

# POWER BUILDING TO ADVANCE HEALTH EQUITY

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Cultivating partnerships between community organizing  
and public health

# HEALTH EQUITY PRINCIPLES

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# What is health?

“Health is a state of complete physical, social, and mental well-being, not merely the absence of disease or infirmity.”

-World Health Organization 1948, 1986

# What is Health Equity?

## Health Disparity

**A disproportionate difference in health between groups of people.**

By itself, *disparity* does not address the chain of events that produces it.

## Social Justice

The absence of unfair, unjust advantage, privilege, disadvantage, or oppression based on race, class, gender, or other forms of difference.

## Health Inequity

Differences in population health status and mortality rates that are systemic, patterned, unfair, unjust, and actionable, as opposed to random or caused by those who become ill.

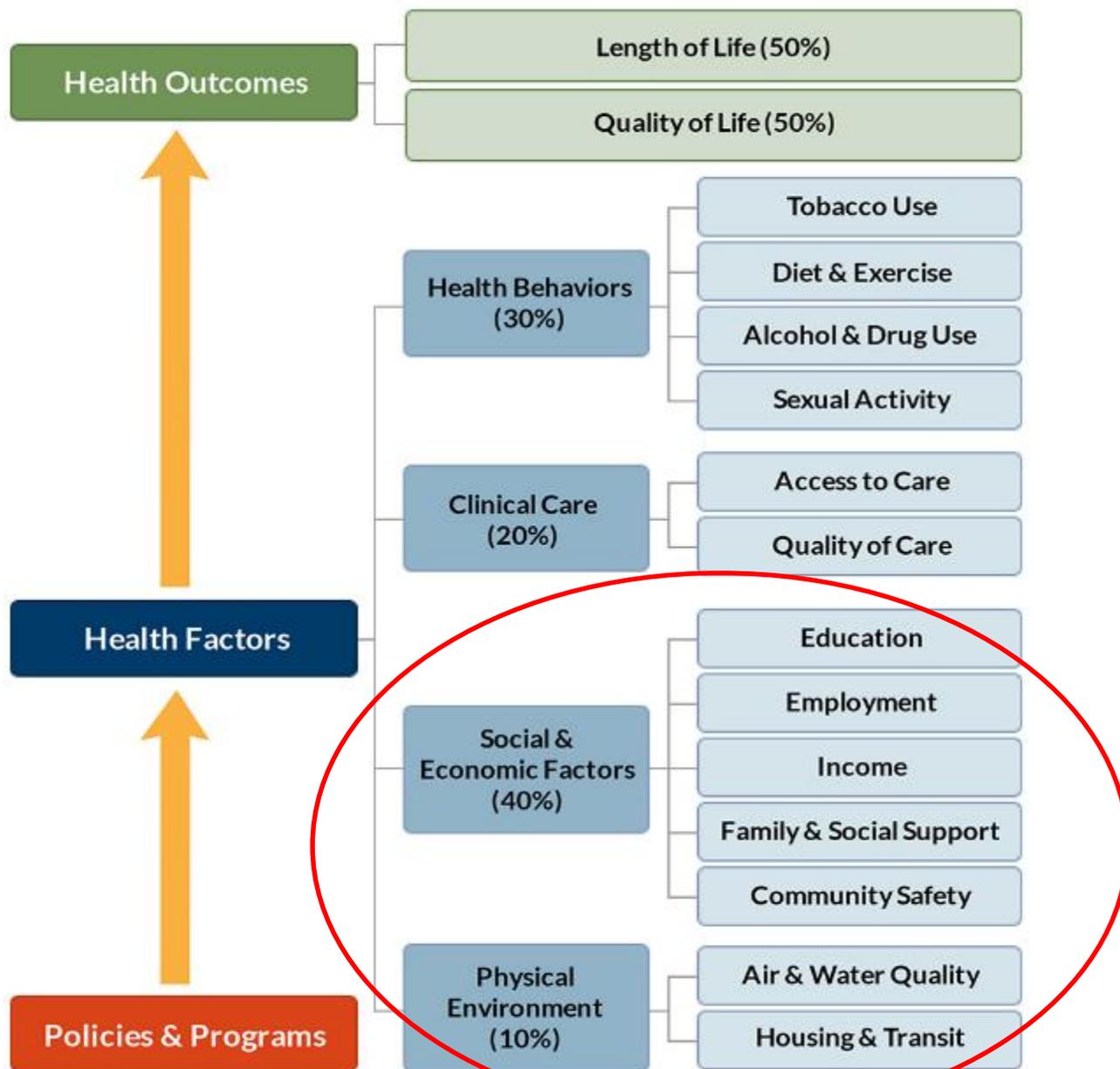
- Margaret Whitehead

## Health Equity

**“every person has the opportunity to achieve their full capabilities and potential for health and well-being”.**

-NACCHO, 2015, Sen, 2004

# Addressing Inequity Requires Closing Gaps in Social Determinants

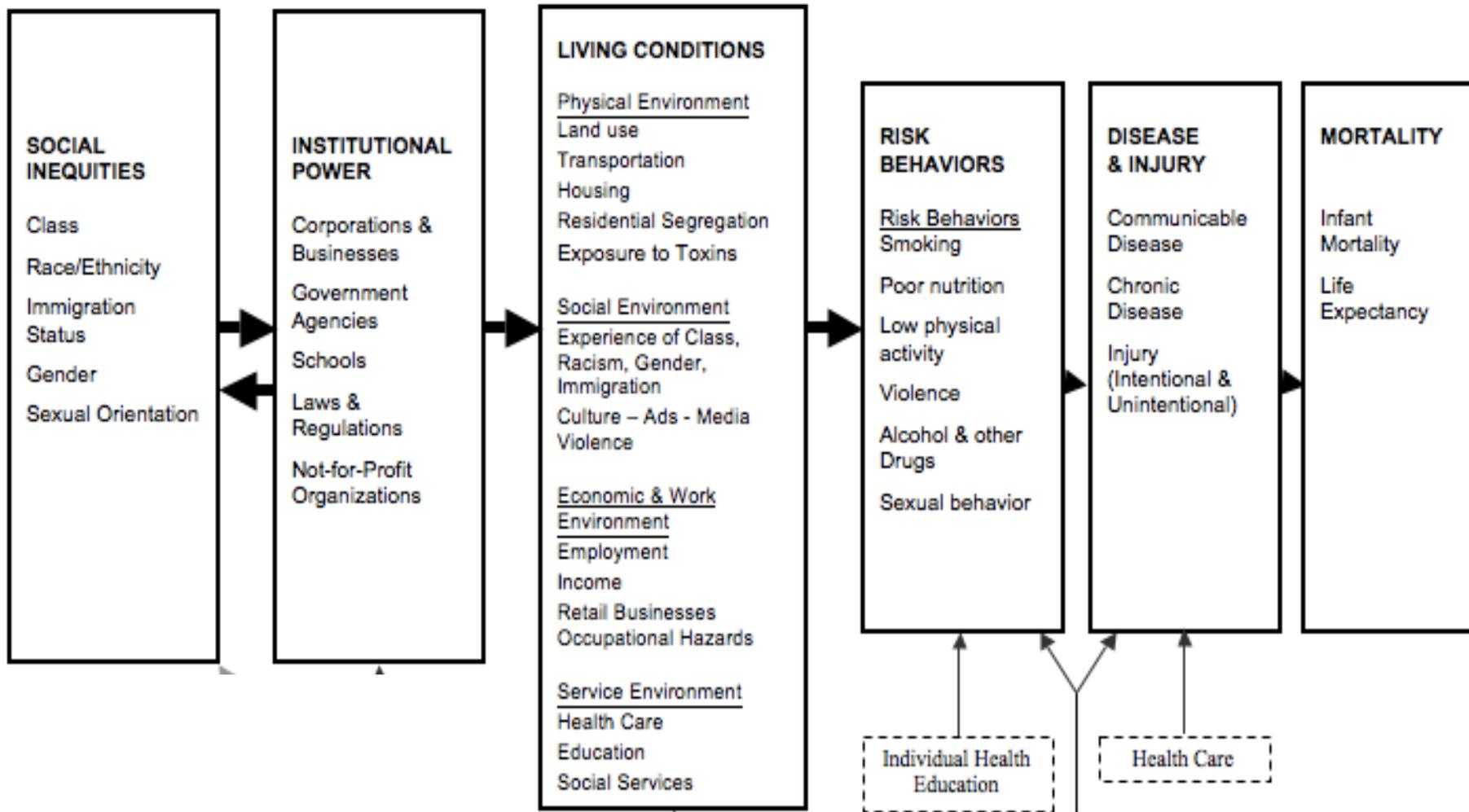


# WHO Definition of Social Determinants of Health

The ***social determinants of health*** are the conditions in which people are born, grow, live, work and age, including the health system.

These circumstances are shaped by ***distributions of power which drive allocations of dollars and resources*** at global, national and local levels.

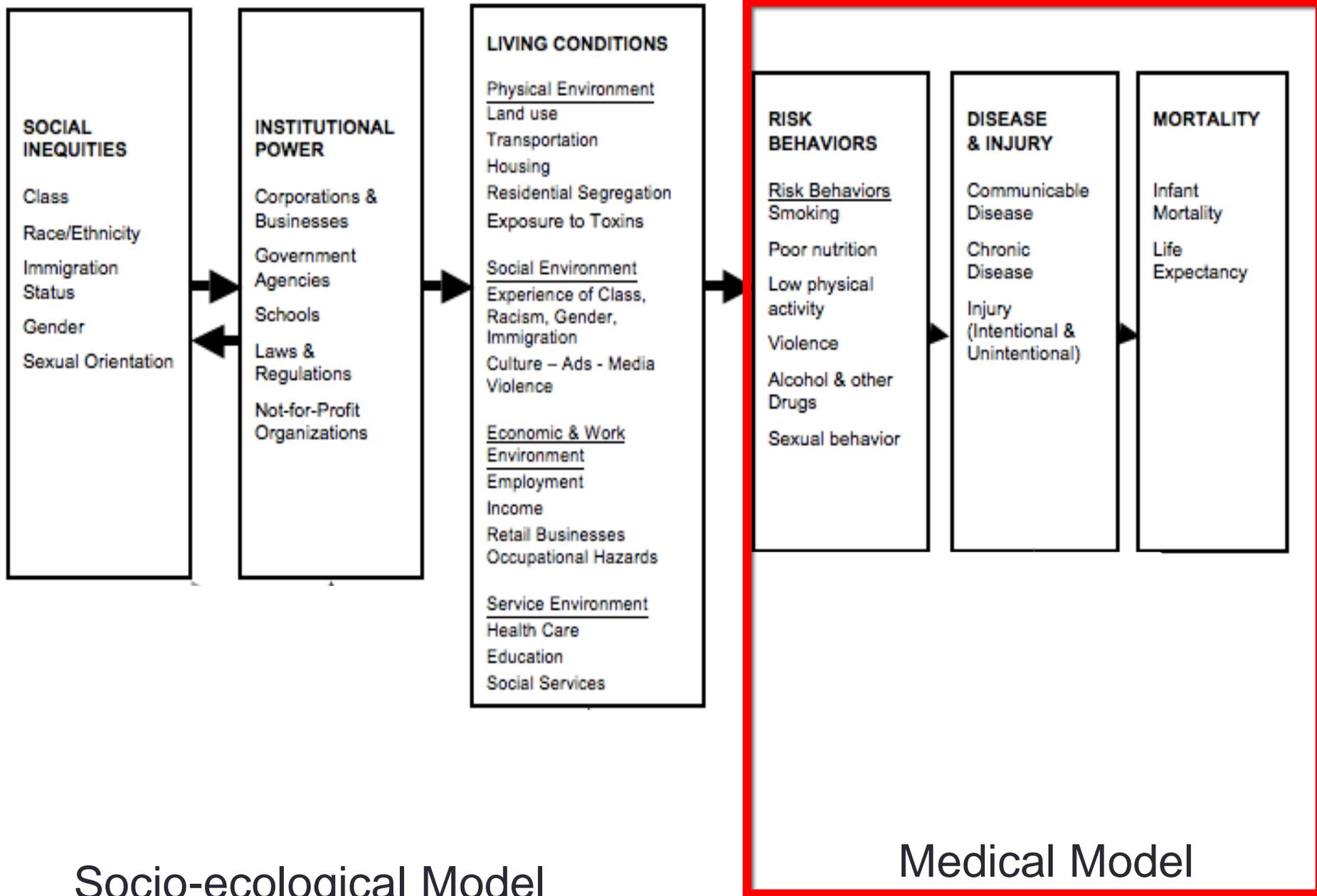
# A Framework for Health Equity



UPSTREAM

DOWNSTREAM

# A Framework for Health Equity



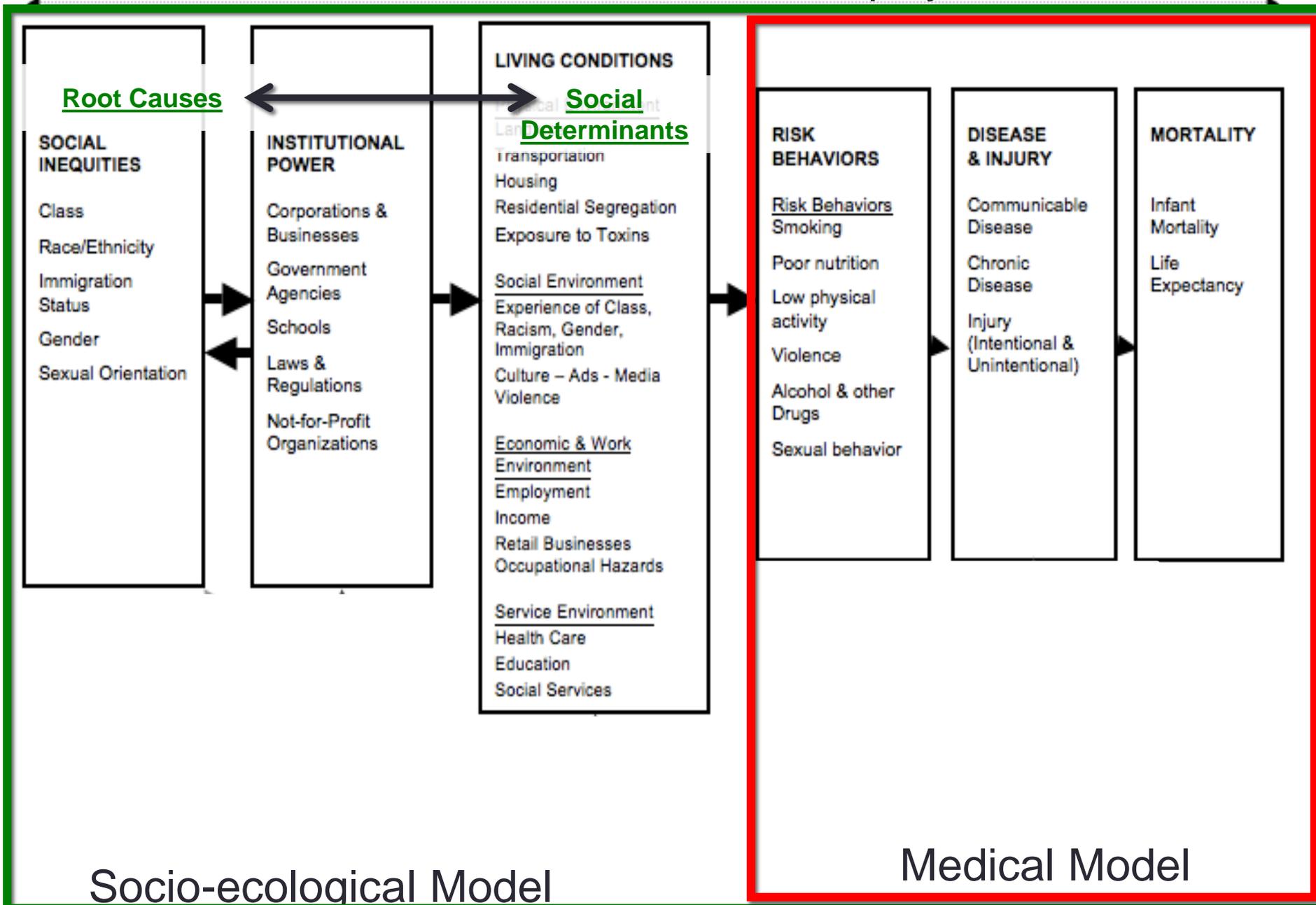
Socio-ecological Model

Medical Model

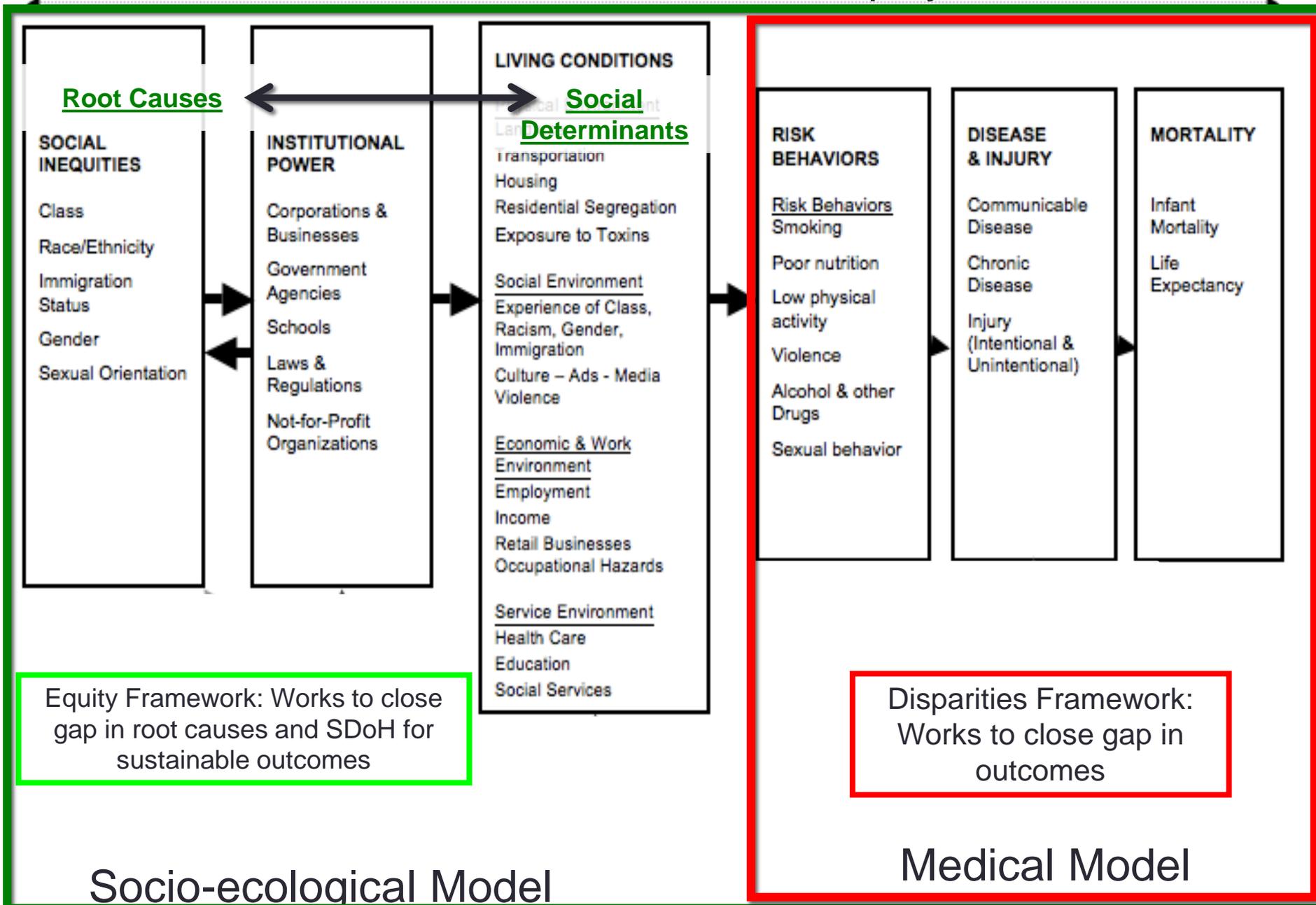
Emerging Public Health Practice

Current Public Health Practice

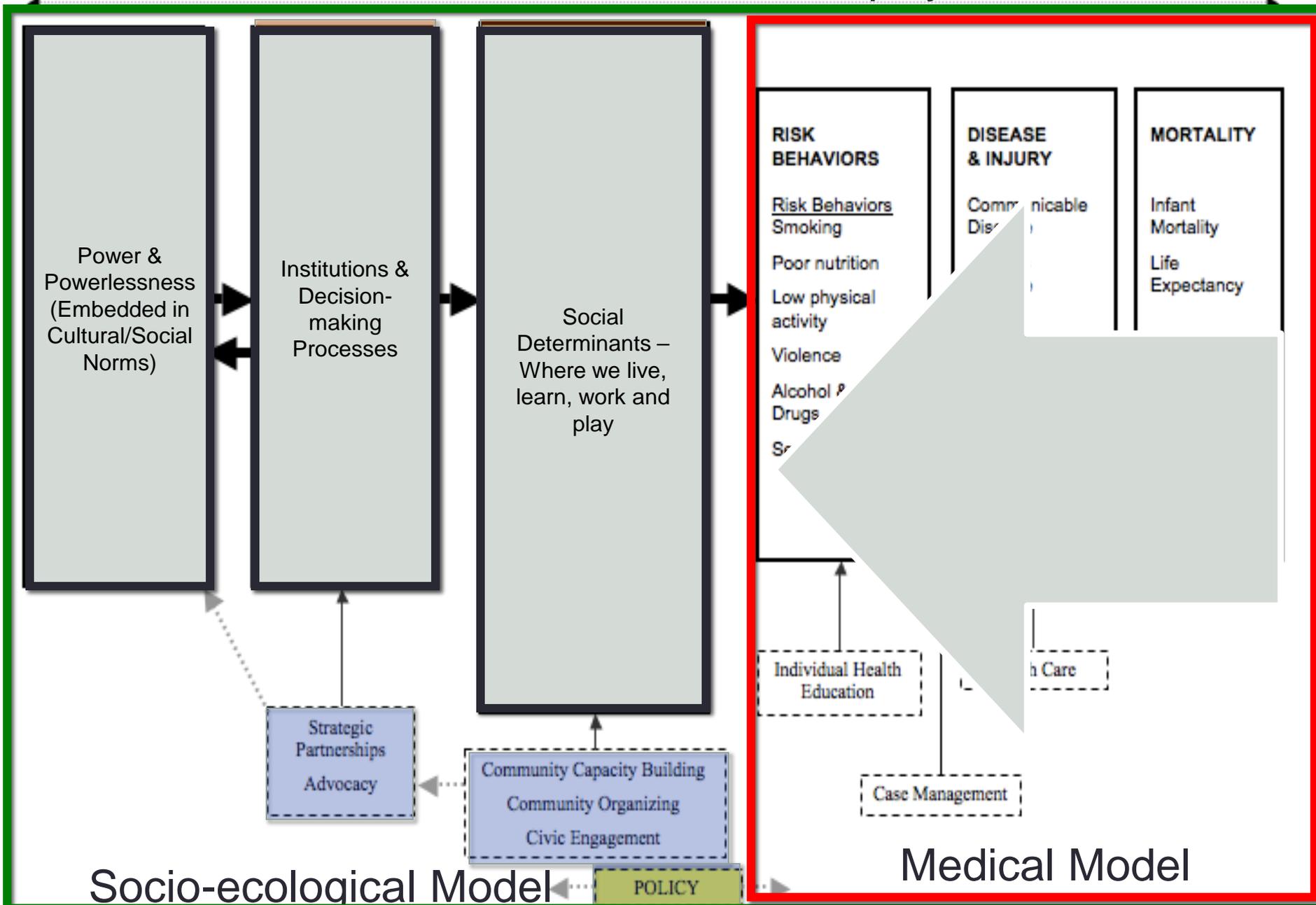
# A Framework for Health Equity



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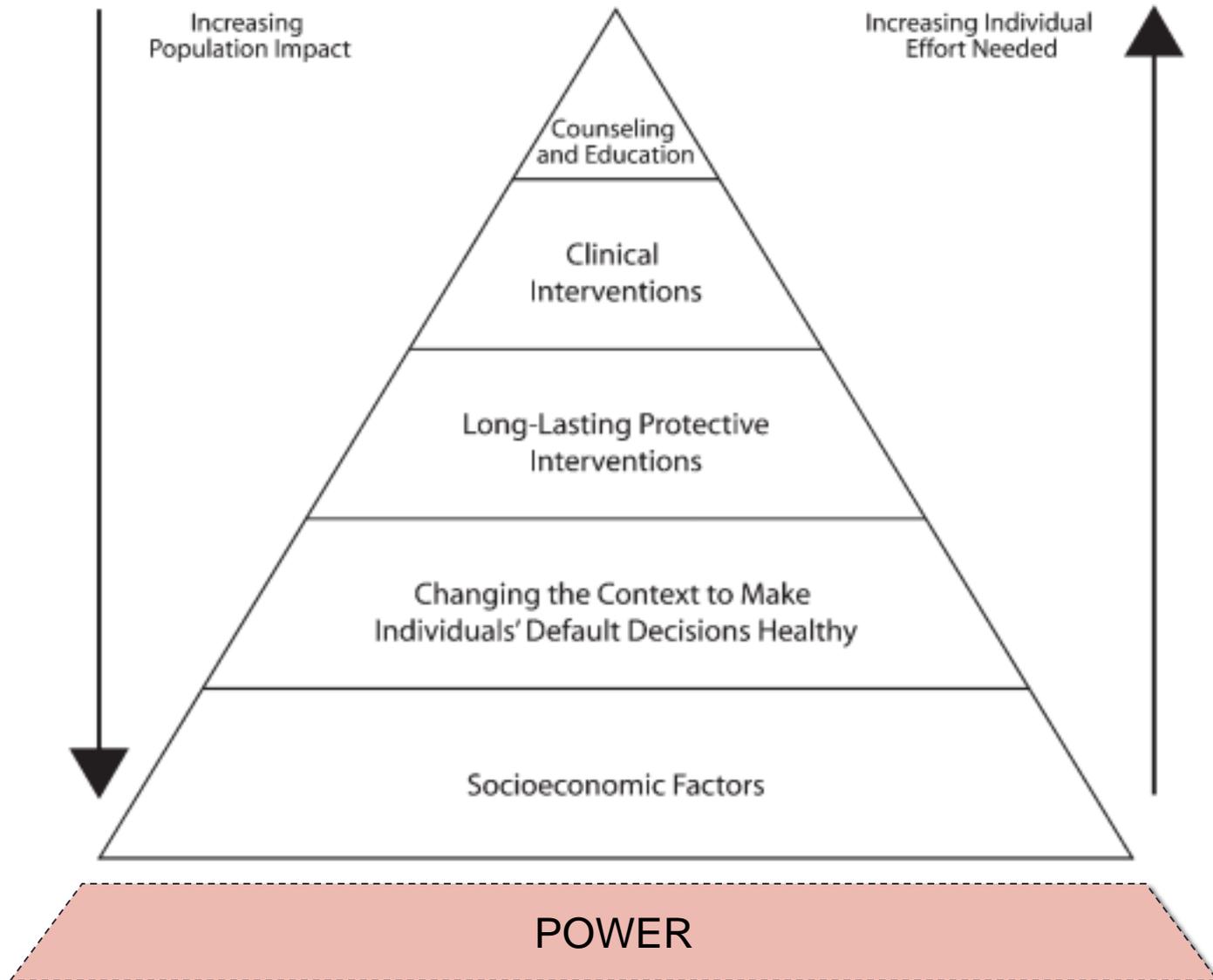
These circumstances are shaped by ***distributions of power which drive allocations of dollars and resources*** at global, national and local levels.

# Power

“A characteristic common to groups that experience health inequities—such as poor or marginalized persons, racial and ethnic minorities, and women—is lack of political, social or economic power.

Thus, to be effective and sustainable, interventions that aim to redress inequities must typically go beyond remedying a particular health inequality and also help empower the group in question through systemic changes, such as law reform or changes in economic or social relationships.”

# Health Impact Pyramid



wages WORK education  
HOUSING food safety

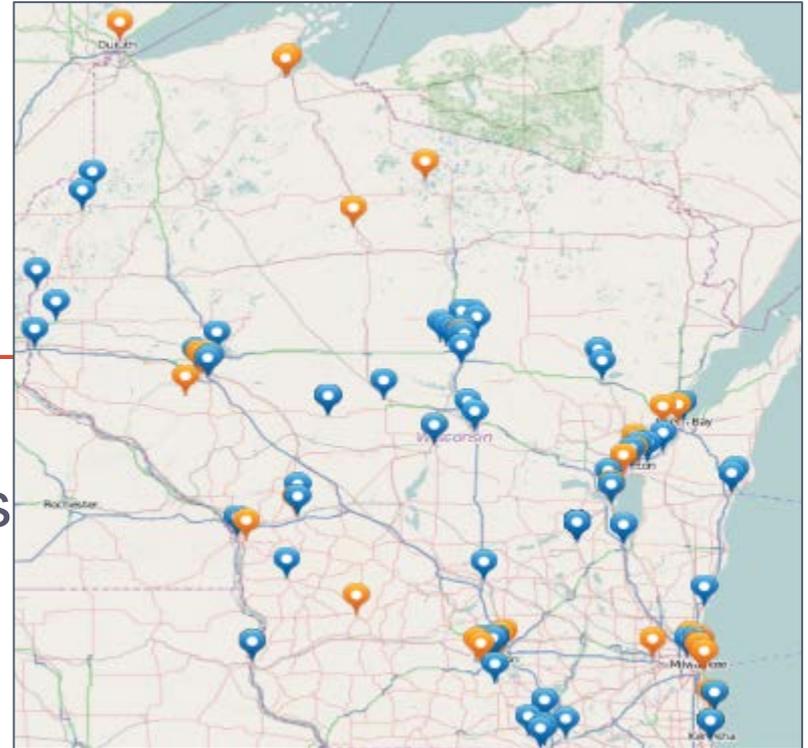
“POWERLESSNESS IS  
MAKING US SICK.”

DR. ANTHONY ITON

STRESS incarceration  
NEIGHBORHOOD access WEALTH

# THRIVE WI

Aligning Public Health and  
Community Organizing efforts



# Thrive WI

Goal: to advance health equity by building a statewide relational alliance of diverse stakeholders to co-learn, share best practices, and engage in collective action to affect the root causes and social, economic, and environmental determinants of health.

Strategy: build relationships between and align public health and community organizing efforts

# What is Public Health?

Public health is what we, as a society, do collectively *through organized actions* to assure the conditions in which *all* people can be healthy.

-Institute of Medicine (1988), *Future of Public Health*

# What is Community Organizing?

- A set of disciplined strategic practices to build democratic and collective power to assure the conditions in which a community or communities can thrive.
  - Grassroots leadership development
  - Builds longstanding, democratic, accountable, community-driven organizations
  - Critical belief: POWER [the ability to act] is essential to community wellbeing and change

Fighting for  
Health-promoting  
Conditions

Fighting for Thriving  
Communities

Power Building +  
Science

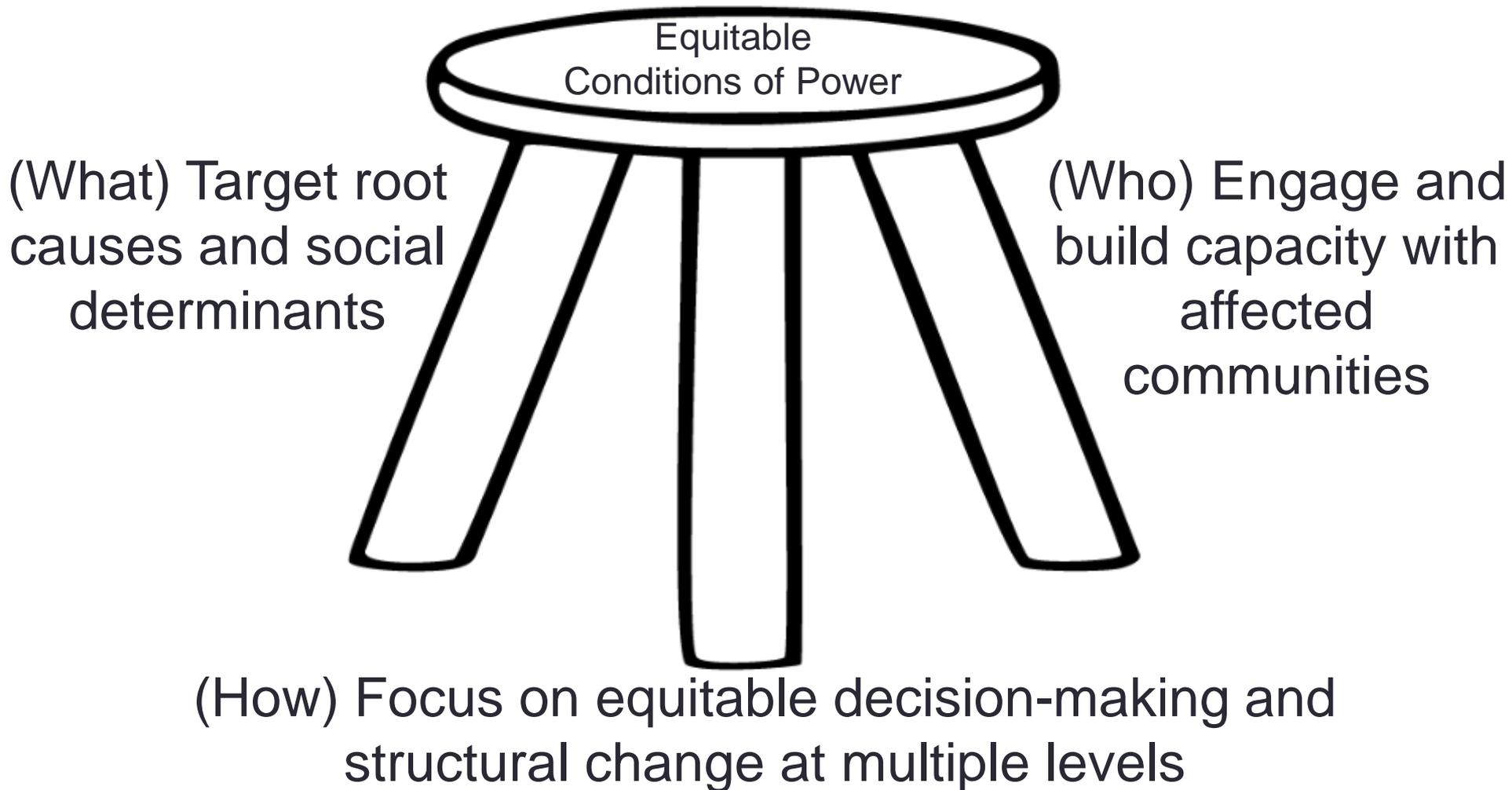
## Why Community Organizing and Public Health Partnerships?

- Shared histories: changing work conditions, child labor laws, poverty policy, and employment policy
- Shared interests: we share passions for flourishing communities
- Complementary assets: community power and public health research

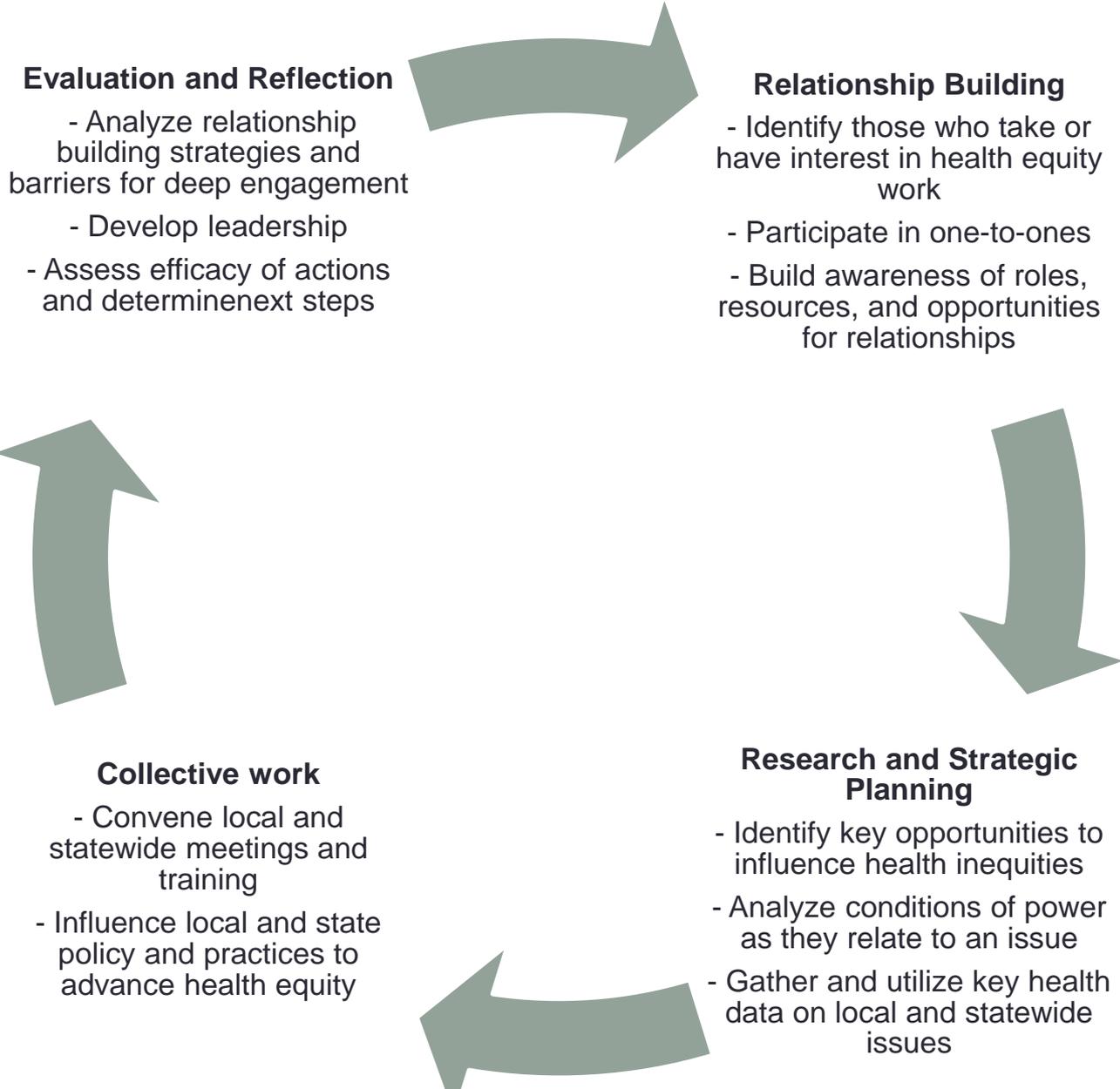
**REIMAGINING OUR ASSETS**

# 3 Dimensions of Health Equity Strategies

*Advancing the conditions for all communities to flourish*



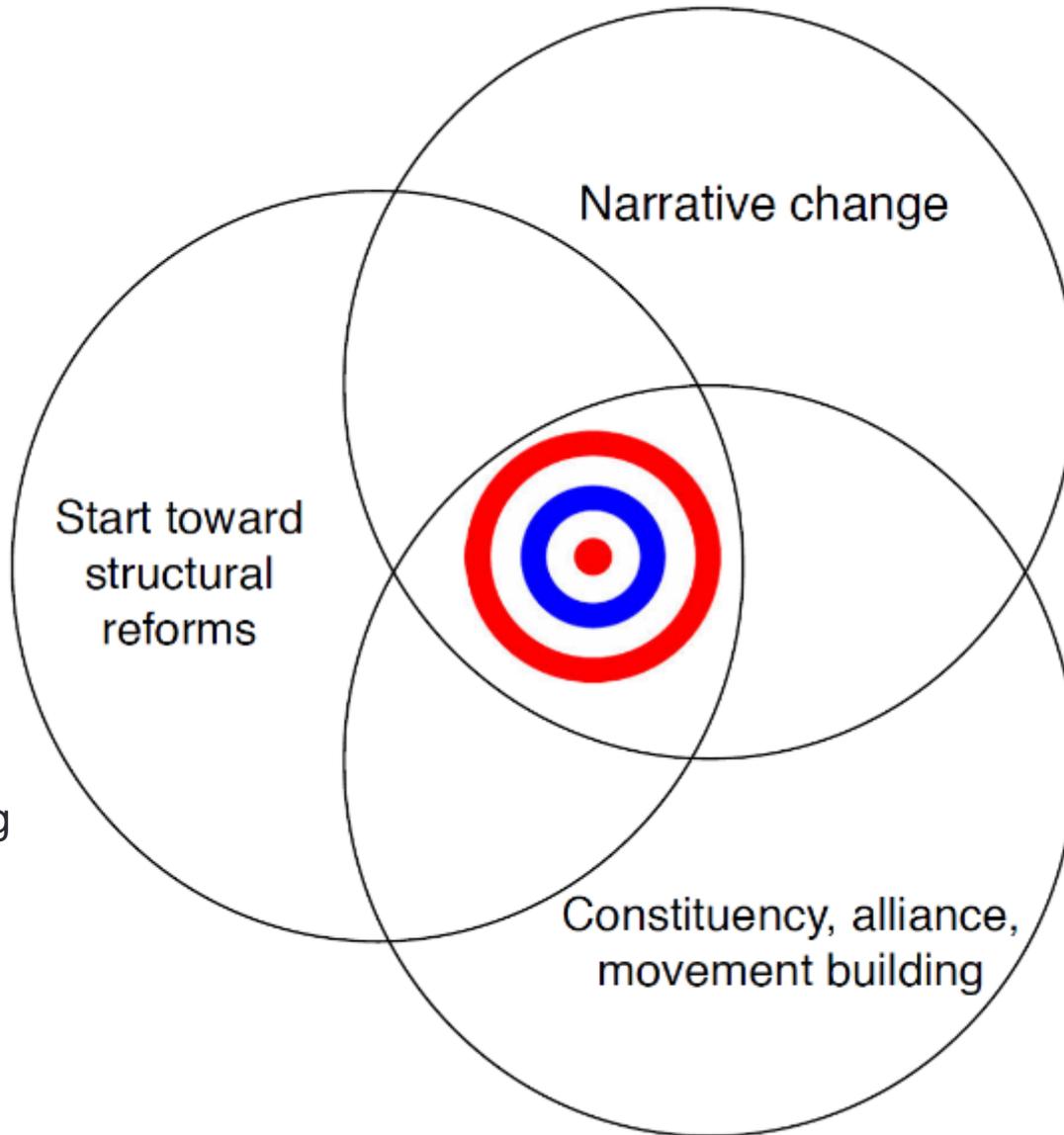
# Ongoing Development of Thrive WI



# The Work

## Structural change

- Issue work
- Policy, systems, and environmental change
- Changing conditions of decision-making



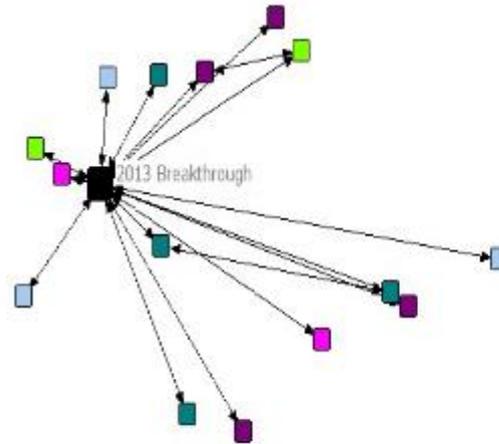
## Shifting Paradigms

- Amplifying critical stories and values
- Attitudes and sensibilities
- Changing hearts and minds
- Shaping public conversations

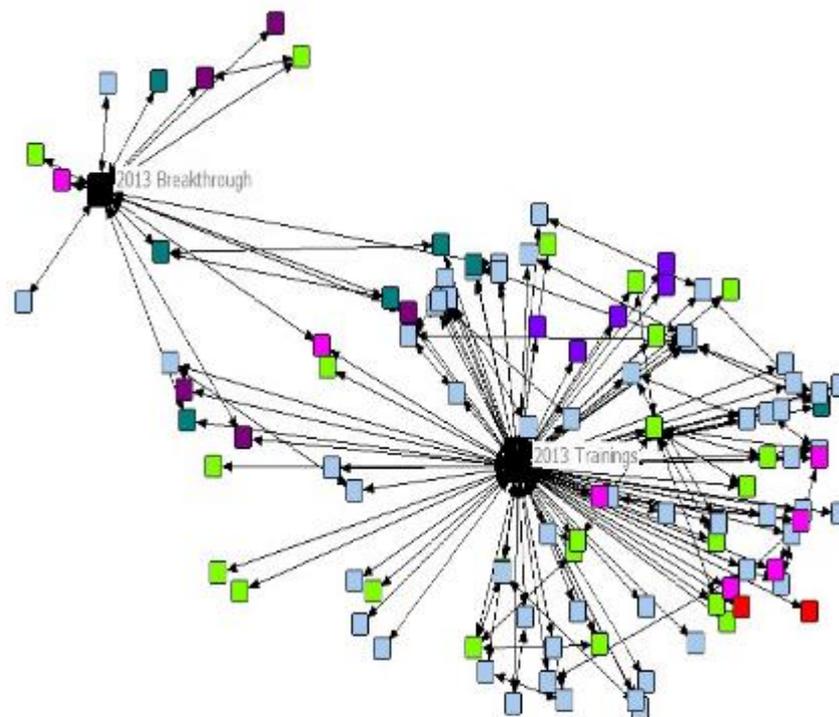
## Infrastructure

- Coalition building
- Support local leadership, efforts and capacity building
- Partnering to increase statewide alignment, connectivity and infrastructure

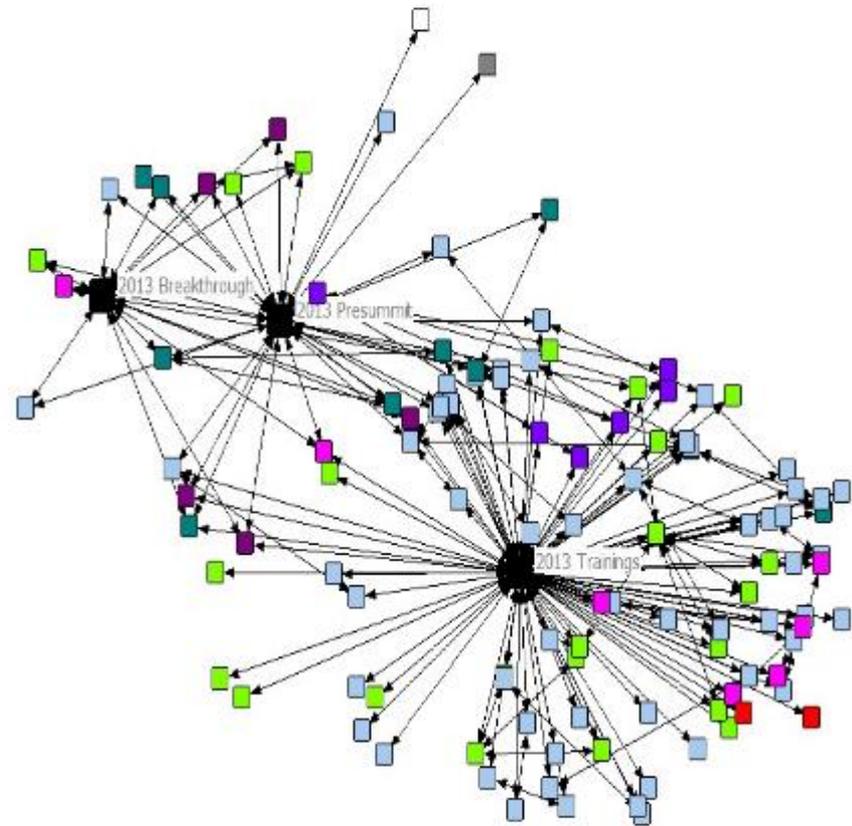
# Network Development – 2013 Breakthrough



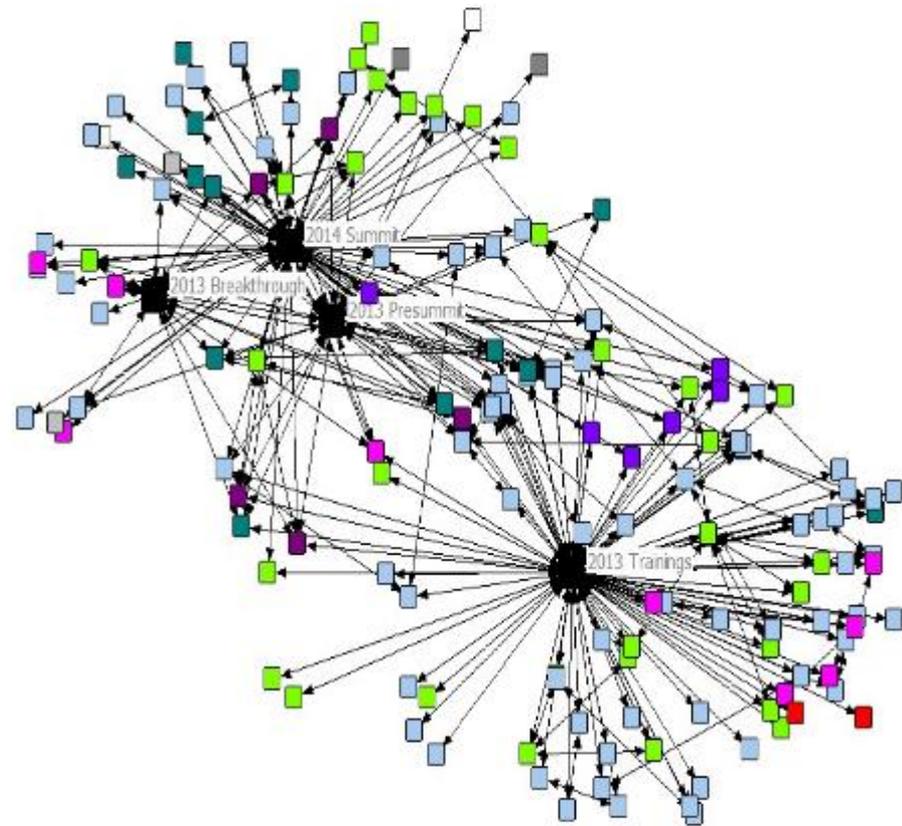
# Network Development – 2013 Trainings



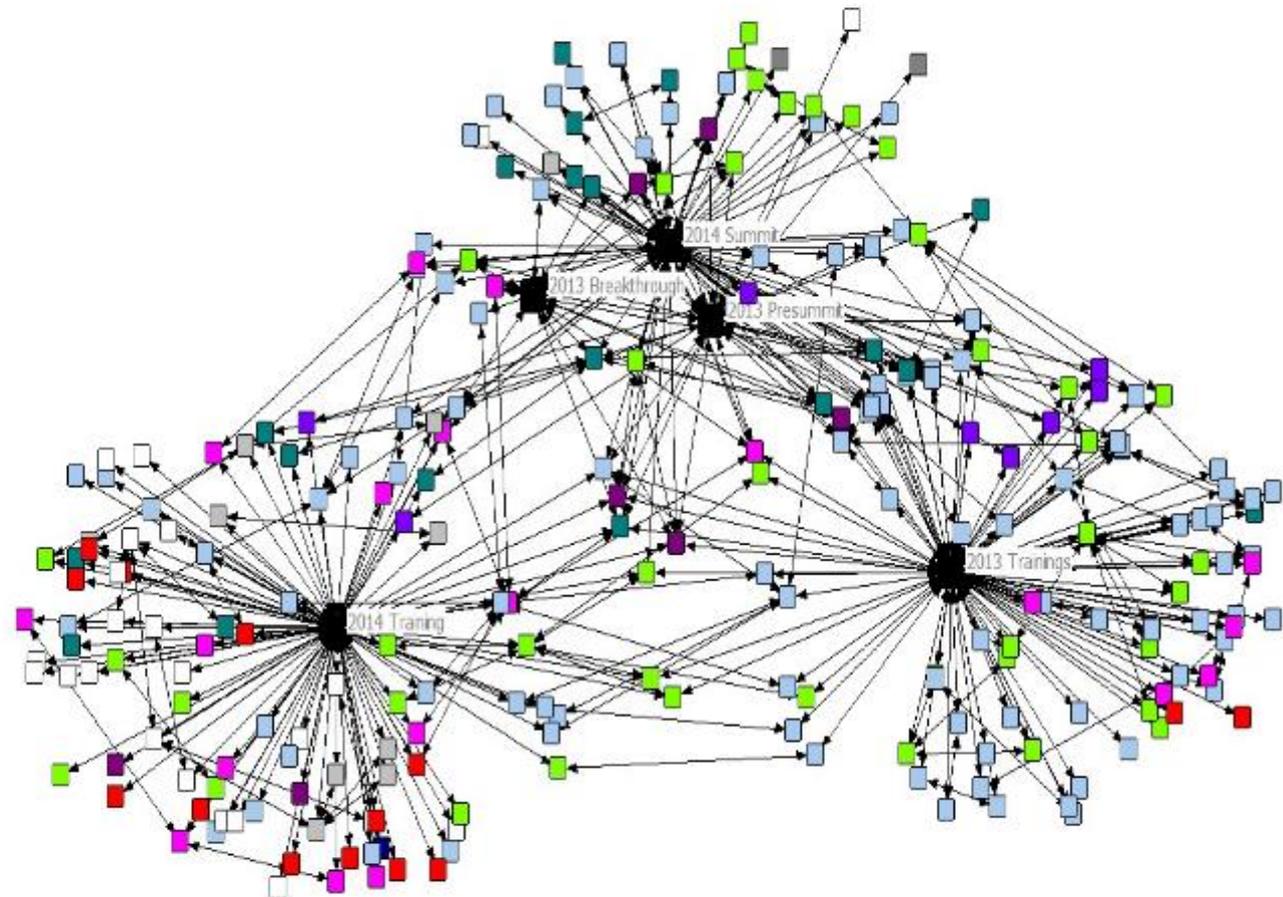
# Network Development – 2013 Presummit



# Network Development – 2014 Summit

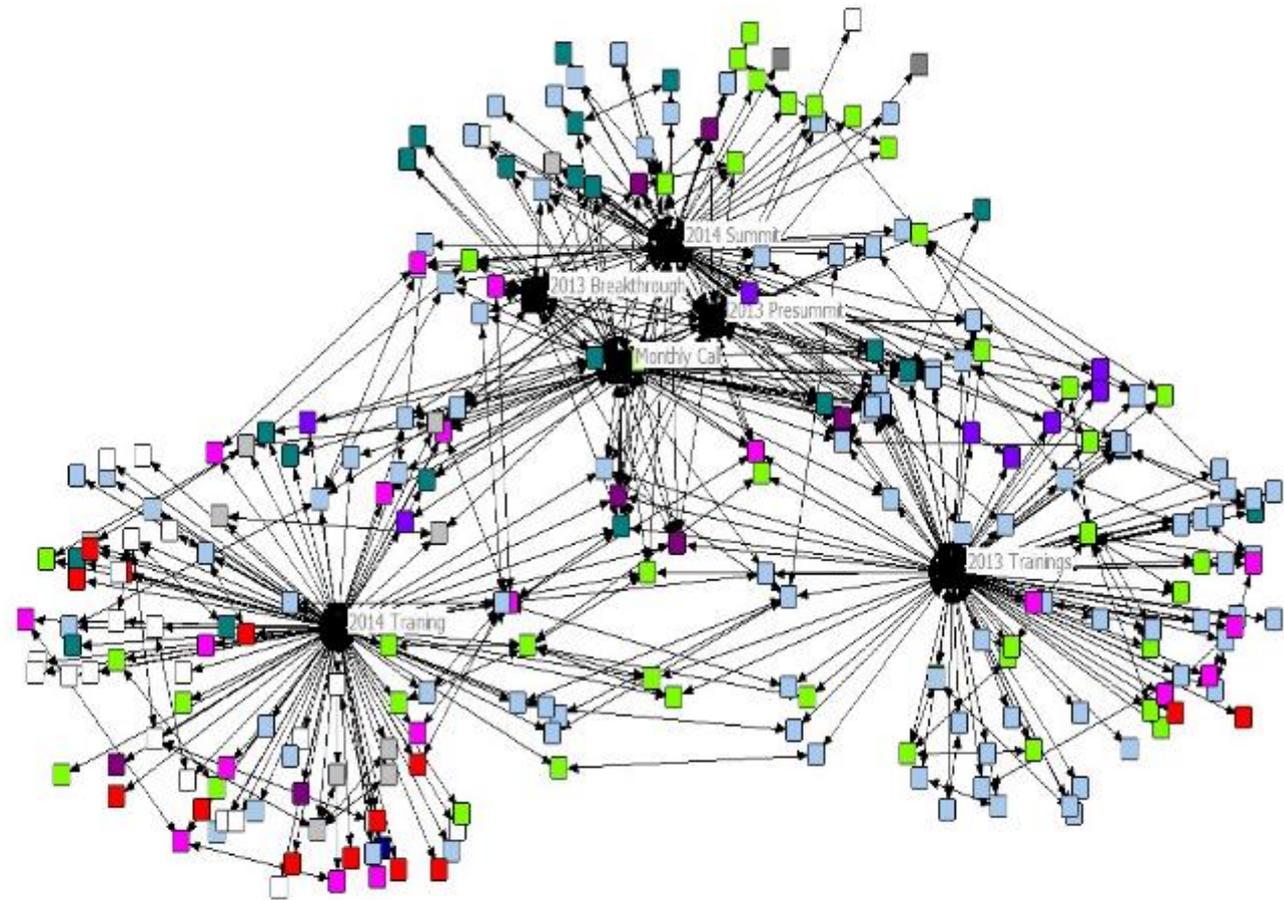


# Network Development – 2014 Trainings



# Network Development – Monthly Calls

- Academic
- Local Public Health
- Local Organizer
- Local Nonprofit
- UW Extension
- Funder
- State Nonprofit
- State Organizer
- State Public Health
- Out Of State
- Local Planner
- Other
- Events



# Network Attributes and Themes: Diffusion and Innovation

- Institutional and informal connections were key networks for recruitment
- Trainings supported common language and analysis of social problems and disseminated ideas for strategies
- Convenings more diverse and a space for generating new ideas- benefitting from a heterogeneous participants
  - Cross-pollination of ideas
  - Space to challenge basic assumptions and worldviews

## Network Attributes and Themes:

### Identity- Story of Self, Story of Us, Story of Now

- Space to negotiate institutional limitations of what “public health” work is, identify ways to move around such institutional barriers, as well as shift them
- Social cohesion was needed in order to shift towards health equity perspectives and addressing root causes of inequities
- Reflective agitation and shared social analysis helped to challenge participants and build social solidarity

# Network Attributes and Themes: Informal Networks

- Relationship building was key when formal organizational relationships did not exist
- Informal networks of individuals (training and event participants)
  - Reinforced a commitment to health equity
  - Identify additional relationship building opportunity
- Localized alliances formed between public health and community organizers

# Network Attributes and Themes: Key Roles

- Two key roles - opinion leaders and brokers
- Opinion leaders carry information between diverse groups. These individuals tended to be embedded in local public health networks – sometimes leading coalitions or health departments
- Brokers understand local and systems contexts, are collaborative conveners (“network builders”) and are able to navigate power dynamics

# Network Attributes and Themes: Engaging in Shared Work

- Opportunities to activate shared work
- Further training on strategies for advancing health equity and informal network development
- Local action targeting specific policy and systems change
- Resource and funding mobilization

# CRITICAL TASKS

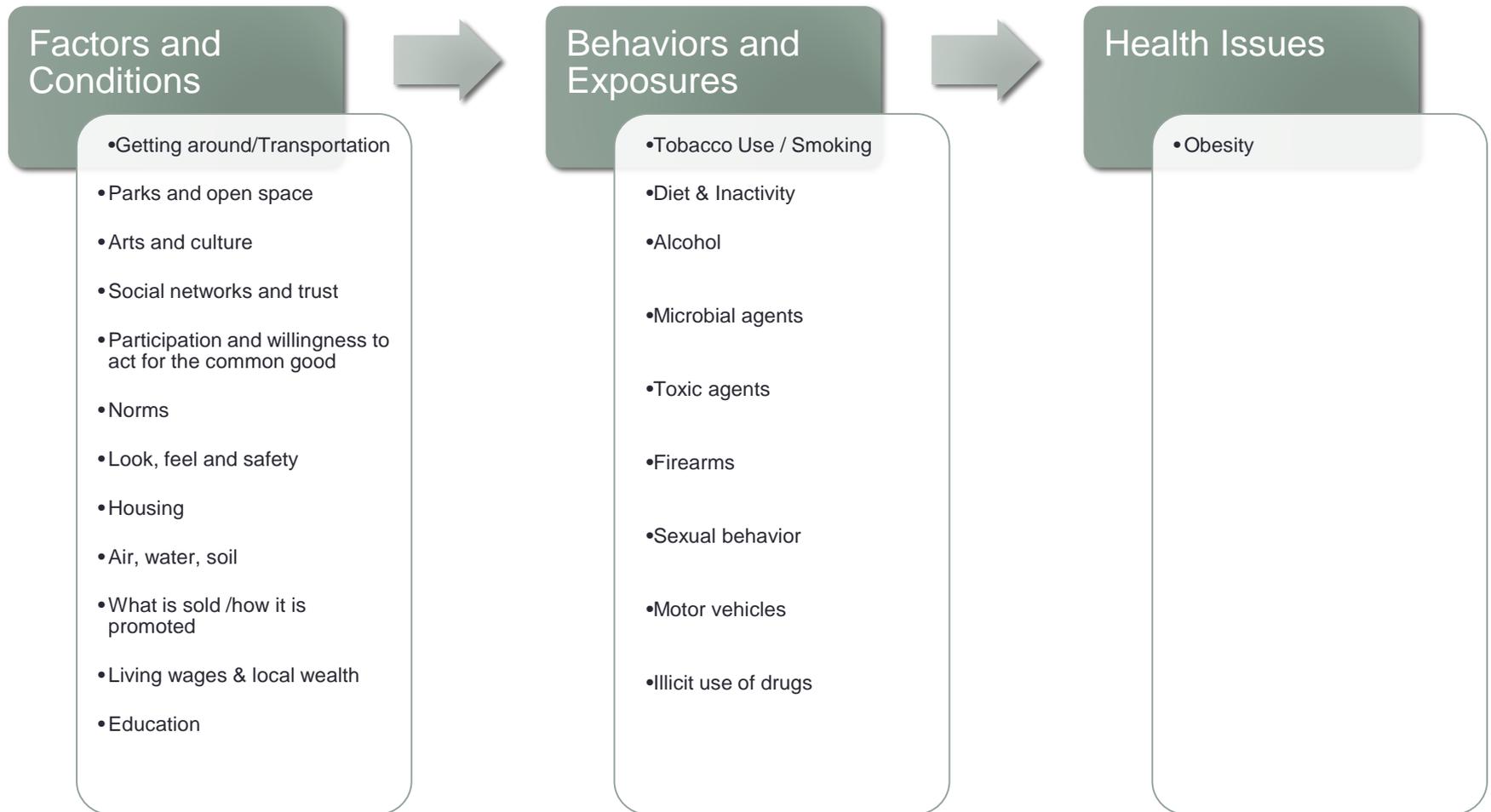
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- Applying a health equity lens to understanding issues
- Analyzing power

# APPLYING A HEALTH EQUITY LENS TO UNDERSTANDING ISSUES

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# 2 Steps to Prevention



# Intended Impact: Consider a Spectrum of Prevention

Spectrum Level	Examples
<b>6. Influencing Policy and Legislation</b> Developing strategies to change laws and policies to influence outcomes in health and safety.	Board of Education passes a district wide policy restricting the advertising and sale of unhealthy products in schools
<b>5. Changing Organizational Practices</b> Adopting regulations and shaping norms to improve health and safety.	Vending Machine Contractors offer 100% healthy items in school vending machines
<b>4. Fostering Coalitions and Networks</b> Convening groups and individuals for broader goals and greater impact	A Healthy School Food Coalition of teachers, students, and parents comes together to monitor implementation of the school food policies and advocate for healthy foods and beverages
<b>3. Educating Providers</b> Informing providers who will transmit skills and knowledge to others.	All school Food Service Managers receive a half-day training on making a profit with health foods. Teachers receive further training on integrating nutrition education into curriculum
<b>2. Promoting Community Education</b> Reaching groups of people with information and resources to promote health and safety.	District-wide “Healthy is Hip” campaign provides younger students with information on what it means to eat healthy and older students with information on food marketing aimed at young people.)
<b>1. Strengthening Individual Knowledge &amp; Skills</b> Enhancing an individual’s capability of preventing injury or illness and promoting health and safety.	Healthy Harvest and Food of the Month programs teach children how to prepare fresh fruits and vegetables while describing the nutritional benefits of such foods

# ANALYZING POWER

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# WHAT IS POWER?

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How do you build power?

# Power mapping

- Tool to analyze power relationships around an issue or agenda
- Outcomes: identify key players, assess strength (your own and opposition), develop strategy
- An understanding of relevant contexts and decision-making processes are needed to use this tool
- Clarity of purpose

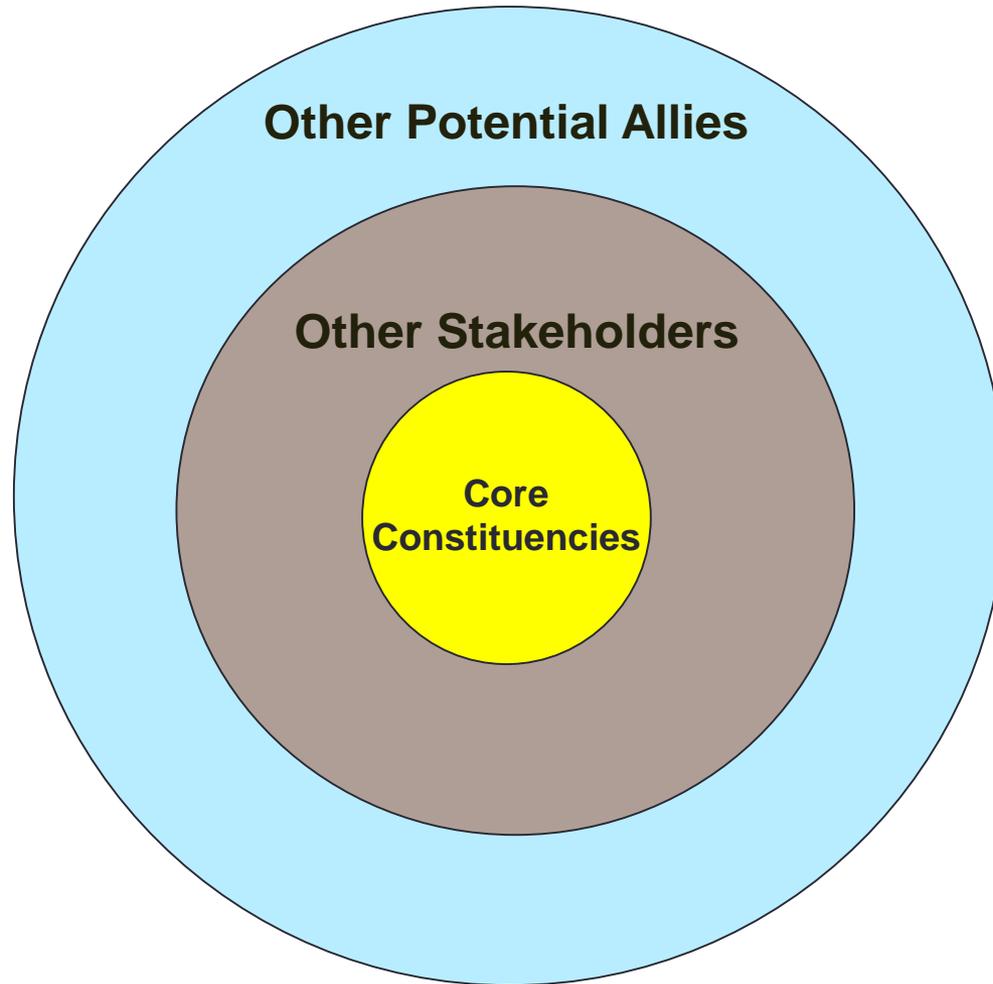
# Definitions:

**Decision-makers** = The people/groups who can actually *make* the decisions to change or resolve the problem, *not* the people who can influence the process

**Organized Allies** = Organized groups who support our agenda

**Organized Opposition** = Organized groups who oppose our agenda

# Finding potential allies



# Key Influencers

- Who can give you what you want?
- Who do the decision makers listen to?  
Who has influence over them?
- Note: This often requires people who know the decision makers and the process, or additional research.



# TARGETS

## **Primary Targets:**

The people/groups who can actually *make* the decisions to change or resolve the problem.

## **Secondary Targets:**

The people/groups who can influence the decision makers

# POWER

Decisive  
Decision  
making Power  
or Influence

Active  
Participant in  
Decision-  
making

Power to have  
Major  
Influence on  
decision-  
making

Taken  
into  
Account

Can Get  
Attention

Not on  
Radar

# SUPPORT

Die Hard Against

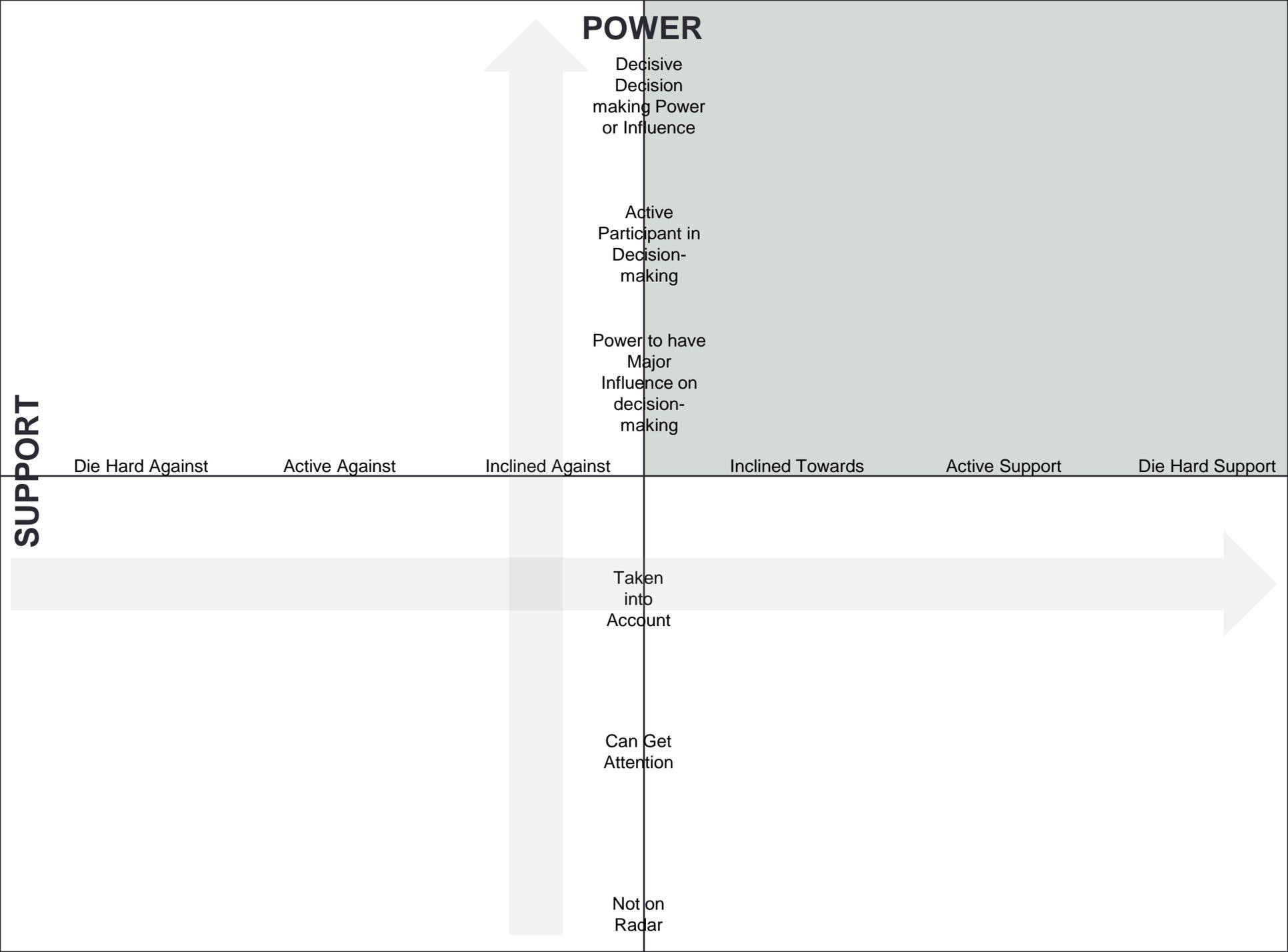
Active Against

Inclined Against

Inclined Towards

Active Support

Die Hard Support



# Small Group Exercise: Shifting Power

1. Clarify your purpose
  1. What health issue/behaviors/factors do you want to address?
  2. Which spectrum level will you make impact?
2. Map decision-makers, allies, opponents
  1. Who needs to be involved?
  2. Who can give you what you want?
3. Identify targets
4. How will you shift power?

# What does the work look like?

- Treatment Alternatives to Prison Health Impact Assessment (Wisdom)
- Process
  - Successful community engagement
  - Rigorous scientific process
  - Explicit focus on equity and democracy
- Outcome/Impact
  - Influenced Community Justice Reinvestment discussions at the state level, shifting from a "Tough on Crime" narrative to a "Smart on Crime" narrative and shifting conversation from crime alone to better mental health options.
  - As a result of this work, the budget for Treatment Alternatives and Diversions went up by 300%
- [PEW Trust Prison Alternatives Boosted by Health Impact Assessment](#)
- [Human Impact Partners: Treatment Instead of Prison HIA](#)

# Resources

- Expanding the Boundaries: Health Equity and Public Health Practice, National Association of County & City Officials, May 2014
- Exploring the Roots of Health Inequity: Essays for Reflection, National Association of County & City Officials, May 2014
- Association of Academic Health Centers: Social Determinants of Health Toolkit for Collaboration. <http://wherehealthbegins.org/>

Centers for Disease Control-Social Determinants of Health <http://www.cdc.gov/socialdeterminants/>

Institute of Medicine [Presentation graphs]. Woolf SH, Aron LY. The US Health Disadvantage Relative to Other High-Income Countries: Findings From a National Research Council/Institute of Medicine Report. JAMA. 2013;309(8):771-772. doi:10.1001/jama.2013.91.

National Association of City and County Health Officials (NACCHO)—Roots of Health Inequity online course: <http://rootsofhealthinequity.org/>

Policy Link: [www.policylink.org](http://www.policylink.org)

Robert Wood Johnson Foundation-Social Determinants of Health <http://www.rwjf.org/en/topics/search-topics/S/social-determinants-of-health.html>

Unnatural Causes: [www.unnaturalcauses.org](http://www.unnaturalcauses.org)

Health Begins: Making “Upstreamists”: Healthcare professionals and innovators equipped to transform care and the social and environmental conditions that make people sick. [www.healthbegins.org](http://www.healthbegins.org)

UW Madison Population Health Institute: <http://uwphi.pophealth.wisc.edu/>

Wisconsin Center for Health Equity: [www.wche.org](http://www.wche.org)

World Health Organization Commission on Social Determinants of Health: [www.who.int/social\\_determinants](http://www.who.int/social_determinants)

*Evolving from helping communities beat the  
odds,  
to **WORKING WITH** communities to  
**CHANGE** the odds*

Questions? Thoughts?  
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