STRENGTHENING COMMUNITY CONNECTIONS

The Future of Public Health is at the Neighbourhood Scale

FOUR KEY ACTIONS FOR COMMUNITY LEADERSHIP IN NEIGHBOURHOOD PUBLIC HEALTH

A bright light during the COVID-19 *syndemic*[a] has been the leadership of community organizations and neighbours helping one another at a very local level: the neighbourhood. The engagement of people and communities at the neighbourhood level improves both health equity and the ability of health systems to manage, adapt and change over time — even when faced with significant shocks.[b]

In some parts of Canada, public health and health care organizations teamed with community organizations or directly hired community members to tackle COVID-19. They invested in community members' lived experience of inequalities and their expertise on how to build trust and improve health — block by block, building by building. This kind of approach is an example of *targeted or proportionate universalism:* it sets goals for the whole population, such as widespread vaccination, but uses different strategies to meet these goals depending on the physical and socioeconomic conditions that surround different groups in a community or neighbourhood.[1]

Neighbourhood-guided action takes time and resources, and it has proven to be the most effective way to ensure safe and appropriate approaches to reach everyone, including the members of communities who need them most. That's because the neighbourhood is an important site for health promotion at the *meso* level, the space in between public policies (*macro*) and individual interactions (*micro*). It's also the place where many of the social determinants of health — from housing to transportation — influence our health the most.[2] When people and communities have the resources they need to practice local leadership in neighbourhoods, we have more equitable health outcomes and our systems are better equipped to adapt and manage under changing circumstances.

This summary provides an overview of a recent report titled *Strengthening community connections: The future of public health is at the neighbourhood scale*,[3] one of four commissioned reports that informed the Chief Public Health Officer of Canada's 2021 annual report, *A vision to transform Canada's public health system*.[4] The report explored global research evidence and leading Canadian practice to identify four key actions to better support community-led health at the neighbourhood level. The four key actions, summarized below, include (1) investing in neighbourhood health, (2) being accountable to communities for their involvement and leadership, (3) collecting and using equity data and (4) dismantling old systems that perpetuate health inequities. For more information on each of these action areas, you can find the full report **HERE**, as well as the other commissioned reports and annual report **HERE**.

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[a]   A *syndemic* is a health crisis that intersects with and amplifies pre-existing health inequities, from racism and precarious employment to inadequate housing and access to safe, trusted health care services.

[b]   Systems-level resilience is distinct from the kind of "resilience talk" that expects people facing inequities to carry on in the face of oppression. See, for example, Evans et al.[8] and Toronto Public Health.[9]

ACTION 1

Strengthen the work of community health and well-being at the neighbourhood scale

Neighbourhood health happens best when community organizations are well funded and work together to share responsibility for the health of all people in their local neighbourhoods. Since at least the Alma Ata Declaration of 1978[5] and the subsequent Astana Declaration of 2018,[6] the World Health Organization has advocated for all communities to have access to these resources in the form of comprehensive Primary Health Care. Unfortunately, most communities in Canada do not have access to Primary Health Care, either through multiservice organizations or multi-organizational partnerships. We need to take action to change that.

Primary Health Care is not the same as *primary care*. Primary care refers to the clinical services offered by a family doctor or nurse practitioner. Primary Health Care is a broad, comprehensive approach to health and well-being that weaves together public health, social services and interprofessional primary care teams as the foundation of equitable health systems.[7] This evidence-informed model aims to (1) provide equitable, safe services that meet people's essential health needs throughout their lives; (2) empower individuals, families and communities to thrive in healthy environments; and (3) advance multisectoral policy and action to address the broader determinants of health such as housing and education. One of the most promising ways to help meet neighbourhood needs is to ensure health and community organizations work together to share responsibility and accountability for the health of all people in their local neighbourhoods — an approach known as *integrated care*.[8]

For more information

- *Primary health care* (2022)[10]
- *Delivering primary health care as envisioned: A model of health and well-being guiding community-governed primary care organizations* (2018)[11]
- *Lessons from COVID-19: Leveraging integrated care during Ontario's COVID-19 response* (2021)[8]
- *Establishing a new interface between public health and primary care: A curated list* (2021)[12]
- *Reflections on the relationship between public health and primary care* (2021)[13]

ACTION 1 IN PRACTICE

The City of Toronto and Toronto Public Health teamed up to transfer funding and collaborate with Community Health Centres and other neighbourhood-scale organizations to hire local community ambassadors, set up pop-up clinics, engage in education and target COVID-19 vaccinations to communities where they were most needed.[9]

ACTION 2

Ensure accountability for community involvement in governance and decision-making

Consistent approaches that focus on building trust and community involvement in decision-making are a core component of effective health equity strategies across Canada and worldwide.[14] Successful community partnerships value meaningful engagement as a core practice. They share power, build trust, codevelop plans, use language the community values, and are transparent and accountable to community partners.

Community engagement includes community residents in decisions and listens to their lived experience and expertise of health inequities.[15] It results in impactful, sustainable and trusted interventions because communities are best positioned to understand and prioritize the policies, resources and care that are most appropriate for their situations. Coproduction and codesign go further, using participatory techniques that support partners to share power equitably and to build and adapt services and systems together. Key to this

approach are the principles of trust and feedback, shared accountability, shared power, resilience-building and inclusive social connection.[16] *Participatory and community governance* go further still as these approaches recognize the strengths of communities and entrust them with power to make policy, program and systems decisions.[17]

For more information

- *Let's talk: Community engagement for health equity* (2021)[15]
- *"Getting to authentic co-production: An asset-based community development perspective on co-production"*(2021)[17]
- *States of emergency: Decision-making and participatory governance in Canadian municipalities during COVID-19* (2021)[19]
- *Governing for the public's health: Governance options for a strengthened and renewed public health system in Canada* (Forthcoming 2022)[20]

ACTION 2 IN PRACTICE

In British Columbia, community-based engagement with people who use drugs has gained momentum within harm reduction approaches to the drug poisoning and overdose crisis. Peer leadership and engagement has been documented as a tool for policy change, capacity-building and equity that facilitates inclusion regardless of social position or other circumstance.[18]

ACTION 3

Build community and equity into new data architectures

The response to the COVID-19 pandemic demonstrated the importance of collecting and using equity data, such as race-based data, employment information and neighbourhood identifiers, to understand who was most impacted, how to take action and where to target resources most effectively. Canada is growing its capacity to include data generated at and about the smallest possible scales, from health records generated at the point of care to community leaders' trusted knowledge about social and environmental conditions.

When communities set the principles for how equity data are governed and used, data can support informed decision-making, good governance and accountability. Indigenous-led data governance frameworks, for example, demonstrate that communities can improve equity in the collection and analysis of data and guide the principles for how data are governed and used.[21] Transparency in reporting data from public health has demonstrated the capacity for equity-related data to drive decisions and inform system-wide strategies and change.[22] And lessons from learning health systems in primary care show that data can drive organizational learning and improve the quality and equity of services provided.[23]

For more information

- *"Identifying gaps in COVID-19 health equity data reporting in Canada using a scorecard approach"* (2021)[22]
- *"Addressing the digital inverse care law in the time of COVID-19: Potential for digital technology to exacerbate or mitigate health inequalities"* (2021)[26]
- *The prevalence of common chronic conditions seen in Canadian primary care* (2021)[27]
- *An evidence-informed vision for a public health data system in Canada* (2022)[28]

ACTION 3 IN PRACTICE

The First Nations principles of ownership, control, access and possession (OCAP®) and the Inuit Qaujimajatuqangit (IQ),[24] as well as the Engagement, Governance, Action, and Protection (EGAP) Framework for Black health equity,[25] set out principles of data sovereignty and self-determination for equity-deserving communities.

ACTION 4

Confront structural and historical barriers to systems transformation

To date, Canadian health equity literature has tended to describe health disparities without looking deeply into why they exist or where they come from or what factors contribute to them.[29] We need to stop relying on current biased and unsafe approaches that exacerbate health inequities faced by people with disabilities, LGBTQ+ people, newcomers, Black and other racialized people, Indigenous Peoples and more.

To succeed in creating a new neighbourhood-level approach to health, jurisdictions across Canada must address the reasons why successive health reform efforts over the years have not succeeded in reducing inequities and improving population health. These include legacies of colonialism and racism that continue to impact health and social services and underpin inequities in the social determinants of health. They also include more proximate causes and policy structures like the structures of federalism that create separate health systems across the country and the compromises of Medicare that privilege a siloed and piecemeal fee-for-service approach to health care and disincentivize addressing social determinants of health.[30]

For more information

- *COVID-19 and the decolonization of Indigenous public health* (2020)[33]
- *Time to dismantle systemic anti-Black racism in medicine in Canada* (2021)[34]
- *Legacy of the doctors' strike and the Saskatoon Agreement* (2016)[35]
- *Visioning the future: First Nations, Inuit, & Métis population and public health* (2021)[36]

A way forward

Community and neighbourhood-level action has generated positive local solutions to complex public health challenges and inequities in Canada. However, it is under-resourced and lacks attention as a priority area of focus of health systems across Canada. As we continue to learn from the COVID-19 crisis, we have an opportunity to invest in a health system that is guided by community leadership; uses equity data to inform decisions; and disrupts inherited patterns of oppression, stigma and discrimination. Through collaborative approaches and reoriented investments in community and neighbourhood health, we can create a more effective, equitable and resilient health system for all of us.

ACTION 4 IN PRACTICE

In Mi'kma'ki (Nova Scotia), the new Tajikeimik health and wellness authority is transforming health services by and for Mi'kmaq communities.[31] The work, years in the making, builds on the successful implementation of the First Nations Health Authority in British Columbia.[32]

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