

**PUBLIC HEALTH AGENCY *of* CANADA**

**Atlantic Region**

**Population Health Fund  
Atlantic Initiative**

**A Retrospective Review  
(2001-2008)**

**Final Report  
January 2008**



Public Health  
Agency of Canada

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**Canada**



**Public Health Agency of Canada  
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Également disponible en français sous le titre *Fonds pour la santé de la population, une initiative de l'Atlantique: Analyse rétrospective (2001-2008)*.

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Jan 2008

## Lessons Learned: A Successful Initiative

The Atlantic office of the Public Health Agency of Canada (PHAC Atlantic) has developed this report in order to identify the lessons learned and the strength and value the Population Health Fund (PHF) has provided to Atlantic Canadian organizations and groups over the past seven years. Valuable information has been identified and will be of great use in planning for future population health initiatives. In this report, the PHF Atlantic Initiative refers to the **Capacity Building for Policy Development Initiative**.

### **Who and Why**

The PHF Atlantic Initiative was launched in 2001 to support the development of healthy public policy through capacity building for community and government partners. It identified **seven** populations most often excluded from the public policy process:

- ✚ people living in poverty
- ✚ francophone peoples
- ✚ Aboriginal peoples
- ✚ Seniors
- ✚ rural residents
- ✚ new Canadians
- ✚ African Canadians.

During the time of this initiative PHAC Atlantic has funded **128** projects and completed **three** external evaluations. Total funding for these 128 projects was \$4,443,000. The latest evaluation, which drew upon direct interaction with project partners as well as previous evaluations, identified a number of key successes and lessons learned.

### **Key Learnings and Recommendations**

The following are some key observations from the evaluation:

- ✚ Opportunity for dialogue between decision makers and communities has been created through workshops and other events.
- ✚ The community's ability to work on and understand policy issues has improved.
- ✚ Working for policy change is the right focus, even though it takes time and the environment is unpredictable and can be difficult to work in.
- ✚ A strong contributor to the PHF is the evaluation framework, which places emphasis on gathering evidence from funded groups, participants and other stakeholders.
- ✚ There is evidence that the focus on policy capacity continues to produce results after project funding ended.
- ✚ Downstream tracking of impacts was difficult to acquire. There is a need for ongoing, additional data collection to better capture project (policy) impacts.

### **The Community Continues to Benefit**

The existence of the PHF is enhancing the community's participation in public policy development, as well as public policy reforms relating to the determinants of health. This has given individuals and communities the opportunity to have direct impact on the factors that affect their lives.

**Many organizations acknowledge that the PHF has allowed them to mature and sustain themselves. Terms such as "visionary" have been used to describe the PHF in the realm of public policy.**

The Population Health Fund was seen as one of the few sources of funding for marginalized or underrepresented populations who have had difficulty obtaining funding in the past. It has also provided funding to Atlantic-wide organizations for inter-provincial projects.

### Government Receptiveness

The initiative created an environment in which communities were able to work productively with government and adapt more easily to changes in staffing and government structures. It has also helped community groups to reinterpret policy issues as government priorities shift. Funded groups continued to build strong relationships among community members and groups, government policy makers and service providers.

**“Important recommendations from this review have been received and the resultant changes are being implemented.”**

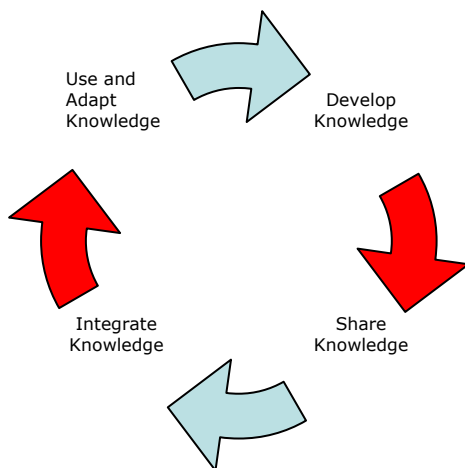
**-letter from the NS Minister of Community Services to project funded by the PHF**

### PHF Builds Strong Relationships

A core component of the PHF Atlantic Initiative is to support relationship-building.

- ✚ shifting government from adversary to partner
- ✚ growth of community networks
- ✚ developing new networks that cross sectors
- ✚ strengthening existing relationships
- ✚ building effective project teams

### Sharing of Knowledge



Experiential knowledge shared via stories often happened during workshops and other events at which community members were able to meet and interact with government policy analysts. The power of stories to communicate, inform and increase understanding was affirmed -- especially in presenting first-hand information and experiences to government policy staff.

### Targeting Groups

The evaluation showed that the most successful groups are intentional. These groups have strong mission and vision statements, set clear goals and work toward them. They also have good track records. Their projects fit within a coherent and consistent plan that demonstrates continuity. Their work is methodical, incremental and guided by overarching goals, principles and community values.

### Long Term Funding

Through long term funding, PHF can help to produce high-quality results through increased stability, credibility, flexibility and creativity. Assured longer-term funding is seen as having major positive impacts, including providing certainty for planning, hiring and building alliances and networks. There is better flow and consistency, with less time lost in a short start-and-stop cycle. This gives groups greater legitimacy with stakeholders.

**The PHF gives individuals and communities the opportunity to have direct impact on the factors that affect their lives**

## *Summary of Highlights and Lessons Learned*

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- ✚ **The PHF Initiative seven-year time span is recognized for providing clear intention, strong direction and the opportunity for in-depth learning.**
- ✚ **There is good evidence that the shift to longer-term funding resulted in significant benefits to funded groups and to improved project outcomes.**
- ✚ **A strong contributor to the PHF is the evaluation framework, which places emphasis on gathering evidence from funded groups, participants and other stakeholders.**
- ✚ **The importance of incremental building of a strong foundation that rests on knowledge and evidence, capacity and relationships was affirmed.**
- ✚ **The decision to introduce extended project funding (of up to three years) is seen as integral to building meaningful relationships.**
- ✚ **There is evidence that the focus on policy capacity continues to produce results (community action in policy development) after project funding ended.**
- ✚ **Program consultants served as key knowledge links and bridge people among projects, funded groups and multi-stakeholder advisory groups.**
- ✚ **Working for policy change is the right focus, even though it takes time and the environment is unpredictable and difficult to work in.**
- ✚ **Groups with a clear and sustained focus (intentional groups) are more likely to have success in the policy arena.**
- ✚ **Downstream tracking of impacts was difficult to obtain. There is a need for ongoing, additional data collection to better capture project (policy) impacts.**

## Population Health Fund Atlantic - Chronology

- 1997 Canada's Population Health Framework established.
- 1999 Population Health Fund launched nationally.
- 2000 Think tank held with voluntary sector representatives to explore policy capacity focus under the Population Health Fund.
- 2001 Capacity Building for Policy Development Initiative begins with funding through the Population Health Fund.
- 2002 Evaluation framework developed through participatory approach: Reference Group facilitated by a consultant.
- 2003 First interim evaluation reports on eight completed projects; 40 projects approved to date.
- 2004 Second interim evaluation reports on 35 completed projects; 70 projects approved to date.
- 2005 Third interim evaluation reports on 42 projects; more than 100 projects approved to date under the Initiative.
- Call for project proposals with multi-year funding (up to three years).  
Logic Model is revised.
- 2007 Retrospective review completed. There are now 128 projects in total either completed or underway.
- 2008 Initiative is scheduled to conclude March 31<sup>st</sup>.

## **1. Introduction**

In May 2007, the Public Health Agency of Canada (PHAC) contracted Bruce Smith, BLSmith Groupwork Inc., to prepare a document that captures the successes, challenges and impacts of the Population Health Fund (PHF) over the past seven years (2001-2008). In the Atlantic Region, the focus of the Population Health Fund has been to build policy capacity at the community level. In this report, the PHF Atlantic Initiative refers to the **Capacity Building for Policy Development Initiative**.

The contract included: development of a retrospective document based on existing written materials; gathering insights of key community and government partners and identifying key lessons that provide evidence for future decision-making. It sought stories, insights and experiences to help PHAC understand the strengths and shortcomings of the PHF, in order to plan for future population health initiatives. Conclusions of the three interim evaluations were also re-examined.

Throughout this paper, reference is made to the Public Health Agency of Canada Atlantic Region. Prior to 2004, PHAC Atlantic Region refers to the Population and Public Health Branch of Health Canada.

## **2. Background**

The Population Health Fund is part of a broad effort to advance a population health approach based on Canada's Population Health Framework (1997).<sup>1</sup> The goal of the Population Health Fund is to increase community capacity for action on or across the determinants of health.

The PHF Atlantic Initiative was launched in 2001 to support the development of healthy public policy through capacity building for community and government partners. It identified seven populations most often excluded from the public policy process: people living in poverty, francophone peoples, Aboriginal peoples, seniors, rural residents, new Canadians and African Canadians. Through this initiative the PHF has funded 128 projects and completed three external evaluations.

### **The objectives of the PHF Atlantic Initiative were:**

- ✚ to create more opportunities for dialogue between decision makers and communities relating to the development of healthy public policies;
- ✚ to enhance the capacity of the community to work on policy issues;
- ✚ to enhance the capacity of government departments to work collectively with the community to develop healthy public policy.

### **The intended outcomes of the Population Health Fund Atlantic were:**

- ✚ increased community capacity to influence public policy development; (short-term)
- ✚ increased community participation in public policy development; (medium-term)
- ✚ public policy reforms in areas relating to the determinants of health. (long-term)

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<sup>1</sup> The Framework is based on addressing the determinants of health: social, economic and physical environments; personal health practices; individual capacity and coping skills; human biology; healthy childhood development; health services; gender and culture.

## **Rationale**

The well-being of communities and individuals is impacted by policies across many sectors. As issues have become more complex and interrelated, governments have increasingly relied on public input to inform policy decisions. This may be at the program level, or it may be earlier in the process - for example, when priorities are developed, policies are set and resources allocated.

Individuals and communities can have a direct impact on the factors that affect their lives by being involved in the public policy process. However, effective policy engagement depends on the capacity at community level and the receptivity of government.

## **Changes to the PHF Atlantic Initiative**

The PHF Atlantic Initiative had a scheduled end date of March 31, 2004. It was extended to March 31, 2008 based on the 2004 interim evaluation which indicated the PHF was meeting its objectives with respect to community capacity-building.

Originally, the logic model specified four areas of activity: project activity, community capacity, PHAC capacity and government capacity. By late 2003, after the first interim evaluation was completed, it became clear that several factors would make it difficult to continue with the model as originally designed. Specifically, limited staff within PHAC, lack of interdepartmental networks and changes in personnel and priorities of key federal partners would make it extremely difficult to press forward with the 'government capacity' portion of the PHF. The end of the Nova Scotia Sustainable Communities Initiative (SCI) – a federal/provincial initiative – and the discontinuation of PHAC membership on provincial Rural Teams – led by the federal Rural Secretariat – meant the loss of two important platforms for government capacity work.

The regular use of evaluation has supported a number of in-course changes to the PHF Atlantic Initiative, including the revision of the logic model in 2006. Four new areas of activity were identified: project roles, inter-sectoral collaboration, support to projects and knowledge development and dissemination (see Appendix B). Another example is the extension of project funding to three years during the January 2005 call for proposals. Fifteen of 22 projects were approved for the extended three-year period.

## **3. Methodology**

### **A. Document Review and Synthesis**

The projects funded under the PHF Atlantic Initiative are well documented, with references noted in Appendix A. In addition, a number of funded groups prepared reports as part of their project evaluations. In most cases, shorter project summary documents were reviewed. A synthesis document was developed for PHAC during Stage 1 of this review that consolidated and summarized the materials developed to date.

### **B. Interviews**

A total of 15 interviews were conducted with funded group representatives in the region. Four of the 15 group interviews were conducted with francophone groups. Projects covered a wide range of client groups and sectors including seniors, youth, immigrants, mental health, justice, poverty, women in poverty and others.

The interviews were directed toward two general project categories: those that were completed in 2004-2005, and those which are ongoing and have been given extended (2-3 year) funding.

Other discussions took place with several key federal and provincial public servants, as well as with Susan Lilley, the author of *What Works!*, a publication summarizing lessons learned for funded groups. Periodic discussions also took place with key PHAC staff.

#### **4. Findings**

This section details the findings of this qualitative review, integrating key informant feedback with the lessons outlined in interim evaluations and other materials. It is organized according to themes that emerged from the data and which represent components of the PHF Atlantic Initiative.

##### **A. General observations about the PHF**

The Population Health Fund is seen as one of the few sources of funding for marginalized or underrepresented populations. It also provides funding to Atlantic-wide organizations for inter-provincial projects. Several funded groups noted that project experience and learning has contributed to organizational maturity and sustainability.

The decision to focus on building policy capacity received a positive response from several groups; terms such as “visionary” and “ahead of the pack” were used to describe the PHF in the realm of public policy.

Program documentation reflects a strong emphasis on evaluation and learning. That said, downstream tracking of additional activities, impacts and spin-off effects is difficult to obtain. There is a need for ongoing, additional data collection to capture project impacts. PHAC has developed a common reporting tool that may help to close some of these data gaps.

The PHF Atlantic Initiative made effective use of project extensions (time and/or funding) to support projects that performed well but encountered difficulties.

##### **Evidence-based approach**

A strong contributor to the PHF is the evaluation framework, which was developed in consultation with stakeholders. The logic model was also an effective tool for describing the work and the intended short, medium and long-range outcomes. The evaluation framework places emphasis on gathering evidence from funded groups, participants and others. It includes a number of instruments and a schedule for their use. Many of them, including the final project survey and the follow-up telephone survey, were specifically identified as being valuable to PHAC staff (primary users).

In addition, reports and workshop evaluation forms were completed by workshop trainers and participants respectively. Both provided detailed, quantifiable information and imparted valuable knowledge to PHAC staff. The participatory data interpretation tool was also effective and informative.

The decision to provide PHAC staff with the tools needed to gather evidence was pivotal. The evaluation framework set the tone for funded groups to place emphasis on collecting their own evaluation information, over and above what was required of them. In addition, the PHF invested

in the foundations of policy work: knowledge, capacity and relationships. This has proven time and again to be a critical aspect of the PHF.

Funded groups are encouraged and supported in pursuit of quality results and not pressured to reach an artificial or imposed notion of “completion.” By asking groups to take a focused and realistic path, the tendency to overreach is lessened. Groups begin to see the value of having more modest aims to arrive at better quality results. An incremental approach is also useful to allow learning to take place and to resist hasty conclusions.

It is a challenge within the time span of a specific project to make direct attribution of cause and effect in relation to policy change. This was noted in early descriptive text surrounding the logic model and mentioned several times by the author in all interim evaluation reports. It is important to acknowledge this in the future design of programs to ensure groups have the latitude they need to critically assess their actions and impacts.

## **B. Policy Capacity**

The PHF builds policy capacity by targeting diverse stakeholders: individuals, organizations and communities and government staff and networks. In the first two years of the Initiative, PHAC developed and piloted a specially-designed workshop with public servants in Nova Scotia. PHAC also commissioned a series of publications to encourage more community involvement in the policy process. These are: *An Inclusion Lens* (for all policy stakeholders), *Taking Action through Public Policy* (for community groups) and *Public Policy and Public Participation: Engaging Community in the Development of Public Policy* (for governments). The *Public Policy and Public Participation* workbook is still widely promoted and distributed by groups across Canada via the Internet.

The PHF has also funded projects to develop specific tools to aid community groups to be effective in the public policy environment. One such tool -- the Literacy Lens -- was developed by the PEI Literacy Alliance as a project output. Their website indicates that the lens is still being used as an analytical tool.

Policy capacity building is also a direct result of project activity. A good example is the Elizabeth Fry Society project; it linked health policy, the justice system and women with mental health issues. This project brought together non-traditional partners who were able to develop and disseminate knowledge via a seminal report and to raise awareness and understanding among those involved in the development of policy. Several years after the project has ended, the Society continues to work at the forefront of the issue.

Funded groups identified the following as elements of policy capacity work:

- **Knowledge relating to the steps in the policy process** and how to recognize and interact with those involved in policy development in specific areas;
- **Knowledge of the details of specific policy issues**, often achieved by key informant interviews, literature review and other knowledge-development activities;
- **Getting to the right people** and on the appropriate policy agenda.

Still, there is some confusion about what policy capacity means, as pointed out by the interim evaluator. For instance, people often don't understand how public policy is different from

programs. PHAC would benefit from spending some time refining this term and thinking about the knowledge, skills and abilities of individuals and groups that qualify as policy capacity. A number of funded groups would support the continued availability of workshops and training materials.

### **C. Government receptivity**

Government receptivity is seen as the “other half” of the policy capacity equation. Community capacity is not enough if government policy analysts and decision makers are not willing to engage people in the public policy process. This issue was identified at the start of the PHF and pursued via training workshops and materials for public service staff as well as through networking opportunities for community and government.

The focus on ‘government capacity’ represented new ground for the PHF by targeting the capacity of policy makers to engage community. After the first interim evaluation, a decision was taken to focus solely on opportunistic networking by PHAC staff and key strategic partners. Considerable investments were made early on to involve other federal departments. This experience revealed that it is better to invest in bridge people within target departments and to sustain those relationships, even when people move into new positions. This approach does not rely on the consent of formal networks, is less resource-intensive and is more likely to have results and continuity.

Working productively with government involves being able to adapt to changes in staffing and government structures. It also means having the ability to reinterpret policy issues as government priorities shift. These factors make it necessary for community organizations to develop in-depth policy knowledge and a level of confidence to engage with government policy makers.

### **D. Strong relationships**

A core component of PHF Atlantic Initiative is to support relationship-building. This can involve:

- shifting government from adversary to partner
- expanding community networks
- developing new cross-sector networks
- strengthening existing bonds
- building effective project teams

Strong relationships have been developed among community members and groups, government policy makers and service providers. These relationships are critical to achieving project results and to influencing public policy. To the extent that key people stay in the same (or related) jobs, these relationships can have longer-term impacts.

To improve government receptivity, community groups took specific steps to engage government staff. These included bilateral meetings as well as inviting key staff to participate on advisory committees and in multi-stakeholder workshops. Program consultants served as knowledge links and bridge people among projects, funded groups and multi-stakeholder advisory groups. They help to connect people and groups and to facilitate knowledge development and dissemination.

Advisory committees and other groups are often the starting point for deeper relationships and for the kind of buy-in that sustains projects post-funding. There is potential for committees and

networks to evolve into more mature and collaborative teams. An example is the Leadership Team for the Atlantic Network for Injury Prevention, which made that transition and continues to provide leadership for design and delivery of a successful annual national conference on injury prevention. Another example is the Atlantic Summer Institute Advisory Committee, which was originally a partnership between Justice Canada and Health Canada. Now in its fifth year, it has evolved into a pan-regional committee with membership across jurisdictions and sectors.

The experience of the PHF shows that relationship-building needs to be considered both within a sector and across sectors. Many projects formed new cross-sector partners; for example, women involved with the justice system and the mental health system. These partnerships are necessary to address root causes and risk factors.

Building relationships comes with its challenges. These include accommodating diverse communication styles and finding common ground among different interests. Groups often remark that relationships take a good deal of time and effort. This applies most to projects involving marginalized populations; for example, at-risk youth. The decision to introduce extended project funding (of up to three years) is seen as integral to building meaningful relationships.

An example of relationship-building via “bridge persons” is a project by the Fédération acadienne de la Nouvelle-Écosse. The case study notes the effectiveness of two bridge people who worked between the provincial government and the francophone and Acadian communities to increase the availability of health services in French.

All of the projects require building, strengthening or maintaining relationships. Respondents confirm the importance of networks to realize project outcomes. These networks are sometimes project-specific, while in other cases they are pre-existing.

## **E. Knowledge development and uptake**

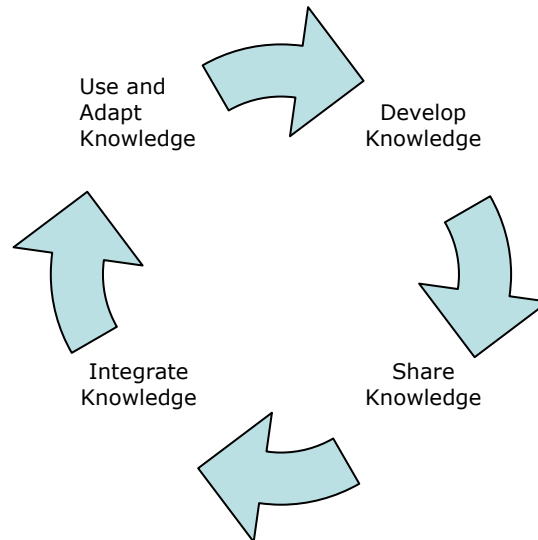
**Knowledge development** is a building block of policy capacity. This includes data and information gathering, analysis and learning. Discussion papers and briefs are often the first activity completed within a project. This knowledge development work serves two functions: it prepares the ground for dialogue (something to react to), and it builds credibility with partners (evidence to work with). As such, papers and briefs can inform relationships. Reports with long-term impacts for knowledge development and transfer include those completed by the Elizabeth Fry Society (NS Chapter), the Coastal Communities Network (NS), and the Brother T. I. Murphy Centre (NL). Many reports receive wide distribution and enjoy a shelf life of two years or more.

**Knowledge dissemination** to a wide audience including citizens, community groups, umbrella organizations, government staff and Ministers contributed to success in getting issues on the policy agenda. Knowledge-sharing is the basis for dialogue with other stakeholders. This step usually helps to focus the work of identifying barriers or addressing risk factors for specific groups (e.g. seniors, youth.)

The uptake process was supported by networks but not limited to them, as information and knowledge was shared widely via the Internet, distribution of hard copies, key people attending conferences, multi-group collaboration and other means.

Evidence of **knowledge uptake** in the community is demonstrated by:

- dissemination via reports (key knowledge pieces)
- integration into the work of groups
- use of the knowledge as the foundation for action and learning



Experiential knowledge shared via stories often happened during workshops and other events at which community members were able to meet and interact with government policy analysts. The power of stories to communicate, inform and increase understanding was affirmed -- especially in presenting first-hand information and experiences to government policy staff.

An example is the stakeholder forum organized as part of the *Services de santé adaptés aux aîné(e)s - Peninsule acadienne et autres régions* project which allowed seniors to tell their stories directly to health professionals to help them understand the difficulties faced by low-income seniors in meeting their health needs.

**The PHF serves as a demonstration site to observe the role of knowledge development and exchange as a basis for: 1) enhanced policy capacity; 2) new or strengthened relationships with policy makers and; 3) influencing public policy.**

### **F. Policy entrepreneurship**

Some PHF-funded projects have been able to leverage other resources and to serve as a springboard for change. *A New Brunswick Public Policy Forum*, which provided funds to Policylink NB, was part of the impetus for the Premier's Community Non-Profit Task Force and was seen as a starting point for closer collaboration between francophone and anglophone NGOs in New Brunswick.

In Newfoundland and Labrador, the project known as *Youth Engagement in Public Policy* linked youth across the province to develop and implement peer-led workshops. This project shows the value of timing project work to coincide with policy developments. In this case, rural and Aboriginal youth were able to plug into the social policy process and to apply what they had learned to a real-life situation.

The Coastal Communities Network (CCN) was working in the policy arena prior to the start of their project to examine rural health issues, especially the recruitment and retention of health professionals in rural areas. The CCN cited PHAC staff support and “policy entrepreneurship” as an important factor in being able to develop shared capacity to influence public policy. This work is ongoing (even though project funding has ended) and is widely seen to have contributed to getting the issue on the provincial and federal policy agendas.

Work at the ‘systems’ level has also been enabled by funding projects with an Atlantic Canada focus. Working with umbrella organizations can be effective, given the uneven and sometimes drawn out nature of systems level change. For example, in a project led by the Atlantic Network for Injury Prevention, jurisdictional uptake has been incremental. The project report - *The Economic Burden of Unintentional Injury in Atlantic Canada* – had a significant and sustained impact on the level of awareness and the quality of the policy conversation.

These examples suggest that policy capacity work does not occur in isolation. Three conditions have supported good outcomes:

**Relevance** – *the project policy focus resonates with community and government stakeholders;*

**Opportunity** – *the project is timely and can respond to the policy context;*

**Continuity** – *the policy activity has life outside project-specific timelines.*

Working for policy change is the right focus, even though policy change takes time and the environment is unpredictable and difficult to work in. Communities continue to need support if they are going to be effective in the policy arena. Capacity building, relationship building and project activity are effective paths to policy change.

## **G. Targeting intentional groups**

This review suggests that successful groups are often intentional. The PHF takes this into consideration during the project selection process. Intentional groups have strong mission and vision statements, set clear goals and work toward them. They also have good track records. Their projects fit within a coherent and consistent plan that demonstrates continuity (not one-off). Their work is methodical, incremental and guided by overarching goals, principles and community values. They are able to be flexible, but the basic path is clear. As one group representative said: “We don’t stop when the project stops.”

Projects often fit within a broader ongoing strategy to influence a specific policy area. They link with other funding, funded groups or components. The extent to which the work of these groups is intentional and rooted in community (values and needs) seems to make a direct contribution to their sustainability.

When projects were able to point to policy change or development and to note that their involvement was considered to have an impact, it was generally in situations where the work did not end with the funding. These groups continued to network, communicate and move their issues forward on the policy agenda after the formal project had ended.

## **H. Longer project funding cycles**

There is clear evidence that longer term funding can help to produce high-quality results through increased stability, credibility, flexibility and creativity. Assured longer-term funding is seen as having major positive impacts, including providing certainty for planning, hiring and building alliances and networks. There is better flow and consistency, with less time lost in a short start-and-stop cycle. This gives groups greater legitimacy with government and the community.

Longer project funding is seen as a major factor in the ability of funded groups, partner organizations and networks to promote inclusion. Several interviewees noted that building relationships with marginalized groups is especially time-consuming. It takes a longer time to establish the trust that supports sound relationships. In addition, it can be difficult to live up to target group expectations in a short time frame. Especially with marginalized groups, things cannot be hurried.

Assured longer term funding also gives funded groups the ability to look for supplementary funding and partners, where desired. It improves project scheduling options - where flexibility and timing are major success factors. Groups reported they were able to take a more focused approach and to explore new ways of working.

Groups with longer term funding can also respond to and mitigate unanticipated events. One example was provided of an organization that had two almost totally new boards of directors in two years. Longer term funding allowed the organization to deal with transitional governance issues while keeping the project work going.

## **5. Conclusions**

The PHF Atlantic Initiative has been in place for seven years (2001-08) and has been effective at achieving short and medium term objectives to increase policy capacity, activity and opportunity. The long term goal of influencing the development of healthy public policy is difficult to assess with certainty given the multiplicity of factors at play in the policy arena, although some success was documented. The review shows a strategic and intentional use of the Population Health Fund (PHF) to support activities that ultimately improve the health of Canadians.

### **Conclusions**

- Capacity building and relationship development are definitive steps in the process that contribute to and have an impact on policy development.
- The PHF's seven-year time span is credited with providing clear intention, strong direction and the opportunity for in-depth learning.
- There is good evidence that the shift to longer-term funding resulted in significant benefits to funded groups and to improved project outcomes.
- The importance of building a strong foundation that rests on knowledge and evidence, capacity and relationships was affirmed.
- There is evidence that the focus on policy capacity continued to produce results (community action in policy development) after project funding ended.

## Appendix A

### Capacity Building for Policy Development Initiative - References Background Documents and Documents Developed for the Initiative

**Capacity Building:** Linking Community Experience to Public Policy, Julie Devon Dodd and Michelle Hébert Boyd, October 2000. A resource designed to help people in both the public and voluntary sectors include the community perspective(s) in the policy-making process.

[http://www.phac-aspc.gc.ca/canada/regions/atlantic/Publications/Capacity\\_building/index.html](http://www.phac-aspc.gc.ca/canada/regions/atlantic/Publications/Capacity_building/index.html)

**An Inclusion Lens:** Workbook for Looking at Social and Economic Exclusion and Inclusion, prepared by Malcolm Shookner, June 2002. A tool to analyse legislation, policies, programs and practices to determine whether they promote the social and economic inclusion of individuals, families and communities.

[http://www.phac-aspc.gc.ca/canada/regions/atlantic/Publications/Inclusion\\_lens/index.html](http://www.phac-aspc.gc.ca/canada/regions/atlantic/Publications/Inclusion_lens/index.html)

**Taking Action Through Public Policy:** A Focus on Health and Environment Issues, is a publication of the Community Animation Program (CAP), 2002. A resource kit filled with stories and tips from community groups working to get their issues on the government agenda.

**Public Policy and Public Participation: Engaging Citizens and Community in the Development of Public Policy,** Bruce Smith, September 2003, prepared for Population and Public Health Branch, Atlantic Regional Office, Health Canada. A workbook designed to enhance knowledge, skills and abilities relating to the development of public policy, with specific emphasis on the meaningful inclusion of stakeholders and citizens.

[http://www.phac-aspc.gc.ca/canada/regions/atlantic/Publications/Public\\_policy/index.html](http://www.phac-aspc.gc.ca/canada/regions/atlantic/Publications/Public_policy/index.html)

**What Works! Putting Community Issues on the Public Agenda:** Eight Stories from Atlantic Canada, Susan Lilley for Health Canada, 2004. This publication highlights eight community projects that were successful in achieving the Initiative goal: “Communities and governments working collaboratively to develop healthy public policy.” Eight “best practice” stories are told, and ten tips are described.

[http://www.phac-aspc.gc.ca/canada/regions/atlantic/Publications/What\\_works/index.html](http://www.phac-aspc.gc.ca/canada/regions/atlantic/Publications/What_works/index.html)

**Complete list of projects** (n-128) funded under the PPHB/PHAC Capacity Building for Policy Development Initiative (2001 - 2008), compiled February 2007.

<http://www.phac-aspc.gc.ca/canada/regions/atlantic/project/index.html>

**Results-based Management and Accountability Framework (RMAF):** “Promotion of Population Health Grants and Contributions,” November 1, 2003 and the Annex: Results-based Management and Accountability Framework and Risk Assessment for the Population Health Fund.

## **Evaluation of the Initiative**

Capacity Building for Policy Initiative, **Evaluation Framework**, Susan Lilley, 2002, Prepared for Population and Public Health Branch, Atlantic Region, Health Canada.

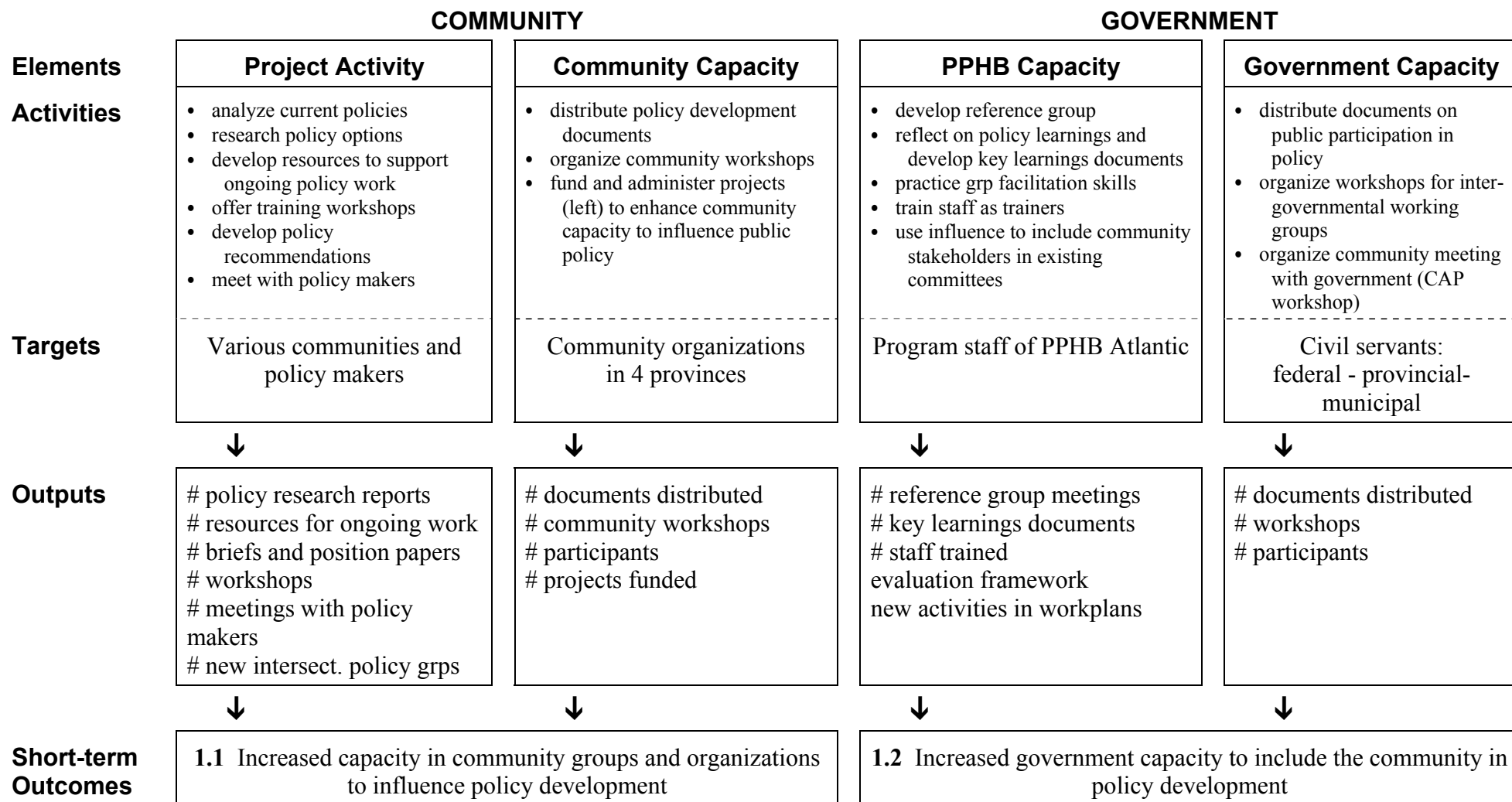
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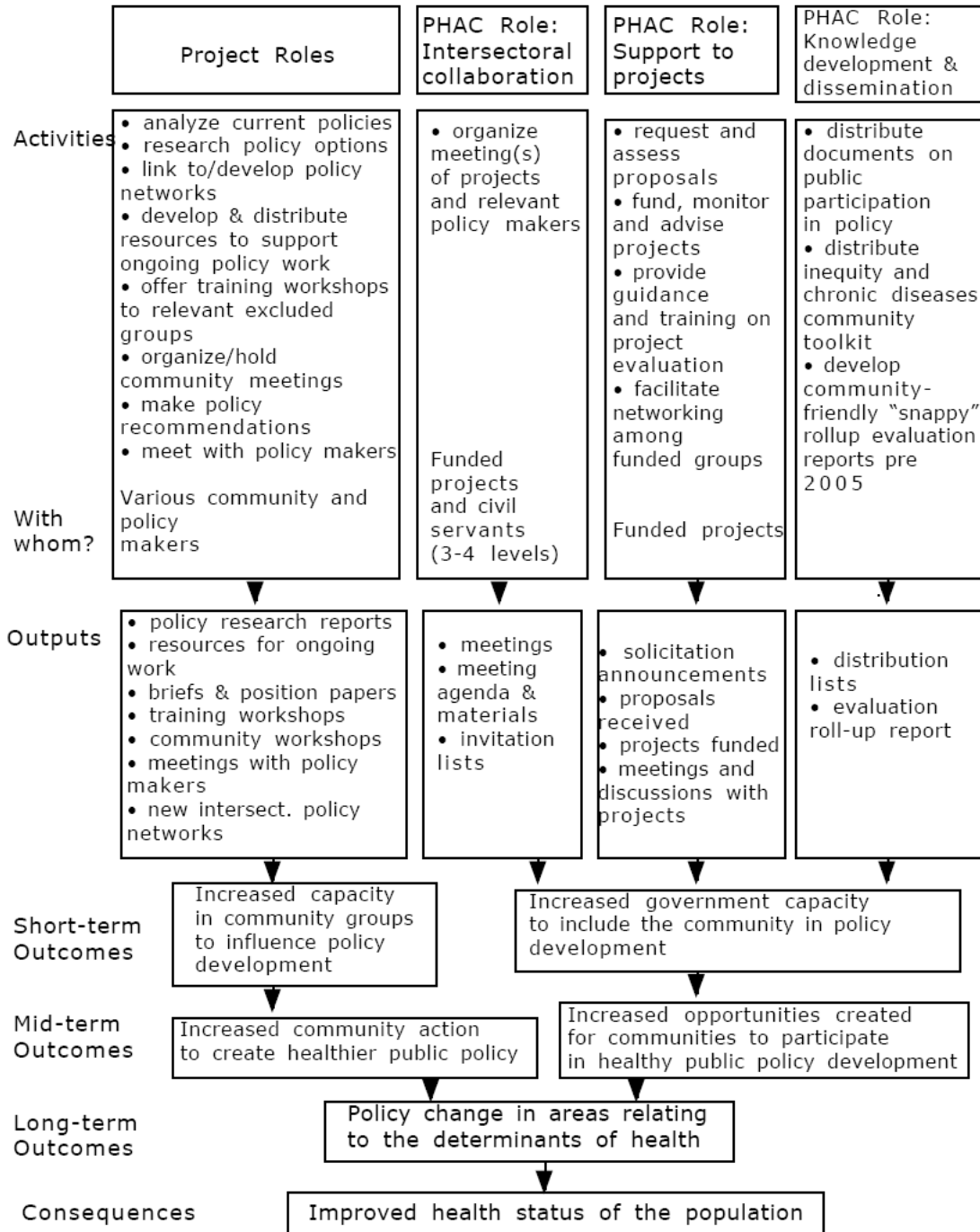
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## Appendix B

### Logic Model - PPHB Initiative for Capacity-Building for Policy Development, 2002



## Logic Model PHAC Initiative for Capacity-Building for Policy Development 2005-2008



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