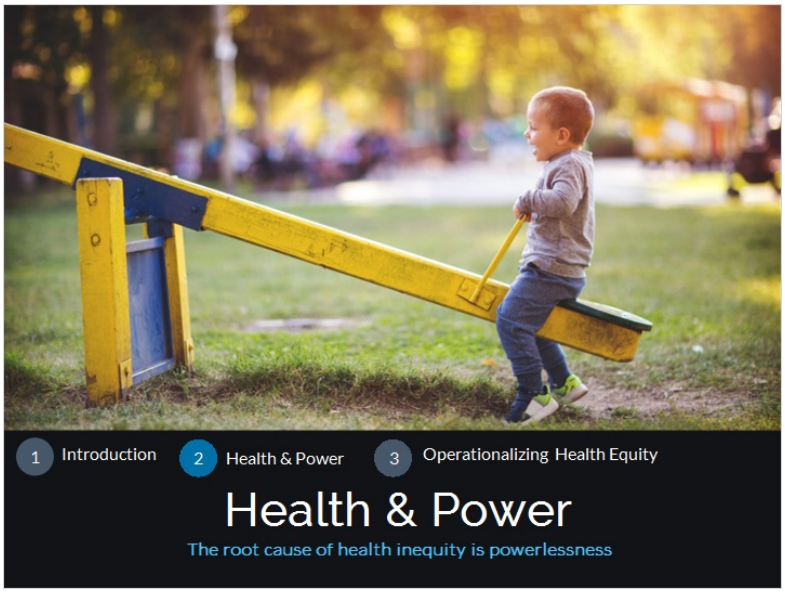
1.1 Health & Power

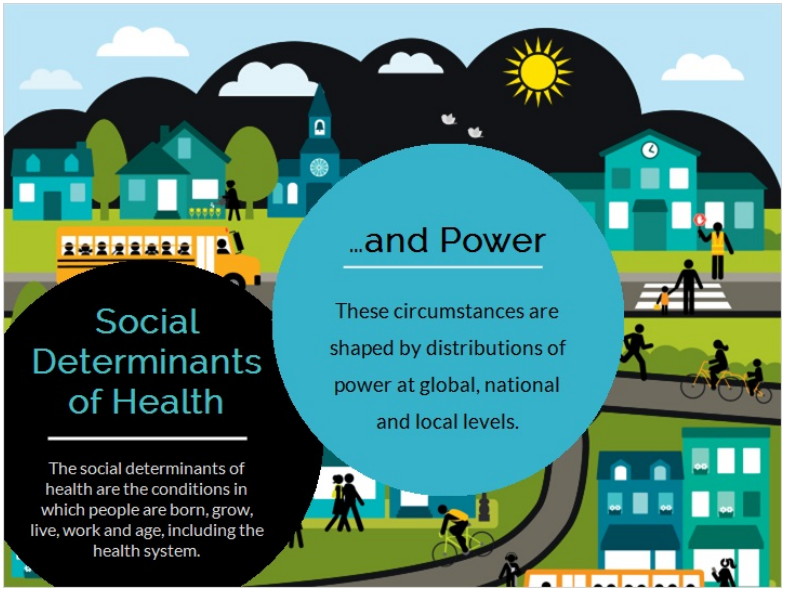


In this module, we'll focus on the relationship of health and power, and we'll continue to explore powerlessness as a root cause of health inequity.

1.2 Goals for this module

1. In this module, we will look more closely at power and how it fits into a health equity framework.
2. We will explore the relationship between powerlessness, power and health equity, which includes understanding the factors that shape health and how these factors are distributed in communities.
3. And, we will begin to examine how strategies to advance health equity can incorporate shifting conditions of power.

1.3 Social Determinants of Health and Power



In the first module we talked about health in a broader context and learned about social determinants of health, which are the conditions in which people are born, grow, live, work and age. These conditions significantly shape health.

These social determinants and their effects on the health of communities, can span across generations and are continuously reinforced by the distribution of power and resources associated with social inequities.

Therefore, understanding the upstream drivers of population health issues and the suite of solutions to address inequities in population health requires an understanding of power and powerlessness.

1.4 Consider...

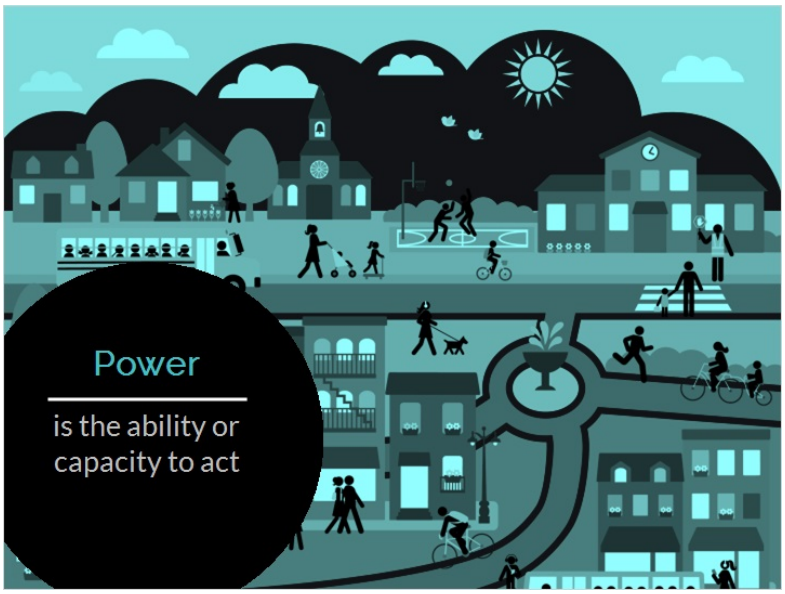
First, let's take a moment to reflect.

Think about a time when you were *meaningfully* engaged in a decision that directly impacted you.

What did that feel like? What made you feel *meaningfully* engaged?

How might the ability - or inability - to impact such decisions influence you in your activities, in your work, in your relationships, and in your mental well-being?

1.5 What is Power?



We define power as the capacity to act, individually and collectively.
In the context of population health, this can be the capacity to act on the factors that shape our health.

This includes both the capacity to act in individually healthy ways - like deciding to eat vegetables - but also the ability to influence the community conditions that shape our health, and opportunities to be healthy, like determining if there's a healthy grocery store in your community.

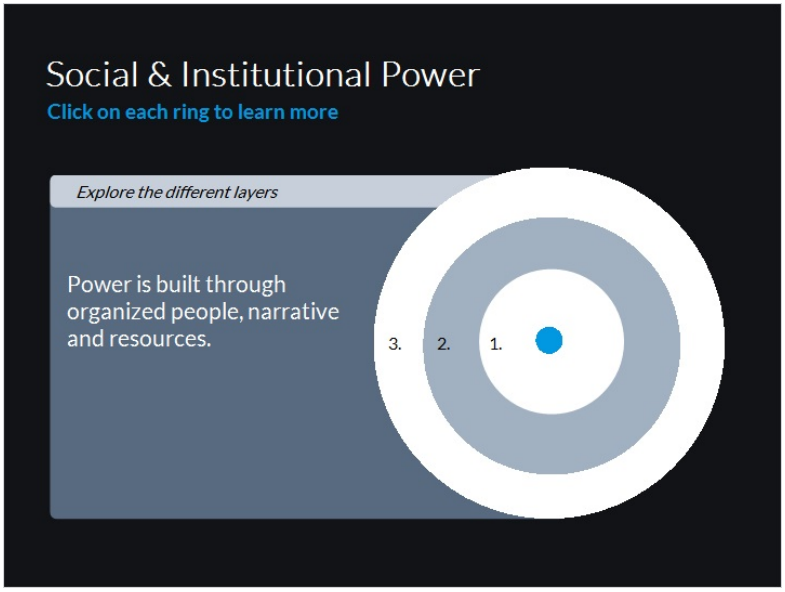
In other words, power is our individual and collective ability to make healthy decisions in our lives, and shape the world around us in a healthy way, on our shared terms.

1.6 Power is a Driver of Health

Sometimes we can directly impact our community conditions through action, and sometimes we must address policies and systems that may determine community conditions. In the asthma example that was discussed in the first module, we considered how planning and zoning policies may impact the indoor and outdoor air quality in neighborhoods.

Here, we look more deeply at the power to impact planning and zoning policies, our community conditions, and our opportunities to be healthy. Power emerges from relationships between, among and within people and can be *shifted through structures* in a specific context and time. We call this social and institutional power.

1.7 Social & Institutional Power



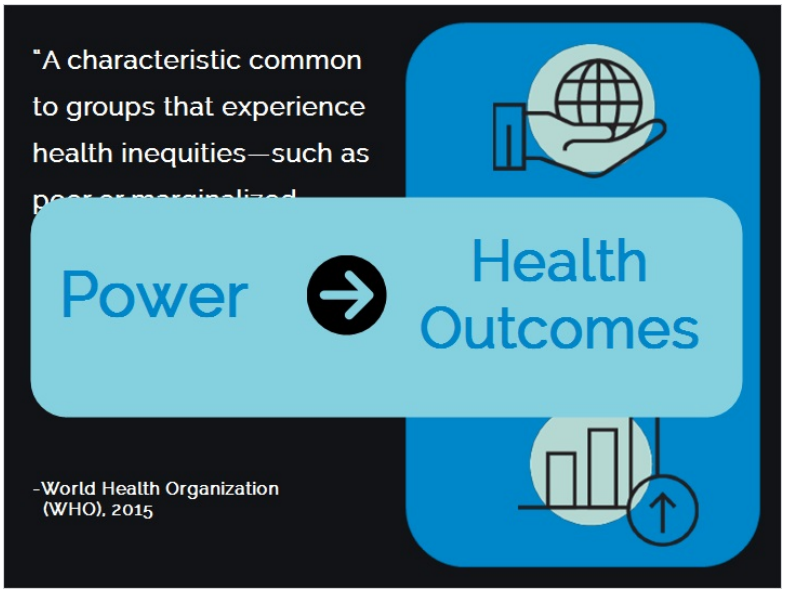
One way to think about social and institutional power is through different factors that contribute to decision-making. Here we will describe three different factors.

1. Direct participation:
One of these factors is direct influence in a decision-making process. An example of this is being able to vote on a decision. Looking through the lens of power in our asthma example, consider for a moment, who gets to vote for planning and zoning policies? Are communities that are most negatively impacted by spikes in asthma a partner in this policy making?

2. Agendas & systems for decision-making
A second factor is defining what issues make it onto a public agenda. Are communities that are most negatively impacted by spikes in asthma, setting the decision-making agendas? Why or why not?

3. Worldview & Narratives:
A third factor is the way decision-makers and the public think about issues, what we call worldviews and narratives, which define what types of options and agendas are possible for public discussion. Consider our asthma example, what is the current story in the community about why asthma rates are spiking? Does it include an awareness of community conditions and the policies that affect them?

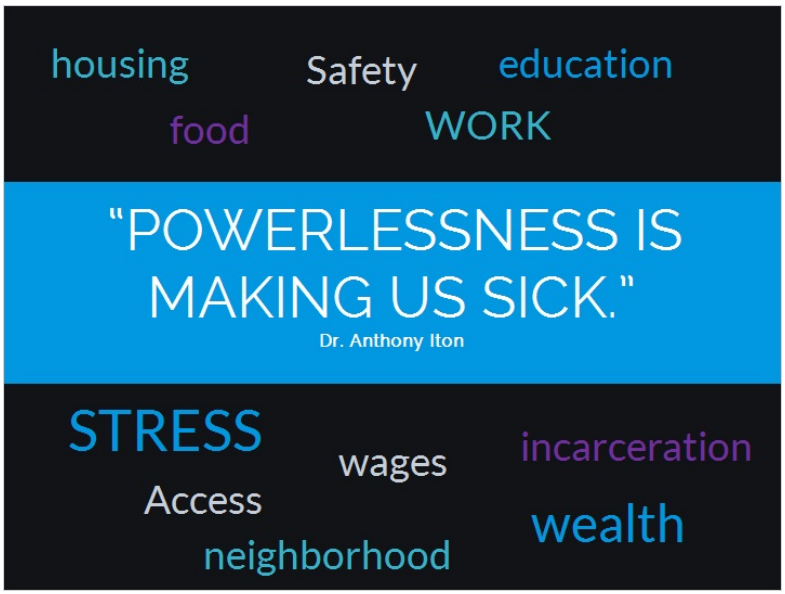
1.8 Lack of Power



Power has been recognized internationally as a key factor that drives health outcomes for some time.

The World Health Organization has long recognized that a characteristic endemic to groups that most commonly experience health inequities - such as poor or marginalized persons, racial and ethnic minorities, and women - is lack of social and institutional power.

1.9 Powerlessness is Making us Sick

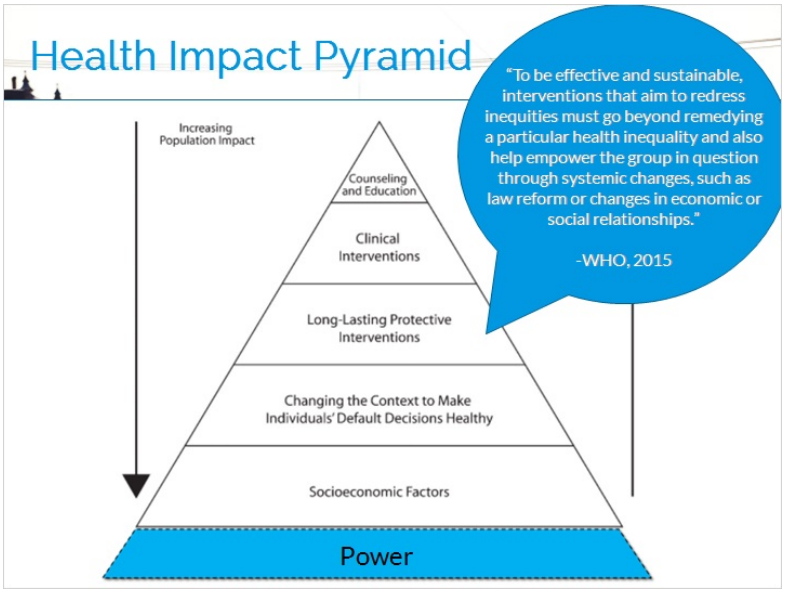


As suggested earlier, powerlessness stemming from the compounded negative effects of community conditions, be it real or perceived, can directly impact health when it manifests as chronic and toxic stress activation.

This stress and trauma can also manifest at a community level, when experiences of discrimination, lack of access to quality education, jobs, and housing, and systematic disinvestment affect particular geographies or groups across generations.

Borrowing from Dr. Tony Iton, long time champion in the health equity field at the California Endowment, powerlessness is making generations of our families sick.

1.10 Health Impact Pyramid



In our current strategies to impact population health and inequities between groups, a great deal of attention is now paid to social determinants - or living conditions - as a priority area. However, strategies often include changing those conditions without ever addressing the inequitable processes that created those conditions to begin with. In other words, conditions are changed without ever assuring that those most impacted by those changes are playing meaningful roles in the decisions.

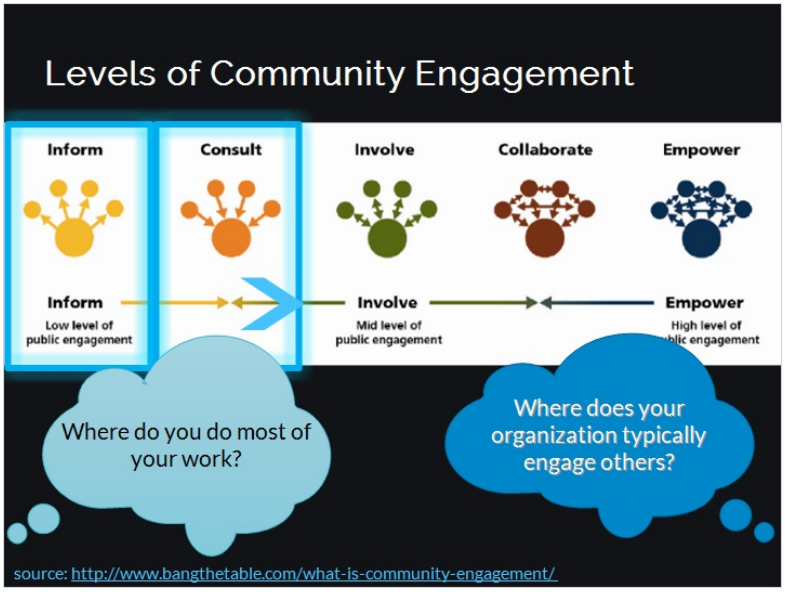
Thus, to be effective and sustainable, the World Health Organization suggests that interventions that aim to redress inequities must go beyond remedying a particular health inequality by also empowering the group in question through systemic changes, such as law reform or changes in economic or social relationships.

1.11 Empowerment

As we dive deeper into thinking about power, it can be helpful for us to reflect on the concept of empowerment. Empowerment has become a buzz word and we often hear this word in settings associated with a social service orientation. The definition of empowerment presented here is more closely connected to power - or the capacity to act and to influence the factors that contribute to decision-making processes.

Historically and presently, many different groups have been excluded from influencing the public agenda and distribution of resources. Communities are the leaders in their own empowerment. Institutions can be allies in this process for groups that experience powerlessness, but this is not something that institutions such as public health can do for communities.

1.12 Levels of Community Engagement

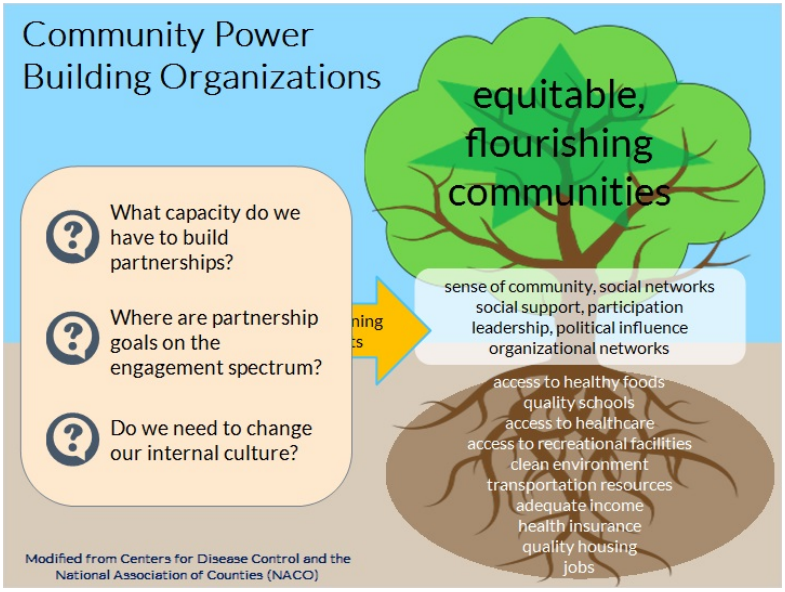


This diagram of different levels of community engagement helps us situate this role of institutions as allies. It reflects levels of engagement that span two areas public health is often working in-informing, or providing information and educational materials, and consulting, or gathering information from individuals-all the way to collaborating, or sharing power, and empowering, or supporting communities to be the leaders in decision-making.

Take a moment and look at the different levels; where do you do most of your work? Where does your organization typically engage others?

[http://www.bangthetable.com/what-is-community-engagement/]

1.13 Community Power Building Organizations



Interventions that address the effect of structural inequities and empower communities focus on strengthening assets. Groups that do this work, or organizations that build power, emphasize leadership, social support, political influence, and organizational networks.

In order to address health inequities by building power, organizations need to be ready to deeply commit to these communities for the long haul, regardless of funding for a specific project. Without this level of readiness and commitment, efforts may do harm, create more mistrust, and perpetuate tokenistic participatioon.

To do this, it is necessary to honestly reflect on the capacity to build partnerships. It is also necessary to have clarity on where partnership goals are on the engagement spectrum we just discussed. To get to the level of "empowerment" organizations may need to change their internal cultures.

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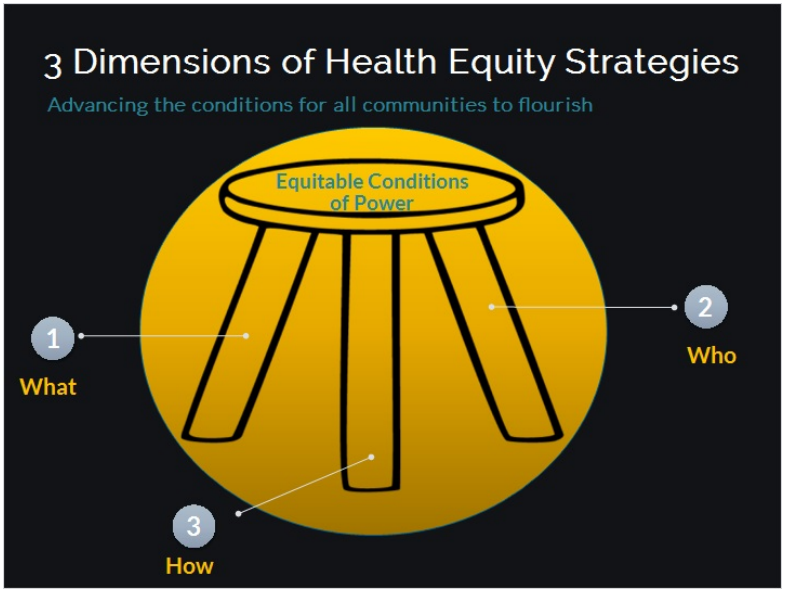
[Tree image is modified from Centers for Disease Control and the National Association of Counties (NACO).
- https://www.cdc.gov/nccdphp/dch/programs/healthycommunitiesprogram/tools/pdf/SDOH-workbook.pdf
- http://www.naco.org/sites/default/files/documents/Determinants.pdf.]

1.14 Public Health + Community Power Building Organizations

Organizations interested in deepening their engagement with impacted communities can consider partnering with organizations that build power.

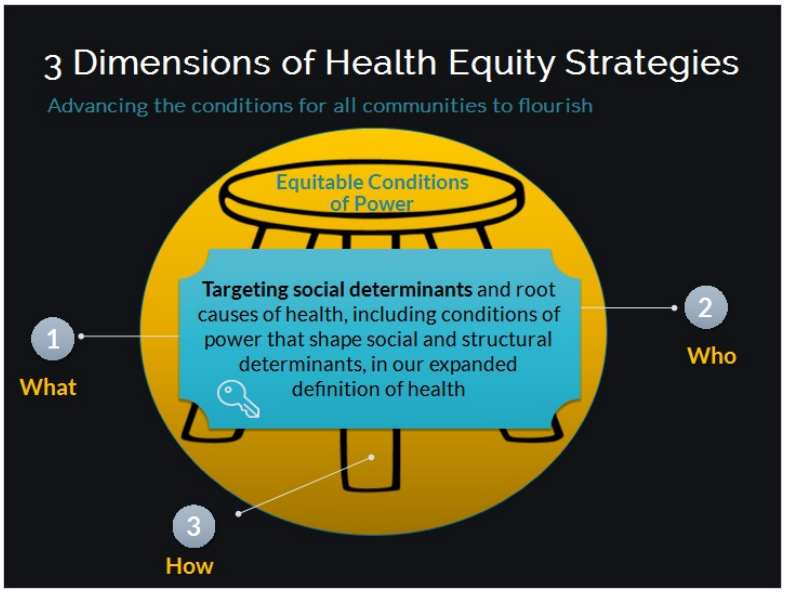
In particular, public health organizations, and organizations that build power have a shared history of fighting for health promoting and thriving conditions. In addition, they have complementary assets. Public health brings research and data, and community organizations that build power, bring community leadership and deep relational ties.

1.15 3 Dimensions of Health Equity Strategies



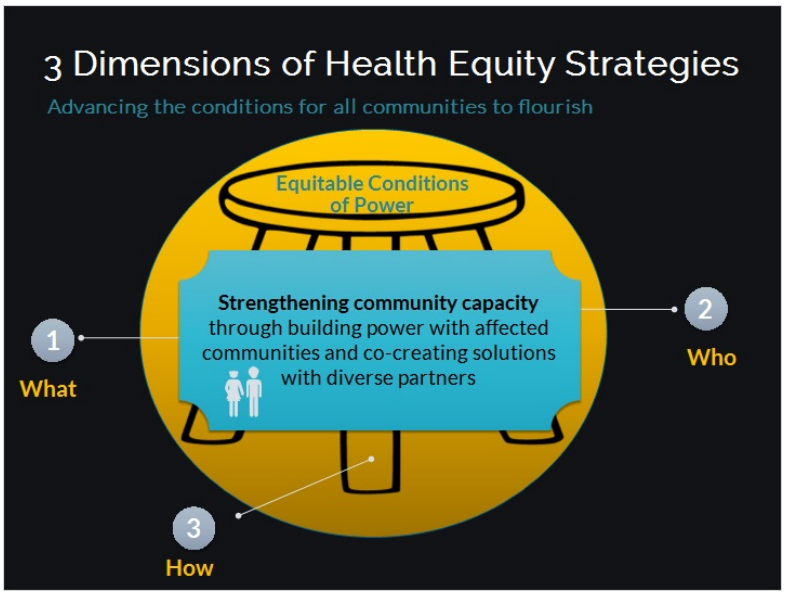
Let's pull together our broader understanding of health that was discussed in the first module, and our deeper understanding of power and empowerment that we've explored in this module. Based on what we've discussed, the following principles can shape our strategies for advancing health equity and community flourishing through addressing conditions of power.

Click on the numbers to explore each principle.



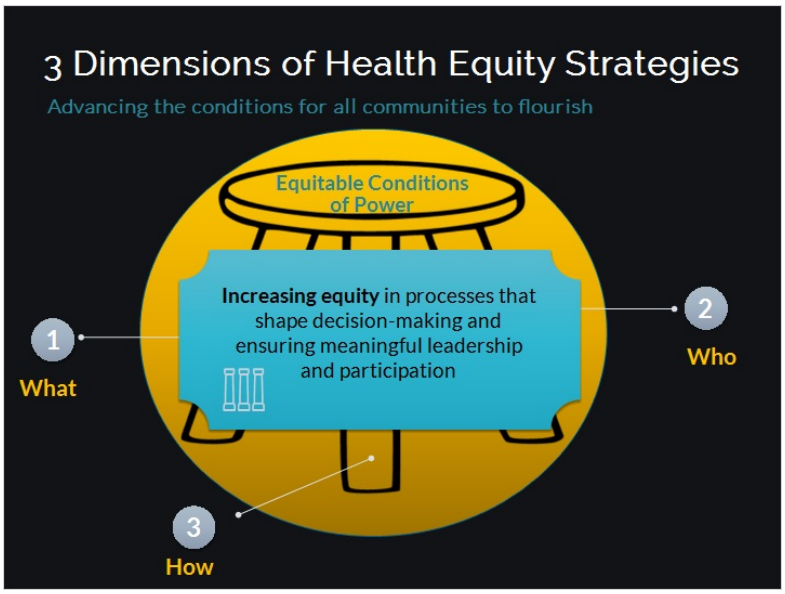
What:

1) The first principle focuses on the **what** of our approaches, by targeting social determinants and root causes of health, including conditions of power. This includes focusing on education or income.



Who:

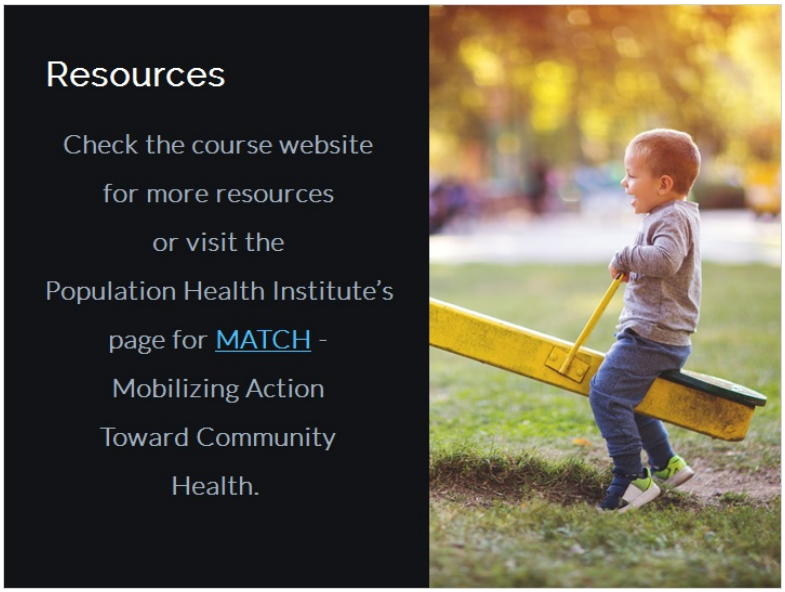
2) The second principle focuses on the **who**, by strengthening community capacity through building power with affected communities, and co-creating solutions with diverse partners - like providing leadership training to residents and working across sectors, like business and transportation.



How:

3) The third principle focuses on the **how**, by increasing equity in processes that shape decision-making, like making it easy for all people to vote.

1.16 Resources



The last module in this series will explore specific strategies that embody these principles and help us put all of these concepts into action.