Working Together to Thrive:
Well-Being and Public Health

The Chief Public Health Officer of Canada's Report on the State of Public Health in Canada 2025

Public Health Agency of Canada
Agence de la santé publique du Canada

Canada

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Table of Contents

Message from the Chief Public Health Officer of Canada 3

About this Report 5

Orientation of the Report 5

Health of People in Canada Dashboard....6

Land Acknowledgement....7

Executive Summary....8

Introduction....10

SECTION 1
Well-Being Concepts and Approaches 12

Origins of International Well-Being Initiatives 13

Well-Being Frameworks, Dimensions, and Indicators....14

Canada's Quality of Life Framework....15

OECD Better Life Index 18

Well-Being Approaches....18

First Nations, Inuit, and Métis Peoples' Concepts of Well-Being 20

Indigenous Wellness Teachings Through Art....22

SECTION 2
Contributions of Well-Being to Public Health 26

A Positive and Strengths-Based Lens 26

A Focus on Future Generations and the Planet 30

A Catalyst for Intersectoral Action 33

Well-Being Elevates Multidimensional and Holistic Frameworks....33

Well-Being Provides a Shared Goal to Mobilize Collective Action....34

Well-Being Emphasizes Co-Benefits of Intersectoral Action 35

SECTION 3
Roles for Public Health in Well-Being Initiatives....39

Public Health Frameworks to Understand Structural Determinants of Well-Being 39

Colonization and Systemic Racism as Determinants of Well-Being 40

Commercial and Digital Determinants of Health as Emerging Factors Influencing Well-Being....41

Public Health Data and Evidence to Measure Well-Being Inequalities....42

Public Health as a Champion for Intersectoral Action 47

Public Health's Roles and Responsibilities in Implementing Indigenous Rights....52

Way Forward **55**
Applying Well-Being Approaches to Public Health 55
Mobilizing Intersectoral Partnerships through Well-Being Frameworks 55
Promoting Positive Outcomes through a Strengths-Based Lens 56
Fostering the Well-Being of Future Generations and the Planet 56
Contributing to Well-Being through Public Health 56
Leveraging Knowledge and Evidence on the Social and Structural Determinants of Health and Well-Being 56
Measuring and Monitoring Well-Being Inequities 57
Advancing Intersectoral Action 57
Collaborating with First Nations, Inuit, and Métis Peoples 58

APPENDIX A
Key Examples of Well-Being Initiatives **59**

APPENDIX B
Methodology **62**

Acknowledgements **66**

References **68**

MESSAGE FROM THE Chief Public Health Officer of Canada

Well-being matters to everyone. In order to thrive and be productive, we need to have health, quality housing, decent work, strong connections to our family and community, and a sense of hope for the future.

While many people in Canada have a high quality of life overall, recent years have brought significant challenges to our collective well-being. Climate change, the toxic drug crisis, economic pressures, and infectious diseases have affected our daily lives in many ways. The COVID-19 pandemic taught us that how we respond to challenges can also affect core aspects of well-being, like mental and physical health, education, financial security, and social connection.

But the impacts of these challenges have not been the same for everyone. Some communities have been harder hit because they do not have the things they need to enjoy good health and well-being. This is partly because racism, discrimination, and other unfair treatment are still common in our systems and institutions, which can affect many different aspects of daily life and access to opportunities.

Increasingly, and especially for today's youth, the places in which we live, work, and play are now also digital ones that are evolving in real time. We must find ways to harness the benefits of the digital evolution for all, while addressing potential harms to well-being as they arise.

No single community, government, or sector can meet these complex challenges alone. We need to reimagine how we work together for change. **This is why my report is calling for attention to well-being as a unifying goal for collaborative action.**

In Canada and around the world, we are seeing people come together to promote positive conditions for human and planetary thriving. Many communities in Canada are working to transform local environments to improve their quality of life and resilience. The Quality of Life Framework for Canada

aims to measure what matters most to people in Canada, to help drive evidence-based budgeting and decision-making at the federal level. First Nations, Inuit, and Métis Peoples are demonstrating how to nurture the relational well-being of people, animals, the land, and future generations through Indigenous-led and self-determined research, programming, and governance. In this report, Indigenous wellness teachings are powerfully illustrated through the artwork of Dr. Lisa Boivin.

Well-being is also gaining traction internationally as an impetus for societal change. It includes but moves beyond economic indicators as a measure of how we are doing. This is important because we have seen that economic indicators, like gross domestic product (GDP), have risen while some other aspects of well-being have remained unchanged or even worsened. The World Health Organization (WHO) has been promoting whole-of-society action towards well-being as a new chapter for public health, recognizing the potential of this work to achieve health for all. This is anchored in the values and practice of health promotion, an integral part of public health since the Ottawa Charter.

Prioritizing well-being means focusing on the big picture and advancing health, social, economic, and environmental priorities together. It requires multidisciplinary research to understand how all policies and initiatives can impact the things that matter most to people in their lives. With a seat at the table, health leaders can contribute to a range of well-being policies by connecting data to decision making, including insights on health equity and emerging determinants of health, such as digital and commercial. In communities, public health professionals can work with local leaders and across sectors to exchange knowledge, combine resources, and take action on shared goals. Innovation and creativity will come if we learn from and collaborate with the many diverse populations and communities who are experts in their own well-being. We have to do more to understand how racism is built into our systems, institutions, and decision-making, and support the leadership of Black, Indigenous, and other racialized populations who are working for real change. We also need to co-develop ways to thrive with today's youth, who are the leaders of tomorrow. Across the health system, we must build renewed relationships with Indigenous leaders, organizations, and communities to promote holistic well-being, advance reconciliation, and protect Indigenous rights.

This is a transformative task, and not an easy one. Breaking down silos, building trusting relationships, transforming conditions, and evaluating the impacts will take time and unwavering commitment. Future generations are relying on us to stand up to this challenge.

Dr. Theresa Tam
Canada's Chief Public Health Officer

Dr. Theresa Tam concluded her term as Canada's Chief Public Health Officer (CPHO) in June 2025. Dr. Howard Njoo, Interim CPHO, submitted this annual report on the State of Public Health in Canada to the Minister of Health for tabling in Parliament.

ABOUT THIS Report

The annual report of the Chief Public Health Officer of Canada (CPHO) provides an opportunity to examine important issues influencing the state of public health in Canada. These reports are intended to spark discussion and support action to improve population health and the conditions for health. This year's report explores the momentum surrounding well-being as an intersectoral policy goal and approach, and how public health systems can both learn from and contribute to this work to improve the health and well-being of people in Canada. The primary audience for the report is public health professionals, policy makers, and other actors across the many institutions, organizations, groups, and communities that make up public health systems across Canada. However, it is also relevant for professionals from other sectors whose work impacts the determinants of health and well-being.

The report builds on themes from previous CPHO reports, including social and structural determinants of health, intersectoral action, and health equity. In particular, it speaks to the overall purpose of public health to achieve optimal health and well-being for all people in Canada.

Orientation of the Report

Section 1 briefly describes the emergence and importance of well-being as a goal and approach among communities and governments in Canada and around the world. It introduces common dimensions and outcomes associated with well-being frameworks, highlights key features of well-being approaches, and showcases First Nations, Inuit, and Métis Knowledges and concepts of well-being.

Section 2 explores opportunities associated with applying a well-being approach in public health, including the benefits afforded by a positive and strengths-based lens, a focus on future generations and the planet, as well as the potential for well-being to be a catalyst for intersectoral action to concurrently advance health, social, economic, and environmental priorities.

Section 3 details proposed roles for public health within broader well-being efforts, including contributing to understanding the structural determinants of health, evidence and data on inequities, championing intersectoral action, and implementing First Nations, Inuit, and Métis rights.

Applied examples are used throughout the report to illustrate how well-being initiatives are supporting the health and well-being of people living in Canada, and to highlight roles for public health.

The **Way Forward** offers opportunities for public health practitioners, policy makers, and researchers to apply key features of well-being approaches to their work, and to leverage and strengthen public health knowledge and practice for intersectoral well-being initiatives.

Appendix A provides more details on well-being initiatives in Canada and around the world as context on the range of well-being activities undertaken by communities and governments.

Appendix B summarizes report methods, consultations, and engagements with public health and well-being leaders on report development, and limitations.

Note: The hyphenated spelling of “well-being”, rather than “wellbeing”, is used throughout the report, unless the latter spelling is used in the official title of an organization or initiative.

Health of People in Canada Dashboard

Key indicators on the health of people living in Canada can be found in an interactive online dashboard. The CPHO message that accompanies this resource provides a high-level overview of relevant population health data trends. All dashboard information is periodically updated.

Land Acknowledgement

The authors of this report respectfully acknowledge that the lands on which they developed this report are the homelands of First Nations, Inuit, and Métis Peoples. Systems and structures discussed in this report exist, function, and are sustained on these same lands, and many other Indigenous lands in Canada. This report was developed in the following cities:

- In Halifax, also known as K'jipuktuk, a part of Mi'kma'ki, the ancestral and unceded territory of the Mi'kmaq People. This territory is covered by the "Treaties of Peace and Friendship" which Mi'kmaq and Wolastoqiyik (Maliseet), and Passamaquoddy Peoples signed between 1725 and 1779. The treaties did not deal with surrender of lands and resources but in fact recognized Mi'kmaq, Wolastoqiyik (Maliseet), and Passamaquoddy title and established the rules for what was to be an ongoing relationship of peace and friendship between nations.
- In Montreal, also known as Tiohti:áke, the traditional and unceded territory of the Kanien'kehá:ka. A place which has long served as a site of meeting and exchange amongst many First Nations, including the Kanien'kehá:ka of the Haudenosaunee Confederacy, Wendat, Abenaki, and Anishinaabeg.
- In Ottawa, also known as Adawe, on the traditional unceded and unsurrendered territory of the Anishinabe Algonquin People, including the members of the Anishinabek Nation Governance Agreement.
- In Toronto, also known as Tkaronto, the traditional territory of many nations, including the Mississaugas of the Credit, the Anishinaabeg, the Chippewa, the Haudenosaunee, and the Wendat Peoples and is now home to many diverse urban First Nations, Inuit, and Métis Peoples. Toronto is within the lands protected by the Dish with One Spoon Wampum Belt Covenant, an agreement between the Haudenosaunee and Anishinaabeg and allied nations to peaceably share and care for the resources around the Great Lakes.
- In Elora, located in the County of Wellington, which is a part of the Nanfan Treaty #3 and #3.75, the Qu'Appelle Treaty #4, the Toronto Purchase (Treaty #13 and #13A), Nottawasaga Purchase (Treaty #18), Ajetance Purchase (Treaty #19), the Huron Tract Purchase (Treaty #29), and the Saugeen Tract Purchase (Treaty #45.5), and is the traditional territory of the Anishinabek, Anishinabewaki, Attiwonderonk, Hodenosauneega, Mississauga, Mississaugas of the Credit, Odawa, Tionontati (Petun), and Wendat.
- In New Westminster, comprised of spaces also known by names including tsicələs, scłi'qən', Stautlo, and sχʷəyem, is on the unceded and unsurrendered land of the traditional Halkomelem speaking peoples from the Coast Salish, and in particular the qiqéyt (Qayqayt) and xʷməθkʷəy̓əm (Musqueam) Nations.
- In Central Saanich, which is a part of the Douglas Treaties, specifically the South Saanich Treaty, and the North Saanich Treaty, and the traditional territory of the SȾÁUTW̱ and W̱JOŁEŁP First Nations, two of the five communities that constitute the W̱SÁNEĆ Nation.

In the spirit of reconciliation, we recognize that there is much more work ahead to address the harmful and wide-reaching impacts of colonialism and racism that continue to generate inequities between Indigenous and non-Indigenous communities. We also wish to acknowledge the strength, resilience, and wisdom inherent in Indigenous knowledge systems and demonstrated by First Nations, Inuit, and Métis Peoples throughout Canada. The strong leadership of Indigenous Peoples around stewardship of the lands and waters in the context of Indigenous sovereignty is indispensable for our collective efforts to promote the well-being of people and planet. We remain committed to working collaboratively to address health inequities across the country, create a culturally safe public health system, and support the self-determination of Indigenous Peoples and communities.

EXECUTIVE Summary

Well-being is gaining momentum globally as a shared policy goal and approach, focused on creating the conditions for current and future generations to thrive on a healthy planet. This approach balances health, social, economic, and environmental priorities through whole-of-society action. In Canada, people are facing multiple challenges to their well-being, including extreme weather related to climate change, infectious diseases threats, the toxic drug crisis, rising costs of living, and fast-changing digital environments. A well-being lens recognizes that coordinated work across sectors is needed to address these complex issues and support individual and collective well-being, now and into the future.

Well-being is also used as a measure of societal success, arising from an awareness that economic indicators, like gross domestic product (GDP), cannot fully capture how society is doing. Several groups have developed well-being measurement frameworks (e.g., Canada's Quality of Life Framework, the Organization for Economic Cooperation and Development's Better Life Index). These frameworks track multiple dimensions of well-being, such as income, housing, employment, environment, education, health, social cohesion, and life satisfaction. Since these dimensions are interconnected, improving overall well-being requires collaboration across sectors.

Indigenous Peoples around the world have long been leaders in advancing holistic approaches to well-being that are relational, strengths-based, and rooted in connections to the land and nature. First Nations, Inuit, and Métis Peoples' diverse well-being knowledge systems are complex and dynamic, with a deep history that holds significant value for well-being approaches. The World Health Organization defines well-being as "a positive state experienced by individuals and societies. Similar to health, it is a resource for daily life and is determined by social, economic, and environmental conditions." Since health and well-being are closely connected, creating the conditions that support well-being can also improve population health and health equity.

Well-being approaches are well aligned with key aspects of public health practice, including health promotion and a focus on upstream intersectoral action on the determinants of health. This report explores ways to bring the strengths of public health and well-being together to advance shared goals, showcasing both Western and Indigenous well-being frameworks, as well as examples of initiatives led by governments, organizations, and communities.

Building further connections between public health and well-being is explored throughout the report, culminating in a Way Forward section that highlights opportunities for future action by public health professionals to promote the well-being of people and planet.

Well-being approaches and frameworks can support public health priorities in the following ways:

- Well-being offers a **positive vision of thriving**, resilient populations that are able to reach their full potential. This **strengths-based lens** helps mobilize action by emphasizing the capacities and necessary resources for communities to promote and maintain health and well-being. It also recognizes that well-being is a resource that can be fostered for everyone, and aligns with Indigenous well-being Knowledges.

- A well-being lens considers both **current and future generations** while acknowledging the intertwined well-being of **humans, animals, and the planet**. This perspective can support balancing a concurrent focus on these priorities within public health practice, policy, and research. Indigenous Peoples have long advocated for changes to systems that harm the land and undermine well-being across generations.
- Well-being frameworks facilitate **intersectoral action** by identifying how a broad collection of health, social, economic, and environmental factors contribute to quality of life. They showcase interconnections across these factors, and how improvements in societal conditions in one area can create positive effects in others. In this way, well-being offers a shared goal that bridges priorities across different sectors.

Public health systems can draw on their strengths and essential functions to support well-being initiatives. Relevant areas of action include:

- Public health research on the **structural determinants of health** examines how societal, economic, ecological, and political mechanisms drive the inequitable distribution of power and resources, affecting daily living conditions that influence health outcomes. Understanding these factors, including colonization and systemic racism, digital transformation, and the influence of commercial practices, can support well-being initiatives in addressing the structural drivers of well-being inequities.
- Public health professionals' expertise in monitoring health inequalities could also be leveraged to enable the **measurement of well-being inequalities**. This requires collecting disaggregated data, applying an equity and intersectionality lens, and addressing long-standing data challenges, such as the need for better cross-sector linkage of datasets. Public health systems can also continue to champion community engagement in data stewardship and strengthening support for Indigenous data sovereignty.
- Public health practitioners have knowledge and experience with **intersectoral action for health**, including work to bring partners together, embed collaboration within funding models, and offer ongoing support to help sustain initiatives. These strengths are closely aligned with health promotion approaches and can contribute to well-being initiatives. Public health can also follow First Nations, Inuit, and Métis leadership in building relationships across sectors.
- **Supporting Indigenous well-being** by advancing reconciliation, cultural safety, self-determination, sovereignty, and Indigenous rights in a context of sustained and reciprocal relationship-building is a key role for public health systems. Public health practitioners in Canada can engage in respectful dialogue with First Nations, Inuit, and Métis Peoples as thought leaders, scholars, and sovereign Nations to advance well-being approaches that draw on both Indigenous and Western ways of knowing.

Introduction

In Canada and around the world, a focus on well-being has emerged as a policy goal and approach that can foster thriving societies on a healthy planet, now and into the future. Well-being initiatives build conditions for resilient individuals and societies that can respond to current and emerging challenges. They also support a high quality of life that enables people and communities to contribute to the world with a sense of meaning and purpose.[1]

Well-being is defined and understood in different ways across different communities and contexts (see the text box "Uses of the Term Well-Being"). The World Health Organization (WHO) defines well-being as "a positive state experienced by individuals and societies. Similar to health, it is a resource for daily life and is determined by social, economic, and environmental conditions".[2] The WHO definition describes well-being as both an individual and collective state, recognizing that societal well-being is more than the sum of individual well-being. This definition both aligns with and extends beyond similar concepts and approaches in public health, including the social determinants of health, health promotion, and Health in All Policies (HiAP).[2–4]

Health and well-being are inherently connected. Good health contributes to overall well-being, and the societal conditions that support well-being are also the conditions for population health and health equity.[5] The WHO's Agenda on Well-Being emphasizes the potential of a well-being approach to break down siloes and foster whole-of-society approaches to meeting societal challenges (see quote below).[5] People in Canada, and around the world, are facing a number of concurrent challenges to their well-being, including extreme weather events linked to climate change, new and re-emergent infectious diseases, cost of living increases, polarization and social conflict, and the potential harms associated with rapidly evolving digital environments.[6, 7] As a goal for policy and programming, a focus on well-being can help foster coordinated ways of working together across all sectors of society to meet these challenges.[5] This work is intended to build on collective strengths to improve community conditions for resilience and thriving now and into the future.[7]

Uses of the Term Well-Being

The term "well-being" has many applications, including as a concept, an outcome, a goal, a set of indicators, a resource, or a lens to guide action. In this report, well-being is predominantly used to describe a goal and approach for action. The goal of well-being is multidimensional, incorporating health, social, economic, and environmental dimensions and indicators. This lens leads to approaches that prioritize intersectoral action and emphasize the co-benefits of collaboration on the conditions that influence well-being for individuals and societies.

> "The well-being agenda strives to create social, economic, and environmental conditions that support individual and collective health, quality of life, ability to thrive, the equitable distribution of resources, and planetary sustainability. Societies that centre on this idea of well-being intentionally create resilient, empowered communities, prepared to transcend challenges."
>
> **(WHO, 2021. Towards Developing WHO's Agenda on Well-Being)**

Many of the most important conditions for health and well-being, including social, economic, and environmental factors, lie outside of the health sector. Fast-paced societal changes are increasingly shaping these factors, with important implications for health. One key example is the profound digital transformation experienced in recent years. Digital determinants of health include any factor rooted in or contingent on the digital world that may directly or indirectly influence health or well-being.[8, 9] The increasing reach of digital tools into many aspects of everyday life means that digital determinants are embedded across societal, political, and economic processes that impact health.[8–10] For instance, digital determinants are connected to the commercial determinants of health, which are the systems, practices, and pathways through which the private sector positively or negatively affect health outcomes.[11–13] Online platforms are one way people interact with corporate actors and therefore with products, services, and marketing that may enhance or compromise health and well-being.[8, 9] The momentum around well-being as a goal for intersectoral policy action creates new opportunities for public health to collaborate on addressing this and other interconnected determinants of health and well-being.

As fields of work, public health and well-being are connected but distinct. Though they share many goals and priorities, they have unique contributions to make in improving the lives of people living in Canada. The report will explore both the ways that well-being approaches can contribute to public health (Section 2), as well as the ways that public health professionals can contribute to the well-being initiatives led by others (Section 3). The report also acknowledges the many knowledge systems and the strong leadership of First Nations, Inuit, and Métis Peoples in advancing well-being approaches. Indigenous well-being Knowledges and sciences are rooted in a deep history and hold significant value for understanding and meeting contemporary challenges to well-being.

SECTION 1
Well-Being Concepts and Approaches

Well-being has been a successful catalyst for collaborative action in part because it speaks to the different goals of a variety of communities and sectors of society.[4, 5] As a concept, well-being encompasses health, social, economic, and environmental dimensions, bringing key indicators from different sectors together. In doing so, the concept of well-being encapsulates diverse priorities and showcases their interconnectedness, creating a shared platform for intersectoral action.

Communities and societies around the world have different concepts of well-being.[14–16] Many of these concepts and approaches have a long history and a range of contemporary applications. While they cannot be fully explored within the scope of this report, this section will briefly discuss the origins of the current momentum around well-being as a goal for societies, as well as some of the ways well-being approaches are described, measured, and applied by leading well-being organizations in Canada and abroad. This section also discusses First Nations, Inuit, and Métis well-being knowledge systems and approaches, which pre-date the current field of well-being by millennia and provide a robust foundation for collaborative well-being action in Canada.[17, 18]

> "Well-being speaks to feeling physically healthy and mentally well, feeling stable from a social and financial point of view and having resiliency to respond to your life's challenges... As public health professionals, we want to help create those environments that support people to achieve well-being."
>
> **– Interview participant (public health professional)**

A Note on Wellness versus Well-Being

Use of the terms "wellness" and "well-being" is dynamic and evolving across different communities and contexts. The term wellness is often used in Western contexts to describe behaviours, services, and consumer goods related to self-care, a topic not in scope for this report.[19] Among many First Nations, Inuit, and Métis Nations, populations, and communities in Canada, the term wellness is often used to describe a holistic balance among the mental, physical, spiritual, and emotional facets of a good life (see quote below).[20, 21] Some Indigenous leaders and organizations also distinguish wellness, as holistic health, from a broader concept of well-being that includes physical, economic, political, social, and cultural dimensions.[22] This report will use the term well-being throughout, with the exception of select descriptions of Indigenous initiatives that use the term wellness to describe a positive, holistic, and multidimensional state of being.

"From an Indigenous perspective, wellness is a strength-based concept as all of life has spirit, and spirit holds the blueprint for the orientation of life for every being, human and other-than-human beings, including land and nature, the environment, and all beings of the universe. In this way we are all related... we all have spirit and identity that informs purpose and meaning in life. This foundation is one of strength. No matter the changes in the environment, or the changes in community and society, or the changes to health and wellness of people, they always have a foundation of strength, because they have spirit. Spirit is always oriented toward well-being."

– Dr. Carol Hopkins, Chief Executive Officer, Thunderbird Partnership Foundation

Origins of International Well-Being Initiatives

Much of the current momentum around well-being as a concept and as a policy goal was sparked by the severe and interconnected crises facing societies worldwide. There is a growing recognition that whole-of-society responses are needed to address these complex challenges.[4] Populations are more able to prevent, withstand, recover from, and transform in the wake of crises when the conditions for individual and community well-being are improved.[23, 24]

While well-being is an important resource for resilience, it may also encompass a longer-term vision for positive change. As a policy goal, well-being can help redefine how societal success is measured and understood in times of crisis and beyond.[25] As a measure of the status of society, well-being has gained prominence in part due to the "beyond GDP" movement, which emphasizes the limits of using gross domestic product (GDP) and similar economic indicators to understand and track how a society is doing.[25, 26] For instance, GDP does not incorporate non-market activities (e.g., unpaid domestic work, informal caregiving, volunteering) or take into account the inequitable distribution of economic resources.[26–28]

GDP also does not capture social infrastructure, like community development, nor does it include the potential costs of economic growth to society, health outcomes, and the environment.[26, 29]

Several initiatives intended to better measure, or drive policy action on, societal well-being have emerged from the "beyond GDP" movement. This includes the Canadian Index of Wellbeing and Canada's Quality of Life Framework.[30, 31] Internationally, the WHO and the Organisation for Economic Co-operation and Development (OECD) have prioritized well-being, recognizing its potential as both a goal and an approach to improving societal conditions.[4, 5] The United Nations' sustainable development goals that call on policy makers to safeguard ecosystems, promote equity, and prioritize long-term, inclusive development, are also aligned with well-being approaches.[32] Well-being has been explicitly prioritized at the WHO through the 2021 *Geneva Charter for Well-being*, which emphasized the importance of building "well-being societies" focused on health equity and a healthy planet, for current and future generations.[3] In these initiatives, well-being can be seen as a collection of outcomes to work towards (i.e., dimensions of well-being) as well as a conceptual structure to guide a process towards well-being (i.e., well-being approaches). Core to these initiatives is the recognition that all sectors play a role in creating the conditions necessary for societal well-being.[3, 5, 33]

Well-Being Frameworks, Dimensions, and Indicators

Well-being is commonly understood as a comprehensive concept, with multiple dimensions that each include a mix of well-being outcomes and/or drivers. Communities, organizations, and governments have developed a variety of well-being frameworks, tailored to local contexts and priorities.[30, 31, 33, 34] These frameworks serve many different purposes, such as elaborating on a locally-defined concept of well-being, providing structures to measure and monitor well-being indicators, or catalyzing or evaluating intersectoral action on the conditions for well-being.

Although the specifics of frameworks vary, there are often common elements that represent the conditions required for individuals and communities to thrive.[16] This includes adequate income and housing, quality employment and education, positive physical and mental health, strong social cohesion and connectedness, reliable safety and security, work-life balance, and democracy and justice.[16, 33, 35] A well-being orientation also encompasses the necessities for immediate and long-term human and planetary survival, such as safe air, water, and food, as well as environmental protections and sustainability.[16, 33, 35] Both determinants and outcomes may be included in well-being frameworks, since some factors both influence well-being and are themselves important well-being outcomes (e.g., employment, housing).[35]

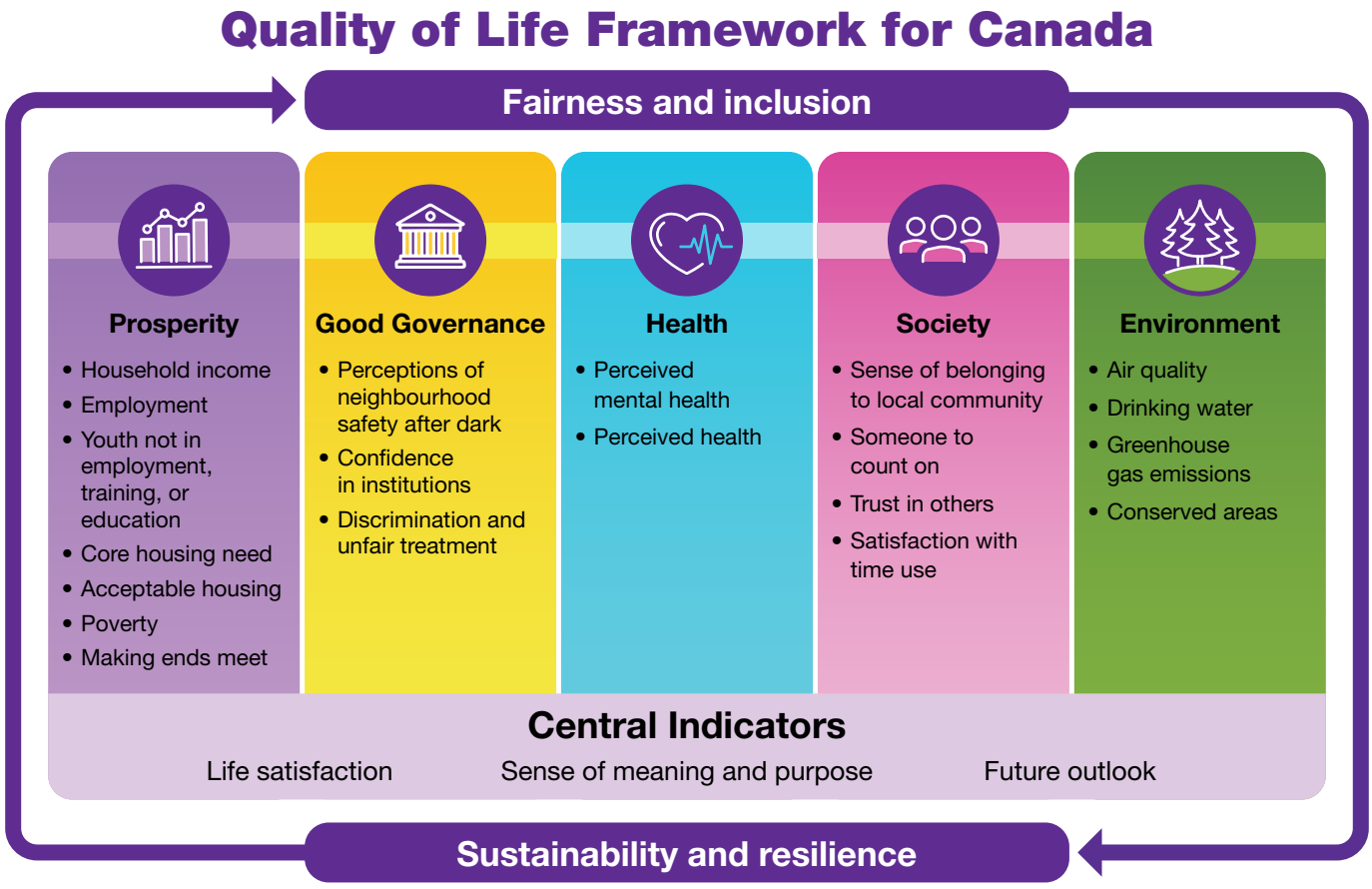
Well-being indicator frameworks focus on measurable aspects of well-being outcomes and determinants. They generally capture subjective reporting on perceived quality of life as well as objective measures of the determinants of well-being. While life satisfaction is sometimes used as a proxy for overall well-being, policy initiatives generally include it as one of a wide variety of indicators.[5, 35] Subjective measures are oriented towards personal or individual well-being, whereas an assessment of societal well-being requires a broad look across health, social, economic, and environmental dimensions as well as other factors, such as equity, planetary sustainability, and future generations.[5, 16] This comprehensive approach recognizes that societal well-being is more than the sum of the well-being of individuals.[5] A focus on who has access to the conditions of well-being is also often a component of well-being frameworks.[16] This could include assessing well-being inequities, and how the conditions for well-being differ across populations.[35, 36]

Two relevant examples of well-being frameworks include Canada's Quality of Life Framework and the OECD's Better Life Index.[35, 37]

Canada's Quality of Life Framework

Canada's Quality of Life Framework was designed to measure what matters most to people in Canada.[35] It assesses dimensions of well-being using 91 indicators spread across five domains and three central indicators (life satisfaction, sense of meaning and purpose, and future outlook). The variety of domains and sub-domains covered by this framework can be seen in Figure 1 along with the two cross-cutting lenses (fairness and inclusion, and sustainability and resilience).[31, 35] See the text box "Well-Being Indicator Data from Canada's Quality of Life Framework" for an illustrative selection of subjective and objective well-being indicator data from the Quality of Life Hub. More information on the development and use of the Framework, and its use in federal budgeting and decision making, is included in Appendix A.

Figure 1: Overview of Canada's Quality of Life Framework[31]



Well-Being Indicator Data from Canada's Quality of Life Framework

Life satisfaction, sense of meaning and purpose, and future outlook:

- In 2024, less than half (49%) of people living in Canada reported being highly satisfied with their lives, a decrease from 54% in 2021. Younger adults (aged 25 to 34 years) and racialized people saw a greater decline in life satisfaction compared to older adults and non-racialized people, respectively. In particular, high life satisfaction for racialized individuals dropped at more than five times the rate of non-racialized individuals during that time period.[38]
- Feeling hopeful about the future and having a strong sense of meaning and purpose also declined between 2021 and 2024 (63% to 56% and 59% to 57%, respectively).[39, 40]

Prosperity:

- In 2024, 45% of people reported difficulty meeting day-to-day expenses compared to 33% in 2022. Over half (55%) of people aged 25 to 44 years indicated that rising prices were causing them financial challenges in 2024, compared to 28% of seniors.[44]
- In 2022, 22% of households lived in unaffordable housing, with renters being twice as likely to spend more than 30% of their income on housing costs compared to owners (33% versus 16%).[45]

Good governance:

- The share of people in Canada with confidence in public institutions (e.g., police, justice system, school system, Canadian media, federal parliament) decreased overall between 2020 and 2024.[52, 53] In 2023, people in Canada who had trouble meeting their household financial needs were more likely to have low confidence in institutions (81%) compared to those who did not have such financial trouble (61%).[54]
- From 2021 to 2024, 51% of racialized people reported experiencing discrimination or unfair treatment within the past five years compared to 27% of people who are not racialized.[55]

Health:

- After three years of decline, life expectancy at birth in Canada increased again from 81.3 years in 2022 to 81.7 years in 2023, but remains lower than the pre-pandemic life expectancy of 82.2 years in 2019.[41]
- Although most people in Canada report "very good" or "excellent" perceived mental health, this measure decreased between 2018 (68%) and 2022 (55%), with fewer women continuing to report positive mental health compared to men. It remained largely unchanged in 2023 (54%).[42]
- While most people in Canada reported having a regular healthcare provider in 2023 (83%), this proportion has declined since 2022 (85%).[43]

Society:

- In late-2024, almost three-quarters (73%) of people in Canada reported always or often having someone to count on, while 18% said that they sometimes have someone to depend on to help them when they really need it, and 9% said that they rarely or never do.[46] In 2022, youth (aged 15 to 24 years) and older adults (aged 75 years and older) stated higher levels of support than other age groups.[47]
- Having a strong sense of community belonging was associated with being more hopeful about the future as well as better physical and mental health.[48] Over half (54%) of people in Canada had a strong sense of belonging to their local community in late 2024.[49]

Environment:

- From 2020 to 2022, 74% of people in Canada lived in areas meeting air quality standards. This was a decrease from 85% in 2019 to 2021, partly as a result of the 2022 wildfires in British Columbia and in the United States.[50] The frequency of climate-related disasters has increased over the past two decades, including forest fires that negatively affect air quality.[51]

Many of the indicators align with those traditionally considered in population health monitoring, but some, such as hopefulness about the future or confidence in public institutions, may be less common in public health practice.[56] These data can provide valuable insights into national trends in well-being dimensions. While people in Canada generally live long healthy lives, the recent declines in life satisfaction, hopefulness, self-reported mental health, and ability to afford day-to-day expenses demonstrate the need to work across sectors to understand the drivers and consequences of these trends.[38, 39, 44, 57] Data can also be integrated across domains to understand connections between key indicators. For instance, from 2021 to 2024, 59% of those with no financial difficulties had high levels of life satisfaction compared with 29% of those experiencing financial hardships.[58] Analyses of these indicators further reveal inequities in well-being outcomes. For example, combining nine indicators from the Quality of Life Framework to form an overall perceived well-being score showed that older adults, people without a long-term condition, and non-2SLGBTQI+ people reported higher perceived well-being in 2021 and 2022 compared to other age groups, people with a long-term condition, and 2SLGBTQI+ people, respectively.[59]

OECD Better Life Index

The OECD launched their well-being framework in 2011, emphasizing the need for well-being economies.[60] A well-being economy is an economy that prioritizes human, social, planetary, and economic well-being by expanding opportunities for people to improve their lives, reducing inequities, and fostering environmental and social sustainability.[61, 62] The OECD's Better Life Index uses 24 indicators to measure 11 well-being topics for member countries.[37] According to the 2024 results, Canada ranks above the OECD average in seven of the 11 well-being dimensions.[63] Notably, 89% of people in Canada reported their health to be "good" or "very good", one of the highest scores across OECD countries.[63] The OECD supports research and policy action on well-being through their Centre on Well-Being, Inclusion, Sustainability, and Equal Opportunity, and the Knowledge Exchange Platform on Well-being Metrics and Policy Practice.[64, 65]

Well-Being Approaches

While well-being indicator frameworks focus on well-being as a multidimensional outcome, there is also recognition that new intersectoral approaches are necessary to achieve it. Accordingly, a focus on well-being is not just a goal, but also a different way of working together. While well-being initiatives vary, there are a number of characteristics that frequently emerge, including:

- A positive vision of health, encompassing physical, mental, spiritual, and social dimensions;
- Balancing health, social, economic, and environmental priorities, for both current and future generations; and,
- Intersectoral action across dimensions, with a focus on co-benefits across sectors.[4, 5, 27, 66, 67]

Well-being approaches have been applied across Canada and around the world, including initiatives led by different levels of government. A number of central governments, such as those in Wales, Finland, and Scotland, have integrated well-being into governance approaches, including transformations to legislation, policy development, and budgeting processes (more detail on the challenges and opportunities associated with these approaches is provided in Appendix A).[34] For example, a well-being budget emphasizes quality of life and the well-being of people and the planet as a central goal of governments' economic and fiscal policies.[68, 69] These initiatives are intended to bring sectors together to collectively prioritize population and planetary well-being in government decision-making.[34] A focus on well-being has also driven new approaches among municipal governments. The text box "What we Heard from Municipal Well-Being Initiatives across Canada" describes different ways municipalities have taken up well-being as a shared goal to mobilize intersectoral action and generate community-based solutions. Public health professionals can explore opportunities to support and contribute to municipal action on the local conditions that influence health and well-being. A number of local initiatives are featured in the report and detailed in Appendix A.

> "We often hear municipalities say: 'Of course, sidewalks and infrastructure are important, but we also want to care about the people who walk on our sidewalks'."
>
> **– Interview participant (well-being initiative)**

What We Heard from Municipal Well-Being Initiatives across Canada

In 2024, the Office of the CPHO commissioned interviews with representatives from a number of municipalities leading well-being initiatives. These initiatives included a broad range of strategies and interventions that aimed to improve local conditions for well-being. For example, in 2024 the City of North Vancouver developed a Community Wellbeing Strategy with input from public health, which created a strong policy framework to support projects that promote equity and social connection, inform future decision-making, and bring together partners to work on shared goals to enhance collective well-being.[70] The strategy identified strategic pathways with supportive tactics, including a focus on poverty reduction, housing, connected communities, and equity and inclusion.[70]

Taking a different approach, the City of Edmonton partnered with community leaders and people with lived experience of houselessness to promote well-being among inner-city populations through Recover Edmonton.[71] Recover used a social research and design approach to co-develop and prototype innovative solutions to the challenges their communities face, which has led to improvements in participant reported well-being outcomes such as connection to friends, family, and community.[71, 72] Recover's well-being framework has also been integrated into the Edmonton Community Safety & Wellbeing Strategy, reflecting some uptake of community-defined well-being concepts into policy decision making.[73]

Representatives of municipal initiatives from across the country emphasized how a focus on well-being helped foster buy-in and excitement among intersectoral partners. They described the importance of committed leadership and the power of community consultation and engagement to develop well-being strategies and interventions tailored to local contexts and priorities. The representatives also discussed a number of sustainability challenges, including leadership turnover, short-term funding cycles, a focus on short-term outcomes, competing priorities, and the need to address emergent challenges like the COVID-19 pandemic. Fostering and evaluating complex, intersectoral, and upstream well-being interventions can take considerable time and resources, necessitating a sustained commitment to long-term change.

> "Sometimes you co-lead the strategy… sometimes you're an expert participant. It's going to vary based on the municipal government… As public health people, we're there to support the local government to be successful."
>
> **– Interview participant (public health professional)**

Indigenous Peoples around the world have long been leaders in advancing holistic approaches to well-being. These approaches are anchored in Indigenous knowledge systems that emphasize environmental stewardship and preserve and promote relationships with the land and nature. For example, the Indigenous Andean concept of Buen Vivir ("living well together") has been integrated into the Ecuadorian constitution and national development plans, with the goal of centring the well-being of people and nature.[74] First Nations, Inuit, and Métis Peoples in Canada have also made

significant gains in applying Indigenous Knowledges to well-being promotion across communities and contexts (see Appendix A for a description of select Indigenous-led well-being approaches in Canada, alongside a number of examples in sections below). Indigenous well-being knowledge systems have been developed over millennia and often differ from Western well-being frameworks and approaches.[22] When Western-designed initiatives do not reflect Indigenous priorities and approaches, they risk perpetuating harm by deepening systemic inequities.[17] However, there are also points of potential alignment between Western and Indigenous well-being concepts and approaches. These offer opportunities for dialogue and collaboration on well-being promotion at the interface between knowledge systems.[17]

First Nations, Inuit, and Métis Peoples' Concepts of Well-Being

First Nations, Inuit, and Métis Peoples' well-being knowledge systems are complex and dynamic. They have a deep history and hold significant value for understanding and meeting contemporary challenges to well-being.[21, 75–78]

There are many Indigenous populations and Nations across the country, each with distinct cultures, languages, geographies, histories, politics, governments, experiences, and priorities that shape well-being knowledges and practices.[22] There are also commonalities among these diverse Indigenous well-being concepts, including a holistic and strengths-based lens, and an understanding of well-being as collective and relational.[20, 79, 80] Well-being is often understood as a balance across interconnected mental, emotional, spiritual, and physical dimensions.[81] Indigenous well-being models are grounded in the understanding that individual well-being is inseparable from the well-being of family, community, society, and the land and nature.[82] The relational nature of Indigenous well-being also encompasses both a life course and an intergenerational perspective, embedded in a deep respect for ancestors and future generations.[83–85] Food sharing is one example of how the collective worldview is practiced. Sharing traditional or country foods promotes food security, health and well-being, and cultural connectedness, while presenting opportunities for environmental stewardship and protection.[86, 87]

For many Indigenous Peoples, land, culture, and language are at the heart of well-being, both as the source of extensive knowledge systems and teachings around how to live well, as well as determinants of well-being in themselves. Indigenous cultures and systems of knowledge are often place-based, rooted in deep relationships and responsibilities to the land and waters.[22, 88] For many, land is foundational to all other dimensions of well-being, as the source of culture, language, and identity, and as a relation whose well-being is inseparable from the well-being of Indigenous Peoples.[22, 82] Access to relatively intact land that allows for participation in on-the-land cultural activities, stewardship of the environment, and sustainability for future generations are essential to Indigenous well-being.[22]

Indigenous languages are central to the health, identity, and self-determination of Indigenous Peoples.[89, 90] There are more than 70 Indigenous languages spoken across Canada, representing a rich diversity of cultures, Knowledges, and worldviews.[91] Rooted in verbs, actions, and strengths, such languages often do not use deficit-based terms.[92, 93] More than just communication, these linguistic frameworks are a means for expressing laws, principles, roles, responsibilities, and rights, and connect people to their lands and their ancestors.[77, 92] Indigenous languages support an understanding of core well-being concepts and principles that are not directly translatable into English or French. The words influence thinking and lay a foundation for Indigenous well-being research, policy, and programming.[94, 95]

A number of Indigenous languages have unique terms for expressing the collective nature of well-being. For example, the 2025 CPHO report's Indigenous Working Group shared the following terms (see Appendix B for a description of the Working Group):

- **kaa-wiichihitoyaahk:** A word in Michif that means "We take care of each other"
- **Piliriqatiginniq ᐱᓕᕆᖃᑎᓂᖅ:** A word in Inuktitut that loosely translates to "Working for the common good or for the benefit of the collective"
- **Mino Bimaadiziwin:** An Anishinaabe word and philosophical concept that describes a collective sense of well-being and "living the good life"[96–98]
- **Aama didils:** A word for well-being or to live a good life in the Nisga'a language

Indigenous ways of knowing, echoed by Western research, have identified knowledge of language, cultural connections, a strong sense of cultural identity, a sense of belonging, connection to the land, family and community connectedness, and a positive self-image as important determinants of Indigenous health and well-being.[82, 99–107] Reconciliation, self-determination, and sovereignty have been described as pathways to Indigenous well-being that can be supported by the implementation of Indigenous rights.[22, 108] Indigenous sovereignty refers to the inherent authority and right of Indigenous Peoples to govern themselves, make decisions about their lands, cultures, and resources, and exercise self-determination without external interference.[109, 110] In Canada, the implementation of Indigenous rights is enshrined in the Constitution, most notably under Section 35 of the *Constitution Act*, *1982*, which addresses Aboriginal and treaty rights. Indigenous rights are also implemented by legal frameworks such as the *United Nations Declaration on the Rights of Indigenous Peoples Act*, which is further discussed in Section 3.[111] In addition to these obligations, all people in Canada have a responsibility to contribute to broader processes of reconciliation, with a focus on building renewed relationships with First Nations, Inuit, and Métis Peoples based on the recognition of rights, respect, and partnership.[112]

Indigenous Peoples have actively resisted colonization, dispossession of Indigenous lands and cultures, systemic racism, and the exclusion of Indigenous leadership and Knowledges from decision-making processes. Through this resistance, Indigenous Peoples have preserved and transmitted Indigenous well-being Knowledges across the generations.[21, 22, 113] Indigenous leaders are actively reclaiming, revitalizing, advancing, and applying these relational worldviews through innovative and transformative approaches to governance, policy, service provision, data, and research among First Nations, Inuit, and Métis communities in Canada (see Section 2 and Appendix A for examples of Indigenous-led well-being initiatives).

Indigenous art and storytelling are central to the creation and transmission of well-being values and Knowledges over time. The following section "Indigenous Wellness Teachings Through Art" contains a gallery of original artworks by Dr. Lisa Boivin depicting Indigenous wellness teachings.

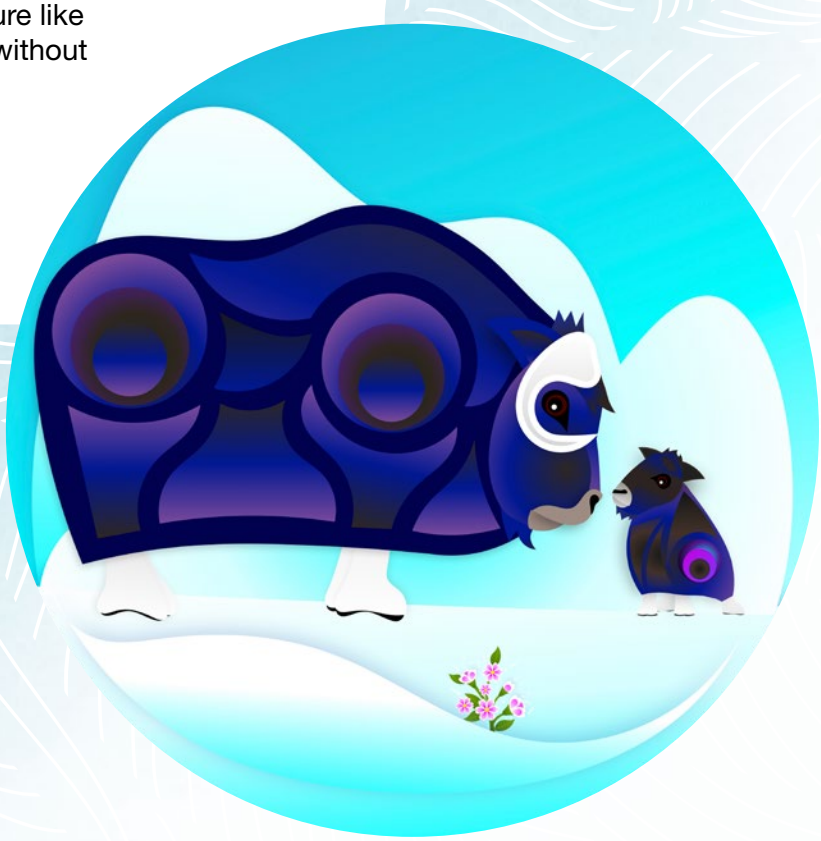
Indigenous Wellness Teachings Through Art

Unravelling the Whispers of Ancestors

In this image, young Muskox looks up at the sky before she falls asleep. The circle embracing Young Muskox speaks to ways Indigenous health is extended to the round world we live in, an interconnected and thriving ecosystem that enables all beings to thrive. Young Muskox is hearing whispers of Ancestors, stories that only babies can hear because they are told by The Ancestors. Indigenous Peoples all hold within us Ancestral Knowledges and stories, which are our resilience in the face of colonial violence: even if as babies we are too young to understand words, the deep meanings of Ancestral stories reside within us. Babies are to be left undisturbed while they are in a peaceful state to absorb these sacred wisdoms. Within this circle image, a small butterfly rests to Young Muskox's left. Butterflies represent transformation and the unencumbered nature of youth. Observing and listening to young people's unencumbered ideas can lead to transformation of our own "adult" ideas. Butterfly teaches us to respect the vitality and knowledge of young people. To engage their perspectives of and avoid ageist models of public health. Young people are needed to transform our public health system and our world.

Muskox Matriarch

Late winter and early spring are critical times for Muskox survival. Babies are born on snow enshrouded lands. Some Elderly Muskox herd members will not survive the following year. Indigenous Knowledges attest to all beings being closest to Creator just after birth and just before death. In this image, Elderly Muskox (who is close to death) greets the newest member of the herd. The image captures ways intergenerational knowledge is passed between generations, a resilient teaching of First Nations, Inuit, and Métis Peoples and one with profound implications for Indigenous public health and well-being. The Glacier Crowfoot, a flower that thrives in harsh conditions, pushes through the snow representing the seasonal passing in the beautiful north. Tundra can appear barren and without life to the untrained (often non-Indigenous) eye. Indigenous Peoples have always deeply known the land and environments in which, as People, we have thrived since before the beginning of time. We learn from the rich vegetation that sustains a thriving ecosystem. Indigenous culture like Tundra, too often perceived as being without nourishment. With care and attention, it is evident that, like Tundra Flowers, there are flourishing nutrients that sustained, and will continue to sustain, Indigenous Peoples and populations for millennia.



Our Sacred Circle

Muskox form a defensive line of circle when attacked by their natural predators, Arctic Wolves. Adult Muskox face forward with calves packed tightly behind them. This defensive formation is useless against Human Hunters, the (sacred) Muskox circle does not break up because Muskox will not flee from their family under attack. The circle formation of both this image and of Muskox in their defensive mode reminds us of the importance of community connections to maintain health and healing practice. Muskox encourages us to come out of our shell and connect to others. Muskox herds embody the significance of cooperation and harmony. By surviving the arctic environment, Muskox illustrate the capacity to flourish through adversity. Muskox calls to us to combine our talents to recognize and overcome past, present, and future colonial harms.

Hummingbird Medicine

Flowers bloom across the tundra. Tundra flowers invite us all to take a closer look. Tundra flowers sustain a thriving ecosystem, beautiful strong pollinators of generations to come. Hummingbirds remember every flower patch and feeder flower visited during their lifetime. They are in constant pursuit of nectar, eating eight to ten times their body weight to survive while simultaneously helping ecosystems flourish and raising their young. They are the only bird who can fly backwards and upside-down. Hummingbird's sensitive ears remind us to listen more and talk less, a vital lesson for everyone working on Indigenous wellness and health. Hummingbird and Tundra Flowers, together in this bright and alive image, teach us to look at things differently and to always persevere towards resilience, hope, and strength.

Dr. Lisa Boivin is a member of the Deninu Kųę First Nation in Denendeh (Northwest Territories). She is the Indigenous Educator at University Health Network and The Center for Wise Practices in Indigenous Health (Ganawishkadawe) at Women's College Hospital in Tkaronto (Toronto). She creates arts-based curricula for healthcare researchers and providers, using participatory image-based workshops to educate about the colonial barriers Indigenous patients navigate in the current healthcare system. Dr. Boivin has researched and developed educational materials for multiple Senators, Canadian Institutes of Health Research (CIHR) Scientific Directors, hospitals, and academic institutions. She strives to humanize clinical medicine as she situates her art in the Indigenous continuum of passing knowledge through images.

First Nations, Inuit, and Métis well-being Knowledges and teachings have immeasurable value both to guide Indigenous well-being promotion and to enrich our collective vision for well-being in Canada. The following section explores both Western and Indigenous well-being frameworks and approaches, highlighting the contributions they can make to contemporary public health practice.

SECTION 2

Contributions of Well-Being to Public Health

As a measurement framework and policy goal, a focus on well-being may help advance public health priorities through its positive and strengths-based lens, its attention to future generations and the planet, and as a catalyst for intersectoral action.

A Positive and Strengths-Based Lens

Well-being offers a positive vision of thriving and resilient populations that are able to achieve their full potential.[3, 4] While a positive lens has long been recognized in public health, particularly related to health promotion, its application in practice has varied.[67, 114] For example, surveillance often focuses on measuring and monitoring trends or inequalities in disease risk over time. While this work remains vitally important to detect and respond to differential outcomes, it offers an incomplete picture of how individuals and communities are doing. It can also contribute to stigma by reinforcing harmful stereotypes or framing a community as inherently "high risk", if structural inequities are unexplored.[115–117] As a complement to inequalities data, positive and strengths-based approaches to understanding and measuring well-being may help highlight community capacity and resources that promote health and well-being.[118–120]

> "I think that public health, with this population-based vision, [has the] ability to mobilize the community around a common cause and then develop a common vision together, this ability to identify needs and then also strengths on a collective scale. Because I think you really have to balance the two levels if you want to be able to maintain mobilization, otherwise you're just telling people they have problems, and that's not very mobilizing."
>
> **– Interview participant (public health professional)**

Health, social, economic, and planetary well-being, which serve as "well-being capitals", are essential for thriving, resilient, and equitable societies over multiple future generations.[25] This positive framing of well-being goes beyond preventing or treating illness, recognizing that well-being is a resource that can be fostered for everyone.[25] This is evident in how positive well-being frameworks have been applied to specific public health priorities, such as mental health.

Taking a well-being approach to mental health means shifting the focus from mental illness prevention alone toward a more positive and holistic vision for emotional, psychological, and social well-being. This approach is embedded in the concept of "positive mental health", which is defined as a state of well-being that allows people to feel, think, and act in ways that enhance their ability to enjoy life and deal with the challenges they face.[120, 121] Importantly, positive mental health can exist at the same time as mental illness, meaning everyone can be supported to experience positive mental health even in difficult circumstances.[120] One example of a well-being approach to mental health surveillance is the Government of Canada's Positive Mental Health Surveillance Indicator Framework (see text box "A Strengths-Based Approach to Monitoring Positive Mental Health").[121] This example can serve as inspiration for public health data stewards looking to explore how a well-being approach could enable a broader lens in the surveillance of priority public health issues.

A Strengths-Based Approach to Monitoring Positive Mental Health

Released in 2012, Canada's first national mental health strategy, *Changing Directions, Changing Lives* highlighted the need for improved collection of positive mental health data.[122] To address this gap and monitor positive mental health at the population level, the Public Health Agency of Canada (PHAC) launched the Positive Mental Health Surveillance Indicator Framework (PMHSIF) in 2016.[121] The PMHSIF includes positive mental health outcomes and indicators to capture risk and protective factors at the individual, family, community, and society levels for youth and adults. For example, the community level includes indicators related to the built environment and social connections, and the society level comprises measures of political participation and experiences of stigma and discrimination. The indicators are available for different geographies, ages, sexes, genders, incomes, or education levels, which allows for comparison of outcomes and key determinants across population groups.[120, 121, 123]

The framework demonstrates how the positive framing of well-being can be applied to monitoring a public health priority that has traditionally focused on negative outcomes. The inclusion of subjective and strengths-based measures of self-rated mental health, happiness, life satisfaction, psychological well-being, and social well-being reflects the perspectives of many communities who strive for a better life even when faced with complex challenges.[121] The provision of indicators related to the social determinants of positive mental health can also support the planning and evaluation of policies and programs that focus on creating the conditions for well-being across different populations.[120] This approach helps broaden the scope of mental health interventions beyond individual skills and behaviours, toward a more equity-centred approach that recognizes the importance of the social, economic, and environmental drivers of well-being. For example, the framework was used to inform the design of the Mental Health Promotion Innovation Fund (MHP-IF), which is described in Section 3.

Attention to positive and strengths-based methods can also align with Indigenous well-being Knowledges and approaches.[80, 124] Several Indigenous researchers and organizations across the country have articulated strengths-based well-being frameworks and indicators that draw from the rich Knowledges, values, and priorities of distinct Indigenous communities. One example is described in the text box "The First Nations Mental Wellness Continuum Framework: Developing a Strengths-Based System of Care".[21]

The First Nations Mental Wellness Continuum Framework: Developing a Strengths-Based System of Care

To support the development of a strength-based system of care in First Nations communities, the Assembly of First Nations and partners, such as the Thunderbird Partnership Foundation, released the First Nations Mental Wellness Continuum Framework in 2015. The Thunderbird Partnership Foundation developed an accompanying implementation guide in 2018. It was developed through engagement with First Nations across Canada. Research conducted by the Foundation defined Indigenous wellness from the knowledge held within sacred societies across Indigenous cultures in Canada and within communities.[77, 95] The framework described mental wellness as a balance of mental, physical, spiritual, and emotional well-being that is supported by culture, language, Elders, families, and Creation.[21] In alignment with the four directions in the Sacred Medicine Wheel, the framework highlights four core outcomes:

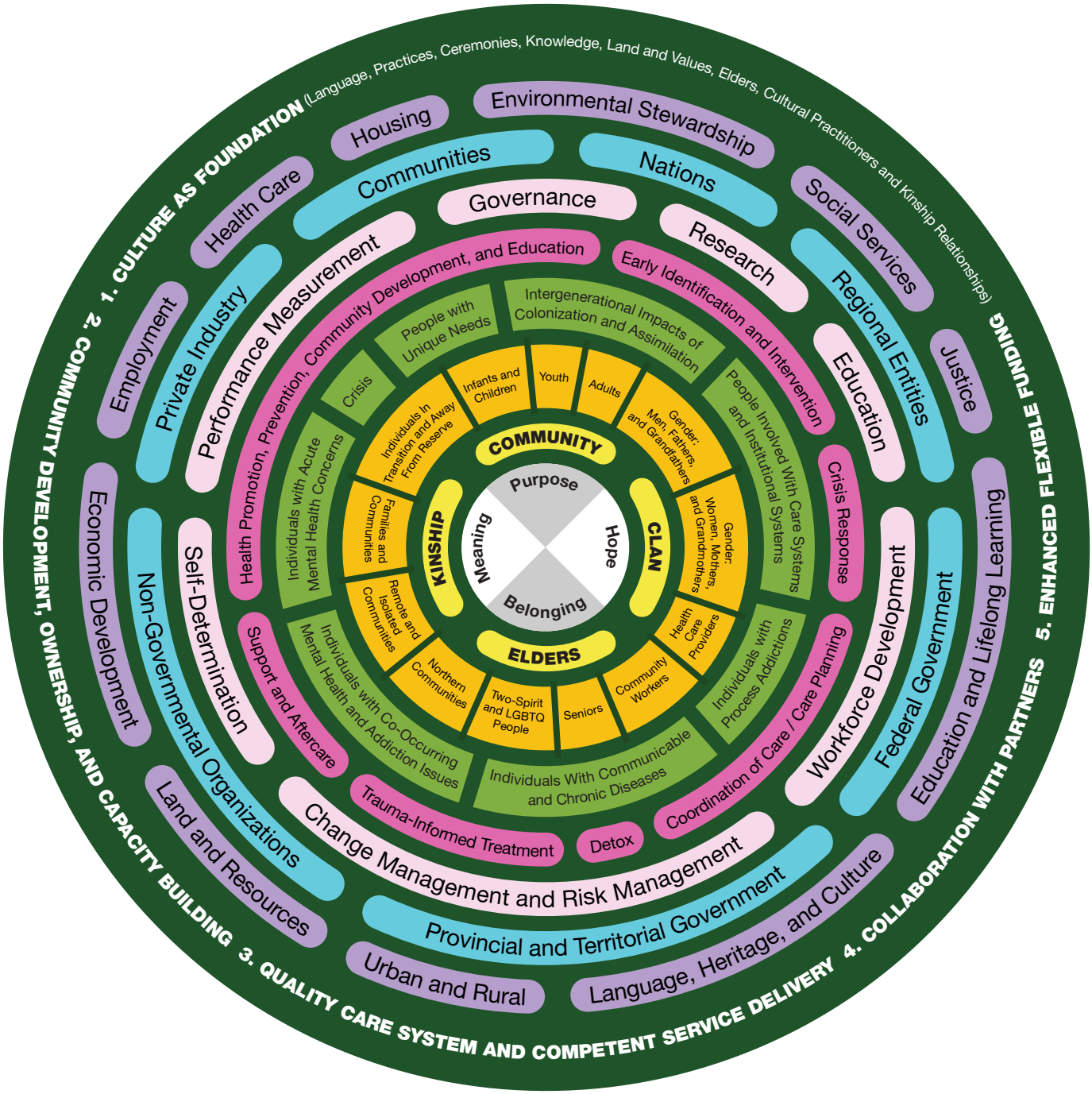
- **Hope** for the future, grounded in identity, Indigenous values, and belief in spirit;
- **Belonging** and connectedness to family, community, and culture;
- **Meaning** in life, and understanding one's place in Creation and history; and,
- **Purpose** in daily life through education, employment, caregiving activities, or cultural ways of being and doing.[77, 125]

These outcomes can be measured over time through 13 indicators described in the Native Wellness Assessment.[77, 95, 125, 126]

The framework depicts the elements of a system of care that are foundational to First Nations mental wellness, such as families and communities, populations and their specific needs throughout the life course, essential services across a continuum of care, self-determination and workforce development, and intersectoral and multi-jurisdictional partnerships (see Figure 2). Upholding culture as a foundation is imperative to the implementation of the framework, as it promotes the centring of First Nations cultural Knowledges in the design and delivery of all mental wellness policies, programs, and services. Implementation is further supported through descriptions of strategies and actions aligning with key themes that emerged from dialogue sessions with partners, including:

- Community development;
- Ownership and capacity building;
- Quality care system and competent service delivery;
- Collaboration with partners; and,
- Enhanced flexible funding.[77, 95]

Figure 2: First Nations Mental Wellness Continuum Framework



Source: Thunderbird Partnership Foundation. First Nations Mental Wellness Continuum Framework Summary Report; 2015.

Public health professionals can learn from and follow the leadership of First Nations, Inuit, and Métis well-being initiatives. This includes ensuring Indigenous Knowledges and self-determination are centered in well-being policies and approaches that serve Indigenous Peoples. It also means supporting initiatives that are community-based, intersectoral, and focused on strengths-based outcomes such as hope, belonging, meaning, and purpose.

A Focus on Future Generations and the Planet

Well-being frameworks encompass the well-being of current and future generations, as well as the health of the planet.[5, 16, 35, 127] While these factors are important for public health outcomes, they may not be covered by existing public health frameworks.[128–130] A focus on well-being can encourage public health professionals to look more closely at these dimensions, and their connection to existing public health priorities.

> "[Well-being] expands the notion of what health is and it is also a way of encompassing the things that we know that we should be working on."
>
> **– Interview participant (public health professional)**

While many traditional public health frameworks emphasize human health as the central priority, well-being offers a more relational approach. Well-being frameworks recognize that the well-being of humans, animals, and the planet cannot be disentangled.[4, 5] Such approaches are aligned with One Health, which emphasizes intersectoral action to foster and balance human, animal, and planetary health.[4, 6] Recognizing interdependence is important to understand and resolve tensions across these connections, particularly since activities undertaken to promote human well-being could negatively impact animals and the environment, now and into the future.[131] By explicitly including a focus on planetary health and future generations, a comprehensive well-being lens can help advance and balance a concurrent focus on these priorities. This is central to many definitions or interpretations of well-being, including the WHO's *Geneva Charter for Well-being* and the OECD's Well-Being Framework.[3, 127] A focus on the future, especially in the context of digital transformation, has also been emphasized by the United Nations, who recently released a Pact for the Future that includes a Global Digital Compact and a Declaration on Future Generations. This international agreement covers the design, use, and governance of technology for the benefit of all as well as concrete steps to account for generations to come in decision-making.[132]

Indigenous Peoples have long advocated for changes to societal systems and processes that harm the land and compromise the well-being of current and future generations. Access to and relationships with the land is a determinant of Indigenous well-being, both in rural and urban contexts.[88] As highlighted in the 2022 CPHO report, the strong leadership and deep Knowledges of Indigenous Peoples around ecological stewardship and the relationships between people, animals, and nature are indispensable for collective efforts to promote the well-being of people and planet.[51]

> "Indigenous Peoples in Canada are diverse, but we share many perspectives on our relationship with the environment. Many Indigenous Peoples have nurtured relationships with their surrounding environment for generations upon generations. Intimate knowledge of place—inclusive of land, water, animals, and plants—can be developed and shared over the life course. These relationships and this knowledge can support emotional, physical, mental, and spiritual health and reinforce that everything is connected. As Indigenous Peoples, we have responsibility to, and are in reciprocity with, both the beings around us now and those who will comprise future generations."
>
> **– Dr. Shannon Waters, Medical Health Officer for the Cowichan Valley Region at Island Health – Vancouver Island Health Authority, from "Visioning the Future: First Nations, Inuit, & Métis Population and Public Health"**

A concurrent focus on human and planetary health, now and for future generations, fosters both individual and societal well-being. One such approach to well-being promotion can be seen in the Cittaslow movement.[133] Originating from Italy in 1999, Cittaslow promotes "well-living" through several core principles, such as the philosophy of slow living, supporting local economy, heritage and traditions, and protecting the environment through renewable energy, waste reduction, and green space preservation.[133] There are four Cittaslow towns in Canada: Naramata and Cowichan Bay in British Columbia, Wolfville in Nova Scotia, and Lac-Mégantic in Quebec.[134] Lac-Mégantic undertook a holistic reflection on the future and reconstruction of its downtown following a devastating train accident in 2013 (see text box "'Well-living' and the Cittaslow Movement: The Example of Lac-Mégantic, Quebec").[135] This example illustrates how public health can draw on well-being approaches by promoting collective action across sectors and applying population health assessments to tailor solutions to community strengths and assets.

"Well-living" and the Cittaslow Movement: The Example of Lac-Mégantic, Quebec

In 2017, Lac-Mégantic became the first certified Cittaslow city in Quebec, with a "well-living" vision integrated into the city's strategic planning efforts.[136] New public spaces were created to foster social connections and revitalize local culture and heritage for current and future generations. Transformations to the built environment included new social housing units, large sidewalks, and cycling lanes. Ecological sustainability was promoted through the creation of a community energy network relying on solar power, and through the promotion of locally produced food and goods by a revitalized market and the development of local businesses.[137]

Making Lac-Mégantic a Cittaslow town was a unifying initiative that brought together many partners, including public health, and is an example of advancing well-being while building resiliency and recovering from a tragic event.[135] Local public health has been instrumental in bringing forward a targeted mobilization approach and implementing actions based on community's strengths and assets. For example, a permanent public health outreach team led a variety of community initiatives, such as a walking club and *La Place éphémère*, a dynamic and participatory outdoor gathering space.[138, 139] Public health has brought in strong expertise to understand the social determinants of health, analyze inequities, and propose solutions adapted to local needs and realities.[138]

A deep commitment to the well-being of future generations is a feature of many Indigenous well-being concepts and practices. As one example, the Seven Generations Teaching is shared across a number of Indigenous Nations and communities, and is a central component of Anishnaabe knowledge systems.[140] This teaching highlights the impacts that individual and collective choices will have on the next seven generations, as well as the importance of connection to ancestors, the past seven generations. This teaching can support well-being action that is forward looking and sustainable. It is central to contemporary efforts to transform systems of care for Indigenous Peoples. For instance, in 2019 the Assembly of First Nations' Chiefs-in-Assembly passed the resolution *Developing a Seven Generations Continuum of Care for First Nations, by First Nations of Health, Economic, and Social Services*.[141] This resolution calls for coordination of care across sectors and across the life course, with a focus on sustainable systems change that will benefit generations to come.[142]

Indigenous research and science anchored in holistic, relational, and future-oriented concepts of well-being are essential to inform systems change and program development. The text box "Strengthening Inuit Youth Well-Being Through the Eight Ujarait/Rocks Model" showcases a youth well-being intervention model based on Inuit terminology, philosophy, and societal values that puts an expanded view of youth well-being into action. Public health can both learn from and strengthen support for Indigenous-led well-being approaches that promote cultural transmission, connection to land and community, and self-determination for current and future generations.

Strengthening Inuit Youth Well-Being Through the Eight Ujarait/Rocks Model

With youth well-being as one of the most pressing issues facing Nunavummiut, the Eight Ujarait/Rocks Model was developed by the Qaujigiartiit Health Research Centre to draw on the strengths of Inuit Knowledge to promote the collective well-being of youth in community. The model comprises eight modules to improve physical, mental, emotional, and spiritual well-being. It includes both personal skills-building and modules that address the foundations of well-being from an Inuit perspective, such as Avatittinik Kamatsiarniq (*stewards of the land*, focused on land-based knowledge and relationships with the land), Nunalivut (*our community*, focused on strengthening collective community wellness), and Saqqatujuq (*distant horizon*, focused on strengths-based future planning).[143]

The Eight Ujarait/Rocks Model has been implemented as a two-week land-based camp program called Makimautiksat (i.e., building a solid foundation within oneself) and is co-delivered by schools, community organizations, youth leaders, Elders, and Knowledge Keepers.[144] Makimautiksat promotes Inuit Qaujimajatuqangit (i.e., Inuit Knowledge) through activities such as going out on the land, learning from Elders and Knowledge Keepers, harvesting and sharing country food, and giving back through volunteering to strengthen community. The program emphasizes the foundational importance of culture, identity, community, and the land for youth well-being. Evaluations have shown positive results for participants, including stronger cultural pride, greater confidence in identity, improved family and community relationships, and improvement in physical, mental, emotional, and spiritual wellness.[143,144] By drawing on community strengths and ways of knowing across all learning modules, the Eight Ujarait/Rocks Model strengthens Inuit identity and equips youth to transmit Inuit values, Knowledges, and practices to future generations.

A Catalyst for Intersectoral Action

Well-Being Elevates Multidimensional and Holistic Frameworks

Well-being approaches support holistic measurement of the status of individuals, communities, and societies, including inequities and emerging trends.[127, 145, 146] Well-being frameworks often include dimensions related to happiness and life satisfaction, health, employment, income, housing, education, environmental quality and sustainability, personal safety, and civic engagement and social cohesion.[16, 33, 35] This comprehensive lens implicates other sectors to engage in well-being activities, the governance structures required to implement them, and the associated shared benefits.

A more comprehensive scope of measurement can help identify areas for intersectoral action. This approach has been used by Engage Nova Scotia, an organization that measures multidimensional well-being indicators and uses that data to help facilitate community discussions on well-being in Nova Scotia (see text box "Engage Nova Scotia: Quality of Life Initiative").

Engage Nova Scotia: Quality of Life Initiative

"What if there is a better way to measure how we are doing?" This question sparked Engage Nova Scotia to implement the province's first Quality of Life survey to support decision-makers and communities to centre and advance action on well-being. The non-profit organization has developed innovative tools to analyze and share survey data for use by municipalities to inform local policy development and create targeted solutions.[147]

The survey includes over 200 questions that reflect the eight multidimensional domains comprising the Canadian Index of Wellbeing conceptual framework (see Appendix A): healthy populations, living standards, environment, leisure and culture, democratic engagement, education, time use, and community vitality. Survey questions cover demographic, personal, and life circumstances to ensure analyses can go beyond population averages and consider why and how inequities are more prevalent for some communities and families. In 2019, almost 13,000 participants from across Nova Scotia completed the survey.[148] At the time of writing this report, the next survey was planned to be administered in the fall of 2025.

Engage Nova Scotia shared the 2019 survey findings across regions and collaborated with interested community partners, government departments, and municipalities to stimulate local discussions about improving quality of life in communities. For example, Engage Nova Scotia worked with the Cape Breton Regional Municipality and community members to analyze and present the survey data in a way that reflected the lived experiences of single parents, young adults, persons with disabilities, and residents with low incomes. The data showed the central importance of social inclusion, transit, housing, and recreation to the well-being of these priority groups, leading the municipal council to reorient their budget priorities and strike task forces on these key drivers.[149]

In well-being frameworks, well-being is often conceptualized as a combination of interconnected dimensions spanning health, social, economic, and environmental contexts.[150] Recognizing these interdependencies helps showcase how interventions in one dimension can have cascading effects across others.

Well-Being Provides a Shared Goal to Mobilize Collective Action

In the context of well-being as a policy goal, health is not just an outcome, but also a determinant. Positive health outcomes can be seen as important contributors to the success of other sectors, enabling economic productivity, labour supply, innovation, educational attainment, civic engagement, and environmental sustainability.[151]

Despite the benefits to other sectors, emphasizing health goals alone may be insufficient to drive intersectoral action.[152–157] It can be difficult for non-health sectors to integrate health considerations if it is not clear how their own priorities may be aligned.[151, 158–163] Centring well-being, rather than health, as a primary goal could help. Research suggests that framing shared priorities using language other than health, such as well-being, may be more accepted as a collective aim by intersectoral partners.[161, 164] Well-being offers a goal that resonates with partners and encompasses priorities across sectors.[114] Language and conceptual framing used to describe goals are important because they influence how these goals are developed, who should lead or contribute, and who is held accountable.[165]

> "The holistic understanding of health and well-being as a framework for social sustainability really continues to resonate with different sectors in the community. We have never had a challenge with people not being able to see themselves in the strategy, and that has been a really important success."
>
> **– Interview participant (well-being initiative)**

Attention to the multidimensional nature of well-being may also foster an intersectoral focus on structural determinants of health. This is because the other sectors implicated in well-being frameworks are also those responsible for policy levers that influence key determinants. For example, financial strain is influenced by a number of structural factors (e.g., macroeconomic systems, as well as education, housing, and employment policies that influence income and cost of living).[166] However, interventions frequently target individual-level financial knowledge and behaviour, which are unlikely to influence income inequities since they do not address the systemic barriers that impact financial circumstances.[166] This is of consequence to public health because financial strain impacts physical and mental health, with effects accumulating over the life course and across generations.[167–170] Bringing a broader and multidimensional well-being lens to addressing the structural factors impacting financial stability can facilitate intersectoral collaborations among players with economic, health, or other goals.[166] The text box "An Expanded View of Financial Well-Being to Support Intersectoral Action for Health Equity" illustrates how a well-being approach can expand our understanding of a key social determinant of health and highlight entry points for equity-promoting intersectoral action.

An Expanded View of Financial Well-Being to Support Intersectoral Action for Health Equity

Recognizing the impact of financial well-being on health equity, the University of Alberta's Centre for Healthy Communities released the Action-Oriented Public Health Framework on Financial Well-being and Financial Strain and a companion Guidebook of Strategies and Indicators.[171] The Framework links public health and well-being by drawing on social and structural determinants of health and Health in All Policies (HiAP) principles. It presents 17 evidence-informed entry points for policy action to reduce financial strain, support long-term financial well-being, and promote health equity. It includes actions that are upstream (e.g., governance levers related to wealth redistribution and regulation), midstream (e.g., barriers to accessing benefits, services, and programs), and downstream (e.g., individual-level financial services and products).[171]

The framework encourages different sectors (e.g., health and social services, education, housing, banking, transportation) to recognize how their mandates and initiatives contribute to financial well-being.[166, 172] It helps these sectors explore opportunities to improve their work by better understanding the broader factors, and other actors, that also influence financial outcomes.[166, 172]

The accompanying guidebook includes targets, strategies, and indicators to support various sectors in their work to improve financial well-being. Both documents highlight HiAP principles by demonstrating the interconnections that create synergies between governments and organizations and ultimately may lead to the realization of co-benefits across sectors.[171] Moving forward, the Framework can support public health actors to better understand, measure, and act on financial well-being as a determinant of health through intersectoral partnerships for equitable, lasting population-level outcomes.

Well-Being Emphasizes Co-Benefits of Intersectoral Action

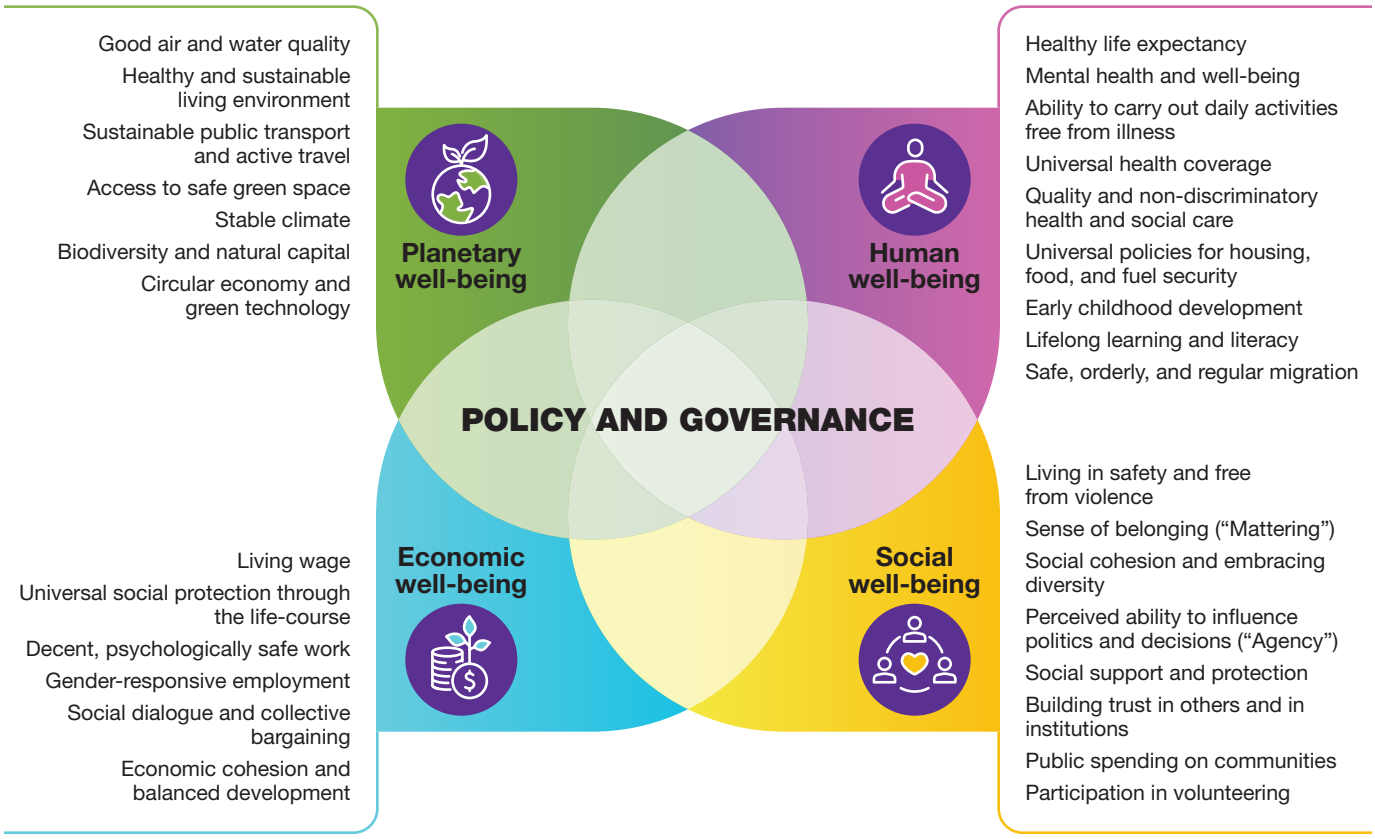
In addition to supporting intersectoral action on shared goals, a well-being approach may specifically enable a focus on co-benefits across sectors. This idea that multiple goals across sectors could be influenced by one action has many names, including win-win or multiple impacts, all recognizing that the interconnected nature of policy involves inevitable spillover effects.[173] For example, improving access to green space can reduce greenhouse gas emissions, in part by encouraging active modes of transportation. Moreover, the co-benefits of more green space include better air quality, increased physical activity, reduced all-cause mortality, flood mitigation, and better mental health.[174–177]

When decisions are made in silos, co-benefits are often neither identified nor measured, leading to their exclusion from investment analyses and budgetary decisions.[178] Deliberately considering co-benefits can help to break down these siloes and promote policy coherence. Centring co-benefits can facilitate coalition building by emphasizing multiple potential beneficiaries of policy action and incentivizing policy-makers to collaborate outside of their core responsibilities.[151] By supporting multiple goals, co-benefits help move past a zero-sum policy model where finite resources are perceived to be offered to one sector at the expense of another.[151]

Co-benefits are the focus of the WHO European Region's Finding Common Ground initiative, which intends to create new modelling tools for central banks and ministries of finance to better understand how fiscal and economic policies can concurrently support economic and health outcomes.[179]

Future plans include creating proposals on how to integrate well-being and equity into economic analyses, identifying win-win policies, and working to strengthen the investment case for initiatives that concurrently prioritize healthier economies, populations, and societies.[179] The WHO European Region has represented the domains of human, social, economic, and planetary well-being as overlapping "capitals" that are essential for thriving societies (see Figure 3).[178] This overlap illustrates opportunities for actions in one area to influence actions in another.

Figure 3: Well-Being Capitals with Examples in Each Domain



Source: World Health Organization. Harnessing the Benefits of Well-Being Policies and Investments for Health. World Health Organization; 2023.

Co-benefits also contributed to intersectoral action on well-being in Newfoundland and Labrador (NL). A provincial commitment to well-being emerged in the province through the process of developing the 2022 Health Accord NL.[180] In the Accord, well-being is a guiding principle, defined as a way of expressing a sense of feeling happy, healthy, socially connected, and purposeful.[180, 181] The Accord recognizes the shared responsibility of health and social systems together with health educational institutions, municipalities, community organizations, and the private sector to improve health outcomes and health equity.[181] It promotes a vision of better population health that explicitly builds on existing public policies, including the Poverty Reduction Strategy adopted in 2006, a climate action plan, mental health and addictions initiatives, and education programs.[182] See the text box "Identifying Co-Benefits to Advance Well-Being in Newfoundland and Labrador" for a description of how the concept of co-benefits mobilized intersectoral action on well-being in the province.

Identifying Co-Benefits to Advance Well-Being in Newfoundland and Labrador

Well-Being NL, a central organizing body supported by the Government of Newfoundland and Labrador (NL) that includes stakeholders across various sectors, works to advance provincial well-being.[183] Well-Being NL members aim to collectively identify the potential for co-benefits across sectoral initiatives, highlight opportunities to align investments, and leverage interdepartmental governance structures for collaboration and cross-sectoral input.

Public health has been involved in the development and implementation of Well-Being NL since its inception, contributing through steering committees, working groups, and guidance on communications and engagement. This has supported public health in identifying and strengthening the co-benefits for health of intersectoral action on well-being. Well-Being NL reported that their alignment with provincial and local public health mandates, as well as the integration of health promotion into provincial regulations and core public health programs has contributed to facilitating coordination among partners. Well-being principles also informed the 2023 Public Health Framework for Newfoundland and Labrador, placing well-being at the centre of the public health approach for the province.[184, 185]

Co-Benefits at the Local Level

Opportunities for co-benefits may be particularly evident at local levels. Municipalities have access to levers for change that are directly linked to the conditions for community well-being, such as land use planning, infrastructure management, and providing essential services, like affordable housing, immigrant settlement, and childcare.[186–188] Municipalities are also closer to their communities than other levels of government, making them well-positioned to engage with residents, businesses, and community leaders to tailor policy and program solutions to their local needs and contexts.[186] The WHO's Healthy Cities initiative seeks to harness this potential by engaging with municipal governments

to transform social, economic, and cultural agendas to better support the health and well-being of their residents. This work defines a healthy city as one that puts health, social well-being, equity, and sustainable development at the centre of local policies, strategies, and programmes.[189] In 2023, members of the WHO European Healthy Cities Network committed to championing a well-being economy with a focus on 12 action points across four key areas: planetary well-being, human well-being, economic well-being, and social well-being.[190] These action items include protecting and enhancing the environment, promoting workforce well-being, fostering participatory decision-making and community-led action, and embracing diversity and inclusion.[190] Pilot projects in nine cities across Europe have been initiated to implement these action points.[190]

Similar thinking has been integrated in jurisdictions across Canada. For example, the City of Vancouver's Healthy City Strategy is a long-term, integrated plan that aims to enhance health and well-being in Vancouver through coordinated, intersectoral policy action supported by well-being frameworks and the monitoring of well-being indicators.[191] The initiative is co-led by the municipality and the local public health authority. Public health has built on and leveraged existing relationships while fostering trust and new partnerships. Public health has also provided valuable local and tailored data to support the municipality in understanding and implementing effective strategies.[191] As an example of the strategy in action, co-benefits for health equity and community development are being promoted through the City of Vancouver Community Benefits Agreement Policy. The policy provides opportunities for low-barrier local employment and economic benefits for residents, including populations facing inequities, through mandated agreements with developers.[192] Urban Indigenous community leaders in Vancouver also collaborated with the city to develop culturally relevant, strengths-based Indigenous well-being indicators to track progress on the implementation of the strategy from an urban Indigenous perspective.[193, 194]

Indigenous relational well-being knowledges and approaches often stand in contrast to Western initiatives that divide responsibility for different well-being dimensions across sectors.[17] Even when not explicitly labelled as well-being initiatives, many Indigenous-led health promotion approaches already span multiple well-being dimensions in an integrated way by focusing on the relationships and balance between them.[140] One example of this holistic approach to health and social programming can be seen in the work of Indigenous Friendship Centres. These centers serve as hubs for promoting well-being and exercising self-determination among urban Indigenous communities. They address and mitigate the impacts of colonization through Indigenous-led health and social service provision, social infrastructure development to meet the diverse needs of urban Indigenous populations, programming that fosters cultural continuity and connections to community, and advocacy for cultural safety training and systems change in non-Indigenous services, particularly in health care.[195, 196]

SECTION 3

Roles for Public Health in Well-Being Initiatives

In addition to the potential contributions offered by well-being for public health, public health can draw on and strengthen essential functions and core competencies to support well-being initiatives led by others. Particularly relevant areas of action include sharing knowledge on the structural determinants of health, leveraging public health data and evidence, championing intersectoral action, and supporting the implementation of Indigenous rights.

> "In my early days in public health, people thought of health promotion as telling people not to smoke, to exercise, and to eat healthy food. [But it's] really about giving people more control over their health by addressing some of those underlying physical, environmental, social, political determinants of health. It's a lot of the work we've been doing… to think about moving towards healthy public policy."
>
> **– Interview participant (public health professional)**

Public Health Frameworks to Understand Structural Determinants of Well-Being

There is considerable overlap between well-being dimensions and the social determinants of health, which are the conditions of daily life, the ones in which people are born, grow up, live, work, play, learn, and age.[11] To understand why these conditions are inequitably distributed across society, some public health practitioners have focused on exploring the structural determinants of health, which are the mechanisms (e.g., values, beliefs, norms, laws, policies, and institutional practices) that drive the inequitable distribution of power and resources and therefore influence daily living conditions.[5, 11, 155, 197, 198]

Structural determinants do not only influence health, but are also relevant across well-being dimensions. This is because they impact how societies are structured, with implications across health, social, economic, and environmental outcomes. Public health knowledge on structural determinants can be used to support well-being initiatives to understand and take action on the societal conditions that create and perpetuate well-being inequities.[199–202] This includes identifying structural determinants and understanding their impacts, which has been an area of growing attention in public health.[197]

Ongoing efforts to distinguish the structural determinants of health have resulted in distinct sub-categories, such as political, economic, and ecological determinants.[2, 11] Within these categories, researchers can explore specific structural determinants like colonization and systemic racism, commercial practices, or digitalization and online environments. Each of these structural determinants has wide-ranging impacts across well-being dimensions, and it is important to explore and address the interconnections between them to promote equity in well-being.

Colonization and Systemic Racism as Determinants of Well-Being

Colonization and racism are foundational determinants of well-being among Indigenous, Black, and other racialized populations in Canada.[11, 199, 203] They are intertwined, and the processes of colonization have led to ongoing and entrenched systemic racism. Systemic racism is embedded in systems, processes, and relationships, and operates to reinforce beliefs, prejudices, and stereotypes, as well as to normalize discriminatory practices that benefit the dominant group.[204] Systemic racism also interacts with other structural determinants to influence the everyday social, economic, ecological, and political conditions for health and well-being among diverse populations.[201]

The ongoing effects of systemic racism within and across multiple systems and structures in Canada can be seen in the lack of representation of Indigenous Peoples, Black Canadians, and other racialized populations in leadership positions, overrepresentation in the criminal justice and child welfare systems, and the unfair distribution of resources, such as quality housing, health care, clean water, education, employment, and social services.[202, 205–209]

Colonization and systemic racism have distinct histories among population groups, with long lasting, wide-reaching, and intergenerational impacts.[142, 210] For example, the well-being of diverse Black Canadian communities is affected by the specific health and social impacts of anti-Black racism, which is defined as prejudice, attitudes, beliefs, stereotyping, and discrimination that is directed at people of African descent.[211] Anti-Black racism is rooted in European colonization in Africa and the legacy of slavery, which was legal in British North America until 1834. It is deeply entrenched in Canadian institutions, policies, and practices and is often invisible to those who do not feel its effects. Black Canadians continue to experience inequities driven by processes of stigma and discrimination that stem from ideologies of anti-Black racism.[210]

Examples of colonial policies affecting Indigenous Peoples include the *Manitoba Act* of 1870 and subsequent land fraud that displaced Métis Peoples in the region, the *Indian Act* of 1876 and the residential school system, which did not fully end until 1996, and the forced relocation of Inuit populations in the 1950s into permanent settlements without adequate shelter and supplies.[212–214] These policies disrupted the fundamental roots of Indigenous well-being, including connection to land, language, culture, community, family, and identity.[214–216] This disconnection has been passed on as trauma from generation to generation, compounded further by the ongoing impacts of colonization.[217, 218] Systems and processes of discrimination as well as social and political exclusion of Indigenous Peoples have carried forward and remain embedded in the fabric

of Canadian society.[217, 219] This is also visible in the devaluation and exclusion of Indigenous Knowledges and sciences from policy processes, programs, and services, leading to environments that may be discriminatory, culturally unsafe, and misaligned with the needs and priorities of communities.[220–222]

Commercial and Digital Determinants of Health as Emerging Factors Influencing Well-Being

The impact of some structural determinants on health and well-being are growing, particularly commercial and digital determinants. Public health research into these emerging determinants could support well-being initiatives that address the impacts of these societal-level factors.

Commercial determinants are shaped by policies, market forces, and regulatory conditions and include the production, marketing, and sale of goods and services.[11–13] In 2024, the WHO released a report detailing the significant impact of commercial determinants on noncommunicable diseases in Europe.[13] The report summarized the impacts of numerous commercial practices, including marketing of unhealthy products, labour practices that increase precarious employment, and opposition to regulations that would protect public health.[13] Of relevance to well-being initiatives, the report emphasized system-level actions to better safeguard public policy from commercial influences.[13] These actions span taxation, fiscal measures, regulatory reforms, marketing restrictions, mandatory labeling, and governance tools aimed at reducing the power and reach of commercial interests in public health policy.[13]

Digital determinants may impact health and well-being in both positive and negative ways, by either directly or indirectly influencing other determinants.[9, 10, 223, 224] For instance, online accessibility of health information, virtual connection to healthcare providers, technological improvements in healthcare delivery and quality, and enhanced data and methodology for monitoring population health can be health-protective factors. At the same time, digitalization can create health risks, such as the spread of health mis- and disinformation and the erosion of trust in institutions, biases in the training and implementation of artificial intelligence, financial fraud, cyberbullying, exploitation, and harassment.[9, 10, 223–225] Commercial interests also influence the online environment, including through the development of addictive applications, and through digital marketing with targeted algorithms.[9, 13] Digital transformation is also fundamentally altering living and working conditions, including education, employment, social connections, and media, with significant impacts on well-being.[9] Differential access to technology and digital literacy can mediate or reinforce these pathways, which can amplify existing disparities.[10, 226]

These determinants are particularly consequential for children and youth.[227] Childhood and adolescence are crucial periods for brain development and identity formation, and young people today are more immersed in digital environments than any previous generation.[223, 225, 227] This age range is therefore most likely to be exposed to any harms associated with digital technologies.[225, 228] The literature is inconclusive on the overall impact of digital and online environments on well-being, since potential benefits and risks may affect various groups differently. While these platforms offer opportunities for connection and learning, digital engagement can also contribute to stress, burnout, and social disconnection, underscoring the need for targeted interventions to support youth well-being.[227, 229–233] These themes emerged during a conversation with the Prime Minister's Youth Council (see text box "Digital Determinants of Health and Future Generations: What we Heard About Youth Well-Being from the Prime Minister's Youth Council"). Public health can continue to promote well-being by supporting the intersectoral collaborations and research needed to understand and address the complex emerging challenges and opportunities presented by the digital determinants of health.[227, 234, 235]

Digital Determinants of Health and Future Generations: What we Heard About Youth Well-Being from the Prime Minister's Youth Council

In November 2024, the CPHO and members of her team met with the Prime Minister's Youth Council to explore youth well-being and the societal factors that influence it, including digital environments. During the engagement, participants shared that disconnecting from online spaces can be particularly difficult when there are no incentives or alternative opportunities to have their social needs met. They discussed how artificial intelligence is becoming more present in daily life, with real implications for the development of academic skills, social cohesion, and online safety. The youth leaders acknowledged that many experience burnout from being overrun by digital information. One participant shared "…the pace of our lives is increasing and increasing, partially due to social media [...] as much as you want to build community and have connections, that can be burdensome."

Participants recommended a number of actions to improve digital well-being, including digital citizenship education, establishing post-pandemic social skills programs, and enhanced regulation of online technologies to protect the safety and well-being of youth online. Participants also spoke about the importance of "third places," which are locations that facilitate social interaction outside of home or work to exchange ideas, have fun, and build new relationships.

Public Health Data and Evidence to Measure Well-Being Inequalities

Historically, well-being indicators have been summarized and reported in aggregate or average formats at the population-level. Aggregate level indicators of well-being provide crucial information on the status of a population as a whole and are useful for international and regional comparisons. However, they do not convey insights about possible inequalities across population groups.[236] This requires both collecting disaggregated data to measure and monitor inequalities (e.g., by socioeconomic status or demographics) and applying equity and intersectionality lenses when possible to account for the diverse lived experiences and differential outcomes of populations affected by multiple and intersecting systems of power and oppression.[115, 150, 236] Improving data collection and analysis to identify and monitor health inequalities is a priority area for public health research and surveillance. This work could also contribute to measuring well-being inequalities. For example, in 2024, the WHO published a comprehensive guide to health inequality monitoring, recognizing that a detailed characterization of inequality trends is required to inform strategies to improve population health.[115]

> "The epidemiological competency to me is the basic science of public health. I think that's where we can add value, that we can look at large data sets and interpret the data and understand the data in a way that others can't."
>
> **– Interview participant (public health professional)**

To support the integration of equity considerations into well-being data and indicator initiatives, the National Collaborating Centres for Infectious Diseases and Determinants of Health developed a series of prompts to guide the development of equity-promoting processes, decision-making, and engagement activities (see text box "Public Health Equity Prompts for Implementing a Well-Being Framework").

Public Health Equity Prompts for Implementing a Well-Being Framework

The capacity to monitor inequalities in health and well-being outcomes and their determinants over time is essential to inform priority interventions, evaluate their impact, and detect and respond to unintended consequences or worsening inequities as they arise. The prompts below were developed by the National Collaborating Centres for Infectious Diseases and Determinants of Health for this report to provide guidance to public health professionals in integrating health equity considerations into public health and well-being data initiatives, but have broad applicability for population data across sectors.

Inclusivity in public health decision-making:

- How will populations experiencing inequities be involved in the development of health indicators for the framework?
  - Which populations experiencing inequities are involved in the development of health indicators for the framework?
  - What factors prevent populations experiencing inequities from participating and how will those barriers be addressed?
- Are Indigenous and non-Western health perspectives integrated in the framework to mitigate inherent and systemic biases in public health?

Holistic understanding of health and well-being:

- Which social, economic, and environmental determinants of health are integrated in the framework?
- Are health experiences considered at individual, neighbourhood, and community levels in developing the indicators?

Addressing structural health inequities:

- Which structural determinants of health are included in the framework?
- How are root causes of health inequalities, such as systemic racism and colonialism, addressed in the framework? Are social and structural causes included?

Policy action and accountability for health equity:

- How does the framework promote multi-sectoral collaboration to address health inequities?
- What policies are in place to change health outcomes?
- How will reporting on health equity goals and progress be made public?

Community-centred health outcomes:

- How does the framework prioritize community health and resilience?
- How are collective values, such as social cohesion and community health, embedded in the indicators?

Flexibility and local adaptation in health contexts:

- How will the framework be adapted to local health contexts to ensure cultural relevance?
- How are local definitions and culturally specific health needs incorporated in the framework and health indicators?

Capacity building for health equity:

- What measures are taken to strengthen the organization's ability to integrate equity into public health policy?
- How are responsibilities for monitoring health equity indicators assigned within public health institutions to ensure accountability?

Critical reflexivity and avoiding harm:

- What steps are taken to decolonize health indicators and prevent reinforcing systemic health inequities?
- How are health practitioners encouraged to reflect on potential harms and unintended consequences of the framework?

Monitoring health equity progress:

- What metrics are used to assess progress in reducing health inequities?
- How will evaluation mechanisms determine the effectiveness of the framework in promoting and enacting health equity?

Balancing quantitative and qualitative health data:

- How does the framework balance quantitative health metrics with qualitative data on lived experiences from populations facing inequities?
- How will lived experiences of populations facing inequities be included to complement numerical health data?

Addressing long-standing challenges in Canada's health data ecosystem can enable better well-being inequalities measurement and generate evidence for intersectoral interventions. This includes continuing work to improve the collection, sharing, and use of disaggregated data through respecting data sovereignty, strengthening partnerships across organizations, addressing data privacy concerns, and enhancing data quality and standardization.[237, 238] Public health systems can also support better linkage of health data with information held by other sectors as well as work toward improved data access and interoperability.[239–242]

> "[Local] level data is what's really valuable. A small enough geography, that's really meaningful to make a difference and that helps you identify health inequities too… It can also help you focus your work as a public health person, looking at what are the most important issues in this community."
>
> **– Interview participant (public health professional)**

It is important for data stewards to engage with communities to co-develop solutions and prevent populations from being systematically underrepresented in datasets.[239, 242–244] Community knowledge is essential for contextualizing and interpreting disaggregated data. This knowledge fosters an understanding of the structural inequities that drive differential outcomes, helping to reduce the stigma that can occur when data on negative outcomes is broken down by social groups.[114, 245] Public health, especially at the local level, often has existing close relationships with communities that may assist with revealing relevant interactions across determinants.[246–248] Meaningful and deep engagement of communities in the early stages of intervention design has been identified as fundamental for addressing research-to-practice gaps, translating evidence into policy and practice, and evaluating initiative effectiveness.[249–253]

Communities across Canada have been leading efforts to address challenges in public health data, including Black and Indigenous communities. Black researchers, service providers, and community advocates in Canada have emphasized the need for better disaggregated and community-led data to identify the public health consequences of anti-Black racism, and to inform and evaluate interventions to improve health equity.[254–256] This includes the importance of Black data stewardship to lead data collection and analysis, as well as determining who has access to data and for what purposes.[254–256] One example of this work is the Engagement, Governance, Access, and Protection framework published by the Black Health Equity Working Group in 2021. This framework aims to ensure that data from Black communities is collected, protected, and used properly and with the goal of dismantling structural racism.[255]

Indigenous leadership in asserting data sovereignty is reshaping how public health addresses the harms of colonial data systems, representing a shift toward self-determination and structural change (see text box "Indigenous Leadership in Redressing the Harms of Deficit Data in Public Health").

> "The community has the best knowledge of what it needs. When we [organized] our collective reflection day... we took a positive approach. We started by mapping our assets... We don't just have problems, we have super strengths."
>
> **– Interview participant (public health professional)**

Indigenous Leadership in Redressing the Harms of Deficit Data in Public Health

Problem-oriented public health approaches often focus on monitoring risks to health and the distribution of unfavourable health outcomes. These approaches are important for monitoring population health trends and health inequalities. However, in isolation, deficit-oriented data systems can have negative consequences for populations experiencing inequities, including Indigenous Peoples. When data demonstrating inequitable health outcomes between groups are decontextualized from structural determinants, they may reinforce stereotypes of Indigenous Peoples as being intrinsically ill or at-risk.[85] These stereotypes have profound consequences by reinforcing racist beliefs and discriminatory practices in the healthcare system and beyond, while also obscuring the underlying drivers of inequalities in health and well-being.[257]

Indigenous well-being Knowledges, research, and sciences are relational. They locate individual well-being in relation to the well-being of families and communities, and as inseparable from broader ecological and societal contexts. Many Indigenous well-being knowledge systems are also strengths-based and contain teachings that emphasize the foundation for a good life.[21] Promoting Indigenous-led and strengths-based well-being data that is governed by and is accessible to Indigenous communities can help to redress the harms of deficit-based and decontextualized public health data.[258] It also promotes equity by centring Indigenous perspectives and fostering self-determination of data systems that meet the needs of Indigenous Peoples.

Many First Nations, Inuit, and Métis communities, leaders, and scholars have made significant gains in data sovereignty and strengths-based and holistic data practices.[259] There are also several guiding documents for Indigenous data governance and ethical data practices among both Indigenous and non-Indigenous data stewards. These include:

- The First Nations principles of ownership, control, access, and possession, or the OCAP® principles, emphasize First Nations control over data collection processes, and that they own and control how this information can be used. The First Nations Information Governance Centre provides resources, education, and training to support the application of these principles by First Nations communities and by those who seek to work with them.[260]
- The Métis Centre at the National Aboriginal Health Organization developed the Principles of Ethical Métis Research in collaboration with Métis researchers, students, and Métis organizations, to support ethical research practice by and with Métis communities.[261]
- Inuit Tapiriit Kanatami released the National Inuit Strategy on Research in 2018, which outlines the coordinated actions required to improve the way research is governed, resourced, conducted, and shared in support of self-determination.[262]

Examples of these ethical data practices can be seen in Indigenous work to measure well-being, described in more detail in Appendix A. Indigenous-led data development respects Indigenous well-being knowledge systems, which are rooted in the many distinct lands, histories, cultures, and languages of First Nations, Inuit, and Métis communities and Nations.[142] Indigenous-led data and knowledge development supports ownership of how data is collected and used, as well as planning, governance, and action on well-being that can respond to local priorities and build on the unique strengths, identities, and aspirations of each community.[263] Data and research on structural and systemic racism experienced by Indigenous populations are also critical to inform systems change and amplify Indigenous-led advocacy for health equity.[264–266]

Public Health as a Champion for Intersectoral Action

Public health has long recognized the role of other fields in influencing health, and the importance of intersectoral action to foster health and health equity by improving the determinants of health.[267, 268] This commitment is evident in international health policy documents, from the 1978 Alma Ata declaration on primary health care to the 2021 *Geneva Charter for Well-being*.[3, 269] Public health has also been active in leading and participating in intersectoral initiatives. For example, the efforts of Marmot Places (see text box "A Public Health Approach to Addressing Health Inequities: Marmot Places") demonstrate how public health can bring sectors together, share data, and support evidence-based policy to collaboratively address the social determinants of health and reduce inequities.[270] Convening partners, embedding intersectoral action within funding models, and acting as a sustainable facilitator are essential strengths of public health systems, closely aligned with health promotion approaches.

> "When addressing complex, multi-factorial issues, like homelessness and other social crises, which involves multiple partners and intersectoral collaboration, and often seem to be everybody's and no-one's responsibility, perhaps public health has a crucial role to play, [for example] in documenting what is happening and analysing local needs."
>
> **– Interview participant (public health professional)**

A Public Health Approach to Addressing Health Inequities: Marmot Places

Inspired by the contributions of Sir Michael Marmot in building evidence on the causes of health inequities and ways to mitigate them, "Marmot Places" are local authorities in the United Kingdom that have committed to delivering interventions and policies to reduce health inequities. Regions and cities that are designated as Marmot Places follow eight principles centred on long-term actions to address the social determinants of health and improve the living, learning, and working conditions for local residents.[270] While becoming a Marmot Place does not come with extra funding, local authorities make a commitment to long-term planning, strengthening intersectoral partnerships, involving communities in actions to address the drivers of poor health, and developing transformational processes that can lead to more effective policy decisions and resource allocation. To carry out this work, Marmot Places collaborate with Sir Michael Marmot's team at the Institute of Health Equity at University College London to assess current interventions and their scalability, identify inequities, champion action on the social determinants of health, promote evidence-informed strategies, and facilitate multi-level collaboration and knowledge exchange. Public health authorities provide Marmot Places with data and analyses on health inequities, support equity-centred policy development, and evaluate the impact of interventions on population health.[270]

As of 2024, there are nine Marmot Places, covering more than 40 local authorities in England and Wales.[270] Scotland is developing a national strategy based on Marmot principles and working with three Scottish Marmot Places.[271, 272] The city of Coventry in England has demonstrated promising trends across multiple indicators since becoming the first Marmot Place in 2013, including improvements in life expectancy, educational attainment, and employment rates.[273] The Coventry Marmot Partnership is led by a steering group chaired by the Cabinet member for health and includes senior leaders from the public, community, and voluntary sectors. The steering group continues to bring together intersectoral partners to provide an ongoing focus on improving the social determinants of health.[273] In 2023, the partnership produced the Marmot Monitoring tool to describe how different partner organizations are aligning their work with Marmot principles and reducing health inequities.[274]

As an essential public health function, health promotion is focused on intersectoral action to improve a wide range of social, economic, and ecological factors. This means working collaboratively with communities and other sectors to understand and improve health through healthy public policies, community-based interventions, public participation, and advocacy or action on the underlying circumstances that shape health (e.g., determinants of health, like housing, income, and systemic racism).[275–277] Health promotion was proposed as a primary way to connect well-being and public health by the WHO in their report "Achieving well-being: A global framework for integrating well-being into public health utilizing a health promotion approach", which was adopted by member states at the 76th World Health Assembly in May 2023.[4]

> "Getting in there and developing relationships and understanding context and helping build capacity, that's the real work! That's where health promotion really shines and can really make a difference."
>
> **– Interview participant (public health professional)**

Additionally, Health in All Policies (HiAP) is a policy approach that offers an avenue to intersectoral action and has relevance to well-being, particularly if adapted to prioritize co-benefits.[151] HiAP enables decision-makers to work across sectors to improve conditions for health, equity, and well-being, seek synergies in their initiatives, and avoid potential harms.[278, 279] The strategies of HiAP may stimulate discussions to identify mutual goals, coordinate planned actions, leverage strengths of all partners, and maximize collective impact.[268, 280] HiAP can also be expanded upon to recognize the co-benefits of action that concurrently advances the goals of health and non-health sectors. For example, this is the focus of work by the European Observatory on Health Systems and Policies, which has recommended a shift from "health in all policies" to "health for all policies".[151]

> "We view Health in All Policies as an essential part of achieving well-being. In fact, I think we won't have well-being without it. We need to have all departments thinking about how policies and legislation impact well-being and focus on developing those that have a positive influence."
>
> **– Interview participant (public health professional)**

Public health leaders have considerable experience with bringing sectors together for collective action. Research from public health has documented some of the challenges and facilitators of intersectoral action for health that could be of value to strengthen well-being initiatives. This includes the need for sustained funding and political leadership, clear accountability mechanisms, enabling environments and workforce capacity in cross-sectoral collaboration, and challenges to evaluation, such as the lag time between intervention and health outcomes.[162, 281] Public health professionals also have recent experience from the COVID-19 pandemic that could help with balancing competing priorities and conflicting interests in well-being initiatives.[24, 282–284] This is particularly important for well-being initiatives if an overemphasis on common priorities inadvertently limits collaboration to areas that are easier to implement and less contested.[151, 285] Such attention could result in avoiding action in instances where the interests of different sectors do not clearly align, for example where there are tensions between environmental and economic priorities.[151, 285] Drawing from these lessons in convening a variety of partners, there are ongoing discussions within public health practice about improving governance models for intersectoral action on population health and health equity.[286–288] One example of public health efforts to foster intersectoral action is the framework developed by the Institut national de santé publique du Québec (INSPQ) (see text box "Public Health Leadership in Well-Being: The INSPQ Framework for Supportive Environments"). By providing structured, evidence-based frameworks and tools, public health can support local governments in designing and implementing effective intersectoral interventions that create positive environments for health equity and well-being.

Public Health Leadership in Well-Being: The INSPQ Framework for Supportive Environments

Municipalities are on the front lines of complex and interconnected challenges, yet there is often a lack of shared frameworks to support their actions. The Institut national de la santé publique du Québec's Systemic Analysis Framework aims to support municipalities collaborating with public health authorities and other sectors to create healthier environments, fostering a shared understanding of factors that build community resilience and enhance well-being.[187] The framework offers municipalities practical guidance on integrating public health principles into their planning and policies by addressing six key environments (political, economic, built, natural, social, and cultural) through principles of inclusion, equity, resilience, sustainability, and safety. For example, municipalities can integrate urban agriculture into zoning bylaws and support community gardens to enhance local food security while increasing green spaces that mitigate extreme heat. Additionally, investing in pedestrian and cycling infrastructure reduces reliance on polluting transportation while improving access to essential services, including healthy food options.[187] The framework has also been instrumental in strengthening collaboration between public health and municipalities. For instance, the Direction de santé publique de l'Outaouais developed workshops on healthy environments, based on the framework, tailored to the needs of local municipalities. These workshops served as an entry point for relationship-building, laying the foundation for sustainable and effective collaboration.[289] The INSPQ framework offers a structured approach, guiding policy analysis, evaluation, and other public health services offered to municipalities to develop projects that build inclusive and high-quality living environments.[290]

Public health has also championed intersectoral action by building it into funding models, with lessons learned for well-being initiatives. PHAC's Mental Health Promotion Innovation Fund (MHP-IF) and Intersectoral Action Fund (ISAF) are two examples.[291, 292] The MHP-IF invests in long-term community-based initiatives to promote mental health and well-being. It moves beyond behaviour change to deliver projects that promote sustained well-being at multiple levels (e.g., individual, family, community). Since 2019, the MHP-IF has supported community-based projects to develop partnerships across sectors, including health, education, food, and cultural sectors, with an internationally recognized approach to scaling up successful interventions in over 200 communities.[293, 294] Similarly, the ISAF aims to enhance community capacity for intersectoral action on the social determinants of health.[295] The ISAF focuses on improving population health, reducing health inequities, and enhancing community resilience. These projects frame good health as a collective goal, engaging diverse collaborators to address cross-cutting issues that affect health and well-being.[292] For example, the Partnerships for Better Housing research project in Winnipeg, Manitoba, convened partners across sectors, as well as community members and those with lived experience, to complete a needs assessment that identified priority areas for collective action to improve housing for newcomers to Canada and create a Community Action Plan.[292]

> "[Funding projects] also comes with a responsibility to know what's being done, to know how to direct funding, and to find the balance between what we think should be done versus [what] communities [say they need]... because we have the power to say yes, we'll go that way, or no, we won't go that way."
>
> **– Interview participant (public health professional)**

It is important that funding for community action on well-being be flexible and responsive to local contexts and priorities. Some funders have done so by adopting models that are not prescriptive in their definitions or outcomes. The First Nations Well-Being Fund (see text box "First Nations Leadership in Defining and Promoting Well-Being in British Columbia: The First Nations Well-Being Fund") can serve as an example for public health funders looking to support community-defined and culturally responsive well-being interventions.[296] It also highlights the importance of Indigenous leadership and self-determination in both funding distribution and program development and implementation.

First Nations Leadership in Defining and Promoting Well-Being in British Columbia: The First Nations Well-Being Fund

In 2021, the First Nations Public Service Secretariat (FNPSS) in British Columbia launched the First Nations Well-Being Fund, which takes a novel approach to support First Nations and Tribal Councils to define what well-being means to them and implement projects to promote well-being, increase quality of life for all community members (both on- and off-reserve), and reduce poverty.[296] Projects are grounded in First Nations concepts of well-being and respond to the most pressing priorities in each unique community, such as food security, employment, skill building, and cultural revitalization. To maximize project outcomes and reduce barriers, the FNPSS provides support to First Nations throughout the application process and project development if requested. As of the time of writing this report, the Fund had provided close to $17 million in grants to 150 BC First Nations and five Tribal Councils to support community-defined and community-led well-being promotion throughout the province.

While communities are experts in the contexts and conditions that promote local well-being, they may need support to enhance the reach and sustainability of their initiatives. Public health actors can participate directly in local well-being initiatives, fostering community leadership on community priorities. Larger public health institutions may also provide infrastructural help to sustain local projects, facilitate planning and evaluation, and make connections and exchange knowledge across initiatives. The Tables de quartier (see text box "Leveraging Tables de Quartier to Support Local Intersectoral Action and Improve Living Conditions in Montreal's Neighbourhoods") illustrate the role of public health in recognizing and amplifying the value of grassroots community action on the conditions for well-being and supporting them to grow and flourish over the long term.

Leveraging Tables de Quartier to Support Local Intersectoral Action and Improve Living Conditions in Montreal's Neighbourhoods

For more than 50 years, Montreal's Tables de quartier (i.e., neighbourhood roundtables) have been working to improve the living conditions and environment of local populations, and reduce poverty and social exclusion. Tables de quartier bring together a diverse group of people and organizations to work to improve their neighbourhood. In 2006, Centraide of Greater Montreal, the City of Montreal, the Direction régionale de santé publique de Montréal (DRSP) and the Coalition montréalaise des Tables de quartier (CMTQ) co-created L'Initiative montréalaise de soutien au développement social local (i.e., "Initiative montréalaise"), which supports the Tables de quartier with a permanent structure and sustainable funding.[297]

Since implementation, Initiative montréalaise partners have leveraged the tables for local and regional impact. For example, the Tables de quartier and the CMTQ were consulted for the development of DRSP's regional action plan, and the initiative has fostered partnerships and collaborations between DRSP and CMTQ on climate change action and emergency response to improve coordination and identify existing community resources.[298, 299] In collaboration with the Canada Research Chair in Community Approaches and Health Inequalities, CMTQ also developed a tool for assessing the impacts of local intersectoral action by mapping transitional outcomes that mark key project milestones.[300] These efforts demonstrate the important role public health institutions can play in leveraging, supporting, and coordinating local well-being promotion efforts to strengthen population-level impacts.

Public health can also learn from and follow the leadership of First Nations, Inuit, and Métis Peoples in applying Indigenous collaboration approaches to build relationships across sectors.[17] For example, the M'Wikwedong Indigenous Friendship Centre in Owen Sound, Ontario, developed and implemented the Giiwe model for systems homelessness prevention, an Indigenous-led intersectoral action initiative that used ceremony, Indigenous Knowledges, discussion, and follow-up actions to increase access to services for First Nations, Inuit, and Métis Peoples. It was successful in strengthening relationships and coordination among over 20 organizations invested in preventing homelessness in the city, including public health organizations.[296, 301]

Public Health's Roles and Responsibilities in Implementing Indigenous Rights

A key role for public health is to support Indigenous well-being through the implementation of rights-based approaches. One important framework for rights-based action is the *United Nations Declaration on the Rights of Indigenous Peoples* (the UN Declaration). The UN Declaration affirms the human rights of Indigenous Peoples and establishes a universal framework of the minimum standards

necessary for the survival, dignity, well-being, and rights of Indigenous Peoples globally.[302, 303] It describes a standard for achievement related to the very foundations of Indigenous well-being described in Section 1, including the right to self-determination and self-government; the recognition of Treaties; access to and protection of lands, territories, and resources; protection and promotion of culture and language; economic and social rights; and participation in decision-making and strengthening Indigenous institutions. Implementation of the UN Declaration across jurisdictions and sectors would constitute powerful action on the structural drivers of inequities in well-being for Indigenous communities in Canada.

First Nations, Inuit, and Métis Peoples have worked to advance the implementation of the UN Declaration in Canada for over a decade.[304] In 2021, the Parliament of Canada passed the *United Nations Declaration on the Rights of Indigenous Peoples Act* (UNDA), which affirms the UN Declaration as a universal international human rights instrument with application under Canadian law and provides a framework for the Government of Canada's implementation of the UN Declaration.[111] Section 5 of *the Act* requires the federal government to take all measures necessary, in consultation and cooperation with Indigenous Peoples, to ensure that the laws of Canada are consistent with the UN Declaration. In 2023, after two years of consultation and cooperation with Indigenous Peoples, the federal government released the United Nations Declaration Act Action Plan.[305] The action plan provides a roadmap for Canada to implement the principles and rights set out in the UN Declaration in consultation and cooperation with Indigenous Peoples and to further advance reconciliation in a tangible way. It describes whole-of-government actions to support the right to participate in decision-making for relevant legislative, policy, and program initiatives. The action plan was informed by and builds upon the priorities of Indigenous partners and the recommendations made by the Royal Commission on Aboriginal Peoples, the Truth and Reconciliation Commission (TRC), and the National Inquiry into Missing and Murdered Indigenous Women and Girls.[306]

There are practical tools that can help those working in public health to implement rights-based considerations into organizational policies and practices. For example, the TRC has developed a guide to assist people or organizations in developing their own ReconciliACTION plans in response to the calls to action.[307] The Indigenous Gender Based Analysis Plus Toolkit provides questions and prompts to help organizations identify systemic barriers, centre Indigenous voices, and ensure meaningful inclusion of Indigenous women, girls, Two-Spirit, and gender-diverse individuals in public health policies, programs, and decision-making processes.[308]

In alignment with the UN Declaration principles of respect and self-determination, public health practitioners can partner with Indigenous Peoples directly as experts, collaborators, and service providers. The text box "How to Support Indigenous Rights in Public Health" describes prompts to guide public health organizations in reflecting on how to integrate Indigenous rights into their work.[142]

How to Support Indigenous Rights in Public Health

Dr. Marcia Anderson, Medical Officer of Health with the Winnipeg Regional Health Authority, proposed a set of questions to help public health organizations reflect on how they can respect Indigenous rights in the practice of public health.[142] These prompts around implementing the rights of Indigenous Peoples have broad applicability across different sectors and institutions, and can support processes of organizational change.

For local initiatives:

- Is there an Indigenous community organization that could deliver the initiative or program?
- What resources, supports, and tools do they require to deliver the initiative or program?
- What are the ongoing responsibilities of the public health organization?
- How does the working relationship between the public health organization and the Indigenous community organization need to change to fully respect the right of self-determination?

For regional/provincial/national public health organizations and committees:

- What Indigenous health and community expertise is required to make decisions that respect the equal right of Indigenous Peoples to the highest attainable standard of health?
- How have we built that expertise through internal workforce and recruitment strategies?
- What are the representative bodies that need to be included in decision making and that may have additional experts that can contribute to this work?
- What information-sharing agreements and data governance protocols need to be in place so we can have high quality, Indigenous-specific evidence to drive decision making?

Public health is well-positioned to build on its strengths and contribute to intersectoral well-being initiatives by building and mobilizing evidence on the social and structural determinants of health; measuring and monitoring inequities in health, well-being, and their determinants; advancing intersectoral action; and partnering with First Nations, Inuit, and Métis Peoples to create conditions for Indigenous well-being.[92, 214, 217, 302, 307, 309–312] Public health can also reflect on its own goals and approaches, and explore opportunities to strengthen well-being approaches within public health policy, practice, and research to help advance well-being in Canada.

Way Forward

This report explores the strengths of bringing well-being and public health approaches together. Addressing the conditions that support well-being will also improve population health and health equity. Public health professionals and leaders of well-being initiatives can collaborate to transform these conditions and work toward co-benefits across sectors.

This section describes opportunities for public health professionals to:

- Prioritize key features of well-being approaches within public health practice, policy, and research; and,
- Leverage and strengthen public health knowledge and approaches that can contribute to intersectoral well-being initiatives.

The current momentum around well-being presents a new opportunity for public health to work with other sectors to improve the conditions for human and planetary health well-being, now and for future generations.

Applying Well-Being Approaches to Public Health

Mobilizing Intersectoral Partnerships through Well-Being Frameworks

Well-being frameworks show different entry points for intersectoral action on the health, social, economic, and environmental dimensions of well-being (e.g., urban green space, affordable housing, quality employment). By showing how dimensions interact, these frameworks can be used to promote a common language around complex challenges, achieve mutual goals, and recognize the co-benefits of collective action across sectors. Public health can explore opportunities to learn from and apply well-being frameworks to advance intersectoral action for health:

- Apply well-being frameworks to convene partners, catalyze collaborative action, and evaluate and track co-benefits for health and well-being over time (e.g., OECD Better Life Index, Canada's Quality of Life Framework, municipal, provincial, and territorial well-being strategies, First Nations, Inuit, and Métis frameworks).
- Build the competencies of public health professionals to engage with well-being approaches and intersectoral action, including cross-disciplinary training in finance, housing, social policy, and environment dimensions, as well as Indigenous well-being Knowledges and ways of knowing.
- Collaborate with other sectors to determine appropriate policy instruments to accomplish shared goals, pool resources including though shared financing mechanisms, develop enabling institutional environments, and co-develop sustainable and equitable programs and policies that improve the conditions for health and well-being.

Promoting Positive Outcomes through a Strengths-Based Lens

Well-being approaches emphasize solutions that are strengths-based and build on community resources and leadership, alongside policy action to create positive societal conditions for thriving. Public health actors can build on and extend existing work to measure and monitor positive health and well-being, and promote these outcomes through strengths-based interventions:

- Advance the development and implementation of public health frameworks, indicators, research initiatives, and surveillance approaches that focus on positive health and well-being outcomes.
- Learn from and support communities in bringing strengths-based health and well-being data and research to policy and program decision-makers across different sectors to advocate for action on the conditions for community thriving.
- Provide sustained and culturally-responsive support, resources, and funding to community-led health and well-being initiatives that centre on community goals, knowledge, strengths, and assets.
- Support Indigenous-led and self-determined health and well-being approaches in a context of sustained, respectful, and reciprocal relationships with First Nations, Inuit, and Métis communities, leaders, and organizations.

Fostering the Well-Being of Future Generations and the Planet

As emphasized by a One Health approach, the well-being of humans, animals, and the planet are inseparable. Striving for balance among people, animals, the lands and waters, the spirit, and future generations has always been at the core of Indigenous Knowledges and practices. Public health actors can learn from and explore diverse ways of understanding these connections while integrating consideration for the well-being of future generations and the planet into public health practice, policy, and research:

- Support the implementation and evaluation of future-oriented policies and planning by bolstering long-term data collection and modelling to explore health and well-being trends over time.
- Expand and implement transdisciplinary research and surveillance approaches (e.g., One Health) to inform public health policies and programs that respond to the dynamic interconnections between human, animal, and environmental health and well-being.
- Provide sustained funding and support for the continued development of First Nations, Inuit, and Métis Knowledges, sciences, and ways of knowing connected to relational health and well-being, in alignment with principles of Indigenous data sovereignty and research ethics.

Contributing to Well-Being through Public Health

Leveraging Knowledge and Evidence on the Social and Structural Determinants of Health and Well-Being

Well-being dimensions significantly overlap with the social and structural determinants of health. Leveraging and strengthening research and data on these determinants can support the development, implementation, and evaluation of well-being initiatives. In particular, better understanding the mechanisms by which structural determinants (e.g., commercial determinants, digital determinants, systemic racism and discrimination) influence well-being within and across populations, helps inform equitable and sustainable intersectoral action on the conditions for well-being. Public health actors can:

- Strengthen data and research on how emerging determinants, such as digital and commercial, are connected to well-being outcomes across the life course and intersect with other determinants.

- Leverage interdisciplinary knowledge and evidence on the social and structural determinants of health to support the development of policies and initiatives that address key drivers of inequities in the conditions for health and well-being, including systemic racism and discrimination.

Measuring and Monitoring Well-Being Inequities

Strengthening and sharing health equity data and research supports well-being initiatives and policies. Public health actors can also promote ethical and co-developed health and well-being data collection and analysis, where affected communities are enabled to contribute to decision-making throughout the data ecosystem, from identifying priority areas for research and surveillance, to interpreting and translating data into action. Opportunities include:

- Strengthen existing public health research and surveillance approaches to contribute to measuring, monitoring, and reporting on inequities and trends in well-being outcomes and determinants.
- Apply equity prompts to integrate health equity considerations into public health and well-being initiatives, including the collection and use of well-being data.
- Facilitate the collection and interpretation of data disaggregated by population groups and report on differential impacts on well-being in collaboration with community leaders.
- Contribute to data sharing and interoperability within public health and across sectors to facilitate analyses of the relationships between well-being dimensions, while respecting data privacy standards, Indigenous data sovereignty principles, and appropriate community data stewardship.
- Support communities to define, measure, and monitor well-being by improving access to existing public health data and facilitating community-led well-being research.

Advancing Intersectoral Action

Public health has long recognized the importance of engaging across sectors to improve the conditions for health. Building on this experience, public health professionals can support sustainable partnership-building and collaborative action among different sectors and communities in well-being initiatives. They can also seek out opportunities to contribute to existing well-being initiatives while exercising humility, flexibility, and adaptability. Opportunities include:

- Seek out roles in well-being initiatives, recognizing where public health can be most supportive (i.e., convening stakeholders, providing data and evidence, leveraging networks).
- Champion culturally safe engagement and collaboration opportunities for diverse communities to contribute their knowledge and expertise to well-being initiatives, including opportunities for youth to participate in decision making.
- Use intersectoral approaches (e.g., through health promotion, Health in All Policies, and One Health) to support the development and governance of strategic and sustainable partnership models and accountability mechanisms within well-being initiatives.
- Support interdisciplinary intervention research that can garner new insights into the outcomes and mechanisms of action for well-being initiatives, including analyses of co-benefits that resonate with the goals and priorities of all partners.

Collaborating with First Nations, Inuit, and Métis Peoples

First Nations, Inuit, and Métis Peoples have many diverse and sophisticated well-being knowledge systems and have taken a leadership role in advancing well-being approaches across the country. The implementation of Indigenous rights-based approaches supports reconciliation, cultural safety, self-determination, and sovereignty as pathways to Indigenous well-being. Public health has a responsibility to advance reconciliation and build renewed relationships with First Nations, Inuit, and Métis Peoples and communities based on the recognition of rights, respect, and partnership. Public health actors can:

- Engage in respectful and meaningful dialogue with First Nations, Inuit, and Métis Peoples, in a context of long-term relationship-building and with cultural humility, to strengthen our collective well-being knowledge by drawing on both Indigenous and Western ways of knowing.
- Create opportunities to partner with First Nations, Inuit, and Métis leaders, organizations, and communities to invest in and support Indigenous-led and self-determined well-being data, research, policies, and programming.
- Implement Indigenous rights-based approaches within public health systems and intersectoral partnerships to promote the well-being of current and future generations of First Nations, Inuit, and Métis Peoples.

APPENDIX A
Key Examples of Well-Being Initiatives

There are many examples of well-being policy and measurement initiatives at international, national, and local levels. A selection of examples is detailed below to provide context on the history and breadth of well-being approaches.

International Central Government Well-Being Initiatives

In recent years, a number of governments have taken steps to transform legislation, policy development, and budgeting processes to advance population well-being.[34] This includes Finland and Scotland, who have both integrated well-being indicators into national budgeting processes to inform decision-making and long-term planning across departments.[34]

An example of a well-being policy supported by legislation is the *Well-being of Future Generations Act* in Wales, which sets national goals to improve the well-being of current and future generations. Notably, it encourages intersectoral action by legislating requirements for collaborative and integrated approaches across the public sector.[313] To support implementation of the Act, the Future Generations Framework was created to track well-being outcomes across environmental, social, cultural and economic domains. Public Health Wales has also contributed to the *Wellbeing of Future Generations Act* by collaborating with regional boards and conducting health impact assessments of public policies related to the Act.[314] In general, public health actors can play a critical role in providing leadership, coordination, data and research, consultation, and advocacy support to central government well-being initiatives.

While there have been important gains, central government well-being initiatives also face a number of challenges. These include the difficulties of coordinating across different departmental and sectoral priorities, contexts, and cultures; resource constraints and funding sustainability; and changes in political leadership or government priorities.[34, 314, 315] Public health leaders can play an important role in advancing and maintaining a focus on well-being over time.

Canadian Well-Being Initiatives

In 2021, the Government of Canada released the Quality of Life Framework for Canada (introduced in Section 1). The Framework was designed to measure well-being, and integrate a focus on well-being into federal budgeting and decision-making.[35] Statistics

Canada maintains a Qualify of Life Hub, including dashboards showing certain quality of life indicators at the municipal and census subdivision levels. Development of the framework was led by Finance Canada and Statistics Canada and revised through engagement with more than 20 federal departments and agencies (including the Public Health Agency of Canada), provincial and territorial officials, national Indigenous organizations, and domestic and international subject matter experts.[316] The framework has been integrated as a component of federal budgeting processes, with the Department of Finance reporting on the expected quality of life impacts of budget initiatives. Since December 2021, under the Treasury Board of Canada Secretariat's leadership, it has also been adopted in other areas of Cabinet decision-making, and departmental reporting to Parliament. Through integration in these government-wide processes, it can serve as a standardized approach to consider and incorporate benefits of proposed policies across sectors.[316]

Outside government, the Canadian Index of Wellbeing (CIW) was developed by the Atkinson Foundation and is now housed at the University of Waterloo. It is a composite index built from 64 indicators across eight domains (community vitality, democratic engagement, education, environment, healthy populations, leisure and culture, living standards, and time use).[317] Results have been published since 2009.[317] At the time of writing this report, according to an upcoming publication on the CIW, between 1994 and 2022 Canada's GDP increased by 52.8% while the overall well-being index rose by 3.5%. Initial increases in the index were stalled by the 2008 economic recession and the COVID-19 pandemic that began in 2020. In particular, compared to 1994, the domains of community vitality, leisure and culture, healthy populations, and living standards, showed decreases in their respective 2022 indices.[318] The CIW has also produced indices for provincial and territorial partners (i.e., Ontario, Nova Scotia, Saskatchewan, Manitoba, and Yukon) that reflect regional variations in well-being. A survey measuring the subjective well-being of Canadians has additionally been developed, particularly to capture the experience of populations in smaller geographies, when local or regional data are not available. This survey has been used by a number of provinces and territories, municipalities, and organizations across the country in efforts to address well-being inequities for priority groups.[319]

Communities across Canada have been making progress towards measuring and tracking indicators of well-being to better capture lived experiences and historic inequities, and to inform change. For example, the Road to Economic Prosperity (REPP) is a five-year intersectoral strategy developed and owned by the African Nova Scotian (ANS) community to address systemic issues, such as anti-Black racism, and improve the well-being of African Nova Scotians.[320] Launched in May 2024 as part of the implementation of the REPP, the African Nova Scotian Prosperity and Well-being Index uses the latest available data from multiple sources, including Engage Nova Scotia's Quality of Life Survey, to describe the ANS community's status across a range of topics, namely population, labour, income, education, housing, and subjective-well-being.[321] The index is an example of a community-led and owned well-being data development initiative that is designed to support collaborative equity action.

Many communities and municipalities across the country have led well-being policy, program, and data initiatives tailored to their local contexts and priorities. There are also a number of non-governmental organizations who provide leadership, coordination, capacity building, and support for local initiatives that seek to strengthen the conditions for well-being and health equity. For example, the Tamarack Institute's Networks for Change works with multi-sectoral, place-based collaboratives that are developing, implementing, and evaluating large scale initiatives aimed at ending poverty, building belonging and connection to community, improving outcomes with youth, and just climate transitions. They are supporting communities in more than 400 municipalities to map local assets, identify root causes, and explore strategies for action. The networks also provide guidance and support in building municipal capacity for engaging people with lived experience in efforts to address the root causes of well-being inequities. Public health plays a key role in this work, participating in multi-sectoral roundtables as partner, chair, or leader as well as providing technical support for measuring and

monitoring well-being determinants and outcomes. Similarly, Espace MUNI is an organization comprising more than 400 municipalities and municipalités régionales de comté in Quebec who seek to offer a sustainable and inclusive local environment that allows citizens to develop their full potential. Espace MUNI provides funding support, tools, and inspiration to help municipalities build capacity in the areas of citizen participation, intersectorality, and public policy. Public health often contributes as a partner at the municipal level, and by leading health impact assessments.[322]

First Nations, Inuit, and Métis Well-Being Initiatives

Indigenous communities, organizations, and governments across Canada have made significant gains in applying Indigenous well-being Knowledges to transform governance, programming, data systems, and services to strengthen the foundations of well-being across communities and contexts.

There are a number of examples of Indigenous-led well-being action at the policy level, visible in advancements in Indigenous self-government as well as through partnerships between Indigenous leaders and Western governments. For example, the Métis Nation's *Métis Vision for Health*, developed in 2017 through a collaborative engagement among Métis Governments (Ontario, Saskatchewan, Alberta, and British Columbia), defines health as holistic well-being that is influenced and shaped by larger social structures and Métis-specific determinants of health. These determinants include, but are not limited to, family and kinship ties, community, culture, and relationship to the land. The document puts forward a vision for Métis health and well-being to guide the development of Métis-specific health legislation.[323] Another example is the Nisga'a Lisims *Quality of Life Strategy and Framework*. This framework is used by the Nisga'a Lisims government to inform actions that enhance the living conditions of Nisga'a citizens. The strategy was developed through a participatory approach and includes key performance indicators that reflect how citizens view and describe the relationships among governance, public policy, and quality of life.[324] An example at the federal level, the Inuit Nunangat Policy was co-developed through the Inuit-Crown Partnership Committee to promote prosperity and support community and individual well-being throughout Inuit Nunangat with the goal of socio-economic and cultural equity between Inuit and other Canadians. The policy guides all government departments and agencies in advancing equitable resource allocation and collaboration with Inuit governments and organizations to strengthen self-determination and jurisdiction in designing and delivering policies, programs, and services that impact Inuit.[325]

Indigenous researchers and organizations have also developed and implemented novel indicator and measurement frameworks grounded in Indigenous Knowledges and principles of data sovereignty. Examples include the Regional Health Survey, a survey that measures the holistic health and well-being of First Nations children, youth, and adults living on reserves and in Northern communities and is carried out by the First Nations Information Governance Centre; or the Qanuippitaa? National Inuit Health Survey, which is an Inuit-led and -owned national health and well-being survey focused on measuring health and well-being, while taking into account Inuit values, strengths, and research priorities. In British Columbia, the First Nations Health Authority and BC's Provincial Health Officer have partnered to develop the Population Health and Wellness Agenda (PHWA), which is a report series that will monitor and report on the health and wellness of First Nations Peoples in British Columbia over a decade using 22 health and wellness indicators. Rooted in First Nations teachings, the PHWA takes a strengths-based approach, emphasizing resilience, self-determination, and Two-Eyed Seeing to integrate Indigenous and Western knowledge systems.[326]

APPENDIX B
Methodology

The 2025 Chief Public Health Officer of Canada (CPHO) Annual Report was drafted based on a review of the best available evidence, including research from academic, government, and non-governmental sources, as well as guidance from expert advisors and engagement with public health, First Nations, Inuit, Métis, and community experts.

The evidence was identified through the approaches summarized below.

Reviews of Scientific Evidence

- The Public Health Agency of Canada (PHAC) commissioned the National Collaborating Centre for Methods and Tools to complete a rapid evidence review to answer the research question: "What national or population-level interventions or policies that address the social determinants of mental health have an effect on mental health and well-being?"
- At the request of the Office of the CPHO (OCPHO), PHAC also commissioned updates to the following existing review:
  - Whole-of-Government Wellbeing Approaches: A Comparative Analysis of Four Central Government Initiatives (updated by the National Collaborating Centre for Healthy Public Policy)
- Continuous literature searches by the OCPHO, completed by report sub-topics as needed in English and French, using online databases, such as MEDLINE and Scopus.

Public Health Reports and other Grey Literature

- Continuous literature searches completed by OCPHO to find grey literature and public health reports on well-being from key sources, such as public health organizations (e.g., World Health Organization) and government publications (e.g., federal, provincial/territorial, municipal, and Indigenous governments).
- Identification of applied public health examples and case studies through engagement with public health and well-being experts. These examples were selected to demonstrate the range of initiatives underway across Canada, with a focus on diverse geographies and communities.

Engagements and Expert Interviews

A targeted engagement process, completed by OCPHO, focused on:

- Promising practices and applied examples that have had success in bringing sectors together to promote health equity and influence community and population well-being;
- The role of public health in championing or supporting intersectoral action on community and population well-being;
- Challenges to the implementation, evaluation, and sustenance of well-being initiatives; and,
- First Nations, Inuit, and Métis perspectives and Knowledges on well-being and its determinants.

The engagement process included knowledge-sharing events, a series of contracted interviews with representatives from well-being initiatives across Canada, interviews with public health leaders and experts involved in well-being initiatives, as well as specific Indigenous engagements further described below.

Expert Knowledge Exchange Event on Well-Being and Public Health

In June 2024, the OCPHO, along with the National Collaborating Centre for Healthy Public Policy hosted a virtual knowledge exchange event to capture diverse experiences and perspectives on well-being from a host of experts, including public health researchers, practitioners, and policy makers, as well as organizational leaders and community voices. Following stage-setting presentations, four break-out groups focused on one of four key topics, namely well-being policies, well-being and the public health system, well-being promotion in communities, and equity in well-being. This event informed the high-level framing for the 2025 CPHO report.

Prime Minister's Youth Council

In November 2024, the CPHO met with the Prime Minister's Youth Council to explore youth well-being and the societal factors that influence it. The Council provides youth perspectives on key issues affecting youth in Canada to the federal government. Members of the Council are from regions across Canada, including rural and urban areas, and reflect a range of educational, employment, and life experiences. The council also includes Indigenous and other racialized youth, as well as youth who identify as 2SLGBTQI+. Members engaged in a facilitated discussion around the following questions:

- What does the concept of well-being mean to you as a youth leader in Canada?
- A well-being approach, as described in the Geneva Charter, can provide the foundation for future generations to thrive on a healthy planet. From your perspective, what three things should we change now, so that future generations can thrive?
- What policies do you think are needed to advance a well-being approach?

Expert Interviews

The OCPHO commissioned interviews with representatives from 11 well-being initiatives across the country. The initiatives selected met the following criteria:

- Had a focus on population well-being,
- Had an equity lens,
- Engaged with local communities; and,
- Took an intersectoral approach.

Other considerations included geographical and linguistic representation. The interview questions assessed the origin of the initiative, its organization and governance, successes and challenges in design and implementation, tangible results, partnerships across sectors, and how well-being was framed as part of the work.

The OCPHO conducted four complementary interviews with public health leaders and practitioners directly involved in well-being initiatives in Canada to hear more from a public health perspective about the existing and potential roles for public health to advance well-being in Canada.

The interviews were all conducted between June 2024 and March 2025, in French or in English.

Indigenous Engagements

To learn from and reflect the considerable expertise of Indigenous leaders in well-being, OCPHO collaborated with a working group of Indigenous experts and leaders in well-being and wellness throughout the report's development. The 2025 CPHO report's Indigenous Working Group included First Nations, Inuit, and Métis experts as well as representation from the National Collaborating Centre for Indigenous Health. The Working Group provided advice and guidance on report content, framing, and engagement, and informed how to showcase Indigenous concepts of well-being and Indigenous-led initiatives.

As part of the annual Indigenous Wellbeing Gathering Conference held in October 2024 in Kelowna, British Columbia, members of the Indigenous Working Group hosted an interactive discussion with conference participants on Indigenous well-being and public health. Conference attendees were invited to share their insights, ideas, and knowledges by responding to the following key questions:

- How does culture contribute to wellness within your community?
- How do we counter the main obstacles to wellness?
- What personally has been most significant to your wellness?
- What do we need for community wellness?
- How can public health support our communities to be well?
- What outcomes would indicate community wellness?

Participants reacted to these questions through discussion and arts-based creation, such as drawing, writing, stickers, and collage. During the conference, Deninu Kųé First Nation artist Dr. Lisa Boivin hosted knowledge sharing workshops on the theme of Indigenous wellness. Her original artworks are included in this report.

This rich content, illustrating both shared understandings and distinct experiences and knowledges on what it means to be well and what is needed to support wellness, informed the writing team's thinking and the working group's discussions.

Additionally, the OCPHO led targeted engagements with the following organizations for report input and Indigenous-led examples: the Assembly of First Nations, Inuit Tapiriit Kanatami, the Métis National Council, the Manitoba Métis Federation, the Native Women's Association of Canada, the National Association of Friendship Centres, and the Ontario Federation of Indigenous Friendship Centres. The OCPHO is committed to improving opportunities and mechanisms for meaningful engagement with Indigenous leaders and organizations throughout report development in a spirit of ongoing learning, cultural humility, and relationship building.

Feedback and Draft Reviews

Report drafts were submitted for critical review to a variety of experts at different stages of report development, including selected domestic and international experts in public health and well-being, community experts, as well as Indigenous well-being experts and organizations.

Limitations

Scope and Literature Search

The 2025 CPHO Annual Report explores the momentum surrounding well-being as an intersectoral policy goal and approach, and how public health systems can learn from and contribute to this work to improve the health and well-being of people in Canada. Given the considerable breath of this topic, there are necessary restrictions on the level of detail provided in each section. Accordingly, the report does not represent an exhaustive evidence review, but rather a summary of select key literature. Only literature published in English and French was reviewed. A detailed assessment of study quality and risk of bias was not conducted in this review.

Language

To the extent possible, the report writers attempted to use standardized, inclusive, and culturally appropriate language when drawing on evidence related to different communities and their experiences of health and well-being. However, in some instances they relied on the terminology included in the source documents (e.g., seniors versus older adults), if this language had particular meaning or relevance in those materials.

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References

1. World Health Organization. Promoting Well-Being. World Health Organization; 2025.
2. World Health Organization. Health Promotion Glossary of Terms 2021. World Health Organization; 2021.
3. World Health Organization. Geneva Charter for Well-Being. World Health Organization; 2022.
4. World Health Organization. Achieving Well-Being: A Global Framework for Integrating Well-Being into Public Health Utilizing a Health Promotion Approach. Geneva: World Health Organization; 2023.
5. World Health Organization. Towards Developing WHO's Agenda on Well-Being. Geneva: World Health Organization; 2021.
6. World Health Organization. Bending the Trends to Promote Health and Well-Being: A Strategic Foresight on the Future of Health Promotion. Geneva: World Health Organization; 2022.
7. Organisation for Economic Co-operation and Development. How's Life? 2024: Well-Being and Resilience in Times of Crisis. Paris: OECD Publishing; 2024.
8. van Kessel, R, Seghers, LE, Anderson, M, Schutte, NM, Monti, G, Haig, M, *et al.* A Scoping Review and Expert Consensus on Digital Determinants of Health. Bulletin of the World Health Organization. 2025; 103(2):110–25h.
9. World Health Organization. Addressing Health Determinants in a Digital Age: Project Report. World Health Organization; 2024.
10. Kickbusch, I, Piselli, D, Agrawal, A, Balicer, R, Banner, O, Adelhardt, M, *et al*. The *Lancet* and *Financial Times* Commission on Governing Health Futures 2030: Growing up in a Digital World. The Lancet. 2021; 398(10312):1727–76.
11. National Collaborating Centre for Determinants of Health. Let's Talk: Determinants of Health. National Collaborating Centre for Determinants of Health; 2024.
12. de Lacy-Vawdon, C, Livingstone, C. Defining the Commercial Determinants of Health: A Systematic Review. BMC Public Health. 2020; 20(1):1022.
13. World Health Organization. Commercial Determinants of Noncommunicable Diseases in the WHO European Region. World Health Organization; 2024.
14. Sanmartin, C, Schellenberg, G, Kaddatz, J, Mader, J, Gellatly, G, Clarke, S, *et al*. Moving Forward on Well-Being (Quality of Life) Measures in Canada. Statistics Canada; 2021.
15. Organisation for Economic Co-operation and Development. How's Life? Measuring Well-Being. OECD Publishing; 2011.
16. Zeidler, L, Cairns, M, Laurence, R, Wallace, J, Paylor, H. The Shared Ingredients for a Wellbeing Economy. Centre for Thriving Places; 2023.
17. Mackean, T, Shakespeare, M, Fisher, M. Indigenous and Non-Indigenous Theories of Wellbeing and Their Suitability for Wellbeing Policy. International Journal of Environmental Research and Public Health. 2022; 19(18).
18. Podlasly, M, von der Porten, S, Kelly, D, Lindley-Peart, M. Centering First Nations Concepts of Wellbeing: Toward a GDP-Alternative Index in British Columbia. British Columbia Assembly of First Nations; 2020.
19. Carlisle, S, Henderson, G, Hanlon, PW. 'Wellbeing': A Collateral Casualty of Modernity? Social Science & Medicine. 2009; 69(10):1556–60.

20. First Nations Health Authority. First Nations Perspective on Health and Wellness. First Nations Health Authority.
21. Health Canada, Assembly of First Nations. First Nations Mental Wellness Continuum Framework—Summary Report. Ottawa, ON: Health Canada; 2015.
22. Tsuji, SRJ, Zuk, AM, Solomon, A, Edwards-Wheesk, R, Ahmed, F, Tsuji, LJS. What Is Wellbeing, and What Is Important for Wellbeing? Indigenous Voices from across Canada. International Journal of Environmental Research and Public Health. 2023; 20(17).
23. Armitage, D, Béné, C, Charles, AT, Johnson, D, Allison, EH. The Interplay of Well-Being and Resilience in Applying a Social-Ecological Perspective. Ecology and Society. 2012; 17(4).
24. Public Health Agency of Canada. Chief Public Health Officer of Canada's Report on the State of Public Health in Canada 2023: Creating the Conditions for Resilient Communities: A Public Health Approach to Emergencies. Ottawa, ON: Public Health Agency of Canada; 2023.
25. World Health Organization. Health in the Well-Being Economy – Background Paper: Working Together to Achieve Healthy, Fairer, Prosperous Societies across the WHO European Region. World Health Organization; 2023.
26. Jansen, A, Wang, R, Behrens, P, Hoekstra, R. Beyond GDP: A Review and Conceptual Framework for Measuring Sustainable and Inclusive Wellbeing. The Lancet Planetary Health. 2024; 8(9):e695-e705.
27. Corbin, JH, Abdelaziz, FB, Sørensen, K, Kökény, M, Krech, R. Wellbeing as a Policy Framework for Health Promotion and Sustainable Development. Health Promotion International. 2021; 36(Supplement_1):i64-i9.
28. Stiglitz, JE, Sen, A. K., Fitoussi, J-P. Report by the Commission on the Measurement of Economic Performance and Social Progress. France: Commission on the Measurement of Economic Performance and Social Progress; 2009.
29. Adler, A, Seligman, M. Using Wellbeing for Public Policy: Theory, Measurement, and Recommendations. International Journal of Wellbeing. 2016; 6:1–35.
30. Canadian Index of Wellbeing. Wellbeing as the Lens for Decision-Making in Canada. University of Waterloo.
31. Statistics Canada. Quality of Life Hub. Statistics Canada; 2023.
32. United Nations. Transforming Our World: The 2030 Agenda for Sustainable Development. United Nations; 2015.
33. Organisation for Economic Co-operation and Development. Measuring Well-Being and Progress. OECD.
34. Poliquin, H. Whole-of-Government Wellbeing Approaches: A Comparative Analysis of Four Central Government Initiatives. National Collaborating Centre for Healthy Public Policy; 2022.
35. Department of Finance Canada. Measuring What Matters: Toward a Quality of Life Strategy for Canada. Government of Canada; 2021.
36. Organisation for Economic Co-operation and Development. How's Life? 2020 Well-Being Database: Definitions and Metadata. OECD Publishing; 2024.
37. Organisation for Economic Co-operation and Development. Better Life Index. OECD.
38. Statistics Canada. Study: Charting Change: How Time-Series Data Provides Insights on Canadian Well-Being. The Daily; 2024.
39. Statistics Canada. Table 13-10-0847-01 Future Outlook by Gender and Province. Government of Canada; 2025.
40. Statistics Canada. Table 13-10-0845-01 Sense of Meaning and Purpose by Gender and Province. Government of Canada; 2025.
41. Statistics Canada. Deaths, 2023. The Daily; 2024.
42. Statistics Canada. Health Outcomes. Health of Canadians: Statistics Canada; 2024.
43. Statistics Canada. Access to Health Care. In: Health of Canadians: Statistics Canada; 2025.
44. Statistics Canada. Nearly Half of Canadians Report That Rising Prices Are Greatly Impacting Their Ability to Meet Day-to-Day Expenses. Government of Canada; 2024.
45. Statistics Canada. Housing Affordability in Canada, 2022. The Daily; 2024.

46. Statistics Canada. Having Someone to Count on by Gender and Province. Statistics Canada; 2025.
47. Statistics Canada. Having Someone to Count on, January to March, 2022. The Daily; 2022.
48. Statistics Canada. Almost Half of Canadians Report a Strong Sense of Belonging to Their Local Community. The Daily; 2022.
49. Statistics Canada. Sense of Belonging to Local Community by Gender and Province. Statistics Canada; 2025.
50. Environment and Climate Change Canada. Canadian Environmental Sustainability Indicators: Population Exposure to Outdoor Air Pollutants. Government of Canada; 2025.
51. Public Health Agency of Canada. Chief Public Health Officer of Canada's Report on the State of Public Health in Canada 2022: Mobilizing Public Health Action on Climate Change in Canada. Ottawa, ON: Public Health Agency of Canada; 2022.
52. Statistics Canada. Table 43-10-0062-01 Confidence in Canadian Institutions, by Groups Designated as Visible Minorities and Selected Sociodemographic Characteristics, 2020. Government of Canada; 2022.
53. Statistics Canada. Table 45-10-0073-01 Confidence in Institutions, by Gender and Province. Government of Canada; 2025.
54. Statistics Canada. Confidence in Institutions and the Media, 2023. The Daily; 2024.
55. Statistics Canada. Half of Racialized People Have Experienced Discrimination or Unfair Treatment in the Past Five Years. The Daily; 2024.
56. Public Health Agency of Canada. Health of People in Canada Dashboard. Government of Canada.
57. Statistics Canada. Table 13-10-0096-03 Perceived Mental Health, by Age Group. Government of Canada; 2023.
58. Statistics Canada. Charting Changes in Canadians' Mental and Financial Well-Being, 2021 to 2024. Statistics Canada; 2024.
59. Statistics Canada. Younger Canadians Experience Lower Perceived Well-Being: Insights from the Canadian Social Survey. The Daily; 2023.
60. Durand, M. The OECD Better Life Initiative: How's Life? And the Measurement of Well-Being. Review of Income and Wealth. 2015; 61(1):4–17.
61. WHO Regional Office for Europe. Deep Dives on the Well-Being Economy Showcasing the Experiences of Finland, Iceland, Scotland and Wales: Summary of Key Findings. World Health Organization; 2023.
62. Llena-Nozal, A, Martin, N, Murtin, F. The Economy of Well-Being: Creating Opportunities for People's Well-Being and Economic Growth. Organisation for Economic Co-operation and Development; 2019.
63. OECD. Canada. OECD Better Life Index; Available from: https://www.oecdbetterlifeindex.org/countries/canada/.
64. Organisation for Economic Co-operation and Development. Centre on Well-Being, Inclusion, Sustainability and Equal Opportunity (WISE). OECD.
65. Organisation for Economic Co-operation and Development. Knowledge Exchange Platform on Well-Being Metrics and Policy Practice (KEP). OECD; Available from: https://www.oecd.org/en/about/programmes/kep.html.
66. Heimburg, DV, Prilleltensky, I, Ness, O, Ytterhus B. From Public Health to Public Good: Toward Universal Wellbeing. Scandinavian Journal of Public Health. 2022; 50(7):1062–70.
67. Ben Abdelaziza, F, Williams, C, Anwara, YJ, Linc, V, Krech, R. Creating 'Wellbeing Societies': Moving from Rhetoric to Action. Public Health Research & Practice. 2023; 33(2).
68. Morrison, V, Lucyk, K. Build Back Better: Wellbeing Budgets for a Post COVID-19 Recovery?. National Collaborating Centre for Healthy Public Policy; 2021.
69. National Collaborating Centre for Healthy Public Policy. Wellbeing Budgeting: A Critical Public Health Perspective — Invited Commentary. National Collaborating Centre for Healthy Public Policy; 2022.
70. City of Vancouver. Community Wellbeing Strategy. City of Vancouver; 2024.
71. City of Edmonton. Recover: Edmonton's Urban Wellness Plan. City of Edmonton; 2025.
72. Kitt, C, Nieuwenhuis, R, Saliss, H, Schulman, S. So Loss, What Have We Learned About Making Sacred Space for You? Reflecting on New Roles and Rituals for Grief and Loss. InWithForward, REACH Edmonton, RECOVER Edmonton; 2024.

73. City of Edmonton. Community Safety and Well Being Strategy. City of Edmonton; Available from: https://www.edmonton.ca/city_government/initiatives_innovation/community-safety-well-being-strategy.
74. Chassagne, N. Rethinking Sustainability: Recalibrating the Global SDGs to Align with Local Principles for Buen Vivir. Community Development Journal. 2022; 58(3):383–401.
75. Fletcher, C, Riva, M, Lyonnais, M-C, Saunders, I, Baron, A, Lynch, M, Baron, M. Definition of an Inuit Cultural Model and Social Determinants of Health for Nunavik — Community Component. Nunavik Regional Board of Health and Social Services & Institut national de santé publique du Québec; 2021.
76. Atkinson, D, Landy, R, St. Denys, R, Ogilvie, K, Lund, C, Worthington, C, *et al*. The Red River Cart Model: A Métis Conceptualization of Health and Well-Being in the Context of HIV and Other STBBI. Canadian Journal of Public Health. 2023; 114(5):856–66.
77. Thunderbird Partnership Foundation. Indigenous Wellness Framework: Reference Guide. National Native Addictions Partnership Foundation; 2020.
78. Greenwood, M. Web of Being: Social Determinants and Indigenous People's Health. National Collaborating Centre for Aboriginal Health; 2009.
79. MacDougall, B. Land, Family and Identity; Contextualizing Metis Health and Well-Being. National Collaborating Centre for Aboriginal Health; 2017.
80. Bryant, J, Bolt, R, Botfield, JR, Martin, K, Doyle, M, Murphy, D, *et al*. Beyond Deficit: 'Strengths-Based Approaches' in Indigenous Health Research. Sociology of Health & Illness. 2021; 43(6):1405–21.
81. Toombs, E, Kowatch, K, Mushquash, C. Resilience in Canadian Indigenous Youth: A Scoping Review. International Journal of Child and Adolescent Resilience. 2016; 4:4–32.
82. Gall, A, Anderson, K, Howard, K, Diaz, A, King, A, Willing, E, *et al*. Wellbeing of Indigenous Peoples in Canada, Aotearoa (New Zealand) and the United States: A Systematic Review. International Journal of Environmental Research and Public Health. 2021; 18(11):5832.
83. Bear, LL. Jagged Worldviews Colliding. In M. Battiste (Ed.). Reclaiming Indigenous Voice and Vision. 2000:77–85.
84. Wilson, S. Research Is Ceremony: Indigenous Research Methods. Fernwood Publishing; 2008.
85. Kennedy, A, Sehgal, A, Szabo, J, McGowan, K, Lindstrom, G, Roach, P, *et al*. Indigenous Strengths-Based Approaches to Healthcare and Health Professions Education—Recognising the Value of Elders' Teachings. Health Education Journal. 2022; 81(4):423–38.
86. Trott, N, Mulrennan, ME. "Part of Who We Are…": A Review of the Literature Addressing the Sociocultural Role of Traditional Foods in Food Security for Indigenous People in Northern Canada. Societies. 2024; 14(3).
87. Tsuji, LJS, Tsuji, SRJ, Zuk, AM, Davey, R, Liberda, EN. Harvest Programs in First Nations of Subarctic Canada: The Benefits Go Beyond Addressing Food Security and Environmental Sustainability Issues. International Journal of Environmental Research and Public Health. 2020; 17(21).
88. Josewski, V, de Leeuw, S, Greenwood, M. Grounding Wellness: Coloniality, Placeism, Land, and a Critique of "Social" Determinants of Indigenous Mental Health in the Canadian Context. Int J Environ Res Public Health. 2023; 20(5).
89. Harding, L, DeCaire, R, Ellis, U, Delaurier-Lyle, K, Schillo, J, Turin, M. Language Improves Health and Wellbeing in Indigenous Communities: A Scoping Review. Language and Health. 2025; 3(1):100047.
90. Canadian Heritage. Indigenous Languages Act. Government of Canada; 2021.
91. Statistics Canada. Indigenous Languages across Canada. Government of Canada; 2023.
92. National Inquiry into Missing and Murdered Indigenous Women and Girls. Reclaiming Power and Place: The Final Report of the National Inquiry into Missing and Murdered Indigenous Women and Girls, Volume 1B. National Inquiry into Missing and Murdered Indigenous Women and Girls; 2019.

93. Hopkins, C, Thunderbird Partnership Foundation. How to Use the First Nations Mental Wellness Continuum Framework. Presentation by Thunderbird Partnership Foundation's CEO Carol Hopkins at Issues of Substance Conference in Calgary, Alberta, November 2017. 2017; Available from: https://thunderbirdpf.org/?resources=how-to-use-the-first-nations-mental-wellness-continuum-framework.
94. National Collaborating Centre for Indigenous Health. Tagalik S. Inuit Qaujimajatuqangit: The Role of Indigenous Knowledge in Supporting Wellness in Inuit Communities in Nunavut. 2010.
95. Health Canada, Assembly of First Nations. First Nations Mental Wellness Continuum Framework. Ottawa, ON: Health Canada; 2015.
96. Thunder Bird Partnership Foundation. Podcast: Mino Bimaadiziwin. Thunder Bird Partnership Foundation; 2022.
97. Hayward, A. Languages of the Land: Aimée Craft on Mino-Bimaadiziwin, the Good Life. Canadian Geographic; 2024.
98. Assembly of First Nations. Seven Generations Continuum of Care. Assembly of First Nations; 2022.
99. Gmitroski, KL, Hastings, KG, Legault, G, Barbic, S. Métis Health in Canada: A Scoping Review of Métis-Specific Health Literature. CMAJ Open. 2023; 11(5):E884–e93.
100. Redvers, N, Reid, P, Carroll, D, Kain, MC, Kobei, DM, Menzel, K, *et al*. Indigenous Determinants of Health: A Unified Call for Progress. The Lancet. 2023; 402(10395):7–9.
101. Okpalauwaekwe, U, Ballantyne, C, Tunison, S, Ramsden, VR. Enhancing Health and Wellness by, for and with Indigenous Youth in Canada: A Scoping Review. BMC Public Health. 2022; 22(1):1630.
102. Snowshoe, A, Crooks, CV, Tremblay, PF, Hinson, RE. Cultural Connectedness and Its Relation to Mental Wellness for First Nations Youth. The Journal of Primary Prevention. 2017; 38(1):67–86.
103. Tanner, B, Plain, S, George, T, George, J, Mushquash, CJ, Bernards, S, *et al*. Understanding Social Determinants of First Nations Health Using a Four-Domain Model of Health and Wellness Based on the Medicine Wheel: Findings from a Community Survey in One First Nation. International Journal of Environmental Research and Public Health. 2022; 19(5).
104. Gray, AP, Cote, W. Cultural Connectedness Protects Mental Health against the Effect of Historical Trauma among Anishinabe Young Adults. Public Health. 2019; 176:77–81.
105. Poliakova, N, Riva, M, Fletcher, C, Desrochers-Couture, M, Courtemanche, Y, Moisan, C, *et al*. Sociocultural Factors in Relation to Mental Health within the Inuit Population of Nunavik. Canadian Journal of Public Health. 2024; 115(1):83–95.
106. Crooks, C, Burleigh, D, Sisco, A. Promoting First Nations, Metis, and Inuit Youth Wellbeing through Culturally-Relevant Programming: The Role of Cultural Connectedness and Identity. International Journal of Child and Adolescent Resilience. 2015; 3(1):101–16.
107. Harding, L, DeCaire, R, Delaurier-Lyle, K, Ellis, U, Schillo, J, Turin, M. Linguistic Vitality Improves Health and Wellbeing in Indigenous Communities: A Scoping Review. medRxiv. 2024.
108. McGregor, D. Chapter 1: Mino-Mnaamodzawin – Achieving Indigenous Environmental Justice in Canada. In: Dhillon J, editor. Indigenous Resurgence: Decolonialization and Movements for Environmental Justice. New York: Berghahn Books; 2022.
109. Karim, N. Indigenous Sovereignty in Canada. The Indigenous Foundation.
110. Indigenous Environmental Network. What Is: Indigenous Sovereignty and Tribal Sovereignty. Indigenous Environmental Network.
111. Department of Justice. Backgrounder: United Nations Declaration on the Rights of Indigenous Peoples Act. Government of Canada; 2021.
112. Crown-Indigenous Relations and Northern Affairs Canada. Reconciliation. Government of Canada; 2024.
113. Rowe, G, Straka, S, Hart, M, Callahan, A, Robinson, D, Robson, G. Prioritizing Indigenous Elders' Knowledge for Intergenerational Well-Being. Canadian Journal on Aging. 2020; 39(2):156–68.
114. Fisher, M. A Theory of Public Wellbeing. BMC Public Health. 2019; 19(1):1283.

115. World Health Organization. Health Inequality Monitoring: Harnessing Data to Advance Health Equity. World Health Organization; 2024.
116. Pan-Canadian Public Health Network. Key Health Inequalities in Canada: A National Portrait. Pan-Canadian Public Health Network; 2018.
117. British Columbia's Office of the Human Rights Commissioner. Disaggregated Demographic Data Collection in British Columbia: The Grandmother Perspective. British Columbia's Office of the Human Rights Commissioner; 2020.
118. First Nations Information Governance Centre. Strengths-Based Approaches to Indigenous Research and the Development of Well-Being Indicators. Ottawa, ON: First Nations Information Governance Centre; 2020.
119. Public Health Agency of Canada. Vision 2030: Moving Data to Public Health Action. Government of Canada; 2025.
120. Orpana, H, Vachon, J, Dykxhoorn, J, McRae, L, Jayaraman, G. Monitoring Positive Mental Health and Its Determinants in Canada: The Development of the Positive Mental Health Surveillance Indicator Framework. Health Promotion and Chronic Disease Prevention in Canada. 2016; 36(1):1–10.
121. Centre for Surveillance and Applied Research. Positive Mental Health Surveillance Indicator Framework, Canada, 2024 Edition. Ottawa, ON: Public Health Agency of Canada; 2024.
122. Mental Health Commission of Canada. Changing Directions, Changing Lives: The Mental Health Strategy for Canada. Calgary, AB: Mental Health Commission of Canada; 2012.
123. Public Health Agency of Canada. Infographic: Positive Mental Health. Public Health Agency of Canada.
124. O'Keefe, VM, Maudrie, TL, Cole, AB, Ullrich, JS, Fish, J, Hill, KX, *et al*. Conceptualizing Indigenous Strengths-Based Health and Wellness Research Using Group Concept Mapping. Archives of Public Health. 2023; 81(1):71.
125. Fiedeldey-Van Dijk, C, Rowan, M, Dell, C, Mushquash, C, Hopkins, C, Fornssler, B, *et al*. Honoring Indigenous Culture-as-Intervention: Development and Validity of the Native Wellness Assessment™. Journal of Ethnicity in Substance Abuse. 2017; 16(2):181–218.
126. Thunder Bird Partnership Foundation. Native Wellness Assessment (NWA). Thunder Bird Partnership Foundation; 2024.
127. Organisation for Economic Co-operation and Development. Well-Being and Beyond GDP. OECD.
128. Hancock, T. Population Health Promotion 2.0: An Eco-Social Approach to Public Health in the Anthropocene. Canadian Journal of Public Health. 2015; 106(4):e252–e5.
129. Parkes, MW, Poland, B, Allison, S, Cole, DC, Culbert, I, Gislason, MK, *et al*. Preparing for the Future of Public Health: Ecological Determinants of Health and the Call for an Eco-Social Approach to Public Health Education. Canadian Journal of Public Health. 2020; 111(1):60–4.
130. Canadian Council on Social Determinants of Health. A Review of Frameworks on the Determinants of Health. Ottawa, ON: Canadian Council on Social Determinants of Health; 2015.
131. Helne, T, Hirvilammi, T. Wellbeing and Sustainability: A Relational Approach. Sustainable Development. 2015; 23(3):167–75.
132. United Nations. Pact for the Future: Global Digital Compact, and Declaration on Future Generations. United Nations; 2024.
133. Presenza, A, Abbate, T, Micera, R. The Cittaslow Movement: Opportunities and Challenges for the Governance of Tourism Destinations. Tourism Planning & Development. 2015; 12(4):479–88.
134. CittaSlow. About Cittaslow. CittaSlow; Available from: https://www.cittaslow.org/network.
135. Morin, J. Lac-Mégantic, L'humain au cœur de la reconstruction. Présentation. Journées annuelles de santé publique; 2024; Available from: https://www.inspq.qc.ca/sites/default/files/jasp/archives/2024/ppt/3-decembre/04_Julie_Morin_Ville_LacM%C3%A9gantic.pdf. (available in French only)
136. Ville de Lac-Mégantic. Planification stratégique 2020-2025. Ville de Lac-Mégantic; 2020. (available in French only)
137. Ville Lac-Mégantic. Lac-Mégantic certifiée « Ville du bien-vivre ». Ville Lac-Mégantic; Available from: https://www.ville.lac-megantic.qc.ca/fr/la-ville/cittaslow-megantic. (available in French only)

138. Généreux, M. Promising Initiatives to Mobilize the Local Community in a Post-Disaster Landscape. Public Health Direction of the Centre intégré universitaire de santé et de services sociaux de l'Estrie – Centre hospitalier universitaire de Sherbrooke; 2021.

139. Généreux, M, Petit, G, Lac-Mégantic Community Outreach Team, O'Sullivan, T. Canada. Public Health Approach to Supporting Resilience in Lac-Mégantic: The Enrich Framework. In: Ziglio E, editor. Health 2020 Priority Area Four: Creating Supportive Environments and Resilient Communities — A Compendium of Inspirational Examples: World Health Organization; 2018. p. 156–62.

140. Lavallee, LF, Poole, JM. Beyond Recovery: Colonization, Health and Healing for Indigenous People in Canada. International Journal of Mental Health and Addiction. 2010; 8(2):271–81.

141. Assembly of First Nations. Developing a Seven Generations Continuum of Care for First Nations by First Nations of Health, Economic and Social Services [Resolution 19/2019]. Assembly of First Nations; 2019.

142. National Collaborating Centre for Indigenous Health. Visioning the Future: First Nations, Inuit, & Métis Population and Public Health. Prince George, BC: National Collaborating Centre for Indigenous Health; 2021.

143. Healey Akearok, G, Noah, J, Mearns, C. The Eight Ujarait (Rocks) Model: Supporting Inuit Adolescent Mental Health with an Intervention Model Based on Inuit Ways of Knowing. International Journal of Indigenous Health. 2016; 11:92.

144. Makimautiksat. Makimautiksat Youth Wellness and Empowerment Camp. Qaujigiartiit Health Research Centre; 2014.

145. Voukelatou, V, Gabrielli, L, Miliou, I, Cresci, S, Sharma, R, Tesconi, M, Pappalardo, L. Measuring Objective and Subjective Well-Being: Dimensions and Data Sources. International Journal of Data Science and Analytics. 2021; 11(4):279–309.

146. Halleröd, B, Seldén, D. The Multi-Dimensional Characteristics of Wellbeing: How Different Aspects of Wellbeing Interact and Do Not Interact with Each Other. Social Indicators Research. 2013; 113(3):807–25.

147. Engage Nova Scotia. Home Page. Engage Nova Scotia; Available from: https://engagenovascotia.ca/.

148. Engage Nova Scotia. Overview of the NS Quality of Life Initiative. Engage Nova Scotia.

149. Engage Nova Scotia. When We Know Better, We Do Better: How Cape Breton Regional Municipality Is Moving Data into Action. Engage Nova Scotia; 2024.

150. Betley, EC, Sigouin, A, Pascua, PA, Cheng, SH, MacDonald, KI, Arengo, F, *et al*. Assessing Human Well-Being Constructs with Environmental and Equity Aspects: A Review of the Landscape. People and Nature. 2021; 5(6):1756–73.

151. World Health Organization. Health for All Policies: The Co-Benefits of Intersectoral Action. European Observatory on Health Systems and Policies; 2024.

152. Khayatzadeh-Mahani, A, Labonté, R, Ruckert, A, de Leeuw, E. Using Sustainability as a Collaboration Magnet to Encourage Multi-Sector Collaborations for Health. Global Health Promotion. 2019; 26(1):100–4.

153. Frank, J, Abel, T, Campostrini, S, Cook, S, Lin, VK, McQueen, DV. The Social Determinants of Health: Time to Re-Think? International Journal of Environmental Research and Public Health. 2020; 17(16).

154. Baker, P, Friel, S, Kay, A, Baum, F, Strazdins, L, Mackean, T. What Enables and Constrains the Inclusion of the Social Determinants of Health Inequities in Government Policy Agendas? A Narrative Review. International Journal of Health Policy and Management. 2018; 7(2):101–11.

155. World Health Organization. A Conceptual Framework for Action on the Social Determinants of Health. World Health Organization; 2010.

156. de Leeuw, E. Health Beyond Borders: The Future of Health Promotion. Scandinavian Journal of Public Health. 0(0):14034948241288272.

157. Howard, R, Gunther, S. Health in All Policies: An EU Literature Review 2006–2011 and Interview with Key Stakeholders. Equity Action; 2012.

158. Molnar, A, Renahy, E, O'Campo, P, Carles, M, Freiler, A, Shankardass, K. Using Win-Win Strategies to Implement Health in All Policies: A Cross-Case Analysis. PLOS One. 2016; 11:e0147003.

159. Freiler, A, Muntaner, C, Shankardass, K, Mah, CL, Molnar, A, Renahy, E, Campo, P. Glossary for the Implementation of Health in All Policies (HiAP). Journal of Epidemiology and Community Health. 2013; 67(12):1068.

160. Lilly, K, Kean, B, Hallett, J, Robinson, S, Selvey, LA. Factors of the Policy Process Influencing Health in All Policies in Local Government: A Scoping Review. Frontiers in Public Health. 2023; 11.

161. Cairney, P, St Denny, E, Mitchell, H. The Future of Public Health Policymaking after COVID-19: A Qualitative Systematic Review of Lessons from Health in All Policies. Open Research Europe. 2021; 1(23).

162. Amri, M, Chatur, A, O'Campo, P. An Umbrella Review of Intersectoral and Multisectoral Approaches to Health Policy. Social Science & Medicine. 2022; 315:115469.

163. Guglielmin, M, Muntaner, C, O'Campo, P, Shankardass, K. A Scoping Review of the Implementation of Health in All Policies at the Local Level. Health Policy. 2018; 122(3):284–92.

164. Kokkinen, L, Freiler, A, Muntaner, C, Shankardass, K. How and Why Do Win–Win Strategies Work in Engaging Policy-Makers to Implement Health in All Policies? A Multiple-Case Study of Six State- and National-Level Governments. Health Research Policy and Systems. 2019; 17(1):102.

165. Trowbridge, J, Tan, JY, Hussain, S, Osman, AEB, Di Ruggiero, E. Examining Intersectoral Action as an Approach to Implementing Multistakeholder Collaborations to Achieve the Sustainable Development Goals. International Journal of Public Health. 2022; 67:1604351.

166. Nykiforuk, CIJ, Belon, AP, de Leeuw, E, Harris, P, Allen-Scott, L, Atkey, K, *et al*. An Action-Oriented Public Health Framework to Reduce Financial Strain and Promote Financial Wellbeing in High-Income Countries. International Journal for Equity in Health. 2023; 22(1):66.

167. French, D, Vigne, S. The Causes and Consequences of Household Financial Strain: A Systematic Review. International Review of Financial Analysis. 2019; 62:150–6.

168. Dijkstra-Kersten, SMA, Biesheuvel-Leliefeld, KEM, van der Wouden, JC, Penninx, BWJH, van Marwijk, HWJ. Associations of Financial Strain and Income with Depressive and Anxiety Disorders. Journal of Epidemiology and Community Health. 2015; 69(7):660.

169. Hassan, MF, Mohd Hassan, N, Kassim, E, Said, Y. Financial Wellbeing and Mental Health: A Systematic Review. Studies of Applied Economics. 2021; 39.

170. Netemeyer, RG, Warmath, D, Fernandes, D, Lynch, JG, Jr. How Am I Doing? Perceived Financial Well-Being, Its Potential Antecedents, and Its Relation to Overall Well-Being. Journal of Consumer Research. 2017; 45(1):68–89.

171. University of Alberta. Action-Oriented Public Health Resources on Financial Wellbeing and Financial Strain. University of Alberta; Available from: https://www.ualberta.ca/en/public-health/research/centres/centre-for-healthy-communities/what-we-do/financial_wellbeing.html.

172. Centre for Healthy Communities (CHC), Centre for Health Equity Training, RaEC. Action-Oriented Public Health Framework on Financial Wellbeing and Financial Strain — Executive Summary. Edmonton: Centre for Healthy Communities; 2022.

173. Bain, Paul G, Milfont, Taciano L, Kashima, Y, Bilewicz, M, Doron, G, Garðarsdóttir, Ragna B, *et al*. Co-Benefits of Addressing Climate Change Can Motivate Action around the World. Nature Climate Change. 2016; 6(2):154–7.

174. Zhao, D, Cai, J, Xu, Y, Liu, Y, Yao, M. Carbon Sinks in Urban Public Green Spaces under Carbon Neutrality: A Bibliometric Analysis and Systematic Literature Review. Urban Forestry & Urban Greening. 2023; 86:128037.

175. Kingsley, M, EcoHealth Ontario. Commentary— Climate Change, Health and Green Space Co-Benefits. Health Promotion and Chronic Disease Prevention in Canada. 2019; 39(4).

176. Nguyen, P-Y, Astell-Burt, T, Rahimi-Ardabili, H, Feng, X. Green Space Quality and Health: A Systematic Review. International Journal of Environmental Research and Public Health. 2021; 18(21).

177. Lee, AC, Maheswaran, R. The Health Benefits of Urban Green Spaces: A Review of the Evidence. Journal of Public Health. 2011; 33(2):212–22.

178. World Health Organization. Harnessing the Benefits of Well-Being Policies and Investments for Health. World Health Organization; 2023.

179. WHO Regional Office for Europe. Shifting Towards Fiscally Resilient, Healthy Societies: Finding Common Ground between Public Health and Finance Sectors and Central Banks. Copenhagen: WHO Regional Office for Europe; 2024.

180. Health Accord for Newfoundland & Labrador. Health Accord NL Final Reports. Health Accord for Newfoundland & Labrador; 2922.

181. Health Accord NL. Our Province. Our Health. Our Future. A 10-Year Health Transformation: The Report. Health Accord for Newfoundland & Labrador; 2022.

182. Bernier, NF. Towards a Health in All Policies Approach for Canada's Federal, Provincial and Territorial Jurisdictions?. National Collaborating Centre for Healthy Public Policy; 2023.

183. Well-Being NL. Home Page. Well-Being NL; Available from: https://wellbeingnl.ca/.

184. Government of Newfoundland and Labrador. A Public Health Framework for Newfoundland and Labrador: Preventing Disease, Promoting Health and Protecting Current and Future Generations. Government of Newfoundland and Labrador; 2022.

185. Well-Being NL. A New Public Health Framework. Well-Being NL; 2024.

186. Taylor, Z, Bradford , N. Governing Canadian Cities. In: Moos M, Walker R, Vinodra T, editors. Canadian Cities in Transition. 6th ed. Toronto: Oxford University Press; 2020. p. 33–50.

187. Lévesque, J, Gervais, M-J, Robitaille, É, Couture-Ménard, M-È. Municipal Action to Create Environments Conducive to Health and Quality of Life: A Systemic Analysis Framework. Institut national de santé publique du Québec; 2024.

188. Cabaj, JL, Fierlbeck, K, Loh, LC, McLaren, L, Watson-Creed, G. The Municipal Role in Public Health. Toronto, ON: Institute on Municipal Finance and Governance, University of Toronto; 2022.

189. World Health Organization. Healthy Cities Effective Approach to a Changing World. Geneva: World Health Organization; 2020.

190. World Health Organization. Healthy and Thriving Cities Demand Social, Economic, Human and Planetary Well-Being. World Health Organization; 2023.

191. City of Vancouver. Healthy City Strategy. City of Vancouver.

192. City of Vancouver. Community Benefit Agreements Policy. City of Vancouver.

193. Heggie, K. Indigenous Wellness Indicators: Including Urban Indigenous Wellness Indicators in the Healthy City Strategy. University of British Columbia; 2018.

194. Kāhui Tautoko Consulting Ltd. City of Vancouver — Healthy City Dashboard Urban Indigenous Indicators. City of Vancouver; 2021.

195. Firestone, M, McConkey, S, Beaudoin, E, Bourgeois, C, Smylie, J. Mental Health and Cultural Continuity among an Urban Indigenous Population in Toronto, Canada. Canadian Journal of Public Health. 2024; 115(2):263–72.

196. National Association of Friendship Centres. About the NAFC — Urban Indigenous. National Association of Friendship Centres; Available from: https://nafc.ca/about-the-nafc/urban-indigenous.

197. Heller, JC, Givens, ML, Johnson, SP, Kindig, DA. Keeping It Political and Powerful: Defining the Structural Determinants of Health. The Milbank Quarterly. 2024; 102(2):351–66.

198. Dyar, OJ, Haglund, BJA, Melder, C, Skillington, T, Kristenson, M, Sarkadi, A. Rainbows over the World's Public Health: Determinants of Health Models in the Past, Present, and Future. Scandinavian Journal of Public Health. 2022; 50(7):1047–58.

199. Paradies, Y, Ben, J, Denson, N, Elias, A, Priest, N, Pieterse, A, *et al*. Racism as a Determinant of Health: A Systematic Review and Meta-Analysis. PLOS ONE. 2015; 10(9):e0138511.

200. National Collaborating Centre for Determinants of Health. Let's Talk: Racism and Health Equity. Antigonish, NS: St. Francis Xavier University; 2018.

201. Hankivsky, O, Christoffersen, A. Intersectionality and the Determinants of Health: A Canadian Perspective. Critical Public Health. 2008; 18(3):271–83.

202. Loppie, S, Reading, C, de Leeuw, S. Indigenous Experiences with Racism and Its Impacts. Prince George, BC: National Collaborating Centre for Aboriginal Health; 2014.

203. Phelan, JC, Link, BG. Is Racism a Fundamental Cause of Inequalities in Health? Annual Review of Sociology. 2015; (Volume 41, 2015):311–30.

204. National Collaborating Centre for Determinants of Health. Let's Talk: Racism and Health Equity. Antigonish, NS: National Collaborating Centre for Determinants of Health; 2018.

205. Mosher, J, Hewitt, J. Reimagining Child Welfare Systems in Canada. Journal of Law and Social Policy. 2018; 28(1):1–9.

206. Hamed, S, Bradby, H, Ahlberg, BM, Thapar-Björkert, S. Racism in Healthcare: A Scoping Review. BMC Public Health. 2022; 22(1):988.

207. Block, S, Galabuzi, G-E, Tranjan, R. Canada's Colour Coded Income Inequality. Canadian Centre for Policy Alternatives; 2019.

208. Owusu-Bempah, A, Wortley, S. Chapter 10: Race, Crime and Criminal Justice in Canada. In: Bucerius SM, Tionry M, editors. The Oxford Handbook of Ethnicity, Crime and Immigration. New York: Oxford University Press; 2014. p. 281–320.

209. Sergeant, A, Saha, S, Lalwani, A, Sergeant, A, McNair, A, Larrazabal, E, *et al*. Diversity among Health Care Leaders in Canada: A Cross-Sectional Study of Perceived Gender and Race. Canadian Medical Association Journal. 2022; 194(10):E371.

210. Public Health Agency of Canada. Social Determinants and Inequities in Health for Black Canadians: A Snapshot. Ottawa, ON: Public Health Agency of Canada; 2020.

211. Canadian Heritage. Changing Systems, Transforming Lives: Canada's Anti-Racism Strategy 2024–2028. Government of Canada; 2024.

212. Legault, G. From (Re)Ordering to Reconciliation: Early Settler Colonial Divide and Conquer Policies in Canada. Journal of Indigenous Social Development. 2022; 11(2).

213. Crown-Indigenous Relations and Northern Affairs Canada. Apology for the Inuit High Arctic Relocation. Government of Canada; 2010.

214. The Truth and Reconciliation Commission of Canada. Honouring the Truth, Reconciling for the Future: Summary of the Final Report of the Truth and Reconciliation Commission of Canada. The Truth and Reconciliation Commission of Canada; 2015.

215. Indian Act. Revised Statutes of Canada (1985, c. I-5); Available from: https://laws-lois.justice.gc.ca/eng/acts/I-5/section-81.html.

216. Reading, CL, Wien, F. Health Inequalities and Social Determinants of Aboriginal Peoples' Health. Prince George, BC: National Collaborating Centre for Aboriginal Health; 2013.

217. National Inquiry into Missing and Murdered Indigenous Women and Girls. Reclaiming Power and Place: The Final Report of the National Inquiry into Missing and Murdered Indigenous Women and Girls, Volume 1A. National Inquiry into Missing and Murdered Indigenous Women and Girls; 2019.

218. Matheson, K, Seymour, A, Landry, J, Ventura, K, Arsenault, E, Anisman, H. Canada's Colonial Genocide of Indigenous Peoples: A Review of the Psychosocial and Neurobiological Processes Linking Trauma and Intergenerational Outcomes. International Journal of Environmental Research and Public Health. 2022; 19(11):6455.

219. Truth and Reconciliation Commission of Canada. Truth and Reconciliation Commission of Canada: Calls to Action. Truth and Reconciliation Commission of Canada; 2015.

220. Greenwood, M, Lindsay, N, King, J, Loewen, D. Ethical Spaces and Places: Indigenous Cultural Safety in British Columbia Health Care. AlterNative: An International Journal of Indigenous Peoples. 2017; 13(3):179–89.

221. Fallon, B, Lefebvre, R, Trocmé, N, Richard, K, Hélie, S, Montgomery, HM, *et al*. Denouncing the Continued Overrepresentation of First Nations Children in Canadian Child Welfare: Findings from the First Nations/Canadian Incidence Study of Reported Child Abuse and Neglect—2019. Ontario: Assembly of First Nations; 2021.

222. Christensen, J. Indigenous Housing and Health in the Canadian North: Revisiting Cultural Safety. Health & Place. 2016; 40:83–90.

223. Castro Lopes, S, Holly, L, Kickbusch, I. Mapping Policies and Regulations for Safe and Healthy Digital Environments for Children and Adolescents. Global Policy; 2025.

224. Jahnel, T, Dassow, H-H, Gerhardus, A, Schüz, B. The Digital Rainbow: Digital Determinants of Health Inequities. Digital Health. 2022; 8:20552076221129093.

225. Tefera, Y, Williams, C, Stankov, I, Kickbusch, I. Digital Determinants of Health: Futureproofing the Health Promotion Community to Navigate Societal Digital Transformation. Health Promotion Journal of Australia. 2025; 36(1):e914.

226. Chidambaram, S, Jain, B, Jain, U, Mwavu, R, Baru, R, Thomas, B, *et al*. An Introduction to Digital Determinants of Health. PLOS Digital Health. 2024; 3(1):e0000346.

227. Holly, L, Demaio, S, Kickbusch, I. Public Health Interventions to Address Digital Determinants of Children's Health and Wellbeing. Lancet Public Health. 2024; 9(9):e700–e4.

228. World Health Organization. New WHO and London School of Economics Study Identifies Key Digital Factors Affecting Health. World Health Organization; 2024.

229. Kerr, S, Kingsbury, M. Online Digital Media Use and Adolescent Mental Health. Statistics Canada; 2023.

230. Benvenuti, M, Wright, M, Naslund, J, Miers, AC. How Technology Use Is Changing Adolescents' Behaviors and Their Social, Physical, and Cognitive Development. Current Psychology. 2023; 42(19):16466–9.

231. Colder Carras, M, Aljuboori, D, Shi, J, Date, M, Karkoub, F, García Ortiz, K, *et al*. Prevention and Health Promotion Interventions for Young People in the Context of Digital Well-Being: Rapid Systematic Review. Journal of Medical Internet Research. 2024; 26.

232. Dienlin, T, and Johannes, N. The Impact of Digital Technology Use on Adolescent Well-Being. Dialogues in Clinical Neuroscience. 2020; 22(2):135–42.

233. Chen, T, Ou, J, Li, G, Luo, H. Promoting Mental Health in Children and Adolescents through Digital Technology: A Systematic Review and Meta-Analysis. Frontiers in Psychology. 2024; Volume 15 – 2024.

234. Lee, J, Zarnic, Z. The Impact of Digital Technologies on Well-Being: Main Insights from the Literature. OECD Papers on Well-being and Inequalities. 2024; (No. 29).

235. United Nations High-Level Panel on Digital Cooperation. The Age of Digital Interdependence: Report of the UN Secretary-General's High-Level Panel on Digital Cooperation. United Nations; 2019.

236. Peterson, L. The Measurement of Non-Economic Inequality in Well-Being Indices. Social Indicators Research. 2014; 119(2):581–98.

237. Health Equity Policy Directorate, Strategic Policy Branch. What We Heard Report: Strengthening Sex- and Gender-Based Analysis Plus Integration in Surveillance. [Internal]. Public Health Agency of Canada; 2024.

238. Statistics Canada. The System of National Quality-of-Life Statistics: Future Directions. Statistics Canada; 2022.

239. Pearce, LA, Borschmann, R, Young, JT, Kinner, SA. Advancing Cross-Sectoral Data Linkage to Understand and Address the Health Impacts of Social Exclusion: Challenges and Potential Solutions. International Journal of Population Data Science. 2023; 8(1):2116.

240. Lawson, J. eHealth Data Standards and Data Stewardship for Social Determinants of Health in Support of Ontario Learning Health Systems: A State-of-the-Art Review of the Literature. McMaster University; 2022.

241. de Bienassis, K, Fujisawa, R, Hashiguchi, TCO, Klazinga, N, Oderkirk, J. Health Data and Governance Developments in Relation to COVID-19: How OECD Countries Are Adjusting Health Data Systems for the New Normal. OECD Publishing; 2022.

242. Buckeridge, D. An Evidence-Informed Vision for a Public Health Data System in Canada. National Collaborating Centres for Public Health; 2022.

243. Naumova, EN. Public Health Inequalities, Structural Missingness, and Digital Revolution: Time to Question Assumptions. Journal of Public Health Policy. 2021; 42(4):531–5.

244. Shaghaghi, A, Bhopal, RS, Sheikh, A. Approaches to Recruiting 'Hard-to-Reach' Populations into Re-Search: A Review of the Literature. Health Promotion Perspectives. 2011; 1(2):86–94.

245. Public Health Agency of Canada. Chief Public Health Officer of Canada's Report on the State of Public Health in Canada 2019: Addressing Stigma—Towards a More Inclusive Health System. Ottawa, ON: Public Health Agency of Canada; 2019.

246. Kelly-Irving, M, Ball, WP, Bambra, C, Delpierre, C, Dundas, R, Lynch, J, *et al*. Falling Down the Rabbit Hole? Methodological, Conceptual and Policy Issues in Current Health Inequalities Research. Critical Public Health. 2023; 33(1):37–47.

247. Hulvej Rod, M, Hulvej Rod, N, Russo, F, Klinker, CD, Reis, R, Stronks, K. Promoting the Health of Vulnerable Populations: Three Steps Towards a Systems-Based Re-Orientation of Public Health Intervention Research. Health & Place. 2023; 80:102984.

248. Thimm-Kaiser, M, Benzekri, A, Guilamo-Ramos, V. Conceptualizing the Mechanisms of Social Determinants of Health: A Heuristic Framework to Inform Future Directions for Mitigation. Milbank Q. 2023; 101(2):486–526.

249. Adsul, P, Shelton, RC, Oh, A, Moise, N, Iwelunmor, J, Griffith, DM. Challenges and Opportunities for Paving the Road to Global Health Equity through Implementation Science. Annual Review of Public Health. 2024; 45(Volume 45, 2024):27–45.

250. Longworth, GR, Goh, K, Agnello, DM, Messiha, K, Beeckman, M, Zapata-Restrepo, JR, *et al*. A Review of Implementation and Evaluation Frameworks for Public Health Interventions to Inform Co-Creation: A Health Cascade Study. Health Research Policy and Systems. 2024; 22(1):39.

251. Lobb, R, Colditz, GA. Implementation Science and Its Application to Population Health. Annual Review of Public Health. 2013; 34 (Volume 34, 2013):235–51.

252. Isaranuwatchai, W, Bayoumi, AM, Renahy, E, Cheff, R, O'Campo, P. Using Decision Methods to Examine the Potential Impact of Intersectoral Action Programs. BMC Research Notes. 2018; 11(1):506.

253. Asirvatham, R, Nelson, A, Northam, J, Lucyk, K. Methods for Evaluating Intersectoral Action Partnerships to Address the Social Determinants of Health: A Scoping Review. Health Promotion and Chronic Disease Prevention Canada. 2024; 44(10):440–9.

254. Owino, M, Dryden, O, Este, D, Etowa, J, Husbands, W, Nelson, L, *et al*. A Manifesto for Transformative Action on HIV among Black Communities in Canada. Canadian Journal of Public Health. 2024; 115(2):245–9.

255. Black Health Equity Working Group. Engagement, Governance, Access, and Protection (EGAP): A Data Governance Framework for Health Data Collected from Black Communities in Ontario. Alliance for Healthier Communities; 2021.

256. Husbands, W, Massaquoi, N, Owino, M, Este, D. Black Scholarship on HIV and Health: Configuring Public Health for Black Emancipation. Canadian Journal of Public Health. 2025; 116(2):170–3.

257. Muller da Silva, M. A Moral Economy of Care: How Clinical Discourses Perpetuate Indigenous-Specific Discrimination and Racism in Western Canadian Emergency Departments. Medical Anthropology Quarterly. 2024; 38(3):328–41.

258. Lines, L-A, Jardine, CG. Identifying and Applying a Strength-Based Research Approach in Indigenous Health. International Journal of Qualitative Methods. 2025; 24:16094069241310273.

259. Rowe, R, Bull, J, Walker, J. Indigenous Self-Determination and Data Governance in the Canadian Policy Context. In:2020. p. 81–98.

260. First Nations Information Governance Centre. The First Nations Principles of OCAP®. First Nations Information Governance Centre; 2021; Available from: https://fnigc.ca/ocap-training/.

261. Métis Centre of the National Aboriginal Health Organization. Principles of Ethical Métis Research. Ottawa, ON: National Aboriginal Health Organization; 2011.

262. Inuit Tapiriit Kanatami. National Inuit Strategy on Research. Inuit Tapiriit Kanatami; 2018.

263. Geddes, B. Measuring Wellness: An Indicator Development Guide for First Nations. First Nations of British Columbia, Ktunaxa Nation Council; 2015.

264. Wien, S, Miller, AL, Kramer, MR. Structural Racism Theory, Measurement, and Methods: A Scoping Review. Front Public Health. 2023; 11:1069476.

265. Redvers, N, Lockhart, F, Zoe, JB, Nashalik, R, McDonald, D, Norwegian, G, *et al*. Indigenous Elders' Voices on Health-Systems Change Informed by Planetary Health: A Qualitative and Relational Systems Mapping Inquiry. Lancet Planet Health. 2024; 8(12):e1106–e17.

266. Fraser, SL, Gaulin, D, Fraser, WD. Dissecting Systemic Racism: Policies, Practices and Epistemologies Creating Racialized Systems of Care for Indigenous Peoples. International Journal for Equity in Health. 2021; 20(1):164.

267. Davey, F, McGowan, V, Birch, J, Kuhn, I, Lahiri, A, Gkiouleka, A, *et al*. Levelling up Health: A Practical, Evidence-Based Framework for Reducing Health Inequalities. Public Health in Practice. 2022; 4:100322.

268. World Health Organization. Working Together for Equity and Healthier Populations: Sustainable Multisectoral Collaboration Based on Health in All Policies Approaches. Geneva: World Health Organization; 2023.

269. Declaration of Alma-Ata. World Health Organization; 2019; Available from: https://www.who.int/publications/i/item/declaration-of-alma-ata.

270. Institute of Health Equity. Marmot Places. Institute of Health Equity; 2025.

271. Public Health Scotland. Bold New Collaboration to Tackle Health Inequalities Launches in Three Local Areas in Scotland. Public Health Scotland; 2025.

272. Kerr, D, Barnes, E. Ending Heath Inequalities: A New Network of 'Marmot Cities'. Our Scottish Future; 2022.

273. Alice Munro. Coventry—A Marmot City: An Evaluation of a City-Wide Approach to Reducing Health Inequalities. Institute of Health Equity; 2020.

274. Marmot Monitoring Tool. Coventry City Council; Available from: https://www.coventry.gov.uk/marmot-monitoring-tool.

275. Ottawa Charter for Health Promotion: An International Conference on Health Promotion. Ottawa, ON: Government of Canada; 1986.

276. Public Health Agency of Canada. A New Perspective on the Health of Canadians. Government of Canada; 2001.

277. Public Health Agency of Canada. Chief Public Health Officer of Canada's Report on the State of Public Health in Canada 2021: A Vision to Transform Canada's Public Health System. Ottawa, ON: Public Health Agency of Canada; 2021.

278. Puska, P, Ståhl, T. Health in All Policies—the Finnish Initiative: Background, Principles, and Current Issues. Annual Review of Public Health. 2010; 31(Volume 31, 2010):315–28.

279. Villegas-Gomez, TM, Sundewall, J. 'Health in All Policies": Effect on Health Outcomes and Collaboration among Welfare Actors. European Journal of Public Health. 2024; 34(Supplement_3).

280. World Health Organization. Health in All Policies: Helsinki Statement—Framework for Country Action. World Health Organization; 2014.

281. Brown, AF, Ma, GX, Miranda, J, Eng, E, Castille, D, Brockie, T, *et al*. Structural Interventions to Reduce and Eliminate Health Disparities. American Journal of Public Health. 2019; 109(S1):S72-S8.

282. Kapiriri, L, Essue, BM. Lessons Learned from a Global Analysis of Priority Setting Practices in Pandemic Response Planning. Health Policy. 2024; 144:105075.

283. Dedewanou, FA, Allin, S, Guyon, A, Pawa, J, Ammi, M. Prioritization of Public Health Financing, Organization, and Workforce Transformation: A Delphi Study in Canada. BMC Public Health. 2023; 23(1):544.

284. Kapiriri, L, Essue, B, Bwire, G, Nouvet, E, Kiwanuka, S, Sengooba, F, Reeleder, D. A Framework to Support the Integration of Priority Setting in the Preparedness, Alert, Control and Evaluation Stages of a Disease Pandemic. Global Public Health. 2022; 17(8):1479–91.

285. Mikkonen, J. Intersectoral Action for Health: Challenges, Opportunities, and Future Directions in the WHO European Region. Faculty of Graduate Studies, Graduate Program in Health. Toronto: York University; 2018.

286. de Leeuw, E. Intersectoral Action, Policy and Governance in European Healthy Cities. Public Health Panorama. 2015; 1(2):175–82.

287. Such, E, Smith, K, Woods, HB, Meier, P. Governance of Intersectoral Collaborations for Population Health and to Reduce Health Inequalities in High-Income Countries: A Complexity-Informed Systematic Review. International Journal of Health Policy and Management. 2022; 11(12):2780–92.

288. Mondal, S, Van Belle, S, Maioni, A. Learning from Intersectoral Action Beyond Health: A Meta-Narrative Review. Health Policy and Planning. 2021; 36(4):552–71.

289. Poirier, M. Centre intégré de santé et de services sociaux de l'Outaouais. Cadre d'analyse systémique en Outaouais. Presentation: Journées annuelles de santé publique (JASP); 2024. Available from: https://www.inspq.qc.ca/jasp/municipalites-inclusives-resilientes-et-durables-approche-systemique-pour-guider-laction. (available in French only)

290. Centre intégré de santé et de services sociaux de l'Outaouais. Infographie - Ensemblepour des milieux de vie de qualité. Gouvernement du Québec; 2023. Available from: https://cisss-outaouais.gouv.qc.ca/wp-content/uploads/2023/11/Offre-de-services-aux-municipalites.pdf. (available in French only)

291. Public Health Agency of Canada. Mental Health Promotion Innovation Fund. Government of Canada; 2023.

292. Public Health Agency of Canada. Overview: The Intersectoral Action Fund. Government of Canada; 2024.

293. Organisation for Economic Co-operation and Development. How to Make Societies Thrive? Coordinating Approaches to Promote Well-Being and Mental Health. OECD Publishing; 2023.

294. Public Health Agency of Canada. Mental Health Promotion Innovation Fund (MHP-IF) – Action and Knowledge on the Determinants of Health among People and Communities in Canada. Government of Canada; 2020.

295. World Health Organization. Global Mapping Report on Multisectoral Actions to Strengthen the Prevention and Control of Noncommunicable Diseases and Mental Health Conditions: Experiences from around the World. Geneva: World Health Organization; 2023.

296. First Nations Public Service Secretariat. First Nations Well Being Fund: Program & Application Guide. First Nations Public Service Secretariat; 2025.

297. Initiative montréalaise de soutien au développement social local. Cadre de référence. Coalition montréalaise des tables de quartier; 2024. (available in French only)

298. Coalition montréalaise des tables de quartier. Rapport d'activités 2022-2023. Coalition montréalaise des tables de quartier; 2023. (available in French only)

299. Coalition montréalaise des tables de quartier. Rapport d'activités 2023-2024. Coalition montréalaise des tables de quartier; 2024. (available in French only)

300. Chaire de recherche du Canada : Approches communautaires et inégalité de santé. Tool for Assessing the Effects of Local Intersectoral Action. Chaire de recherche du Canada : Approches communautaires et inégalité de santé.

301. Sanchez-Pimienta, CE, Giroux, D, Masuda, J. Giiwe: An Indigenous-Led Model for Inter-Organizational Homelessness Prevention. The International Indigenous Policy Journal. 2024; 15(1).

302. United Nations General Assembly. United Nations Declaration on the Rights of Indigenous Peoples. United Nations General Assembly; 2007.

303. Department of Justice Canada. About the Act. Government of Canada; 2025; Available from: https://www.justice.gc.ca/eng/declaration/legislation.html.

304. Assembly of First Nations. United Nations Declaration on the Rights of Indigenous Peoples. Assembly of First Nations; Available from: https://afn.ca/rights-justice/united-nations-declaration-on-the-rights-of-indigenous-peoples/.

305. Department of Justice Canada. Implementing the United Nations Declaration on the Rights of Indigenous Peoples Act. Government of Canada; 2024.

306. Department of Justice Canada. United Nations Declaration on the Rights of Indigenous Peoples Act: Action Plan. Government of Canada; 2023.

307. National Centre for Truth and Reconciliation. ReconciliACTION Plans. National Centre for Truth and Reconciliation; Available from: https://nctr.ca/education/educational-programs/reconciliaction-plans/.

308. Government of British Columbia. Indigenous Gender Based Analysis Plus (IGBA+) Toolkit. Government of British Columbia.

309. National Inquiry into Missing and Murdered Indigenous Women and Girls. Calls for Justice. National Inquiry into Missing and Murdered Indigenous Women and Girls; 2019.

310. Assembly of First Nations. National Action Plan to Implement the United Nations Declaration on the Rights of Indigenous Peoples [Resolution 17/2021]. Assembly of First Nations.

311. Government of British Columbia. Declaration on the Rights of Indigenous Peoples Act. Government of British Columbia; 2024.

312. Department of Justice Canada. News Release—Third Annual Progress Report on the Implementation of the UN Declaration on the Rights of Indigenous Peoples Act Highlights Progress and Points to Where Further Work Is Needed. Government of Canada; 2024.

313. Welsh Government. Well-Being of Future Generations (Wales) Act 2015: The Essentials – Guidance on Our Law to Improve Social, Economic, Environmental and Cultural Well-Being. Welsh Government; 2015.

314. Welsh Government. Statistics: Wellbeing of Wales: 2024. Welsh Government; 2024.

315. Green, L, Ashton, K, Azam, S, Dyakova, M, Clemens, T, Bellis, MA. Using Health Impact Assessment (HIA) to Understand the Wider Health and Well-Being Implications of Policy Decisions: The COVID-19 'Staying at Home and Social Distancing Policy' in Wales. BMC Public Health. 2021; 21(1):1456.

316. World Health Organization. Compendium Report on Multisectoral Actions for the Prevention and Control of Noncommunicable Diseases and Mental Health Conditions: Country Case Studies.: World Health Organization; 2024.

317. University of Waterloo. Canadian Index of Wellbeing: Our Index. University of Waterloo; Available from: https://uwaterloo.ca/canadian-index-wellbeing/what-we-do/how-it-works/our-index.

318. Canadian Index of Wellbeing. How Are Canadians Really Doing? The CIW National Report 2025. Waterloo, ON: Canadian Index of Wellbeing, University of Waterloo; [In Press].

319. Canadian Index of Wellbeing. Our Wellbeing Survey. University of Waterloo.

320. African Nova Scotian Road to Economic Prosperity. Halifax Partnership; Available from: https://halifaxpartnership.com/research-strategy/african-nova-scotian-economic-strategy/#:~:text=Launched%20in%202021%2C%20the%20African,outcomes%20for%20African%20Nova%20Scotians.

321. African Nova Scotian Road to Economic Prosperity. African Nova Scotian Prosperity and Well-Being Index 2024. African Nova Scotian Road to Economic Prosperity; 2024.

322. Espace MUNI. Évaluation d'impact sur la santé. Espace MUNI; Available from: https://espacemuni.org/programmes/communautes-en-sante/evaluation-dimpact-sur-la-sante/. (available in French only)

323. Métis Nation. Métis Vision for Health. Métis Nation.

324. Nisga'a Lisims Government. Strategy. Nisga'a Lisims Government; Available from: https://www.nisgaanation.ca/government/quality-of-life/strategy/.

325. Crown-Indigenous Relations and Northern Affairs Canada. Inuit Nunangat Policy. Government of Canada; 2022.

326. First Nations Health Authority, Office of the Provincial Health Officer. First Nations Population Health and Wellness Agenda. First Nations Health Authority, Office of the Provincial Health Officer; 2021.