

What We Heard: 2023 Roundtables on Healthy Living in Canada



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About This Report

This report provides a summary of participants' contributions from a series of five themed Healthy Living Roundtables (Roundtables) hosted by the Public Health Agency of Canada (PHAC) in June 2023. The Roundtables brought together participants from multiple sectors to explore the impacts of the COVID-19 pandemic on healthy living, with an emphasis on physical activity and healthy eating. They sought to create a space for open dialogue and participant reflection on possibilities for a healthier future. The outcomes from across the Roundtables were synthesized and analyzed so that common themes that emerged across the dialogues could be identified.

The Morris J. Wosk Centre for Dialogue, Simon Fraser University (SFU) was contracted by PHAC to provide technical and facilitation support for the Healthy Living Roundtables under the leadership of Dr. Diane Finegood. This report was funded by PHAC and prepared by Drs. Lee Johnston and Diane Finegood (SFU) in collaboration with PHAC. It does not provide an overall representation of public opinion, institutional policies or positions, nor that of a randomly selected population sample. Rather, it presents a synthesis of the ideas expressed by the people who participated in these conversations. This report does not necessarily reflect the opinions of SFU or PHAC. Quotations included in the report have been edited for clarity.

Acknowledgement

Thank you to everyone who took the time to participate in these conversations. Your energy, contributions and insights will inform the Government of Canada's efforts to improve the health of the people living in Canada.

Context

The Roundtables began with an interest in exploring how the COVID-19 pandemic impacted healthy living in Canada, particularly regarding physical activity and healthy eating. Despite physical activity and healthy eating having positive benefits to physical and mental well-being, evidence suggests that a significant number of people living in Canada do not meet nationally recommended targets related to each. A comprehensive understanding of the COVID-19 pandemic's impact on these rates is still emerging, but existing data suggest that healthy living behaviours decreased among numerous groups. The pandemic, which worsened existing inequities and created new ones, highlighted the influence of social determinants – such as economic status, housing security, discrimination, or neighbourhood safety – on individual and community health. As the people of Canada adapt to a “new normal” post-pandemic, there are added complications from the climate crisis and economic insecurity, which can impact people's access to physical activity and healthy eating opportunities. The Roundtables were designed to reflect on the way forward for the various sectors supporting healthy living in Canada and to generate conversation on collaborative ways of working together in this complex environment.

The Roundtables also coincided with the five-year anniversary of the policy framework on physical activity in Canada, entitled the [*Common Vision for Increasing Physical Activity and Reducing Sedentary Living in Canada: Let's Get Moving*](#) (Common Vision). The topics of the Roundtables were based on the broad areas of focus of the Common Vision:

- Partnership and alliance building
- Public engagement and knowledge mobilization
- Healthy living – a focus on equity-deserving populations
- Creating a cultural norm of physical activity and healthy eating
- Built environment and active transportation



Process

The Roundtables were held between June 6 and 29, 2023 with participants from a variety of sectors and regions across Canada. Participants took part in exercises designed to raise pressing questions about the Roundtable topic and foster deep dialogue about the challenges and opportunities participants are experiencing in their work and their own lived experience. To ensure accessibility, French/English simultaneous interpretation and closed captioning were provided at all sessions, and low-vision participants were provided with materials in advance. Each Roundtable was two hours in length, hosted on the Zoom platform, and was facilitated by teams from SFU's Morris J. Wosk Centre for Dialogue.

Participants invited to the Roundtables were selected based on a variety of criteria and methods. A key source for invitees were non-governmental organizations (NGOs) with existing funding relationships with PHAC for initiatives supporting physical activity and healthy eating environments and behaviours. Health Canada (Office of Nutrition Policy and Promotion) and Canadian Heritage (Sport Canada) also provided participant recommendations.

Additional invitees were identified based on their leadership in sectors of importance for physical activity and healthy eating, including: physical activity NGOs, health NGOs and health professionals, academics and researchers, Indigenous organizations, NGOs representing municipal governments, private sector representatives, NGOs supporting equity-deserving populations, and experts in urban planning and the built environment. PHAC will engage the provinces and territories on the outcomes of the Roundtables through existing Federal-Provincial/Territorial mechanisms.

A total of 189 invitations were sent. The majority of invitees had greater subject matter expertise in physical activity as opposed to healthy eating. Invited guests were requested to select Roundtable topics in priority of preference and efforts were made to accommodate their choices. An average of 12 participants took part in each Roundtable (59 in total). In addition, senior government officials and a government representative participated in the Roundtables, including the Parliamentary Secretary to the Minister of Health and the Minister of Sport, Adam van Koeverden, who actively participated in the Roundtable on the Build environment and active transportation.

What We Heard:

This report has been organized to reflect the overarching themes that emerged across the Roundtable sessions and to then provide more specific information on each Roundtable conversation. Throughout the Roundtables, participants were reflective and curious about both the positive and negative impacts of the COVID-19 pandemic on themselves, their peers, their ways of working, and the public(s) they serve.

Common themes / learnings

- **There is a need for more opportunities to connect and collaborate:** Many Roundtable participants expressed a sense of relief and of feeling less isolated in realizing others were experiencing similar issues and challenges, regardless of the nature of their specific field of work. They identified the Roundtables as being beneficial for learning, exchanging ideas and connecting, and would value having more opportunities to engage in similar relationship-building activities.
- **Space is needed for pandemic recovery:** Participants noted that there is a need to acknowledge the lingering effects of the COVID-19 pandemic, which has caused burn out in individuals and organizations as well as causing distress and/or trauma for many people in Canada.
- Participants expressed concern that some of the positive gains made during the pandemic might be lost in a rush to return to “normal.” There would be significant benefit in consciously working to **maintain the positive changes that emerged during the pandemic**, including a more wholistic understanding of health that includes mental and social well-being, prioritizing physical activity and recreational use of public spaces (e.g., cycle routes vs. autoroutes), and maximizing the potential of virtual platforms for relationship building and public engagement.
- **Centering equity in healthy living efforts:** While this topic was discussed in detail at the equity-focused Roundtable, it emerged as a strong theme across all sessions. Participants acknowledged that the pandemic had unequal impacts on populations that were already facing barriers to being physically active and eating healthy foods. Further, it was argued that healthy living **conversations emphasizing individual behaviour change are largely inappropriate for people whose basic needs (food, housing, income, personal safety) are not being met**. Participants are keenly interested in how to work meaningfully and successfully to foster more equitable relationships with equity-deserving populations and diversify the range of voices holding positions of influence.
- **Partnership-building in existing funding programs:** Participants called for changes to funding programs to allow the development of sustainable multi-sectoral partnerships at the community level, and to encourage collaboration, rather than competition, amongst stakeholders. Roundtable participants would also like to see project flexibilities introduced during the pandemic become regular practice, such as more flexible timelines and the option to pivot in response to emerging challenges.



Roundtable specific themes / learnings

1) Partnership and alliance building

ROUNDTABLE DESCRIPTION

Like with almost everything, the pandemic has affected the way that participants work in partnership and collaborate with others. The rapid shift to platforms that enable collaboration across bigger distances have likely influenced organizations' capacity for innovation, collaboration, and cooperation. At the same time, the pandemic has led to closures and organizational lapses, staffing issues, etc. that have compromised pre-existing partnership and collaboration. In this Roundtable, participants explored how the pandemic has affected collaboration and alliance building and considered opportunities for new ways of working.

WHAT WE HEARD

- **The increased uptake of virtual platforms** during the pandemic created **stronger, smarter, and more inclusive collaboration at the regional, national, and international levels**. This included data sharing and greater inclusion of rural and equity-deserving groups that historically may not have been able to attend in-person meetings. At the same time, there were **gaps to participation** due to inadequate internet access in certain regions and some individuals having less comfort with online platforms.
- **Participants emphasised a need for data**, including **better integrated and aligned data systems** to improve the understanding of collaborative work and its impacts. There is also a need to engage with **non-traditional, culturally relevant forms of data and knowledge** (e.g., storytelling) that resonate with the organizations and community members doing the work.
- **New evaluation methods** are needed to help demonstrate to funders **how important and necessary partnerships are** for changing systems to be more supportive of healthy living. Evaluations must acknowledge relationship building itself as a project activity or deliverable that is worthy of recognition.

“

We're trying to push some of those boundaries in advocating that, if we have a 2-year project, the first year of it is just going to be dialogue and relationship building.

”

- **Supportive tools and/or forums for inter-organizational collaboration** would help players in the field to pool data, share information, identify alignments and thereby reduce duplication of effort.
- There is a need to **move past colonial ideals and Western ways of doing** such as top-down approaches and assumptions that national level organizations know what is best for communities, or that the traditions and values of one culture are superior to those of another. Many grassroots organizations formed or grew during the pandemic, becoming strong advocates for their communities and creating opportunities for their members. **Funding mechanisms for ongoing support of grassroots organizations** can help maintain this momentum and create more equitable pathways for relationship building.
- Given the social disruption and trauma that many, including youth, endured during the pandemic, there may be a particular need to **reconsider how organizations consult and collaborate with youth**. Some organizations are already doing strong work to engage youth, but ongoing attention to pandemic trauma among youth will be needed for the foreseeable future.

2) Public engagement and knowledge mobilization

ROUNDTABLE DESCRIPTION

Digital tools and platforms have changed public engagement and knowledge mobilization practices. Fueled by the pandemic on platforms like Facebook, Slack, and Zoom, new forms of engagement and sharing are constantly popping up. In this Roundtable, participants explored how the pandemic has created opportunities for new ways of engaging and sharing knowledge, and what needs to be done to adapt to this rapidly changing environment.

WHAT WE HEARD

- The **uptake of virtual platforms during the COVID-19 pandemic has permanently affected the practice of engagement**. Many participants are still navigating the return to in-person meetings and considering the benefits and challenges of online and hybrid approaches, including trade-offs between increased reach and the quality of an engagement.

“

Now we are living in this hybrid world, this virtual world. Can that replace real human connection in the way that we had those social relationships and networks before?

”

- Participants are struggling to keep up with an **evolving digital landscape** and to “cut through the noise” of online information to reach their target audience. However, there are also opportunities to **leverage social media platforms** (Facebook/WhatsApp) to connect at a hyperlocal level and share information.
- **Online misinformation** in Canada has wide-reaching impacts on engagement and knowledge mobilization. There is an opportunity and need to improve media literacy and health literacy among the public.
- Questions arose about **how to define the success** of reaching people through engagement, and what metrics and evaluation would best tell these stories. There is interest in capturing **nuanced data** on relationship-building efforts (i.e., individual relationships and encounters that collectively contribute to wider social change).
- A current challenge is finding the right balance between establishing **consistent healthy living messaging versus delivering specific and appropriate messaging to specific populations** based on culture, language, gender, age, etc. Addressing the “right things at the right time, to the right population groups, in the right way” is challenging work.

“

I think it's such an important piece to be bringing folks into the fold who have built relationships with community and who can help facilitate conversations. Where do people go in their communities where they trust or feel at home. Is it a library? Is it the community center around the corner where they have a familiar face?

”

3) Healthy living – a focus on equity-deserving populations

ROUNDTABLE DESCRIPTION

It is important to acknowledge that obstacles to a healthy life can be significant and can vary considerably, including for equity-deserving populations such as Indigenous Peoples, racialized Canadians, recent newcomers, households living on low incomes, women and girls, 2SLGBTQIA+, and persons with disabilities. Reducing inequities in access to physical activity and healthy eating can help to prevent several chronic diseases like diabetes, cardiovascular disease, and certain cancers, and can decrease health disparities. In this Roundtable participants focused on how the pandemic has affected equity-deserving populations' relationships to physical activity and healthy eating and what needs to be done to create a more just and healthier future.

WHAT WE HEARD

- The various **demographic groups captured under the term “equity-deserving populations” are diverse**, as are the individuals within each group. It is a somewhat limiting term and gives a false sense of generic experiences among the many different historically marginalized populations.

“

There's lots of complexities within our groups, and how we show up, and who shows up and who's the voice for that person and that group is very, very complicated, and it should be. These are people's lives.

”



- Beyond inclusive engagement, there is a need to **shift power from those who have held it traditionally to people with lived experience and community representatives**. It is important to ensure that organizations and leaders that have historically been left out of decision-making have the support, resources, and access to lead or co-develop initiatives to improve outcomes in their communities. Additionally, funding systems sometimes work to advance the careers of academic organizations and researchers at the expense of community members who are not being properly positioned or compensated as full partners.
- There is considerable, longstanding **mistrust of government** among many equity-deserving populations. Ongoing, community-level engagement is needed to act as a bridge to reach these groups and to try and **begin building trust**. Governments must also be willing to confront their own role in establishing systems that have deeply impacted and harmed communities.
- Many of the people that the Roundtable participants work with are living with individual, collective and/or historical trauma. The COVID-19 pandemic contributed additional hardship for vulnerable population groups. Participants had questions around **what data is available to document the unequal impacts, and what a trauma-informed approach to recovery might look like**.

“

It is difficult to focus on healthy living when equity-deserving populations are struggling to simply stay safe. Basic needs, such as housing and food, are not being met by those we are attempting to reach.

”

- National and provincial-level organizations who recognize the **value of “bottom-up” approaches to best serve equity-deserving populations** are looking for guidance on good practices. There is uncertainty of how to equitably distribute and scale their programs while helping to support a new social context that would favour community-led programs instead of top-down approaches.
- All people in Canada need **safe and accessible spaces** for physical activity and sport. This includes access to sports for the transgender and disability communities, and accessible and safe outdoor spaces for all. It is important to acknowledge that spaces and situations that feel safe for some people, such as walking in one’s neighbourhood, may not feel safe for others.
- **Support is needed for niche programs**, such as those that increase inclusion for individuals with disability in sport, that impact smaller numbers but contribute to more equitable and inclusive physical activity and sport.

4) Creating a cultural norm of physical activity and healthy eating

ROUNDTABLE DESCRIPTION

Perceptions about healthy living are powerful drivers of cultural norms and individual behaviour. The pandemic put a spotlight on norms around infectious disease, but what has happened with cultural norms around healthy living and chronic disease? In this Roundtable participants explored how the pandemic has affected cultural norms and what the future could look like.



WHAT WE HEARD

- **“Cultural norms” are inherently complex in a country as diverse as Canada** and traditional definitions of “healthy living” are not always constructive, equitable and can be stigmatizing (e.g., phrasing like “move more, eat less”). There must be flexibility for differing definitions of healthy living that incorporate community wisdom and alternative ways of understanding health.
- **Preventative health should be a priority.** Healthy living is a vital component of not only chronic disease prevention, but also offers other protective benefits, including from the effects of certain infectious diseases, including COVID-19. More could have been done to increase awareness of the importance of healthy living during the pandemic. It is important to seize this opportunity moving forward.
- A majority of the population engages in **low levels of physical activity and sport, and spends too much time being sedentary**, despite the widely known benefits of being active. It is challenging to encourage activity without shaming individuals or creating inappropriate messaging for various populations. **Designing environments so that they promote everyday physical activity** (e.g., supporting use of stairs) is one means of working around some of these issues and helping to shift the mindset that physical activity is distinct from daily activity.

“

Let's not understate how difficult it is to have a healthy diet in the current environment that we live in. My worry is that talking about cultural norms and trying to inspire people to make changes is without a doubt, very important, but if we don't change the environment, individuals are still fighting an uphill battle.

”

- Many individuals and families shifted away from a reliance on organized sport during the pandemic and explored other options for physical activity, including using outdoor spaces in their communities and regions. This momentum on **creative and diverse ways of engaging with physical activity should be further explored.**
- Strategies are needed to address the **significant drop in physical activity, sports participation and healthy eating that takes place among girls** in their teenage years.
- **Equity regarding healthy living norms** was a significant issue during the pandemic. While advantaged groups had access to personal outdoor spaces (i.e., backyards) and to cooking healthy foods at home, other groups (e.g., people living with disability and/or in poverty) experienced higher rates of food insecurity and being cut-off from public outdoor spaces. Some community organizations found creative ways to engage families with their built environments in urban centres (e.g., creating a community window scavenger hunt to promote neighbourhood walking).

- Establishing **connections across sectors** is important as there are multiple actors with the power to change cultural norms (e.g., government, community leaders and organizers, employers, parents, educators, etc.). Relationships lead to knowledge exchange and opportunities (e.g., communities were able to open new indoor spaces for activity during extreme heat events as a result of collaborating across sectors).
- **Childcare settings** present an opportunity for influencing healthy norms. This will require sensitivity and effort as it is challenging to provide tips to parents on helping children grow up with healthy habits and childcare providers may not see this as part of their role.

5) Built environment and active transportation

ROUNDTABLE DESCRIPTION

Over the course of the pandemic, use of the built environment, including transportation infrastructure and the way people purchase and prepare food, changed dramatically. The shifts to remote work, temporary closures of parks, fitness and recreation facilities, and the need to decrease risk of infection in indoor environments have impacted use of the current built environment, likely in many ways that affect healthy living. In this Roundtable, participants explored how the pandemic affected connections between the built environment and healthy living and the ways that people living in Canada may need to adapt for a healthier future.



WHAT WE HEARD

- The Government of Canada has a key role to play in strengthening and expanding upon existing **national efforts to support the development of a robust cycling and active transportation infrastructure** that takes equity and accessibility concerns into account and includes a strong evaluation plan.
- In order to develop effective active transportation infrastructure across the country, **it is important for data on active transportation to be collected regionally and consistently.**
- **Alignment across different sectors** is important for making connections between groups working in parallel on interconnected issues that affect healthy living and community health. There would be enormous benefits to working across departments to **tie built environment, housing, climate change, and health together** and develop shared goals.
- Individuals are more motivated to use active transportation by convenience and concerns about their health than they are by financial drivers. This **desire to maintain health could be further leveraged** to support policy.
- It is possible to **expand cycling through improved infrastructure**, providing a comprehensive national approach to e-bike subsidies, and making bike share programs more relatively affordable. While weather is often cited as a barrier to cycling uptake in Canada, countries like Finland have demonstrated that it can be overcome.
- Infrastructure for active transportation must also be **comprehensive and designed for all ages and abilities**, without prioritizing one mode of active transport at the expense of another.
- **Safe and accessible pathways** for walking and interconnections between transit and cycling routes are needed. These should be **tied to amenities**, including work sites and access to healthy food.

“

There's just so much potential for the built environment to become an equalizing force, such that everyone [who wanted to], of all ages, abilities and backgrounds could use a bicycle or walk for transportation. I just think there's so much potential in Canada that's been untapped.

”

- The COVID-19 pandemic had a significant negative impact on **use of public transit systems**. They are now at a critical juncture. The lack of density in many areas poses additional challenges for transit planning and the development of an active transportation infrastructure. **Housing unaffordability** has also increased the mismatch between where people can afford to live and where they travel for work and staples such as groceries.

- Strategies are needed to **discourage car use**, particularly in urban areas (e.g., placing limitations on the size of vehicles permitted into cities, or limited access on dedicated days).
- **Rural populations are often forgotten** in conversations about the built environment and active transportation. Their needs are very different than those of urban setting and require unique strategies.
- During the pandemic, there was positive movement towards healthy living environments in many urban communities (e.g., converting traditional automotive roads into active transportation and recreation spaces). Government should look to **sustaining gains** and introduce **disincentives to returning to old patterns**.

Conclusion

The Healthy Living Roundtables provided a unique opportunity for a diverse group of participants to gather and reflect on what “healthy living” looks like in a post-pandemic Canadian context. The Government of Canada is grateful to everyone who took part and shared their wisdom, fears, hopes, and ideas about fostering healthy lifestyles and all the complexities that entails. The Roundtables present a starting point for ongoing conversations that continue to build relationships, trust, and momentum for improving the health of everyone in Canada.

Glossary of Important Terms

Built environment: The built environment is part of our physical surroundings and includes the buildings, parks, schools, road systems, and other infrastructure that we encounter in our daily lives.

Source: Public Health Agency of Canada, *Natural and Built Environments*, as cited on <https://www.canada.ca/en/public-health/services/health-promotion/healthy-living/supportive-environments-physical-activity-built-environment-affects-health.html>

Equity-deserving groups: A group of people who, because of systemic discrimination, face barriers that prevent them from having the same access to the resources and opportunities that are available to other members of society, and that are necessary for them to attain just outcomes.

Source: Government of Canada *Guide on Equity, Diversity and Inclusion Terminology*, (<https://www.noslangues-ourlanguages.gc.ca/en/publications/equite-diversite-inclusion-equity-diversity-inclusion-eng#notion-69399>)

Preventative health: the promotion of overall health, supporting the environments and lifestyle behaviours that prevent or delay (as opposed to treat) chronic diseases, disabilities, and injuries. Preventative health exists both within and outside the health-care system.

Source: Public Health Agency of Canada, *Declaration on Prevention and Promotion*, (<https://www.canada.ca/en/public-health/services/health-promotion/healthy-living/creating-a-healthier-canada-making-prevention-a-priority.html>)

Sedentary living: Sedentary behaviour refers to activities that we do while we are sitting, reclining or lying down and expending very little energy.

Source: Government of Canada, *Public Health Infobase*, (<https://health-infobase.canada.ca/datalab/sedentary-measurement-blog.html#fn>)

Social determinants of health: Social determinants of health refer to a specific group of social and economic factors that can influence the health of a particular group or individual. These relate to an individual's place in society, such as income, education or employment. Experiences of discrimination, racism and historical trauma are important social determinants of health for certain groups such as Indigenous Peoples, 2SLGBTQIA+, and Black Canadians.

Source: Government of Canada, *Health science, research and data*, (<https://www.canada.ca/en/public-health/services/health-promotion/population-health/what-determines-health.html>)

