



# Measuring Results from a Community-Based Initiative: The Intersectoral Action Fund

Presentation for CNHiAP: *Working Together for Population Health and Health Equity*  
Session: Measuring Progress and Impact  
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PROTECTING AND EMPOWERING CANADIANS  
TO IMPROVE THEIR HEALTH

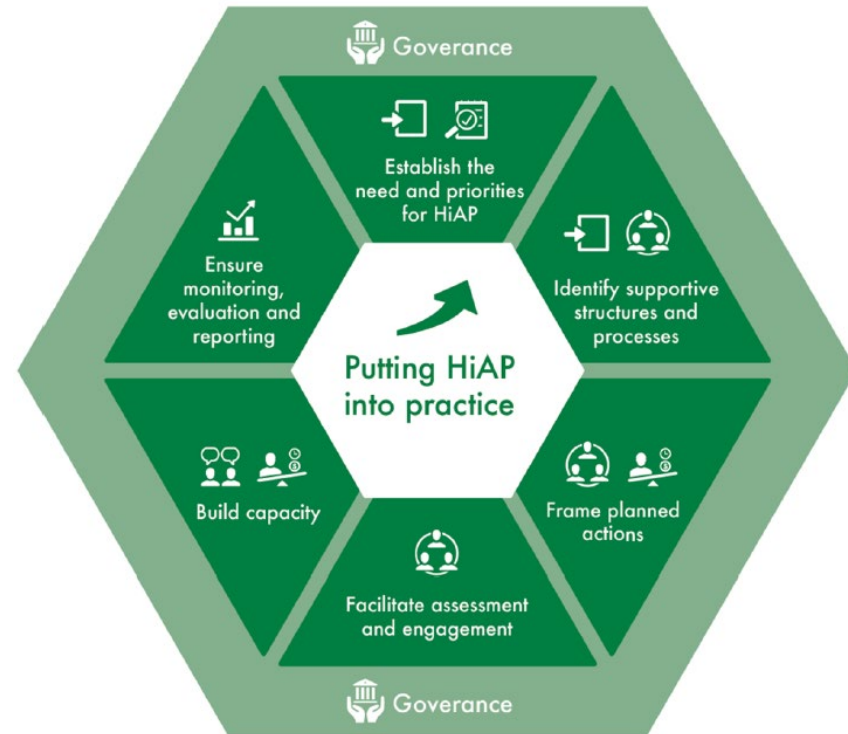


# Outline

1. Context
  - Health in All Policies (HiAP) in the federal setting
2. Case example: The Intersectoral Action Fund (ISAF)
  - ISAF Round 1 overview
  - Final report analysis methods and early findings
3. Conclusions and next steps

# Context: Federal Setting and HiAP Approaches

- Canada has been involved in **healthy public policy** and advancing health equity since the 1978 Declaration of Alma-Ata.
- Canada does not have a legislative HiAP approach, but participates in “**HiAP-aligned**” initiatives where health is systematically considered in decision-making processes, including:
  - Impact Assessment (federal environmental review process)
  - Quality of Life Framework
  - Sex and Gender Based Analysis Plus
- Health Equity Policy Division includes work focused on advancing the **conditions for success** for ISA and HiAP governance.



GNHiAP Global Status Report on HiAP, 2019

# Case Example: Intersectoral Action Fund

## Objective:

To support action on social determinants of health by strengthening capacity in communities to advance intersectoral action, in ways that improve population health and reduce health inequities.

## Funding amount and duration:

12 months; between \$25,000 and \$250,000

## Application streams:

- **Identify priority areas** for collective action on social determinants of health and wellbeing
- **Foster transformative partnerships** to facilitate action on social determinants of health and wellbeing
- **Build capacity** to take action on social determinants of health and wellbeing

# ISAF Round 1 Projects

- From the 2021 solicitation, ISAF received over 700 proposals, of which **14 projects** were funded in round 1 (FY 2021-22)
  - All 14 projects were publicly announced and are completed (see Appendix)
  - Projects are required to submit a final report to PHAC
  - Analysis of the final reports for these projects are currently underway
- Funded projects requested between \$25k and \$250k
- Project completed from: March 2022 to March 2023
- Projects addressed the following themes:
  - **Built environment** which includes transportation, climate change, built and natural environment;
  - **Economic determinants of health** which includes food security, economic empowerment, precarious employment, social investment;
  - **Intersectional health** which includes racism & poverty, LBQ women and non-binary people's health, African, Caribbean, and Black community

# ISAF Final Report Analysis and Evaluation

- Expected outcomes from the analysis and evaluation of final reports include:
  - Insight on the processes underlying the implementation and success of ISA projects across communities
  - Understanding of long-term funding needs among organizations supported
  - Identification of new partnership opportunities across sectors
  - Increased awareness of best practices for ISA for PHAC and community organizations, through knowledge mobilization activities
- Evaluation questions were developed based on the Invitation to Submit a Funding Request, ISAF objectives, and reporting tools

## Example Questions:

- How best would you characterize your project's influence on SDH?
- What were key facilitators for collaborating with other sectors?
- What were key challenges in collaborating with other sectors?
- How did each partnership add value to project activities or outcomes?

# ISAF Final Report Evaluation Methods

- Data grouped into process vs. outcome categories under relevant sub-headings (e.g., reach, facilitation of ISA, impact on SDH, etc.)
- Frameworks and performance tools used to guide analysis and evaluation:
  - PHAC's Departmental Results Framework
  - ISASDH Expected Results Framework and Logic Model
  - Performance measurement systems
- Analysis synthesizes both qualitative and quantitative data
  - Grounded theory was used for qualitative data analysis to identify categories, codes, and key themes (e.g., best practices for ISA)
  - Quantitative questions were aggregated and examined using numerical analyses

# Preliminary Results: Facilitators and Barriers of ISA

Facilitators (n=12 projects)		Barriers (n=12 projects)	
Partner input or knowledge, relationship and network building, and effective time and resource mgmt.	50%	Uncontrollable barriers limiting partner availability	88%
Structured methods of engagement of governance	42%	Resource and capacity issues (e.g., time, financial, human resources)	58%
Acquiring and monitoring available and relevant data	25%	Respecting localized, nuanced, or varied population needs	33%
Having a diverse project team	8%	Managing external biases or differences in knowledge	33%
Involving target populations throughout the project course	8%	Technology	8%

***On the value of partner expertise and knowledge:*** *“Having a knowledge base within the staff team and relationships with community partners to facilitate including their insight in the project activities allowed us to identify sectors and agencies for interviews and/or recruitment.”*

***On capacity barriers:*** *“Working in a pandemic has exacerbated the capacity issues already faced by community partners by increasing demand for services and considerations and expenses involved in service provision. As a result, community partners have less availability to commit to projects like [ours].”*



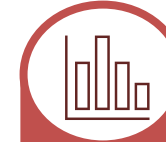
# Preliminary Results: Unexpected Outcomes



50% reported greater than anticipated reach, engagement, or relationships



42% reported expanded or improved knowledge translations and exchange strategies



33% reported the creation of new data or tools for SDH solutions, challenges, or linkages



25% reported planned or implemented interventions of a new scope



17% reported organizational uptake of project programs or interventions



17% reported acquiring infrastructure to sustain interventions

***On building infrastructure for intervention sustainability:*** “This funding has allowed us to leverage additional resources and create a plan to sustainably move this work into another phase. With the focus on training, there was a keen interest in creating a model that would allow equitable access to the education - given this, a social enterprise, social investment model was pitched to a funder and awarded \$65K to move this concept forward. [...] In addition, as we worked to archive anti-racist practices across Canada, we were approached to start a community of practice for pan-CDN audience - this team has been meeting monthly for 8 months and plans to continue regardless of the end of these resources.”

## Conclusions

- Final reports provide case examples of ISA implementation that demonstrate positive and sustainable changes for action on SDH (i.e., meaningful dialogue with diverse partners, lasting relationships)
- Themes from the final reports align with the WHO pillars for HiAP:
  - **Governance and Accountability** – facilitators for ISA on SDH included recurring engagement, co-ownership, and varied collaborative structures
  - **Ways of working, Leadership at all Levels** – procedural equity, community buy-in, and shared learning to overturn biases and power imbalances
  - **Resources, Financing, and Capabilities** – projects identified the need for ongoing funding and dedicated resources to sustain capacity for action
- Next steps:
  - Finalizing the final report analysis
  - Strengthening program tools (e.g., final report template, evaluation guide) to reflect analysis learnings
  - Knowledge translation activities with projects and partners to mobilize uptake of best practices in HiAP

# Acknowledgements and Follow Up

We would like to thank the ISAF team for their support in preparing this presentation and their efforts to catalyzing ISA on SDH at the community level.

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# APPENDIX

# ISAF Round 1 – Funded Project List

Project descriptions can be found on the [ISAF website](#)

Organization	Project Title
<b>Atlantic Summer Institute on Healthy and Safe Communities</b>	Mobilizing Intersectoral Policy for Upstream Investment in Infant, Child and youth Mental Health in Atlantic Canada
<b>Children First Canada</b>	Measuring What Matters – Developing Capacity to Collect, Analyse, Interpret and Translate Data on the Health of Children in Canada
<b>Community Social Planning Council of Greater Victoria</b>	Transportation ACES (Access, Climate and Economic Security)
<b>Egale Canada</b>	Action Through Connection: Promoting LBQ Health in Canada
<b>Generation Squeeze (Association for Generational Equity)</b>	The “Health Doesn’t Start with Health Care” Knowledge Mobilization Project
<b>Institut national de santé publique du Québec</b>	Évaluation d’une action intersectorielle, le projet EfficAS (Effets de l’Implantation d’une Coopérative sur l’Alimentation et la Santé)
<b>Manitoba Métis Federation</b>	How We Get There: A Transportation Needs Assessment for Individuals Living with Chronic Illness
<b>Ontario Employment Education and Research Centre</b>	Decent work as a matter of health equity: Building capacity and connections across health and labour to address precarious work in Ontario
<b>Red Deer Urban Aboriginal Voices Society</b>	Building Capacity in Red Deer’s Indigenous Communities to improve their health outcomes and overall wellbeing
<b>Ribbon Rouge Foundation</b>	Achieving Black Health Equity in Alberta - A Constellation Model Approach
<b>Saskatoon Food Bank and Learning Centre</b>	Fostering transformative partnerships - A capacity building approach to addressing the intersection between racism and poverty in Saskatchewan
<b>Sustainable Thinking and Expression on Public Space (STEPS) Initiative</b>	Shaping Space: Planning for Culturally Responsive Public Spaces
<b>Toronto and Region Conservation Authority</b>	Growing Healthy Towers – Transformative Partnerships for a Healthy Built Environment
<b>Unity Health Toronto</b>	Gender Transformative Intersectoral Partnerships supporting Economic Empowerment for women living with Intimate Partner Violence in the city of Hamilton