



New Brunswick Prioritizes the Social Determinants of Health In Covid-19 Response Efforts

While other provinces were redeploying a large proportion of their health services staff to COVID-19 responses, New Brunswick deliberately retained specific health authority staff in positions focused on equity. Because we were left in our roles, we brought an equity lens to COVID-19 planning and responses and made sure that equity and community were not deprioritized. Recognizing community expertise and the importance of intersectoral action was key to our COVID-19 response and recovery.

For as long as I can recall, the province of New Brunswick has had a unique focus on addressing the social determinants of health and on pursuing health equity. My role as a community developer at Horizon Health Network reflects this priority. I am responsible for listening to the community's needs and priorities and ensuring their voices are heard. I then advocate for and contribute to addressing these needs and priorities through community-led initiatives and intersectoral work. When COVID-19 hit, New Brunswick

recognized it was critical to retain a lens on the social determinants of health and equity throughout the COVID-19 response.

Prioritizing equity by keeping community developers in community

To prioritize an equity-driven approach, New Brunswick protected community development staff at Horizon Health from redeployment to COVID-19 response efforts. This was

This Equity in Action story is distilled from an interview with Heather Chase, Community Developer in the Community Health Portfolio at Horizon Health Network in New Brunswick. The interview took place in July 2022, and its details should be considered within the context of that time period.

unique, as many health authority staff in other provinces were redeployed to focus on outbreak response or case and contact tracing. In this sense, we avoided losing sight of the importance of community-led and equity-driven work. Because we were left in our roles, we could bring a community-focused lens to New Brunswick's COVID-19 response and make sure that equity was not deprioritized.

There were several factors that influenced the decision to keep community development staff in their roles. The team at Horizon Health is small and flat — that is, there isn't a hierarchical structure to navigate — and all team members are grounded in values of equity. Our regional manager is a former community developer themselves, so they understood the importance of keeping community developers in communities. Our directors and vice-presidents are also aligned in values, which resulted in everyone appreciating that we needed to continue connecting with and listening to community members. We were fortunate that we didn't need to make a case for staying in the field.

During response efforts, the value of the community developer role was highlighted, offering further support for protecting these staff from redeployment. By using a social determinants of health framework, we bring a perspective that prioritizes balance of physical and mental health.

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Improving communication by going into community

Understanding the importance of clear and accessible communication, we flagged concerns with the provincial communication strategy. For example, the province was creating hour-long briefings that they would broadcast across New Brunswick. Some people didn't have time to sit through an hour-long briefing, others may not have had access to the internet, and still others may not understand the language being used in these briefings. Not only was the communication channel limited, but also the message itself highlighted equity concerns. The key message at the time was: "If someone in your house has COVID-19, they should isolate themselves in a separate room of the home and use a separate bathroom." The assumption there is that people are living in houses, with multiple rooms and multiple bathrooms — of course, this wasn't the case for many of our community members.

We were able to escalate our concerns with these messages to leadership through a health emergency response table that Horizon Health created to direct pandemic response. We also conducted an engagement session to connect the provincial government with the community. In this session, government representatives conveyed information about COVID-19 protective measures directly to community members in a more accessible way.



This session landed on the “inform” end of the engagement spectrum^a and provided a valuable lesson that community engagement is a continual process, not a one-off, and that there was opportunity to engage the community more in future sessions. These sessions further illustrated the value of the community developer role. Because community developers are integrated into and have experience communicating with community, we know how to communicate accessibly. We helped the provincial government understand how communication to community differs from communication with other government departments or large organizations.

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We also leveraged our networks and existing relationships to recruit community organization representatives and members of the community to attend the session. People are more likely to show up somewhere if the invitation is coming from an organization they trust and have a relationship with, rather than from an unfamiliar agency such as the Ministry.

Prioritizing equity through new approaches to intersectoral collaboration

In addition to keeping community developers in their role, another part of New Brunswick’s equity-driven approach was the implementation of Regional Resiliency Committees across the province. These committees were housed in the Department of Justice and Public Safety and were largely made up of existing government employees who were seconded to the project. For example, some of the community developers at Horizon Health, such as myself, became involved in this project.

^a The engagement spectrum refers to five different levels of public engagement, ranging from the most basic “inform” (where the public is simply provided information) up to the most involved “empower” (where the public has final decision-making power). Sources: <https://www.alberta.ca/opioid-agonist-therapy-gap-coverage-program.aspx> and <https://www.tamarackcommunity.ca/hubfs/Resourses/Index%20of%20Engagement%20Techniques.pdf>

The vision for these committees was to bring together diverse perspectives to propose solutions to challenges in pandemic response that would span across departments and sectors, thus driving intersectoral action. The objective of these committees was for system partners to work in new and different ways to disrupt silos and prioritize meeting community needs. As we worked on shifting from thinking about intersectoral action to implementing it, we encountered some challenges.

For example, one barrier that the Committees faced was difficulty in determining what the community priorities were. Challenges sharing timely and accurate data were not uncommon. Horizon Health had faced similar challenges in the past. In many cases, community data was proprietary, outdated or not specific enough to support proposals. We found ourselves asking: How do we get a sense of the whole story, how do we recognize gaps, how do we measure our impact? We were lacking a sense of what other departments were doing, what they were collecting or what they were measuring. There were missed opportunities to think about interconnectedness or coordination across sectors in our monitoring efforts.

Horizon Health has taken action to leverage this learning. We are currently setting up a regional data table for the Charlotte County region that will collect all the necessary community data in one spot to support intersectoral work.

Public health can advance equity by letting community lead

Our jobs as community developers at Horizon Health Network are driven by community priorities, which are revealed through community health needs assessments. Our primary objectives are to listen without judgement and to support the community. As I sometimes say, "Our boss is

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the community." Therefore, we have flexibility in our roles to try to meet whatever needs surface. Even though Horizon is a health organization, we draw on the social determinants framework to connect any community priority to health so that we can respond to those needs.

Our organization leverages its size and relationships to adapt our responses based on community priorities. For example, we can bring the provincial government to the community as we did with the engagement sessions. We also translate public health measures into action at the community level. For example, early in the pandemic response, I received a call from someone working in the shelter system. They had someone there who needed COVID-19 testing and had no way of getting to the testing centre. The staff wasn't sure who to call, but because of our pre-existing relationship, they called me to see if I could help. I was able to contact other partners, again because I had pre-existing relationships and lines of communication with them, to help find a solution. This prompted us to advocate for mobile testing options that brought testing to individuals in the community.

For any project, the community should be leading and government partners, including population and public health staff, should be supporting. While health organizations have resources and information that can be provided to the community, community can more easily navigate historical and cultural contexts. We can make more headway in population health if we fall into a supportive role and let community lead initiatives. In keeping with person-centred care principles, we should prioritize "voice and choice" of community members.

To me, working with an equity lens means supporting the person who is in front of you, without making judgements or assumptions about their history or current circumstances. People working in any sector can take an equity approach by asking questions and truly listening to what folks are telling you.

Leveraging lessons learned as New Brunswick continues advancing equity

New Brunswick's intentional continuation of equity-focused population health in the face of a crisis was key in our COVID-19 response and recovery. Protecting community development staff in their roles and introducing new Regional Resiliency Committees demonstrate a commitment to equity and community expertise. We will leverage lessons learned throughout COVID-19 recovery and in our future projects.

The Regional Resiliency Committees remain active; however, their focus has shifted from pandemic response towards long-term resiliency. Recently, with approximately 15 key partners around the table, we codeveloped community priorities. Building capacity for grant-writing was one of the identified priorities and, in response, we have hired a shared grant-writer to support non-profits.

While there is a growing understanding that determinants of health are interconnected and that complex issues cannot be isolated within single sectors, current systems are not designed to accommodate intersectoral approaches. For example, New Brunswick still tends to be "program-focused" as opposed to "person-focused," so when advancing intersectoral action, it can be challenging to identify a path forward. Moving forward, we need to go beyond creating opportunities for collaborative work — we need to be willing to dismantle the structures and silos that stand in the way of implementing creative, collaborative ideas.

LESSONS LEARNED:

- 1 Communities are the experts in their history, cultural context and priorities.
- 2 Health and public health sectors have a responsibility to listen to communities and share power with communities and other sectors, building capacity for community leadership.
- 3 Population and public health have a role to play to advocate for and develop ways of working that promote community leadership.
- 4 Approaching all program decisions with an equity lens will ensure that population health efforts support the community members who live in the most vulnerable conditions.

BACKGROUND

Horizon Health Network is the largest regional health authority in New Brunswick. Within Horizon Health, one of the portfolios is Community Health that encompasses Primary Care, Mental Health and Addictions, Public Health and Population Health.

Regional Resiliency Committees work collaboratively with existing networks to develop long-term recovery plans to help communities build capacity in key areas that were affected by the pandemic. Each region prepares a community-focused plan that addresses their specific gaps and needs. At the time of writing, the Regional Resiliency

Committees are being disbanded by the New Brunswick government as part of a larger government restructure. They will be shifted to a different arm of government and called Regional Service Commissions, but it is unclear if the functionality will remain the same.

RESOURCES

Story from Horizon Health Network: [Community development is fundamental to health care.](#)

KEYWORDS

COVID-19, Access to health services, Community engagement, Intersectoral action, Leadership & Capacity Building

To learn more about the initiative described in this story, contact the National Collaborating Centre for Determinants of Health, at nccdh@stfx.ca.

Do you have an idea for an Equity in Action story? If you have heard of other health equity-promoting COVID-19 pandemic response initiatives in Canada that we should share, please let us know.