Community Power & Public Health

Presenters
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Welcome by
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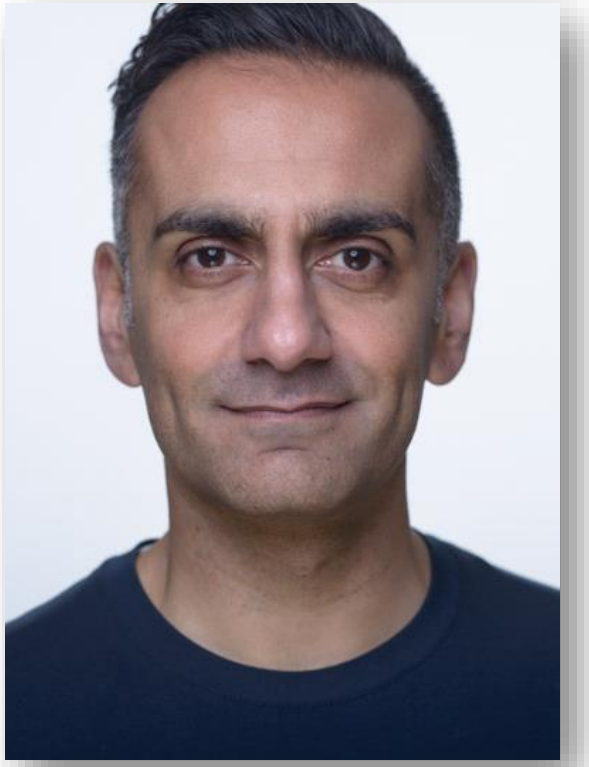
Today's Presenters



Dr Pritpal S Tamber

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Erin Lockwood

What We'll Cover

1. Our organizations
2. What we did
3. How public health currently understands the link between community power and health
4. What barriers proponents of community power have faced when trying to embrace it for population health
5. How those barriers might be overcome
6. How proponents have messaged their work with different audiences
7. And how organizations change
8. Questions

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Our Organizations

And Their Perspective On Power (Section 1 of 8)

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- Seattle-based nonprofit
- Grow the field of practice linking community agency and health
- Built on the work of the Creating Health Collaborative
- 12 P's: https://www.healthandcommunity.org/our-work/
- Inclusive, participatory and responsive process
- Authentic community engagement
- Foster community voice and action (agency)
- Agency underpins 'sense if control' (50% of health outcomes)

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- Launched 8.5 years ago
- Premise that the system of health and healthcare could / should be better
- Potential of something better worth striving for and action we wanted to be part of
- Our action, to date, has been anchored in the design and implementation of cross-sector partnerships as a strategy for health system improvement
- Transferable to this work as we start to see more need to engage community as a partner
- And, sectors such as PH and CO could design partnerships to accelerate this engagement

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What We Did

In Our Eight Months Of Research (Section 2 of 8)

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What We Did

1. Interviewed 13 proponents of power building across the US (California, Connecticut, Michigan, Minnesota & Wisconsin)
2. Interviewed three Program Managers in the TCE/BHC work
3. Reviewed and annotated 32 reports to identify audiences, vehicles and strategic influencers in public health
4. Reviewed and annotated 19 key documents on institutional and system change

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How public health currently understands the link between community power and health

Section 3 of 8

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Current Understanding

- Public health breaks down into:
  - The Fundamentals + The Field (Science) + The Discipline (Practice)
- Fundamentals: Do not cover the importance of civic life
- Field/Science: Measurement tools not reflective of real life
- Discipline/Practice: A belief that politics is not part of PH and/or a fear of being seen to be political
- The fundamentals needs to mature for the science to evolve for practice to have ‘evidence’ to inform new ways of working
- The ego of ‘the professional’

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What barriers proponents of community power have faced when trying to embrace it for population health

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Barriers

- Some PH professionals simply do not support shifting power
  - Personal politics, irrespective of the evidence
- A general *perception* of a lack of evidence
  - Either for or strategies to build power and organizational change
- The PH workforce lacks the skills needed for this work
  - Applies to scientists as much as practitioners
- The appearance that work *is* happening (labelled as SDoH)
  - But most lacks an equity frame
  - And remains framed as 'behaviour change'
- The powerful prefer to keep SDoH frame as it protects their power

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How those barriers might be overcome

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Be Opportunistic

- General advocating for opportunism
- Inserting ideas of equity into existing policy priorities
- Community engagement; health in all policies; increasing access to care
- But the term ‘equity’ (or ‘health equity’) scares some people
- Especially when ‘social justice’ is also used
- Work informed by social justice (Alinsky) is too radical for most in PH
- Terminology is crucial – ie staying away from terms like ‘lobbying’
- The work of Meredith Minkler resonates well in PH

Engage with Organizing

- Would help PH to understand the role of power
- CO does not have a strong grasp of what PH is
- In overcoming this, don't ask CO to understand its work solely through health (potentially insulting)
  - For example, 'health equity' may be too narrow for CO
- Leaders in PH and CO need to spend time together (with parity)
- Health data can help CO see the health consequences of inequity

Explore Ways To Measure Work

- There are few (if any) commonly used measurements
- Current proponents only just starting to grapple with this
- Some possibilities:
    1. Whether policies have changed
    2. Whether changed policies have been implemented
    3. Whether political will has changed (prerequisite for policy change)
    4. Whether institutional structures have changed
    5. Whether practice has changed
    6. Whether *the quality* of practice has changed
    7. Whether the ability to organize narrative, people and process has changed
    8. Voter engagement
    9. Whether CO feels compromised by engaging with PH

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How proponents of community power have messaged their work with different audiences

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Need A Narrative First

- Also known as a common purpose and/or shared vision
- Must make sense to the left and the right
- It'd help if PH rediscovered its radical and courageous roots
- To engage PH, narrative needs to be based on solid research
- Research/work needs to be shared and debated
- Philanthropy and public health practice needs to become eloquent about the scientific process (ie experimentation, sharing results, debating interpretations, etc)

Choosing A Message

- Multiple ways to say the same thing
- Need to find a way that engages your audience
- Remember that ‘health equity’ and ‘social justice’ scares some people
- Have to decide if you want to be safe or challenging

- Community engagement
- Social determinants of health
- Trauma
- Leadership development
- Racial disparities
- Safe and thriving communities
- Civic engagement
- Justice
- Criminal justice reform
- Racial equity
- Power building

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Choosing An Audience

- Looked at audiences of current vehicles (conferences, publications, etc)
- Prioritized them on the likelihood they'd be interested in power building
- And would have influence to change PH

1. Public health practitioner
2. Health educator
3. Public health institution or nonprofit organization
4. Public health researcher
5. Public health advocate
6. Public health academic
7. Community-based organization leader

Getting Message To Audience

- Prioritized vehicles by their fit to audience and likelihood they'd be open to power building messages
- E.g. for public health practitioners:
  1. American Journal of Public Health (part of the APHA)
  2. The Nation's Newsletter (APHA)
  3. American Public Health Association (APHA) Annual Conference
  4. Health Affairs Blog
  5. Health Affairs Journal
- Higher prioritized vehicles can handle more challenging messages
- Repeated for CO (SDoH did not resonate as a message)

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How Organizations Change

Section 6 of 8

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Key Documents (1 of 2)

- Lessons in Large Scale Change (LSC) from Social Movements. Stanford Social Innovation Review. Building Movement Mindsets: Tools and Frameworks for Transforming Communities, States, and Countries. Webinar. March 7, 2018.
- Institute of Medicine. Supporting a Movement for Health and Health Equity: Lessons from Social Movements. Workshop Summary. Washington D.C.: The National Academies Press; 2014. Frameworks and lists presented in the workshop
- Holton J. Exploring Social Movements Thinking for Leading Large-Scale Change in Health and Social Services Systems. J. Corp. Citizsh. Issue. 2015;102–18.
- Amenta E, Caren N, Chiarello E, Su Y. The Political Consequences of Social Movements. Annu. Rev. Sociol. 2010;36:287–307.
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- Waddell S, Waddock S, Cornell S, Dentoni D, McLachlan M, Meszoely GM. Large Systems Change. J Corp Citizsh. 2015;58(58):5-30.
- The Strong Field Framework: A Guide and Toolkit for Funders and Nonprofits Committed to Large-Scale Impact. The Bridgespan Group. 2009.

Key Documents (2 of 2)

- Hussein, T., Plummer, M., Breen, B. How Field Catalyst Galvanize Social Change. Stanford Social Innovation Review. Winter 2018.
- Stjernsward J. Palliative care: The public health strategy. J. Public Health Policy. 2007;28:42–55.
- USAID. Change Management Best Practices Guide. 2015.
- Erwin PC, Brownson RC. Macro Trends and the Future of Public Health Practice. Annu. Rev. Public Health. 2017;38:393–412.
- Green LW, Ottoson JM, García C, Hiatt RA. Diffusion Theory and Knowledge Dissemination, Utilization, and Integration in Public Health. Annu. Rev. Public Health. 2009;30:151–74.
- Flores SA. Shifting Resources and Focus to Meet the Goals of the National HIV / AIDS Strategy: The Enhanced Comprehensive HIV Prevention Planning Project, 2010 – 2013. 2013;131:2010–3.
- Purcell DW, Mccray E, Mermin J. The Shift to High-Impact HIV Prevention by Health Departments in the United States. Public Health Rep. 2016;131:7–10.

Practices Peculiar To PH (Perhaps)

1. Don't worry about trying to convince the *whole* profession
2. Don't 'soft pedal' the message
3. More sharing of the *practicalities* not just the outcomes
4. Followership requires clear theory of organizational change + available tools
5. Ensure there is a common purpose and/or shared vision (ie a narrative)
6. Multiple actors – inside and outside – have to be saying the same thing
7. Create a supportive policy and funding ecosystem
8. Change takes time; invest in tomorrow's leaders as part of any work
9. There are a lot of contradictions to be managed

Contradictions…

- Work is often local but the desire is to spread regional (‘scale’)
- How PH conducts research is significantly different to how CO works
  - Waterfall versus iterative/emergent
- PH is largely disconnected from the nascent discipline of ‘political science and health’
- Funders are often elitist and unwilling to examine their own power
- Boards of funders often have simplistic understandings of health
- Academia sees itself as separate to politics

Questions

Over to Lori for Your Questions

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Thanks For Listening

If you'd like to explore how these findings affect your community health work, get in touch on contact@healthandcommunity.org

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