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# Social change or business as usual at city hall? Examining an urban municipal government's response to neighbourhood-level health inequities



Madelaine C. Cahuas\*, Sarah Wakefield, Yun Peng

University of Toronto, Canada

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## ABSTRACT

There is a renewed interest in the potential of municipal governments working collaboratively with local communities to address health inequities. A growing body of literature has also highlighted the benefits and limitations of participatory approaches in neighbourhood interventions initiated by municipal governments. However, few studies have investigated how neighbourhood interventions tackling health inequities work in real-time and in context, from the perspectives of Community Developers (CDs) who promote community participation. This study uses a process evaluation approach and semi-structured interviews with CDs to explore the challenges they face in implementing a community development, participatory process in the City of Hamilton's strategy to reduce health inequities – *Neighbourhood Action*. Findings demonstrate that municipal government can facilitate and suppress community participation in complex ways. CDs serve as significant but conflicted intermediaries as they negotiate and navigate power differentials between city and community actors, while also facing structural challenges. We conclude that community participation is important to bottom-up, resident-led social change, and that CDs are central to this work.

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## 1. Introduction

Globally, there is a renewed interest in the potential of municipal governments and communities working collaboratively to address health inequities at the local level (CSDH, 2008; Hancock, 2009). Municipal governments are strategically positioned to impact Social Determinants of Health (SDOH), and can therefore act to ameliorate or exacerbate health gradients across neighbourhoods (CSDH, 2008; Stafford et al., 2008). Communities also play a key role in reducing health inequities as they can inform strategies by offering critical insights on local assets and challenges (Bradford, 2005; Hancock, 2009). In fact, the Ottawa Charter (WHO, 1986) identified community participation as a significant factor in developing effective health interventions and promoting health equity. However, there are longstanding debates in public policy, political science, urban geography and public health around the strengths and limitations of participatory decision-making models,

in relation to representative democratic systems (Pateman, 1970, 2012; Young, 1990; Purcell, 2006; Boutilier et al., 2000). Concerns have been raised over the extent to which community participation yields equitable results (Purcell, 2006; Petersen and Lupton, 1996) and whether municipal governments can meaningfully support the participation of residents living in marginalized neighbourhoods as asymmetrical power relations may lead to disempowering “top-down” government-led approaches (Fisher and Shragge, 2000; Raco, 2000). In addition, there is insufficient evaluation of how neighbourhood or place-based interventions targeting health inequities work in real-time and in context with multiple actors (Bradford, 2005; Dunn et al., 2010).

This paper addresses this gap in knowledge by examining how one municipal government is attempting to address health inequities through neighbourhood interventions. Over the last two years the City of Hamilton, located in Southwestern Ontario, Canada, has initiated *Neighbourhood Action* (NA), a city-wide initiative involving eleven neighbourhood interventions (City of Hamilton, 2011). NA uses an Asset-Based Community Development (ABCD) approach in tandem with a municipal planning process in order to strengthen community participation to address health inequities (City of Hamilton, 2011). ABCD involves tapping into community strengths and assets in order to address local challenges collectively

\* Corresponding author. Department of Geography and Program in Planning, University of Toronto, Sidney Smith Hall, 100 St. George Street, Room 5047, Toronto, ON M5S 3G3, Canada.

E-mail address: [madelaine.cahuas@mail.utoronto.ca](mailto:madelaine.cahuas@mail.utoronto.ca) (M.C. Cahuas).

from the bottom-up (Hancock, 2009; Green and Haines, 2011; Kretzmann and McKnight, 1993). Community Developers (CDs), have led the ABCD process as their role involves working directly with residents to address local priorities and strengthening resident participation in decision-making and action (City of Hamilton, 2011, 2013). These CDs are uniquely situated, as they are not city employees, but work from community-based organizations to connect municipal government and community actors. Therefore, CDs can be understood as “the fulcrum on which these relationships balance” (Boutilier et al., 2000, p. 271) and their perspectives are incredibly valuable to understanding how municipal government and communities are working together.

In this paper we explore how one municipal government collaborates with community groups on NA, from the perspectives of the initiative's five Community Developers. We argue that in this case study, local government works in complex ways to both facilitate and suppress community participation in neighbourhood interventions. We demonstrate that goals of community participation and resident empowerment outlined in NA at times run counter to municipal policies and practices. We also show how CDs serve as important – but conflicted – intermediaries in this process as they navigate power differentials and structural limitations of municipal governments. We discuss the implications of the challenges CDs face in their work and conclude by highlighting the relevance of this research in understanding how municipal governments and local communities can work to effectively reduce health inequities through neighbourhood interventions.

## 2. Understanding neighbourhood interventions as an approach to reducing health inequities: the role of participation and community development

The neighbourhood where one lives is considered a key determinant of health, and is connected to other determinants like income, education and housing (CSDH, 2008). There is a rich literature surrounding the health impacts of physical and social aspects of neighbourhood environments such as residential infrastructure (Dunn and Hayes, 2000), amenities and services (Ellaway et al., 2001) and social cohesion (Veenstra et al., 2005; Rogers et al., 2008; Cattell, 2001). Clearly, neighbourhoods hold important resources for everyday life and shape people's opportunities to lead healthy lives (Macintyre et al., 2002). However, some places provide greater opportunities than others, giving rise to health inequities, “health differences attributable to disparities in advantages, opportunities, or exposures in social, economic, political, cultural” and environmental dimensions (Collins and Hayes, 2010, p. 2). Therefore, neighbourhood interventions that aim to improve the local environment may increase opportunities for health and reduce health inequities.

For over two decades, local governments across Canada, the United States and Europe have employed neighbourhood or ‘settings-related’ interventions to transform urban environments in order to improve health outcomes for residents living in deprived neighbourhoods (Bradford, 2005; Dooris and Heritage, 2011; Sharek et al., 2013). Many of these interventions involve local governments and non-governmental actors engaging lay people living in historically marginalized communities around taking action on the social determinants of health (Sharek et al., 2013). The United Kingdom's New Deal for Communities (NDC) is one particularly striking example of a systematic area-based initiative, which directly aims to involve low-income residents in neighbourhood decision-making to improve health, education and the physical environment (Stafford et al., 2008; Sharek et al., 2013). Yet, research studies demonstrate mixed impacts of NDC and other settings-related initiatives on resident health (Sharek et al., 2013;

Thomson, 2008). This may be partly explained by the lack of explicit focus on equity and mitigating power differences in community participation efforts, which may deepen health inequities (Sharek et al., 2013; Boutilier et al., 2000; Labonte, 1989).

The benefits of participatory governance approaches in relation to representative democratic models have been extensively discussed in the fields of public policy, political science, urban geography and public health (Pateman, 1970, 2012; Young, 1990; Purcell, 2006; Boutilier et al., 2000). In democratic theory, ‘participation’ means “full and open debate of issues and decentered processes of decision-making, allowing for a broad base of citizen involvement in a range of activities” such as service delivery, land use planning, resource management, and social programs (Petersen and Lupton, 1996, p. 147; Pateman, 2012). Young (1990) and Pateman (1970) describe participation as an enabling, citizenship-building process where people learn democratic skills and values. Scholars have also noted that participation can complement and inform, but not necessarily replace representative democratic institutions (Pateman, 2012; Purcell, 2006). Overall, the turn to community participation stems from the realisation that top-down approaches to decision-making by ‘expert’ professionals and politicians have not been effective at addressing local challenges (Hancock, 2009; Pateman, 1970, 2012). For example, neighbourhood groups have served as key intermediaries informing and influencing state policies in ways that support marginalized, low-income communities (Coaffee and Healey, 2003; Lelieveldt et al., 2009; Elwood, 2002; Cowen and Parlette, 2011). At the same time, the ubiquity of the concept of ‘community’ poses challenges for consensus building, as it is unclear which groups of stakeholders should exert more influence in decision-making (Purcell, 2006).

Concerns have also been raised over the potential for community participation to facilitate neoliberal agendas of citizen responsabilization (Purcell, 2006; Jessop, 2002). Jessop (2002) warns participatory urban governance structures may leave systemic causes of economic inequality, like neoliberal capitalism, unchallenged and naturalized. For example, at times state-led neighbourhood interventions calling for increased participation have co-opted resident agendas and burdened communities with state responsibilities of service provision (Jessop, 2002; Raco, 2000). Governmental actors have also exerted power in place-based initiatives to channel community participation in ways that were fitting to state agendas instead of resident concerns and values (Masuda et al., 2008; Cowen and Parlette, 2011; Woolrych and Sixsmith, 2013). This can be seen as running counter to models of community participation that hold resident empowerment, leadership and ownership of initiatives as integral goals of participation (Dorris and Heritage, 2011; Hancock, 2009; Gamble, 2010; Kretzmann and McKnight, 1993; cf. Arnstein, 1969). Barriers to promoting community participation in neighbourhood interventions may also have critical health implications (Rogers et al., 2008; Laverack, 2006).

Nevertheless, it is important to understand that municipal governments face significant limitations in generating revenue and resources that may hinder their capacity to promote participatory initiatives (Collins and Hayes, 2013; Sancton, 2005). Particularly in the Canadian context, municipal governments are not considered formal orders of government and are allotted responsibilities from the provincial government (Sancton, 2005). Since the 1980s, neoliberal devolution and restructuring has left Canadian urban municipal governments with increasing responsibilities and less capacity to meet residents' needs, relying mainly on property taxes for revenue (Young and Leuprecht, 2006; Collins and Hayes, 2013). Local government actors may also be ill-informed of participatory approaches that can help facilitate “knowledge-sharing, reciprocal dialogue and active listening” with community groups (Woolrych

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