiliated professions, elected officials, and academics;
- ◆ Planners should work with the public in the co-creation of community visions and planning policies, and otherwise strive to foster community ownership of planning processes and solutions;
- ◆ Planners should ensure maximum transparency of the decision-making process to improve community engagement and accountability;
- ◆ Scientific literature should be used to inform planning decisions and planners should critically engage with research;
- ◆ Local knowledge should be used to inform planning processes to ensure decisions and interventions are locally appropriate and address community needs;
- ◆ Planners and planning practices should be inclusive and respectful of Indigenous peoples; Indigenous knowledge should be incorporated to ensure decisions and interventions are culturally relevant and appropriate;
- ◆ Planner should use context-specific and flexible approaches to effectively engage with communities and other stakeholders, and to plan for healthy communities at different scales.

CAPACITIES AND RESPONSIBILITIES OF PLANNERS

Planners have both the capacity to contribute to the creation of healthier communities and the broad responsibility to plan and make decisions, in a way that supports the development of healthy communities. Accordingly, they have a professional obligation to:

- ◆ Understand the potential effects of the determinants of health, particularly of the built environment on community health;
- ◆ Be knowledgeable about research and data availability to ensure their planning decisions are both evidenced-informed and appropriate;




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- ◆ Be knowledgeable about international policies, frameworks, and targets relevant to healthy community outcomes, such as the UN's Sustainable Development Goals and the New Urban Agenda;
 - ◆ Make decisions according to healthy community planning principles and work to increase equitable outcomes, especially where income and resource disparities are extreme;
 - ◆ Be familiar with different approaches to engage the public in decision making that affects their health and well-being, and be ready to experiment with innovative methods and new collaborative technologies;
 - ◆ Assess the impacts of proposed decisions to ensure they will enhance the health, well-being, and quality of life of all citizens, while ensuring ecological and fiscal sustainability.

ENGAGEMENT WITH THE PUBLIC AND OTHER STAKEHOLDERS

To promote and achieve better health outcomes for communities, cross-sectoral collaboration and engagement with a wide variety of stakeholders is crucial. Accordingly, planners should:

- ◆ Collaborate across sectors, departments, and jurisdictions to ensure an integrated and comprehensive approach to planning healthy communities, as well as effective implementation of healthy community policies;
- ◆ Collaborate with each other and with other professionals – such as public health practitioners, architects, landscape architects, urban designers, and transportation engineers – along with elected officials, the private sector, affected communities, and the general public to co-create healthy communities;
- ◆ Coordinate research efforts on healthy communities with public health agencies and share health data and research results;
- ◆ Collaborate with public health agencies to translate research results into publicly accessible language, as well as to communicate the benefits of planning for healthy communities to the general public and elected officials;
- ◆ Seek to develop a common language and working relationships with other professionals engaged in healthy communities issues, and avoid siloed or compartmentalized approaches;
- ◆ Consult and engage community members regularly to ensure their perspectives are fully taken into account in healthy community solutions;

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- ◆ Strive to use engagement opportunities and the planning process to foster social and cultural inclusion;
 - ◆ Build on CIP's national-level work to improve public awareness of – and support for – healthy communities, by drawing attention to the multiple benefits of healthy community solutions;
 - ◆ Communicate to elected officials and the public information on how planning for healthy communities will bring short-, medium- and long-term returns on investment for communities and government, as well as how the built environment influences health.

MONITORING AND EVALUATION

Monitoring and evaluation is a key element in planning for healthy communities. Monitoring and evaluation provides opportunities for documenting and sharing both successes and lessons learned, as planners integrate healthy community principles into their work and strive to promote and create better health outcomes for all Canadians. Accordingly, planners should:

- ◆ Collaborate with health professionals to monitor whether changes in the built environment are being translated into desired health outcomes and social equity over time.
- ◆ Monitor and document successes and failures, challenges, and lessons learned in integrating health and well-being into planning processes and share these with CIP, affiliated professions, elected officials, and citizens.


THE ROLE OF CIP IN REALIZING THE VISION

CIP believes that all planners have a professional responsibility to plan and support the development of healthy communities. As such, CIP will incorporate a healthy community lens into its work, including promoting the vision of a healthy community in its communications, policy advocacy, educational standards, professional development activities, and in collaboration with other professions.

INTER-JURISDICTIONAL AND INTER-SECTORAL COLLABORATION

Recognizing that planning for healthier communities requires interdisciplinary collaboration and innovation, CIP will make developing and deepening partnerships with other professional organizations a priority in its approach. Therefore, CIP will:

- ◆ Collaborate with other professions that work to improve the health and well-being of communities to share best practice, data, and other resources;

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- ◆ Make recommendations in response to federal or international healthy community-related initiatives and policies, where possible in collaboration with other national and international associations and professional bodies;
 - ◆ Support provincial and territorial planning institutes and associations (PTIAs) in developing their own healthy community policies and/or sharing new and existing policies.

PROFESSIONAL DEVELOPMENT AND SUPPORT

To provide training and resources to support its members in fulfilling this policy, CIP will:

- ◆ Expand its provision of continuous professional learning opportunities and resources, focusing on helping planners integrate healthy community principles into their planning practice;
- ◆ Share resources to keep planners abreast of new developments and key issues, including data, research, and national and international policy developments related to planning for healthy environments;
- ◆ Support development of resources for planners to assist them in carrying out their responsibilities under this policy statement;
- ◆ Monitor and determine the ongoing information and training needs of practicing planners to implement and excel in planning for healthy communities.

GOVERNMENT RELATIONS

Planning for healthy communities requires a collaborative process across government jurisdictions and coordination with key federal and territorial health initiatives. To achieve this, CIP will:

- ◆ Monitor and communicate to the membership key federal initiatives, including public health strategies, policies, and reports of interest to the planning profession;
- ◆ Advocate for, and support the Government of Canada in, actions that will contribute to realizing CIP's vision on healthy communities;
- ◆ Work with PTIAs in support of common policy goals at provincial and territorial levels.



IMPLEMENTATION, MONITORING AND EVALUATION

To implement this policy statement effectively, CIP will:

- ◆ Develop an Implementation Plan – including a monitoring and evaluation plan – to translate this policy statement into specific and timely action points;
- ◆ Update the Implementation Plan regularly, based on the monitoring and evaluation findings;
- ◆ Develop a method for sharing the successes and challenges experienced by planners, as they implement the policy statement;
- ◆ Maintain the capacity and expertise necessary to implement this policy.

ADDITIONAL RESOURCES

For additional resources on healthy communities produced by CIP, including a Healthy Communities Annotated Bibliography, reports on different healthy community topics, and a Healthy Communities Practice Guide, etc., please see the [CIP Healthy Communities webpage](#). An Implementation Plan and supporting documents, which will outline specific components of the policy in greater detail, provide examples of best practices and guidelines, and list key stakeholders relevant to healthy community planning in Canada, will be developed following this policy statement.



APPENDIX

KEY TERMS AND DEFINITIONS

Active transportation: Active transportation refers to any form of human-powered transportation (i.e. walking, cycling, using a wheelchair, in-line skating, or skateboarding).⁶

Built environment: The built environment is part of our physical surroundings and includes the buildings, parks, schools, road systems, and other infrastructure encountered by citizens.⁷

Natural environment: Encompasses the interaction of all living species, climate, weather, and natural resources that affect human survival and economic activity.⁸

Social environment: Human social environments encompass the immediate physical surroundings, social relationships, and cultural milieus within which defined groups of people function and interact.⁹

Chronic diseases: Chronic diseases, also known as non-communicable diseases (as they are not passed from person to person), are of long duration and generally slow progression. The four main types of non-communicable diseases are cardiovascular diseases (i.e. heart attacks and stroke), cancers, chronic respiratory diseases (i.e., chronic obstructive pulmonary disease and asthma), and diabetes.¹⁰

Social and economic determinants of health: The social and economic determinants of health are the conditions in which people are born, grow, live, work, and age. These circumstances are shaped by the distribution of money, power, and resources at global, national, and local levels.¹¹

6 PHAC (2017). *What is Active Transportation?* Retrieved from: <https://www.canada.ca/en/public-health/services/health-promotion/healthy-living/physical-activity/what-active-transportation.html>

7 PHAC (2014). *Supportive Environments for Physical Activity: How the Built Environment Affects Our Health.* <https://www.canada.ca/en/public-health/services/health-promotion/healthy-living/supportive-environments-physical-activity-built-environment-affects-health.html>

8 Johnson, D. L.; Ambrose, S. H.; Bassett, T. J.; Bowen, M. L.; Crummey, D. E.; Isaacson, J. S.; Johnson, D. N.; Lamb, P.; Saul, M.; Winter-Nelson, A. E. (1997). "Meanings of Environmental Terms". *Journal of Environmental Quality*. 26 (3): 581–589.

9 Barnet, E., Casper, M. (2001). *A definition of social environment.* Retrieved from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1446600/pdf/11249033.pdf>

10 WHO (2018). *Noncommunicable diseases.* Retrieved from: http://www.who.int/topics/noncommunicable_diseases/en/

11 WHO (2018). *Social determinants of health.* Retrieved from: http://www.who.int/social_determinants/sdh_definition/en/



Ecological determinants of health: The ecological determinants of health include oxygen, water, and food, and other ecological processes and natural resources. For humans, additional determinants are: materials to construct our shelters and tools, abundant energy, and a reasonably stable global climate, with temperatures conducive to human and other life forms.¹²

Health: A state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity.¹³

Health equity: implies that ideally everyone should have a fair opportunity to attain their full health potential and that no one should be disadvantaged from achieving this potential.¹⁴

Healthy community design: Planning and designing communities that make it easier for people to live healthy lives. It builds on collaborations across multiple disciplines such as transportation, urban planning, architecture, and public health.¹⁵

Mixed-land use: involves a range of complementary land uses that are located together in a balanced mix, including residential development, shops, employment community, recreation facilities, and parks and open space.¹⁶

Public health: the art and science of preventing disease, prolonging life, and promoting health through the organized efforts of society.¹⁷

Well-being: Well-being is a positive outcome that is meaningful for people and for many sectors of society, because it tells us that people perceive that their lives are going well. Well-being integrates mental health (mind) and physical health (body), resulting in more holistic approaches to disease prevention and health promotion.¹⁸

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- 12 Canadian Public Health Association (2015). *Global Change and Public Health: Addressing the Ecological determinants of health*. A discussion paper. Retrieved from: https://www.cpha.ca/sites/default/files/assets/policy/edh-discussion_e.pdf
 - 13 WHO (1946). *Constitution of WHO: principles*. Retrieved from: <http://www.who.int/about/mission/en/>
 - 14 WHO (2018). *Health Equity*. Retrieved from: http://www.who.int/topics/health_equity/en/
 - 15 CDC (2008). *Healthy Community Design*. Retrieved from: https://www.cdc.gov/healthyplaces/docs/Healthy_Community_Design.pdf CDC (2011). *Healthy Community Design: Factsheet*. <https://www.cdc.gov/nceh/publications/factsheets/impactofthebuiltenvironmentonhealth.pdf>
 - 16 Healthy Spaces and Places (2011). *Design Principles: Mixed Land Use*. Retrieved from: https://www.healthyplaces.org.au/site/mixed_land_use.php
 - 17 Acheson, WHO (1988). *Public Health Services*. Retrieve from: <http://www.euro.who.int/en/health-topics/Health-systems/public-health-services>
 - 18 CDC (2016). *Well-being concepts*; Dunn HL. High level wellness. R.W. Beatty, Ltd: Arlington; 1973.



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