CONSIDERING CULTURE AND CONTEXT WHEN SUPPORTING THE DEVELOPMENT OF COMMUNITIES

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In order to improve population health, public health authorities in the province of Quebec (Canada) have integrated in 2003 a crosscutting health promotion strategy in their public health plans: "Support for the development of communities". Although it has been in the plans for several years, its implementation had not yet been documented. Using an ethnographic case study, the project aimed at answering the following question: How does the implementation of a community development initiative, as defined in the official documents of public health authorities in Quebec, actually occur? After 32 months of participant observation and 14 semi-structured interviews with key informants, it was possible to describe how it happened in an inner-city neighborhood of Quebec City, chosen as an exemplary case to study. The results revealed that such an initiative is significantly conditioned by a neighborhood's culture and that the context in which the process occurs needs to be centrally taken into account. Authors advocate for a culturally sensitive strategy that focuses on the contexts where the action takes place and considers the culture of place as a central element when wanting to improve population health and health equity.

***Keywords**: development of communities, culture of place, public health*

1. Introduction

Contemporary public health is characterized by the presence of complex problems and health inequities against which there is very little evidence on how to design effective practices (Marmot, 2009; McQueen, 2007; Potvin, Ginot, & Moquet, 2010; Ridde, Guichard, & Houeto, 2007). This literature discusses among other things the links between contextual factors (Gore & Kothari, 2012; Walter Rasugu Omariba, 2010) or neighbourhood characteristics (Bernard et al.,

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2007; Bilger & Carrieri, 2013) and the health status of populations (Collins, Hayes, & Oliver, 2009), as well as the links between some health determinants such as income, occupation or level of education and population health status (Sacker, Wiggins, & Bartley, 2006; Wilson, Eyles, Elliott, & Keller-Olaman, 2009). Context is often treated as a nuisance, addressed mainly if it compromises implementation fidelity or program outcomes (Poland, Frohlich, & Cargo, 2008) or if it impacts upon health status. In fact, many authors consider that a majority of public health interventions still target individual determinants instead of structural ones and few aim the reduction of health inequities (Cohen & Schuchter, 2012; O'Campo, 2012; Ridde et al., 2007; Robinson, 2005).

Despite this, other fields of intervention have put the notion of context to use. The field of community psychology, for example, extensively uses the notion of psychological sense of community to discuss how contexts can influence well-being (Mannarini, Rochira, & Talò, 2014; O'Connor, 2013). O'Connor (2013) reported that interventions that focus intentionally or unintentionally on creating a sense of community and social capital can foster local, pragmatic, inclusive forms of community. Community development has also massively invested the notion of context. Here context is synonym of place, as presented in the definition of community development: "networks of actors engaged in activities through associations in a place" (Wilkinson, 1991, in Robinson & Green, 2011, p. 2). One can thus consider that community development takes into account the context when a community intervention is undertaken. Actually, community development generally focuses on social relationships that are defined by territory or place rather than interests, as it generally involves residents in activities designed to improve their personal and collective quality of life (Robinson & Green, 2011).

Poland, Lehoux, Holmes and Andrews (2005) present the notion of context in terms of *culture of place.* They consider that the notion of place is often treated descriptively, as a locus or 'container' for health and health-care activities and is undertheorized and rarely explicit (Poland et al., 2008; Poland et al., 2005). They consider that "a distinctive culture of place emerges from the pragmatic and routinized interactions between engaged participants and social processes" (Poland et al., 2005, p. 172). Language, meaning, experience and subjectivity are thus included in the culture of place. This concept is presented as particularly useful to understand the specific feel of a place and inform policy or practice.

Finally, the anthropologist Massé (1995) considers cultural factors when addressing public health programs. He believes that public health, after many decades of health education and preventive medicine, can now integrate the notion of culture in various health promotion strategies and act upon economic, social and cultural determinants of health problems. However, he also considers there is still a long way to go before we can fully understand the complex intermingling of elements that constitute culture and society.

2. Background

In this article, we discuss an innovative health promotion strategy underway in Quebec, Canada, that breaks with the classical tradition of public health as just criticized and is rather consistent with the community psychology and community development postures presented above. Inspired by the international Healthy Cities movement (De Leeuw, Duhl, & O'Neill, 2010) and the Ottawa Charter for Health Promotion (WHO, 1986), Quebec public health

authorities adopted in 2003 a strategy entitled "support for the development of communities (SDC)" (MSSS, 2008). Facilitated by the presence of community organizers in Quebec's health and social services who have long practiced local development and community development (Rothman, Erlich, & Tropman, 2001; Robinson & Green, 2011), this strategy could be unique to Quebec. Indeed, no other example of such a strategy formally integrated into a national public health program and aimed at improving population health by interventions at various levels, from the local to the national, has been identified (Robinson, 2005). Since its inception in 2003, SDC has been inscribed into numerous regional and local public health action plans. As the strategy is an approach rather than a program, the *Institut national de santé publique*, Quebec's provincial expertise centre in public health, has published in 2002 a document that identifies five key principles that should guide SDC interventions (Leroux & Ninacs, 2002):

- participation of individuals and local communities,
- empowerment,
- consensus-building and partnership,
- reduction of poverty and inequities, and
- harmonization and promotion of healthy public policies.

Within a geographical community, a SDC initiative is expected to mobilize a large number of actors around shared goals, determined by the community for the purpose of improving its health and living conditions (Delisle, 2012; Leroux & Ninacs, 2002). Reducing health inequities and acting on the social determinants of health are implicit goals of any SDC initiative (Parent, O'Neill, Roy, & Simard, 2012). Such an initiative can be conceptualized as an integration of multiple social spaces where actors meet, develop and implement actions to change their living conditions and hence participate in improving the health status of the population. It requires joint action and coordination among actors who control the systems through which the resources necessary to improve living conditions are accessible (Aubry & Potvin, 2012). Thus, resources are implicit to any context in which a SDC initiative is implemented.

In order to better document the implementation process underlying SDC, which had never been done even if the strategy was promoted and encouraged for years by Quebec public health authorities, as well as identify the challenges inherent to it, an ethnographic case study was conducted in a neighbourhood of Quebec City, retained because it was an exemplary case of such implementation. The main objective was to answer the following questions: How does a community development initiative, as defined in the official documents of public health authorities in Quebec, actually occur? What are the challenges involved and the changes brought by this approach?

3. Method

The research team considered that a case study, using an ethnographic approach, would help highlight and understand the process involved in putting in place a SDC initiative according to the key principles proposed in the public health documents. Since ethnography allows an intense observation of a phenomenon in a real context, it would help describe the "routine practices" (Atkinson, Coffey, Delamont, Lofland, & Lofland, 2007) of all actors involved in the SDC

experience. Indeed, ethnography forces one to pay close attention to the social processes involved by favoring the discovery of everyday realities and paying particular attention to people's experience in search of an understanding of the interior (Burawoy et al., 2000; Welzel-Lang & Filiod, 1993).

Using techniques commonly employed in ethnography, the first author of this article, a former community organizer, undertook 32 months of participant observation of the SDC initiative in Stadacona between the months of March 2010 and October 2012. During that period, she participated in all steering group meetings (n = 23), which lasted an average of 120 minutes. The steering group was composed of 10 to 12 people, who participated variably depending on the period. She also attended four activities organized by the group in the community, two Christmas dinners, one Neighbours Day celebration, and one meeting with the municipal councilor. Such direct observation was used to compile the fullest possible information on the processes being experimented.

The SDC initiative put in place by Stadacona citizens and community workers was supported by a community organizer working for the local health and social services centre (HSSC). HSSCs are a network of public facilities unique to Quebec which covers its whole territory. Their mission consists of providing curative and preventive health care services as well as individual social services and community organization activities. Community organizers, whose purpose is to support community action, have been professionally involved in these facilities since their creation in the early 1970s. Most of them are trained in social work and specialized in community organizing (Parent et al., 2012; Parent, 2014). Note that participants in the community asked that the neighbourhood be formally identified in order to be able to inform others of the effort invested in this study.

After almost one year of participant observation, all citizens (n = 5) (except for one citizen who found the exercise too difficult) and community workers (n = 5) involved in the initiative's steering group since March 2011 participated in semi-structured individual interviews that were held between January and March 2012. Interviews were also done with the HSSC community organizer (n = 1) and key actors in the community (n = 3) who were managers of local non-profit organizations or community leaders. The latters did not participate in the initiative's meetings but had an influence on its process and were selected after consulting the steering group when looking for key community people. The interview grid was structured according to four themes: the implementation of the SDC process in the community, the role each interviewee played in it, changes made to the usual way of doing things and elements facilitating or impeding the success of this type of strategy. Interviews were held in the homes of citizens or at participants' workplaces, lasted on average 49 minutes and were transcribed verbatim.

As a complementary data collection mechanism, a logbook was used to record observations and reflections. A logbook is a common way to embrace the "self" and integrate personal biography in qualitative research (Coffey, 2002). It helped to stimulate reflexivity and document the personal involvement of the first author (Roth, 2005). It was structured as proposed by Baribeau (2005), which states that all descriptive data, reflections and personal analysis should be recorded in the logbook. Since the first author had been a community organizer, autoethnographic data was also integrated. Coffey (2002) considers that such data reworks dichotomies between subjectivity and objectivity, autobiography and culture, the social and the self. The logbook, which totals about 60 pages written by hand, was held for two years at a variable rate, depending on the activities carried out and the intensity of the reflection periods. The data contained in the logbook highlighted the links between descriptive and reflective

aspects.

Data analysis of interviews was done with a general inductive method (Blais & Martineau, 2006; Thomas, 2006; Saldana, 2011) using the NVivo9 software. This method helps to reduce data following a specific set of procedures, so one can make sense of raw data and set forth categories that will develop new research knowledge. More specifically, it allows to: 1) summarize raw data; 2) link the study goals with categories stemming from the analysis; and 3) organize these categories in a coherent framework (Blais & Martineau, 2006). Following this logic, raw data was coded into NVivo9 by the first author. Data was initially condensed into themes, which were then grouped into categories, based on research questions. Main categories were analyzed with the HSSC community organizer. Results were then double checked by other team members. This approach facilitated the summary of data and helped researchers establish links between research objectives and categories that emerged from the analysis. As presented by Thomas (2006), these categories were then organized in a consistent framework, which allowed the team to answer the research questions.

The ethics committees of the CSSS de la Vieille-Capitale and the Université Laval approved the research protocol.

4. Results

Three main categories related to the themes that structured the interviews emerged from analysis and are used below to present the results: the context underlying the emergence of the SDC process, elements that facilitated or impeded the initiative and finally, the role participants played in the SDC initiative in Stadacona.

4.1. Context underlying the emergence of SDC in Stadacona

All through the interviews, participants have underlined the importance of considering the sociological history of a community when initiating a SDC initiative. They reported that the community of Stadacona, a financially disadvantaged area in down town Quebec City, has a strong feeling of belonging, which is reflected in the relationship between citizens. Observation of the situation, as noted in the logbook, also suggests a strong neighbourhood identity connected to the old parochial divisions.

> Stadacona was poorer than the other parishes. It was also a question of large families, they would come and live in Stadacona more often, although nowadays, it's all mixed up, but at the time... I try to understand and explain but it's not that palpable, but there was a difference. Which one? It's not easy but concerning poverty, it was more obvious in Stadacona. So, there was a certain feeling of belonging to the parish, something parochial (Key actor, participant 11, free translation).

It also has a history of charity, mostly organized by the catholic parish which used to be the significant territorial division up to the 1960's, and of mutual aid initiatives spanning several decades; this is still coloring the interactions between citizens and community organizations as of today. Participants recall that prior to the implementation of SDC, non-profit organizations in the neighbourhood already offered food distribution services, free snacks for kids being helped with

their homework, welcoming activities for new residents in subsidized low income housing facilities, etc. In 2007, local citizens and non-profit organizations partnered to raise the issue of vandalism in their community. It was then that a more structured process in the neighbourhood began on which SDC could later build on.

Between 2007 and 2009, three new projects emerged of that partnership. The goal of the first, entitled *Stadacona moves this summer* (free translation), was to reduce vandalism by rallying youth and informing them of local resources, first during the summer and then during the whole year. The goal of the second project, *SecureFood* (free translation), was to encourage people to become more food self-sufficient through involvement in a group project. The goal of the third project, *Women United in their Differences* (free translation), was to break down the isolation of women in the neighbourhood. The HSSC's community organizer was involved in all three projects but each one was financed on an *ad hoc* basis through different institutional funds, foundations and fundraising activities. Although they often relied on the same partners in the community, they worked independently from each other. "The need to pool our efforts originated there. Similar problems were experienced by each of the three projects" (Community worker, participant 6, free translation).

In 2010, the SDC process was initiated in the neighbourhood when the HSSC's community organizer attempted to link the three projects, which all needed financing and premises to conduct their activities. It was then that a SDC steering group composed of citizens, community workers associated with the three projects and the HSSC's community organizer began to meet regularly, on a monthly basis, as of March 2010. Committee members gave themselves the mandate to work together and share resources in order to improve living conditions in the neighbourhood. Through social activities organized in the community, they came to know each other, overcome their mistrust of each other and develop joint endeavours. "People are really proud of their neighborhood and it is not easy to get them to open up. (…). It took a lot of time to get them to move forward, to open up." (Key actor, participant 12, free translation). "It began with activities. The people decided to get to know one another through activities they organized each season" (Community worker, participant 9, free translation).

4.2. Elements facilitating or impeding the success of the SDC initiative in Stadacona.

All the interviewees felt that the SDC initiative provided a place for different community actors to interact and met their need of working together. It broke down their isolation, created ties, led to additional networking and encouraged information sharing. They also said it forced them to have a better sociological understanding of the community. Through activities, the process created bonds of trust and encouraged citizen involvement in the community. It led citizens to learn new skills: speak in public, develop self-confidence and participate in shared decision making, thereby encouraging the exercise of collective power. "It's a way to get involved, and involvement, you never know where it can bring you. So that's it, you just have to be ready and get on board" (Citizen, participant 2, free translation). "It's in my blood to participate in activities. I feel good here, I feel very involved, I am a volunteer here, a volunteer there. It makes me proud and it's an experience for me" (Citizen, participant 4, free translation).

The process also obliged all actors to develop a more comprehensive view of the community and to look beyond traditional community projects associated with specific problems or clienteles. In a SDC process, interviewees believed that local community workers and the

community organizer from the HSSC have to be present in the community in order to mobilize the greatest possible number of citizens and partners. It means they have to leave, now more than ever, their offices. “You need people that know the community sociologically speaking, people that know the place” (Citizen, participant 5, free translation).

> [With SDC], you need to be more respectful, we’re always so but it supposes to go beyond… It needs to come from the grassroots, from people that live there, because the project ‘Stadacona moves’, if we had…. We’ve tried in the past, to tell people: here are the services and go to them… (Key actor, participant 11, free translation).

Although the consultation mechanisms led by community workers helped multiply contacts with citizens, broaden project bases and develop financing opportunities, the citizens encountered in our interviews felt that partners involved should have been identified by citizens only and chosen on the basis of the projects or problems they desired to work on. They also felt that intervention goals should be determined in terms of citizens’ needs and play a structuring role in the community. In this respect, neighbourhood festivities were perceived by community workers as transitory interventions. They considered that their work should eventually lead to the creation of permanent infrastructures and development of services to improve living conditions for the population.

> To date, activities are directed at festivities and outings. Well that’s fine, I mean it’s good to socialize and get to know one another and there will surely be unsuspected impacts. However, if the goal is truly community development, I think structural changes must be made within the community (Community worker, participant 7, free translation).

Time was identified by all the participants as a key issue for SDC in two ways: The process requires time and takes time. Time is needed for participants to get to know one another, but also to learn more about the community and its many realities. Time is also essential for participants to develop the feeling of being able to face the problems encountered. As the SDC process is both individual and collective, the leader must be able to wait for the right moment for participants to commit further. Indeed, this was the main challenge faced by the HSSC’s community organizer: the fear of rushing participants cohabited with the fear of not pushing forward quickly enough so that there might not be sufficient concrete action to sustain participation. In this respect, the participants were of the opinion that the benefits of a SDC process would not be reaped before at least two years of collective work. Our observations also point in that direction; after 32 months of participant observation, we felt the group was at a turning point. Indeed, after the meeting with the municipal councillor, new activities, based on the needs expressed at the meeting, were organized. These activities were more structured and addressed issues such as traffic, sense of security and walkability. “With the work of three groups together, we had to move from “us” to “together.” (...) The aim was to create a collective “us” within the three projects and among the people gravitating around them” (Community worker, participant 6, free translation).

Financing is also a crucial aspect of SDC. There are few earmarked sources of funding for SDC in itself, and no funding exists for activities or projects emerging from it. Likewise, the very existence of the community groups associated with the process is precarious because they do not receive core funding. The main source of their income originates from governmental funds associated with specific activities for which funding is limited in time. Fundraising

activities and contributions from philanthropic foundations provide occasional additional funding. Funding being the biggest issue, it was discussed at every meeting but it seemed as if it was mainly the responsibility of the HSSC community organizer since he was the one writing the application grants. Nonetheless, the availability of financial resources was the principal issue connected with the success of the SDC process for all the participants that were encountered.

> In any case, our group is basically just surviving; we are constantly operating in survival mode. The group financial situation is not particularly rosy and we continue to wait for answers. Of course we will continue the process as long as we can, but if we were to receive no further funding, well the process, I don't know whether or not it will fall to the wayside (Community worker, participant 7, free translation).

4.3. The role each interviewee played in the SDC initiative

According to participants in this study, the role of the committee was to bring together the different actors in the community in order to improve the quality of life in the neighbourhood. More specifically, they believed that community workers associated with the process were the guardians of civic participation. Interviewees conferred upon these workers the role of mobilizing and supporting citizens, organizing activities to break down the isolation of individuals, provide leadership in the community and serve as the voice of citizens in appropriate circumstances.

On the other hand, citizens, community workers and key actors expected the HSSC's community organizer to be present in the community, participate in activities and projects underway as well as share the values of the community and organizations present. They also used many terms to qualify the key role of that person which they found decisive: coordinate, lead, rally, structure, guide, supervise and support. Not only must he bring together and organize all the partners and citizens, but he is expected more than anybody else to provide "technical" support, including helping to secure financing, preparing the agenda and the minutes of meetings as well as ensuring the follow-up between meetings. They also believed that the community organizer must have a "macro" or global view of the community, create links with other projects within the territory of the HSSC and build bridges with other HSSC services. The community organizer was also expected to interact with politicians and other community decision makers and finally, he had to represent the community in the process, and not the institution that employs him. More specifically, in the opinion of the community workers encountered, it is this aspect in particular that distinguishes them from the community organizer, even if some may have the same educational background. They consider that he is not there to represent the HSSC or the health sector: he is there for the community. "The HSSC community organizer is responsible for the more macro approach with the partners (...). His vision of the situation must be to assemble all these people together and then create ties" (Community worker, participant 9, free translation).

> The role of the community organizer is to bring together everyone and all the projects. (...) Theoretically, the HSSC's community organizer belongs to the population; the HSSC is for the entire population, not just for the participants (Community worker, participant 8, free translation).

Interestingly, citizens did not assign themselves a specific role in the initiative. They describe

themselves as volunteers that generously offer their time, linking their role to the notions of charity and mutual aid in the community. This is consistent with the observation of the steering group meetings, where most citizens are willing to organize social activities but very few engage in other tasks, such as funding or representation.

5. Discussion

This case study allowed for the first time to document the implementation of a SDC process as defined in official documents of public health authorities in Quebec. It showed the scope of the work carried out by the many actors involved in it – citizens, community workers, key actors and a HSSC community organizer − in a specific community. The results also highlighted a certain number of issues raised by the process and began to reveal what is really happening in SDC in Quebec, over and above public health discourse and wish lists.

Although SDC is based on approaches familiar to community organizers such as local development, this ethnographic study revealed it introduced health concerns within an intervention process traditionally directed toward general living conditions. Since this research method has the potential to reveal power relations between communities and institutions that influence interventions, it helped situate in a more political context the roles played by beliefs and other cultural determinants in the process (Massé, 1995). Our results confirmed that SDC is a health promotion strategy that has the capacity to consider the culture of place when deployed. SDC encourages public health stakeholders to recognize the fact that health is, above all, created in environments where people live, work, play and love as well as a resource interwoven in the fabric of daily life (O'Neill, Rootman, Dupéré, & Pederson, 2012). SDC positions health in a world where citizens and communities are mobilized to intervene on their living conditions within their own context, their community. As Massé eloquently writes:

> A community is more than the sum of its members and is also more than the sum of interpersonal social relations. It is also a set of economic, political and social institutions that shape relationships between individuals and relations to disease and health. The community was there before the individual and survives him. Constantly changing, it has a history. It is in the community that the individual finds the professional and institutional resources capable to treat him, and it is what defines the structures used for services. In addition, the community is the place where the standards that determine the criteria of normality and tolerance to deviant behaviors arise. Finally, it is in the community that several risk factors for health manifest themselves: plant closures, destruction of affordable housing, neighborhood disputes, shortages of child care, parks and safe bike paths, etc. (Massé, 1995, p. 102, free translation).

Aubry and Potvin (2012), using the concept of sociosanitary spaces, remind us that joint action and coordination among actors who control the systems through which resources are accessed are necessary to reduce health inequities. Although this concept is quite useful to interpret the SDC strategy, this study reveals that community actors, at least in the case of the SDC initiative in Stadacona, have little control over these systems. The SDC steering group, composed primarily of citizens and community workers, was mainly seen as a bridging

mechanism to circulate information and share certain resources within the community. The citizens involved considered themselves as volunteers or charity workers and the community workers rarely dared go beyond the mandate of the organization they represented, namely recreation and food security. Almost three years into the process, it remained difficult for community actors to recognize that they could act on broader health determinants at work in their neighbourhood such as housing, urban planning and education.

Our case study thus clearly suggests the need to further consider the context in which a SDC initiative is taking place and examine anew the role of cultural and historical factors when wanting to implement one. In considering the culture of place in a specific community, one is brought to recognize that power relations are present in all settings and reproduce themselves in various contexts, including the social and built environments (Poland et al., 2005). Our research data shows that the Stadacona community is still very influenced by the spirit of charity that has characterized services offered for decades by Catholic parishes in Quebec up to the 1960's and 1970's. Today, this has two important consequences for that community. First, its citizens view themselves as unpoliticized volunteers, rather than political actors taking their place in the city. Secondly, the participating organizations seem to find themselves in an awkward position, caught between offering services to alleviate poverty from a traditional standpoint and supporting the citizens in an approach aimed at improving living conditions that would demand more of a social and political commitment. This leads us to think that the concept of culture of place is very relevant to consider and that it should be documented much more thoroughly when deciding to implement a SDC intervention, complementing the more classical demographical and epidemiological information that is usually collected by public health practitioners

Our case study points in the direction that if practice is to follow the public health discourse, new forms of engagement seem to be needed to actualize the SDC strategy. This tension echoes the writings of Beck and Beck-Gernsheim (2002), who contend that occidental societies are moving from an atomized world in which individuals focus on their own strategies for survival to a new one where individuals aspire to be the authors of their own life, and where solidarity and alliances are recreated on the basis of significant social and political events. In attempting to cope with social problems, individuals are forced to come together and engage in new forms of coalitions. According to these authors, it is these new alliances that will serve to broach inequalities and create utopic, but realistic, opportunities for action. For them, social cohesion is generated by new forms of individualization, self-organization and action that were not yet very present in Stadacona but where the conditions began to be present for them to emerge.

Indeed, SDC thus seems to be a pertinent strategy to consider, given the exclusion from power that communities such as Stadacona have endured. It might bring about the new alliances which Beck and Beck-Gernsheim (2002) allude to. However, this study reveals that more work remains to be done so that people within the community, who are partnered with institutional stakeholders, see themselves as potential actors with enough power to intervene on structural determinants to improve their health and reduce health inequalities, as health promotion writers would expect them to act (Ridde et al., 2007; Kickbush, 2007). Unfortunately, the socio-political aspect had not yet been addressed in the implementation of the SDC process in Stadacona, as it is the case in most public health activities in Quebec (Ridde et al., 2007).

Although interviewees wish their actions have an impact on living conditions, results showed that committee members engaged in the Stadacona initiative still view their principal responsibility as one of organizing social events to put people in touch with each other. One cannot negate that these activities have some potential impact on health. However, to intervene

on broader determinants, many authors highlight the importance of acting from a perspective of empowerment (Navarro, 2009). In the case of this research, few interviewees saw themselves as having a significant impact on the development of their community. Therefore, the pursuit of a consciousness-raising process appears essential and could lead to the emergence of the alliances discussed above. As Robinson and Green (2011, p.3) remind us, "community development sees the importance of basing local programs on empirical evidence and not just the desire and preferences of local residents". Consequently, SDC should help develop interventions focused on political, economic, social and cultural factors and go beyond actions generally undertaken within the framework of community action in health promotion (Ridde et al., 2007).

6. Conclusion

In conclusion, SDC, as innovative as it may look in promoting health, would undoubtedly gain from being more explicitly rather than implicitly encouraged as it is at the present time, with much more attention devoted to the contextual and cultural aspects of a community situation, if its purpose is to deploy its full potential in reducing health inequities. Public health actors would then be better positioned to support SDC initiatives; they would also be able to reflect more thoroughly on the social, historical, economic, political and environmental factors that shape community development and integrate them in their interventions. As this study shows, beyond the obvious limits associated with the analysis of a single case, the principles behind SDC would also gain in being more explicit regarding the importance of sharing power and alliances to achieve SDC. Health could then more likely become a genuine local construction.

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