

Evaluation of the Intersectoral Action Fund, 2021-2022 to 2024-2025

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List of Acronyms

AAFC	Agriculture and Agri-Food Canada
ESDC	Employment and Social Development Canada
EDI	Equity, Diversity, and Inclusion
HCCF	Healthy Canadians and Communities Fund
HiAP	Health in All Policies
ISAF	Intersectoral Action Fund
PHAC	Public Health Agency of Canada
SGBA Plus	Sex- and Gender-Based Analysis Plus
SDOH	Social determinants of health
SDGs	Sustainable Development Goals
WHO	World Health Organization

Executive Summary

Background and Evaluation Scope

The Intersectoral Action Fund (ISAF) is a grant program that aims to improve population health and community resiliency and reduce health inequities through upstream actions on the social determinants of health (SDOH).¹ Upstream actions focus on improving the systems and conditions that shape people's health, such as income, education, and housing.

Being the first program of its kind at the Public Health Agency of Canada (PHAC), the ISAF was introduced in 2021 in response to the health disparities that were exacerbated during the COVID-19 pandemic. The ISAF supports interventions at the upstream level that address the social, political, and economic factors that shape health and healthy behaviours. To do so, it engages intersectoral partners and diverse community members, including those with lived experience, throughout project's conception, design, governance, and implementation. Projects are expected to demonstrate inclusive governance, give attention to intersecting identities, and promote collaboration and mutual learning for all partners involved. After they document issues related to SDOH and potential solutions and actors, funded projects aim to raise awareness among health and non-health sectors about the crucial role they can play collaboratively to implement solutions.

From 2021-2022 to 2025-2026, the ISAF provided funding ranging between \$25,000 and \$250,000 to a total of 55 projects for either one or two-year periods. As of 2024, it has also funded the three territorial governments, through the Northern Wellness Approach, to implement upstream approaches. Grants were chosen as the funding mechanism to reduce the reporting burden on community-based organizations and maximize immediate impact. The ISAF is currently slated to end on March 31, 2026.

Findings

Relevance

With its focus on intersectoral and upstream actions to address the SDOH, the ISAF aligns with the Agency's responsibility and priorities related to health promotion and chronic disease prevention.

ISAF stands out in Canada due to its dedicated focus on documenting needs in terms of intersectoral action and upstream interventions, potential solutions, and non-health players

to address SDOH. Worldwide, only the United States has a similar program. However, domestically, a number of other programs or projects are funding interventions to address identified needs in specific areas of health promotion or chronic disease prevention. For example, PHAC's Healthy Canadians and Communities Fund (HCCF) covers downstream, midstream, and upstream interventions to enhance healthy living and the Mental Health of Black Canadians (MHBC) Fund integrates some aspects of upstream prevention but is targeted to support the needs of Black communities in Canada.

The Canadian Institutes of Health Research also have programs in these areas for which only academic researchers are eligible. Other federal departments have an important role in addressing the SDOH but there is a continued need to build further awareness on how their mandates have an impact on public health. Outside of the federal government, municipalities, provinces, universities and non-for-profit organizations are supporting the implementation of various intersectoral projects that focus on addressing upstream SDOH.

Achievement of outcomes

Funded projects documented specific SDOH issues to address, how and by whom. To do so, they had to build connections with non-health sectors. They strengthened collaborative structures and capacities, introduced mechanisms to support intersectoral actions and built trust across sectors that were not used to working together. The Tamarack Institute for Community Engagement (referred to as Tamarack) was also funded to support project capacity building and foster knowledge sharing through experience exchange and case studies. As a result of ISAF funding, funded projects developed new partnerships or enhanced existing ones and engaged with a broad range of stakeholders and sectors, helping them to understand community needs.

Overall, the program gained insight into how intersectoral collaborations can make progress in improving the SDOH. Based on this new knowledge, funded projects created a variety of documents for dissemination and mobilized new generated knowledge among actors, outside of the health sector, to raise awareness about how they could contribute to health outcomes and encourage them to take action. Most projects' reach was greater than expected among a broad range of equity-deserving populations and organizations. Produced documents will also remain available and are expected to sustain project efforts by providing a better understanding of the SDOH. As well, projects have put mechanisms in place to sustain their achievements overtime such as the following:

- establishing converging ways of working with intersectoral partners;
- developing trust and recognizing synergies;

- expanding partnerships, work scope or geographical coverage; and
- receiving additional funding from other sources.

Of note, assessing long-term improvements on the SDOH is not part of the evaluation's scope and cannot be done based on the current available data.

Design and delivery

The ISAF's broad scope approach helped capture a variety of pressing SDOH issues in communities, alongside various organizations committed to potential actions to address them. However, this broad scope also resulted in the program receiving 1,300 proposals between 2021 and 2024, even though it had the ability to fund only 55 projects. However, only a low proportion of proposals met the upstream requirements (10% in 2021 and 23% in 2024) despite program efforts to provide additional clarification and resources to applicants. This highlights the high community demand for addressing SDOH and the need for more supportive, clearer, and more focused calls for proposals.

Overall, funding recipients and applicants were satisfied with most of the program design features, although opportunities remain around narrowing the application process, using plain language in application documents, simplifying the process to be more inclusive of smaller organizations; and setting funding timelines that allow for a greater impact. The geographical distribution of funded projects showed that some provinces, especially Quebec, had less coverage than others, relative to their population.

The initial one- and then two-year project funding was dictated by the pace at which the program was receiving its funding approval. However, some projects started before or continued after ISAF with funding received from other sources. Their experience showed that funding projects for three years instead of one or two would have helped them raise greater awareness among non-health decision makers and implement solutions with them. Reaching these last steps of the cycle was not possible within projects funding timeframe.

Lessons learned

The program is scheduled to end on March 31, 2026. As such, this evaluation is providing lessons learned from the ISAF experience that could be useful for other programs in the future.

Lesson learned 1: There may be an opportunity to explore how to integrate upstream interventions into existing programs.

While there are other PHAC programs that do some upstream work (e.g., the Mental Health Promotion Innovation Fund), ISAF has a unique approach due to its explicit focus on community-based upstream action to address the SDOH. Upstream action also requires intersectionality, which was successfully integrated into the program. Considering that the program is ending, there may be an opportunity to integrate considerations in advancing upstream action addressing the SDOH into other existing PHAC programs.

Lesson learned 2: PHAC has an opportunity to define its role vis-à-vis other departments and determine what levers it can use to foster intersectoral collaboration in the context of its mandate and current capacity.

The SDOH touch on the mandate of multiple federal departments that have expertise and levers to address specific issues, but do not necessarily include a public health angle in their policies and programs. The ISAF's broad scope and approach was instrumental in understanding community needs better in relation to the SDOH, identifying potential contributors and actions needed to address them. Interdepartmental collaboration could help maximize effects by leveraging the resources and expertise of relevant departments. In this context, PHAC has an opportunity to assess what levers it has, beyond G&Cs funding, to foster progress in this area.

Lesson learned 3: Ensuring that open solicitations for G&Cs funding clearly articulate eligibility requirements, especially for innovative programs with relatively new concepts, will help balance the efforts required from applicants and Agency staff. Using targeted solicitations or a narrower scope could be considered, as appropriate.

The ISAF received significantly more applications than it could support during its two open solicitation processes, and a relatively small proportion of these applications targeted upstream interventions. Submitting applications is time-consuming for applicants,

especially those in small organizations, and significant involvement of federal public servants from multiple organizations is required to assess these proposals. In addition, more clarity is needed in defining and explaining with concrete examples the term 'upstream' in call for proposals documentation. Improvements implemented by the program in 2024 partially alleviated the process, but significant improvements are still needed.

Lesson learned 4: Aligning expectations for results at the program level with the length of the projects funding period.

Ultimately, ISAF funding aimed to enhance system level factors that shape health behaviours and status among participants. While assessing results achieved for long-term outcomes was not part of the scope of this evaluation, evidence analyzed suggest that project funding which was granted on a one or two year basis was likely too short to allow projects to implement the full cycle of actions needed to foster improvements on SDOH. Aligning program expectations or goals to what is possible in terms of duration of project funding would help to better demonstrate results achieved.

Program Description

This report presents the results of the Evaluation of the Activities of the Public Health Agency of Canada (PHAC)'s Intersectoral Action Fund (ISAF).

Background

Prior to, and throughout the COVID-19 pandemic, communities across Canada encountered significant and multifaceted public health challenges. These challenges have disproportionately affected populations marginalized by structural inequities within social, economic, and environmental systems. Systemic barriers including racism, discrimination, and related forms of exclusion have contributed to increased vulnerability and poorer health outcomes among these communities.²

Collaborative health promotion and chronic disease prevention strategies can play a critical role in improving the everyday conditions that shape health across the lifespan of an individual, from birth to old age. These conditions, known as the social determinants of health (SDOH), include key factors such as income, housing, and food security, all of which significantly influence individual and population health outcomes. Improving the SDOH may require coordinated efforts beyond the health sector. Intersectoral action refers to the efforts and actions undertaken between health and non-health sectors, such as housing, to enhance health equity. It supports the idea that good health is a collective outcome that depends on shared goals, responsibilities, and unified actions.³

Program Context

The ISAF is a grants program that aims to improve population health and community resiliency as well as reduce health inequities through upstream action on the SDOH. Introduced in 2021, it is the first PHAC program with a dedicated focus on upstream intersectoral actions to improve the SDOH. The program was established in response to the health disparities exacerbated during the COVID-19 pandemic, and in recognition of the societal, economic, legal, and political structures and norms that shape these disparities.

The ISAF supports interventions at upstream level that tackle the social, political, and economic factors that shape health and healthy behaviours. To do so, it focuses on intersectoral actions; meaning that it engages partners from various sectors other than health and diverse community members, including those with lived experience, throughout project conception, design, governance, and implementation.

Upstream interventions

Although definitions may vary, upstream interventions focus on improving the systems, such as laws and policies, and conditions that shape people's health—like income, education, and housing. Changing these bigger factors can help prevent health problems before they start and offer everyone a fair chance to live a healthy life.

Examples of upstream interventions from ISAF include the creation of policy briefs to advocate for mental-health-in-all-policies, the launch of a web portal with resources on best practices for inclusion in transportation-related climate action, the creation of food network to address food insecurity and literacy.

In contrast, midstream interventions are aimed at reducing group vulnerabilities and mitigating existing inequities. These vulnerabilities mainly manifest in the people's environmental and living conditions. Downstream interventions support people who are already experiencing health impacts. They focus on changing individual behaviours that are strongly linked to poor health outcomes, on building skills, and on treating resulting health issue. Examples of midstream and downstream interventions would be projects

The program focuses on projects that address disparities in the SDOH, reflect local contexts, and community needs. Projects are expected to demonstrate inclusive governance, attention to intersecting identities, and promote collaboration and mutual learning for all partners involved. They are set to document specific SDOH affecting communities, and how local actors outside of the health sector can work with the health sector to contribute to related health outcomes. This generated knowledge is meant to raise awareness among these non-health organizations about the impact they may have and encourage them to take action.

Since its creation, ISAF provided funding ranging between \$25,000 and \$250,000 to a total of 55 projects. Additional projects from the 2024 call for proposals were only funded in 2025-2026 and are out of scope for this evaluation. Between 2021–2022 and 2024–2025, ISAF's total expenditures reached \$11.2 million, including \$9.2 million for grants and \$2 million for salaries and operations. ISAF also funded the Northwest Territories and Nunavut in 2024-2026 and Yukon in 2025-2026 through the Northern Wellness Approach, for a total of \$375,000 for 2024-2025 and 2025-2026. This funding was not examined in the evaluation.

ISAF was awarded funding on an annual basis through the 2020 Fall Economic Statement⁴ and the 2021 Economic Fiscal Update,⁵ and thereafter secured funding over three years through 2023 Budget.⁶ As a result, up to 2023, funded projects received a one-

year grant, while the projects funded in 2024 received a two-year grant. Grants were chosen as the funding mechanism to reduce the reporting burden on community-based organizations and maximize immediate impact. The full program timelines can be found in Appendix C. The ISAF program is delivered by the Centre for Chronic Disease Prevention and Health Equity, within the Health Promotion and Chronic Disease Prevention Branch, with the support of the Centre for Grants and Contributions.

Evaluation Scope and Approach

The evaluation assessed the program's relevance, effectiveness, as well as the strengths and challenges of its design and delivery. Since the funding is ending, the evaluation aimed to draw lessons learned on what worked and what could have been improved with this innovative program.

The *Promoting Health Equity: Intersectoral Action on the Social Determinants of Health Program* (ISASDH) program includes collaboration components with National Collaborating Centre for Public Health, and with other departments, as well as the ISAF, which is the community-based component of this broader program. The evaluation examined only the ISAF piece from 2021-2022 to 2024-2025. The reason is that the other two components are different in nature from community-based funding, and were also not renewed through the 2023 Budget. Finally, the scope put less emphasis on the funding to the Tamarack Institute for Community Engagement (referred to as Tamarack) that was provided to support capacity building in community-based projects.

The evaluation is based on a review of program documentation, performance information, financial information, and the literature as well as a jurisdictional scan. Twenty interviews were also conducted with staff from PHAC (7 interviews with 13 individuals) and funding recipients (13 individual interviews). In addition, a survey was completed by 24 funding recipients representing 47% of projects funded from 2021 to 2024 and by 122 unsuccessful applicants. The response rate for unfunded applicants was relatively low (23%) and only those who applied to the 2024 solicitation were invited to complete the survey. When reviewing the report, readers should keep in mind that survey results from unfunded applicants may not be fully representative of the perspective of all these applicants. Similarly, it is noted that grant reporting is, by nature, more limited than for contributions as grants are used for their greater flexibility and lower reporting burden on funded organizations. Thus, a limited number of questions were asked in their final report and only immediate outcomes were covered. See methodology and evaluation questions in Appendix A and a list of program outcomes in Appendix B.

Findings

Relevance

Key Takeaways: The ISAF contributes to PHAC's responsibilities and priorities on health promotion and chronic disease prevention, and aligns well with the World Health Organization (WHO)'s Health-in-all-policies (HiAP) framework. Unlike ISAF, only a few programs at PHAC consider upstream aspects on limited areas or populations. Other departments include health considerations in their performance framework, but collaboration to address the SDOH remains limited. Some upstream projects are also implemented at the municipal level.

Alignment with PHAC's mandate

The ISAF supports PHAC's core responsibility on health promotion and chronic disease prevention, and addresses the priorities highlighted in the 2019 and 2021 Minister of Health mandate letters to promote healthy behaviours and environments, support upstream population-level interventions, collaborate on health equity, strengthen public health systems and advance intersectoral action across the environmental health, food safety, and disease prevention areas in coordination with other federal departments.^{7,8}

ISAF aligns with the recommendations from the Chief Public Health Officer of Canada's 2020 to 2023 annual reports' and the 2022-2025 priorities for the former Chief Public Health Officer, which emphasized the need for intersectoral collaboration, climate action, and equity-focused public health systems that address the social and structural determinants of health—such as housing, access to care, and Indigenous self-determination—while fostering community resilience and advancing integrated, and multisectoral approaches through initiatives like HiAP.^{9,10,11,12} Stakeholders engaged during ISAF's initial planning in 2021 highlighted the importance of investing in, and using an intersectoral approach to address the SDOH. Additionally, 95% of survey respondents, both funded and unfunded, believed that the need for upstream and intersectoral action on the SDOH in their community was high or very high.

Complementarity with key public health approaches and other programs

A literature review and jurisdictional scan of international programs focused on upstream and intersectoral action to address SDOH found that the ISAF's approach of funding community-based projects that document SDOH issues, potential actors and solutions is unique in Canada. However, there are projects and initiatives, at the local level, that use intersectoral collaboration to interventions to address identified needs in specific areas of health promotion or chronic disease prevention.¹³ Internationally, only the US has a similar funding program since 2021.¹⁴ A few other countries have focused on HiAP frameworks by establishing local boards to oversee and ensure policy changes, but do not have funding schemes.^{15,16,17,18}

Health-in-all Policies (HiAP)

The WHO's HiAP promotes policymaking that systematically considers health impact on decisions across all sectors. This approach aims to create synergies, prevent negative health outcomes from non-health policies, and improve both population health and health equity.

The ISAF philosophy closely aligns with the WHO's HiAP approach, which promotes policymaking that systematically considers the health impacts of decisions across all sectors.^{19,20} Project reports demonstrated full alignment with three of the four HiAP pillars of governance and accountability, ways of working, and resources, financing, and capabilities, and partial alignment with the fourth pillar of leadership at all levels due to the local nature of funded projects. See the Achievement section.

The ISAF also complements other PHAC programs that address health promotion and chronic disease prevention in diverse ways. For example, the Healthy Canadians and Communities Fund (HCCF),²¹ which focuses on primary prevention for chronic diseases, mostly targets downstream interventions, although some recently funded projects promote healthy social environments, built environments, and food environments (midstream intervention). The Mental Health of Black Canadian (MHBC) Fund²² integrates some upstream aspects, but focuses on the needs of Black communities in Canada.

There are also other Health Portfolio initiatives that address the SDOH, such as the Canadian Institutes of Health Research's Moving Upstream fund,²³ for which only academic researchers are eligible and Healthy Cities Research Initiative,²⁴ which focus on built environments.

Other federal departments deliver programs and policies that aim to advance health outcomes and may play key roles in addressing the SDOH. In particular, departments such as Employment and Social Development Canada (ESDC) and Agriculture and Agri-Food Canada (AAFC) are both engaged in food safety, with ESDC also addressing homelessness.^{25,26} Although they contribute to improving the SDOH, there is currently no joint approach to funding projects that address, at system level, these cross-cutting issues that affect public health. PHAC explored possible collaboration with ESDC and AAFC but this work did not advanced due to difficulties in aligning solicitation timelines, and an inability to get additional funding approved to support joint initiatives.

At the provincial level, Quebec has a program to support healthy public policies (*Programme de soutien aux politiques publiques favorables à la santé*) but provides no funding opportunity.^{27,28} There is no evidence of other government programs in Canada that are similar to ISAF. However, some municipalities, provinces, and universities have been supporting the implementation of upstream projects, initiatives or programs that address the SDOH. For example,

- The Rapid Housing Initiative, led by the Canada Mortgage and Housing Corporation, supports the development of new affordable housing for vulnerable populations across Canada, in collaboration with other levels of government.²⁹
- In British Columbia, the FireSmart Community Funding Program builds wildfire resilience through community planning and education.³⁰
- The Green Municipal Fund, administered by the Federation of Canadian Municipalities, helps municipalities across Canada to reduce greenhouse gas emissions and adopt sustainable infrastructure.³¹

In addition, a few foundations offer localized community-based funding addressing social equity but not necessarily upstream action. These include BC Healthy Communities' PlanH³² funding, which is available for municipalities and Indigenous organizations, the Vancouver Foundation's System grants,³³ and the Calgary Foundation's Community grants.³⁴ Of note, only 13% of surveyed applicants (funded and unfunded) were aware of other funding opportunities they could have accessed had the ISAF not been available.

Achievement of outcomes

Key Takeaways: Partners and stakeholders from various sectors were actively engaged in projects that reached diverse populations. Overall, ISAF funding helped strengthen collaborative structures and capacities, and introduced mechanisms to support intersectoral action. Projects mobilized knowledge to sustain their outcomes, while Tamarack supported capacity building and fostered knowledge sharing through exchange on experiences and case studies. Projects raised decision-makers' awareness of barriers to addressing the SDOH and highlighted the importance of improving them. That said, it is not possible to know whether ISAF will lead to actual long-term improvements on SDOH.

Projects are reaching a broad range of partners, stakeholders and populations

One of ISAF's key immediate outcomes is the development and strengthening of cross-sectoral partnerships. Final reports from projects funded in 2021-2022 and 2022-2023 indicate a total of 103 and 130 collaborative partnerships, respectively. Partners were involved in increasing reach, testing interventions, sharing resources and knowledge and, in some cases, helping with evaluation. External interviewees emphasized that, beyond the increase in the number of partnerships, there was a significant diversification in the types of partners involved. Many of these new collaborators came from sectors that had not historically engaged in addressing the targeted issues. While some partners did not initially see themselves as potential contributors to engagements that helped understand community needs, this diversification was widely viewed as a major improvement, fostering cross-sectoral synergies and amplifying the overall impact of the initiatives.

These partnerships enabled projects to reach a large number of individuals, though the extent of that reach varied significantly depending on each project's nature and scope. Key targeted populations reached included equity-deserving groups; racialized communities; Indigenous communities; children, youth and older adults; individuals with low income; and immigrants and refugees, among others.

Surveyed funding recipients collectively reported that a total of 17,000 individuals were engaged across various target populations. In total, the 55 ISAF-funded projects addressed 15 distinct areas, including the environment and climate change, built environments, racism and discrimination, healthy childhood development, healthy living, access to health and social services, mental health, substance use, education, the criminal justice system, or cross-cutting approaches such as inclusive governance. See Table 1 for examples.

Table 1: Examples of areas covered and associated projects

Category	Example of projects
Data	Creation of a data mobilization plan and initiative to gain a deeper understanding of how social determinants of health, mental health, and substance use are interconnected throughout a person's life to conduct predictive modelling and lifespan trajectories to influence policies and practices.
Gender	Understanding root causes and drivers of sexual violence; identifying the multi-sectoral policy structures that inform strategic priority setting; and developing internal processes and tools to support intersectoral action on sexual violence prevention.
Economic status	Seeking to create new approaches for women and gender diverse peoples to increase their economic security and independence, with a particular focus on women who have experienced intimate partner violence through interviews and research to understand gaps in current initiatives. Of note, PHAC's family violence initiative is funding already identified interventions, while ISAF is looking at the contextual level to identify actions to be taken across sectors to reduce family violence.
Inclusive governance	Development and implementation of an Equity Lens to be applied to policy and decision-making processes of a municipal government.

Several projects reported having achieved important milestones for sustainability such as creating conditions for working across sectors with diverse partners, developing trust among partners, and identifying possible synergies. By generating knowledge to inform decision-makers, they have become trusted sources of public health information and aim to continue fulfilling that role. Some projects reported that they had expanded the scope of their work, their partnerships, or the uptake of their intervention to new locations, beyond the ISAF funding.

Projects' capacities and collaborative structures were put in place and strengthened

Most projects put in place collaborative structures that facilitated their intersectoral work. The funded projects surveyed used advisory groups with communities and people with lived experience (89%), research steering or working groups (78%), extended networks outside of the health sector (56%) and communities of practice (33%). As a result, these

structures helped formalize expectations and share work, promoted co-ownership or included geographical and cultural considerations that helped create spaces to engage and build trust.

Performance data from completed projects identified partners' input, knowledge, and shared perspectives (57%) as main facilitators for intersectoral partnerships. In addition, other enabling factors highlighted by survey respondents include relationship and network building (50%), time and resource management (43%), structured engagement or governance mechanisms (36%) as well as collecting and monitoring data on activities (21%). In contrast, the main barriers identified included unforeseen challenges such as flooding, wildfires, hurricanes, or elections limiting partners' availability (78%), organizational hesitancy or lack of political will (64%), ability to respect varied population needs, especially with sectors not used to inclusive integration efforts (30%), or managing external biases (35%). These barriers also required time to manage. To mitigate this and in light of lessons learned from the first three years of funding, in 2024-2025, ISAF provided projects with up to two years of funding.

According to survey responses, completed projects improved their capacity to:

- engage with communities (64%),
- build and maintain partnerships (58%),
- leverage partnerships to achieve common goals (58%), and
- developed dedicated capacity, resources, or tools to address a specific issue (50%).

Survey responses also showed that engagements with partners and other stakeholders had many benefits including:

- helping almost all projects (96%) to understand community needs or bring field expertise to almost all projects,
- increasing project reach (69%),
- testing interventions or contributing to deliverables (58%), and,
- sharing resources or initiating future collaboration (46%)

In 2023 and 2025, Tamarack received ISAF funding to support funded projects with capacity building and knowledge sharing. The institute offered capacity-building workshops

and community of practice sessions in chosen areas. These were supported by ISAF staff and focused on the diversity of the projects. They provided a platform to share insights with each other. Interviewed participants found these mechanisms very useful for sharing project experiences. However, short project timelines, along with projects' varying levels of maturity and leadership structures, made it difficult for some to fully participate in Tamarack-led activities.³⁵

Projects contributed to understanding barriers to addressing SDOH and build awareness among decision-makers

Projects helped document how to address specific SDOH and inform decision-makers across sectors about the importance of integrating health-focused approaches into broader policy frameworks. Decision-makers include local actors and organizations within and outside of the health sector who can contribute to related health outcomes. Performance data show that 44% of completed projects for 2021-2022 and 2022-2023, included health considerations in non-health sector policies or programs, for example, working with the Workers' Compensation Board and with the Safety Association to integrate violence prevention and psychological safety into occupational health systems and claims processes.

Examples of efforts undertaken by projects to understand issues and barriers and build awareness among decision-makers to improve the SDOH included:

- implementing data collection strategies to understand **health barriers** Indigenous communities are experiencing;
- developing a collaborative resource on employment rights and impacts for health providers to use when serving patients affected by **precarious work**;
- developing **anti-racism** training modules explaining how income and employment policies and practices may contribute to racism or amplify inequities, and meeting with policy-makers to raise awareness;
- documenting **transportation** barriers faced by Métis people living with chronic illness in their community to inform action plans and policies that would improve equitable access to medical transportation in the community;
- developing a guide for establishing and assessing the community impact of food co-ops, and how to engage with intersectoral partners to improve **food security** programming;

- documenting **housing** needs among newcomers and building a community action plan, which was shared broadly to highlight the importance of addressing housing issues with community-driven solutions at various levels; and
- documenting barriers to equitable health access for **criminalized** people and sharing them with stakeholders.

Knowledge mobilization efforts are expected to contribute to project sustainability

Knowledge mobilization was central to project work. According to completed project reporting, 134 knowledge resources were produced including final reports or impact reports, creative infographics, training and associated tools and knowledge exchange, community needs assessments, and policy and action frameworks. New knowledge was shared through presentations, educational sessions and training, community engagement and knowledge exchange, and stakeholder feedback. As reported in performance data from completed projects, the purpose of building and sharing these knowledge resources included:

- increasing understanding of the SDOH (54%);
- developing priorities or plans for collaborative action across sectors (42%);
- supporting work across sectors through tools, training or resources (30%);
- addressing the SDOH at a structural or systemic level (39%); and,
- fostering the inclusion of health considerations in non-health sector decision-making, policies, and programs (19%).

Performance data, available for round 1 only, indicate that these knowledge resources were shared with a very broad range of stakeholders including the general public (54%), target communities (38%), policymakers (31%), healthcare professionals (23%), and internal stakeholders (8%).

Moreover, ISAF staff shared program knowledge, lessons and experiences at several conferences³⁶ and through an academic paper,³⁷ while Tamarack built six case studies reflecting on project experiences. The case study documents are published on Tamarack's website.

These knowledge mobilization efforts are expected to contribute to project sustainability by sharing lessons among various audiences. However, it is not possible to assess the uptake or impact of these products and activities.

Generally, ISAF has contributed to increasing knowledge of the SDOH. For example, half of the projects completed in 2021-2022 and 2022-2023 indicated in their final reports an increased understanding of systemic and structural issues, and the need for greater intersectoral actions among partners and stakeholders. As well, surveyed leads for one-year funding projects reported learning improvements among their participants. On average they reported that 81% of project participants increased their knowledge of the SDOH, and 75% improved skills or abilities to support intersectoral actions. These project participants include, but are not restricted to, decision-makers.

Complementary funding gathered by projects during and beyond the ISAF funding also contributed to their sustainability

Moreover, half of surveyed leads for ongoing or completed projects reported receiving additional resources from partners during their ISAF funding period. These financial and in-kind contributions complement the ISAF funding and account for 26% of their total project resources on average. Most interviewees mentioned that finding additional funding opportunities was a challenge. However, a third of those surveyed from completed projects reported having received additional funding from other sources to continue with their work after the ISAF funding completion.

Design and delivery

Key Takeaways: Due its approach of having applicants identify the needs to be addressed, and the significant number of applications received for each call for proposals, the program offered key insights into the range of possible actions to address SDOH through upstream projects. However, the broad scope of the solicitations led to a small proportion of proposals meeting upstream requirements. The distribution of projects was also uneven across Canada.

A broad approach to project's eligibility resulted in deeper learning on the SDOH, but also in receiving a large volume of applications

As a result of early stakeholder engagements, ISAF's design focused on upstream actions, intersectoral collaboration to consider health outcomes in other sectors, and included an explicit focus on equity-deserving populations. Given the absence programs with similar approaches in Canada and abroad, the approach was fully exploratory. According to the internal interviewees, the two open solicitations deliberately welcomed a wide range of SDOH issues, sectors, and actions to help identify community needs in terms of the SDOH, key potential actors and opportunities for future policy development.

However, this exploratory approach came with challenges. The program received significantly more applications than expected: around 700 in 2021 and 600 in 2024. This required over 200 reviewers from 8 departments for just the first round. Only about 10% of proposals met the requirements to focus on upstream interventions in 2021.

The program enhanced its guidance for the 2024 solicitation to clarify requirements. See the next section for a description of changes made. As a result, 23% of proposals in 2024 were focused on upstream interventions and an additional 27% had upstream objectives, but had included one or more downstream activities. This was a significant improvement from 2021, but still represented a small proportion of proposals. The program explored narrowing the scope of their 2024 solicitation through consultation with various stakeholders and considered the main aspects of the Quality of Life framework.³⁸ However, in considering multiple perspectives and competing considerations, ISAF included a more explicit, but still broad focus on policy-level projects in its second solicitation.

Changes made helped improve the application and solicitation process over time but some challenges still remain

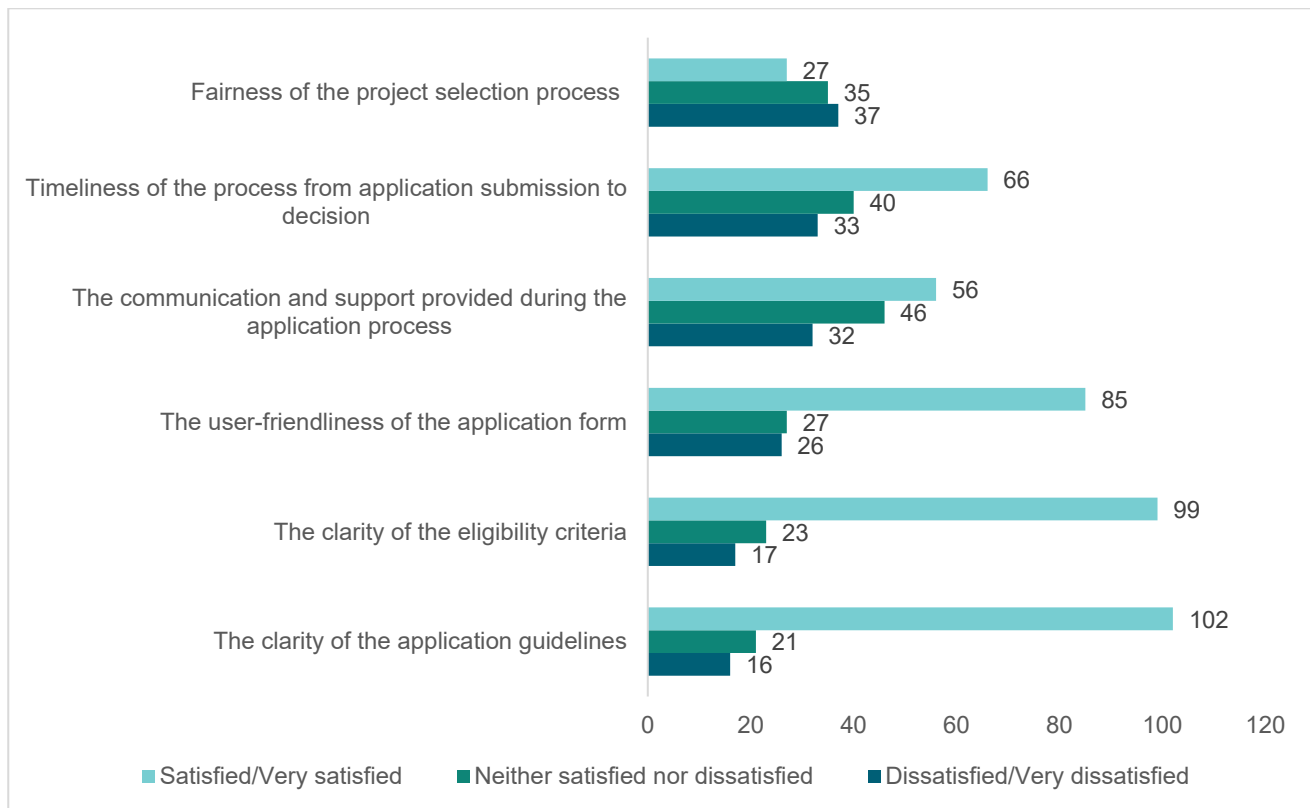
Many lessons were learned from the 2021 call for proposals, which had a one-step application process where organizations were invited to submit a full proposal. Adjustments in 2024 included the adoption of a 2-step process to reduce the burden on applicants and reviewers. At step 1, applicants were asked to submit an Advanced Screening Form including a brief overview of their project idea. Only upstream projects were invited to complete the full application for step 2. The program included more plain language definitions of upstream, intersectoral action and the SDOH in the 2024 call for proposals. The program also provided applicants with additional resources to better understand key concepts.

The program provided support for applicants through webinars in both official languages for both open solicitations and these generally reached a large audience. In 2021, 930 attended the webinar for preparing applications. In 2024, the webinar offered for step 1 was attended by 188 participants and a more detailed webinar for step 2 about Sex- and Gender-Based Analysis Plus (SGBA Plus), Quality-of-Life and HiAP considerations and was attended by 59 participants.

Overall, as shown in Figure 1, survey respondents found that the 2024 application process included clear guidelines and eligibility criteria, and a user-friendly application form, which

was highlighted by external interviews as well. Communication and support during the application process and timeliness of decisions appeared satisfactory to respondents as well. However, unfunded applicants were less satisfied with the fairness of the selection process. This split is not shown in Figure 1.

Figure 1: Satisfaction levels for key elements of the application process



Despite improvements in solicitation materials and expectations, proposals still largely diverged from the upstream level requirements in 2024, as mentioned in the previous section. This might be partly due to a lack of clarity on ISAF's unusual concepts according to both funded and unfunded interviewees. For example, 62% of surveyed unfunded applicants and 32% of funded ones indicated that the solicitation materials³⁹ supported their understanding of the term “upstream” only to a moderate or small extent, or not at all. Furthermore, approximately half of external interviewees noted that while the definitions and requirements may have been sufficiently clear for larger organizations familiar with proposal writing, grassroots organizations required more concrete examples to better understand their potential role and eligibility. Of note, in 2024, the program also continued receiving a large number of applications that included activities listed as ineligible on the website such as community kitchens or food markets. This could partially be a symptom of

the tightened fiscal environment across all levels of government, and the general reduced availability of funding opportunities for community organizations.

Most external interviewees reported that the application process was overly demanding either for themselves when they represented smaller organizations, or for the smaller organizations they worked with. They explained that this may have deterred some organizations from applying. In addition, a few unfunded survey respondents offered qualitative comments where they cited a lack of feedback on decisions, making it hard to understand rejections, and called for more coaching and applicant support.

Surveyed applicants also raised concerns about long decision timelines and short deadlines to finalize partnerships once their funding is approved, which hindered collaboration efforts, particularly for small organizations. Interviewees emphasized the time needed to engage Indigenous partners and secure letters of support, noting that respecting traditional leadership processes can delay project starts and reduce the time allocated to projects activities.

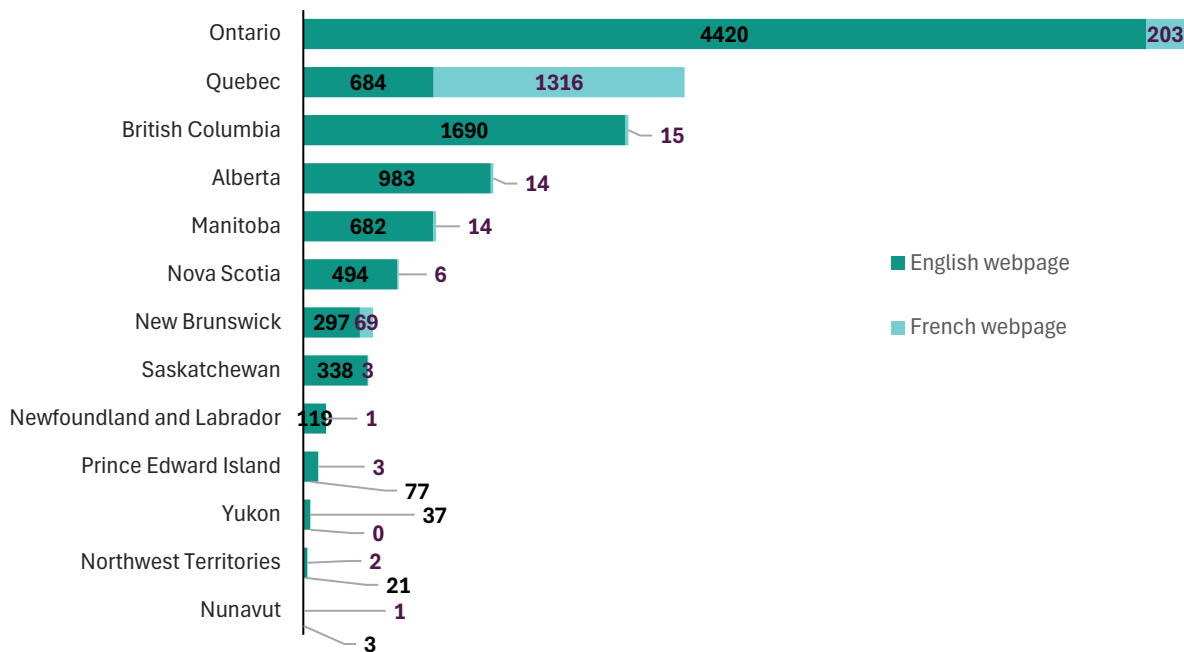
The geographic distribution of projects and funding was not proportionate to the population sizes of the provinces and territories

The ISAF program considered geographical representation in its funding decisions, but the overall merit of the project and its focus on upstream action superseded all other considerations. Application data shows initial funding disparities across regions, with the Atlantic, Northern, and Quebec regions receiving comparatively less funding. Funding for the Atlantic and Northern regions was adjusted through subsequent funding rounds and the Northern Wellness Approach, respectively.

Quebec continued to have a smaller number of proposals and an even smaller number of projects funded, considering the size of its population, in comparison with other main provinces. In addition, fewer applications from Quebec met the upstream requirement in 2021 (6% vs. 10% overall) and in 2024 (12% vs. 23% overall). Reasons explaining the lower representation of Quebec's applicants and projects are not well understood. Exploring how to best define upstream requirements in French or how to better reach potential applicants may help improve the geographic distribution of projects in future solicitations. For example, the 2024 call for proposals was posted on PHAC's funding opportunity webpage.⁴⁰ Web analytics show that this webpage was accessed less often in Quebec than in other provinces, as seen in Figure 2, especially considering the size of its

population⁴¹ and despite the program’s efforts to identify relevant stakeholders to support the dissemination of information on the solicitation in each province and territory.

Figure 2: Visits to the *Applying for the ISAF Funding (2024)* webpage in French and English



Most surveyed applicants (both funded and unfunded) learned about the opportunities through the PHAC funding opportunity website (49%) and word of mouth (38%). Fewer respondents cited email campaigns or newsletters (22%), and even fewer mentioned other channels such as online searches or social media (12%).

The length of the funding period challenged project’s ability to meet ISAF’s expectations

The evaluation did not actively examine achievements of longer-term outcomes but interviews and project reporting revealed that having projects limited to only one or two years was a challenge for sustaining intersectoral actions on SDOH, sustaining inclusion of health considerations in non-health sectors policy activities, and improving the SDOH which are goals captured in ISAF’s intermediate and ultimate outcomes. Only a few completed projects indicated in their final report that more financial resources would have helped accelerate success, but a third of completed projects would have preferred a longer funding period to develop their project and go through all the steps necessary to implement concrete solutions to address a particular issue. In interviews, projects

explained that they first needed to engage relevant partners in documenting a given public health issue requiring joint efforts across sectors to be addressed. In a second step, they needed to raise awareness based on evidence gathered, and finally they had to work with decision-makers to implement solutions. Some projects were initiated before receiving ISAF funding or continued after the end of an ISAF grant. These more advanced projects generally took 3 years to complete the full cycle of partner engagement, documenting issues, and working with decision-makers. Regardless of their level of advancement, most external interviewees confirmed that a three-year project period would be optimal for achieving full potential and maximizing ISAF investments.

Although demonstrating intersectoral partnerships was an eligibility requirement to be approved for ISAF funding, some external interviewees indicated that the approval of their project was too close to the actual start date, which left insufficient time to formalize partner engagement. Similarly, several survey respondents expressed a desire to have engaged earlier with target populations and partners, even if a few projects reported that the ISAF staff were flexible to provide extensions and support.

Conclusions and lessons learned

Conclusions

Overall, ISAF funded projects created the foundations for fruitful intersectoral work on the upstream SDOH through collaboration with sectors that would typically not be involved otherwise. Building on new and strengthened partnerships, projects were able to document how specific SDOH could be addressed, and which sectors could be key allies. This new knowledge was embedded in numerous dissemination documents, which were shared broadly to raise awareness among potential health and non-health contributors alike.

However, it is not possible to know whether ISAF will lead to actual long-term improvements on addressing the SDOH. Moreover, given that the program received its allocations on a yearly basis until 2023, projects were funded for one-year period until then. This timeframe did not provide sufficient time for projects to fully build awareness among non-health actors or work with them on implementation.

The broad exploratory scope of the calls for proposals led to a large number and variety of proposals which enabled the program to map community needs in relation to the SDOH, and better understand many areas of upstream and intersectoral approaches in Canada, and the variety of actors that could be mobilized. The review process also helped better

understand the boundaries of upstream actions, as compared to midstream and downstream ones. However, the application processes created a burden on applicants and reviewers, as only a small proportion of applicants met the upstream requirements. The definitions of core concepts such as upstream actions remain to be clarified and more broadly illustrated by concrete examples on application documents to support a sharper screening process and help smaller organizations see how they can contribute.

Finally, the experience of projects started before ISAF funding or continued after suggests that a three-year funding period would have been optimal to being able to work with decision-makers to fully raise their awareness and implement policy recommendations developed through the project.

Lessons learned

The program is scheduled to end on March 31, 2026. As such, this evaluation is providing lessons learned from the ISAF experience that could be useful for other programs in the future.

Lesson learned 1: There may be an opportunity to explore how to integrate

While there are other PHAC programs that do some upstream work (e.g., the Mental Health Promotion Innovation Fund), ISAF has a unique approach due to its explicit focus on community-based upstream action to address the SDOH. Upstream action also requires intersectionality, which was successfully integrated into the program. Considering that the program is ending, there may be an opportunity to integrate considerations in advancing upstream action addressing the SDOH into other existing PHAC programs.

Lesson learned 2: PHAC has an opportunity to define its role vis-à-vis other departments and determine what levers it can use to foster intersectoral collaboration in the context of its mandate and current capacity.

The SDOH touch on the mandate of multiple federal departments that have expertise and levers to address specific issues, but do not necessarily include a public health angle in their policies and programs. The ISAF's broad scope and approach was instrumental in understanding community needs better in relation to the SDOH, identifying potential contributors and actions needed to address them. Interdepartmental collaboration could help maximize effects by leveraging the resources and expertise of relevant departments.

In this context, PHAC has an opportunity to assess what levers it has, beyond G&Cs funding, to foster progress in this area.

Lesson learned 3: Ensuring that open solicitations for G&Cs funding clearly articulate eligibility requirements, especially for innovative programs with relatively new concepts, will help balance the efforts required from applicants and Agency staff. Using targeted solicitations or a narrower scope could be considered, as appropriate.

The ISAF received significantly more applications than it could support during its two open solicitation processes, and a relatively small proportion of these applications targeted upstream interventions. Submitting applications is time-consuming for applicants, especially those in small organizations, and significant involvement of federal public servants from multiple organizations is required to assess these proposals. In addition, more clarity is needed in defining and explaining with concrete examples the term ‘upstream’ in call for proposals documentation. Improvements implemented by the program in 2024 partially alleviated the process, but significant improvements are still needed.

Lesson learned 4: Aligning expectations for results at the program level with the length of the projects funding period.

Ultimately, ISAF funding aimed to enhance system level factors that shape health behaviours and status among participants. While assessing results achieved for long-term outcomes was not part of the scope of this evaluation, evidence analyzed suggest that project funding which was granted on a one or two year basis was likely too short to allow projects to implement the full cycle of actions needed to foster improvements on SDOH. Aligning program expectations or goals to what is possible in terms of duration of project funding would help to better demonstrate results achieved.

Appendix A: Evaluation Questions and Methodology

The evaluation scope included activities related to the ISAF and the projects it funded from fiscal years (FY) 2021-2022 to 2024-2025. The evaluation looked at the program performance, effectiveness, and relevance in the context of the federal public health role and examined the following questions.

Evaluation Questions

- How does the ISAF contribute to the Public Health Agency of Canada's (PHAC's) role and responsibilities?
 - How unique is the ISAF in addressing its objectives, considering the risk of duplication with other programs within and outside of PHAC?
- To what extent has the program achieved its expected outcomes?
 - To what extent has the Program supported community capacity for upstream interventions?
 - How has the Program supported a Health-in-All Policies (HiAP) lens into non-health sector policies and programs?
- What are the strengths and challenges of how the ISAF was designed and delivered?
 - Are there opportunities for PHAC to better support communities in leading sustainable upstream intersectoral action?
 - What were best practices and lessons learned to enhance program design and delivery, and applicability to other models?

Data Collection Sources and Methods

The evaluation team collected data using various sources and methods, including

Document and Performance Information Review: This included, but was not limited to, reporting from projects, annual reports, meeting summaries, annual work plans, grant letters, applicant and funding allocation information, administrative documents, communication plans and briefing materials. Application data for funded and unfunded projects, and performance and reporting information for funded projects for each phase and round of funding between FY 2021-2022 to 2022-2023 was also reviewed. Results originating from FY 2021-2022 and 2022-2023 performance data are referenced, throughout the report as results reported by “completed projects”. Performance data for

2023-2024 was collected through the survey. Data for projects recently funded through the ISAF's 2024 open solicitation (2024-2026 projects) was not available to support the evaluation.

Interviews: Interviews were conducted on Microsoft Teams to gather in-depth information related to ISAF activities, including its planning, design and delivery, effectiveness at achieving outcomes related to intersectoral action, and promoting a HiAP approach. Interviews were conducted based on a predetermined interview guide. Transcriptions and artificial intelligence recaps using Microsoft Co-pilot were available from the Microsoft Teams interviews. This information was validated by an analyst and used to supplement manual note taking. Thematic analysis of interview notes was conducted using NVivo software. In total, 26 people were interviewed from the following groups:

- The ISAF's previous and current staff and management (13)
- Representatives from projects funded between 2021 and 2024 (13)

Survey: A survey was sent to 622 organizations representing all the 55 projects funded from 2021 to 2024, and 571 applicants from unfunded proposals from the 2024 open solicitation. In total, 146 respondents completed the questionnaire, including 24 from funded projects representing a 47% response rate and 122 from unfunded proposals, representing a 23% response rate. Contacts with invalid or bounced-back email addresses were excluded from the survey, including for three funded projects. The survey collected information on applicant background, including information on their project and its focus on upstream intersectoral actions to address the SDOH; experiences applying for funding and in carrying out their projects; and working with ISAF staff.

Financial data review: Available financial information for the period of 2021-2022 to 2024-2025, including grants, salary and operational expenses was also analyzed.

Literature review: The Office of the Chief Science Officer conducted a rapid evidence profile that focused on full evidence syntheses, synthesis-derived products like overviews, and evidence synthesis protocols. The goal of this evidence profile was to compile and examine existing information on the effectiveness of various types of upstream intersectoral actions on immediate and intermediate health outcomes. The search was done through PubMed and Health Evidence, along with a manual search through the National Collaborating Centre on Social Determinants of Health and the U.S. Community Preventive Services Task Force. This profile included global evidence that related to intersectoral action. Out of the 16 evidence syntheses identified, 7 focused on upstream

intersectoral interventions, whereas the rest focused on mid-stream interventions but were included as they could offer insights on intersectoral action and collaboration to address the SDOH.⁴²

International comparison: Using ChatGPT, a literature scan was performed for international initiatives that could be comparable to the ISAF. An analyst verified the information and sources, and retained countries with relevant public-facing information, including the United States, the United Kingdom, Ireland, Australia, and Norway. Information on program creation, description and design, alongside guiding principles and eligibility were compiled, and sources were validated.

Limitations

The evaluation team used triangulation to analyze data collected by these various methods to increase the reliability and credibility of the evaluation findings and conclusions. Still, most evaluations face constraints that may affect the validity and reliability of the findings. The table below outlines the limitations encountered during the evaluation, and the mitigation strategies that were put in place.

Table 2: Limitations, impacts, and approach for addressing them

Limitation	Impact on the evaluation	Approach for addressing the limitation
Some of the project contact information received for the survey was out of date	The contact information provided, especially for unfunded applicants or completed projects, was not always up-to-date due to turnover. This affected response rates, and could have affected the quality and relevance of the information collected. Recently completed or ongoing projects usually had up-to-date contacts.	Findings from the survey were triangulated with complementary lines of evidence, including performance data collected by the program, internal documents, and feedback from key informants.
The response rate for unfunded applicants was relatively low (23%) and only those that applied to the 2024 solicitation were	The perspectives of unfunded applicants represented in the findings may not be fully representative of all unfunded applicants. However, given	There was no alternative available to mitigate this limitation, but a caveat around the survey findings is presented at the beginning

Limitation	Impact on the evaluation	Approach for addressing the limitation
invited to complete the survey.	that unsatisfied people tend to be over-represented among respondents, the high level of satisfaction observed in the survey results is likely to be robust.	of the report, so readers are aware of the limitation while reading the report.
Key informant interviews are retrospective in nature, providing only a recent perspective on past events	This could influence the validity of respondents' assessment of activities or results that may have changed over time.	The other lines of evidence were triangulated with the data received from interviews to substantiate or provide further information. The document review also provided corporate knowledge.
Performance data for the 2023-2024 projects was collected through the survey since results were not yet available.	Performance data for 2023-2024 might not be as exhaustive as for projects funded in 2021-2022 and 2022-2023.	Performance data for 2023–2024 were supplemented with additional sources such as survey data and interview data.

The Office of Audit and Evaluation worked closely with an ISAF contact to access key documents and contact information for interviews and the survey. The scope for this evaluation was presented and discussed with the PHAC Performance Measurement and Evaluation Committee in March 2025 to receive input and guidance on the evaluation questions. Preliminary findings were discussed with program officials in June 2025. The final report was presented to the Performance Measurement and Evaluation Committee in October 2025 for endorsement.

Appendix B: ISAF Program Outcomes

Immediate outcome

- Intersectoral partners are engaged in interventions that aim to support individual, community, environmental, policy, and system changes.
- Populations participate in interventions that aim to support individual, community, environmental, policy, and system changes.

Intermediate outcomes

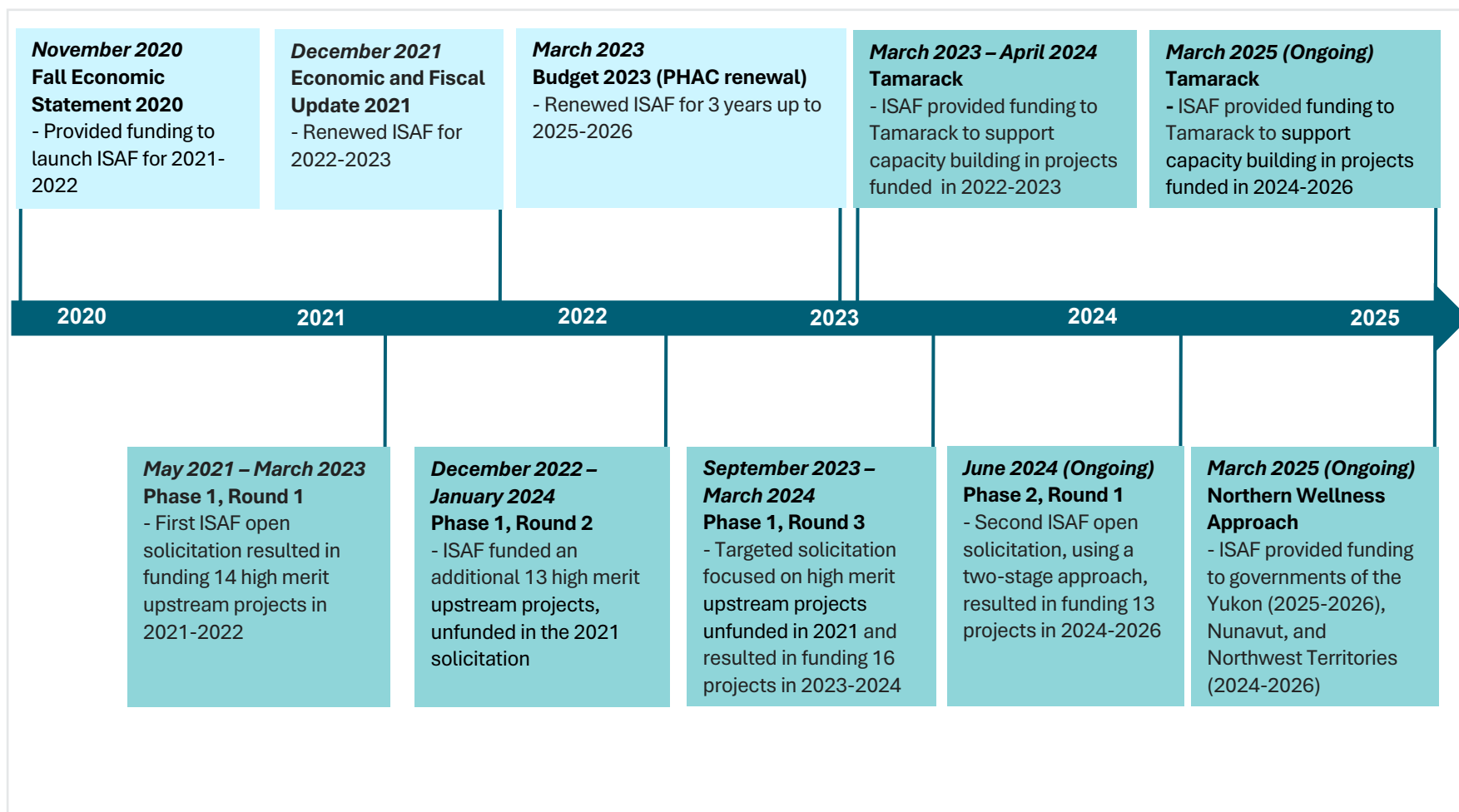
- Project participants have increased capabilities to support health.
- Environments that support health are improved.

Ultimate outcomes

- Project participants have improved health behaviours.
- Project participants have improved health status.

Appendix C: Program Timelines

Figure 3: Timeline of program funding for the ISAF from 2021-2022 to 2025-2026



Appendix D: SGBA Plus, EDI Approach, Quality-of-Life Framework and Sustainable Development Goals.

Official languages: Official languages were examined, through the lens of the language used for applications, and populations engaged. In addition, one of the ISAF funded projects addressed the needs of official language minority communities.

Integration of SGBA Plus and Equity Diversity and Inclusion (EDI) Principles: Final reports from completed projects show an extensive commitment to integrating SGBA Plus and EDI principles. A large majority (70%) of the projects embedded these principles into their deliverables or methodologies. More than half (60%) actively engaged diverse populations to incorporate lived experiences. Nearly half (48%) also implemented inclusive organizational practices or barrier-free participation strategies, and over a third (37%) ensured diverse representation within project teams and partnerships. Almost half (44%) of projects identified SGBA Plus data and equity intersections through their goals and the knowledge generated. Additionally, more than half of the projects reported disaggregated outcomes. Finally, 61% of survey respondents reported applying either SGBA Plus, EDI, or anti-oppression frameworks in their engagement and outreach activities to a great or very great extent, while 33% did so to a moderate extent.

Alignment with Indigenous worldviews: Although the calls for proposals did not explicitly request the inclusion of Indigenous-related approaches, a few interviewees noted that the program is well-aligned with Indigenous worldviews. They emphasized that it provides the flexibility to develop holistic approaches within funded projects, rather than confining them to siloed or narrowly defined frameworks.

Contribution to the Government of Canada's Quality-of-Life Framework: Surveyed funded projects contributed meaningfully to several domains of the Government of Canada's Quality-of-Life Framework. The most common contribution area was health, with 72% of projects addressing health outcomes, behaviours, or access to care. Half of the projects contributed to fairness and inclusion, while one third supported societal goals like cultural identity and social cohesion. Additionally, 22% addressed prosperity-related issues like income, employment, education, and food security. Smaller proportions of projects contributed to the environment, good governance, and sustainability and resilience, each cited by 6% of respondents.

Of note, as a pilot for the first time at PHAC, ISAF enquired in its step 2 application form in 2024 and in the final report template for 2023-24 funded projects, about the alignment of projects with the Canada's Quality of Life Framework.

Sustainable Development Goals: While an examination of the Sustainable Development Goals (SDGs)⁴³ was not specified for this evaluation, it applied an SDG lens given ISAF's mandate to improve population health and reduce health inequities through upstream action on the SDOH, closely aligned with SDG 3 (ensure healthy lives and promote well-being for all at all ages). The ISAF was found to align with PHAC core responsibilities and the WHO's HiAP framework. This positions ISAF within the broader context of SDG 3, as well as SDG 10 (reduced inequalities) and SDG 17 (partnerships for the goals), which emphasize integrated and multisectoral approaches to improving health and well-being.

The evaluation found that projects effectively engaged cross-sectoral partners and reached diverse populations. They also strengthened collaborative capacities and established mechanisms to support the sustainability of intersectoral action, contributing to the objectives of SDG 17 (partnerships for the goals). Knowledge mobilization efforts contributed to the sustainability of project outcomes and advanced SDG 4 (ensure inclusive and equitable quality education) through learning and capacity building. Importantly, projects contributed to increased awareness among decision-makers about health barriers and the SDOH, supporting progress toward SDG 16 (peace, justice and strong institutions) by promoting inclusive, and evidence-informed decision making.

End notes

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