



National Collaborating Centre
for Determinants of Health

Centre de collaboration nationale
des déterminants de la santé

CASE STUDY
New Brunswick



BRIDGING THE GAP BETWEEN RESEARCH AND PRACTICE
EMPOWER THE COMMUNITY: NEW BRUNSWICK'S
APPROACH TO OVERCOMING POVERTY

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- Melissa Arsenault, United Way of Moncton
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ABOUT THE NATIONAL COLLABORATING CENTRE FOR DETERMINANTS OF HEALTH

The National Collaborating Centre for Determinants of Health is one of six National Collaborating Centres (NCCs) for Public Health in Canada. Established in 2005 and funded by the Public Health Agency of Canada, the NCCs produce information to help public health professionals improve their response to public health threats, chronic disease and injury, infectious diseases, and health inequities.

The National Collaborating Centre for Determinants of Health focuses on the social and economic factors that influence the health of Canadians. The Centre translates and shares information and evidence with public health organizations and practitioners to influence interrelated determinants and advance health equity.



About the Case Study

This case study is one of four case studies that illustrate the application of social determinants of health (SDH) in public health. Each of the case studies reflects a different geographical region of Canada. The case studies were developed as a knowledge exchange tool to support a workshop hosted by the National Collaborating Centre for Determinants of Health and the Canadian Institutes of Health Research Institute of Population and Public Health in Toronto, Ontario on February 14-15, 2012.

To enable learning and possible implementation of the processes discussed at the workshop, the four case studies were developed. Each case study includes a description of the context, issues addressed, activities undertaken and the possible application of the approach to public health work.

The process used to develop the case studies is outlined in *Bridging the Gap between Research and Practice: methodology for case study development*.

Other case studies in the series include:

- Building Leadership Competency in Public Health: Taking advantage of changes in health delivery in Québec
- Improving Health Equity in Saskatoon: From Data to Action
- Making the Case for Health Equity Internally: Winnipeg's Experience

All documents are available at www.nccdh.ca

Introduction

In April 2010, New Brunswick passed into law the Economic and Social Inclusion Act, adopting "Overcoming Poverty Together: The New Brunswick Economic and Social Inclusion Plan". The plan was developed through a consultative process that involved over 2500 citizens. Designed to empower communities to set and implement their own plans, there are now twelve Community Inclusion Networks throughout New Brunswick. The Community Inclusion Networks, supported by the Economic and Social Inclusion Corporation and paid coordinators, are to determine priority issues in their communities and engage local groups and individuals to develop and carry out poverty reduction plans. This is a new approach that requires a clear understanding of community issues and a culture shift among local organizations, which have not traditionally collaborated on joint goals. How are these challenges overcome? How do communities generate and use knowledge in the absence of academic research support?

This case is a 'work in progress'. Some of the ideas presented here are suggestions of possible actions that could take place, made during Bridging the Gap - a workshop of practitioners and researchers hosted by the National Collaborating Centre for Determinants of Health and the Institute of Population and Public Health of the Canadian Institutes of Health Research.

Setting the Stage: Reducing Poverty in New Brunswick

New Brunswick has dealt with deep and persistent poverty among its residents for some time.

According to 2006 Census data:

- 14% of residents live in poverty
- 45% of single mothers live in poverty
- 16.4% of children (under the age of 18) live in poverty
- 10.9% of seniors live in poverty
- Approximately 38,984 residents receive social assistance.

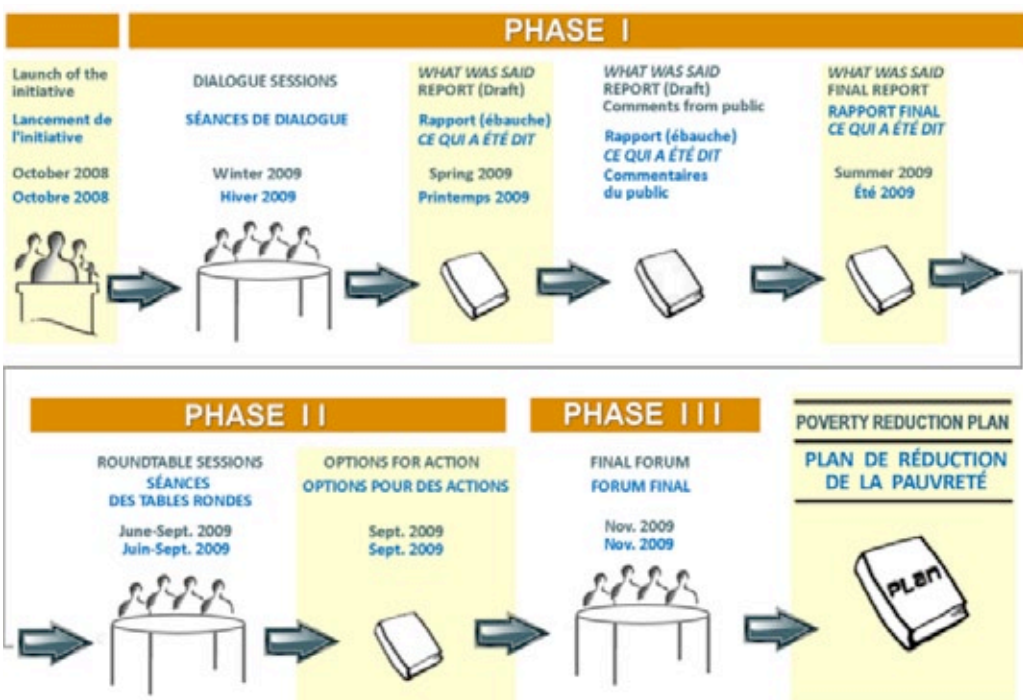
Income and socio-economic status have been noted as the prime cause of health disparity in Canada.^{2,3}, with a lack of income strongly impacting a person's health.⁴

After two years of public consultation, involving over 2500 participants, "Overcoming Poverty Together: The New Brunswick Social and Economic Inclusion Plan" was accepted by the government of New Brunswick and legislated as a poverty reduction strategy in 2010.

The strategy was developed through three phases of public discussion. Face-to-face dialogues were held in 16 communities, and along with written submissions, gathered input from over 2000 residents in the first round of consultation. A second session of 'Roundtable' discussions involved people with expertise around the issue of poverty, including those who were currently living in, or had lived in poverty. A final forum involved 50 people who agreed upon the strategy. Figure 1 provides an overview of the phases.

Previous strategies in New Brunswick did not address poverty reduction with such concerted effort, or with the involvement of so many stakeholders. "Overcoming Poverty Together" is a strategy developed by residents of New Brunswick, along with not-for-profit organizations, the business sector and the government. It includes a massive overhaul of the social assistance system, the introduction of a prescription drug plan for all uninsured citizens by 2012 and an increase in the minimum wage to the Atlantic average by the fall of 2011. The Economic and Social Inclusion Corporation was founded to lead implementation of the plan.

FIGURE 1



The Challenge

“*Overcoming Poverty Together*” has very specific, measurable goals. By 2015, New Brunswick will have reduced income poverty by 25% and deep income poverty by 50%, and will have made significant progress in achieving sustained economic and social inclusion.

Working with Partners at all Levels

The Economic and Social Inclusion Corporation brings together partners from government, business, the community and people living in poverty. Its board of directors includes the president, four government ministers (including health, education and early childhood development), one opposition Member of the Legislative Assembly, four representatives each from business and non-profit organizations, and eight citizens who experienced or are living in poverty (See Figure 2). The structure works to break down ‘silos’ between sectors, critical to addressing health equity issues, where action is required on many fronts.

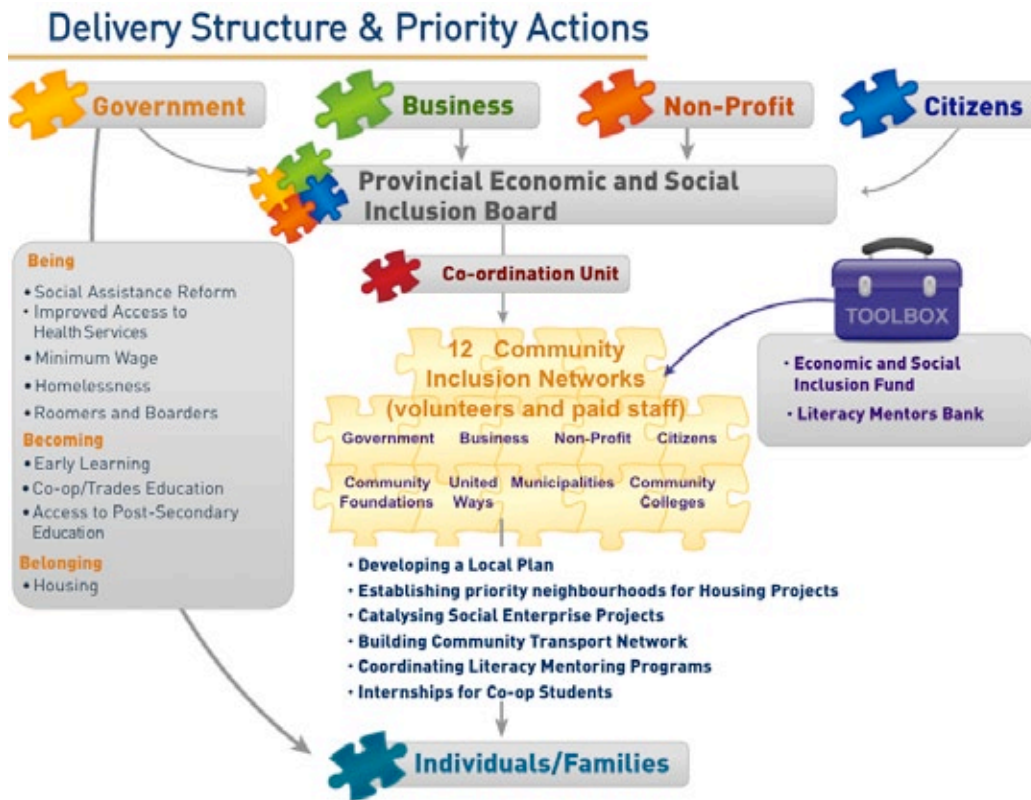
The same approach is used in implementation. Twelve *Community Inclusion Networks* were created throughout the province to develop local poverty reduction plans and work together to deliver programming tailored to local needs. Community Inclusion Networks must have representation from the same groups as are on the board of directors (people living in

poverty, not-for-profit organizations, business and government). The networks provide an infrastructure to enable all groups and citizens to work together on local issues. They also represent a mechanism through which communities can meet, identify priorities, obtain resources and take action on issues of concern to them. Financial resources and support is provided to the networks by the Economic and Social Inclusion Corporation.

The local poverty reduction strategies are to be created through an inclusive process, with input from all members of the community. They must demonstrate regional needs in the communities, backed-up with socioeconomic data and community feedback. Their goals and objectives for poverty reduction must be consistent with the poverty reduction objectives established in *Overcoming Poverty Together*. Actions identified in the strategies must meet regional objectives and address the needs of the entire geographic region of the Community Inclusion Network. Plans are to include a budget, a timeline, and a description of the regional area which it will cover.

Because sustainability is a keystone of the strategy, the plans must demonstrate the ability of its members to seek and secure resources within their communities. They must gather partner organizations that will host administrative or project activities, deliver in-kind resources, such as volunteer labour, and secure financial resources, including donations.

FIGURE 2



Supporting Community Networks to Address Common Issues

Success of the provincial plan depends, to a great degree, upon the success of the *Community Inclusion Networks*, which are made up of a variety of partners, each with their own experiences, goals and agendas.

Two community coordinators were hired to develop and guide the networks. Their first task was to help establish a Community Inclusion Network in each region. Key to their success was having a good understanding of the communities, and

building on or creating relationships to facilitate identifying participants in each network. Some made a point of meeting potential participants through face-to-face meetings and simply ‘knocking on doors’.

The success of a Community Inclusion Network depended, to a great extent, on finding an individual who was a true leader in the community - well-connected, respected and with a good track record of achievement. Once established, they were able to use their leaders’ and members’ networks to draw out community assets to contribute to the effort.



Getting the right person to lead the community initiative is key. A leader will bring others to the table. Coordinators are important, but community leaders build the networks. ”

PROVINCIAL COORDINATOR

Informing Decisions with Evidence

To meet the communities' needs, as well as the provincial poverty-reduction goals, it is important that local plans be informed by the best possible evidence. Actions to achieve this may include:

- **An embedded knowledge broker –**

Each community works with a coordinator to assist their efforts. The coordinator can link members of the Community Inclusion Network to possible sources of local evidence as well as examples of actions that have been effective elsewhere. They can provide options on the different types of evidence available and foster its critical appraisal.

- **Toolkit of local data sources –**

To support the coordinators' efforts, possible sources of data (that may be provincial or national) can be gathered in a 'toolkit' to guide local planning and priority-setting.

- **Balance evidence with community creativity –**

Community members play a major role in developing local plans. It is important that they represent all elements of local society, and bring those perspectives to the table.

Evidence that is interpreted in light of the community context, and presented as stories will resonate with a wide range of audiences.

- **Lead from behind –** The role of public health practitioners in this process may be to 'lead from behind', by providing direction on local data and evidence-based actions that are available. They can influence the process by asking key questions and 'connecting the dots'.

Overcoming Challenges

The process of establishing the Community Inclusion Networks and supporting them in developing viable community plans presents a number of challenges. They can be addressed as noted below:

■ **Foster cooperation to overcome competition -**

Community groups can be very competitive with each other. A complete culture change is required to get members of the Networks to work together, to develop cooperative roles within a joint plan. To help foster this, the funding process supports collaborative, rather than independent action.

■ **Raise awareness –** While non-governmental organizations are in tune with government funding opportunities, the business sector and people living in poverty, both of whom need to be engaged in the process, are less aware of the poverty reduction strategy and their roles in achieving it. A marketing plan is required specifically to reach the business community and the public, including those living in poverty.

■ **Maintain motivation –** The picture painted by poverty data can be a real disincentive to action. Combating poverty is still seen as unachievable in some sectors, so it is important to build in processes that will maintain the motivation of participants. Recognizing the magnitude of the issues, it is important to be realistic and set small, achievable goals. It may be important to create broad indicators to measure change and recognize achievements in areas related to poverty, such as resilience or a reduction in risk factors. When success is achieved, it should be documented, communicated and celebrated.

■ **Make the most of limited human resources –**

Relying on the community to find and act upon its own solutions means that, often, the same small group of local volunteers is being called upon to contribute to many initiatives. Recognizing this,

the Economic and Social Inclusion Corporation is working with other provincial initiatives, like the Health and Wellness networks, to coordinate efforts. Linking various community networks means they can sometimes combine resources to achieve a joint goal.

■ **Aim for sustainability –** To achieve real sustainability on poverty reduction efforts means addressing issues at a deeper level than simply alleviating urgent needs. For example, food banks may address the immediate issue of hunger, but establishing a community garden, with local volunteers and resources, will help maintain the solution over the long-term. Linking similar, local initiatives across the region or province may support them through shared knowledge and mechanisms of success ('trans-local' scaling up). Strong champions, at all levels, and long-term governance models are required to keep an initiative going.

■ **Focus on the broad goal -** Some groups see the Community Inclusion Networks as a source of new funding for their existing projects. The challenge is to shift their thinking to the broader goal, to encourage them to work creatively with others in the network, using the full range of community assets to achieve common objectives.

■ **Work quickly! –** 2015 is only three years away, with a lofty goal to reach, and a new culture to foster in communities to develop and carry out their plans. Community Inclusion Network members are dealing with, "*a lot of 'firsts', with a great deal of pressure to do things well.*" Coordinators are focusing on building community support to accomplish very ambitious agendas.



The power of the network is to have members celebrate each other.

PROVINCIAL COORDINATOR

Generating Evidence-Informed Plans without Formal Research Support

The Community Inclusion Networks are to create local plans grounded on evidence, but they do not have formal links with academic or research institutions. To support their efforts to find and apply evidence, a number of informal processes are in place:

- Basic information on local socio-economic data is provided through the Community Information Database. A contact at the department of Social Development facilitates access to appropriate statistics for specific issues within their regions.
- Economic and Social Inclusion Corporation has an informal association with the New Brunswick Social Policy Research Network. If the Community Inclusion Networks need evidence to support their plans, they are put in touch with the Social Policy Research Network, whose mandate is to link the community with researchers. They hold “*Showcase and Sharing Dialogue*” workshops that put together government, community members and researchers. Researchers will showcase their work, and if participants see an opportunity to collaborate, they can get together and develop funding proposals.
- Researchers are occasionally linked to the Community Inclusion Networks to address common issues. For example, improving community transportation was established as a common goal, so an expert in the area, a professor in the department of civil engineering at the University of New Brunswick, was contracted to provide consulting support on community transportation proposals. Similarly, three St. Thomas University students conducted a research project on social enterprises.
- Relationships are often formed with researchers through committee members. For example, the Social Enterprise and Community Investment Funds Committee is co-chaired by people linked to universities and research networks on social economy/ social enterprises. They have gained expertise from academics at local universities, and from regional and national networks on the social economy. This expertise will be shared with Community Inclusion Networks wishing to develop social enterprise projects.
- The Advisory Committee for Health Benefits is chaired by a practicing physician and former Health Minister of New Brunswick. The committee researches ways other jurisdictions have addressed similar challenges. Examples include establishing a prescription drug program for all uninsured citizens, and developing a vision and dental plan for all low-income New Brunswick children.

Strengths of the Process in New Brunswick

To achieve their ambitious goals, the Economic and Social Inclusion Corporation hopes to build on the following strengths:

- Focus on community assets, rather than the deficits portrayed in the poverty data.
- In the absence of formal research links, build on the knowledge of the community provided by the Community Inclusion Networks, and on the informal relationships developed through participants.
- Facilitate the development of Community Inclusion Networks such that they embrace the poverty reduction plan as their own.
- Involve members on various committees who bring business or research strength and networks to the table.



QUESTIONS TO CONSIDER

- Given the importance of evidence-based planning, how would you develop a process in your community to build a health equity plan that (a) addresses the community's needs, (b) meets provincial or local poverty-reduction goals, and (c) is based on best available evidence?
 - How can these challenges be overcome in implementing a poverty reduction or health equity strategy?
 - Competition
 - Lack of awareness
 - Maintaining motivation
 - Limited human resources
 - Sustainability
 - Focus on a common goal
 - Short time-lines
- How would you apply the "Strengths of the Process in New Brunswick" to your own situation?

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