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| **Primary Care, Public Health and Community Residents Collaborating to Build a Safe, Healthy, and Socially-Connected Social Housing Environment** |
| **Background/Objectives:** Primary care (PC) and public health (PH) collaboration can strengthen the primary health care system. Research on factors influencing collaborations are often retrospective and do not involve public voices. Public engagement in developing and testing community interventions is critical to address health inequities. This study replicates a Dutch step-wise approach to improve neighbourhood health involving: Phase 1 Creation of a community health profile by an inclusive Working Group (residents; PH, PC and social service providers); Phase 2 A deliberative dialogue to enhance collaboration and develop an integrated community plan. Phase 1 results will be reported.Objective: Test the feasibility of implementing this approach in social housing in Ontario, Canada. Phase 1 questions address:* How do residents and providers view the process of collaboratively developing a community health profile?
* How, if at all, does the development of a profile stimulate collaboration among community residents and providers?
* What impact does the development of the profile have on collaboration and planning?

**Methods:** Design:Prospective case study. Case: a Working Group serving 550 low income adult social housing residents. Data sources: 2 focus groups with the Working Group; minutes and field notes from monthly group meetings; Partnership Self-Assessment and Evaluation surveys.**Early Results:** Collaboration was enhanced by leadership support, human resource investments and rotating resident/service provider Working Group co-chairs. Resident input and remuneration for participation supported recruitment but was not without challenges. Maintaining collaborative links with housing and city leadership committees helped the Working Group gain credibility. The Working Group aligned with local committees to build on previously identified priorities for the housing complex (safety, social connections, health). Trust was essential for sharing population data and past evaluations. Data on residents’ health, social networks and interests in community services were collected via an app. The resulting community health profile validated Working Group lived experiences. **Discussion:** Results inform strategies to support spread of the intervention to social housing communities aimed at improving health and safety of residents through collaboration, inclusive of residents and health and social service providers.**Keywords:** Inclusivity; Collaboration; Equity; Social Housing  |