



ADVANCING A CANADA-WIDE STRATEGY FOR BELONGING

BRIEF 1: BELONGING AS RELATIONAL INFRASTRUCTURE IN PUBLIC HEALTH

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EXECUTIVE SUMMARY

As communities across Canada navigate the long-term impacts of climate transitions, economic volatility, and social disconnection, there is an opportunity to reimagine public health through prevention, holistic wellness, and cross-sector collaboration. At the heart of this work is an understanding that community belonging is a key determinant of health and a protective factor against social isolation. Belonging influences many of the social conditions that shape health outcomes, making it an important upstream investment for improving population well-being.

To advance this vision, the brief highlights three opportunities for action. First, public sector leaders can establish funding streams that support neighbourhood networks and community spaces within local health equity plans. Second, health authorities can embed belonging indicators into regional health assessments to better understand the relationship between social connection and health outcomes. Third, regional partners can formalize collaborative models that connect public health units with municipal planning, community organizations, and other sectors to align resources and coordinate action.

PURPOSE OF THIS BRIEF

The post-pandemic socioeconomic landscape in Canada requires a strategic review of healthcare delivery and public health frameworks, specifically through the integration of health equity, holistic wellness, and cross-sector collaboration. This shift in approach is a necessary foundation as we navigate the long-term, compounding impacts of climate transitions, economic volatility, and social disconnection, which affect equity-denied communities most profoundly.

The purpose of this brief, the first in a seven-part series supporting the call for a [Canada-wide Strategy for Belonging](#), is to help public sector leaders, funders, practitioners, and community groups transition from short-term crisis intervention to sustainable, system-wide support.

This approach aligns with the Chief Public Health Officer (CPHO) [report](#) on well-being and [supporting data](#) harvested across the Tamarack Institute's call for a Canada-wide Strategy that recognizes belonging as a vital policy priority.

By framing belonging as relational infrastructure, the essential mortar between the bricks of a community, this brief demonstrates how social connection actively protects population wellness. When public systems invest in neighbourhood associations, community hubs, peer-support networks, and other relationship-based assets, communities are better positioned to foster mutual care, respond to local challenges, and support overall well-being. These relational buffers can help mitigate pressures before they escalate into more acute demands on healthcare services and emergency systems. Furthermore, socially connected communities recover more quickly from public health emergencies because residents actively exchange critical information, support vulnerable neighbours, and coordinate local responses.

Public health frameworks across Canada increasingly recognize that conventional models face persistent limitations when treating health through an individualistic lens, whereas holistic population wellness requires relational infrastructure.

This directly [aligns](#) with First Nations, Inuit, and Métis understandings of health determinants, where belonging extends beyond individual social participation to encompass deep relational connections with land, language, culture, and self-determination. By expanding our definition of relational infrastructure to include these broader, systemic connections, public sector leaders can better fund and support community-led networks during periods of economic or environmental stress. Investing in these relational buffers strengthens neighbourhood stability and supports healthier, more resilient communities.

KEY FINDINGS

MOVING FROM INDIVIDUAL BEHAVIOURS TO COMMUNITY STRUCTURES

Evidence [demonstrates](#) that public health frameworks face persistent limitations when they treat loneliness and isolation as individual choices rather than direct outcomes of community structure. Systemic factors, such as the layout of local housing, public transit access, and institutional policies, actively shape the day-to-day conditions of people. For frontline practitioners, these planning gaps directly [impact](#) healthcare delivery, frequently manifesting as missed clinic appointments due to poor transit options or elevated chronic stress levels caused by neighbourhood isolation.

Conventional health interventions frequently focus on personal habits like diet, exercise, or substance use, while inadvertently overlooking the underlying local environment that dictates patient wellness. Low community belonging among equity-denied populations is rarely accidental. Rather, it is often maintained by institutional practices and gaps in public planning that unintentionally restrict a person's access to local resources, community spaces, and shared decision-making power. By recognizing these connections, frontline practitioners can better support patients through [holistic interventions](#), while municipal planners can design healthier, more connected environments.

USING PUBLIC SPACES AS HEALTH SOLUTIONS

The built environment directly influences clinical and mental wellness outcomes. Upstream community infrastructure assets, such as accessible natural areas and inclusive programming, serve as active health interventions that mitigate metabolic risks and chronic illness. When public health strategies prioritize these welcoming environments, they create crucial protective factors that support population level well-being, particularly within underresourced neighbourhoods.

Conversely, systemic community disinvestment, characterized by unmaintained public assets or rapid neighbourhood displacement, removes these vital health buffers. This exposure to chronic stress and relational poverty frequently worsens downstream psychiatric crises and intensifies municipal mental health strains.

KEY QUESTIONS

1

What is the current landscape of public health and social connection in Canada?

National data indicates a measurable decline in community connectedness, alongside growing mental health strains. According to data from Statistics Canada's Quality of Life Hub, approximately 54% of Canadians aged 15 and older report a strong sense of belonging to their local community, revealing significant regional and demographic variances.

Furthermore, research from the National Institute on Ageing (NIA) highlights distinct isolation risks among demographics undergoing major structural transitions, noting that 57% of Canadians over the age of 50 experience loneliness, while 43% face a high risk of social isolation. Evidence from initiatives, such as Delta Collaborates, demonstrates that newcomer and racialized populations frequently navigate systemic barriers to health resources, underscoring how institutional structures and socio-economic conditions heavily influence health outcomes.

These metrics suggest that physical infrastructure alone cannot fully protect a population if the foundational social fabric within neighbourhoods is compromised.

2

Why is belonging framed as a key determinant of health and a protective factor against social isolation?

The Public Health Agency of Canada (PHAC) tracks community belonging within its Positive Mental Health Surveillance Indicator Framework (PMHSIF), recognizing it as a key health determinant that can be improved through public policy. While chronic social isolation acts as a major health risk, belonging is not just the absence of isolation; it is an active protective factor that promotes resilience, trust, and social capital.

Data from Statistics Canada reveals that 96% of individuals who report a strong sense of community belonging also report good-to-excellent physical health, and 86% report positive mental health. Conversely, those with a weak sense of belonging see their positive mental health scores decrease to 59%, while experiencing a higher statistical incidence of chronic conditions, including coronary heart disease, stroke, and type 2 diabetes. This correlation aligns with international epidemiological reviews, which indicate that chronic social disconnection carries a significant public health risk factor comparable to established health hazards like smoking or physical inactivity. The growing evidence base also aligns with emerging efforts to place well-being at the centre of public policy and governance, recognizing that healthy communities depend not only on clinical care, but also on the social conditions that enable people to thrive.

3

How does this brief advance the call for a Canada-wide Strategy for Belonging?

This briefing outlines the transition from building foundational public awareness to embedding community connection within macro-level public policy and resource frameworks.

Using data from the Strategy for Belonging Midpoint Report, this document establishes public health as a primary sector where belonging can be institutionalized, monitored via existing national dashboards, and systematically integrated into local plans and policies. This brief highlights the importance of anchoring belonging as a standard component of regional health equity assessments and municipal planning across Canada.

4

What is meant by framing belonging as relational infrastructure or mortar between the bricks?

In public policy, capital budgets sometimes favour physical infrastructure (the bricks), such as hospital beds and transit networks. However, these physical assets can remain underutilized or inequitably accessed when they lack the necessary mortar: the trust, local networks, and individual agency that connect people. We frame belonging as this essential relational infrastructure.

Aligning with this view, Canada's Chief Public Health Officer (CPHO) has identified neighbourhood-scale, community-led action as the most effective way to address health inequities because it contributes toward building the collective resilience and trust that public systems rely on over time.

5

Why do traditional funding models and health priorities make it difficult to centre community connection?

Conventional healthcare budgets prioritize immediate, measurable clinical care, such as hospital beds and emergency treatments. Consequently, social connection can be viewed by resource allocators as a secondary, non-essential factor rather than a core health determinant. However, emerging public health data shows that connected communities develop a support system that can reduce daily pressures on emergency rooms and clinics. Compounding this issue is the structure of public financing itself. Funding is typically distributed in short-term cycles with linear rules, making it difficult to secure resources for long-term trust-building and community-led networks.

SNAPSHOT OF A COMMUNITY IN ACTION: TRI-CITIES HEALTHIER COMMUNITIES PARTNERSHIP (HCP)

Context: In the Tri-Cities region of British Columbia, municipal, community, and healthcare authorities recognized that social connection is vital for promoting collective health and wellbeing.

From idea to action: Operating through the Tri-Cities HCP, the group launched the Tri-Cities Intergenerational Belonging Project. This initiative intersects public health resources with municipal planning and community-led projects. By linking existing interventions, the project increases opportunities for individuals across generations to connect, while actively promoting belonging as a priority within municipal strategies, plans, and policies. To date, this collaboration drives a series of key programs aimed at building relational infrastructure, including the Holiday Hello Program through which students write and deliver holiday cards to seniors living in assisted living homes.

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PUTTING IDEAS INTO PRACTICE

To galvanize collective action and centre belonging within public health systems and infrastructure, three core actions are worth immediate consideration:

Formally invest in relational infrastructure alongside physical capital. Allocate a budget line for activities such as community conversations, neighborhood steering networks, and trust-building processes within municipal and provincial health plan development. Mirror federal scaling models—such as Phase 3 of PHAC’s Mental Health Promotion Innovation Fund (MHPiF) and the capacities built via the Intersectoral Action Fund (ISAF)—to shift resources from temporary testing to systemic, sustainable community-wide scaling of social connection models.

Embed belonging indicators into regional health equity frameworks. Transition from evaluating public health systems purely through medical treatments to tracking shared, community-wide metrics. Regional health authorities are well-positioned to invest in holistic data analysis practices, specifically utilizing the community belonging indicator within the Public Health Agency of Canada (PHAC) dashboard as well as the sense of belonging indicator within Canada’s Quality of Life framework to understand changes in social connection over time. Communities can also draw inspiration from existing well-being measurement initiatives, including Vibrant Communities Calgary’s Well-being Dashboard, New Brunswick Economic and Social Inclusion Plan’s Dashboard, and Newfoundland and Labrador’s well-being measurement framework, which demonstrate practical approaches to tracking community well-being alongside traditional health outcomes. This targeted analysis helps map how changes in social connection impact individual health and influence demand on frontline institutions responsible for delivering public services.

Formalize cross-sector collaborative models. Policy makers and health authorities can actively co-design policy initiatives that link public health efforts directly with community-led climate adaptation, poverty reduction, and community safety initiatives.

This cross-sector collaboration provides an excellent foundation for public health units to build data-driven partnerships with local organizations that are already advancing community well-being. Lessons from network members, including the Tri-Cities Healthier Communities Partnership, the City of Delta, and projects supported through the Intersectoral Action Fund (ISAF), demonstrate the value of aligning public health, municipal, and community leadership around shared goals. These partnerships also create opportunities to connect community-led action with population and public health research and related funding streams, ensuring that emerging evidence remains grounded in local priorities and lived experience.

By ensuring that community organizations have a formal seat at the table alongside public health units, we naturally shift institutional practices away from top-down service delivery and toward practical, cross-sector power-sharing models. Crucially, this collaborative culture must extend inward. The same relational practices that build trust with community partners also foster [workplace belonging](#), psychological safety, and staff retention within health organizations, helping address healthcare workforce shortages across Canada.

DISCUSSION GUIDE

The questions below are designed to foster dialogue within your team, network, or community planning table.

- **Part 1: Setting the Stage** offers general prompts to set the stage, break the ice, and get people talking about the intersections between belonging and public health.
- **Part 2: Deep Dive** provides questions to help you reflect further on the ideas outlined in this brief.

PART 1: SETTING THE STAGE

1. When you think about what helps people stay healthy, what role do relationships, social connection, and belonging play?
2. Who in your community may be feeling disconnected or isolated, and what would help strengthen their sense of belonging?

PART 2: DEEP DIVE

1. How can we make the case that social connection and belonging are important parts of community health?
2. What barriers make it harder for some people to feel connected, included, or supported in their community?
3. What could your organization, network, or community do differently to strengthen belonging and improve well-being?

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OUR APPROACH TO ARTIFICIAL INTELLIGENCE

Tamarack uses artificial intelligence thoughtfully to support aspects of our work while maintaining human oversight, community voice, transparency and accountability. We are committed to being transparent about how we use AI, where we choose not to use it, and the tensions we are navigating as these technologies evolve.

[Learn more about how Tamarack uses AI](#)