

# EVALUATION OF THE HEALTHY LIVING PROGRAM



Indigenous Services  
Canada

Services aux  
Autochtones Canada

## Evaluation Temporal/ Financial Coverage:

- 2013-14 to 2018-19
- The total materiality over the scope of the evaluation is approximately \$426 million.
- This evaluation focused solely on First Nations communities. The Inuit element of the program will be evaluated at a later date, TBD.
- British Columbia does not fall within the geographic scope of the evaluation.

## Evaluation Assessed the Following Domains:

- Relevance
- Effectiveness (Program Delivery)
- Efficiency
- Best Practices
- Service Transfer
- COVID-19 Impacts

## Evaluation Involved 3 Sub-Programs:

1 Aboriginal Diabetes Initiative (ADI)

2 Canada's Tobacco Strategy

3 Nutrition North Canada Nutrition Education Initiatives (NNCNEI)

### Relevance

- The Healthy Living Program remains to be relevant. Current and ongoing health issues contributing to the need for the program include: deep rooted health inequities faced by First Nation communities and the impact of the social determinants of health on programming.

### Effectiveness (Program Delivery)

- Both key informant interview respondents and survey respondents reported that the Healthy Living Program is operating effectively, however the flexibility of the program to tailor to each community's needs makes overall effectiveness difficult to determine.
- The Aboriginal Diabetes Initiative has made progress in community-based health promotion and primary prevention to foster a high level of satisfaction among community partners.
- While the evaluation did not provide conclusive findings on the effectiveness of the ISC component of the Canada's Tobacco Strategy, Indigenous-led reporting showed success around key indicators towards outcomes. The integration of traditional tobacco practices is reported to be successful.
- The flexibility of the Nutrition North Canada Nutrition Education Initiatives is a contributing factor in the program's success, despite challenges reported with the program's eligibility requirements.

### Efficiency

- Access to adequate financial resources has impacted the program's ability to recruit and retain staff and provide sufficient capacity development opportunities for staff.
- Performance measurement systems exist to collect data for the Healthy Living program. However, the administrative data tools are not performing optimally and there are some important gaps in supporting Indigenous-led data management at the community, regional, and national levels.

### Service Transfer

- As part of the ISC strategic plan, the program is working towards eventual service transfer by moving away from set towards more flexible funding arrangements.
- However, there remain hurdles to transferring financial responsibilities to communities directly. For example, the administrative aspect of service transfer (i.e., management tools, financial oversight, databases, etc.) is crucially lacking, along with concerns regarding funding requests to ISC from communities once service transfer is completed.

### COVID-19 Impacts

- Many planned activities of the Program (e.g., gathering in groups for activities such as cooking classes, school engagements) had effectively been delayed or put on hold due to public health measures and the redirection of community priorities.
- In many cases, the Program has successfully pivoted to providing programming online though it was more difficult in remote areas with limited internet access.

### Best Practices

- Incorporating Traditional Tobacco Practice
- Intra-regional Aboriginal Diabetes Initiative Working Groups
- Land-Based Activities and integrating an environmentally focused approach to education
- National Indigenous Diabetes Association Resource Booklet
- Manitoba Region: Diabetes Integration Project, Food Security Coordinator, and Tribal Diabetes Coordinators
- Atlantic Region: Diabetes Self-Management Journey
- Alberta Region: Food Security Activities

# MANAGEMENT RESPONSE AND ACTION PLAN (MRAP)

**Recommendation #1:** Work with the ISC Chief Data Officer (CDO), ISC Chief Information Officer (CIO) and the ISC Director General responsible for Performance Measurement to liaise with First Nations partners to support the development of a data strategy to improve the availability of Healthy Living performance data at the community, regional and national levels. Options should take into consideration (but not be limited to): Indigenous data sovereignty; data sharing mechanisms; data standardization; reducing reporting burdens; Gender Based Analysis Plus (GBA Plus); and gradual service transfer.

**Action 1.1:** Undertake scoping and gaps analysis of data used for Healthy Living Program. (Q1 2023-24)

**Action 1.2:** Engage Indigenous expert(s) to advise on indicators for Healthy Living related outcomes. (Q2 2023-24)

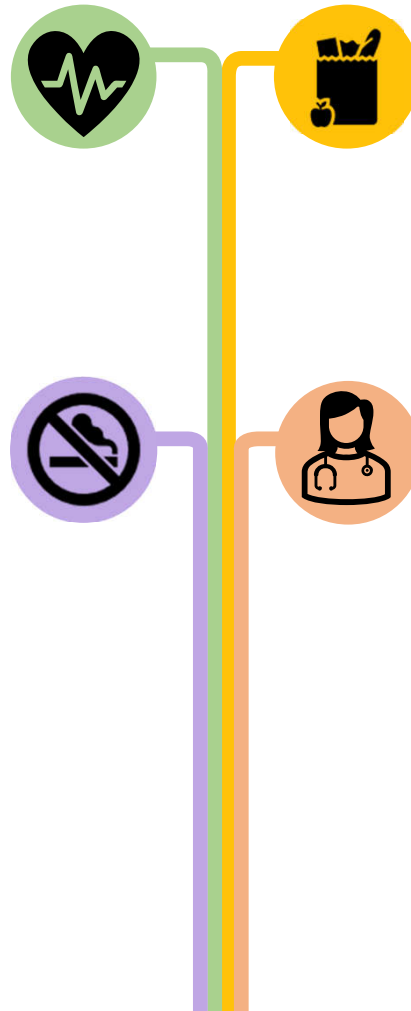
**Action 1.3:** Develop Options for updating Healthy Living indicators and Data Collection Instruments. (Q3 2023-24)

**Action 1.4:** Update Performance Information Profiles and Data Collection Instruments for Healthy Living. (Q4 2023-24)

**Recommendation #3:** Support First Nations and health systems partners to continue incorporating Indigenous-led principles or a potential framework that highlights and integrates traditional practices and teachings into the Healthy Living program.

**Action 3.1:** Have discussions with First Nations partners through regional networks, as well as with organizations such as the National Indigenous Diabetes Association, to support sharing approaches that integrate traditional practices and teachings. (Q1 2023-24)

**Action 3.2:** Report on activities that have taken place, including new approaches used to share the integration of traditional practices in programming and services. (Q4 2023-24)



**Recommendation #2:** ISC to work with First Nations and health systems partners to explore potential mechanisms for increased, sustainable funding to better support community capacity in the design and delivery of Healthy Living programming based on the unique needs and priorities of communities, taking into consideration remoteness and gradual service transfer.

**Action 2.1:** Meet with Assembly of First Nations to discuss priorities and needs as they relate to chronic disease prevention and management in communities. (Q4 2022-23)

**Action 2.2:** Explore potential mechanisms for increased, sustainable funding to better support community capacity in the design and delivery of Healthy Living programming.

**Action 2.3:** Have discussions with regional officials, other ISC sectors and other federal government departments to explore opportunities for increased support for Healthy Living programs and services. (Q1 2023-24)

**Action 2.4:** Report on potential considerations. (Q2 2023-24)

**Recommendation #4:** Building on best practices, explore opportunities to support the sharing of information among Healthy Living workers and across sub-programs, as a way to continually improve efficiencies and identify common needs and best practices at the regional and community level.

**Action 4.1:** Identify current mechanisms for sharing of Healthy Living information with First Nations partners and communities. (Q1 2023-24)

**Action 4.2:** Meet with First Nations partners and regional networks to build on existing and identify new opportunities to share promising or best practices among communities and partners. (Q1 2023-24)

**Action 4.3:** Establish mechanisms for the regular sharing of best practices. (Q4 2023-24)