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Supporting Neighbourhood-Based Approaches to Addressing Poverty Concentration and its Impacts on Health in Hamilton

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McMaster University

McMaster HEALTH FORUM

Topic Overview

Supporting Neighbourhood-Based Approaches to Addressing Poverty Concentration and its Impacts on Health in Hamilton

Stakeholder Dialogue
6 October 2011

The McMaster Health Forum convened a stakeholder dialogue on the subject of supporting neighbourhood-based approaches to addressing poverty concentration and its impacts on health in Hamilton. With the support of the Population Health Improvement Research Network (PHIRN) through the Chair in Research on Urban Neighbourhoods, Community Health and Housing (CRUNCH) at McMaster University, the Hamilton Community Foundation, and the City of Hamilton, the dialogue brought together 25 participants – five policymakers from the City of Hamilton, 18 stakeholders (drawn from anchor institutions in Hamilton's education, voluntary, business, healthcare and police sectors) and two researchers – to examine the problem, options for addressing it, and key implementation considerations.

Deliberation about the problem

Many dialogue participants found the framing of the problem as poverty concentration and its impacts on health to be 'constructive' and 'a good way of getting at many of the issues.' Dialogue participants generally agreed with (but offered important nuances about) the key features of the problem: 1) poverty is a cause of poor health, child development and social outcomes; 2) poverty is spatially concentrated in Hamilton, making problems of poverty and health worse (although several dialogue participants questioned whether labelling neighbourhoods as poor stigmatizes those living in them); 3) community capital is central to the relationship between poverty concentration and health (although one dialogue participant noted that it can be identified, enhanced and built upon in poor neighbourhoods); and 4) more can be done to redress inequities between neighbourhoods.

The views expressed in the issue brief are the views of its authors and the views expressed in the dialogue summary are the views of the dialogue participants (as understood by its authors). The views should not be taken to represent the views of the funders or the McMaster Health Forum.

HAMILTON COMMUNITY FOUNDATION For Hamilton, For Ever

crunch Chair in Research on Urban Neighbourhoods, Community Health & Housing

Hamilton

RRASP Réseau de recherche sur l'amélioration de la santé des populations

PHIRN Population Health Improvement Research Network

Participants drawn from city government and anchor institutions, as well as two researchers, gather during a McMaster Health Forum event on 6 October 2011

Deliberation about options

Most dialogue participants expressed strong support for each of three options, and particularly the first and third options, albeit with important caveats and/or nuances in how they are described and implemented: 1) introducing coordination mechanisms and horizontal accountability 'with teeth' among the city's anchor institutions, including both for a chief executive officer-level forum that would address pressing issues as they arise, and for a local urban development agreement that would establish a shared vision, principles, set of approaches, and mutual accountabilities; 2) continuing to target resources at neighbourhoods with high concentrations of poverty and for identifying a small number of short-to-medium term wins (e.g., by enhancing investments in social navigators and community development workers) that would help to build support for a sustained initiative; and 3) developing and implementing plans that increase the social mix in the city's neighbourhoods. The principles for a local development agreement could include: addressing poverty and poverty concentration as common institutional priorities, listening and responding to community-defined issues, identifying opportunities for short-term, medium-term and long-term wins, sharing resources, building on existing community capital, and using collective indicators, not just individual institutional indicators. Several dialogue participants argued that all efforts need to look for and build on community strengths.

Deliberation about implementation

While dialogue participants noted several potential barriers to implementation, they argued that these barriers could be overcome with the commitment of the city's anchor institutions. The issue of community engagement was repeatedly cited as a key strategy for working through what to pursue and how. One individual said the time is right for a 'call to action around solutions.' A second noted that the investments in getting individuals and groups talking about this issue have borne fruit and set the stage for 'moving beyond talk… we need action.' A third individual said 'a change in perceptions has occurred and we can now focus on community solutions' that are possible only when anchor institutions work to a common purpose. A fourth said: 'We have a great sense of solidarity and lots of good information in hand… and we can't afford to fail.'

Dialogue deliverables

To learn more about this topic, consult the issue brief that was presented to participants before the dialogue, the summary of the dialogue, and view or listen to the interviews with dialogue participants. For an electronic copy of the issue brief or dialogue summary, or to view or listen to the interviews, visit our website www.mcmasterhealthforum.com and click on 'Products' along the sidebar, or for direct access to our YouTube and iTunes U channels, simply click on the icons below.

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