

Reducing Disparities and Improving Population Health: The role of a vibrant community sector

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Key Messages

1. Pervasive and systemic health disparities are a serious problem in Canada and other rich countries. For example, there is consistent and inequitable gradient of health in which people with lower income, education or other resources have lower life expectancy, higher rates of chronic disease and poorer overall health. The basis for these disparities lies in wider structures of social and economic inequality and in access to adequate housing, nutrition, safe environments and overall social determinants of health.
2. The impact and dynamics of the social determinants of health, however, are complex and their effects are mediated and shaped by other key factors such as the effectiveness and performance of the health care system, and the characteristics of the communities in which people live. These factors mutually influence each other in shaping population health.
3. The degree to which individuals and groups experience a sense of connectedness and trust, have networks of support, and are resilient can mediate the impact of health disparities. Resilience operates at a community level as well; so the availability and depth of networks, organizations and resources within particular communities also shapes the opportunities for good health.
4. Critical to building these community capacities and resilience is the work of a vast and diverse range of community-based organizations and agencies delivering needed programs to ameliorate the harsh effects of inequalities, engaging with community members, and mobilizing policy advocacy. At best, an effective and innovative community sector can attend to local needs while working to change the broad social and economic conditions that give rise to disparities.
5. Certain conditions need to be in place for the community sector to have a positive health impact. The sector must have adequate resources (material, fiscal, and human) and favourable policy and regulatory environments. A dynamic and responsive sector also needs to establish strong working relationships based on trust, both with residents and members of the community and other organizations and partners. These relationships are strengthened by a shared vision or sense of purpose and by cross-sectoral collaborations.

Introduction

Health disparities are known to result from the particular circumstances in which people “grow, live, work, and age” (WHO, 2008, p1). Action to address the social determinants of health is needed to tackle the root causes of inequality and change the social and economic conditions that shape people’s lives (Senate Subcommittee on Population Health, 2009; Mikkonen & Raphael, 2010; Raphael, 2003). But this action needs to take place not just at the policy level, but deep in affected communities.

This paper focuses on the contribution of a vibrant and effective community sector to reducing health disparities and improving population health. The significance of the community sector resides in its capacity to attend to local needs while working to change the broad social and economic conditions that give rise to disparities. In this sense, it acts as mediator, ameliorating the harsh effects of inequalities by providing programs and services targeted to the most urgent needs and affected populations, building capacity through community engagement and mobilization, and engaging in policy advocacy to bring about broader scale change.

The community sector is not a homogeneous entity and its ability to bring about change depends upon the capacity and level of commitment of the individual organizations and agencies that comprise it. However, community-based organizations are uniquely positioned to work with individuals and groups on the ground to strengthen ties within the community to build connections, resilience, and trust. This paper reviews the literature on the links between population health, community characteristics and resilience, and the community sector.¹ It analyzes:

- How can a vibrant and responsive community sector enhance overall population health and ameliorate the impact and severity of health disparities for

1 To identify research, community initiatives and current thinking, I reviewed practice, community and academic literature that addresses the impact of a vibrant community sector on population health and health equity, and websites to identify relevant reports and resource material (Equality Trust, Canadian Index of Well-Being, Canadian Institute for Health Information, Greater Sudbury Healthy Community Strategy, PHAC, WHO Europe (SDoH), New Economic Foundation, and Vibrant Communities. The search was guided by keywords that included: population health, social determinants of health (SDoH), community resilience, collective efficacy, community sector, social inclusion, health promotion, social engagement, social networks, social capital, social innovation, healthy communities, housing, and others as required.

those communities most affected?

- What are the key enablers or success conditions that are needed so the community sector can reduce disparities and promote population health?

SOCIAL DETERMINANTS AND COMMUNITY CONTEXT

Much is known about the impact of health disparities and ways to ameliorate its most devastating effects. Wide differences in socio-economic status, poor housing, food insecurity, and lack of employment opportunities to name a few, are often entrenched in communities, and limit opportunities for health and well-being.

Three principal and interdependent factors influence the health status of individuals and communities. These include the:

- Most fundamentally, the social determinants of health – the living and working conditions (e.g. income and education) – play a major role in shaping the health of individuals and communities. But this impact is not direct and is mediated – for better or worse – through two crucial spheres.
- The extent to which health services are available, accessible, and effective can help to reduce the most damaging impact of wider disparities – or if access to care is inequitable, the health system can reinforce inequities.
- Similarly, community characteristics can mediate positively or negatively the impact of the wider determinants of health. This can involve both:
 - key features of the local community itself – the physical environment and the characteristics of residents and the community as a whole – often described in terms of social capital and connectedness; and
 - the nature and capacities of the community sector (the focus of this paper) which supports the community through needed services, programs, community engagement, and policy advocacy.

The social determinants of health form the pattern of peoples’ lives and shape the health of their communities. This is not just the overall impersonal effect of social and economic factors but also the “minor insults of daily living” that erode well-being for the most vulnerable and disadvantaged (Burriss & Anderson, 2008, p.583).

Health is created where people live (Hancock, 2009).

The number of recreational facilities, availability of social and health services, state of housing, cultural organizations, neighbourhood safety, and so on together create a neighbourhood context that shapes health and whether a neighbourhood is a desirable place to live (Louwen, 2008). Strong interpersonal and community relationships are positively related to good health outcomes, a sense of well-being, and the capacity to thrive (Scott, 2008).

Neighbourhoods scarred by social and economic conditions such as high unemployment, poor housing, and environmental concerns tend to isolate residents from each other, limit people's future prospects, and reinforce the damaging effects of poor living conditions (Chiu and West, 2007; Sherriab, Norris, & Galea, 2010; Bradford, 2009). When persistent and significant disparities in income, poor living and working conditions, race and gender persist, then the connections between people become tenuous and impact on health can be reinforced (Mikkonen & Raphael, 2010). Such neighbourhoods have a dramatic effect on people's health: reflected, for example, in higher than average infant mortality rates and incidences of chronic disease (CIHI, 2007).

The community sector sees the face of disparities in everyday lives and provides the framework that gives voice to individual concerns (Brodhead, 2010). It focuses on building capacity and neighbourhood resilience² to improve the lives of individuals and families so that they thrive rather than merely survive (Torjman as cited in Hancock, 2009).

The capacity of the community sector to work effectively varies depending on access to resources, ability to work across sectors, level of commitment, and so on. However, it is critical that the community itself is a starting point in directing what the community sector needs to do. An essential first step in mobilizing for change is having a strong grasp of the local context and truly understanding the needs of the community.

2 Resilience in this context refers to: the "ability to not only cope but also to thrive in the face of tough problems and continual change". This definition was taken from Sherri Torjman in her book *Shared Space: The Communities Agenda* as cited by Hancock (2009) in the Senate Sub-Committee Report on Population Health.

CLARIFYING THE TERRAIN: DEFINING OUR TERMS

The term "community" has multiple meanings.³ It can refer to a geographic region, usually a local area such as a neighbourhood or municipality, or it can refer to a particular group with similar characteristics (e.g. South East Asian women; a professional community). Sometimes reference is made to communities of interest in which individuals or groups come together because they share a perspective and want to address a particular issue: for example, an environmental issue or child poverty (McMurray, 2007; Levarak, 2004).

For the purposes of this paper, community can refer to all of the above, but emphasis is placed at the local level, typically neighbourhoods, that are recognized as having a boundary known and understood by those who make up the community. The local context or neighbourhood characteristics are central to understanding a community's health and how health disparities are experienced at the individual level (Bradford, 2008; McMurray, 2007).

The community sector is generally considered to be the wide range of not-for-profit organizations whose mandate is to work with and provide services to communities to meet local needs. Also known as the Third Sector, it has been described as "an imprecise term that includes organizations that deliver services (often funded by governments), religious groups, voluntary associations, and interest groups" (Brodhead, 2010, p.5).

Vibrant community sectors are those that are responsive to individual needs and priorities, community based and driven, well coordinated, and forward thinking and innovative. They build on local assets and strengths and identify and address the most pressing needs through targeted programs and engagement.

Diagram A sets out how a responsive and effective community sector can contribute to reducing health disparities. The sector responds to community needs by working in a coordinated way using three approaches: providing a range of services, such as childcare, support for older persons, community based mental health services, and literacy and skills training; service that ameliorates the impact of disparities; building healthy

3 There has been extensive work carried out regarding what constitutes a community, healthy communities, community based research, and strategies to address community needs. A brief description is offered in this paper but the reader is encouraged to consult the literature for a more comprehensive discussion of community health and vibrant communities. The King's Fund, Aspen Roundtable, Tamarack, and Caledon Institute among others, are leaders in this work and have contributed significantly in building a large body of work.

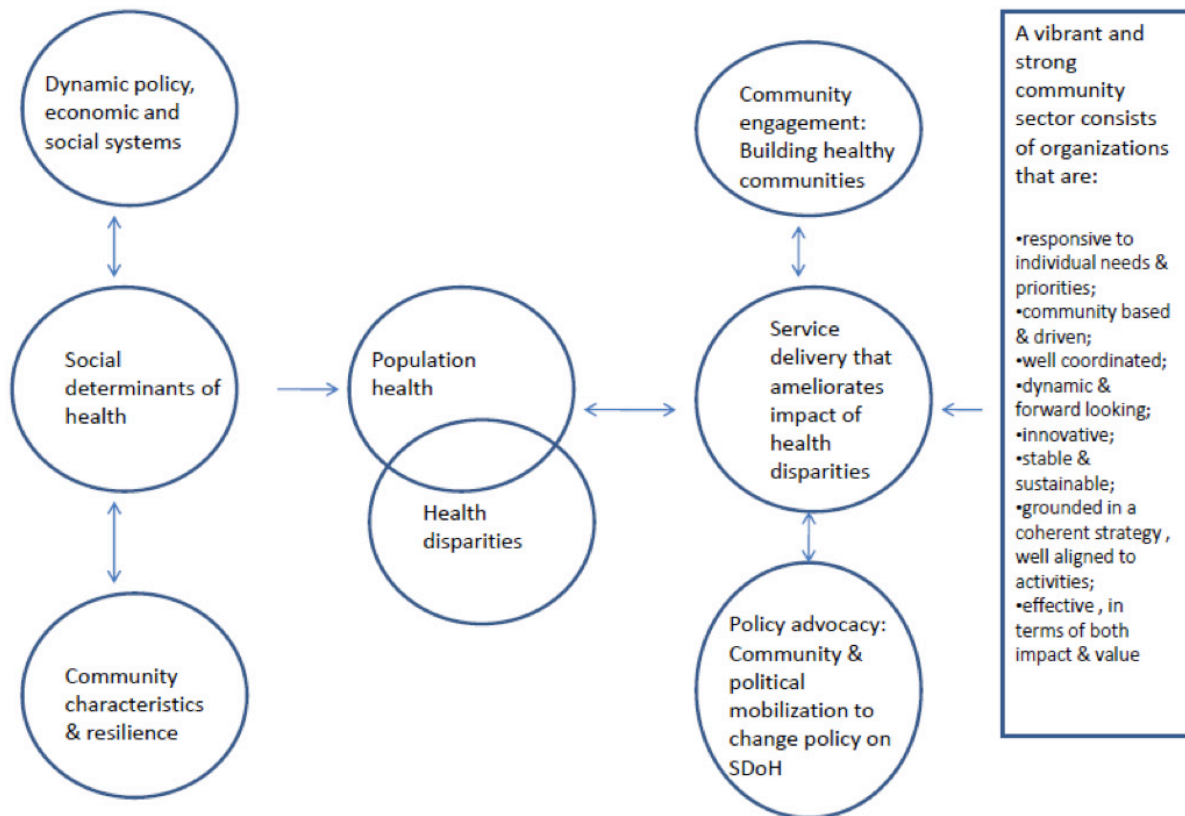


DIAGRAM A

communities to develop trust, connections, capacities and resilience; and mobilizing the community to influence policy on the social determinants of health.

How Can a Vibrant Community Sector Reduce Health Disparities and Promote Population Health?

The key starting point is understanding community needs and perspectives. Ideally, an equity lens that takes into account “inequality of access; inequality of opportunity; and inequality of impacts and outcomes” should guide the work of the community sector (Mador, 2010). Programs are then tailored to the particular needs of the community. In so doing, community organizations create a safety net for the most vulnerable that go beyond the more general and sometimes complicated labyrinth of government programs. Residents within a community have a hierarchy of needs that determines priorities for the work of the community sector. When social capital is low and health disparities are great, the community sector will need to address basic needs (e.g. food security; safety) and build a sense of trust within the community.

In parallel with program delivery is community engagement to build local capacity. Once community members are able to meet their more immediate needs, they are better positioned to mobilize and work with the community sector in identifying issues of concern and possible solutions. This work gives direction to the policy advocacy that needs to occur to create fundamental change. Community sector work then, builds resilience and creates an enabling environment for individuals and sectors to solve the extraordinary challenges that disadvantaged communities face.

PROGRAM/SERVICE DELIVERY

Programs and services are critical to addressing the urgent, basic, and multiple needs of community members. Programs such as literacy support, skills building, job training, housing, childcare, food banks, primary health care and recreational programs are designed to directly meet local needs in a timely way.

Community sector work often occurs where people live and work. Programs can operate separately or be delivered as a comprehensive set of services targeted to individuals and groups through a broad range of strategies over time (Louwen, 2008). Services should be avail-

able, accessible, and acceptable to community members so that residents thrive in spite of the burdens of daily living. This is particularly important for the most vulnerable, who experience the “corrosive effect” of chronic stress and disadvantage (Burris, 2010, p 584). Programs also bring people together to forge strong relationships between community members (Labonte, 2010).

COMMUNITY ENGAGEMENT

The process of engaging residents and building community capacity is central to the work of the community sector (Kubish et al, 2010). In order to successfully mediate between members of the community and external stakeholders, the community sector must engage the community in a partnership that is based on trust and a commitment to better the lives of residents. The community development process is an important strategy in working with communities to build that sense of trust and identify needs. Community health centres, for example, devote staff and resources to community development and capacity building in addition to primary and preventative health care.

Understanding the extent of social networks and the nature of the neighbourhood is necessary to understand which interventions will work and what outcomes can reasonably be expected (Chiu and West, 2007). The community sector must be committed to working with members of the community to enable the voice of members to be expressed and ensure concerns are heard and needs accurately identified. The nature of this work is participatory and reflects a two way exchange that seeks to understand and name the issues as the community defines them and to collaborate in finding solutions (McMurray, 2007).

POLICY ADVOCACY

Historically, the work of the community sector focused almost exclusively on service delivery. However, the shift to include policy advocacy as a means of addressing the underlying root causes of inequities is now considered essential (Brodhead, 2010). Successful and innovative community sectors are committed to achieving change at multiple levels. They “are service organizations working to change policy and advocacy organizations developing programs on the ground” (Brodhead, 2010, p 50).

Community engagement is linked to policy advocacy: working on the issues community members bring forward, but also taking a more active role in advocating when the capacity of the community is compromised

or very limited, working with residents to navigate the complex web of bureaucracy and decision making processes, and building capacity for community members to engage in advocacy themselves.

The community sector is uniquely positioned to engage in advocacy because it is situated between community members and the broader system of decision makers and policy makers. In acting as mediator, the community sector both leverages opportunities to build on the strengths of the community to improve quality of life and also ameliorates the negative effects of poor policy decisions (Louwen, 2008). For example:

- Working with members of the community to identify needs and interpreting these needs to funding agencies and decision makers;
- Advocating for resources to meet basic community needs (housing; employment) and to prevent cuts to existing programs;
- Identifying pathways and levers for change in the root causes of inequality;
- Working directly with government to push for investment in a community to effect systems level change.

Policy advocacy represents intervention at a systems level to address the needs of specific groups (Louwen, 2008). It strives to tackle the root causes of inequality and puts forward workable and acceptable solutions that benefit the community. For example, advocating for stable and affordable housing, calling for measures such as tenant buy outs, making repairs, and avoiding segregation of low income housing are more likely to promote social stability and a safer neighbourhood than adding more police (Kawachi et al 1999).

CROSS-SECTORAL COLLABORATION

Cross-sectoral partnerships are an essential strategy to build capacity and engage the community (Hancock, 2009). The good work that organizations do can be diminished if they work alone. Working across sectors and with community groups and members enables the marshalling of people and resources to achieve a goal. Broad coalitions with experience in working with communities bring a credible voice to policy discussions and can amplify the effect any one group could have on its own (Treadmill 2008). In short, the complexity of many social problems requires that organizations and sectors work together.

Cross-sectoral collaborations are diverse - both in terms of their membership and the extent to which they integrate their various initiatives (Kindig et al, 2010).

They work best when conditions such as strong working relationships, integration of services, coordination, and access to resources are in place (Health Canada, 1999; PHAC, 2007). Each partner organization has its insight and experience, and knows what approaches work best to address particular issues. That collective experience is leveraged to create an environment where innovation can grow (Le Ber, 2010; Louwen, 2008).

Working collaboratively is also about integrating the work of the partners. It involves making the connections between people and organizations to coordinate program delivery without duplicating services. Then at a more granular level, it involves integrating the various strategies used to work with the community (Louwen, 2008). Such work requires an ability to understand how the parts of a problem are connected and to see that the whole is greater than the sum of the parts. The value of integration for communities is that it simplifies access to services more effectively and efficiently, putting the onus on the community sector rather than individuals to navigate the system (Hancock, 2009).

Inter-sectoral collaboration has its own set of barriers and enablers to make it work effectively. Without resources, for example, it is very difficult to work across sectors. The partners need to establish strong working relationships and have a vision that is congruent with the needs and wishes of the community (Roussos & Fawcett, 2000). Without such grounding, the partnership cannot gain legitimacy and credibility within the community to do its work (Shortell, 2010).

Other kinds of collaborations include networks of organizations that come together for information sharing and/or policy advocacy. Coalitions of organizations or sectors, for example, are formed for a particular purpose aimed at solving a complex community problem or to address a specific issue. Such coalitions may bring partners together that otherwise may not interact and they may disband when the issue is resolved. Others, particularly those that come together to advocate for broad policy change and mutual networking, may be ongoing or will continue until members no longer experience the benefit of meeting (McMurray, 2007).

Comprehensive community initiatives are “broad based collaborations of service providers, residents, advocates, businesses, governments and other stakeholders that come together to develop comprehensive and integrated multi-level service and policy responses to poverty” (Wellesley Institute, 2010, p 1). They mobilize local communities to address the root causes of poverty and other complex social problems. Their work has been successful in transforming communities because

of the broad based multiple interventions implemented over time.

The effectiveness of policy advocacy to bring about systems level change is enhanced when accompanied by service delivery, community engagement, and cross-sectoral collaboration. Needs identified in service delivery and through community engagement provide the substance for policy advocacy in order to cement changes on a grander scale. Policy advocacy is essential to build on the good work done at the local level so it can benefit from wider application to the broader population.

Enablers for a Responsive Community Sector

The research literature and extensive practice experience identifies three conditions that need to be in place in order for the community sector to successfully reduce health disparities and build a resilient healthy community: strong working relationships, shared vision and adequate resources.

STRONG WORKING RELATIONSHIPS

Strong working relationships operate at different levels including:

- Within the community, with those who live and work in the neighbourhood;
- Between partners within the community sector;
- With external stakeholders and sectors (e.g. government and other funders).

At all levels, trust is central to any discussion of relationships and the community sector. The neighbourhood is where trust can be built because it is where people interact with each other. Members of the community have to trust community providers and organizations in order to benefit from their help. They also have to trust each other in order to feel safe and be able to work together.

Trust refers to being able to rely on another. In the absence of any direct evidence, it is an act of faith that another (individual or organization) will do what it is supposed to do. The actions of the community sector – walking the talk – are what build trust. It begins with the intent to truly understand what people are saying and let the solutions emerge, rather than impose a direction. It cannot be forced and it must develop in its own time. Where considerable social disorganization⁴

⁴ Social disorganization has been defined as the “inability of a community structure to realize the common values of its residents and maintain effective social controls” (Kawachi et al 1999, p 721)

exists within a community, the community sector must invest time and resources to listen to concerns of residents and build strong relationships.

When the community sector demonstrates the capacity to listen and act with integrity, it creates space for community members to work together. A sense of trust, willingness to help others, and shared values within a community can build stronger collective efficacy (Samson, 2004). Relationships within a community that are tenuous or fraught with tension will make it difficult to accomplish anything. Sometimes trust cannot develop when a group perceives that the values and actions of another group are diametrically opposed to their own. An example would be the friction between local youth and police.

Strong leadership strengthens relationships and good relationships enable leaders to emerge. The leader is a champion who communicates the needs of the community and acts as a catalyst for change. It is the role of the community sector to create the conditions for leadership to grow and develop within the community. To do this, leadership also needs to exist within the cross-sectoral collaboration to communicate a vision and inspire others to act.

SHARED VISION

While having a shared vision seems intuitive, it does not always occur (Roussos & Fawcett, 2000). A powerful vision or sense of purpose gains momentum when it is shared across sectors and with the members of a community. Given the multiple partners and organizations in the community sector, the diversity of many communities, and the multiple accountabilities in community work, establishing a common vision is no small achievement (Kubish et al, 2010).

For the purposes of this paper, a clear and shared vision explicitly includes community health and well-being. A clear vision underpins coherent strategy, frames the messages in advocacy work and anchors the sometimes long and difficult work of community engagement. Without it, the work of program and service delivery operates like a ship without a rudder. A powerful vision is both an inspiration and a tool, the lens through which all actions and decisions are taken.

Dissension and difficulty reaching agreement on what the vision is drains a community. Conversely, a clear sense of purpose is a powerful motivator to action. It occurs when there is a common understanding of the root or underlying problem and the ability to articulate clearly what should be different. An effective commun-

ity sector keeps its vision front and centre while navigating the complex socio-political environment. It uses the vision as a benchmark against which interventions and strategies are measured and therefore helps keep the needs of the community first (Bradford, 2008).

RESOURCES

Access to resources can be either an enabler or barrier to the work of the community sector, but its impact cannot be underestimated. The challenge for many non-profit organizations is that they are stretched to the limit as a result of tremendous need and limited resources (Treadmill, 2008). The resources needed to revitalize poor neighbourhoods are woefully and frequently underestimated, with unrealistic expectations for sustainable change (Kubish et al, 2010.)

It is never just a question of the amount of funding, but how it is provided. The community sector requires funding that is flexible to accommodate innovative delivery and partnerships and is sustainable over the long term to see a positive impact.

- Resources directly assist members of the community to meet basic necessities of life (access to food and housing; employment opportunities) as well as community services and primary health care. These often need to be in place before the community can mobilize to tackle other issues.
- Resources also include access to information (e.g. data for planning), human expertise, materials, and funding. It is very difficult, for example, to work effectively without staffing and infrastructure.
- The community sector needs to ensure that resources are fairly distributed in the community and access is targeted. More educated and wealthier members of a community are often better positioned to capitalize on available resources within their communities and experience more benefits than those in greater need (Labonte, 2010; Egan et al, 2009).
- Access to resources is often tied to measures of performance through funding agreements. While such agreements support transparency and accountability they also potentially limit innovation and constrain organizations when rigidly applied.

Lack of adequate resources can unravel good intentions and ultimately sabotage the work of the community sector. It is difficult to create a sustainable base for community work and explore alternatives without core funding (Louwen, 2008; Hancock, 2009). The uncertainty of funding, a not uncommon occurrence, makes it very

difficult to do any long-term planning and leaves community organizations in a precarious position that is energy depleting. The time spent seeking funding means that an agency is not doing the work it was intended to do. It also sets up a climate of competition rather than cooperation because organizations are vying for the same shrinking pool of funds (Hancock, 2009).

Neighbourhoods or groups with the greatest needs put considerable demands on community organizations, particularly in the context of budget cuts and limited funding. This may result in staff burn out, charities and voluntary organizations taking on a greater load of work, and a sense of despair. The end result is unmet needs and fewer available alternatives to reduce disparities (Brodhead, 2009).

Conclusions

Calibrating the success of community sector work can be difficult in part because of the complexity of many health and social problems and limitations in availability of data (Kindig et al, 2010). And yet there is tremendous potential in working with communities to fundamentally change people's living and working conditions.

The task of the community sector is to reduce disparities by working with both members of the community and with other sectors to build capacity through programs and services, community engagement, and policy advocacy. It also mediates between the community and broader level decision makers and stakeholders so that the community has the resilience and resources to thrive and experience health. In exploring the role of the community sector in promoting population health, several patterns emerged:

- The community sector exists and works where people are. The sector needs to address the determinants of health by working in partnership with the community, taking into account both individual needs and the specific environments where people live and work.
- The problems experienced by communities are complex and many are “bundled together at the neighbourhood level” (Samson 2004, p107). Large-scale change requires a comprehensive approach to the inter-dependent and reinforcing roots of health disparities; involving multiple strategies across sectors at different levels (vertical and horizontal) of intervention. Multiple strategies also need to be carried out at the individual organizational/sectoral level as well. The extent to which such work can

be integrated and coordinated to target needs, will determine the impact on the community (Louwen, 2008).

- Efforts will yield greater gains and be achieved sooner when the community is resilient and demonstrates a strong sense of social capital and collective efficacy. A key impact of effective and well-coordinated community organizations is building local community capacities and connections.
- The principle of equity is the lens through which all work of the community sector should occur. Those who experience the greatest disparities have more pressing and complex needs (for services, acceptable housing, employment opportunities, and so on) than those who already enjoy these benefits. Often the needs of those who experience the greatest disparities are specific to their life situation and the interventions need to be more intensive. The role of the community sector is to help provide access to the benefits of society as full members of the society.
- The impact of the community sector work needs to be seen over the long-term. There is no quick fix and there is no one size fits all for this kind of work.
- Cross-sectoral work in the community sector that is focused and targeted can result in multiple benefits. Collective action has a synergistic effect.

The community sector needs to be committed to tackling the root causes of inequality and support and defend the best interests of the marginalized and vulnerable. In doing so, it needs to build trust with the community, convey a sense of hope for what is possible, and act to create a new reality.

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