POWER BUILDING TO ADVANCE HEALTH EQUITY

Cultivating partnerships between community organizing and public health
HEALTH EQUITY PRINCIPLES
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.

**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

**Social Justice**

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

**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
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

SOCIAL INEQUITIES
- Class
- Race/Ethnicity
- Immigration Status
- Gender
- Sexual Orientation

INSTITUTIONAL POWER
- Corporations & Businesses
- Government Agencies
- Schools
- Laws & Regulations
- Not-for-Profit Organizations

LIVING CONDITIONS
- Physical Environment
  - Land use
  - Transportation
  - Housing
  - Residential Segregation
  - Exposure to Toxins
- Social Environment
  - Experience of Class, Racism, Gender, Immigration
  - Culture – Ads - Media Violence
- Economic & Work Environment
  - Employment
  - Income
  - Retail Businesses
  - Occupational Hazards
- Service Environment
  - Health Care
  - Education
  - Social Services

RISK BEHAVIORS
- Risk Behaviors
  - Smoking
  - Poor nutrition
  - Low physical activity
  - Violence
  - Alcohol & other Drugs
  - Sexual behavior

DISEASE & INJURY
- Communicable Disease
- Chronic Disease
- Injury (Intentional & Unintentional)

MORTALITY
- Infant Mortality
- Life Expectancy

Emerging Public Health Practice

Current Public Health Practice

DOWNSTREAM
A Framework for Health Equity

Root Causes

Social Determinants

Living Conditions

Risk Behaviors
- Risk Behaviors
- Smoking
- Poor nutrition
- Low physical activity
- Violence
- Alcohol & other Drugs
- Sexual behavior

Disease & Injury
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- Chronic Disease
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Mortality
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- Life Expectancy

Social Inequities
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Socio-ecological Model

Medical Model

UPSTREAM

DOWNSTREAM

Emerging Public Health Practice

Current Public Health Practice

BARHII
A Framework for Health Equity

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**Living Conditions**
- Risk Behaviors
- Disease & Injury
- Mortality

**Social Determinants**

**Disparities Framework:** Works to close gap in outcomes

**Equity Framework:** Works to close gap in root causes and SDoH for sustainable outcomes

**Socio-ecological Model**

**Medical Model**

BARHII
A Framework for Health Equity

Power & Powerlessness (Embedded in Cultural/Social Norms)

Institutions & Decision-making Processes

Social Determinants – Where we live, learn, work and play

Socio-ecological Model

Medical Model

Risk Behaviors
- Smoking
- Poor nutrition
- Low physical activity
- Violence
- Alcohol & Drugs

Disease & Injury
- Communicable Diseases
- Non-communicable Diseases
- Injury

Mortality
- Infant Mortality
- Life Expectancy

Strategic Partnerships
- Advocacy

Community Capacity Building
- Community Organizing
- Civic Engagement

Policy

Emerging Public Health Practice

Current Public Health Practice
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.
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.”

WHO, 2015
Health Impact Pyramid

- POWER
- Socioeconomic Factors
- Changing the Context to Make Individuals’ Default Decisions Healthy
- Long-Lasting Protective Interventions
- Clinical Interventions
- Counseling and Education

Increasing Population Impact

Increasing Individual Effort Needed

Friedan, 2010
"POWERLESSNESS IS MAKING US SICK."

DR. ANTHONY ITON
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
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
3 Dimensions of Health Equity Strategies
Advancing the conditions for all communities to flourish

(What) Target root causes and social determinants

(Who) Engage and build capacity with affected communities

(How) Focus on equitable decision-making and structural change at multiple levels
Ongoing Development of Thrive WI

Evaluation and Reflection
- Analyze relationship building strategies and barriers for deep engagement
  - Develop leadership
- Assess efficacy of actions and determine next steps

Relationship Building
- Identify those who take or have interest in health equity work
  - Participate in one-to-ones
  - Build awareness of roles, resources, and opportunities for relationships

Collective work
- Convene local and statewide meetings and training
- Influence local and state policy and practices to advance health equity

Research and Strategic Planning
- Identify key opportunities to influence health inequities
- Analyze conditions of power as they relate to an issue
- Gather and utilize key health data on local and statewide issues
The Work

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

Narrative change

Start toward structural reforms

Constituency, alliance, movement building

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
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

• Applying a health equity lens to understanding issues
• Analyzing power
APPLYING A HEALTH EQUITY LENS TO UNDERSTANDING ISSUES
2 Steps to Prevention

Factors and Conditions
- Getting around/Transportation
- Parks and open space
- Arts and culture
- Social networks and trust
- Participation and willingness to act for the common good
- Norms
- Look, feel and safety
- Housing
- Air, water, soil
- What is sold/how it is promoted
- Living wages & local wealth
- Education

Behaviors and Exposures
- Tobacco Use / Smoking
- Diet & Inactivity
- Alcohol
- Microbial agents
- Toxic agents
- Firearms
- Sexual behavior
- Motor vehicles
- Illicit use of drugs

Health Issues
- Obesity

Modified from Prevention Institute 2 Steps to Prevention
## Intended Impact: Consider a Spectrum of Prevention

<table>
<thead>
<tr>
<th>Spectrum Level</th>
<th>Examples</th>
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<tbody>
<tr>
<td><strong>6. Influencing Policy and Legislation</strong></td>
<td>Board of Education passes a district wide policy restricting the advertising and sale of unhealthy products in schools</td>
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<td>Developing strategies to change laws and policies to influence outcomes in health and safety.</td>
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<td><strong>5. Changing Organizational Practices</strong></td>
<td>Vending Machine Contractors offer 100% healthy items in school vending machines</td>
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<tr>
<td>Adopting regulations and shaping norms to improve health and safety.</td>
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<tr>
<td><strong>4. Fostering Coalitions and Networks</strong></td>
<td>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</td>
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<td>Convening groups and individuals for broader goals and greater impact</td>
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<td><strong>3. Educating Providers</strong></td>
<td>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</td>
</tr>
<tr>
<td>Informing providers who will transmit skills and knowledge to others.</td>
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<tr>
<td><strong>2. Promoting Community Education</strong></td>
<td>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.)</td>
</tr>
<tr>
<td>Reaching groups of people with information and resources to promote health and safety.</td>
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<tr>
<td><strong>1. Strengthening Individual Knowledge &amp; Skills</strong></td>
<td>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</td>
</tr>
<tr>
<td>Enhancing an individual’s capability of preventing injury or illness and promoting health and safety.</td>
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ANALYZING POWER
WHAT IS POWER?

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:

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
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<tr>
<td>Decision-makers</td>
<td>The people/groups who can actually <em>make</em> the decisions to change or resolve the problem, <em>not</em> the people who can influence the process</td>
</tr>
<tr>
<td>Organized Allies</td>
<td>Organized groups who support our agenda</td>
</tr>
<tr>
<td>Organized Opposition</td>
<td>Organized groups who oppose our agenda</td>
</tr>
</tbody>
</table>

*Wellstone Action*
Finding potential allies

Core Constituencies

Other Stakeholders

Other Potential Allies

Wellstone Action
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.
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.
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


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


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

Policy Link: www.policylink.org


Unnatural Causes: 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

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

Wisconsin Center for Health Equity: www.wche.org

World Health Organization Commission on Social Determinants of Health: 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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