

# 'Anchor Networks' Interview Themes

Summary of the interview process and themes (Dec/24-Feb/25)

**Project: Becoming a Network-of-Networks**  
**Projet: Devenir un réseau national intersectoriel**

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# Our Process

1. **Create a short list of networks** (10 English/10 French) – representing a diversity of sectors, but all with a shared interest in addressing eco-social-structural determinants of health and wellbeing
2. **Invite key informants** from each network/organization to participate in a 1-hour interview, to learn more about their organization, theory of change, links with health and wellbeing promotion outcomes, and their level of focus. All key informants were offered the opportunity to review the draft summary from their interview.
3. **Summarize common themes** across the interviews and the formal/informal theories of change
4. **Invite the key informants to participate in a ‘prototyping’ activity** to develop a theory of change for the proposed network-of-networks.

## Challenges:

- National networks in the social sector were difficult to identify (not many)
- National social sector networks also difficult to engage (did not respond or not able to participate)
- Francophone social sector networks tend to be regionally/provincially focused
- Francophone health sector networks also tend not to be nationally focused
- Indigenous networks in both health and social sectors difficult to identify and engage (lack of response)
- Various understandings of ‘national’ and ‘Pan-Canadian’

# Who did we interview?

French Interviews - Organization/Network	Interviewed	Type
1. Mouvement ACTES	Yes	Union / Env health
2. Espace Muni	Yes	Municipal
3. ASPQ	Yes	Public health
4. TIESS	Yes	Social Ent.
5. SSF	Yes	Health care
6. RQRE	Yes	Education
7. RQDS	Yes	Social Dev.
8. Projet Collectif	Yes	Social Dev.
9. Culture pour tous	Yes	Arts / Culture
Regroupement des centres d'amitié autochtone	No	Indigenous
Climate/environment groups	Not added	
Sport/recreation groups	Not added	

English Interviews – Organization/Network	Interviewed	Type
1. CPHA	Yes x 2	Public health
2. Alliance for Healthier Communities (AHC)	Yes	Health care
3. Tamarack Institute – Building Belonging	Yes	Social Dev.
4. CNHiAP (hosted by NCCHPP)	Yes	Public health
5. Nunavut Association of Non-Profit Organizations (NANPO)	Yes	Social Dev.
Future Earth	No	Environment
Percolab	No	Social Dev.
Imagine Canada	No	Social Dev.
Campaign 2000	No	Social Dev.
First Peoples Wellness Circle	No	Indigenous
6. NCCDH	Yes	Public health
7. Collectif LGBTQ* du Manitoba	Yes	Health care
8. Black Health Education Collaborative	Yes	Health education
*Orange = added due to lack of response		

# French Interviews – Organizations

1. [Mouvement ACTES](#) (Centrale des syndicats du Québec) – Union-based, focus on reducing our ecological footprint in education and health by mobilizing youth and unions.
2. [Espace Muni](#) – Focus on healthy cities/communities. Is a merger of 2 Quebec organizations 5 years ago, after 30+ years. Role to support Quebec municipalities on quality of life and overall health issues.
3. [ASPQ](#) (Association pour la santé publique du Québec) – 80+ years old; Purpose is to improve the health of the Quebec population and reduce disease.
4. [TIESS](#) (Territoires innovants en économie sociale et solidaire) - Role is to identify innovative solutions and provide tools to social economy organizations so they can transform their practices and address societal issues.
5. [SSF](#) (Société Santé en français) – Role is to help Francophones in minority situations obtain better, adapted and equitable health services by identifying and mobilizing partners who can contribute.
6. [RQRE](#) (Réseau Québécois pour la Réussite Éducative) – Role is to promote educational success and academic perseverance K-12.
7. [RQDS](#) (Réseau québécois de développement social) – Is a community of practice dedicated to actors working in social development.
8. [Projet Collectif](#) – Role is to support the social and environmental transformation of Quebec through three axes: 1) knowledge mobilization, 2) open collaboration and 3) collective action (emerged through **TIESS**).
9. [Culture pour tous](#) - Mission is to deploy accessible, inspiring and inclusive strategies and actions aimed at raising awareness and appreciation of culture as an essential factor in the development and health of communities.

# English Interviews - Organizations

1. [CPHA](#) (Canadian Public Health Association) – Is a member-based organization to advance public health policy and practice, representing the diversity of public health disciplines.
2. [Alliance for Healthier Communities](#) (AHC) – Is a network of community-governed primary health care organizations in Ontario, sharing a commitment to advancing health equity through the delivery of comprehensive primary health care.
3. **Tamarack Institute** – [Communities Building Belonging](#) - Is a network and a movement. It grew out of the long-term initiative 'Cities Deepening Community'.
4. [Canadian Network for HiAP](#) (CNHiAP) – Is a bilingual network focuses on advancing 'health in all policies'. It is a private by invitation-only network with 50 members focused on health, public health and Indigenous organizations, hosted by the National Collaborating Centre for Healthy Public Policy (NCCCHPP).
5. [Nunavut Association of Non-Profit Organizations](#) (NANPO) – Is a collective of non-profits (~75 members), focused on building capacity through resources and training.
6. [National Collaborating Centre for Determinants of Health](#) (NCCDH) – Purpose is to advance social determinants of health and health equity through public health practice and policy. The focus on knowledge mobilization and specific themes, including building networks.
7. [Collectif LGBTQ\\* du Manitoba](#) – formed January 2019 when 20 francophones from the 2SLGBTQ+ community wanted to better understand the health and well-being needs of their community, addressing both sexual orientation and gender identity, as well as linguistic and cultural considerations.
8. [Black Health Education Collaborative](#) – Focuses on post-secondary education and research to address the way racism intersects with other determinants to impact black health. The purpose is to transform the health field/system for the benefit of all.

# Interview questions

1. **Organization/network** – purpose and work of the organization, approach to networking
2. **Core concepts/theory of change** – feedback to our definitions / frameworks, approach to change, role of networking
3. **Future** – opportunities, roles, advice

## Shared documents:

- Project summary ([English, French](#))
- Definitions ([English, French](#))
- Frameworks ([English, French](#))
- [Feedback survey](#) re: definitions and frameworks (to date, 4 responses: RQDS, CNHiAP, Tamarack, Espace Muni)

# Themes

1. By language of the interview
2. By sector (health sector, social sector)
3. By approach

# 1. Summary – by language of interview

## **French Interviews (n=9)**

- Only 2 are networks specifically, otherwise they integrate networks, communities of practice (CoPs) or collective actions
- All are longstanding (10+ years), except 2, but both based on many years of collaboration (Projet Collectif; RQRE)
- Most are focused on social development (7/9)
- 4 have a national / international element (2 health and 2 social development). Mostly occasional activities at that level, depending on requests and opportunities. Most are open to strengthening ties.

## **English Interviews (n=8)**

- Only 1 named as a network, but also 2 collaboratives, 2 collectives, 1 alliance
- All longstanding, except 2 (Collectif LGBTQ\* du Manitoba; NANPO)
- Most are focused on health promotion (6/8)
- 5 have a pan-Canadian focus specifically, and therefore work in both English and French

# Summary – by language of interview

## **French Interviews (n=9)**

- Includes both health and social development sectors, but more organizations focused on the social sector
- Funding from a range of sources: government, foundations, membership, self-funding through activities and services.

## **English Interviews (n=8)**

- The dominant sector represented is health (6/8). The exceptions are Tamarack and NANPO.
- As a result, the funding source is predominantly government.

## 2. Summary – by sector

### **Pan-Canadian Health Sector Networks**

- Easily identified
- Usually work in both French and English
- Funding is mainly from government

Includes (5/17):

1. Canadian Public Health Association (CPHA)
2. Canadian Network for Health in All Policies (CNHiAP)
3. National Collaborating Centre for Determinants of Health (NCCDH)
4. Black Health Education Collaborative
5. Société Santé en français (SSF) (francophone only)

# Summary – by sector

## **Pan-Canadian Social Sector Networks**

- Not common, so more difficult to identify.
- Work in both English and French
- Diverse funding sources

Includes (1/17):

1. Tamarack Institute –  
Communities Building  
Belonging

# Summary – by sector

## **Regional Health Sector Networks**

- Tend to focus on specific health or local service delivery geographies
- Work in the local language
- Predominantly government funding

Includes (3/17):

- Alliance for Healthier Communities (AHC)
- Collectif LGBTQ\* du Manitoba (francophone)
- ASPQ (Association pour la santé publique du Québec) (francophone)

# Summary – by sector

## **Regional Social Sector Networks**

- Tend to focus on local service delivery geographies
- Work in the local language, predominantly French
- Mixed funding sources
- Much easier to identify compared to pan-Canadian social sector networks

Includes (8/17):

- Nunavut Association of Non-Profit Organizations (NANPO)
- Mouvement ACTES (Centrale des syndicats du Québec)
- Espace Muni
- TIESS (Territoires innovants en économie sociale et solidaire)
- RQRE (Réseau Québécois pour la Réussite Éducative)
- RQDS (Réseau québécois de développement social)
- Projet Collectif
- Culture pour tous

# 3. Shared Approach

All are engaged in:

- Knowledge mobilization (including training, document production, communication, communities of practice, cohorts)
- Collaborative action and partnership
- Advocacy
- Both in-person and virtual/online elements

# Differences in Approach

## Social sector

- Emphasized the need to support local action and citizen mobilization
- More focused on quality-of-life measures
- Global SDGs explicitly mentioned, along with concern that some (#13 and #17) are not aligned with the structural change that is necessary to achieve them
  - 13 - Take urgent action to combat climate change and its impacts, and
  - 17 - Strengthen the means of implementation and revitalize the Global Partnership for Sustainable Development

## Health sector

- Advocacy for health equity and more resources for health promotion
- National focus not necessarily connected to the local level
- Provincial focus oriented to local action related to health systems and health policy

# Theory of Change

# Theory of Change (ToC)

## **Both Health and Social Sectors**

- Concepts of impact and the logic to achieve are in place, but almost no examples of ToC
- Reference to the importance of leadership and shifting power to marginalized groups and the community
- Recognition that evaluation is important, but that it needs to be improved (especially to measure impact of long-term mobilization and advocacy efforts)

# Theory of Change

## **Social Sector (n=9)**

- Changing social norms is a common purpose/impact but sometimes conceptualized as short-term and sometimes as long-term
- A pan-Canadian approach is of interest to 2/9 organizations (Projet Collectif and Tamarack Institute)
- A focus on Indigenous wellbeing is increasing, but most developed in the union-based group focused on the environment
- Intersectoral approach is embedded
- Action-focused, emphasizing the importance of local engagement

## **Health Sector (n=8)**

- Action and advocacy-oriented, usually with a pan-Canadian focus (in our sample). A related local focus is not usually described.
- Reference to social and structural issues such as equity, intersectionality, and oppression, but no specific theory on how to change
- An intentional focus on Indigenous wellbeing is well integrated, but not always distinguished between FN/Inuit/Metis
- Regional/local organizations (3/8) generally have a stronger emphasis on intersectoral action and action on environmental issues

Advice

# Advice for the Future

## Common agreement ...

- Language strategy will be important (French/English) as it could be a barrier and require more investment.
- Resources to support a network will be necessary. There will be competition with other requests so the ratio of value to effort will need to be considered.
- Caution around duplication of efforts. It will be important to amplify the existing efforts and avoid competition for funding.
- A clear governance structure and leadership to support action will be important. The burden of leadership and responsibility is never evenly shared.
- All communication/collaboration mechanisms need to be user-friendly
- Engagement needs to be interesting/fun and speak to value for the members and what we can do together.
- There is a need for action, staying focused on issues, concrete objectives, tangible outcomes, and small units of action that will keep actors mobilized. It is important to avoid vague efforts and talking just for the sake of talking.
- There will be interest in joining advocacy efforts to generate more impact and efficiency.

# Advice for the Future

## Unclear about ...

- How much of the network should be formal vs. informal
- How important it is to have a niche and be targeted, compared to an open space that members use to self-organize
- The need to clarify terms / language ... some think it's important, others think we should focus on action
- How much the benefits of such a network will depend on the orientation/focus

## Other advice...

- For sustainability, it would be interesting to have an expense line to support such a network in the budgets of involved organisations
- A health promotion label has 2 sides: It can attract health funding to social-purpose projects and/or it can be perceived as superficial marketing approach to attract resources
- A pre-start phase is crucial for a project like this one to be successful
- It may be more helpful to use the term 'pan-Canadian' as in Quebec, national means the provincial level

# Information

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