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## Fighting Poverty in Four Rural Healthy Communities in Québec

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## **Fighting poverty in four rural Healthy Communities in Québec**

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## Abstract

In 1984, in Toronto, the Healthy Cities idea was coined, soon adopted by the World Health Organization to launch, in 1986, a major international initiative. Since then, over 10,000 municipalities worldwide have jumped in, including small rural villages, which led the movement to be called *Healthy Communities* in Canada. Four action principles at the core of the movement can influence the fight against poverty in rural areas: intersectorality, participation, empowerment, and municipal commitment. This article describes a collective case study involving four rural municipalities that are members of the Québec Network of Healthy Communities. This qualitative study paid detailed attention to understand how these initiatives embraced fighting poverty. Five factors to be considered emerged if rural municipalities in the Healthy Communities networks and beyond them want to address poverty concretely.

**Keywords:** rural municipalities, community development, fight against poverty, Healthy Communities, Québec, Canada

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## 1.0 Introduction

In Québec, 90% of the inhabited territory is rural (Jean et al., 2014), which is often defined as municipalities with fewer than 10,000 inhabitants (Guimont & Jean, 2015) having specific characteristics: a low density of inhabitants and buildings, landscapes with plant cover, an agro-sylvo-pastoral economy, specific lifestyles as well as a particular relationship to space (Jean et al., 2014). Québec's rural territory is fragmented into nearly 1000 communities, totalling around two million people (Guimont & Jean, 2015). According to the 2016 Canada census data (Carbone, 2018), its rural population has increased by 18% since 1981 (+ 30% in urban areas) but has seen its overall demographic weight decreased by 2%.

Our definition of poverty is the "condition of a human being who is deprived of the resources, means, choices, and power necessary to acquire and maintain self-sufficiency or facilitate integration and participation in society" (Gouvernement du Québec, 2002, c.61, s.2).<sup>1</sup> In Québec, as elsewhere, poverty is present in rural areas (Fairbairn & Gustafson, 2008; Pampalon et al., 2006). However, it is often forgotten and less documented than in urban environments (Fairbairn & Gustafson, 2006; Gelineau et al., 2018; Pagès, 2011; Centre d'étude sur la pauvreté et l'exclusion [CEPE], 2009; Institut National de Santé Publique de Québec, 2008).

Statistically, little governmental data exist about rural poverty (G. Fréchet, personal communication, July 11, 2014). Statistical work carried out at our request by Statistic Canada shows that the rural population below the after-tax low-income measure threshold, based on the 2016 census, is estimated in Québec at 14.9%, slightly higher than in urban areas (14.6%). The percentage of the rural population falling below the Market Basket Measure threshold, the basket that enables basic needs to be covered (Study Center on Poverty and Social Exclusion, 2009), is estimated at 9% and 11.1% for urban areas (Gaudreau & al, 2018). Moreover, the specificities of rural poverty remain poorly understood (Fairbairn & Gustafson, 2006; Gelineau et al., 2018; Mathieu, 1997; Pagès, 2011). This is the primary reason why we conducted our research project.

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<sup>1</sup> Throughout the paper, quotes from references in French are free translations.

## 2.0 The Intervention: The Healthy Cities / Healthy Communities Movement

The interventions to address rural poverty are also little studied (Pagès, 2013). In Québec, there are many initiatives to fight poverty that are led by citizens, community organizations, or actors from various sectors (health, education, municipalities, local development), but mostly located in urban environments (Klein & Champagne, 2011; St-Germain, 2013). Even if they have been significantly cut in the last few years, Québec's provincial public policies for rural areas have in the past widely advocated for an active role by local individuals and institutions (Ministère de l'Emploi et de Solidarité, 2010; Gouvernement du Québec, 2007; CEPE, 2009). This has put local elected officials in an unusual position to mobilize their community (Belley & Divay, 2007; Divay, 2016; Lachance, 2009) alongside other actors whose interests and logics of action are sometimes contradictory (Baum, 2007; Bourque & Favreau, 2003). Two exploratory studies led by the *Institut national de santé publique du Québec* have nevertheless shown that, despite these visions and expectations, the municipalities were not well equipped to facilitate consultation and citizen participation (Kom Mogto, 2011; Martineau et al., 2011).

We thus decided to look at the potential of rural municipalities included in the *Healthy Communities Movement* to do so. As stated by Hanock & Duhl (1988):

A Healthy City is one that is continually creating and improving those physical and social environments and expanding those community resources which enable people to mutually support each other in performing all the functions of life and developing their maximum potential. (p.24)

This vision is the cornerstone of the worldwide Healthy Cities Movement, called Healthy Communities in Canada. Initially developed in Toronto in 1984 during the conference "Beyond health care," this idea was subsequently used by the World Health Organization (WHO) in 1986 to jumpstart a vast international movement (De Leeuw & Simos, 2017; Hancock, 2014; World Health Organization Europe, 1986; Tsouros, 1992). In 2020, it included thousands of municipalities worldwide. It encouraged local governments to engage in the betterment of the health and quality of life of their citizens by acting on issues such as social inequalities in health, poverty, the specific needs of vulnerable groups, participatory governance and on the other social, political, and environmental determinants of health (Ritsatakis, 2009; Sasseville & Martineau, 2012; Sasseville et al., 2011).

Our research aimed to examine the Healthy Communities approach's potential (labelled *Villes et Villages en santé – VVS* in Québec) as a promising strategy for combating poverty outside major urban centers. The Québec Network of Healthy Communities<sup>2</sup> (*Réseau québécois des villes et villages en santé - RQVVS*) promotes local action on the social determinants of health, among which poverty is fundamental (Simard, 2005), based on the following four principles of action: intersectorality, citizen participation, empowerment, and municipal engagement (Simard, 2005).

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<sup>2</sup> The Réseau québécois de Villes et Villages en santé (RQVVS) merged with the *Carrefour action municipale et famille (CAMF)*, becoming in 2020 the *Espace MUNI*.

After several evaluative studies of the RQVVS (Caillouette et al., 2009; Fortin et al., 1998; Fortin et al., 1992; Gadoury et al., 2013; O'Neill & Cardinal, 1998; Simard, 2005; Simard, 2007), some questions still remained, including: “How do the rural municipalities that are members of the RQVSS concretely address the fight against poverty and what are the conditions for carrying out initiatives aimed at it?” This is what our research project wanted to address.

### **3.0 A Qualitative Research Project: Documenting the Capacity of Rural Healthy Communities to Fight Rural Poverty**

Our qualitative project, funded by the Canadian Institutes of Health Research and the *Fonds québécois de recherche en santé (FRQS-32565)* was carried out by the authors, from September 2015 to June 2018, in collaboration with the RQVVS and the *Groupe Femmes, Politique et Démocratie (Women, Politics and Democracy Group)*, backed-up by an enlarged multi-university research team. It had various objectives, this paper is focusing on two of them:

- Analyze how, in rural municipalities that are members of the RQVV, initiatives to fight poverty are being developed.
- Identify the winning conditions and challenges of implementing such initiatives, considering the Healthy Communities approach's specificity.

#### ***3.1 Conceptual Framework***

We developed a conceptual framework (labelled Analysis Framework in Figure 1) of the inductive-moderate type (Savoie-Zajc, 2000) out of the literature and our extensive practical experience, based on an eco-systemic representation of social reality. It was guided by community development fundamentals (Delisle, 2012) as used in the principles of action of the RQVVS, namely: intersectorality, citizen participation, empowerment, and municipal commitment.

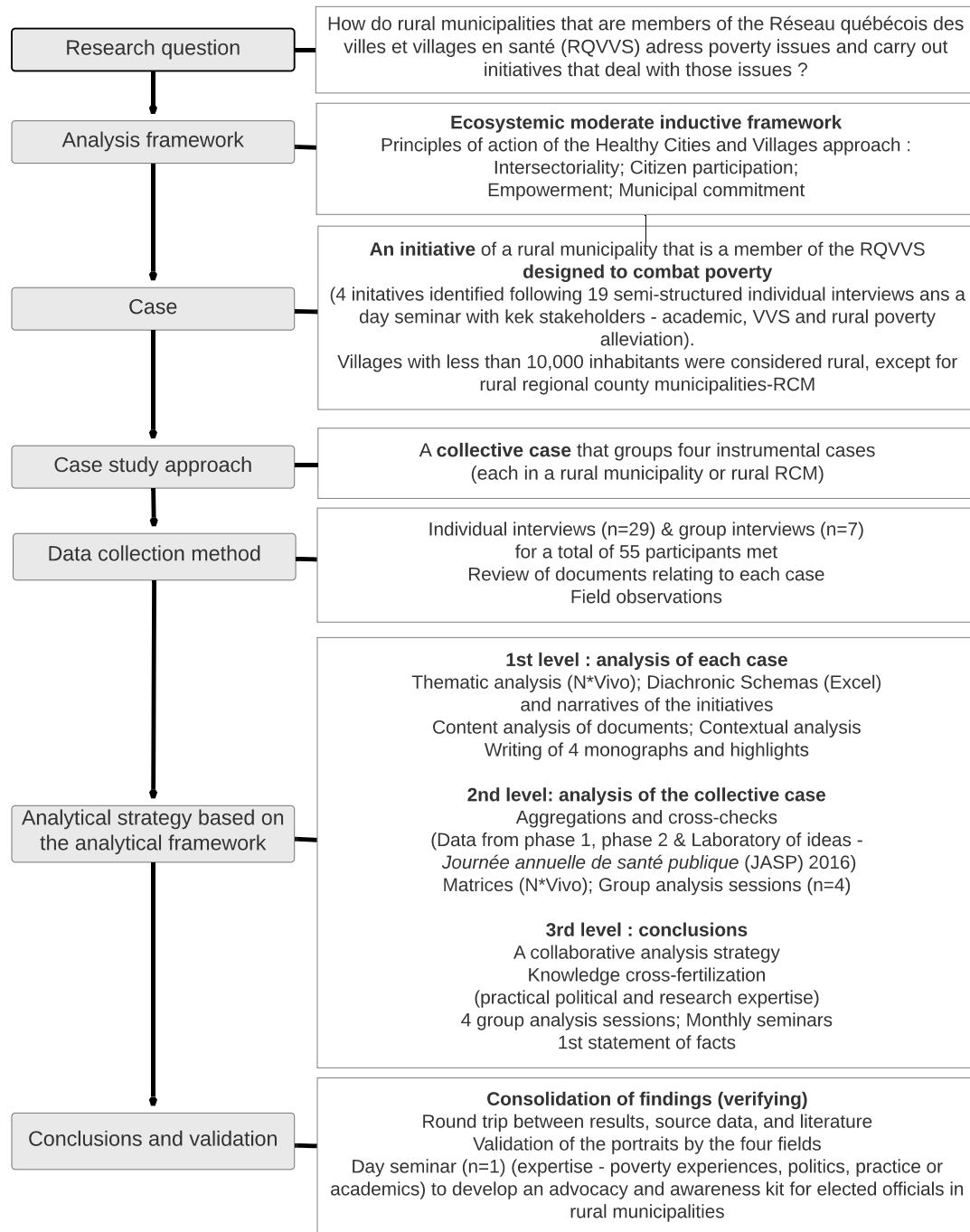
**Intersectorality** refers to "a coordinated effort between two or more organizations representing different social actors, resulting in joint efforts intended to transform the state of health of a community in order to contribute to its well-being and to improve its quality of life" (OPS / OMS (1999) in Simard, 2007, p. 42.)

By **participation**, we mean "a social process (...) by which community groups, organizations, institutions, and social actors of different sectors, at all levels, intervene in the identification of health needs or problems and come together to design and implement solutions or actions to be taken" (OPS / OMS, 1999 in Simard, 2007, p. 37.) In this project, we paid particular attention to **people experiencing poverty's participation** due to the emphasis placed on the latter in the preamble to the Québec law to combat poverty and social exclusion (Gouvernement du Québec, 2002).

We define **empowerment** as "a process by which a person, or a social group, acquires the mastery of the means that allow him to acquire knowledge, to become aware, to reinforce his intervention potential and to transform himself in a perspective of development and improvement of his living conditions and his environment" (inspired by OPS / OMS, 2002 in Simard, 2007, p. 14).

Finally, **the commitment of municipalities** refers to a political commitment that give "legitimacy, direction and resources—both human and financial—to set up precise, coordinated and intersectoral actions" (Tsouros, 1996, as cited in Simard, 2007, p. 24.).

Figure 1: The collective case study approach as used in the project.



Note: Inspired by Rosenberg & Yates, (2007).

### **3.2 Qualitative Methods**

We used a collective case study design, summarized in Figure 1, comprising four cases. Each case is a fight against poverty initiative undertaken in a rural municipality or regional county municipality (MRC) that is an RQVVS member. The case study methodology allows a refined understanding of a social phenomenon in its natural context (Yin, 2017). Comparing cases gives more strength to a study, providing more extensive descriptions and explanations of the phenomena or issue (Mills et al., 2010). Indeed, an in-depth understanding of each case and a comparison of them (cross-case) helped us to comprehend the character of those initiatives, highlight the conditions for carrying them out and thus, discern the capacity of rural Healthy Communities (HC) to fight rural poverty according to the HC principles of action. This methodology is qualitative; the intent was to figure out the nature of such initiatives, through the various stakeholder's representations, with the support of the conceptual framework as a guideline. The attention given to voices is meaningful in this context. We will detail four elements: case selection, the nature of data collection, analysis, and ethical dimensions.

**Selection of the four cases:** Nineteen semi-structured individual interviews were first conducted with various key informants (see Table 1 - phase 1) to explore the debates and issues of fighting poverty in rural areas. They identified 22 local municipalities or regional county municipalities (RCMs) as the site of initiatives to combat poverty. For these 22 sites, the research officer carried out a brief documentation exercise to determine RQVVS membership, respective geographic localization, and a brief portrait of the cited initiatives. A one-day working meeting followed where the interviewees and researchers from an enlarged team deepened the analysis results and raised further questioning to select cases for the collective case study. The research officer then conducted exploratory interviews with informants in six of the eight preselected cases to gather additional information on the municipalities, the forms of the HC approach, and the initiatives' nature. With the help of a summary table, the research team then selected four initiatives that allowed better contrasts. The four cases were selected based on the following criteria: relevance (anti-poverty initiatives led in a Rural RQVVS municipality or RCM), diversity of initiatives (organism, policy, task group, local development perspective), municipality size and regions, as well as learning potential. These initiatives are not Best Practices. We detail the characterization of the selected initiatives in section 4.

**Data collection:** We used five data collection methods for in-depth documentation of the four initiatives: (1) documentary research; (2) preliminary interviews with key informants; (3) field visits; (4) individual interviews; and (5) group interviews. A total of 55 people were met from June to September 2016 in the context of 29 individual and 7 group interviews (see Table 1). The research officer carried out the recruitment process with the VVS initiatives' leaders and the VVS municipalities' respondents. Those invited to participate in the study were either involved in or affected by the initiatives.

**Data analysis:** the information from interviews, documentary research and field visits were used for the development of a monograph for each initiative, considered as instrumental cases (Rosenberg & Yates, 2007). The interviews were transcribed verbatim and submitted to a thematic descriptive content analysis with NVivo 11. Using the conceptual framework in a moderate inductive mode (Savoie-Zajc, 2000), the team worked out a tree node. The time frame of each case was charted, inspired by the

diachronic diagrams approach of Bertaux (2016). All the data was then cross-analyzed. With the NVivo tree node and matrices, the time frames as well as the highlights drawn from the monographs, eight group analysis sessions and seminars allowed to enrich and improve the understanding of the issues at stake, using a collaborative analysis strategy (Gélineau et al., 2013; Gélineau & Morency-Carrier, 2016). The entire qualitative methodological approach was based upon the rigour criteria of Guba (1981): transferability, credibility, dependability as well as confirmability.

Table 1: *Characteristics of People Interviewed*

		<b>Phase 1</b> <b>(Preparatory phase)</b>	<b>Case 1</b> <b>St-Pascal</b>	<b>Case 2</b> <b>Lebel-sur-Quévillon</b>	<b>Case 3</b> <b>Rouyn-Noranda</b>	<b>Case 4</b> <b>Notre-Dame-de-Ham</b>	<b>Total</b>
<b>Gender</b>	Women	11	14	6	13	13	56
	Men	8	0	3	5	1	17
<b>Type of actor*</b>	RQVVS personnel	15					15
	Initiative leader	n.a.	1	1	1	2	5
	Local VVS leader	5	2	1	2	0	10
	Member of the municipal council	3	1	2	2	1	9
	Partners from local institutions or grass roots organizations	5	3	7	7	4	26
	Service users**	0	4	0	4	3	11
	Activist citizens	0	5	1	5	3	14

\* Some people were interviewed in more than one capacity.

\*\* In one case, it was impossible to interview services users.



**Ethical approval:** The project received approval from the research ethics committees of The Public health directorate of the *Centre intégré universitaire en santé et services sociaux (CIUSSS) Centre-Est-de-l'île-de Montréal* responsible for the INSPQ as a partner establishment, the *Université du Québec à Rimouski*, as well as *Université Laval*. The four municipalities supported the study and sent the research team a letter to this effect, co-signed by a representative of the initiative committee and representative of the municipality. They all choose not to maintain confidentiality, as they were proud to showcase their achievements.

#### **4.0 How Rural Municipalities Members of the RQVVS Act on Poverty—Illustrations Based on Cases**

This section addresses the first objective: How concretely the four *Healthy Communities* studied have undertaken specific initiatives to fight poverty. The results come from the collective case study analysis.

##### **4.1 A Brief Description of the Four Initiatives**

###### **4.1.1. Le «Centre Accueil-Partage», Saint-Pascal (Simard et al., 2018a).**

The citizens are full of good ideas, but the issue is: How you implement them to make them work? The process suggested by the RQVVS is only theory. You need to begin by knowing your people. There is reciprocity in this. That's what is key, the human being at the heart of the process. It speaks to me; it's incredible.<sup>3</sup>

[Not having an organization,] it's okay when you only make Christmas baskets. But when you do help every month, it takes an organization, it takes trained volunteers. The goal was really to structure it.

At the end of the 1980s, noting that the closure of shops and services caused a climate of gloom among the population, citizens of Saint-Pascal, a rural municipality located in the Bas-Saint-Laurent region, undertook a consultation process. They encouraged their municipality to become a member of the RQVVS. A local VVS committee and seven working sub-committees were then set up, one of which was dedicated to the issue of poverty. Various actions were carried out, including the distribution of food by volunteers. In 2010, the possibility of obtaining financial support from the Government of Québec prompted a group of citizens to begin the steps necessary to set up an autonomous grassroots organization to structure food aid services. The Centre Accueil-Partage was created in 2016. It is a place of mutual aid offering various food-related support measures (food assistance, collective kitchens, purchasing groups, initiation activities to healthy eating) to the population of Saint-Pascal and the neighbouring municipality of Saint-Alexandre-de-Kamouraska. Volunteers realize the activities of the Center, and the municipality contributes by lending premises and equipment.

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<sup>3</sup> All the interviewees' quotes are free translations from French. All the names are fictional to preserve individual anonymity.

4.1.2. *Lebel-sur-Quévillon's "poverty" and "social housing" committees (Simard et al., 2018b).*

We were a wealthy city; the poor did not exist. We lived this until 2005, at the closure of the factory. With time, we realized that our people were having trouble; not everyone had found another job. So, our social class has changed in Lebel-sur-Quévillon. We used to have just one social class with high wages, but then appeared average wages and low wages. So, that's when the concern began; we now had to take care of all our social classes in Lebel.

At the turn of the 2000s, a wave of suicides among young people led to a major mobilization in Lebel-sur-Quévillon, a small city in northern Québec. It prompted the municipality to become a member of the RQVVS. Consultations were carried out, a VVS committee and working sub-committees were set up, and various interventions began within the community. However, it was not until a few years later, following factory closings that resulted in significant job losses, that concern about poverty emerged in the community. In 2012, two new sub-committees were then set up on "poverty" and "social housing." Representatives from the municipality, community and social organizations, the Economic Development Corporation and a non-profit seniors' residence are part of them. Funding from the Government of Québec has enabled them to start various community actions: a solidarity kitchen project, training on poverty aimed at various stakeholders and a study on social housing needs.

4.1.3. *A "concerted approach" leading to the adoption of a Social Development and Poverty Alleviation Plan in the MRC of Rouyn-Noranda (Simard et al., 2018c).*

If we had not had VVS, we would not have been able to do this [development plan]. It's pretty clear for me. VVS was major in that because, one, as VVS, we came in with credibility. We brought in deep knowledge about the community. We came in with knowledge and reflection on poverty. We arrived with already tightly knit partnerships between public organizations and between community groups.

The third initiative took place in Rouyn-Noranda, a county regional municipality (*Municipalité régionale de Comté* -MRC) located in the Abitibi-Témiscamingue region. Preoccupied with environmental issues and poverty, Rouyn-Noranda joined the RQVVS in 1987 and set up Rouyn-Noranda, ville et villages en santé – RNVVS, a non-profit organization (NPO) whose premises are in the City Hall. A coordinator was then hired. Citizens, representatives of various organizations from the community (health, education, economic development, etc.), and community grassroots organizations form the RNVVS board. In 2013, the RNVVS received from the Government of Québec the mandate to locally coordinate a fund dedicated to fighting poverty. A concerted approach, including different stakeholder groups and using four consultations with the population, led to the adoption, in 2014, of a *Social Development and Poverty Alleviation Plan*. The Plan declines itself in six

projects. One relates specifically to poverty and deprivation using various actions: a project to support people excluded from the labour market, a campaign to combat prejudice and the training of workers.

4.1.4. *The "Development Committee" of Notre-Dame-de-Ham (Simard et al., 2018d).*

I think that working on the quality of life of people, be they poor or not, it's just more beneficial for the municipality. People help each other more; they are less likely to vandalize things. Just for social cohesion, the mutual aid that emerges, there are so many positive spinoffs that I think, yes, it is fundamental that the municipality invests in the social dimension of its environment. Otherwise, it makes dead environments. And people don't want to come and live there anymore.

In 2009, after seeing data showing the state of devitalization of their community, a few citizens of Notre-Dame-de-Ham, located in the *Centre-du-Québec* region, set up a Development Committee for carrying out various social and economic projects. This NPO brought together citizens, municipal elected officials, and representatives of the local solidarity cooperative and community and social organizations. In 2012, funding from the Government of Québec enabled the municipality to hire two project managers for an initiative called Community in Solidarity. From then on, they supported the work of the Development Committee, which oversees various activities such as a celebration event for volunteers, the development of a kit for parents of children 0–5 years of age in a context of isolation, the animation of the local youth, and the establishment of a food aid service for Notre-Dame-de-Ham and three other neighbouring municipalities. Noting that its values and VVS' were quite similar, the municipality became a member of the RQVVS in 2013.

**4.2 Characterization of the Initiatives and their Environment**

The four initiatives studied differ in several ways, as summarized in Table 2.

Table 2: *Characterization of the Four Initiatives According to Eight Dimensions*

<b>Name of Initiative</b>	<b>Centre Accueil-Partage (Welcome Sharing Centre)</b>	<b>Comité Pauvreté (Poverty Committee) et Comité Logement Social (Social Housing Committee)</b>	<b>Concerted Approach Leading to the Adoption of a Social Development and Anti-poverty Plan</b>	<b>Comité de Développement (Development Committee)</b>
<b>Year of Implementation</b>	2016	2012	2013	2009

**Table 2 continued**

<b>Links with the Municipality and the VVS Approach</b>	Autonomous NPO with close links to the VVS committee set up by the municipality	Working subcommittee attached to the VVS committee set up by the municipality	Citizen consultation process carried out by Rouyn-Noranda and Villes et Villages en Santé nonprofit organizations (NPO), which have their officers within the town hall.	Autonomous NPO with close ties to the municipality  No specific VVS committee within the municipality (the latter is a recent member of the RQVV)
<b>Objectives of the Anti-poverty Initiative</b>	Food aid services seen as a way to alleviate poverty	Dialog process and implementation of projects to alleviate poverty and associated exclusion	Adoption of a development plan to fight poverty by the municipality and implementation of associated projects	Dialog process and implementation of projects in a broader perspective of local development
<b>Municipality</b>	Saint-Pascal	Lebel-sur-Quévillon	Rouyn-Noranda (rural RCM; rural districts)	Notre-Dame-de-Ham
<b>Population Size 2016</b>	3,468	2,187	42,334	411
<b>Proportion of Population With Low Income 2015</b>	14.4%	6.7%	12.7%	20.7%
<b>Services of Various Nature on the Municipality's Territory</b>	Few services	Several institutional, commercial, and community services	Several institutional, commercial, and community services	Few services

### ***4.3. How the Healthy Communities' Principles of Action Have been Applied to Fight Poverty in the Four initiatives***

Concerning **intersectorality**, five types of actors are generally present in the initiatives: The municipalities themselves (elected officials or municipal employees), health and social services institutions (mainly through community organizers), community organizations (such as groups for the elderly or women's centers), social organizations (such as *Les Filles d'Isabelle*) as well as committed individual citizens living in the municipality. Their implication depends on their presence in the municipality as well as the initiatives' objectives. In some circumstances, community organizations focusing on political advocacy were not always welcomed. Their presence was perceived as "threatening" for the more status quo-oriented constituencies.

Five forms of intersectoral collaboration have been observed: (1) co-working during consultations or through participation in committees in order to identify and decide on issues, problems, priorities, and actions to be carried out; (2) the carrying out of actions by directly undertaking them or supporting some done by others; (3) contributions in the form of material or cash donations; (4) the sharing of tools, information or expertise between organizations; and (5) the referral of vulnerable people, by helping to publicize the services available.

As for **citizen participation**, it is at the very heart of the documented initiatives. Its contributions are significant according to the informants met. It makes it possible to create links between the members of a community coming from different universes. It is aroused by the feeling of belonging to a community as much as it contributes to its development. It also permits knowledge and skills to be shared and allows various groups or individuals to contribute.

Citizen participation in a rural community is subject to certain conditions. First, organizations need to help volunteers to participate, respecting their rhythm and their capacities to get involved. The continuity of volunteer engagement seems directly linked to the recognition they receive, either during specific events or on a daily basis. The way in which an organization is perceived in its environment also plays an important role in its ability to attract participation. Moreover, fostering and maintaining it appears to be a constant challenge, especially with new residents who sometimes find that the old-timers already involved are not very inclusive, and with young people, often less likely to be attracted. For some, professional and family obligations make citizen participation difficult, particularly in communities where variable (working shifts) or intensive (fly-in, fly-out) work hours are very present. Economic insecurity is also a disincentive to participate, energies being first and foremost devoted to fulfilling immediate needs. Finally, the informants met believe that the people mobilized are very often the same ones and that attendance to activities generally remains lower than expected.

Distances in rural areas can furthermore constitute an obstacle to participation, given the difficulties of getting around (scarcity of public transport and limiting the feeling of belonging to a given community). Organizations often have financial and human constraints that limit their ability to encourage citizen participation from people living in remote areas, away from the municipal core.

Finally, the civic participation of people experiencing poverty raised several issues among our informants. When present, they seemed to be little involved in the decision-making processes. The four initiatives were created to offer services to

people experiencing poverty, but not with the idea of involving them from the outset, when projects began to be implemented. According to several informants, the fear of being judged or stigmatized in an environment where "everyone knows everyone else" seems to play an important role in the difficulty and willingness to reach and mobilize people experiencing poverty.

As far as **empowerment** is concerned, our data showed that the initiatives studied have increased among individuals, organizations, and communities. The various actions carried out have enabled several individuals to increase power over their lives by concretely improving their living conditions through, for example, having access to better food. They have also allowed volunteers and service users to improve their independence, pride, and self-confidence while providing them with the opportunity to create social ties. People were able to make their voices heard during consultations and several mentioned that their abilities and creativity were recognized. They thus had the feeling of being able to give back to others.

Most participant organizations have developed the capacity to identify the needs present in their environment and refer people to existing resources; thus, they have acquired visibility and recognition within the community. Nevertheless, a few could not benefit from this recognition. They felt the poverty reduction initiative had appropriated the credit for their work and that they had not received the funding they expected. Other organizations did not recognize themselves in an approach that seemed emptied of its political dimension that, according to them, would allow to structurally transform things.

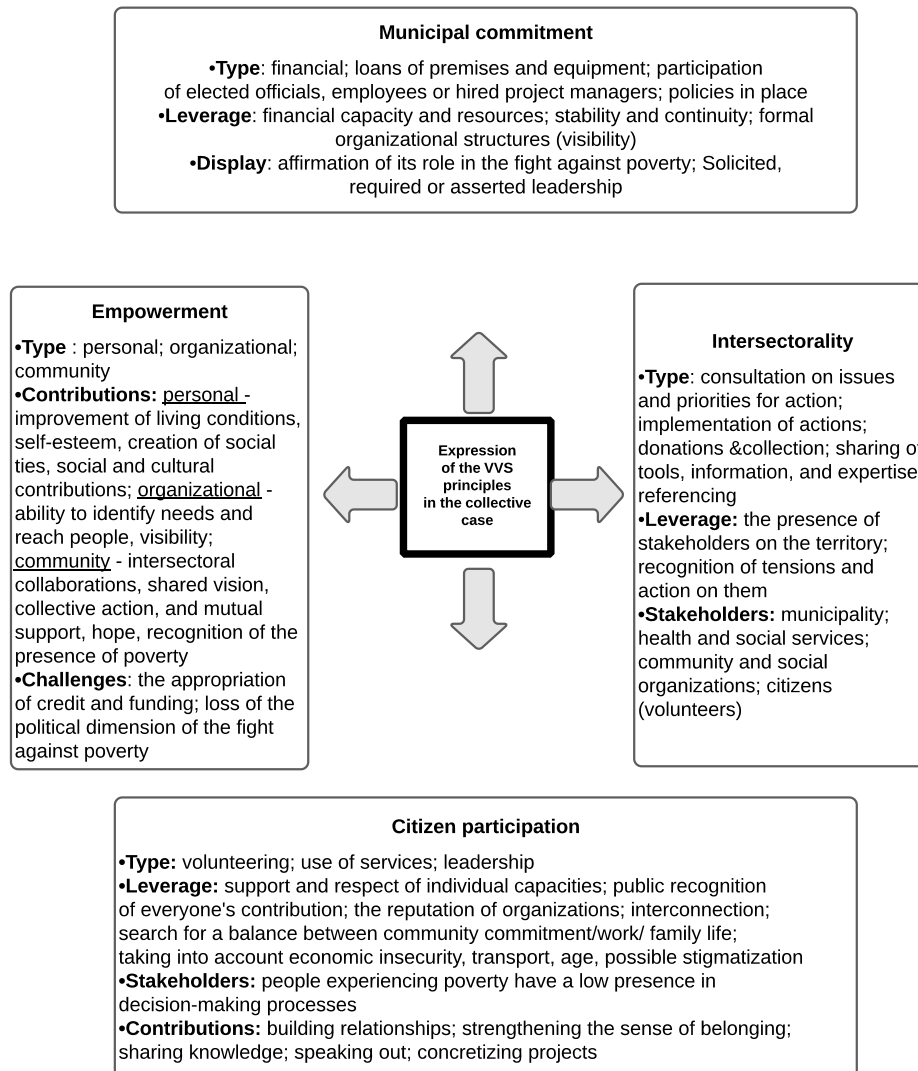
Finally, communities have increased their power to work across sectors, build a shared vision, and act jointly. Caring would also be more present in specific communities, mainly when a challenging event occurs. A sense of hope and confidence in the development of the community has also emerged from the deployment of the initiatives. Greater recognition of the existence of poverty as an issue was frequently observed.

Finally, the **municipal commitment** to fight poverty took various forms: support in cash (donations) or in-kind (access to premises and municipal equipment); participation of elected officials or municipal employees in activities and working committees; and time of project managers hired by the municipality. In some cases, an action plan or a municipal policy included poverty.

That said, the municipality itself does not necessarily initiate municipal engagement in the fight against poverty. In some of the initiatives, it is the citizens, sometimes supported in their efforts by a community organizer from the health and social services sector, who first sought municipal commitment. On other occasions, municipal involvement has occurred following events causing a shock wave within the municipality and mobilizing different actors around a common issue. Thus, the implementation of poverty reduction initiatives relies not only on the municipality's leadership but also on one of the different sectors of the community.

Figure 2 synthesizes the various ways described above in which the four Healthy Communities principles have been observed in the initiatives studied.

Figure 2: The ways in which the Healthy Communities (VVS) principles were expressed in the four initiatives.



## 5.0 Factors Influencing the Fight Against Poverty in Rural Municipalities Members of VVS

To address the second objective, five factors that can promote or hinder the fight against poverty within rural municipalities have been identified and validated in the group analysis sessions and seminars. We built these sessions on each case results as well as the cross-cases analysis. Invited participants crossed their knowledge (experiential knowledge of poverty, political, practical, and academic) to understand the winning conditions and challenges of implementing fight against poverty strategies in rural settings.

The **first** factor is the need for elected officers and the population to admit that poverty exists within their municipality. As already mentioned, poverty in rural

areas is present in forms that make it more difficult to perceive. Stigmatization processes make poverty more hidden. It touches individuals, but also communities, or even municipal administrations. Rural municipalities, in general, do not have the tools or expertise to measure its extent. It might be, among other things, limited access to socio-demographic data at the scale of their territory and the challenges related to the interpretation of this complex information. People in poverty are often considered a burden to small communities. If sensitivity towards poverty situations increases in a social crisis, it is weaker on a day-to-day basis. The social and relational proximity characteristic of rural areas may paradoxically constitute a barrier to establishing a dialogue on this question.

In this context, a **second** element is significant: the recognition that rural municipalities have a social role in poverty issues. Many elected officials and citizens do not immediately perceive that rural municipalities can assume a leadership role in the fight against poverty. They limit their action to collecting taxes and providing direct services, more clearly linked to their legal mandate (roads, waste management, municipal recreation). Rural municipalities often feel ill-equipped to intervene on poverty issues; governmental incentives in this regard, whether financial or otherwise, are few and often poorly adapted to the reality of rural areas.

The commitment of rural municipalities to fight poverty is therefore highly dependent on the presence of leaders in the community and citizen mobilization and participation. This is the **third** factor. In the four initiatives, community organizers from the health and social services network or project managers hired by the municipalities were key leaders around whom citizens, community representatives and organizations mobilized, with the complicity and support of elected municipal officers. Besides, several of the actions carried out were triggered and nurtured by citizen volunteers who donated their time and energy. However, this citizen mobilization needs to be supported.

The presence of long-term structures promoting the participation and commitment of people and organizations appears then to be a **fourth** factor likely to encourage the action of rural municipalities regarding poverty. The initiatives studied reveal that it is necessary to develop sustainable structures, whether a non-profit organization, a working committee, or even a municipal development plan, to act in the long term. Funding from higher levels of government was key in several instances. However, such funding must be flexible enough to be adapted to the local needs and reality. The presence of employees associated with these structures helps support consultations and citizen action and ensure continuity over time.

Finally, the **fifth** factor relates to the capacity of rural municipalities to support the various actors in the community in their work "together" on the issue of poverty. It is a question here of opening a dialogue allowing cooperation between organizations with often divergent orientations; of cooperation between the municipal employees, the elected officials, and the other voluntary citizens; and the pooling of resources between neighbouring municipalities to realize joint projects. Several challenges have been identified, including: the presence of tensions between groups of citizens within the same municipality; feelings of mistrust towards neighbouring municipalities; limits imposed by the territorial redeployment of certain public institutions; limited resources of specific organizations, including municipal ones; and the perception of the municipal legitimacy of defending the rights of people living in poverty.



## **6.0 Discussion**

In this research project, we sought to understand how rural municipalities that are members of the RQVVS address the issues of poverty and carry out initiatives to act on them.

We found that the link between the fight against poverty and the initiatives usually carried out by the RQVVS is not necessarily self-evident. It was illustrated by our difficulty in constituting the collective case: this connection was not spontaneously present among the network actors during the interviews leading to the choice of initiatives. This fight is nevertheless part of the foundation of the Healthy Cities approach since its inception (Hancock & Duhl, 1988) and still, today (De Leeuw & Simos, 2017), as well as at the heart of the action of other networks such as the European Network of Healthy Cities (Ritsatakis, 2009; Ritsatakis et al., 2015). On the one hand, our results highlight the municipal world's significant commitment to the fight against poverty in the four initiatives analyzed. On the other hand, they feature the expertise developed with pride by our respondents. It indicates additional possible bridges between the rural municipalities and the RQVVS on these issues, particularly the capacity of the latter to support and equip municipalities to commit themselves to fight poverty. In terms of further research, it would be of interest to highlight how rural municipalities that are not members of VVS have gone about fighting poverty (Claveau, 2015).

However, to achieve this, it is essential to put additional work into understanding poverty in rural municipalities and recognizing their role in the fight against poverty. Municipalities have the moral obligation and some of the responsibilities to meet the needs of their population, the latter varying according to countries and jurisdictions. In Québec, and most likely elsewhere, their role in the fight against poverty is not well-defined in public policies. At the same time, their day-to-day decisions impact the production or the reduction of health inequalities. In an era of economic globalization, it is difficult for local, territorial actors to act on the redistribution of wealth, which tends to confine them to their usual arenas: leisure, recycling, territorial planning (Greason, 2011). The causes of poverty are often understood as personal (lack of resilience, age, health problem) or sometimes systemic, therefore being seen primarily as the responsibility of provincial and federal governments. The current political context in Québec, where municipalities are more concerned with social issues, represents an important lever. However, the means that could allow them to play a significant role in the fight against poverty (financial resources and support for acting) do not necessarily follow the obligations for local action resulting from the disengagement of central states in matters of social policies. We also learned from the research that several conditions must be met when rural communities implement initiatives (see section 5 of this article). It is a lot for rural municipalities that are too often themselves "poor". Despite this, more and more municipalities deploy social strategies, although these are mainly present in urban areas (Kirkham, 2014). As an unexpected outcome of this project, a tool kit, "Rural municipalities and poverty... the challenge of talking about it", has been developed for elected officials (Gaudreau et al., 2018b), at the request and with the participation of some of our participants, our research results showing that elected officials often talk reluctantly about poverty in their municipality. Recognizing poverty is a preliminary step to developing local initiatives and

formulating demands from rural municipalities to the provincial or national governments, for more adequate public policies to fight poverty in rural areas. Daring to speak out about poverty is an essential point because it is a prerequisite for action.

Additional questions remain about the role that people with an experience of poverty can play in the understanding and analysis of poverty situations in rural areas and the development and implementation of intersectoral initiatives aimed at improving their conditions and quality of life. Our findings highlight that people living in economic poverty are rarely involved in the choice of initiatives and their direction, findings also made by Lachapelle and Bourque (2020) in other settings: "ITD must make a difference for impoverished or excluded individuals, groups and communities in terms of participation not only in the benefits of the development sought but also in its definition, which is not verified in all eight experiences studied" (p. 35). It is a serious issue. The inclusion of lived experience expertise is a critical element of collective action and integrated territory development. For Lachapelle and Bourque (2020, p. 33): "The touchstone of participation remains in the inclusion of marginalized populations in local governance processes." Citizen participation in the fight against poverty and local social intervention is well documented in Québec, but mostly in urban contexts (Bourque & Mercier, 2013; Chevrier & Panet-Raymond, 2013; Claveau, 2015; Lesemann et al., 2014). Community organization and action teach us about the contours of practices aimed at including the people directly affected by social situations in their analysis and solution such as popular education, awareness-raising, or empowerment stimulation (Ampleman, 1994; Collectif Vaatavec, 2014; Ninacs, 2008). As they are also more firmly anchored in urban areas, adapting them to rural ones is a development that could also be fruitfully explored.

At the end of our project, another challenge remains. It pertains to the link between the local and the global, the *glocal* arena (De Leeuw, 2001), to transform and overcome the structural conditions that contribute to creating and maintaining situations of poverty. Indeed, "the local actor has a major role to play in the fight against poverty, but the responsibility for this fight cannot be only local" (Klein & Raufflet, 2014, p. 9). Understanding the global issues can benefit from the thoughtful and situated inclusion of local action in collective movements and national or regional action plans (Lesemann et al., 2014). It can result in local constituencies or organizations linking with a larger network or coalition to develop additional means, resources, expertise, perspectives, and frameworks of reference (Lipp et al., 2013).

This *glocal* perspective can encourage the use of indicators and indices, such as the Market Basket Measure or the social and material deprivation index, if they can take account of rural realities. We are back to the old "acting locally, thinking globally" dear to the proponents of sustainable development or the "theory-informed approach" advocated by many (Lipp et al., 2013). As *glocal* issues are generally a very remote concern for rural municipalities, a complement to our toolkit has thus been developed to support them in broadening their action perspectives (Labrie, 2018).

Finally, the links between the challenges of the fight against poverty and those of local development in rural areas also remain. During our interviews, we noted that several municipal actors tend to register their actions in a perspective of

local development and revitalization and are not necessarily seeing the link with health and welfare but often with the clear objective of ensuring a sustainable future for their community. In Québec, many projects have emerged in this perspective, often initiated by the community, but sometimes also prompted by the presence of public policies such as the defunct National Policy on Rurality (Simard et al., 2018e). Revitalization actions relate more systematically to what Simard et al. (2018e) call “collective poverty.” There is every reason to believe that fighting the structural causes of poverty and defending the rights of people experiencing it is a challenge that is either not perceived, hardly taken up, or that one does not dare to tackle. Therefore, daring to name the contribution of local development actions to the structural fight against poverty in rural areas would seem to us to be promising.

## 6.0 Conclusion

What did we learn from this research? Our results confirm that the RQVVS and eventually other Healthy Communities networks can play a role in the fight against poverty, given the HC principles on which they operate. They can support establishing initiatives in which rural municipalities are engaged alongside the community, institutional, and citizen partners. To promote the development of such initiatives among the RQVVS rural members, and eventually other rural municipalities, five winning factors emerged from the qualitative analysis process: (1) the recognition of the existence of poverty within rural municipalities; (2) the recognition that municipalities can play a role in fighting it; (3) the presence of leaders in the community who carry these concerns (community organizers, project manager or committed citizens) and are willing to collaborate with the municipality; (4) the existence of long-term local structures to ensure visibility and sustainability; and (5) the capacity of rural municipalities to support the various actors in their cooperation efforts. The inclusion of people experiencing poverty in these initiatives, particularly in decision-making spaces, remains an issue, though, and their development in the context of a structural glocal perspective. It thus provides the RQVVS, other similar networks and other rural municipalities with an exciting space to occupy over the years to come.

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