



HEALTHY CANADIANS AND COMMUNITIES FUND:

LEARNINGS AT A GLANCE



Public Health
Agency of Canada

Agence de la santé
publique du Canada

Canada

**TO PROMOTE AND PROTECT THE HEALTH OF CANADIANS THROUGH LEADERSHIP, PARTNERSHIP,
INNOVATION AND ACTION IN PUBLIC HEALTH.**

—Public Health Agency of Canada

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Photo credits:

Vivo for Healthier Generations Society



ABOUT THE PROGRAM

The Healthy Canadians and Communities Fund is a Public Health Agency of Canada funding program. It's part of the Programs and Performance Division in the Centre for Chronic Disease Prevention and Health Equity.

The program aims to prevent the main chronic diseases of cancer, diabetes and cardiovascular disease. It funds interventions that address the common behavioural risk factors to prevent these chronic diseases, which are:

- tobacco use
- unhealthy eating
- physical inactivity

The program also focuses on priority populations who face health inequalities and are at greater risk of developing chronic disease, including:

- Indigenous Peoples
- newcomers to Canada
- people with disabilities
- 2SLGBTQIA+ communities
- people living on low incomes
- racialized communities (such as Black and South Asian)





The objectives of the Healthy Canadians and Communities Fund are to:

- invest in interventions that address health inequalities
- encourage multi-sectoral participation in chronic disease prevention
- uncover new ways to address the risk factors for chronic disease

Our approach to project funding has 3 phases: design, implement and scale. This approach recognizes the importance of supporting projects at various stages:

1. Design: Initial design of an intervention with a priority population and developing multi-sectoral partnerships.
2. Implement: Project delivery with partners and evaluating the intervention.
3. Scale: Expand an evaluated intervention that has been shown to work in order to:
 - impact greater numbers **or**
 - alter cultural norms **or**
 - change policies



Overview: Healthy Canadians and Communities Fund

PROGRAM HIGHLIGHTS

Unique Program Initiatives: Highlights

Supporting small organizations through the application process

In late 2022, we came up with a new initiative to offer direct mentorship and capacity-building support to select organizations as they developed their proposals. This was to ensure that smaller and less well-resourced organizations, with strong project ideas, wouldn't be disadvantaged during our application process. In early 2023 we hired the Tamarack Institute to support applicants during our Implement Phase 2023 application process. We'll evaluate this experimental initiative and adapt it as required to:

- continually improve our commitment to equity
- ensure all applicants have an equal chance to succeed during our solicitation process

Better enabling the collection and use of SGBA+

The Healthy Canadians and Communities Fund is committed to using a Sex and Gender Based Analysis Plus (SGBA+) approach to project:

- planning
- monitoring
- implementation
- evaluation

This requires funded organizations to collect and disaggregate sociodemographic data. Between 2022 and 2023, we launched a new initiative to help funded organizations to collect and disaggregate sociodemographic data for SGBA+ analysis. We hired Goss Gilroy to interview organizations receiving funding and learn about the challenges they face in collecting and analyzing this data. Some of the issues we heard about included:

- SGBA+ terminology
- privacy and confidentiality concerns related to small sample sizes
- limited human resource capacity
- ethics processes



We also conducted an environmental scan to identify promising data collection and generation approaches that are ethical, culturally responsive, and community controlled.

We'll share these findings with funded organizations and use them to inform new approaches for the 2023 to 2024 year.

Collaborating across the health portfolio for bigger impact

Between 2022 and 2023, we co-funded 3 intervention research initiatives as part of the Canadian Institute of Health Research's Implementation Science Team Grants. This joint funding opportunity is aimed at advancing evidence on how to improve population health outcomes and health equity within urban contexts. Our contributions support interventions specifically focused on:

- chronic disease risk
- how multi-sectoral partnerships can create:
 - active neighbourhoods
 - supportive communities
 - healthy food environments

This collaboration started with an understanding that working across departments with shared interests can be more efficient and impactful for the public. It took a while to organize our different funding programs to advance our shared interests in this area. Thanks to a great deal of collaboration and vision we now have a combined **\$27 million** federal investment to support the scale-up of healthy cities initiatives. This will contribute to our collective understanding of what works, for whom, and in what contexts.



Healthy Cities Implementation Science Team Grants

AT A GLANCE: THE PROGRAM BY THE NUMBERS

BETWEEN 2022 AND 2023, THE PROGRAM INVESTED OVER

\$24 million and supported **55** new and ongoing projects, including:

- support to projects in the North
- projects that align with the common vision for increasing physical activity and reducing sedentary living in Canada

The project investments included:

- **\$18,160,857** for **35** projects under the Multi-sectoral Partnerships to Promote Healthy Living and Prevent Chronic Disease Program¹
- **\$6,393,305** for **20** design phase projects

Funded projects leveraged over **\$92 million** from matched funding as in-kind and financial contributions from a range of partners, including:

- private sector organizations
- non-profit organizations
- healthcare companies
- universities or research institutions
- municipal and provincial governments

Learn more:



[Healthy Canadians and Communities Fund: Current and previously funded project map](#)



[A Common Vision for increasing physical activity and reducing sedentary living in Canada: Let's Get Moving](#)



Photo credits:
Farm to Cafeteria school H.C. Avery Middle School
(Winnipeg, MB)

PROJECT RESULTS

This section highlights results from a subset of projects with available data for the 2022 to 2023 year. Results are presented in line with our logic model.²

Project reach and insights represent all phases of projects. Design phase projects do not collect medium- and long-term outcomes.

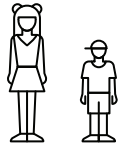
HEALTHY CANADIANS AND COMMUNITIES FUND LOGIC MODEL		
Long-term outcomes	Project participants have improved health behaviours.	Project participants have improved health status.
Medium-term outcomes	Environments are improved to support ongoing healthy behaviours.	Project participants have increased capabilities to support ongoing healthy behaviours.
Short-term outcome	Priority populations participate in healthy living and chronic disease prevention interventions.	
Output	Priority populations are identified and chronic disease prevention interventions are ready for implementation.	



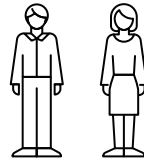
Project reach

In the 2022 to 2023 year, funded projects reached over **500,000** people across Canada.

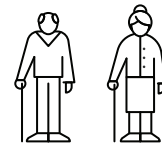
AGE



62.2%
child and youth



31%
adult



6.8%
older adults

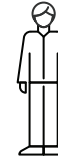
GENDER



69.5%
female



29.3%
male



1.2%
another gender

RURAL OR URBAN AREA



24%
living in rural areas



76%
living in urban areas

Engaging communities is a cornerstone of the Healthy Canadians and Communities Fund. However, to do it in a meaningful way is not an easy task. Our funded partners encountered and addressed a range of challenges as they sought to engage with populations of focus, including:

- high drop-out rates due to:
 - lack of time
 - readiness to participate
 - personal or medical issues
- challenges in applying eligibility criteria
- concerns related to cultural safety and COVID-19
- limited project resources dedicated to recruitment

Organizations demonstrated impressive ingenuity over the last year in addressing these challenges, achieving success by:

- encouraging flexibility in participation, even if someone missed an activity
- attending related events to promote the project, such as Pride festivals
- providing transportation assistance, such as free bus tickets
- regularly following up with participants by phone or email
- differing incentives such as gift cards or fitness devices to encourage physical activity tracking

“[We experienced] challenges in reaching young adults who identify as 2SLGBTQI+ who might not be out, or might not be ready to seek out tailored supports for health behaviours.”

University of Toronto's Expand project



Project outcomes: Social environments

Roughly **40%** of participants reported that social environments were improved to support healthy behaviour and well-being.

“Interviewees suggested that programs foster social connections through interactions with program staff and other participants, enhances knowledge of healthy foods, and improves access to healthy foods.”

Cowichan Green Community Society’s Transforming Tea and Toast: Bringing Seniors Together for Health project

“Compared to traditional parks, 24% more socialization interactions between children were observed at Play Hubs. A parent shared that the opportunities to interact with other kids and adults at the Play Hub had a huge impact on helping his son improve his social skills.”

Vivo for Healthier Generations Society’s Vivo Play project

Project outcomes: Knowledge and skills

Roughly **54%** of participants demonstrated improved knowledge or skills to support healthy behaviours.

“Through a variety of hands-on learning opportunities (indoor and outdoor growing, harvesting, preparation, cooking, etc.), as well as serving themselves from a healthy selection of foods at their food service, students developed knowledge and skills to make healthy food choices. Students learned about the soil and water their food is produced in and developed an appreciation for how planetary health is linked with their own health.”

Farm to Cafeteria Canada’s Farm to School project, an initiative of the Social Planning and Research Council of BC

“Through play facilitated by Play Ambassadors at the Play Hubs, children had significant opportunities to grow their skills. This included soft skills such as teamwork, perseverance, imagination, and leadership, as well as fundamental movement skills such as balance, locomotion, and fine motor skills.”

Vivo for Healthier Generations Society’s Vivo Play project

Project outcomes: Health behaviours

Roughly **53%** of participants reported improved health behaviours, including healthy eating, physical activity and smoking.

HEALTHY EATING

“Having access to well-priced fruits and veg over the winter allowed me to eat more of them.”

Community Food Centres Canada’s Market Greens participant³

“I went from eating no fruits and vegetables due to their expense, to eating a variety of them every week because it was affordable with the [food] prescription.”

Community Food Centres Canada’s Market Greens participant³

Photo credits: Farm to Cafeteria school—École secondaire de Saint-Anselme (Saint-Anselme, QC)



PHYSICAL ACTIVITY

“Preliminary analysis shows that cultural burning provides significant physical exercise, with some participants tracking up to 20kms with the fitbit on an average day.

Participants expressed satisfaction and pride in being able to do something tangible to help heal their lands and protect their communities.”

Gathering Voices Society's Caring for the Land, Caring for Each Other: Health and Well-being from Indigenous Fire Management Programs project

SMOKING

“The challenge was the perfect incentive to give up smoking once and for all. It was something I had been meaning to do for a while and it feels like a massive personal accomplishment to be able to know I can now resist the urge to smoke.

I feel like smoking in the LGBTQ+ community is romanticized and I'm really happy to see that efforts are being made to end this.

As a student, I feel that I'm gaining more financial freedom by stopping smoking and I'm starting to deal with my stress head-on rather than turning to nicotine.”

University of Toronto's Expand participant





Project outcomes: Health status

Roughly **39%** of participants reported improved health status, including psychological and physiological health (like wellbeing and fitness).

“[I was] clear minded, better focused when doing mental work, looked forward to making healthy meals, less anxious, stress went down very much. [I was] not always worried about food for 15 weeks or more and looked forward to going to community garden to get fresh herbs and lettuce.

[I] stopped having nightmares about not having food.”

Community Food Centres Canada's Market Greens participant



WHAT WE HEARD

While quantitative data is important, we increased our efforts to analyze qualitative data from funded organizations and their participants. This section highlights some of the insights from projects' hands-on experiences.

Funded projects expressed that critical elements influencing their projects included:

- partnerships
- people and project management
- flexibility
- working with priority populations

Partnerships

Partnerships contributed to the success of projects by:

- providing financial and in-kind resources, such as:
 - staff
 - volunteers
 - equipment
 - community spaces
- leveraging expertise of partners, including program implementation and evaluation experience
- extending the project reach and building meaningful connections with the community

“The ‘magic’ of the PL4C intervention is related to the partnerships, collaborations and relationships formed.”

Sport for Life's Physical Literacy for Communities project

“ We engage with partners who are already in the community, and who consistently show up for seniors. This creates a sense of trust and has been a critical entry point for the Neighbours Project team to be able to create relationships with seniors.”

Sinai Health Systems’ Neighbours: A Multi-sectoral Partnership to Promote Healthy and Connected Aging project

“ The municipalities have been a key factor in the success of the project so far. This ranged from in-kind support, helping to identify the advisory group members, and guiding the overall project within their municipality.”

ParticipACTION’s ParticiPARKS project

Building and maintaining partnerships is not without challenges. The most common difficulties were:

- limited partner capacity, including staff and volunteer availability and turnover
- variations in how partners delivered the intervention activities
- longer than expected timeframes, slow responses and delays in implementation
- time and capacity to build new partnerships and engage multiple sectors
- challenges with communication and scheduling

“ There is still a significant variation among the partners in terms of capacity to run the program ...in the food prescription space, there is almost no consistency in how different stakeholders describe, design, or run their programs.”

Community Food Centres Canada’s Market Greens project

“ As always, the ability of partners to contribute to the project is dependent on their own funding, organizational priorities, schedules as well as unforeseen circumstances.”

Government of PEI’s LiveWell PEI Online Platform project



People and project management

Project staff and volunteers were instrumental in project results. Factors that contributed to the success of the project included:

- ensuring representation from the project's priority population among staff
- using collaborative technology to enable working across teams and sites
- friendly, engaging, non-judgmental, respectful staff
- regular meetings and communication with staff
- low staff turnover and consistency year-to-year
- creating a safe space and empowering staff

“Communicating in an understanding, respectful, inviting, and welcoming manner helped to build a positive experience for participants and contributed to their adherence to the program.”

Western University's Hockey Fans In Training project



“The possibility of the project team spending long periods on the ground and the flexibility of the main funders ensured that the allocation of funds met community needs.”

CEGEP de Victoriaville’s Design of a Nordic living lab on social and technological innovation in agri-food project

When people management wasn’t as strong, this presented a challenge for many projects. Key issues included:

- high staff turnover, especially:
 - students
 - contract employees
 - in lower-level positions
- hiring delays and challenges recruiting staff, particularly in specialized roles
- difficulty recruiting and maintaining volunteers
- high amounts of sick leave, partially due to COVID-19

Need for flexibility

The ability to adapt and be flexible in response to challenges was critical to success. The challenges the COVID-19 pandemic presented, such as unexpected closures and illnesses, amplified the need for flexibility. Projects adapted by:

- modifying recruitment methods
- pivoting activities online or modifying in-person activities
- improving evaluation procedures as problems arose
- adjusting the timing of programming
- adapting the budget based on context shifts

We worked with funded organizations to adjust project budgets and evaluation plans, and approve changes, as needed.

“We have learned that virtual programming is just as valuable as in-person — for seniors with mobility issues, those who are uncomfortable with being in gatherings due to COVID, and those who have conflicting priorities and might not be able to make in-person sessions.”

Sinai Health Systems’ Neighbours: A Multi-sectoral Partnership to Promote Healthy and Connected Aging project

Working with priority populations

Many funded projects, particularly those in the design phase, focus on priority populations who:

- face health inequalities
- are at greater risk of developing chronic disease

Meaningful engagement with priority populations was key for success, so projects shared important considerations for:

- building trust
- fostering cultural competency
- appreciating individuality



BUILDING TRUST

Building trust:

- takes time
- comes from strong communication with the priority population
- requires actively including the priority population and people with lived experience in all aspects of the project
 - For example, through an advisory group.
- benefits from working with other organizations with similar line of work and priority populations

“There was an underestimation of how long it would take to engage with community members in a meaningful way. The group did not account for the time it would take to go through recruitment and engagement processes.

There needs to be considerable thought around how to build and develop on-going relationships with Black communities in a meaningful way that moves beyond the project and shows genuine interest in community engagement. One way to address this is by having Black-led, Black-serving organizations leading such work.”

Centre for Addiction and Mental Health’s Equitable Health: Improving Cessation Outcomes within Black Communities project

FOSTERING CULTURAL COMPETENCY

Ways to foster cultural competency include:

- everyone involved in the process demonstrating cultural competency
- recognizing that priority populations may have had negative experiences with oppressive research studies in the past
- culturally adapted or translated materials, interpreters and childcare, which can reduce barriers to participation

“Our team worked to reduce barriers to participation, by translating materials, having interpreters, and providing childcare and an incentive to participate. This helped to engage 87 community members with diverse lived experiences.”

University of Guelph’s Co-designing interventions to increase healthy eating and physical activity project

APPRECIATING INDIVIDUALITY

Appreciating individuality involves:

- honouring individuality while recognizing universal experiences of stigma
- understanding that representation matters
 - Ensure members of the priority population and people with lived experience lead and collaborate on program activities.
- allowing flexibility in program design to customize based on feedback from the priority population
- recognizing and celebrating cultural and religious diversity
 - There are cultural and religious considerations across different priority population subgroups that also need to be considered in engagement and intervention activities.

“The means of communication were well adapted to the priority subgroups, a plain language approach and the use of accessible communication at all literacy levels made it possible to reach the target individuals. The tools were highly adapted to the people in our target audience, including the creation of a comic book explaining the project to help those with a very low level of literacy. (Translation)”

Nature Quebec's Pour des Villes Vivante



MOBILIZING KNOWLEDGE

Sharing project results and lessons learned is an important part of the Healthy Canadians and Communities Fund. At the project level, organizations engaged in a wide range of knowledge sharing activities. These included:

- community meetings
- conference presentations
- TikTok and Instagram posts
- evaluation reports
- academic publications

Many projects mentioned the importance of engaging the intended audience and tailoring how they shared knowledge accordingly.



PROJECT SPOTLIGHT:

24-Hour Movement Guidelines for Adults and Older Adults

The Canadian Society for Exercise Physiology led the development of Canadian 24-Hour Movement Guidelines for Adults. They provide evidence-based recommendations for how much physical activity, sedentary behaviour and sleep adults in Canada need over a 24-hour period to obtain health benefits. Materials are available in English, French and Punjabi.

The society developed movement behaviour messaging to reflect equity and accessibility. They also created the world's first sedentary behaviour recommendations for adults.

The guidelines reached roughly 12 million people in Canada, along with accompanying materials such as:

- scientific guidelines documents
- a communications toolkit
- a communications campaign

Based on population-level surveys of over 1,000 people in Canada, the dissemination strategies used to target the general public were low to moderately successful. Roughly 30% of respondents reported that they were familiar with the guidelines following their official launch.

Learnings from this initiative encourage future projects to:

- begin the knowledge mobilization process early
- ensure flexible and reflexive leadership
- prioritize evaluation alongside the knowledge mobilization process
- engage partners with capacity for knowledge mobilization



The Canadian 24-Hour Movement Guidelines

PROJECT SPOTLIGHTS

Farm to Cafeteria Canada's Farm to School: Canada Digs In!

Canada Digs In! was a partnership initiative that applied a farm-to-school approach to chronic disease prevention. The Social Planning and Research Council of BC led the initiative, which lasted for 5 years between 2017 and 2022.

The initiative set out to grow Canada's farm-to-school movement by giving more students, from kindergarten to campus, an opportunity to:

- access healthy, local food at school
- participate in hands-on food literacy
- strengthen connections to their local communities and food systems



QUICK FACTS

- **96%** of schools reported increased student consumption of healthy food.
- **95%** reported students had greater knowledge and were more aware about gardening, agriculture and the environment.
- **89%** reported that students' food literacy skills had improved.
- **87%** of schools increased the amount of local food they procured and provided to students.
- **86%** of schools reported that students had improved knowledge of the origin of their food.
- **72%** developed local procurement contracts with one or more farmers or other local food providers.

“With respect to food service, time to enjoy snacks and meals together was emphasized as time well spent. Many schools used their programs as a way to bring the school together and foster a sense of vibrancy.”

Farm to Cafeteria Canada's Farm to School project, an initiative of the Social Planning and Research Council of BC



Canada Digs In!

Vivo Play Project

The Vivo for Healthier Generations Society in Calgary led the Vivo Play project for 4 years between 2018 and 2022. The initiative aimed at getting children, youth and families:

- outside
- moving
- more connected to public park spaces

Creating play hubs was central to this project. These community gathering spaces were brought to life using shipping containers filled with play equipment and materials to inspire:

- creative play
- risk taking
- a sense of belonging among kids

Trained play ambassadors helped to facilitate free and unstructured play.

An evaluation of the project after it ended in November 2022 showed a 24% increase in social interaction at play hubs compared to traditional parks. Children at play hubs achieved the recommended 60 minutes of moderate to vigorous physical activity per day. The project was successful in:

- encouraging different types of play
- fostering positive social interactions
- getting children outdoors and active, especially during the COVID pandemic



QUICK FACTS

- **6** public park spaces activated across North-Central Calgary
- **300** volunteers trained as play ambassadors
- **11,500** participants engaged through play hubs

“Children playing at our Play Hubs experienced a more holistic developmental experience (physically, mentally, socially, emotionally, and spiritually) compared to children who play at traditional playgrounds.

Parents have said that the Play Hubs act as a social connector that brings them together so that they can get to know their neighbours in a safe way.

Parents commented that they “never knew what their child could do,” but after seeing how capable their child really was, the parent felt that they were able to trust them more to be independent.”

Vivo for Healthier Generations Society's Vivo Play project



Vivo Play Project

Build Smoke-Free

Build Smoke-Free ran for 5 years between 2018 and 2023. The Canadian Cancer Society led the project, and worked with:

- Ottawa Public Health
- Ellis Don
- The Centre for Addiction and Mental Health
- Johnson and Johnson

The program aimed to address tobacco use in the construction industry, where smoking rates are higher than the national average. Workers in the construction trades are less likely to seek traditional health promotion supports and more likely to face barriers to cessation.

This unique model addressed individual and environmental factors, using evidence-based tools to:

- support efforts to stop smoking
- protect all workers on site from second-hand smoke
- shift workplace culture



QUICK FACTS FROM 2019 TO 2022:

- **57%** reported decreasing their level of nicotine dependence from intake to the 6 month follow-up
- **30%** reported an increase in their health status
- Participants were **6 times** more likely to be smoke-free at the program's 6 month mark, compared to those quitting on their own.
- **110** construction sites engaged
- **14** site campaigns and 5 online quit challenges from 6 provinces
- **2,094** registered participants including 1,203 quitters and 891 supporters

“My health improved. I had better relationships. More sleep cause before I was a heavy smoker. I used to smoke two packs a day, so I was constantly waking up in the middle of the night for cigarettes, so I wasn't sleeping properly so my sleep definitely improved.”

Canadian Cancer Society's Build Smoke Free participant

Learn more:



[Build Smoke-Free](#)



[Canadian Cancer Society](#)

Photo credits:
Build Smoke Free, Karen B. Kuzmich (Toronto, ON)

ENDNOTES

- ¹ The Multi-sectoral Partnerships to Promote Healthy Living and Prevent Chronic Disease (MSP) program was phased out and replaced by the Healthy Canadians and Communities Fund (HCCF).
- ² Project reach and insights represent all phases of projects. Quantitative results represent a subset of projects with available data. Medium- and long-term outcomes are not collected by Design Phase projects.
- ³ Community Food Centres Canada results reflect activities from 2020 to 2023.

