

## Engaging Marginalized Communities for Better Health Outcomes

The Social Planning Network of Ontario (SPNO) is undertaking a project in four regions of the province to identify priority target populations related to selected risk factors, so that some additional community specific target populations may be identified.

The four communities that will be participating will be Sudbury (north), Peterborough(east), Halton Region(central), Waterloo Region (west). The lead for the project will be the social planning councils of these areas. They will be working in partnership with the local public health units.

It is anticipated that the target populations in all four communities will include but not be limited to Low-income Persons and Children and Families. The selection of the other identified populations will reflect community priorities (e.g. Aboriginal persons in Sudbury; Persons with Disabilities in Waterloo Region).

The project will be supported by the Healthy Communities Fund.

### **Goals:**

- develop and test a model for engaging the participation of members from high health risk populations at the planning tables in their communities for action on service development, prevention strategies and policy development related to the HCF health risk factors.
- join the efforts of key local and provincial organizational partners that are committed to the social determinants of health (SDOH) and that share a common goal of reaching the highest risk people in Ontario's urban and rural communities to promote healthy, active living.
- provide the first stage in the development of a community engagement strategy model for replication in other communities throughout the province following this two-year project funded period.

### **Objectives:**

- a) work collaboratively with local Heart Health leaders, Public Health Units, and other local partners to plan and implement the Healthy Communities Ontario Policy Framework for Community Action in four communities across Ontario;
- b) reach out, engage and support marginalized persons with high health risks to participate in the planning processes for development and implementation of the Framework for Community Action;

- c) build the on-the-ground capacity for community members, local health practitioners and a broader set of partners (e.g. municipal parks & recreation, public education, non-profit community services, etc.) to engage and work effectively with members of marginalized communities in the planning and implementation of health promotion strategies to achieve better health outcomes; and
- d) document the process of outreach and engagement of marginalized communities in the planning process as an action planning model for potential use in other communities across the province.

### **Outcomes:**

Engaging Marginalized Communities will pursue the following outcomes:

- more people from high health risk populations in the four communities with developed skills and capacities to participate effectively at local planning tables with other community partners;
- higher levels of self-esteem and improved states of mental health among active participants from the high health risk populations arising from assuming leadership roles and being supported in local planning activity;
- evidence of more responsive and effective service responses from a wider range of providers to populations with high health risk needs (e.g. special supports in municipal and non-profit sports and recreation programs to include high health risk children, youth and families);
- more sensitized and responsive community to the needs of high health risk populations (e.g. greater community support for policies and programs that address the health needs of high risk populations); and
- cross-community learning on the outreach and engagement of marginalized communities in planning for healthy community outcomes.

Although not likely measurable over the short (16-18 months) life of the project, a long-term outcome will be a reduced incidence of poor health outcomes related to the particular health risk factors prioritized in the four communities arising from the development and implementation of effective preventive and health promotion strategies (e.g. community gardens initiatives in a community creating better access to affordable and healthy food resulting in improved health among low income families from more nutritious diets).

### **Academic Support for the Initiative:**

The Engaging Marginalized Communities Project focuses on outreach and engagement of high health risk populations in a planning and strategy development process for the improvement of community health outcomes.

Population health approaches have emphasized the importance of multi-sectoral work. Recently, Dennis Raphael has called for the public health sector to assume more leadership in work on the social determinants of health and to work more collaboratively in this pursuit with groups such as the non-profit sector ("Escaping from the *Phantom Zone*: social determinants of health, public health units and public policy in Canada" *Health Promotion International*, Vol. 24, No. 2, February 2009).

In a review a number of reports on action frameworks for health equity, Diana Daghofer and Peggy Edwards identify “Developing Community Capacity” as an important guiding principle indicating that it is also important to recognize that “[p]opulation groups such as youth, older people, people with disabilities, people with Indigenous roots, and new immigrants are also ‘communities’. These groups need to gain empowerment and confidence through an active involvement in defining needs and building capacity.” (Toward Health Equity: A Comparative Analysis and Framework for Action, Working Document produced for the Public Health Agency of Canada, March 2009, p. 12).

Finally, a report prepared by Dr. Trevor Hancock for the Senate Sub-Committee on Population Health reviews a number of initiatives to promote healthy communities including projects that concentrate on “community engagement and capacity building”, which “moves from people being passive recipients of services to empowered participants and leaders.” (Act Locally: Community-based population health promotion, March 2009, p. B-7).

Hancock cites the work of social planning councils through the Inclusive Cities Canada (ICC) Project as one example of community-based organizations working on the determinants of health. Hancock writes that the ICC Project recognized “social inclusion . . . as a key determinant of health. Low income, poor housing, food insecurity, all create feelings of social exclusion and, combined with a lack of participation in civic decision-making, creates ill health, higher rates of chronic disease and premature morbidity.

### **Locally**

The Peterborough Social Planning Council (PSPC) will take the lead locally in this initiative. The PSPC will be working in partnership with the Peterborough County City Health Unit and its network of community partners to begin this project in early 2010. If you have ideas on how you might assist in this initiative please contact Dawn Berry Merriam at the PSPC (743-5915 or dawnbm@pspc.on.ca).

For more information about our InfoNotes contact Dawn Berry Merriam at 705-743-5915 or

email dawnbm@pspc.on.ca.



A United Way Member Agency