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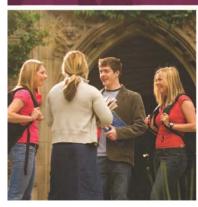HEALTH FORUM

DIALOGUE
SUMMARY

SUPPORTING NEIGHBOURHOOD-BASED
APPROACHES TO ADDRESSING POVERTY
CONCENTRATION AND ITS IMPACTS
ON HEALTH IN HAMILTON

6 OCTOBER 2011

EVIDENCE >> INSIGHT >> ACTION

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

6 October 2011

McMaster Health Forum

For concerned citizens and influential thinkers and doers, the McMaster Health Forum strives to be a leading hub for improving health outcomes through collective problem solving. Operating at the regional/provincial level and at national levels, the Forum harnesses information, convenes stakeholders, and prepares action-oriented leaders to meet pressing health issues creatively. The Forum acts as an agent of change by empowering stakeholders to set agendas, take well-considered actions, and communicate the rationale for actions effectively.

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Conflict of interest

The authors declare that they have no professional or commercial interests relevant to the dialogue summary. The funders reviewed a draft dialogue summary, but the authors had final decision-making authority about what appeared in the dialogue summary.

Citation

Lavis JN, Dunn JR. Dialogue Summary: Supporting Neighbourhood-Based Approaches to Addressing Poverty Concentration and its Impacts on Health in Hamilton. Hamilton, Canada: McMaster Health Forum, 6 October 2011.

Dialogue

The stakeholder dialogue about supporting neighbourhood-based approaches to addressing poverty concentration and its impacts on health in Hamilton was held on 6 October 2011 at the McMaster Health Forum in Hamilton, Ontario, Canada.

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SUMMARY OF THE DIALOGUE

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

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

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

SUMMARIES OF THE FOUR DELIBERATIONS

DELIBERATION ABOUT THE PROBLEM

Many dialogue participants echoed the view that the framing of the problem as poverty concentration and its impacts on health is 'constructive' and 'a good way of getting at many of the issues' (such as education, employment and housing) for the anchor institutions that are represented at the dialogue, and that, by virtue of their size and scope, would be essential to any progress in addressing this problem.

One dialogue participant cautioned that the overall framing of the problem lent itself to local solutions, but that a broader framing of the problem that nested this local issue within a broader set of institutions (e.g., economic and urban development paradigms) and practices (e.g., decreasing personal contact with those who are different) could helpfully trigger additional deliberations about what aggravates the local problem and what could constitute 'bigger solutions.' A second dialogue participant extended this thinking to include the importance of understanding the historical development of Hamilton's neighbourhoods, both those with high degrees of poverty concentration and those (such as Westdale) that were designed explicitly to avoid economic and ethnocultural diversity. As this individual noted, the current 'patterns were not an accident.' A third dialogue participant argued that a time dimension was also important to understanding the problem, both in terms of what will it look like in 10 years (e.g., given changing demographics, such as the aging of the population, and given the possibility of an all-day train service to Hamilton, which could limit the availability of affordable housing in neighbourhoods near the train station) and what will it look like if the city's anchor institutions don't coordinate their actions effectively. A fourth dialogue participant argued for including an ethnocultural dimension to our understanding of the problem given the significant 'intersections between poverty and race.'

Dialogue participants generally agreed with how the issue brief had documented that: 1) poverty is a cause of poor health, child development and social outcomes; 2) poverty is spatially concentrated in Hamilton, making problems of poverty and health worse; 3) community capital is central to the relationship between poverty concentration and health; and 4) more can be done to redress inequities between neighbourhoods. Indeed, no dialogue participants contested any of these points, although several dialogue participants

Box 1: Background to the stakeholder dialogue

The stakeholder dialogue was convened in order to support a full discussion of relevant considerations (including research evidence) about a high-priority issue in order to inform action. Key features of the dialogue were:
1) it addressed an issue currently being faced in Hamilton;
2) it focused on different features of the problem, including (where possible) how it affects particular groups;
3) it focused on three options (among many) for addressing the policy issue;
4) it was informed by a pre-circulated issue brief that mobilized both global and local research evidence about the problem, three options for addressing the problem, and key implementation considerations;
5) it was informed by a discussion about the full range of factors that can inform how to approach the problem and possible options for addressing it;
6) it brought together many parties who would be involved in or affected by future decisions related to the issue;
7) it ensured fair representation among policymakers, stakeholders and researchers
8) it engaged a facilitator to assist with the deliberations;
9) it allowed for frank, off-the-record deliberations by following the Chatham House rule: "Participants are free to use the information received during the meeting, but neither the identity nor the affiliation of the speaker(s), nor that of any other participant, may be revealed"; and
10) it did not aim for consensus.

Participants' views and experiences and the tacit knowledge they brought to the issues at hand were key inputs to the dialogue. The dialogue was designed to spark insights – insights that can only come about when all of those who will be involved in or affected by future decisions about the issue can work through it together. The dialogue was also designed to generate action by those who participate in the dialogue and by those who review the dialogue summary and the video interviews with dialogue participants.

introduced important nuances in how each of these points was addressed.

First, one dialogue participant emphasized that the framing was good in that it highlighted important root causes of ill health. However, this individual also argued that it's the impact of poverty on health (and the mechanisms through which these impacts happen) that provides the narrative that can motivate and sustain action to address poverty. Another dialogue participant concurred, giving the particular example of how we can't afford to spend more on healthcare without sacrificing education and other societal priorities. A third dialogue participant agreed, noting that education is one of the mechanisms through which poverty (and poverty concentration) affects health, and that inequalities in educational achievement grow when schools (or classes) are segmented by socio-economic class.

Second, several dialogue participants questioned whether labeling neighbourhoods as poor based on the spatial concentration of poverty stigmatizes those living in these communities. One dialogue participant argued that the disadvantages of this label are outweighed by the advantages of giving focused attention to concentrated poverty and what the issue brief called 'deprivation amplification,' meaning that the negative effects of poverty are magnified when poor individuals and families live in neighbourhoods with high levels of poverty. A second dialogue participant emphasized the importance of using language that doesn't stigmatize anyone, giving the example of calling one school-based initiative an 'equal opportunities project.' A third dialogue participant noted that spatial concentration also afforded some advantages, including the critical mass of people needed to sustain social agencies in these neighbourhoods, and that these advantages should be recognized in working with these neighbourhoods.

When discussing the spatial concentration of poverty, two dialogue participants noted that Hamilton shared more in common with many American cities in the 'rust belt,' such as Buffalo and Cleveland – particularly the concentration of poverty in the downtown core – than it did with most other Canadian cities and with select American cities. One of these participants noted that even an American city with tremendous economic inequality and enthnocultural complexity (such as Chicago) has a wide range of housing that allows everyone to live and work in the city – often in mixed neighbourhoods – and avoid very long commutes if they wish to. Another dialogue participant reminded the group that with the current economic situation, many more families in other parts of the city are 'just one paycheque away from poverty' themselves.

Third, one dialogue participant argued that there typically is significant community capital in poor neighbourhoods, ranging from physical capital (e.g., a large inventory of diverse forms of housing – including heritage buildings – in the lower city) to social capital (e.g., 'a culture of tolerance and community support' and a strong 'sense of community'), that can be enhanced and built upon (and only later complemented by 'introducing others'). This individual emphasized the importance of 'looking for sparks' (or 'things in which people are interested') in each neighbourhood that can be nurtured and used as a model for other neighbourhoods. A second dialogue participant gave as an example of such a spark a neighbourhood group in the lower city who came together to participate in a school accreditation review, which the participant described as the 'most creative, insightful group [he'd] encountered in 26 years of work.' A third dialogue participant noted that many of Hamilton's anchor institutions contribute to this community capital in meaningful ways, both organizationally and in the actions of their staff (e.g., police officers choosing to live in the neighbourhoods they serve).

Fourth, all dialogue participants who spoke to the issue that more can be done to redress inequities between neighbourhoods both agreed with the sentiment (notwithstanding the great work already being done in the city) and committed their organization to do better. One dialogue participant noted that 'schools are expected to do everything it takes' to help a child succeed while another gave the example of trying to do so (in this case by identifying the need for but then having to shut down a school lunch program), but realizing that schools have to work in partnership with other anchor institutions. Another dialogue participant noted that this type of dialogue is one that couldn't happen in most other communities. A third dialogue participant described how in another community the key groups shared a dislike of one another and they were united

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only in their commitment to address a pressing health challenge (specifically high HIV infection rates), and in their more intense dislike of senior governments that were not helping them to respond effectively to the root causes of this problem. This type of animosity among groups is not prevalent in Hamilton, in part because of the strong relationships that have been built up even further since the publication of the series of 'Code Red' articles in the Hamilton Spectator in April 2010.

DELIBERATION ABOUT POLICY AND PROGRAMMATIC OPTIONS

Most dialogue participants expressed strong support for each of the three options presented in the issue brief, and particularly the first and third options, albeit with important caveats and/or nuances in how they are described and implemented.

Option 1 – Coordinating local policymaking and programming with a focus on neighbourhood-level approaches

Dialogue participants expressed strong support coordination mechanisms and horizontal accountability 'with teeth.' Specifically they supported a chief executive officer (CEO)-level forum that would address pressing issues as they arise, and a local urban development agreement that would establish a shared vision, principles, set of approaches, and mutual accountabilities. The principles could include addressing poverty and poverty concentration as common institutional priorities, listening and responding to community-defined issues, identifying opportunities for short-term, medium-term and long-term wins, sharing resources, building on existing community capital, and using collective indicators (e.g., labour force participation), not just individual institutional indicators.

In terms of the CEO-level forum for anchor institutions, there was strong support for participants to bring their professional expertise to bear on identifying ways to respond to community input (although some participants advocated for the group to pick one or two high-priority issues themselves), to allocate a small fraction of their organizations' resources (a 'ballpark estimate' of which would be 50,000 staff and $5 billion per annum in revenue) to bear on these responses in a way that is well coordinated with other organizations' contributions, and to draw on their personal contacts to engage other organizations and senior levels of government in contributing to these responses. As one dialogue participant said when discussing the urgent need for better coordination: 'I need to know what others are doing and what I need to bring back to the table… and so do others.' To this end, a number of participants noted that a forum that brought the leaders of anchor institutions together could be an important touchstone, a place for mutual learning, and a way of ensuring coherence of policy development and avoiding duplication.

Dialogue participants differed in whether they thought that the secretariat function for such a forum could best be housed within an existing collaborative or organization (such as the Hamilton Roundtable on Poverty Reduction), with or without a shift in orientation or a different skill mix, or would require a new approach. However, a number of dialogue participants lamented that the existing institutional landscape is already very complicated, and care would need to be taken to ensure that any forum and secretariat worked to reduce this complexity or at least not add to it. One dialogue participant argued that the dialogue was not the right venue for working out such operational issues, and that the funders of existing collaboratives and organizations would want to first see some discussion take place among people such as the head of neighbourhood development strategies in the city government and the head of grants and community initiatives at the Hamilton Community Foundation.

While the deliberation about coordination and horizontal accountability was primarily focused at the CEO level (understandably given the individuals in the room), several cautions were introduced. First, as several

dialogue participants noted, some of the city's other forums began as CEO forums, and relatively quickly, participation in these forums was delegated to staff working one or two levels below the CEO. Second, not all heads of anchor institutions are connected to those represented in the dialogue (particularly those in the private sector), and dedicated effort will need to go into engaging them. Third, some of the anchor institutions are large, complex organizations with very specific missions, which can make it difficult for one person to represent and identify contributions from the institution. Fourth, coordination and horizontal accountability can be fostered by connections at multiple levels within organizations so staff-level forums could also add value. That said, as one dialogue participant argued, if conversations are only taking place at the staff level then bold efforts at coordination and horizontal accountability are likely to be muted.

A number of dialogue participants spoke out very strongly in favour of crafting a local urban development agreement and, over time, developing partnerships with provincial and federal governments that could allow the agreement to transition into a true multi-level urban development agreement as windows of opportunity, such as the start of new political mandates, open at provincial and federal levels (and to survive at the local level as provincial and federal government staff change and their priorities change). For some, their support of this idea was 'emphatic', and others noted that if Hamilton's anchor institutions' leadership was unified and aligned, it would strengthen Hamilton's position when it approached the provincial and federal governments to partner on specific initiatives.

Option 2 – Targeting individual-based policy approaches at neighbourhoods with high concentrations of poverty and advocating that other levels of government do the same

Dialogue participants expressed strong support for continuing to target resources at neighbourhoods with high concentrations of poverty, and for identifying a small number of short-to-medium term wins that would help to build support for a sustained initiative. As one dialogue participant said: 'We can improve coherence [in our approaches over time] but we need to also look at how we can do better now.' This individual gave examples from healthcare, such as how to get primary healthcare programs and services to those without access to transportation, and why a mental healthcare institution is so far away from the neighbourhoods with the greatest burden of mental illness.

On the subject of targeting, one individual noted that the neighbourhoods with significant poverty-related health impacts are often the same neighbourhoods as those requiring significant police intervention. When a second individual noted that 1% of Ontario residents account for 45% of acute care services, while 5% account for 85% of services, the first individual noted that policing resources are also highly skewed towards a small number of citizens (not just neighbourhoods). Many individuals returned to this 1% of citizens frequently over the course of the dialogue, arguing that we need to know much more about these people and how anchor institutions can work together more effectively to address their needs. A third dialogue participant agreed that there were parallels between healthcare and policing in how both sectors are dealing with the impacts of poverty and poverty concentration, while also needing to do more in partnership with those living in poverty and in poor neighbourhoods to develop short-, medium- and long-term responses to these realities.

Dialogue participants identified a small number of targeted initiatives that could, with individual and institutional support from those participating in the dialogue, help to address poverty concentration and its impacts on health: 1) enhancing investments in 'social navigators,' which is a project that already has momentum and success stories after an eight-week pilot project, focuses on one neighbourhood (or set of neighbourhoods) in the lower city and the small number of people in this neighbourhood who use significant resources, and responds to a community-identified priority; and 2) enhancing investments in community development workers, which is an initiative that is already yielding important insights into what matters to the residents of the targeted neighbourhoods (and not just to an outspoken few) and what they consider to be their first priorities for responses (if anchor institutions can better align themselves). The language of 'social

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navigators' used in the first example was chosen because the police 'can't own cases', so the focus was very much on helping citizens navigate the many resources in the community and not take on the case management typically associated with roles like social workers. One dialogue participant cited the social navigator initiative as a good example of where a need for more human resources – both those with skills in social work and those with skills in longitudinally evaluating the impacts of the program – could be met by other anchor institutions if the need is brought forward and a commitment to working together established. The language of community development workers used in the second example was chosen because these individuals are doing the work of neighbourhood residents and not the work of individual agencies. As one dialogue participant said: 'They're good in the space between.' Another dialogue participant noted that community development workers and the leaders of anchor institutions can often benefit significantly from field trips to other communities because they can get ideas about things that have worked there and could work here.

Several dialogue participants also identified the need for targeted initiatives in those neighbourhoods that are likely to be profoundly affected by developments that otherwise have significant potential, such as: 1) the building of a sports stadium for the PanAm games, which at present will not create significant construction and related employment opportunities specifically for those living in the neighbourhood, and which without proper planning will not create a lasting legacy for the community; and 2) the possible introduction of an all-day commuter train service between Toronto and Hamilton, which could create significant dynamism in the downtown real estate market, but which could force out long-term residents (despite, as one dialogue participant said, 'housing security [being] key' to any successful initiative). These are cases where proactive initiatives now could avert a worsening of the situation for poor individuals and families living in poor neighbourhoods (or avoid missing an opportunity to improve the situation). One dialogue participant noted that these are good examples of situations where a CEO forum would be invaluable given the complexity of the issues and the levels of government involved.

Dialogue participants disagreed about the value of selecting one issue or a small number of issues in order to increase the likelihood of achieving measurable impacts (and secondarily to be able to sensitize neighbourhoods to where impacts are likely to be greatest). One individual argued for early childhood development as a 'critical issue' given the extensive research evidence demonstrating pervasive negative impacts when it's not supported (and pervasive positive impacts – greater resilience and better preparation for school, among many others – when it is the focus of investment), and the potential to leverage health-targeted dollars to do so. Other dialogue participants identified issues that reflect downstream impacts such as low-birth-weight babies and mental health and addictions (as a way in to their causes, such as pre-natal supports and family interactions), while others focused on upstream determinants of health such as stable employment, safe and affordable housing, and high-quality education. One dialogue participant suggested selecting a small number of neighbourhoods as an initial focus instead of a small number of issues. However, several dialogue participants argued that having a group of representatives from anchor institutions listen to and respond to what neighbourhood consultations are eliciting would be more helpful than imposing priorities on these neighbourhoods, selecting only a few for greater support or adding to the burden of well-meaning groups and organizations arriving in these neighbourhood to 'provide help.' A few dialogue participants described how their own conceptions of priority issues had been fundamentally altered through their participation in a consultation with young people experiencing challenges in breaking into or reaping the gains from higher-education institutions. Another dialogue participant argued that politicians have it right with their door-to-door canvassing about the issues that matter to citizens.

Option 3 – Reducing concentrated neighbourhood poverty and the social distance associated with it

Dialogue participants expressed a strong commitment to plans that increase the social mix in the city's neighbourhoods. One dialogue participant argued that the focus shouldn't be on 'doing things so people can move out of postal codes,' but rather working to make each neighbourhood better and more diverse. In some

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neighbourhoods, the latter might mean ensuring that 'children don't have to walk by crack houses and sex workers on their way to school.' In others it might mean allowing mixed-use buildings that provide great flexibility to families and businesses. Another dialogue participant argued that any plan that involves higher-density construction needs to take great care at the ground level (e.g., conduciveness of the streetscape to socializing and the availability of amenities), and that real estate marketers can be a tremendous ally if they are engaged effectively. A third dialogue participant summed up his supportive view of this option by saying: 'We need to build more integrated neighbourhoods across the region.'

Several dialogue participants noted that the City of Hamilton has already taken important steps in this direction in its new official plan (which was passed unanimously by city council), however, its impacts 'will come down to implementation.' They cited as examples general strategic directions such as intensification (i.e., greater densities) within existing neighbourhoods and a greater range of options for new developments, as well as the identification of key nodes where the greatest opportunities lie. Specific initiatives are planned for the lower city (downtown and waterfront) through what is called a secondary plan. One dialogue participant noted that the next key step is to draft a new zoning bylaw, which could include additional provisions that reduce risk to those seeking to increase the social mix in neighbourhoods. Also, as one participant noted, the members of an association of anchor institutions may be able to draw strength and confidence to take politically unpopular decisions, such as introducing mixed-income housing in affluent neighbourhoods where there is likely to be local opposition.

One dialogue participant argued that much more flexibility still needs to be introduced into the city planning process, particularly in terms of the density of housing (e.g., ensuring a mix of density in new developments) and forms of housing (e.g., allowing pocket housing and grandfathering what is now considered to be illegal duplex housing), and that the approval process for developments and re-developments needs to be speeded up significantly. This participant also argued that a firm commitment to protecting a 'green belt' would be needed to spur investments in higher-density housing (as the provincial government had done in the neighbouring city of Burlington). Another participant concurred that in Burlington, developers weren't interested in tackling the difficult sites within the city until development lands on the periphery were in short supply. The individual called for information to be gathered about the true costs of building and sustaining communities within existing neighbourhoods compared to new developments where the costs of emergency response, road maintenance, sanitation and many other services are likely to be much higher. This individual argued that property values would remain stagnant in many parts of the city without targeted action in this domain.

Considering the full array of options

Many dialogue participants supported pursuing all three options simultaneously (while some gave greater emphasis to the first and third options) and several dialogue participants argued that all efforts need to look for and build on community strengths. One dialogue participant argued that a two-stage process is needed, with the time-consuming street-by-street, house-by-house approach essential to 'getting it right', but also with a boldness in situations such as the PanAm Games and the all-day train service where decisive action will need to be taken to minimize harm and maximize gain.

Two dialogue participants expressed some concerns about the three options. One dialogue participant found that the options, as presented, were 'timid' because of how they were all accompanied by statements of the political difficulty associated with pursuing them. In this individual's view, action must happen and political barriers must be scaled. Another dialogue participant argued strongly that a much bolder vision or values statement needed to be articulated for the entire city and not just for select neighbourhoods or select people within neighbourhoods. This participant noted that many people routinely ask 'what's in it for me?', and they want to hear about 'broad-based policies that connect all of the dots' and affect them, their parents and

children, their friends, their businesses or employers, and the rest of the city. For this participant, one key measure of success would be in creating an environment that is attractive for employers to invest in.

Several dialogue participants picked up on the point about the need for better messaging coming out of anchor institutions, whether or not the focus remained on the three options or was expanded to include a much bolder vision. One participant argued that the messaging needs to resonate more effectively to citizens' 'enlightened self-interest.' A second participant noted that much greater emphasis needed to be placed on engaging the citizens of one part of town in the life of other parts of town, noting that a remarkable number of myths exist about different parts of Hamilton, and that these myths get in the way of city-wide initiatives.

DELIBERATION ABOUT IMPLEMENTATION CONSIDERATIONS

Given the need for several dialogue participants to leave early, the deliberation about implementation considerations was truncated. However, at several points over the course of the day dialogue participants noted potential barriers to implementation (e.g., opposition by some citizens to specific policies that would increase the social mix in their neighbourhoods), but immediately argued that these barriers could be overcome with the commitment of anchor institutions such as those represented in the room. As well, the issue of community engagement was repeatedly cited throughout the day as a key strategy for working through what to pursue and how.

One dialogue participant cautioned the group that a city like Hamilton is a complex system and that the problem of poverty concentration and its impacts on health are a 'moving target,' which means that collective efforts will need to be flexible and adjust continually to new circumstances. Another participant argued that this complexity and need for dynamism meant that a common vision was needed to hold a group of anchor institutions together. Each institution would have to adopt this vision and hold itself to account in fulfilling the vision in all aspects of its operations. This individual noted that the Australian government did something analogous with its gender policy: each ministry and operational unit was required to examine its policies, programs and operations for its impact on gender relations.

DELIBERATION ABOUT NEXT STEPS FOR DIFFERENT CONSTITUENCIES

Many dialogue participants argued that there was a great deal that could be done individually and collectively as anchor institutions to address poverty concentration and its impacts on health. Many dialogue participants embraced all three options, namely a coordination mechanism and horizontal accountability 'with teeth,' enhancements to neighbourhood-based initiatives (such as social navigators and community development workers), and plans that increase the social mix in the city's neighbourhoods. Two dialogue participants noted that their support held true whether or not the federal and provincial governments are yet ready for a bold, cross-government initiative. One individual said the time is right for a 'call to action around solutions.' A second noted that the investments in getting individuals and groups talking about this issue have borne fruit and set the stage for 'moving beyond talk… we need action.' A third individual said 'a change in perceptions has occurred and we can now focus on community solutions that are possible only when anchor institutions work to a common purpose. A fourth said: 'We have a great sense of solidarity and lots of good information in hand… and we can't afford to fail.'

A number of dialogue participants volunteered to participate in the development and roll-out of public communications about the messages derived from the dialogue, which one dialogue participant noted is just one part of a wider community response to the important issue of poverty concentration and its impacts on health.

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