



19 DECEMBER 2015

ESTABLISHING A CISSS/CIUSSS TO SUPPORT COMMUNITY DEVELOPMENT

Summary:

Introduction

Acting on determinants of health

1. *Healthy communities*
2. *The importance of local territorial communities*
3. *Community development, population-level responsibility and other legal foundations*

CISSS/CIUSSS support

Mobilize management expertise to advance the community development support strategy

1. *Working TOGETHER*
2. *From hypercollaboration to an integrated development approach*
3. *The challenges of accountability*

This document provides a summary of a lengthy research and consultation project used in the Initiative sur le partage des connaissances et le développement des compétences en santé publique's (IPCDC's) various community development activities. For readers who understand French, we have furnished some links to the IPCDC's website for additional resources that further illustrate and expand on the main elements in this document. Use the appropriate links throughout the text to download exercises or watch video content that illustrates the findings.

INTRODUCTION

In Québec, an integrated health and social services centre (a Centre intégré de santé et de services sociaux CISSS) or an integrated university health and social services centre (a Centre intégré universitaire de santé et de services sociaux – CIUSSS), along with its area network (réseau territorial de services – RTS) partners, is responsible for improving and maintaining the health of the population it serves. It must offer the best possible services to the clients who consult with it and, at the same time, anticipate problems relating to

health and well-being. For that reason, it is called on to play a role in addressing several health determinants, including housing conditions, education, social support, access to employment, etc.

Community development support is an essential response measure in doing so. In addition to helping a CISSS/CIUSSS carry out its mission, community development support encourages CISSS/CIUSSS stakeholders to adopt practices that reflect population-level responsibility.

By taking a clear stance in this regard, the CISSS/CIUSSS guides its programs and mobilizes its resources to support community action, thereby improving living conditions and reducing social inequalities in health. In this way, the CISSS/CIUSSS commits to working with all the citizens, stakeholders and partners in its territory. CISSS/CIUSSS contributions to community development are largely influenced by organizational capabilities, as well as the ways in which programs are managed and relationships built with the population or partners. In this sense, CISSS/CIUSSS managers play a key role, both internally and externally.

By supporting community initiatives and offering programs adapted to local dynamics, health and social services institutions strengthen community action (World Health Organization [WHO], 1986) to create favourable environments and develop healthy communities. This type of approach to intervention has a positive impact on local dynamics, as it facilitates cooperation between residents and community organizations, and encourages action that improves the conditions under which individuals grow, live, work and age.

ACTING ON DETERMINANTS OF HEALTH

By committing to working with its partners to address factors that allow for adequate response to the population's health needs and the resolution of problems that arise in a community, the CISSS/CIUSSS is taking steps to improve

living conditions. These factors, often called determinants of health, largely explain a population's health status and, for the most part, are responsible for social inequalities in health¹. Every day, they affect the ability of individuals and populations to meet their needs, grow and even adopt and maintain healthy lifestyles².

1. HEALTHY COMMUNITIES

As a key stakeholder in the community, the CISSS/CIUSSS is responsible for participating and even taking a lead role in the development of a healthy community. It undertakes initiatives to promote community development and supports those initiatives designed and implemented by the community and its partners.

Within the health and social services network, community development is defined as a "process involving voluntary cooperation, mutual assistance and building social ties between local residents and institutions to improve physical, social and economic living conditions" [translation]³.

A healthy community is constantly improving its physical and social environment. It gives its citizens the opportunity to help each other carry out the basic activities of daily living and achieve their full potential (Hancock and Duhl, 1986). It is also prosperous, healthy, sustainable, fair, safe, united and inclusive⁴. Its development is based on the contributions of both individuals and stakeholders from various sectors who work together, hone their skills, mobilize resources and make positive changes to individual and collective health and well-being.

Empowerment is inextricably linked to the development of healthy communities. This term is largely used to describe actions that foster the power of individuals, organizations and communities to act and identify solutions to problems they encounter, or in their willingness to meet their needs themselves⁵.

Empowerment fosters the development of stakeholders' ability to exert greater power, and to access and even control resources. Strengthening the power to act through community development means developing intervention and management measures that encourage participation. Joint action by various community stakeholders who recognize the value of collectivizing their efforts to achieve shared goals can also be relied upon.

Many initiatives considered endogenous, that is, developed by community partners, show considerable creativity and demonstrate communities' ability to address food insecurity, homelessness, housing, local services, recreation, literacy, etc. These initiatives help to establish social economy enterprises, promote local spending, encourage participatory democracy, foster civic and public education, revitalize living environments, etc. Community development practices have been well established for decades. They even played a role in the creation of the centres locaux de services communautaires, or CLSCs [local community service centres] in the 1970s.

In Québec, there are many designations for community development, though their make-up is often the same: local social development, territorial development, urban revitalization, sustainable development, etc. Although the expression "community development" is becoming more widely known, there is still no universal designation because of the number of stakeholders involved and the various shapes it takes (community, public and private measures).

That said, local initiatives alone cannot combat the processes that create social inequalities in health, devitalized communities and social exclusion. They cannot replace the role of government in the adoption of public policy to reduce health disparities. Local initiatives can nevertheless receive government support, particularly public health programs looking to mobilize communities.

The combined strength of the government and territorial communities is recognized as a key factor in the improvement of living conditions, the revitalization of territories and the creation of social ties. Moreover, many of the Québec government's public policies, legislation and programs rely on community mobilization and the participation of local stakeholders. That is the case with the *Government Sustainable Development Strategy*, the *National Strategy to Combat Poverty and Social Exclusion*, and the *National Policy on Rurality*.

2. THE IMPORTANCE OF TERRITORIAL COMMUNITIES

Community refers to a set of individuals and groups that, despite their specific characteristics, are connected by common issues based on specific interests (workers, renters, parents of patients with mental illnesses, etc.), shared identity (young people, seniors, disabled individuals, etc.) or territory.

Territorial communities are particularly important, given that⁶:

- They encompass all of a territory's legal and political systems, as well as the majority of the citizens' customs and traditions. They rely on the support of various local organizations or institutions, formally connected or not, such as schools, work environments, community spaces, recreation centres, parks, churches, etc.
- Belonging to the same territory fosters collective action and public engagement, and helps local organizations and institutions build foundations. For example, the quality of an institution's relationship with the community will help it to mobilize the community's resources more easily, as will the various social, political or cultural dynamics that characterize it (a community's social capital). It can use its proximity to foster synergy and collaboration with other stakeholders.
- The local dynamic indicates how the community addresses issues relating to the health and well-being of its population, to varying degrees.

2.1 Postal codes may be more important than genetic codes⁷

A community's characteristics can have either a positive or a negative impact on many determinants of health, which can affect social inequalities. In addition to creating more difficult living conditions, this place effect⁸ can limit individuals' ability to take action, restrict access to resources and limit growth opportunities. Faced with such challenges, a community's social capital makes a difference. Stakeholders' motivations for working together, the ways in which they do so, their perceptions of shared issues, the quality of their relationships and the conditions that affect cooperation are important determinants in the development of healthy communities⁹.

2.2 Territories that vary in size

As each community is characterized by its own realities, the community development support strategy delimits its territory while ensuring that the citizens and stakeholders who live there share the same feelings of belonging. It can be a neighbourhood, a block, a district, a village or an entire city.

Territorial delimitation is an important issue in the implementation of community development support interventions. It is not always simple—delimitation can vary based not only on the stakeholders' function or perception, but also on the structures and programs that are already in place. The geographic boundaries for these are established according to a different set of administrative rules (e.g., school sector).

A community development territory can be different from the administrative territory in the CISSS/CIUSSS or local services network (réseau locaux de services – RLS) service area.

3. COMMUNITY DEVELOPMENT, POPULATION-LEVEL RESPONSIBILITY AND OTHER LEGAL FOUNDATIONS

Under Québec legislation, the CISSS/CIUSSS is responsible for addressing many determinants of health through health promotion and the development of intersectoral collaboration measures. The ***Act Respecting Health Services and Social Services*** advocates for promotion/prevention measures that make individuals, families and communities more accountable for health issues. Furthermore, the recent reorganization of the health and social services network confirms that **population-level responsibility** is one of the main building blocks. It aims to improve the health and well-being of an entire population and relies on the collaboration of local and regional stakeholders (e.g., public institutions, community-based organizations, private organizations and partners from non-health-related sectors) by **encouraging** them to use their skills and the means at their disposal to support a territory's population. The ***Public Health Act*** aims to create a living environment that fosters the health and well-being of those living in it. It stresses the necessity of dialogue mechanisms and the promotion of social and public policies that can improve the population's health and well-being.

Where these acts converge, there is a need for a CISSS/CIUSSS to position itself to support the capacity building of the community stakeholders in its territory. This institutional stance should specify the vision, tactical methods (e.g., organizational resources) and operational methods (e.g., activities or services) to ensure clear, coordinated interventions that support communities to improve living conditions and reduce social inequalities in health.

The CISSS/CIUSSS can assert this formal stance in a variety of ways. At a minimum, the organization clearly operationalizes its strategic vision through a community development policy and a time-bound implementation plan (e.g., over a three-year period) that facilitates its establishment and helps to launch it successfully. The result: the organization assumes responsibility while providing a more concrete definition of its commitments and major actions. Furthermore, the CISSS/CIUSSS can more easily adjust its methods and intervention practices in the community it serves while respecting its mission. It integrates community development support into planning documents (involving

population-level responsibility, public health, community-based organization, etc.). The CISSS/CIUSSS's clear stance on community development also facilitates connections with other stakeholders' planning exercises (including municipal policies, development plans, regional county municipality (RCM) land use plans, the school success plan, etc.).

Readers who understand French and wish to gain a better understanding of basic community development concepts may refer to a [glossary](#) that defines the main concepts and [download these exercises](#). Readers may also consult several municipalities' accounts of their support for community development [by clicking this link](#). These resources are in French only.

CISSS/CIUSSS SUPPORT

The institution has also elaborated a service offering that will encourage involvement from organization branches as well as individuals from diverse professional backgrounds: doctors, nurses, social workers, health promotion officers, community organizers, etc.

In its role as a community development actor, partner or supporter, the CISSS/CIUSSS enables community actors to address problematic situations and propose solutions. Whether through its interventions at round tables, in service initiatives or by the local provision of public health measures, CISSS/CIUSSS support increases community actors' abilities to improve living conditions, address local issues and mobilize around joint action to bring change to problematic situations.

This support is part of the CISSS/CIUSSS' regular activities. The branches will use intervention models that support community capacity building (the community approach to clinical services, public health measures that mobilize communities, etc.). Each will be involved in carrying out activities that support community development. There will have to be mechanisms in place to foster interdependence among the institution's various programs (i.e., transversality, which we will address later on), but also with other community organizations from various sectors (in other words, intersectorality).

In particular, CISSS/CIUSSS support for community development is based on:

- Initiatives brought forward by community actors, which involve several community actors (possibly including citizens), who define the end results, the means and the terms and conditions of governance. They take place in a territorially significant location and

are adapted to a community's dynamics. These initiatives rely on, for example, municipalities that mobilize other community and regional actors. Along with them, schools, community-based organizations, local employment centres, business people and others work on improving people's daily living conditions (e.g., transportation, housing, academic success). They work with citizens and decide together on what action to take.

- Public health programs and approaches that mobilize communities around health issues. They implement solutions developed in keeping with provincial and regional priorities. These measures are varied and concern, among other things: Integrated perinatal and early childhood services (services intégrés en périnatalité et pour la petite enfance – SIPPE), the Government Action Plan (GAP) to Promote Healthy Lifestyles and Prevent Weight-Related Problems, Healthy Aging, and the Healthy Schools approach. Their goals include creating healthy environments and taking care of vulnerable populations. Part of CISSS/CIUSSS programming, these public health measures are implemented in the community through mobilization of various local actors (elected officials, community groups, etc.).

Just as healthcare is not solely the prerogative of doctors, community development support services are not solely the responsibility of community-based organizations, although these organizations do play a vital role. The support that they offer (identifying priorities, developing action plans, evaluation, managing disputes, etc.) better enables stakeholders and partnership groups to resolve community issues. They allow the CISSS/CIUSSS to play an influential role in the communities it serves. Their integration into communities allows for action on determinants of health and leads to improved conditions in which people can live healthy lives¹⁰.

To help position your organization to support community development, you can [download these exercises](#), or [watch this video](#). These resources are in French only.

MOBILIZE MANAGEMENT EXPERTISE TO ADVANCE THE COMMUNITY DEVELOPMENT SUPPORT STRATEGY

To put in place organizational arrangements that will facilitate this positioning, the institution must mobilize and adapt its management expertise to the particularities of community development. For an organization to be able to support community development, a manager must be able to mobilize the CISSS/CIUSSS' organizational capabilities. This allows for internal and external interventions that help strengthen community action (WHO, 1986)¹¹ and community development, with a view to acting on determinants of health and health-related social inequalities. According to the management cycle used in Québec's public service (see the diagram on the following page), developing and using this skill occurs in four phases.

The management of these phases is based on the mobilization of resources (knowledge, skills, abilities, etc.) that are common to several situations and can be mobilized in various contexts. Regardless of the situation, the strategic positioning in community development requires the manager to:

Being an agent for change.	The manager exercises leadership to mobilize other actors and members of his or her team to get involved.
Being a leader who <i>empowers</i> others.	Because of his or her ability to rally various actors around community issues and joint project leaders, the manager associated with community action plays a key role in skills development.
Working with ambiguity and complexity.	Having to deal with ambiguous and complex situations, the manager will encourage individuals to express their points of view in order to identify the priority goals and intervention possibilities.
Managing innovative projects in a collaborative context.	Managing a community development support intervention relies on project management methods. Community development interventions evolve over time, in space and depending on the stakeholders (local, regional, national, etc.). Therefore, managing them requires being open to new things.
Guiding CISSS/CIUSSS action using principles that support healthy community development.	The CISSS/CIUSSS manager will have to deal with unconventional work situations. Operational management will be guided at each step by action principles that are commonly used in health promotion and widely associated with the support strategy: • collaboration, partnership and intersectorality; • reduction of health-related social inequalities; • <i>empowerment</i> of individuals, organizations and the community; • participation of stakeholders; • promotion and standardization of public policies that foster health.



In short, the institution's position on community development support poses a particular challenge for the manager in his or her role as strategist and visionary. The manager will need to reflect on how the CISSS/CIUSSS promotes community involvement within the population, and among its partners and employees.

For guidance on your role as a manager, you can watch this [video on the manager's role in community development](#), or [download these exercises](#). These resources are in French only.

1. WORKING TOGETHER

Community development is a responsibility that an institution like the CISSS/CIUSSS obviously cannot shoulder by itself. Through its interventions and support, the CISSS/CIUSSS will focus on its ability to resolve, in cooperation with other stakeholders, issues that arise within a community.

This community involvement will be fostered through: support for community initiatives and programs adapted to local dynamics; sharing power and control between community actors and CISSS/CIUSSS stakeholders; strong and long-lasting ties with other actors; and intervention processes in which those affected by a social issue are able to make a significant contribution to the mutual learning process for stakeholders and vulnerable persons. Involvement will also be encouraged through a participatory approach adopted by the CISSS/CIUSSS in its decision making, and in formulating and implementing its actions. A

supportive stance requires that the manager demonstrate an open mind when faced with organizational and intervention methods that encourage working with partners and citizens as well as shared governance.

1.1 Citizen participation

Putting structures of collaboration in place more easily mobilizes organizations or institutions with a certain degree of structure. One of the challenges for these collaborations is how to help citizens themselves to govern through their active participation in community life, both within their own communities and in society as a whole. Including citizens in development approaches requires organized spaces. In this sense, government authorities must make greater efforts to remove obstacles to greater citizen participation in the decision-making process¹³. To this end, the CISSS/CIUSSS can rely on a variety of civic practices that are widely documented and proven. Remember that getting people involved in their communities, helping each other and working together are associated with (among other things) improved quality of life, prevention of health problems, more efficient and effective democracy, better social cohesion and better decision making¹⁴.

1.2 Shared governance

The strength of collaboration depends on the group's ability to mobilize community actors around complex collective processes characterized by change. It also has to do with sharing power and available resources.

In this sense, CISSS/CIUSSS's participation in mechanisms of collaboration will help (for example) all stakeholders to take ownership for analyzing the issues, actions, their evaluations, etc. Remember that collaboration aims to bring together actors from diverse backgrounds, each with specific interests, but motivated by a common cause. It is characterized, "in essence, by a willingness to accept interdependence, by realizing that a targeted action does not take its full effect unless it is part of a group of complementary and converging actions" [translation]¹⁵.

Shared governance refers to non-hierarchical processes for power sharing and democratic decision making, through which the actors involved in the intervention have shared control over the various components of an intervention (approaches, stakeholder relations, activities, operating modes, etc.).

However, creating a context that is conducive to sustained relations between actors in the same territory often faces a number of challenges. For example, government programs of a provincial scope that are administered regionally

sometimes mesh poorly with community-based initiatives. In addition, CISSS/CIUSSS catchment areas do not necessarily map onto territorial communities in a way that makes sense for their citizens. Institutional and administrative thinking can, in some cases, complicate collaboration and partnership practices¹⁶.

To deal with these challenges, it is important to focus on establishing and maintaining quality collaboration between the CISSS/CIUSSS and the community stakeholders in its territory.

1.3 Community capacity building through public health programs

Public health activities that focus on community mobilization (Healthy Schools, Healthy Aging, [Services intégrés en Périnatalité et Petite enfance](#) [SIPPE], etc.) can go hand-in-hand with community development in that they unfold as social capital and community capacity increase (*asset-based community development*, Hancock, 2009). Their success and effectiveness require the participation of community actors, but also a democratic dialogue and a shared learning process that helps the individuals and organisations concerned to increase their power in a situation¹⁷.

These activities can have undeniable convergences with community initiatives. They sometimes appeal to the same elements (e.g., intersectorality) and the same actors (municipalities, community groups, etc.). They are deployed at the local community level (towns, villages, neighbourhoods). Creating partnerships will consolidate interventions regarding social determinants and health-related social inequalities, in addition to optimizing cooperative action.

2. FROM HYPERCOLLABORATION TO AN INTEGRATED DEVELOPMENT APPROACH

Various public and private measures make community development and mobilization some of the key elements of success in achieving their targets (e.g., social integration, academic success, fighting poverty, etc.). To this are added numerous grassroots initiatives whose leadership "starts from the ground up" and "comes from within" the local or regional area. The situation is such that the territorial dynamic may be more complex than ever before in terms of governance¹⁸.

A number of observations regarding collaborative practices show a trend toward dysfunctional collaborations and partnership fatigue¹⁹. This issue has numerous consequences. In particular, the actors involved, although mobilized, struggle to create a cohesive regional approach that can

solve, in an integrated way, the problems faced by the population. The logic of sectoral public policy can push those involved in the governance of collaborative action to lose sight of how the various dimensions of problems are interrelated. To avoid this type of situation, groups can focus on the participation of the affected actors.

In addition, to maximize the impacts and repercussions of the various collaborations and to allow better connection between collaborations, proponents can focus on a strategic vision and a territorial development plan²⁰. This is proving to be a necessity, as the "growing responsibilities faced by Québec cities, RCMs, and regions require, more than ever, the pooling of economic, social and cultural expertise to meet the needs and expectations in the region" [translation]²¹.

The following link includes exercises to help you in implementing your collaboration practices. These resources are in French only.

3. THE CHALLENGES OF ACCOUNTABILITY

You don't use a ruler to measure a sphere.

With ever-increasing pressure on public spending, results-based management and performance assessment are priorities for institutional leaders. The various programs have been put under the microscope, all services have been called into question, and every stakeholder is expected to document his or her work performance. In this kind of context, supporting community development initiatives poses many challenges for CISSS/CIUSSS managers and stakeholders. The initiatives go well beyond conventional accountability practices.

Certain characteristics unique to community interventions justify the consideration of special treatment:

- Community development activities are not limited to the institutional boundaries of the CISSS/CIUSSS. The goals of community development are not imposed by CISSS/CIUSSS, but result from consultations among stakeholders.
- There is no one formula for standardizing community development interventions, which makes it difficult to assess them. Community initiatives are not all the same and do not have access to the same resources—each has its own unique characteristics. The more intangible aspects are also determinants in the success of joint community development efforts (social capital, governance, etc.).
- The results often become tangible after a long period of time²². They fluctuate based on the community

dynamic and on the work of various actors who are sometimes pulling in opposite directions. In other words, "the collective impact is a marathon, not a sprint. There are no shortcuts in this long-term process that is social change²³."

- The relative share of the various actors in meeting needs varies depending on their mandates, interests and resources, as well as by location. Their contributions are often tied to broader issues. Also, actors must appeal to many different policies and programs at once. They are indebted to many different stakeholders.

Faced with such circumstances, there is "the existence of a certain uneasiness among many planners and managers who cannot accurately predetermine the measurable and expected results of community development support interventions" [translation]²⁴.

In short, a community development support intervention creates collective action in response to local factors that make it difficult to compare one CISSS/CIUSSS to another. Community development support strategies often

cannot be measured with the traditional quantitative methods used in management²⁵. This is due to the often-present combination of varying contexts, diverse interventions, stakeholders' agendas, the numerous challenges associated with collaborative action as well as multi-organizational issues. What's more, the approach that focusses on the impact of a single organization cannot easily be applied to measure the impact of several organizations working together to resolve a common issue²⁶. Also:

- Mechanistic management that focuses on standard production poses numerous problems for a strategic intervention²⁷;
- The "current affairs" culture can hinder intersectoral collaboration²⁸;
- Many administrative practices and rules slow down local collaborative action²⁹, and these rules often work against democratic or community accountability³⁰.

Click on the following links to [watch a short video on accountability](#) or [download exercises](#).

These resources are in French only.

A single indicator does not give an accurate picture of an intervention's complexity or of what actually occurs in terms of community development. Therefore, potential indicators can be grouped together in a cohesive system that considers:

Context	The CISSS/CIUSSS intervention takes into account the dynamics into which it is inserted, which in turn determines how it is to be implemented. The way in which the intervention takes into account the social, economic and political contexts that enable or restrict it is crucial. Without this dimension, there is no clear picture of the intervention's complexity, or of what really occurs ³¹ .
Structure	The structure refers to the organization's positioning, the involvement of programs, resources, skills, information systems, etc.
Process	The processes cover everything that is done to provide services (a professional's activities to analyze a situation, give advice, implement an intervention plan, etc.).
Results	The results of an intervention are measured (over the short, medium and long term) and connections are made between CISSS/CIUSSS interventions and observed changes (changes to an actor's behaviour, relations between actors, access to resources, living conditions, etc.) This information shows that changes have resulted from the activities undertaken by the CISSS/CIUSSS and its partners.

3.1 Partnerships and collective performance

The strength of collaborations and initiatives comes from the actors' ability to work together. This synergy depends on the resources available to support the actors, but also on power sharing among them. CISSS/CIUSSS community development capabilities lie in mobilizing the resources required to achieve results, which are mostly external resources.

Both the quality of support provided by the CISSS/CIUSSS and interventions on social determinants require working together on collaborative interventions and capacity building.

In terms of performance, it is worth remembering that optimizing community interventions must be a joint effort with partners in a context of shared governance. How quickly they are achieved, the quality of solutions and the scale of the results depend on the capabilities of community actors. The CISSS/CIUSSS networks with them to set goals and objectives. By working together, they mobilize diverse knowledge and resources to implement the initiative and to adapt it to the needs they have identified. The concept of public performance is insufficient for understanding the performance of a CISSS/CIUSSS when it works with community actors³³. Indeed, a partnership's performance "is not automatically explicable in terms of specific outputs of a particular public organization; furthermore, *[it is influenced]* by the action of many other non-public actors, local or not" [translation]³⁴. This performance is in principle collective, since it "results from contributions from all of the actors, public and non-public" [translation]³⁵.

The public nature of CISSS/CIUSSS services, as well as the importance of partnerships and of mobilizing community actors, reinforces the relevance of management based on the "new public value"³⁶. This approach allows for shared governance of interventions (community initiatives, public health measures that focus on mobilization, etc.). It focuses on collaboration, deliberative methods and working together for public action (services, policies, etc.).

BIBLIOGRAPHY

1. There are a number of social determinants (income, employment, education, housing, transportation, social supports, etc.). A few sources: Anctil, H. (2012). *La santé et ses déterminants. Mieux comprendre pour mieux agir*. Direction de la planification, de l'évaluation et du développement en santé publique and Direction de la surveillance de l'état de santé. Ministère de la Santé et des Services sociaux; Mikko-nen, J. and Raphael, D. (2010). *Social Determinants of Health: The Canadian Facts*. Toronto: York University School of Health Policy and Management; Marier, C., Lahaie, V. and Landriault, J.-P., ed. J. Sauvé (2007). *Pour des communautés en santé: des environnements sociaux solidaires*. A report by the Director of Public Health 2007. Direction de santé publique. Agence de la santé et des services sociaux de la Montérégie.
2. Two examples of effects of social determinants on health: being unemployed leads to material and social deprivation, lower self-esteem, stress, physical and mental health problems such as depression and anxiety, and a higher suicide rate. It increases the risk of unhealthy lifestyle choices (e.g., smoking, drinking) and has negative effects on personal relationships, parenting effectiveness, and children's behaviour. Living in unsafe housing threatens health and child development. High housing costs reduce the resources available to buy other necessities. Frequent moves of families in search for more affordable or suitable housing erodes the social ties within them.
3. Ministère de la Santé et des Services sociaux (2008). *Programme national de santé publique – mise à jour 2008*, Gouvernement du Québec; Lévesque, J. (ed.). (2002). *La santé des communautés: perspectives pour la contribution de la santé publique au développement social et au développement des communautés*. Institut national de santé publique du Québec.
4. A number of sources were consulted regarding the characteristics of a healthy community, specifically: Réseau québécois des Villes et Villages en santé; Hancock, T. and Duhl, L. (1986). *Healthy Cities: Promoting Health in the Urban Context*. Copenhagen: WHO Europe; Boisvert, R. (ed.) G.W. Grenier (2012). *Les inégalités sociales de santé ne sont pas une fatalité: voyons-yl* A report by the Director of Public Health on social health inequalities in Mauricie and Centre-du-Québec. Agence de la santé et des services sociaux de la Mauricie et du Centre-du-Québec; Hancock, T. (1999). *Des gens en santé dans des communautés en santé dans un monde en santé: un défi pour la santé publique au 21^e siècle*, Marier, C., Lahaie, V. and Landriault, J.-P., ed. J. Sauvé (2007). *Pour des communautés en santé: des environnements sociaux solidaires*. A report by the Director of Public Health 2007. Direction de santé publique. Agence de la santé et des services sociaux de la Montérégie; De Leeuw, E. (1999). "Healthy cities: urban social entrepreneurship for health." *Health Promotion International*, Oxford University Press, vol. 14, no. 3; Sasseville, N. and Martineau, V. (2012). *Healthy Communities Initiatives in Canada: Case Studies and Conditions For Successful Practice*. Coalitions Linking Action and Science for Prevention (CLASP) initiative, project funded by Health Canada through the Canadian Partnership Against Cancer; Sasseville, N., Simard, P. and Mucha, J. (2012). *The State of Knowledge in Research on Healthy Communities Initiatives: An Integrated Approach for Chronic Disease Prevention*. "Healthy Communities: An Approach to Action on Health Determinants in Canada"; Pan, R.J., Littlefield, D., Valladolid, S.G., Tapping, P.J. and West, D.C. (2005). "Building Healthier Communities for Children and Families: Applying Asset-Based Community Development to Community Pediatrics." *Pediatrics (Official Journal of the American Academy of Pediatrics)*, 115, pp. 1185–1187. Fawcett, S.B., Francisco, V.T., Hyra, D., Paine-Andrews, A., Schultz, J.A., Russos, S., Fisher, J.L. and Evensen, P. (2000). "Building healthy communities" in A. R. Tarlov and R. F. St. Peter. *The society and population health reader: A state and community perspective*. New York: The New Press, pp. 76–93; Lane, R. (2003). *Healthy Communities Initiative in the New Jersey Mayor's Institute on Community Design*, Regional Plan Association. New York, New Jersey, Connecticut.
5. On *empowerment*, a number of sources were consulted, including several works by Ninacs, W.A.: (2008), *Empowerment et intervention. Développement de la capacité d'agir et de la solidarité*. Presses de l'Université Laval, 225 pages; (2007), *Les inégalités de santé sous la loupe de l'empowerment: enjeux et défis*. Talk given at the Journées annuelles de santé publique; (1997). "Empowerment et développement local: processus de prise en charge complexe mais fondamental." *Économie locale et territoires*, vol. 1, no. 2, pp. 6–8. Sainte-Foy: Réseau des SADC du Québec; (2007), *Vers l'institut de la mobilisation et du pouvoir d'agir des communautés territoriales (IMPACT) – Survol des principaux éléments conceptuels*. Coopérative de consultation en développement LA CLÉ, Victoriaville; (1995). "Empowerment et service social: approches et enjeux." *Service social*, vol. 44, no. 1, pp. 69–93; Works by Le Bossé and contributors: Le Bossé, Y. and Dufort, F. (2001). "Le pouvoir d'agir (*empowerment*) des personnes et des communautés: une autre façon d'intervenir" in *Agir au cœur des communautés*, ed. F. Dufort in collaboration with J. Guay. Presses de l'Université Laval, Québec, pp. 75–116; Le Bossé, Y., Bilodeau, A. and Vandette, L. (2006). "Les savoirs d'expérience: un outil d'affranchissement potentiel au service du développement du pouvoir d'agir des personnes et des collectivités?" *Revue des sciences de l'éducation*, vol. 32, no. 1, pp. 183–204; Le Bossé, Y. (2004). "De 'l'habilitation' au 'pouvoir d'agir': vers une appréhension plus circonscrite de la notion d'*empowerment*." *Nouvelles pratiques sociales*, vol. 16, no. 2, pp. 30–51; Works by Labonte and contributors: Labonte, R. and Laverack, G. (2000). "A planning framework for community empowerment goals within health promotion," in *Health Policy and Planning*, 15(3): pp. 255–262; Labonte, R. (1990). "Empowerment: Notes on Professional and Community Dimensions." *Canadian Review of Social Policy*, 1990, no. 26, pp. 64–75; Labonte, R. (1994). "Health Promotion and Empowerment: Reflections on Professional Practice." *Health Education Quarterly*, June 1994, vol. 21, pp. 253–268. Also: Wallerstein, N. (2006). *What is the evidence on effectiveness of empowerment to improve health?* Copenhagen: WHO Regional Office for Europe, Health Evidence Network report.
6. On territorial community, we consulted, among other works: Caillouette, J., Garon, S., Dallaire, N., Boyer, G. and Ellyson, A. (2009). *Étude de pratiques innovantes en développement des communautés dans les sept Centres de services de santé et de services sociaux de l'Estrie. Analyse transversale de sept études de cas*. Research report. Cahier du Centre de recherche sur les innovations sociales (CRISES), no. ET0903, June, 113 pages; Klein, J.-L. (2006). "Développement local et initiatives locales, une perspective d'analyse et d'intervention," in *Le Développement social: un enjeu pour l'économie sociale*. PUQ, 2006; Potvin, L. (2012). "Repères conceptuels pour réfléchir sur l'action dans l'espace sociosanitaire," pp. 34–44, in *Construire l'espace sociosanitaire, expériences et pratiques de recherche dans la production locale de la santé*, eds. François Aubry and Louise Potvin, Les Presses de l'Université de Montréal; Vibert, S. and Potvin, L. (2012). "La communauté, une notion à redéfinir pour la santé publique" in *Construire l'espace sociosanitaire, expériences et pratiques de recherche dans la production locale de la santé*. Les Presses de l'Université de Montréal, eds. François Aubry and Louise Potvin, pp. 99–117.
7. Arkin, E., Deforge, D. and Rosen, A.M. (2009). *Breaking Through on the Social Determinants of Health and Health Disparities*. Commission to Build a Healthier America. The Robert Wood Johnson Foundation Commission.
8. Place effects that are due to the objective realities of communities, the role of stakeholders and the relationship between them, community experiences that influence collective ways of thinking and acting, favourable opportunities and limitations in the area, access to and distribution of resources in communities, and the decisions of authorities and businesses. The following works were consulted: Corin, E. Bibeau, G., Martin, J.-C. and Plante, R. (1990). *Comprendre pour soigner autrement*. PUM, 258 pages; De Koninck, M., Pampalon, R., Paquet, G., Clément, M., Hamelin, A.-M., Disant, M.-J., Trudel, G. and Lebel, A. (2008). *Santé: pourquoi ne sommes-nous pas égaux? Comment les inégalités de santé se créent et se perpétuent*, INSPQ; De Koninck, M., Disant, M.-J., Clément, M., Hamelin, A.-M., Pampalon, R., Paquet, G. and Vézina, M. (2007).

- Carnet-synthèse: "Inégalités de santé et milieu de vie." Québec Population Health Research Network; Frohlich, K., Bernard, P., Charafeddine, R., Potvin, L., Daniel, M. and Kestens, Y. (2008). "L'émergence d'inégalités de santé dans les quartiers: un cadre théorique," *Les inégalités sociales de santé au Québec*, eds. Katherine Frohlich, Maria De Koninck, Andrée Demers and Paul Bernard. Les Presses de l'Université de Montréal, pp. 165–181; Montpetit, C. (2007). *Le point sur... l'effet de quartier*. A synthesis of works by Paul Bernard, Rana Charafeddine, Katherine L. Frohlich, Yan Kestens and Louise Potvin. Léa Roback Research Centre on Social Inequalities in Health; Pampalon, R., Hamel, D., Gamache, P. and Raymond, G. (2009). A deprivation index for health planning in Canada. *Chronic Diseases in Canada*, vol. 29, no. 4, pp. 178–191; Pampalon, R., Hamel, D. and Gamache, P. (2008). *Les inégalités sociales de santé augmentent-elles au Québec? Une étude de l'évolution récente de la mortalité prématurée selon l'indice de dévalorisation matérielle et sociale, le sexe, la cause principale de décès et le milieu géographique*, INSPQ; Boisvert, R. (2007). *Les indicateurs de développement des communautés: vers le déploiement d'un dispositif national de surveillance, rapport général*, Project sponsored by the Ministère de la Santé et des Services sociaux and the Agence de santé et des services sociaux de la Mauricie et du Centre-du-Québec.
9. On social capital (and other similar concepts such as territorial solidarity, mobilizing community capacity and resources, or social territorial control): Gagnon, C., Simard, J.-G., Tellier, L.-N., and Gagnon, S. (2008). Développement territorial viable, capital social et capital environnemental: Quels liens? *Vertigo*, vol. 8, no. 2, 12 pages; Jean, B. and Épenda Muteba Wa, A. (2004). "Le capital social et le renforcement des 'capacités de développement' des communautés rurales: les enseignements d'une étude canadienne." *Revue d'économie régionale & urbaine*, 2004/5 December, pp. 673–694. DOI: 10.3917/revu.045.0673; Jean, B. and Bisson, L. (2008). "Joint Governance: A Powerful Driver of the Development of Rural communities/La gouvernance partenariale: un facteur déterminant du développement des communautés rurales." *Canadian Journal of Regional Science*, vol. 31, no. 3, page number: 539+; Viswanath, K., Randolph Steele, W. and Finnegan, J.R. Jr. (2006). "Social Capital and Health: Civic Engagement, Community Size, and Recall of Health Messages." *American Journal of Public Health*, August 2006, vol. 96, no. 8; Cattell, V. (2001). "Poor people, poor places, and poor health: the mediating role of social networks and social capital." *Social Science and Medicine*, 52(2001), pp. 1501–1516. Department of Epidemiology and Public Health, Royal Free and University College Medical School, London, UK; Scheffler, R.M., Petris, N.C., Borgonovi, F., Brown, T.T., Sassi, F., Dourgnon, P. and Sirven, N. (2010). *Social Capital, Human Capital and Health: What is the Evidence?* Centre for Educational Research and Innovation, OECD.
 10. On the relevance of community organization services, a number of works were consulted: Anderson, L.M., Adeney, K.L., Shinn, C., Krause, L.K. and Safranek, S. Community coalition-driven interventions to reduce health disparities among racial and ethnic minority populations. *Cochrane Database of Systematic Reviews* 2012, 6(6): CD009905; Bourque, D. (2007). Le CSSS de la Montagne fait fausse route; Bourque, D. (2010). Contribution de l'organisation communautaire professionnelle à la mission des CSSS, Canada Research Chair in Community Organization, Université du Québec en Outaouais; Bourque, D. and Lachapelle, R. (2010). Service public, participation et citoyenneté, L'organisation communautaire en CSSS, Presses de l'Université du Québec, Initiatives; Bourque, D. and Favreau, L. (2005). "Le développement des communautés et la santé publique au Québec," *Service social*, vol. 50, no. 1, pp. 295–308; Freudenberg, N. (2004). Community Capacity for Environmental Health Promotion: Determinants and Implications for Practice, *Health Educ Behav*, August 2004, vol. 31, no. 4, pp. 472–490; Ingram, M., Sabo, S., Rothers, J., Wennerstrom, A. and Guernsey de Zapien, J. (2008). Community Health Workers and Community Advocacy: Addressing Health Disparities, *Journal of Community Health*, December 2008, vol. 33, no. 6, pp. 417–424; Kegler, M.C., Norton B.L. and Aronson, R. (2007). Skill improvement among coalition members in the California Healthy Cities and Communities Program, *Health Educ. Res*, vol. 22, no. 3, pp. 450–457; Rosenthal, E.L., Brownstein, J.N., Rush, C.H., Hirsch, G.R., Willaert, A.M., Scott, J.R., Holderby, L.R. and Fox, D.J. (2010). Community Health Workers: Part of the Solution, *Health Affairs*, vol. 29, no. 7, pp. 1338–1342, Project HOPE: The People-to-People Health Foundation, Inc.; Rosenthal, E.L., Wiggins, N., Ingram, M., Mayfield-Johnson, S. and De Zapien, J.G. (2011). Community Health Workers Then and Now: An Overview of National Studies Aimed at Defining the Field, *Journal of Ambulatory Care Management*, vol. 34, no. 3, pp. 247–259, Copyright © 2011 Wolters Kluwer Health/Lippincott Williams & Wilkins; Proulx, M.-U., Brassard, D., Dubé, G., Bélanger, C. and Tremblay, J. (June 2009). La créativité dans le soutien territorial à l'innovation au Québec: le rôle des catalyseurs et des cercles de créativité, Centre de recherche sur le développement territorial (CRDT) de l'Université du Québec à Chicoutimi (UQAC); Regroupement québécois des intervenantes et intervenants en action communautaire en CSSS. (2010). Pratiques d'organisation communautaire en CSSS: Cadre de référence du RQIAC, Presses de l'Université du Québec, Initiatives; Regroupement québécois des intervenantes et intervenants en action communautaire en CSSS. (2010). *Le modèle de profil de compétences en organisation communautaire en CSSS*, 2010; Witmer, A., Seifer, S.D., Finocchio, L., Leslie, J. and O'Neil E.H. (1995). Community Health Workers: Integral Members of the Health Care Work Force, *American Journal of Public Health*, 1995, vol. 85, no. 8, pp. 1055–1058.
 11. The World Health Organization's Ottawa Charter (1986) defines health promotion as follows: "Health promotion works through concrete and effective community action in setting priorities, making decisions, planning strategies and implementing them to achieve better health. At the heart of this process is the empowerment of communities, their ownership and control of their own endeavours and destinies. Community development draws on existing human and material resources in the community to enhance self-help and social support, and to develop flexible systems for strengthening public participation and direction of health matters."
 12. Brahimi, C. (2011). *The Competency-based Approach – A Lever for Changing Public Health Practices in Québec*. Institut national de santé publique du Québec.
 13. Mercier, C., Bourque, D. and St-Germain, L. (2009). *La participation citoyenne et le développement des communautés: état des lieux et débats*. Alliance recherche université-communauté/Innovation sociale & développement des communautés (ARUC-ISDC). A report written in follow-up to the Séminaire sur la participation citoyenne et le développement des communautés, held at the initiative of the *Développement social* journal and the ARUC-ISDC on April 4, 2008, Université du Québec en Outaouais; Thibault, A., Lequin, M. and Tremblay, M. (2000). *Cadre de référence de la participation publique (Démocratique, utile et crédible)*. Working group on quality of public participation, formed following the Forum sur le développement social, 23 pages.
 14. Mercier, C., Bourque, D. and St-Germain, L. (2009), op. cit.
 15. Divay, G. (2009). *L'hyperconcertation: Signe d'impuissance étatique? Présage d'une nouvelle capacité d'action collective?* Lecture at the 20th edition of the RQVVS conference, Granby. 2009-09-10. ENAP.
 16. Caillouette, J., Garon, S., Dallaire, N., Boyer, G. and Ellyson, A. (2009), op. cit.
 17. On conditions of co-construction in the context of local application of public health programs, see: Sutcliffe, P., Snelling, S. and Lacle, S. (2010). *Implementing local public health practices to reduce social inequities in health (EXTRA Intervention Project Final Report)*. Sudbury (Ontario); Laverack, G. and Mohammadi, N.K. (2011). "What remains for the future: strengthening community actions to become an integral part of health promotion practice," *Health Promotion International*, vol. 26, suppl. 2, Oxford University Press; Bourque, D. and Lachapelle, R. (2007). "L'approche socio-institutionnelle en organisation communautaire," in Bourque, D. and contributors (ed.). *L'organisation communautaire. Fondements, approches et champs de pratique*. Sainte-Foy, Presses de l'Université du Québec, pp. 101–117; Labonte, R. and Laverack, G. (2000), op. cit.; Braunstein, S. and Lavizzo-Mourey, R. (2011), "How the Health and Com-

- munity Development Sectors Are Combining Forces to Improve Health and Well-Being." *Health Affairs*, vol. 30, no. 11, pp. 2042–2051; Best, A., Stokols, D., Green, L.W., Leischow, S., Holmes, B. and Buchholz, K. (2003). "An Integrative Framework for Community Partnering to Translate Theory Into Effective Health Promotion Strategy." *American Journal of Health Promotion*, vol. 18, no. 2, pp. 168–176; Bilodeau, A., Allard, D., Francoeur, D. and Chabot, P. "L'exigence démocratique de la planification participative: le cas de la santé publique au Québec." *Nouvelles pratiques sociales*, vol. 17, no. 1, 2004, pp. 50–65.
18. Robitaille, M. (2007). *Les métiers du développement local et régional au Québec: l'émergence de nouvelles compétences*. Co-publication by the Canada Research Chair in Community Development and the Centre de recherche sur le développement territorial (CRDT-UQO). Recherches, no. 9, 31 pages.
 19. Bourque, D. (2008). Concertation et partenariat: entre levier et piège du développement des communautés. Presses de l'Université du Québec. Initiatives, 142 pages; Divay, G. (2009), op. cit.; Cinq-Mars, M. and Fortin, D. (1999) "Perspectives épistémologiques et cadre conceptuel pour l'évaluation de l'implantation d'une action concertée." *The Canadian Journal of Program Evaluation*, vol. 14, no. 2, pp. 57–83.
 20. Bourque, D. (2008), op. cit.
 21. Robitaille, M. (2006), op. cit.
 22. On the need to assess collective performance over a long period: Ader, M., Berensson, K., Carlsson, P., Granath, M. and Urwitz, V. (2001). "Quality indicators for health promotion programmes." *Health Promotion International*, Oxford University Press, vol. 16, no. 2, pp. 187–195; Zakocs, R.C. and Edwards, E.M. (2005). "What explains community coalition effectiveness?: a review of literature," *American Journal of Preventive Medicine*, vol. 30, no. 4, pp. 351–361; Divay, G. (2009). *Exercer le partenariat pour générer du leadership: un défi pour les gestionnaires publics*. ENAP, Talk given at a workshop organized by the Chaire La Capitale en leadership dans le secteur public; Hanleybrown, F., Kania, J. and Kramer, M. (2012). "Channeling Change: Making Collective Impact Work." *Stanford Social Innovation Review*; Butterfoss, F.D. (2006). "Process evaluation for community participation." *Annual Review of Public Health*, vol. 27, pp. 323–340.
 23. Hanleybrown, F., Kania, J. and Kramer, M. (2012), op. cit.
 24. Bourque (2008), op. cit., page 51.
 25. Boutilier, M.A., Rajkumar, E., Poland, B.D., Tobin, S. and Badgley, R.F. (2001). "Community Action Success in Public Health: Are We Using a Ruler to Measure a Sphere?" *Canadian Journal of Public Health*, vol. 92, no. 2, pp. 90–94.
 26. Hanleybrown, F., Kania, J. and Kramer, M. (2012), op. cit.
 27. Lévesque, B. (2012). "La nouvelle valeur publique, une alternative à la nouvelle gestion publique?" in *Revue vie économique*, vol. 4, no. 2.
 28. Public Health Agency of Canada. (2007). *Crossing Sectors – Experiences in Intersectoral Action, Public Policy and Health*. Prepared by the Public Health Agency of Canada in collaboration with the Health Systems Knowledge Network of the World Health Organization's Commission on Social Determinants of Health and the Regional Network for Equity in Health in East and Southern Africa (EQUINET); Fox, G. and Lenihan, D.G. (2006). *Where Does the Buck Stop? Accountability and Joint Initiatives*, Public Policy Forum.
 29. Divay (2009), op. cit.
 30. Denis, J.-L. (2008). *Les organisations, des ressources pour améliorer la santé de la population?* Talk at the March 2008 AQESSS conference in Montreal. Département d'administration de la santé and GRIS. Université de Montréal.
 31. Boutilier, M.A., Rajkumar, E., Poland, B.D., Tobin, S. and Badgley, R.F. (2001), op. cit.
 32. Poland, B., Krupa, G. and McCall, D. (2009). "Settings for Health Promotion: An Analytic Framework to Guide Intervention Design and Implementation." *Health Promotion Practice*, vol. 10, no. 4, pp. 505–516.
 33. Divay, G. (2012). "Qui sont les auteurs de la performance collective locale? Pour une mise en perspective de la performance publique," *The Innovation Journal: The Public Sector Innovation Journal*, vol. 17(3).
 34. Divay (2012), op. cit., page 2.
 35. This performance usually characterizes the actions and achievements of a particular entity, individual or organization and is part of an intentional strategy on the part of a single decision-making centre. Local collective performance can therefore be described as the set of individual achievements and collective skills in local society that condition the quality of life (objective and subjective) of its citizens (Divay, 2012, op. cit.).
 36. Lévesque cites the studies by Benington and Moore (2011), for whom the management approach based on "public value" stems from the limitations and issues of new public management by its main proponents. It is the result of research conducted at the John F. Kennedy School of Government on the managers of public organizations and is consistent with the theories of economists who have shown that collective preferences are not given once and for all and that the logics for action are much more diverse (Lévesque, 2012, op. cit.).

AUTHOR

Jean Tremblay
Direction du développement des individus et des communautés

IPCDC TEAM

Gylaine Boucher, Anne Chamberland, Julie Gervais, Caroline Chouinard, Louise-Hélène Trottier

EDITORIAL COMMITTEE

Jean-François Labadie
Réal Morin
Direction du développement des individus et des communautés

The translation of this publication was made possible with funding from the Public Health Agency of Canada.

This document is available in its entirety in electronic format (PDF) on the Institut national de santé publique du Québec website at: <http://www.inspq.qc.ca>.
Reproduction for private study or research purposes is authorized under section 29 of the Copyright Act. Any other use must be authorized by the Government of Québec, which holds the exclusive intellectual property rights for this document. Authorization may be obtained by submitting a request to the central clearing house of the Service de la gestion des droits d'auteur des Publications du Québec using the online form available at: <http://www.droitauteur.gouv.qc.ca/autorisation.php>, or by emailing a request to: droit.auteur@cspq.gouv.qc.ca. Information contained in the report may be cited provided the source is acknowledged.
LEGAL DEPOSIT – 3rd QUARTER 2017
BIBLIOTHÈQUE ET ARCHIVES NATIONALES DU QUÉBEC
ISBN: 978-2-550-79336-6 (PDF)
© Gouvernement du Québec (2017)