

Manitoba Health, Seniors and Active Living
Healthy Together Now
2010 – 2015 Evaluation Report



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Executive Summary

Healthy Together Now (HTN), formerly the Chronic Disease Prevention Initiative (CDPI), is a community-led, regionally-coordinated and government supported program to help prevent chronic disease in Manitoba. Participating communities develop projects and activities across four areas of primary prevention.

In an effort to understand the impact of HTN across Manitoba, the evaluation used process and outcome measures (see for full evaluation framework, see Appendix A) to understand the degree to which HTN has contributed to the prevention of chronic disease in Manitoba, more specifically:

1. *To what extent has the HTN model been implemented as planned?*
2. *How well has HTN helped communities plan and deliver sustainable, community-led chronic disease prevention initiatives?*
3. *Have HTN program participants changed their knowledge, attitudes and behaviours in ways that will promote health and wellbeing and prevent chronic disease?*
4. *How has HTN enhanced the social and environmental conditions that contribute to health and wellbeing (e.g., changes to the built environment, adoption of new policies, addressing the social determinants of health)?*

Evaluation Highlights

HTN Implementation

Healthy Together Now (HTN) community grants are accessed by communities across Manitoba. Projects are community-led, fitting local interests and needs, and informed by evidence brought forward through project planning. The program increases the availability of chronic disease prevention activities in the province, connecting with Manitobans at a local level. An adaptable and flexible funding tool that draws multi-sectoral partners to the table, HTN changes the conversation about health – broadening from a focus on individual behaviour to a population health approach - and engages communities as leaders to define their needs and path forward.

- From 2010-2015, HTN was active in all five health regions. **120** communities across Manitoba accessed HTN – increasing the availability of chronic disease prevention activities available at a local level.
- Between 2010-2015, **1,619** projects were launched in Manitoba communities.
- Over **859** HTN project sessions (e.g., event, training) were held, engaging on average **on average over 20,500 Manitobans a year**.¹
- Participants engaged with all four HTN pillars (tobacco prevention and reduction, healthy eating, physical activity, and mental wellbeing) – with tobacco prevention and reduction the least.
- A notable number of projects (20%) targeted priority populations, such as families, seniors, or youth.

Sustainable, community-led, chronic disease prevention initiatives

¹ Community leads reported participation rates of unique events based on a range (e.g., 1-10, 11-25, 26-50, 51-100, 100+); multiple events calculated an average number of participants multiplied by number of session. To confidently report participation rates, an annual average based on the lower number from the reported range was used to calculate a **minimum HTN average annual attendance**.

Respondents consistently described projects that are determined by community needs, underscoring how HTN adapts to local interests. Projects are shaped through “conversations” between community members and staff, an iterative process that draws on local knowledge, interests and broader health concerns in the region. Community leaders are a key success factor for HTN, fostering relationships and maintaining momentum.

“People in the community are generating the ideas that work for each individual project or community.”

HTN’s impact extends beyond the life of a project. Sustainability of project impacts is evident in various ways, and includes: enhanced knowledge about individual or community health (“health literacy”) or skills that can be transferred to other realms of life; reconfigured social relationships; increased community ownership of health outcomes and positive attitudes toward change; leadership development; and increased physical literacy among participants of all ages.

- 80% of community leads said HTN activity helped contribute to long-term changes for their community (68% Yes; 18% To Some Extent).
- Most project leads agreed HTN activity helped make the healthy choice the easier choice (64% Yes; 22% To Some Extent).

Challenges to secure financial sustainability of projects after a single year of HTN funding exist; it may take more than one year for a project to connect to additional supports and partners, and some communities have fewer options for local funding and partnerships.

Sustainability can be like “a group of people, like the walking group, and having them carry it forward.”

Changing knowledge, attitudes and behaviours

HTN enhances health-related knowledge of participants through project planning, program delivery and the annual Share and Learn. Gains in knowledge and skills are not limited to HTN projects but “ripple” out to other parts of community life. Through HTN, positive connections are forged, supporting individual and community wellbeing.

- HTN participants gain knowledge and skills; some develop positive attitudes about making change in their communities.
- Tangible skills and abilities (e.g., food preparation, physical literacy) are gained through HTN, and transferred to other parts of life.
- HTN projects enhance health related knowledge in communities by connecting project leads to health information and resources; regional health staff work closely with HTN grantees to scope, plan, and connect projects to evidence, partners, resources and supports.
- The annual Share and Learn supports knowledge exchange across Manitoba communities; the event is consistently and highly rated as relevant, informative and useful by a majority of participants.

Enhancing social and environmental conditions

Communities described having more access to healthy food and prevention programming through HTN. HTN helps to bring resources into communities, resulting in projects that have a “legacy,” creating a “supportive environment.”

HTN improves access to community resources, supporting education and training on healthy lifestyles and nurturing knowledge in communities and local champions. Enhancing local resources through training and skill development, HTN builds community capacity and contributes to sustainability of initiatives. For example, gardening projects adopted and championed by local schools, and training local residents for fitness programming.

In addition to enhancing health knowledge of community members, HTN connects sectors, organizations and networks, forging partnerships and linkages in communities, changing the relationships of those working to improve community health. HTN projects rely on partnerships, whether its financial, material, knowledge or a helping hand. Those sectors with a shared mandate to improve the health of communities (such as recreation, education, municipal government) are more closely and regularly engaged through HTN. HTN often lays the groundwork for future collaboration on locally-identified initiatives.

- Partners are consistently engaged to support HTN project design and delivery. Of a thousand community monitoring forms, close to **700** reported partner contributions.

For some, HTN monitoring requirements were disproportionate to the funds received, or were challenging given community capacity to evaluate the project. Others found the level of reporting adequate or that the challenges were addressed with the move to online reporting (2015-16). There is interest in understanding how HTN monitoring information is used or shared, and to ensure that newer online application and reporting does not present barriers to participation. Moving forward, staff time and regional investment are critical to the community development approach of HTN; across Manitoba’s five health regions, HTN is greatly supported by the role of a provincial coordinator to ensure program integrity, collaboration and information sharing.

HTN injects communities with skills, knowledge and abilities to carry out prevention programs. With a community development approach, HTN starts a conversation with communities about their health, cultivating community leadership, and encouraging partnerships within and across communities. Although the ability to measure HTN’s impact – whether individual, organizational, or system wide – is challenged by the anecdotal nature of evidence provided by respondents, the small scale interventions common to HTN and the complex factors that impact behaviour change, a review of HTN 2010-2015 suggests that HTN increases the capacity of communities to prevent chronic disease at the local level.

Recommendations

1. Strengthen HTN's health equity focus

Equity is a central HTN principle that can be strengthened. Steps toward this may include: revisiting funding guidelines to clarify program focus on health equity; extending opportunities to repeat HTN funding for projects with an equity focus; enhanced training of RHA staff in principles of health equity; conducting needs-based, evidence informed assessments to determine regional priorities that reflect the range of target populations across the province; ensure community reporting measures can adequately describe engagement with target groups; and enhancing RHA outreach to target populations, including support for project application and monitoring alternatives (e.g., print format, in person application).

2. Explore opportunities for longer term funding and support

Local projects that run successfully, year after year, indicate ongoing community need. Although HTN is not intended to be ongoing, annual funding, projects often need more than one year to secure longer-term (financial and in-kind) supports, and broker partnerships that may help sustain local projects. Opportunities for funding and partnerships may be limited in smaller or remote communities; in some cases, HTN is the only applicable funding available.

Moving forward at the provincial level, HTN can explore criteria to identify and champion recurring projects for longer term support, allowing regions to continue to meet demonstrated need. At the regional and local level, HTN can continue to connect community leads to relevant partners, and identify tools and resources that could help communities sustain projects. Projects that have successfully met ongoing community need may also be models for other communities to adapt or create.

3. Strengthen the community of practice committed to health and well-being

HTN cultivates intersectoral networks, bringing players from education, environment, social services, immigration, food security and others to the table. HTN representatives can strengthen the community of practice by continuing to reach out to partners – strengthening the community development approach to health. Going forward, HTN provincial committee can continue to engage sector representatives (e.g., PACM), link with regional networks across the province, and explore joint delivery of learning, training, programs and events. At the regional level, HTN can further strengthen local networks by continuing to engage a broad range of perspectives on funding committees and connecting community project leads to relevant sector partners.

Exploring ways to broker these relationships across the province can maximize use of available resources and further integrate HTN with community initiatives. Strengthened relationships increase potential of project sustainability, as HTN helps to cultivate various ways sectors can work together.

4. Develop and implement a performance measurement framework

HTN projects are local, often a smaller scale, and only one of many influences on individual and community health – making it difficult to connect HTN’s interventions to broader health outcomes.

Developing and implementing a performance measurement framework that captures and celebrate success can ensure HTN’s contributions to healthy communities are recognized. With leadership from the provincial committee, this may include: revisiting the CDPI logic model; formalizing a program vision; setting program targets (e.g., reach of target populations) to allow robust process monitoring; identifying key performance indicators; building capacity of regional staff to capture program data and support evaluation; continuing to build awareness and familiarity with online project application and monitoring format; and sharing learnings with HTN supporters and partners.

HTN may also explore opportunities to demonstrate value for money through return on investment analyses, such as Social Return on Investment.

5. Broaden HTN’s definition of sustainability

Sustainability of local HTN project impacts includes: gained applied skills and knowledge; attitude change regarding community’s ability to create change; enhanced literacy (health literacy) of the factors influencing health; stronger social connections; reconfigured networks of those working to improve individual and community health and wellbeing; introduction of capital resources; incremental shifts in policy and practice; and the emergence of community leaders and local health champions.

Broadening HTN’s definition of sustainability can allow current success to be captured and celebrated. For example, ensuring the program performance measurement framework captures sustainability in social or knowledge-based terms – such as developing community leaders or enhanced health literacy. Correspondingly, different modes of sustainability can be supported in HTN program delivery; for instance, funding leadership development, and connecting community participants to resources that build leadership capacity.

6. Resource regional and provincial staff to successfully deliver HTN

Regional health staff are central to HTN delivery, undertaking community outreach, project design and monitoring support, connecting sectors and partners, and ongoing program administration. Providing support to program staff is a critical success factor for HTN, and can include; assessing the current level of resources dedicated to delivery of HTN with an interest to expand program administrative supports in the region; revising and strengthening the project charter so regions and province can best work in partnership; and ongoing training and sharing among RHA staff to promote program fidelity and knowledge transfer.

A further recommendation is to maintain a full-time provincial coordinator. The central coordinator liaises with sector partners; promotes evidence based learning; coordinates the valued annual Share and Learn; administers HTN at a provincial level; provides internal leadership on program changes and communication; leads strategic performance framework discussions; ensures HTN’s story is heard by supporters and potential funders alike; and ensures the fidelity of the HTN program model.

Background

Healthy Together Now (HTN), formerly the *Chronic Disease Prevention Initiative* (CDPI), is a community-led, regionally-coordinated and government-supported program to help prevent chronic disease in Manitoba. Projects are planned and led by individual communities while the Manitoba government and regional health authorities provide overall coordination, funding and training.

Healthy Together Now focuses on primary prevention activities that support Manitobans across four areas; physical activity, healthy eating, tobacco prevention and reduction, and mental wellbeing (mental wellbeing added in 2010). Participating communities develop projects and activities to address risk factors affecting individuals in their community. These activities can reach people of all ages in the community, including at home, school, and work. HTN projects are²:

- *Grassroots*
Community members identify, initiate and lead projects.
- *Evidence-informed*
Evidence is used to plan and design each project and to measure its effectiveness.
- *Integrated*
HTN aligns and blends with existing programs to add value and enhance their reach.
- *Focused*
Projects target priority populations as identified by communities and health regions.
- *Sustainable*
Strong partnerships and community ownership promote lasting effects.

The goals of HTN are to:

- Support community-led prevention activities.
- Get organizations, communities, regions and government working together to prevent chronic disease.
- Join with and build on existing prevention programs.
- Increase skills, knowledge and ability to carry out prevention programs to address different levels of health.

² Government of Manitoba (nd). Chronic Disease Prevention: Healthy Together Now. Retrieved from <http://www.gov.mb.ca/healthyliving/hlp/chronic.html>.

Structure

HTN is delivered by a network of partners.

Provincial Committee

Representative committee of all signatory parties who oversee HTN and provide general direction to ensure activities are aligned with the project goals.

Health, Seniors and Active Living (HSAL)

Health, Seniors and Active Living (Government of Manitoba) provides administrative and operational support including funding, monitoring and project management.

Evaluation Committee

Supported by a third-party evaluator to develop evaluation frameworks, monitoring frameworks, and tools and resources for provincial, regional and community use.

Regional Committees

Multi-sectoral and led by the RHA in each region, committees are responsible for management and oversight, including community selection, funding allocation and community plans. RHA Facilitators are responsible supporting implementation of activities and providing training.

Participating Communities

An individual or group of entities that lead, develop, plan and implement chronic disease prevention activities in the community.

Timeline

Starting in 2005 as a federally-funded pilot project (Chronic Disease Prevention Initiative), HTN has evolved over 15 years to a province-wide, community-based prevention initiative.

PRE CDPI	2002	CDPI Planning Committee established (F/P government, NGOs, RHAs)
	2004	Manitoba Health and Healthy Living assume lead
2005 - 2009	2005	CDPI charter, logic model and work plan developed RHAs commit to 11 FTE
	2006	Funding flows to regions Community Activity Monitoring reports (2 x year), Community Action Plans (1 x year) submitted to province
	2007	Training, Evaluation and Provincial committees formed Mission developed for HTN to be “community-led, regionally coordinated and government supported” Provincial Training Coordinator starts (0.5 FTE)
	2008	Share and Learn starts Provincial Training Coordinator full time Communication Working Group established 11 Community Activator positions funded to support CDPI in regions (Manitoba Government)
	2009	Community Capacity Building Tool (implementation report) completed by 54 CDPI communities
2010 - 2015	2010	Transition year to Healthy Together Now Mental Wellbeing added as fourth pillar (*Burntwood, Brandon RHA added in 2006) Knowledge Exchange Working Committee established CDPI funds protected from RHA global budgets 2005-2009 CDPI evaluation report released
	2011	Tobacco funding announced (external funding source) Healthy Together Now becomes official program name Expansion of HTN across all Winnipeg communities Database developed for monitoring forms; 2-page monitoring forms
	2012	Action plan template for regional roll-up HTN guidelines drafted; principles updated
	2013	RHA amalgamation (5) Provincial Committee revised ToR Performance monitoring review started
	2014	HTN website refresh HTN visual identity guidelines established Performance monitoring review complete; new forms created
	2015	HTN funding guidelines revised, with regional input Common application and monitoring form adapted; online forms

HTN Approach

Healthy Together Now uses community development principles to help prevent chronic disease in Manitoba. Communities come together and take action on local health issues across four areas of primary prevention; physical activity, healthy eating, tobacco prevention and reduction, and mental wellbeing. HTN's **guiding principles**³ denote an approach that builds on the strengths of communities, organizations and government partners.

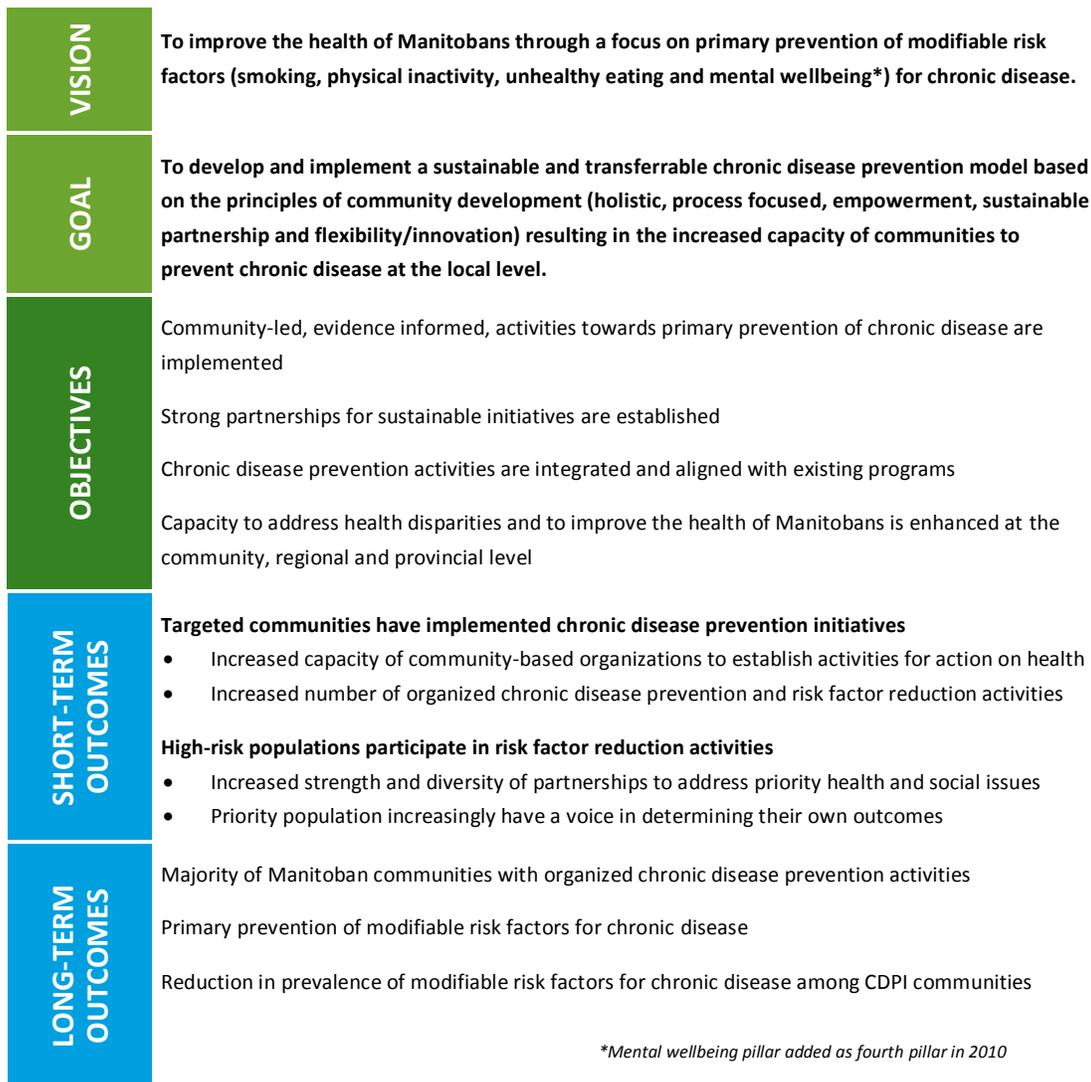
HTN is one of many in chronic disease prevention efforts that collectively aim to improve the social and environmental conditions that support individual and community well-being. Evaluation considers individual and community outcomes, recognizing the many contributing factors and understanding that observable changes in overall population health take significant time.

HTN Guiding Principles

- Accountability
- Community-led
- Effective communication
- Ongoing dialogue
- Partnerships
- Evidence-informed programs
- Knowledge exchange
- Capacity building

CDPI Project Charter (2005)

HTN Logic Model (adapted)



*Mental wellbeing pillar added as fourth pillar in 2010

³ As outlined in the CDPI Project Charter (August 2005).

Methodology

The overarching goal of the evaluation was to **understand the degree to which HTN has contributed to the prevention of chronic disease in Manitoba** (for full evaluation framework, see Appendix A). Process and outcome measures were used to determine:

5. *To what extent has the HTN model been implemented as planned?*
6. *How well has HTN helped communities plan and deliver sustainable, community-led chronic disease prevention initiatives?*
7. *Have HTN program participants changed their knowledge, attitudes and behaviours in ways that will promote health and wellbeing and prevent chronic disease?*
8. *How has HTN enhanced the social and environmental conditions that contribute to health and wellbeing (e.g., changes to the built environment, adoption of new policies, addressing the social determinants of health)?*

Data Collection

The evaluation used existing data where available, including a review of Share and Learn evaluations and project monitoring forms submitted to HSAL from April 1, 2010 to March 31, 2015.

Additional data was obtained through interviews and focus groups, including:

- One-on-one interviews with key provincial and regional leads; five key informants, with considerable knowledge about HTN were identified by the Evaluation Committee
- Focus groups with 6 funding approval committees, encompassing 50 people (excluding Interlake-Eastern Regional Health Authority)
- Case study interviews (7) with community leaders; identified by regional leads to reflect geography (2 per region), focus and length of involvement

Stakeholder Terminology

Regional health staff across Manitoba support HTN. The evaluation refers to those whose job has a component of HTN support as “regional staff,” recognizing that job titles vary across the five health regions (e.g., Healthy Living Facilitator, Community Health Developer, Health Promotion staff).

Community residents who are HTN project leads will be referred to as “community project leads” or “community leads.”

Data Analysis

Key themes were identified as they relate to evaluation questions and indicators. The impact of external contextual factors was considered in the analysis, including: time involved and experience with HTN across communities; differing target populations impacting reach and results; and the impact of regional amalgamation. Unexpected influences or results were identified and explored.

Limitations

The ability to measure HTN's impact – whether individual, organizational, or system wide – is challenged by the anecdotal nature of evidence provided by respondents, the small scale interventions common to HTN and the complex factors that impact behaviour change.

Application and monitoring forms were revised in 2010-2011 limiting comparability over time. Project forms were in multiple formats (Microsoft Word, Adobe PDF, on paper). Some data is absent as not all project information was entered by HSAL into the database. Qualitative analysis involves the subjective views of the evaluation team.

Richer School Student Gardeners



Findings

HTN Implementation

Shared understanding of HTN goals underpins program delivery

Respondents' shared understanding of HTN's goals and guiding principles is reflected in the themes that emerged from discussions about what HTN is trying to achieve.

Behaviour change at a community level was often mentioned. As one respondent described, HTN programming helps people make small changes that lead to healthier lifestyles around food, activity, tobacco use and stress. Many described seeing an attitudinal shift among participants that includes both a new understanding about what determines health and a belief that they have the ability to impact the health of their communities.

HTN Goals

- Support community-led prevention activities.
- Get organizations, communities, regions and government working together to prevent chronic disease.
- Join with and build on existing prevention programs.
- Increase skills, knowledge and ability to carry out prevention programs to address different levels of health.

For an example of community-driven programming, see the Kids of Mud Case Study (p. 30).

A second theme was the evolution of HTN “from health programming to holistic programming” - shifting from individual behaviour change to a community health approach, focusing more broadly on capacity building and community wellness. Key informants and focus group participants spoke about HTN's focus on contributing to the “overall well-being” of communities. HTN's evolution was often linked to participants' growing awareness that “health is everybody's business.” Instead of simply running programs, respondents said communities use HTN to tackle broader issues like food security and health equity.

*“Back then, health was doing things **to** people – not **with** people.”*

“Bringing awareness to address...growing concerns in child obesity, diabetes, HIV/AIDs and modeling healthier choices – being proactive rather than reactive is bringing forth changed behaviours.”

A third theme was HTN as community development, described by some as the “essence” of HTN. Respondents spoke about communities' ability to “come together” to strengthen what was working well and to address gaps; identifying and taking action on issues that were important to them. HTN's granting process plays a role in how health allies “do” community development, a part of the broader “philosophy” that frontline regional health staff “embody everyday” – with a focus on building community capacity. As one respondent said, HTN has shifted from health programming, to helping communities, to communities helping themselves.

“It's not just about healthy outcomes. It's about changing the strengths of communities.”

HTN's commitment to reaching high risk, vulnerable segments of the population was a fourth theme; project leads reported that hosting low or no-fee initiatives and staging activities at venues already visited by community members helps to engage those who face barriers to participation.

“Families are not always able to attend events that charge admissions, offering free events helps get people out and taking part in a healthy activity.”

HTN reaches across the province

From 2010-2015, HTN was active in all five health regions; 120 unique communities were involved, with 99 communities participating more than once.⁴ There is a growing awareness of HTN at the local level – reflected in the fact that new community groups connect every year with HTN.

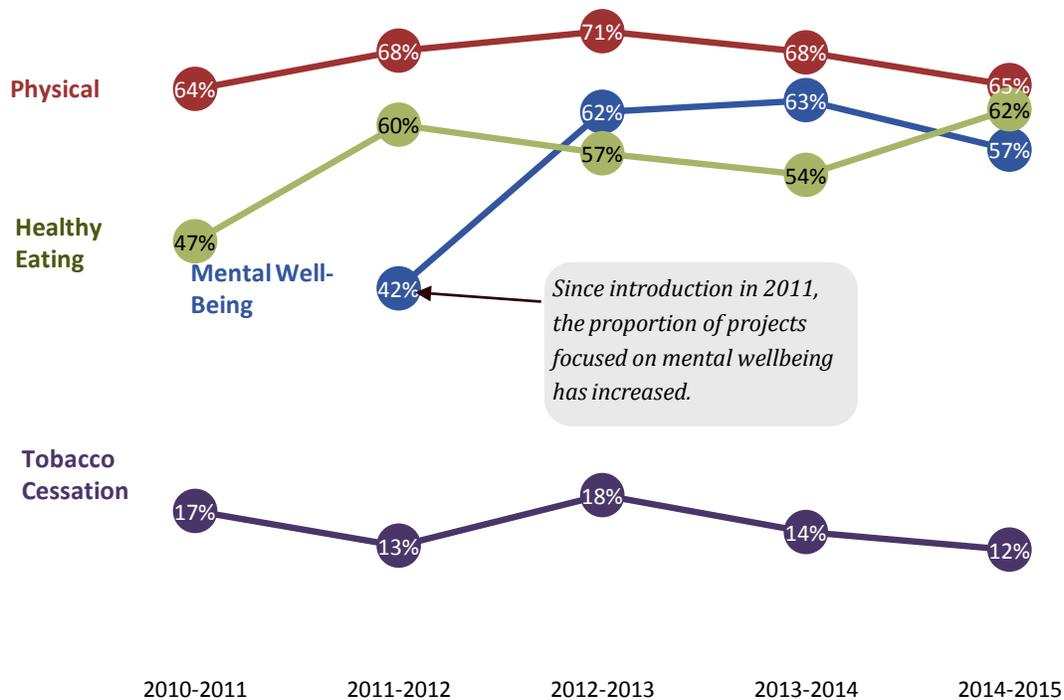
HTN Communities and projects		
Fiscal Year	Communities	Projects
2010-2011	45	379
2011-2012	42	228
2012-2013	54	364
2013-2014	81	428
2014-2015	59	220

Between 2010-2015, 1,619 projects were launched in Manitoba communities. Over **859** HTN project sessions (e.g., event, training) were held, engaging **on average over 20,500 Manitobans a year.**⁵ Communities have engaged across all four project pillars; most often focusing on physical activity, and least often on tobacco prevention and reduction (see Appendix B for HTN projects by RHA and pillar).

For an example of targeted programming, see the Many Hands Case Study (p. 19).

Each year, the highest proportion of HTN projects focus on physical activity.

(Note: projects could choose more than one pillar per application.)



⁴ A small number of projects were regional and were excluded from the community calculation.

⁵ Community leads reported participation rates of unique events based on a range (e.g., 1-10, 11-25, 26-50, 51-100, 100+); multiple events calculated an average number of participants multiplied by number of session. To confidently report participation rates, an annual average based on the lower number from the reported range was used to calculate a *minimum HTN average annual attendance*.

HTN focuses programming – but can improve equity lens

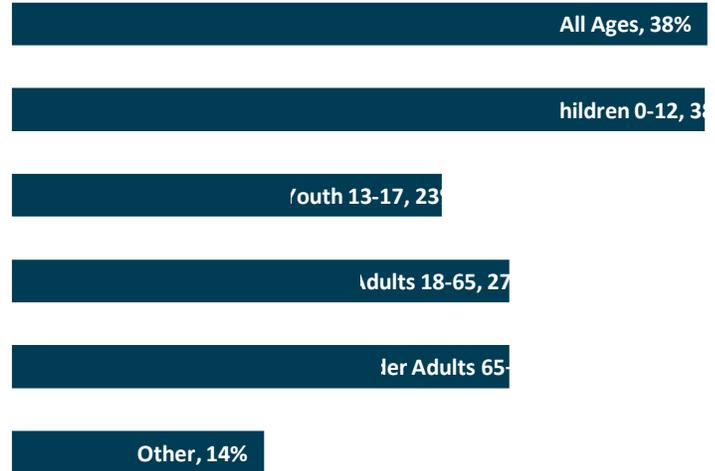
Projects focused on a range of populations across all age groups. In addition to age specific programming, almost 20% (n=189/1006) of projects between 2011-2014 targeted community identified priority populations including: families, children and youth, newcomers, Indigenous people and individuals with disability.

For an example of family focused programming that integrates with local resources, see the Activities in Community Places case study (p.29).

Described as “working with those who are ready” – respondents acknowledged that successful HTN application and implementation can require a certain level of capacity. This does not align with HTN’s intent to work with communities and populations that have greater need. Some challenge HTN to ensure a broader representation of communities; moving to a stronger mandate for health equity.

Respondents called on the province to target the limited resources, take greater leadership and be more “explicit about health equity.”

HTN projects focus on all age groups (2011-2015)



Dead Ox Trailblazer participants



Sharing evidence and learning

The annual Share and Learn offers opportunities for community representatives, staff and HTN partners to share evidence and build knowledge. Focus group participants and interviewees spoke positively about Share and Learn, finding it central to knowledge exchange among participating HTN communities and staff.

Annual evaluations of the event reflect this feedback. Bringing together approximately 150 participants over two days since 2010, Share and Learn provides community participants, partner organizations, regional health staff and provincial government an opportunity to learn about emerging and best practices, share stories of success, and learn about activities in other communities.

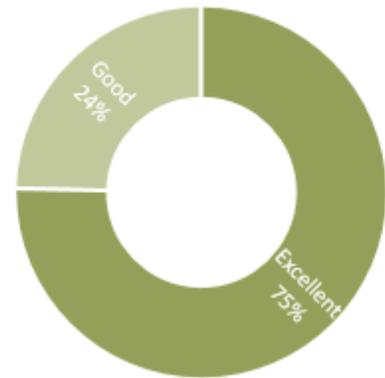
Share and Learn participants rated the quality of information highly (see Appendix C, Share and Learn participant evaluations); since 2011-2012, close to 100% of participants rated event information as good or excellent; with the proportion rating event information as “excellent” over 80% in 2014-2015.

Over the past five years, 98% of Share and Learn participants rated the usefulness and applicability of information as good (31%) or excellent (67%). On average, 70% of participants rate Share and Learn as an “excellent” or “good” (30%) place to network and learn from each other. Some reported informally learning about different ways funding guidelines are applied across regions, causing confusion for funding committees, staff and project leads.

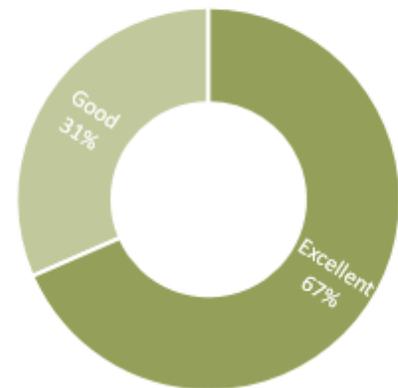
Outside of Share and Learn, knowledge sharing within and across communities was often described as informal and non-structured. At the provincial level, HTN took steps to strengthen the existing knowledge base by: sharing findings from the 2005-2010 evaluation; developing knowledge transfer tools (e.g., *Community-led Health Initiatives Work DVD*); participating in cross-jurisdictional knowledge exchange (e.g., presentation at CDPAC, 2012); enhancing information collection (e.g., established online HTN database); and supporting performance measurement with updated application and monitoring systems (e.g., 2014 performance measurement review, updated application and monitoring form 2014).

For an example of evidence-informed HTN projects, see the *Better Access to Groceries (BAG) Program Case Study* (p. 26).

75% of participants said the quality of information is excellent



98% said Share and Learn information is useful and applicable



Community reporting

There are a range of perspectives on grantee reporting. Many respondents said the online application form implemented in 2014-15 is more streamlined – better, “shorter”, “to the point,” and not “intimidating” like other applications. Some noted that working online creates problems for those challenged by poor internet connections, limited computer literacy or access to technology; expressing concerns that these barriers may disproportionately impact the most vulnerable.

Others said that as a community-based program, HTN struggles to find the “hard balance of bureaucratization;” ensuring accountability for funds without excessive reporting requirements. Some said accountability requirements are high relative to level of project funding – creating barriers for some communities.

Focus group participants and key informants suggested alternative reporting measures (e.g., interviews conducted by regional staff, plain language questions probing stories of project success); one group stressed that evaluation measures should be appropriate to the intervention, and that evaluation (and reporting) takes time, skills and knowledge many project leads do not have. A number of respondents asked about how the information collected is used.

“Where does the information on the monitoring forms go?”

Activities in Community Places participant (Winnipeg)



HTN Principles in Practice in Morden

Putting Many Hands together to respond to local need

Many Hands Resource Centre (MHRC) in Morden, Manitoba, opened its doors in 2013 to address food security in the region. Discussions with community representatives – including a nursing student, public health staff, school division, local churches and town council – identified a shortage of healthy food resources for those struggling to make cost-friendly, nutritious meals. MHRC programs are open to everyone in the community, including low-income individuals, families and seniors.

The aim of Many Hands is to share skills to help create low-cost, healthy meals for their families. Community Kitchen is the most popular program; groups meet weekly to cook and eat a wholesome meal together. “It’s fundamental for a person to have this skill set,” explains Heather Francis, Community Lead and Board Chair.

Monthly community dinners are also hosted by the MHRC. On the third Tuesday of every month, a free meal is provided at the Morden Alliance Church. Everyone is invited to help, pitching in with meal preparation, set-up and clean up. On average, 100 people from different generations and cultures gather each month to eat, connect and make new friends.

Recently, MHRC has taken on the care of Morden’s community gardens. With 200 plots in three different locations, Many Hands board members help maintain the gardens, teach people basic gardening skills, and promote local food.

Conditions for Success

Enthusiastic staff and volunteers keeps Many Hands running. The coordinator’s understanding of community needs and passion to build the skills and knowledge of community members draws people back to the Centre every week.

Participants’ willingness to attend programs and try new things is another driving factor of Many Hands success over the past three years. Those who came into the program with rudimentary cooking skills now thrive in the community kitchen. It’s significant, Heather said, when you see kids improve their attitudes around health and step outside their comfort zone to “try things they wouldn’t normally try – like a brownie made with black beans, and saying that it’s ‘good, not gross.’”

“How you eat and what you eat is important. That’s something that we can all keep learning about.” – Heather Francis, Community Lead

HTN Principles in Practice in Ste. Anne and Richer

Integrating HTN into existing programming to improve food security

For the citizens of Ste. Anne and Richer, Manitoba, addressing food security is a priority. In 2015, the newly founded Accueil Kateri Centre food bank began serving the town and municipality of Ste. Anne, Manitoba. They connected to HTN to build garden beds as outdoor classrooms for Richer School and as a food source for the food bank. Today the garden beds are an example of what local groups can do to support health and well-being by working with what is in place.

In its first year, around 250 lbs of vegetables (carrots, potatoes, beets) were harvested by students and volunteers, half of which went to the food bank where 30 families are served every two weeks. A lunch welcomed the community to celebrate the harvest.

Taking part in the garden beds brought community members in touch with the food bank; this helped to reduce stigma around food bank use and increased knowledge about food security in the area. The success of the project has reignited interest in volunteering and has encouraged funders to come on board. The project introduced the community to new ideas; a grocery buying program (BAG, Better Access to Groceries) has begun at Richer Community School after visiting a similar program in Winnipeg.

A year later in 2016, many of these volunteers used their new skills to build eight large garden beds with seating at the Ste. Anne Elementary School and Ste. Anne Collegiate – and aspire to expand the initiative to a third school in 2017.

Conditions for success

A champion at the local school was critical to getting the project off the ground. Working alongside a committed partner maintains project momentum and keeps people motivated. In the words of René, “the easy part is building something...the challenge is always sustaining, keeping it going.”

Integrating the garden bed initiative with work happening in the community was also important. For René, the HTN’s goals aligned with what Accueil Kateri Centre wants to achieve – to engage with and support community members on the ground. For Leigh Finney, Southern Health-Santé Sud’s (SH-SS) Healthy Living Facilitator, connecting with the centre volunteers was a natural fit; “they had a longer-term vision of reaching out to the community, building capacity [so] that people could go farther.”

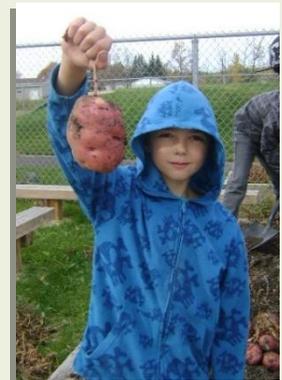
Working with the SH-SS health facilitators was valued for the early communication and liaison support; SH-SS brought together a range of community partners (e.g., the Bilingual Service Centre, local Recreation Director, and family service providers) who identified food insecurity issues in the RM of Ste. Anne – helping to identify in-kind or material project support. Ensuring community groups have timely funding can help projects maintain momentum, particularly seasonal initiatives.

Richer School gardeners and harvest



“Nothing builds success like success.”
– René Dupuis, Community Lead, Accueil Kateri Centre.

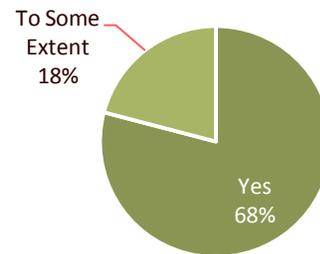
Richer School student



Sustainable, Community-led Chronic Disease Prevention Initiatives

Drawing on a review of monitoring forms, project leads reported HTN projects contribute to long-term change. Most focus group and key informant participants said that HTN is moderately or highly successful in its aim to help communities plan and deliver sustainable, community-led chronic disease prevention initiatives. They spoke about partnerships developed to design and deliver HTN projects, the skills and knowledge that participants gain, and the increase in health awareness – “health literacy.” A number of respondents described projects evolving over a number of years as they modify and adapt, before shifting away from HTN support. One respondent said; “I appreciate the process for a plan to be trialed, grow, and then leave us.” For many, HTN’s community development approach assumes sustainability in focusing on building knowledge and skills.

Do you think your activity helped contribute toward long-term changes for your community or its members?



For an example of sustainability in practice, see the Hummingbird Garden Case Study (p. 34).

Funding guidelines stipulate that HTN is “not intended to be ongoing or annual funding.” (See Appendix D, funding guidelines). For some, this is a barrier to developing sustainable programming – change takes longer than one year and partnerships and relationships need time to develop. Some focus group respondents felt that without HTN funding, programs would not continue as alternate funding is difficult to secure. Many respondents said the small financial award and not renewing funding is contrary to building sustainability. Limiting HTN to one-time grants is not evenly applied across regions, causing confusion for funding committee members and community representatives.

“In my view, [HTN] doesn’t create sustainability unless you have other sources.”

Some felt moving to a longer-term model would “take away from what HTN does well;” engaging communities, facilitating grassroots ideas and encouraging new people to work on local projects.

Extensive partner support

Extensive partner support is critical to HTN: “sustainability lies in the partnerships.” Monitoring forms indicate that partners are consistently engaged to support HTN project design and delivery.⁶ Of over 1,000 monitoring forms reporting on shared resources, close to 700 (70%) described partners’ contributions.

Common resources contributed to HTN projects include facility/space (43%), time (40%), promotion/advertising (19%), and people (staff, 15%; volunteers 13%; community 11%). Recurring use of community resources to support project planning and delivery suggests HTN is often integrated with other community initiatives.

⁶ 2011-2012 to 2014-2015 Monitoring Form data; this includes a wide range of 2013-2014 projects with no data in the database. Excluding 2013-2014 data, the proportion of projects that report partner resources rises to above 80% for years 2011-2012 (82%), 2012-2013 (92%) and 2014-2015 (93%).

Project leads report that a wide range of sectors provide support to HTN projects. For some, project sustainability relies on these partnerships, which include: recreation and sport; education; business; municipal, provincial, indigenous, and federal governments; social service agencies; health and agriculture.

Top resources provided by project partners (HTN monitoring forms, 2011-2014)



HTN opens doors to relationships, and facilitates a process to “find diamonds in the rough.” Focus groups and key informants spoke often about working with other sectors and partners to make HTN projects a reality; respondents also spoke about enhancing existing programming through HTN support. For instance, adapting an existing fitness program to welcome new mothers and purchasing outdoor equipment for recreation and municipal partners to use for events and programming.

“They get more involved in available community facilities and encourage others to do the same. Class participants that are committed to a routine exercise are allowed to borrow class equipment and resource material.”

Beyond partnerships

Some found that delivering programs in partnership over time strengthens sustainability. For example, establishing “a group of people, like the walking group, and having them carry it forward.” Partnerships in youth engagement can have lasting impact into adulthood – focus group and case study participants spoke about promoting healthy, sustainable behaviours rooted in youth programming. Sustainability is not just measured in financial terms, or by programs that no longer exist; instead, it was described by growth in awareness, knowledge and understanding achieved through lasting partnerships and engagement.

“As our target age group is youth, long-term impact and skills, knowledge transitioning to future generations becomes highly probabl[e]. Youth learn best from peer to peer so we have started up a mentoring program to empower our youth that are leaders to assist us to reach more youth with a consistent message.”

“Students begin to understand community resources better, have the beginnings of a healthier way to approach life...know that they do have choices and those choices can affect what and who they become.”

Increasing community understanding of the broad factors that determine health was also considered an indicator of sustainability; HTN cultivates a “thought process” that is sustainable as communities grow their “health literacy.”

“Hopefully it will have families enjoying physical activity together. The biggest thing for me was seeing our former students come back and take a leadership role.”

For an example of sustainability in practice, see the Northern Youth Leadership Case Study (p. 25).

Community led

With few exceptions, focus group and key informant participants said that HTN is highly or moderately successful implementing community-led programming. Examples of projects determined by community needs were consistently given and often underscored how HTN adapted to local interests; communities identify the issues of concern, and seek funding to help strengthen the health of individuals and communities.

“People in the community are generating the ideas that work for each individual project or community.”

“The flexibility [of HTN] is great.”

Community leaders are a key success factor for HTN, fostering relationships and maintaining momentum. Respondents described grantees’ growth in leadership skills.

“This improves the overall wellbeing of the participants, but [HTN participants] also spread the word in the community to help promote change within our community.”

Local and regional health information was used to scope HTN projects (e.g., Youth Health Survey, community health assessments). This process engages community and regional health staff, drawing on local knowledge, interests and broader health concerns in the region. The iterative process builds knowledge among grantees and strengthens relationships between grantees and staff. RHA staff, funding committee members, community participants and key informants described HTN projects as a “conversation”, “discussion” and “negotiation” between grantees and staff.

Some respondents noted a tension between being community-led and evidence-informed. One key informant said the “spirit [of HTN] is to be community-led”, yet communities are asked to provide evidence supporting project applications. For some respondents, the requirement to align with evidence hampers the community-led nature of HTN; others questioned if HTN is truly “grassroots” for similar reasons and seek more clarity of both terms. Some respondents questioned whether organizational (as opposed to individual) grantees are truly “community-led” while others said organization-based applications are often “community-sourced.”

HTN Principles in practice in the North

Focusing on priority populations in the Northern Leadership Youth Project

One striking thing about the Northern Youth Leadership Project (YLP) is who's in the driver's seat.

For the past four years, northern youth have tackled issues they feel are important to the health of their communities. Youth attended an intense two-day leadership training summit, chose a project, conducted research, planned and launched a project of their own design – all in one year.

Today there are 60 active Youth Leaders in six communities, from the original three in 2012. All youth complete Level 1 training; with more youth joining every year, a Level 2 leadership program is now in place to challenge more experienced youth.

Skills learned through project planning and delivery seep into other areas of life. Marcella Fenner, a YLP Hub Coordinator at Cormorant Community School said that participating youth carry themselves with greater confidence, using the skills they learn “to go and do something for others in the school.”

In addition to the unique projects – like the 2013 Zombie Walk in Moose Lake where students struck up partnerships with the youth centre, Chief and Council and RHA, or the Diabetes Walk organized by Cormorant Lake School that grew from an interest to better understand the experience of a fellow student – leaders are gaining useful knowledge and skills.

Conditions of success

A number of things have helped make YLP a success. Marcella found having different people involved – like Community Health Developers with the NRHA and school administrators who lend their support and energy – help make YLP happen. Having youth choose the projects also makes the issues “more real.” Creating the Community Steering Committee (the “HUB”) where a “Hub Member” in each community coordinates the youth projects, offers support, guidance and a listening ear also helped.

To build on the YLP's success, more community involvement can help, such as having adult chaperones to accompany students. Expanding YLP to other interested communities will provide other

young people with similar experiences, but would require funding.



HTN Principles in Practice in Elmwood

Evidence informed initiative enhances local food choice

The Better Access to Groceries (BAG) Program grew from local interest to improve food security in the Elmwood neighbourhood of Winnipeg. Chalmers Neighbourhood Renewal Corporation (CNRC), Chalmers Community Centre, Together in Elmwood Parent Child Coalition and Elmwood Community Resource Centre enlisted University of Manitoba nursing students to find ways to make nutritious food available to local residents.

The solution was BAG, a low-cost bag of fresh fruit and veggies for people living in Chalmers and surrounding Elmwood neighbourhood. On the first and third Tuesdays of every month, residents can pick up a \$10 produce bag at the Chalmers Community Centre. Produce comes from a nearby Cash and Carry Sobeys.



When the program first began in November 2014, just 19 orders were placed. Fast forward to 2016, the program is now running at capacity, with over 400 orders each pick-up day. People have met through the program and trade produce – some even began a Facebook group to share recipes. “It’s built a sense of community.” said Kerri Cuthbert, a member of the BAG Stakeholder Committee. The idea has also gained traction in other communities; Transcona and Seven Oaks have started their own programs.

“It’s built a sense of community.”

– Kerri Cuthbert, BAG Stakeholder Committee member

In the beginning, the volume of orders was tough to manage, with the number of orders jumping quickly in a short amount of time. Originally volunteers picked up the food with their personal vehicles but as the program grew, that was no longer possible. Cuthbert explained, “When the volume grew, a local realtor donated their vehicle and now, at capacity of 400 bags, Sobeys delivers.”

While having enough volunteers was an early challenge for the BAG Program, that is not the case anymore. The community groups involved have strong volunteer bases and there is an incentive for volunteers to donate their time; every ten hours worked gets them a free produce bag.

It is community buy-in from residents and partners that makes the BAG program run so well. Cuthbert said, “The same partners that have been on board since the beginning are still a part of the program today.” She also mentioned the importance of Chalmers Neighborhood Renewal Centre (CNRC) and the leadership role the organization has undertaken within the program. Particularly, keeping extra funds available to cover costs, as there isn’t considerable carry over from week to week.



Volunteers and staff load up groceries for weekly BAG pick up

Changing Knowledge, Attitudes and Behaviours

Forging new behaviours

Almost 80% of project leads reported HTN activities support behaviour change in participants.⁷ Focus groups, key interviews and a sample of monitoring forms reflect knowledge acquisition, growing confidence and self-esteem, and adoption of healthy behaviors.

“New habits around regular walking were established and the social contact that participants received as a benefit to walking helped reinforce the new habit and make it a life-long habit.”

Almost 80% of project leads agree that HTN activities support behaviour change



Knowledge gain

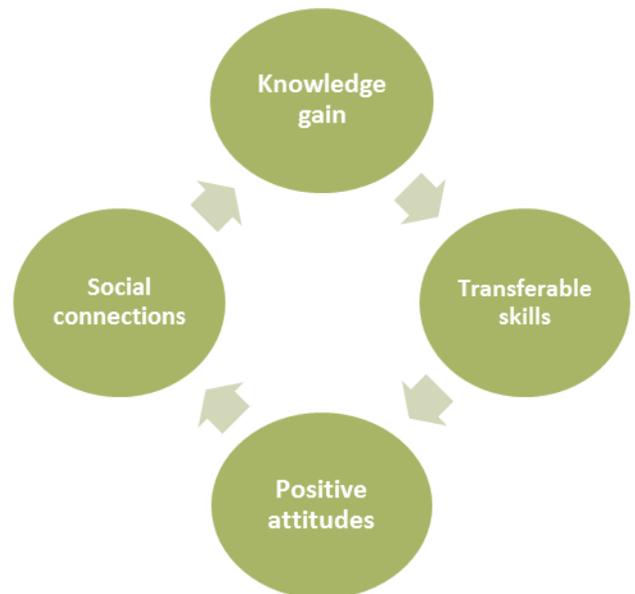
A recurring theme across all respondent groups was the knowledge gain of HTN grantees, described as a direct outcome of activities. For instance, “learning the importance of the family meal and good healthy food,” “seniors [who] felt more secure, and confident in using IT,” and understanding the growth cycle of a garden.

This gain is not limited to participants, but “ripple[s]” outward. Many respondents and monitoring forms describe knowledge, skills and enthusiasm for healthy living being shared with families and friends. As such, knowledge gain was often connected to related growth in tangible skills, positive attitudes around improving health and stronger social connections.

“The level of engagement in the activities, the project delivery method, and activity consistency keeps the messaging continuous, therefore easily transferable when making choices outside of project activities.”

“Nutrition knowledge was increased, but at a community level, the impact was low. However, knowledge diffuses to the family at home.”

Conceptual model illustrating the related gains of HTN participants



Funding committees, regional health staff and partners said that sharing information on local health priorities enhanced their knowledge about the community. One respondent said that reviewing grant applications as a funding committee “opened” their eyes to the challenges of funding decisions – and that working together was a “good education.”

⁷ To capture this data, 50 forms were drawn from over 1,000 monitoring forms from 2010-2015; 10 per health region. Reporting from Project Leads is drawn from this data set.

Positive about community-driven health

Changing attitudes can accompany knowledge gains. Monitoring forms described participants' increased confidence and willingness to try new things, in turn building a sense of self-sufficiency and resourcefulness. As one respondent described, HTN participants' shift from feeling complacent about "what [they] have to live with" to an attitude that they "can do something" to affect change.

"Parents comment on their child's interest in cooking at home. Kids' confidence and self-esteem increases over the program as they see and eat their success."

"A more open willingness to try new things both in eating habits and physical activity."

"Participants know that they are capable of being resourceful with traditional activities."

Building community

Respondents spoke about the unexpected community-building results of HTN projects; as one said, "we set to garden and all these other things are happening." Through HTN programming, participants connect with their neighbours and community members. As healthy choices and activities become habits, participants share knowledge with others – and in doing so, build and strengthen social connections. One respondent described a group of women gathering for a healthy cooking class. Initially meeting through HTN, members of the program now connect with and support each other directly; "HTN is the glue bringing this together." Another spoke about a community garden at a housing complex where seniors and persons with mobility challenges began to interact, a "chance to meet others."

"Having people share their stories about mental health challenges helps remove stigma and helps people to seek the assistance they need or to take the steps necessary to reduce and manage stress in their lives."

"Often participants bring their friends to the classes and continue to promote yoga and how much they enjoy coming to classes."

HTN Principles in Practice in Seven Oaks

Integrating family programming and local resources

With the goal of targeting chronic disease through physical activity and healthy eating, Activities in Community Places breaks down barriers to physical activity in the Seven Oaks School Division (Winnipeg).

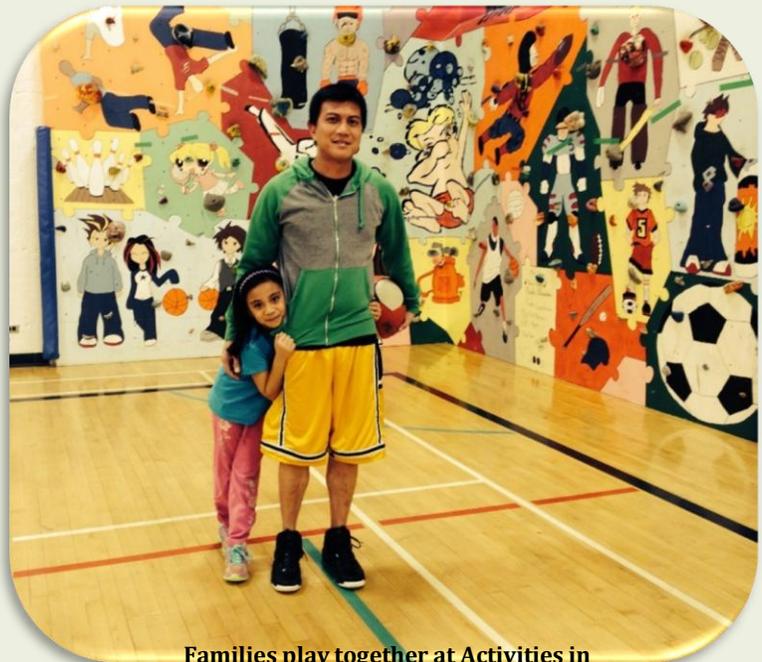
Seven Oaks Healthy Living Instructors opened Elwick School gym to families two evenings a week for a mix of organized and unstructured play. Participants took part in outdoor skating taught by school division’s instructors from the Learn to Skate program, with skates and helmets provided. A dietitian gave presentations on healthy eating and provided families with recipes for low-cost snacks and meals. With the program running after school, healthy snacks were prepared and waiting for families before activities began.

Re-opening the Elwick outdoor rink and recreation area after seven years was a win for program and community. Located in the same parking lot as the school, transportation was not needed, and skates and other equipment were stored in the building. Connections between students and staff grew stronger; students came to the evening programs more when their classroom instructors were involved in the evening programming.

Providing opportunities was rewarding but not without challenges. It is difficult to plan long term with yearly HTN project funding; “It would have been nice to have 3-5 year funding...it takes a lot to get a program running in the first place,” explained the previous program coordinator, Sandee Deck. After-school programming that competes for family time posed challenges, as did poor weather conditions.

Conditions for Success

Support at every level is vital to the project. Having staff with the necessary knowledge in areas of physical activity, nutrition, and chronic disease helped to get the program off the ground. The support of community volunteers was critical as participation quickly grew, lending a hand to program staff and helping with childcare. Giveaways, including scarves, mitts, toques, reusable travel mugs, and slow cookers (with meals and recipes included), were incentives that kept families engaged.



Families play together at Activities in Community Places programming

HTN Principles in Practice in McCreary

Community driven programming builds friendships and physical literacy

The Kids of Mud (KOM) is the official youth cycling program of the Manitoba Cycling Association (MCA). The program began in 2014 in McCreary, MB when young winter skiers began looking for activities when the snow melted. In response, local residents looked for programming to keep young people busy and make use of their local trails at Riding Mountain National Park. MCA provided coaching training to six rural volunteers so that kids (up to 16 years) can learn the basics of off-road cycling and racing.

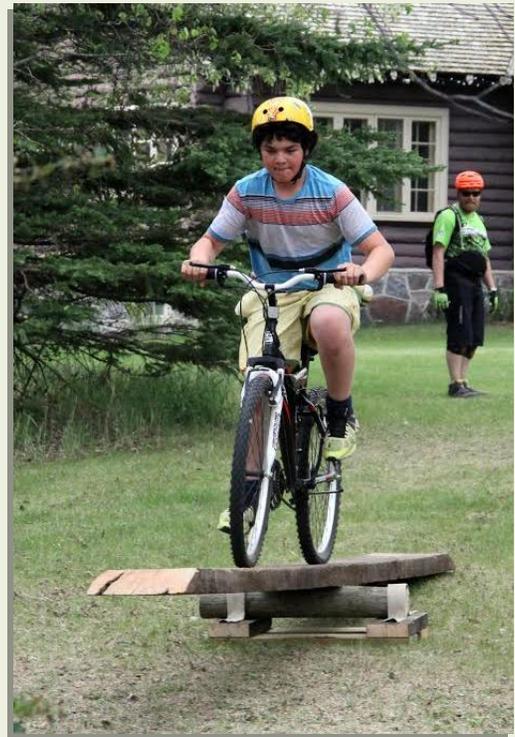
Through KOM, young cyclists quickly pick up the rudimentary biking skills and improve physical literacy. Participants learned tricks that prepare them for trail riding; the HTN grant provided KOM with money to get a teeter totter, ramp, and wooden boards of different widths to ride the skinny. These helped participants, especially those newer to biking, navigate obstacles on trails. KOM has evolved to include lessons about the natural surroundings, and cyclists talk about the plants and animals they see on the trails, learning to spot poison ivy and looking out for beaver dams as they ride.

The mix of cyclists between 5 and 10 years old develop social skills while taking part in KOM, with many coming out of their shells. On the trail, they are respectful of one another and help each other out. In communities that are generally “hockey focused,” KOM has become a social outlet for young people during the spring. Parents are also encouraged to come out and ride with the kids, healthy snacks are provided during every session, and those involved even learn basic bike maintenance – forging a new network of residents.

Challenges include other programs that draw potential participants away from KOM, and travel time for kids who live farther from McCreary.

Conditions for Success

Pam Little, Secretary and Program Coordinator for Dead Ox Trailblazers says working more closely with the local school and the recreation sector is a key opportunity for KOM, as all groups share a mandate to improve the health of communities. One group ahead of the curve is Ste. Rose School, which ran a mountain biking program in the spring of 2016. With the help of Dead Ox, they were able to provide specific clinics on bike maintenance and general skills. Through it all, growing self-esteem and confidence is what keeps kids coming back. “It’s a sport that’s immediately gratifying,” said Pam. Kids are reinforced by each other and it’s proven to be a rewarding experience.



Mastering the teeter totter at KOM.

Enhancing Social and Environmental Conditions that Contribute to Health and Wellbeing

HTN contributes to local conditions by enhancing local resources, leveraging funding and changing how diverse partners engage on issues related to well-being.

Resources in communities, for communities

Communities described greater access to healthy food and prevention programming through HTN. It helped bring resources into communities, resulting in projects that have a “legacy” and creating a “supportive environment.” The community-based nature of HTN is also valued – particularly in rural, remote and northern parts of the province. Project leads said frequent local programming that reflects the community and builds on existing resources enhances project success.

“Having foods that not available in the community makes the choice possible where it wasn't before. Learning about healthy eating makes it easier to make the right choice.”

“It's easier to get people to come out if an event is already established. New equipment made the activity sustainable and more appealing (old ratty equipment was replaced).”

“The sweat lodge ceremony was held at the school property which made access...easier for children attending school.”

“The program was run weekly therefore it became a routine.”

Enhancing local resources through training and skill development builds community capacity and contributes to sustainability (for example gardening projects transferred to local schools, and having teachers and administrators as champions). Respondents shared examples of HTN programs that train local residents and reduce dependence on external resources (for example training local yoga instructors).

“Due to this project the [community group] now has the supplies and resources to do a gardening project every year.”

Connecting to local health expertise

Communities are supported by knowledgeable health champions available for project planning, implementation, administration and evaluation. Regional staff spoke about the sizeable investment of time and resources for HTN. Community respondents indicated regional health support is integral to how HTN operates – providing access to health knowledge which community might not otherwise access. Staff and other respondents describe RHA staff as “partners”, “co-conspirators” and playing a “challenge” function to support project planning and development. One respondent described HTN as “not your regular grant program”, but a philosophy of community development that engages communities to identify and act on important issues. Respondents spoke positively about the steps of project planning and funding deliberation, as the process builds recognition of how various determinants of health “fit together.”

“Having a facilitator for the program helped encourage and motivate participants.”

Respondents repeatedly identified the value of a provincial program coordinator to support regional work, and essential to help manage HTN administration, systems, data and relationships.

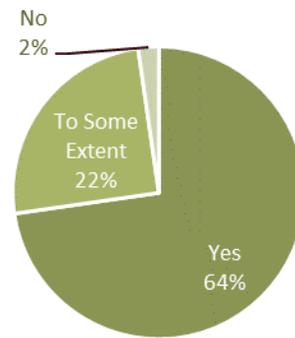
Connecting for local action

Many respondents said HTN brings a range of sectors “to the table” for local health improvements. For some, bringing various partners together has helped support other areas, such as recreation delivery. The networks emerging from HTN are applauded, valued as “true partnership[s]” grounded in strong relationships in communities to promote well-being, reduce duplication or “overlap” of services and enhance the ability of regional health staff to reach community members. HTN was described often as “seed money;” a grant process that motivates people to make tangible plans with targeted dollars.

“Overall it would be a safe statement to say HTN dollars are good value for money...helps us leverage other dollars.”

Through HTN, regional staff built relationships with community partners. For some, the “point” of HTN is relationships; helping to shift toward an upstream health model that draws in partners and builds an understanding of how multiple forces impact well-being. HTN has strengthened the relationship between regional health authorities and community; staff support project development, connect communities to resources to support their projects and work collaboratively with communities – as one said, HTN has “almost depoliticized us being government workers.”

Most project leads agreed their HTN activity helped make the healthy choice the easier choice



Policy and practice

Limited examples of policy change were identified; some respondents said that positive community feedback, popularity of HTN projects among community members, and growing awareness of HTN, contributes to incremental shifts in policy and practice. Examples of change include implementing no or low admission fees for community recreation programming and requiring vendors to provide healthy food at community events.

Allocating staff resources is a concrete practice in health regions, and enhances HTN program sustainability. Committing staff to work on HTN embeds the community development approach in regional health service delivery. The investment of staff to engage communities, coordinate funding decision-making, and administer the grant is “huge” in terms of time invested.

Changing perspectives on health

HTN contributes to a broader understanding of health, demystifying the factors that determine health and putting knowledge and skills in the hands of community. Respondents described a shift in the interactions between sectors and networks within communities, creating opportunities to work together. In the words of one respondent describing HTN partnerships, “It’s nice to know that what you are doing is leading towards the bigger picture.”

By improving access to community resources HTN supports healthy choices by: supporting education and training on healthy lifestyles; nurturing knowledge in communities and local champions; strengthening connections to health resources; and building accessible and physical infrastructure.

“Success is providing the opportunity for people to learn skills, this allows people to share skills and pass it on – and this directly connects to food security.”

HTN Principles in Practice in Hamiota

Hamiota Veggie Share

The idea to start a fruit and veggie share program in the Hamiota area was sparked by local seniors concerns that store portions were too large – preventing seniors from buying produce because it might go to waste.

In 2014, a local Daily Health Awareness Team (DHAT) brought together four communities – Hamiota, Miniota, Oak River and Kenton – for seniors’ education sessions about buying healthy food. Topics included what to buy, when foods are in season, and how to split and store produce.



Early in the program, a member of the DHAT team bought produce and worked with district Senior Service Coordinators to host sessions with local seniors. Residents enjoyed spending time together as they divide the food; groceries were delivered to seniors unable to attend. Now, Senior Service Coordinators in each district run the program on a weekly basis, collecting orders and money, and distributing the food.

Through the program, participants learned what healthy food is available locally – and they no longer have to travel to other communities to buy produce. As word of the project spread, a grocery store manager began to divide food to sell in smaller portions.

Sharing hasn’t stopped at the grocery store; with help from another grant, seniors in Oak River built garden beds, to grow and share vegetables.

Conditions for Success

Connecting with key members of the community helped to get seniors out and participating in the program. When spreading word of the program, community members also identified seniors unable to attend the food sharing sessions, which led to bags of groceries being delivered by other program participants.

Cost savings and convenience play a big role in this initiative continuing, with positive changes; feedback from seniors led to other food items being shared – making it easier for participants to have a well-rounded diet.

The food share program helps seniors eat healthy nutritious food with minimal barriers; today these successes continue beyond HTN programming as neighbours shop and share food together.



Participants share fruits and veggies.

HTN Principles in Practice in Brandon

Hummingbird Garden

In 2007, Healthy Brandon began a community garden to encourage low impact exercise and healthy eating. What started as a 14-plot garden, the Hummingbird Garden has grown to over 400 plots tended by gardeners from across the city of Brandon.

Many players have helped Hummingbird Garden grow. The garden sits on land leased from the school division as an in-kind donation. Melanie Hellyer, Healthy Living Facilitator with Prairie Mountain Health, coordinates the garden plots. The Brandon Community Garden Network coordinates workshops for the gardeners, introducing topics on nutrition and food preservation. Volunteers and local businesses donate time and equipment for start-up every spring.

Taking part in the Hummingbird Garden doesn't just mean planting and growing produce; it has become a popular place to host local events and bring the community together. In 2016, the Brandon Ukulele Club played a live show in the garden, and welcomed people to come socialize and dance. To celebrate the end of season harvest, Hummingbird Garden hosts an annual fall feast. There is volunteer recognition, music, and gardeners contribute meals made with food grown in their plots.

Conditions for Success

Ensuring partnerships are created and maintained is crucial for the success of the garden. Connecting with the school division, city, and private businesses, and volunteers means that the garden can maintain momentum, and support the participating gardeners.

The importance of ongoing communication in the garden allows everybody to know what's going on and helps to keep people informed. For many gardeners, English is not their first language so good communication and cross-cultural education is key to working together respectfully.

Dedicated staff play a key role in the longevity of the garden; their familiarity with the seasonal routines helps to maintain the program's momentum. Friendly faces of the coordinator, core volunteers and regional health staff also keep gardeners coming back – and new participants appreciate that there's always someone on hand to provide encouragement or answer questions.



**Local Hummingbird Gardener
tending the harvest**

Conclusions

Successes

Delivery

From 2010-2015, over 1,600 HTN projects were implemented in communities across Manitoba. HTN was active in all five health regions, 120 unique communities were involved, with 99 communities participating more than once.⁸ HTN initiatives targeted a range of factors impacting health, increasing the number of risk factor reduction activities available and accessible to communities.

Growth in capacity and the “ripple effect”

HTN directly impacts participants’ knowledge, attitudes and behaviours. Individuals and communities acquired knowledge through activities and programming – often gaining skills and strengthening relationships along the way.

After ten years, HTN has improved the capacity of communities to tackle health and wellbeing.

Gains “ripple” to other parts of community life. Gains include skills (e.g., food preparation, mountain bike coaching), positive attitudes around improving health, and stronger social connections that increase participants’ confidence and willingness to try new things. Often increased confidence supports using new skills and builds self-sufficiency and resourcefulness. As one respondent described, HTN participants’ shift from feeling complacent about “what [they] have to live with” to an attitude that they “can do something” to affect change; indicating that HTN helps to shift social and environmental conditions that support sustainable wellbeing.

Adaptive and flexible

Offering a responsive and flexible funding model that adapts to local need and interests, communities used evidence for planning projects. They worked with HTN staff to define, deliver and report on projects. Community, staff and partners value the grant’s adaptability, and the ability to fit a broad range of initiatives within HTN’s four project pillars. Broadly recognized for its support to community programming, the perception is that awareness about HTN has grown.

HTN strikes a balance with community led projects informed by local health priorities.

Broadened approach

HTN has contributed to a general shift in awareness at the community level, that many factors contribute to health. This shift is supported by the ability to connect a project to multiple pillars. HTN helps communities think differently about prevention – shifting from traditional health promotion to a community-led approach. For communities, health professionals and partners alike, HTN contributes to an attitude shift that communities can lead positive change.

Learning and sharing

Project planning and “negotiating” with HTN facilitators about project pillars connects community members to health resources. The annual Share and Learn promotes learning among participating HTN communities, partners and staff; a venue to learn about new and emerging practice, informing project planning and design.

⁸ A small number of projects were regional and were excluded from the community calculation.

Strengthening and forging relationships

Individuals participating in project activities build relationships with others, strengthening and forging community networks. This could be at a community garden bringing together youth and elders, a cooking class where women with shared experiences of trauma create a Facebook page for recipes, or a local walking club that has outlived the original funding.

HTN connects individuals and sectors – changing the fabric of communities and how they work together on relevant health issues.

At another level, organizations and sectors work more closely together. Partners in recreation, primary health, education and physical activity spoke about a more coordinated approach to improving health, and closing gaps between sectors for greater efficiency, reach and impact. Partnerships are critical to success and sustainability; community leads consistently reported partnerships provide key support to project design and delivery. Respondents affirmed that relationships and the broad network engaging on local health were instrumental to the project as well as a key outcome of the grant.

For health professionals working in the community, HTN impacts relationships at a practical, grassroots level. Working closely with regional health staff, community leads positively describe sharing information and support. Because of HTN, communities “make time” for health professionals; “like we are colleagues – HTN has opened those doors,” resulting in a shift in communities’ relationships to health professionals and resources. Defining projects engages community leads with regional staff, resources and builds community awareness about available resources.

Investing in community development

HTN applies a community led approach to primary intervention by: working with community members on community-identified goals; building skills that are transferable to other areas; and contributing to shifting attitudes of who can shape well-being and health. Embedding HTN work in staff job descriptions and the ongoing support by staff for communities’ project development is key.

The community development approach connects communities to regional health staff and resources – and encourages community leadership.

Staff investment makes HTN happen, including liaising with communities, supporting project development, connecting with potential project partners, supporting funding committees, and administering funding agreements. The relationships forged between HTN staff, communities, and partners is a positive product of the grant process as well, opening doors, building trust, supporting project sustainability and reducing duplication among health partners in communities. The provincial coordinator plays an important role in implementation, bringing the various regions together, ensuring opportunities for shared learning and collaboration take place via provincial committees and Share and Learn, and promoting HTN broadly across the province.

Opportunities

Making it count

The ability of community project leads and regional staff to track, evaluate and report is challenged by a lack of resources, evaluation expertise and limited confidence that it will be used. Provincial support (MB Health) to enhance evaluation capacity of HTN staff can enhance process monitoring and outcome reporting.

It is difficult to assign broad changes in health and behaviour to small or one-time interventions. Exploring shared, short term outcomes for HTN may allow community leads to connect their projects to broader HTN results. Targeted assessments of longer-term or recurring activities can be an opportunity to capture outcomes and best practices “to see if it’s doing well and if it really does work.”⁹ Notably, many respondents who had completed the 2015-2016 revised project application and reporting tools said this generally improved and streamlined HTN administration.

Expanding reach

Almost 20% of project (189/1006) target community identified priority populations including children and youth, newcomers, Indigenous people and individuals with disabilities. A number of respondents said HTN often works with “engaged communities who are ready and looking for change” – a perception at odds with the grant’s goal to work with communities and populations that have greater need. Shifting to an online application¹⁰ and reporting format may create barriers to some communities with greater vulnerabilities, potentially decreasing the numbers of applicants from priority populations. Targeting resources to focus on priority populations can inform funding decisions. Provincial leadership that is “explicit about health equity” is welcomed.

Key partnerships

Opportunities exist to strengthen relationships with key partners, particularly those working with priority populations (e.g., youth). For example, positive and productive working relationships with the recreation and education sectors have supported many HTN projects. Encouraging partnerships can further avoid duplication, minimize gaps in programming and maximize use of infrastructure (e.g., facilities, equipment) – particularly important in rural, remote and northern areas.

Building sustainability

HTN’s reach extends beyond direct project outputs, contributing to sustainable community wellbeing. Sustainability was understood by respondents to include: enhanced literacy around the factors influencing health, stronger social networks; gains in participants’ applied skills and knowledge; attitude change regarding community’s ability to create change; introduction of resources; incremental shifts in policy and practice; and nurturing community leaders and health champions of all ages.

HTN is not intended to be ongoing or annual funding. The one-year grant process provides project start up or enhanced support, with the goal of projects moving quickly toward sustainability. Achieving sustainability in a one-year time frame is challenging for communities; in the words of one respondent, evidence tells us that behavior change takes three to five years, and that engaging communities and partners in HTN projects needs time to develop. The need to reinvent programming is both a challenge and concern for communities where long-running programs (often adapted as they grow successfully) reflect demonstrated, ongoing community need.

⁹ At the time of report writing, not all evaluation respondents would have seen or completed a revised (2015-2016) monitoring form.

¹⁰ If desired, communities may complete a paper application with support from regional staff.

Appendix A – Evaluation Framework

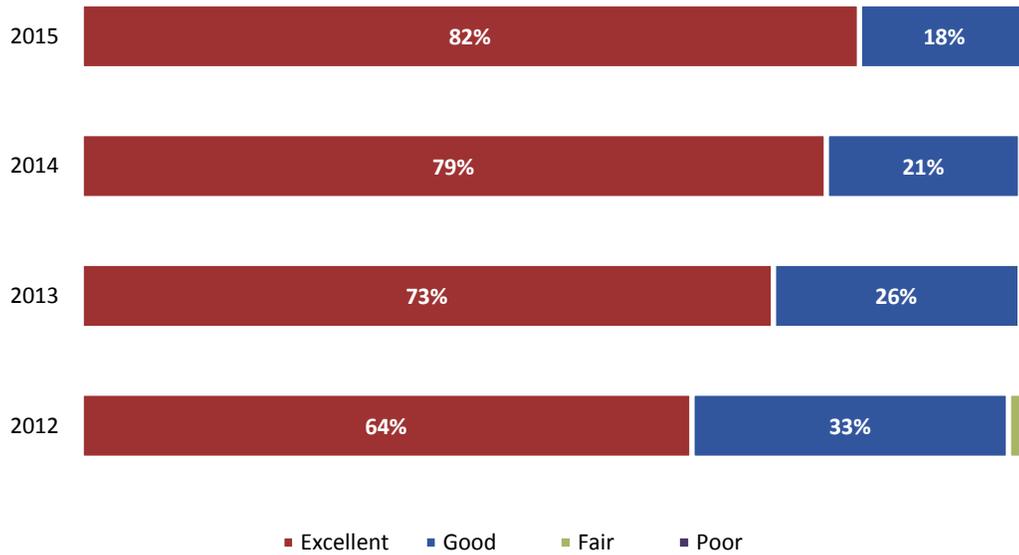
Evaluation Question	Key Indicators	Data Sources (Method)
1. To what extent has the HTN model been implemented as planned?	<ul style="list-style-type: none"> - #/% of community partners surveyed who feel HTN is community-led grassroots initiative - #/% of community, regional and provincial stakeholders who demonstrate a shared understanding of HTN's goals and guiding principles 	<ul style="list-style-type: none"> - 5 Funding Approval Committees (Focus groups) - 10 Selected community leads (Case studies) - 5 Key informants (Interviews)
	<ul style="list-style-type: none"> - # and type of knowledge transfer activities carried out to support adoption and dissemination of best-practices - # of participants at Share and Learn annually 	<ul style="list-style-type: none"> - Share and Learn evaluations/records (Document review)
	<ul style="list-style-type: none"> - #/% of HTN initiatives that are integrated into existing community programs - #/% of initiatives that build on identified best-practices 	<ul style="list-style-type: none"> - Application and Monitoring Forms (Document review) - 10 Selected community leads (Case studies)
2. How well has HTN helped communities plan and deliver sustainable, community-led chronic disease prevention initiatives?	<ul style="list-style-type: none"> - # and type of partnerships established - # and type of resources secured to support ongoing community programs (e.g. in-kind resources, volunteers, community involvement) - #/% of Share and Learn participants demonstrating increased knowledge and skills gained 	<ul style="list-style-type: none"> - Application and Monitoring Forms (Document review) - 10 Selected community leads (Case studies) - Share and Learn evaluations (Document review)
	<ul style="list-style-type: none"> - # and type of training and/or train the trainer opportunities provided 	<ul style="list-style-type: none"> - 5 Funding Approval Committees (Focus groups) - Monitoring Forms (Document Review) - Capacity Building Reports (Document Review)
3. Have HTN program participants changed their knowledge, attitudes and behaviours in ways that will promote health and wellbeing and prevent chronic disease?	<ul style="list-style-type: none"> - Community, regional and provincial stakeholders have observed changes in the community that demonstrate adoption of healthy practices (e.g., more students walking to school, increased # of community gardens) - # of communities that have changed practices to adopt healthier approaches (e.g., healthy snacks policy) 	<ul style="list-style-type: none"> - 5 Funding Approval Committees (Focus groups) - 10 Selected community leads (Case studies) - 5 Key informants (Interviews)
	<ul style="list-style-type: none"> - #/% of projects that measured and reported on changes in knowledge, attitudes and behaviours on monitoring forms 	<ul style="list-style-type: none"> - Monitoring Forms (Document review)
4. How has HTN helped enhance the social and environmental conditions that contribute to health and wellbeing?	<ul style="list-style-type: none"> - #/% of projects that improved access/reduced barriers - Examples of social connections fostered - Examples of changes to physical environments (e.g., equipment and supplies, built environment, infrastructure) - Examples of policy adoption and/or advocacy carried out for changes to policy or funding as a result of HTN - # and type of multi-sectoral partnerships to help address social determinants of health 	<ul style="list-style-type: none"> - 5 Funding Approval Committees (Focus groups) - 10 Selected community leads (Case studies) - 5 Key informants (Interviews) - Monitoring Forms (Document review)

Appendix B – HTN projects by RHA and Project Pillar

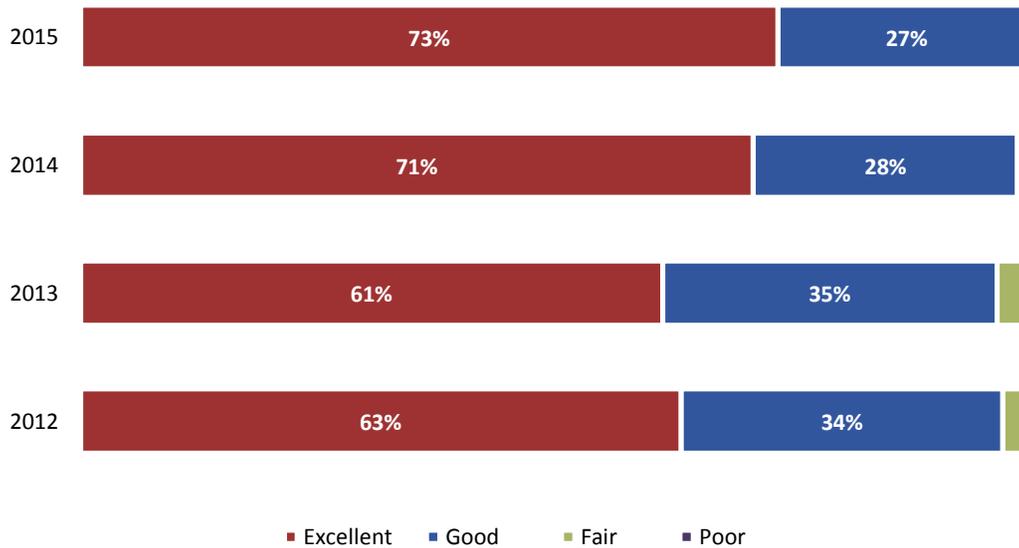
HTN Projects by RHA and Pillar (2010 – 2015)					
	Overall % of Projects	% Healthy Eating	% Tobacco Reduction	% Physical Activity	% Mental Well-being
Interlake-Eastern	15.1	14.8	12.9	15.3	14.1
Northern	16.8	20.0	17.3	15.4	16.9
Prairie Mountain Health	41.5	37.6	50.6	42.3	39.4
Southern Health - Sante Sud	8.4	7.0	8.0	8.6	7.4
Winnipeg	17.5	20.3	9.6	18.1	21.8

Appendix C – Share and Learn participant evaluations

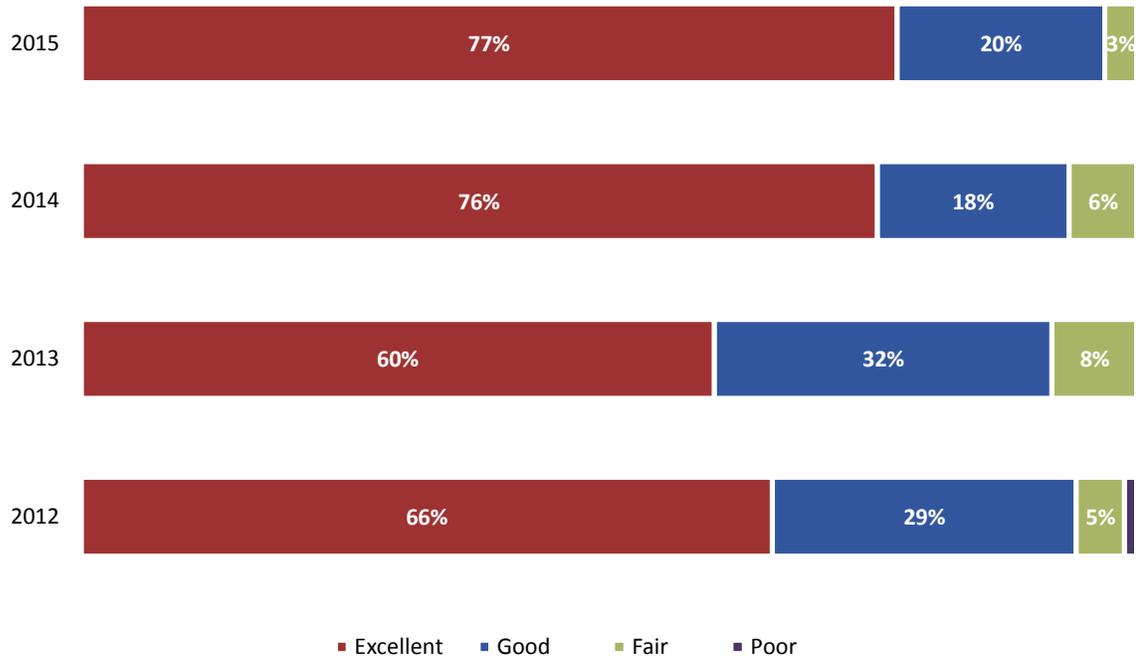
Overall quality of information



Overall usefulness/applicability of information



Opportunities to share experiences and network



Appendix D – Funding Guidelines

Excerpted from *Healthy Together Now Guiding Principles and Funding Guidelines, 2015-2016*

Funding:

Healthy Together Now (HTN) funding is not intended to be ongoing or annual funding. It is to be used as start-up funding, to support communities to start a project, deliver or carry out the project, evaluate their results and then to enhance or expand the HTN project by working towards sustainability in the community.

Sustainability can mean...

- Funding is obtained from another source (agency, organization, foundation) to assist with the project activities and/or fund the project after the initial HTN funding is depleted.
- Project costs are being paid for by another organization (s) or partner(s) in the community on an ongoing basis
- Individual or group leadership and capacity are fostered because of the learning and experience gained from the initial HTN project planning, implementation and success. The confidence and experience gained may result in a community moving forward with a similar or enhanced project or a new initiative without the support of HTN funding or regional health staff.