



National Collaborating Centre
for Determinants of Health

Centre de collaboration nationale
des déterminants de la santé

BUILDING COMMUNITY POWER FOR HEALTH EQUITY: A CURATED LIST

Shifting the balance of power is understood to be a critical component of advancing health equity.¹ Over time, power imbalances develop into social injustices across multiple determinants of health — employment, housing, education, etc. — and thereby manifest as health and equity outcomes. To develop interventions that intentionally shift power, public health practitioners must develop an understanding of power and be able to recognize how power and health equity outcomes are interrelated, use frameworks for conceptualizing power to analyze power dynamics related to particular issues, and then develop and implement strategies and tactics from that analysis. This represents a transformative approach to public health, with the goal of shifting structures and systems while also addressing specific health and equity issues.

Shifting the balance of power can mean supporting community power-building with those facing inequities and/or working to limit the power of those focused on maintaining the status quo or increasing inequity. It can mean working to influence specific decisions being made, what's on the political agenda and/or how people make sense of the world around them. It can mean conducting advocacy, partnering with community-organizing groups, supporting movement-building and/or taking on corporations that harm health. While many of these activities may feel new for public health practitioners, they are often extensions of work we are already doing.

The National Collaborating Centre for Determinants of Health (NCCDH) has compiled this list of resources to support public health in taking a power-shifting approach to achieve health equity. The resources included in this curated list explore health equity, determinants of health and power; power and the history of the field of public health; frameworks for understanding power; power analysis (applying the frameworks); community power-building; and neoliberalism and power.

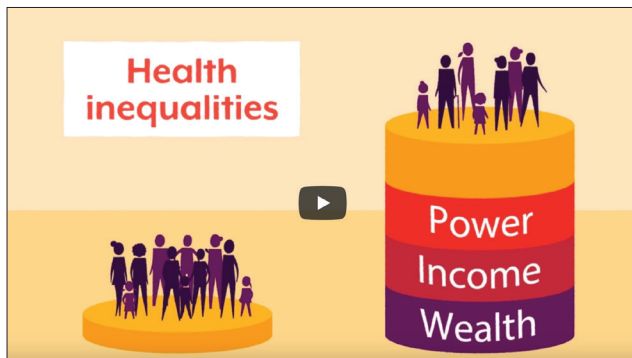
This curated list organizes and describes 14 relevant resources, from shortest to longest, in these categories and ends with four longer-read recommendations. This document represents a curated selection of resources including academic and grey literature, and it is not intended to be an exhaustive list. Over the last 5 to 10 years, a number of important articles about power have been published in both the peer-reviewed and the grey public health literature, primarily from authors in the United States, United Kingdom and Australia. See also our *Let's Talk: Redistributing power to advance health equity.*²

HEALTH EQUITY, DETERMINANTS OF HEALTH AND POWER

These resources introduce power and connect it to health inequities.

[Power - a health and social justice issue](#)

NHS Health Scotland, Glasgow Centre for Population Health. [2017].



This short video³ from 2017 introduces the concept of power and how it impacts health and equity outcomes. It defines power, introduces a framework for understanding power, describes the relational aspect of power and discusses collective action as a mechanism to build power at the local and national level. It describes power as a fundamental cause of health inequity. The last parts of the video describe structural solutions to redistributing power in Scotland: public service reform and the Community Empowerment Act. Those require community service providers to centre community voice in planning efforts, authentically engage communities, ensure engagement is accessible and share control over decisions with communities.

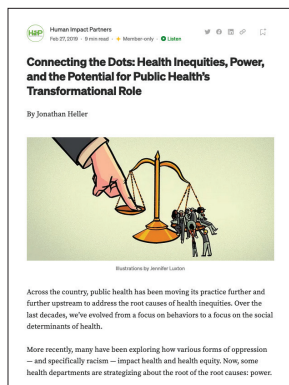


[Power: The most fundamental cause of health inequity?](#)

Givens ML, Kindig D, Tran Inzeo P, Faust V. [2018].

This short 2018 blog post⁴ starts by pointing out that current social justice movements are about

issues that impact health and yet are not captured easily by dominant public health frameworks. It calls on public health to go beyond the social determinants of health — to expand its frameworks, research and metrics to address power — in order to advance health equity. After very briefly reviewing histories of power imbalance and community power-building, it describes work that needs to be done within public health and across disciplines to develop our understanding of power and how to measure it, as well as actions public health can take to balance power and advance health equity.



[Connecting the dots: Health inequities, power, and the potential for public health's transformational role](#)

Heller J. [2019].

This 2019 blog post⁵ provides four short examples of analyzing how power relates to specific health inequities.

It examines exposure to lead paint, workplace injuries in the meat-packing industry, incarceration for substance use and paid sick time. For each, the blog describes the health inequity, how it is connected to a determinant of health and the power imbalance that maintains the inequity. For the first three, it then discusses both how public health currently addresses the health inequity and what a transformational approach that addresses the power imbalance might be. In the last case, the blog describes the transformational role public health has been taking and the contribution it has made to the passage of paid sick time policies.



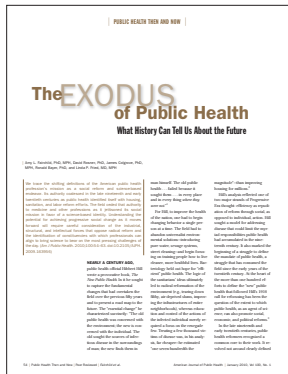
[How could differences in 'control over destiny' lead to socio-economic inequalities in health? A synthesis of theories and pathways in the living environment](#)

Whitehead M, Pennington A, Orton L, Nayak S, Petticrew M, Sowden A, et al. [2016].

This 2016 paper⁶ reviews and synthesizes theories about causal pathways between “control in the living environment” — a concept they consider to be associated with power — and socioeconomic health inequities. The authors found theories at three explanatory levels: micro/personal, meso/community and macro/societal. They draw out the causal pathways for each of these levels and describe them in detail. The micro/personal pathway begins by linking low social position to a lack of resources to cope with excessive demands as well as perceptions of low control. The meso/community pathway starts with concentrated disadvantaged environments in which there is either collective empowerment or neighbourhood disorder. For the macro/social level, the paper provides two examples: one related to gender discrimination and the low status of women, and a second related to societies in economic and political transition.

POWER AND THE HISTORY OF PUBLIC HEALTH

The field of public health originally developed with a focus on social movements and power but has moved away from those roots.



[The exodus of public health: What history can tell us about the future](#)

Fairchild AL, Rosner D, Colgrove J, Bayer R, Fried LP. [2010].

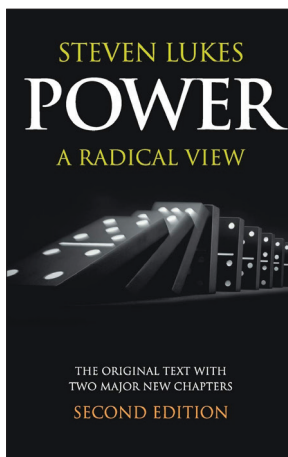
This 2010 paper⁷ provides a concise history of the field of public health, its origins

in social justice work and its evolution in focus to a science-based identity. The authors describe public health’s work

in the late 19th and early 20th centuries as being about social reform and focusing on housing, wages and working conditions, poverty, the environment and similar issues, in close partnership with social movements. They describe how it has since shifted toward a more science-based approach, focused on medicine, laboratories, technology and efficiency, and how it has become apolitical. They conclude by stating, “If a commandment emerges from history, it is one that all sectors of the field can heed: find ways to align with constituencies, lend our science and our knowledge, and create a base of power for progressive social change.”^[p61]

FRAMEWORKS FOR UNDERSTANDING POWER

Frameworks for conceptualizing power are useful because they can point to strategies we can implement to redistribute power.



[Stephen Lukes on power](#)

Warburton N, Edmonds D, Lukes S. [2015].

This podcast⁸ features an interview with Stephen Lukes, a British political and social theorist who, building on what others had written, developed the three faces of power framework in his book *Power: A radical view*⁹

(first published in 1974). In the podcast, Lukes defines power and describes the evolution of thinking about power in the 1950s and 1960s that led to the creation of the three faces framework. He describes the framework, provides concrete examples of each dimension of power in operation and then describes work about power that has since followed. The first face of power involves exercising influence in formal decision-making to achieve a particular outcome; the second face involves organizing the infrastructure that shapes what is on the decision-making agenda; and the third face involves shaping information, beliefs and world views about social issues.

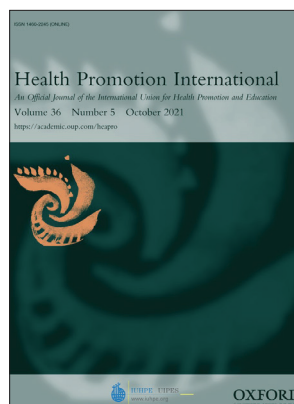


Health inequalities, fundamental causes and power: Towards the practice of good theory

McCartney G, Dickie E, Escobar O, Collins C. [2021].

This 2021 paper¹⁰ makes the case that power is the fundamental cause of health inequity and provides a framework

for identifying sources of power and recognizing how it operates as both a social and relational concept. It begins by reviewing fundamental cause theory, which states that access to resources such as money, knowledge, power and prestige is the reason health inequities exist despite progress in reducing particular causes of morbidity and mortality. The authors contend that the theory should be reframed to centre power and to then understand sources of power to include economic, knowledge, culture and belief, collective organizations, the state and positionality. Next, they provide a framework for identifying the spaces in which each of these sources operate, as well as the positions and the forms of power relationship involved with each. This framework, the authors hope, will help public health identify the most appropriate opportunities for action to reduce health inequities.



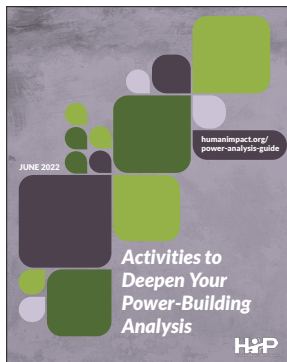
Power, control, communities and health inequalities I: Theories, concepts and analytical frameworks

Popay J, Whitehead M, Ponsford R, Egan M, Mead R. [2021].

This 2021 paper¹¹ starts by providing a history of community empowerment initiatives and critiques the depoliticization and inward focus of these initiatives in the context of neoliberalism. The authors then argue that public health must return to the original intentions of community empowerment work with a focus on political and social transformation. After providing a thorough overview of different conceptualizations of power, they describe two analytic frameworks of power they developed. In their emancipatory power framework, they adapt the concepts of power within, power with, power to and power over to the community context. In their limiting power framework, they identify four forms of power that can restrict collective control: compulsory, institutional, structural and productive power. Use of these frameworks in public health, they conclude, will shift the focus back onto the structural drivers of social inequities that lead to health inequities.

POWER ANALYSIS

Once we have frameworks for understanding power, we can apply them. These resources provide tools for analyzing power and examples of how public health has applied them.



[Activities to deepen your power-building analysis](#)

Human Impact Partners.
[2022].

This 2022 resource¹² includes activities related to three topics: assessing your power, landscape analysis

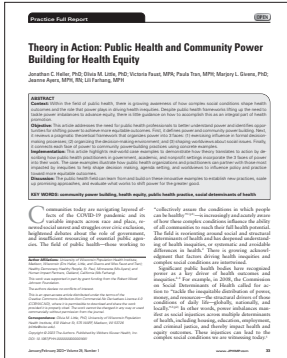
and power-mapping. It builds off a more introductory set of activities, *Resources for collaboration and power sharing between government agencies and community power-building organizations*.¹³ Intended for a public health audience, this second set of activities provides a step-by-step guide to deepening one's ability to analyze power. The Assessing Your Power section begins by briefly defining and describing several frameworks for thinking about power and then provides two activities: How Power Are You? and Identifying Your Powers. The Landscape Analysis section defines the term and then also provides two activities: Potential Partners and Opponents Table and Landscape Web. Similarly, the third part defines power-mapping and then includes a power-mapping activity.



[Corporate power and the international trade regime preventing progressive policy action on non-communicable diseases: A realist review](#)

Milsom P, Smith R, Baker P, Walls H. [2021].

This 2021 paper synthesizes multiple power frameworks to create an analytic tool to examine different forms, mechanisms and spaces of power in policy decisions and “non-decisions” with regard to international trade, the role of corporations and health policy. Its goal is to explain why policies focused on non-communicable disease — policies regarding tobacco, alcohol and processed food in particular — fail to be enacted and the implications for future transformative action. Using a power lens, the authors explain how “transnational health-harmful commodity corporations” utilize the international trade regime to block progress on policy change. Reviewing the peer-reviewed and grey literature, the authors find that these corporations exercise power through extensive lobbying in trade decision-making spaces; using their privileged access to such spaces and the institutionalization of such access; shifting decision-making to favourable international trade legal venues, such as the World Trade Organization; and propagating neoliberal narratives by framing health issues as being the result of individual behaviour rather than the result of policy choices. Based on this analysis of power, the paper offers a set of actions that public health can take and/or advocate for to increase the potential for passage of health-protective policies.



Theory in action: Public health and community power building for health equity

Heller JC, Little OM, Faust V, Tran P, Givens ML, Ayers J, et al. [2023].

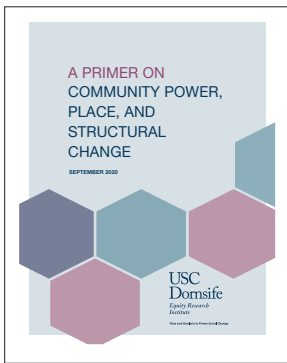
This 2023 paper¹⁵ begins by

making the connection between health equity and power, defining power and describing the three faces of power

(see above) from a public health perspective. It then describes how public health organizations and practitioners can shift and build community power according to each of the three faces. It presents case examples of public health interventions for each face as well as outcomes of those interventions within government, academic and non-profit settings in the United States. It calls on the public health field to learn from and build on these innovative examples to establish new practices, scale up promising approaches and evaluate what works in order to shift power toward achieving more equitable outcomes.

COMMUNITY POWER-BUILDING

Working with organizations that build power in marginalized communities is a critical component of redistributing power.



A primer on community power, place, and structural change

Pastor M, Ito J, Wander M, Thomas AK, Moreno C, Gonzalez D, et al. [2020].

This 2020 primer¹⁶ examines how health equity can be

achieved through a community power-building approach to structural change in a manner that addresses power imbalances both in the process and as an end goal. After defining and providing an overview of community power, it describes the fundamental elements of community-organizing and base-building: building a base of members,

developing grassroots leaders, forming an organization, running campaigns and initiatives, and reframing the public narrative. It then describes what a “power-building ecosystem” can look like, centring organizing and base-building groups. The next section of the primer describes the elements typically included in structural change efforts of community power-building organizations. These efforts focus on large-scale change and redirection of resources, changes in the fundamental structures of decision-making, shifting societal norms and values, strengthening the community power infrastructure, and creating openings for the future. After providing three examples of structural change initiatives led by community-organizing groups, the primer offers three concluding lessons for the field.

NEOLIBERALISM AND POWER

Influencing how people interpret the world around them is a form of power. Neoliberal worldviews have shaped how many people see the world and have led to health inequities.



[The three faces of power](#)

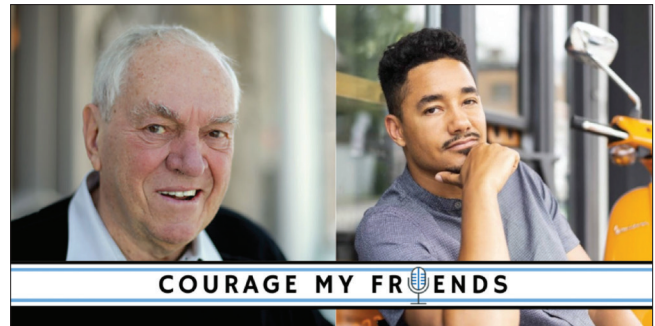
Healey R, Hinson S. [2013].

This short paper¹⁷ describes the three faces of power within the context of organizing and social movements in the United

States. The authors analyze the current sociopolitical landscape vis-à-vis the three faces, focusing on the infrastructure corporations have built beginning in the 1970s and the themes of neoliberal ideology and narratives: individuals are responsible for their own destiny, free markets can provide the solutions we need, government is inefficient and its interventions harmful, and racism is no longer a problem. Importantly, the paper also describes the actions organizers can take based on this analysis. The paper concludes, “The power we seek to build requires democratic people’s institutions -- new formations as well as stronger existing ones -- such as unions, faith-based groups, community organizing, racial justice organizers and leaders and the kinds of networks and alliances that can align their interests and develop a shared strategy for transforming society.”^[p7]

[The convergence: COVID, capitalism, climate](#)

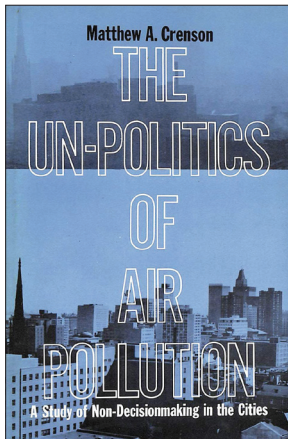
Budhu R, Broadbent E, Hope K. [2021].



This wide-ranging 2021 podcast¹⁸ returns repeatedly to neoliberal economic systems and ideology as the source of a number of today’s inequities. The speakers discuss how the current form of capitalism has created significant economic inequality and harmed workers, families and communities, leading to a lack of resiliency when facing the COVID-19 pandemic and climate change. After providing a brief history of neoliberalism, the speakers discuss the power it has had by eroding trust in government and social trust, emphasizing individualism and ignoring the impact of racialization. Health-related examples — home care, paid sick leave, the vaccine rollout and the collection of race-based health data — are used throughout. The speakers call for changing power imbalances to change our structures and systems, naming community-organizing and collective action as key strategies: “The power that will change our society and that can come from everyday people working together ... comes from coming together and acting collectively in movements.”

BOOKS AND LONGER READS

The books in this section are case studies that explore the concept of power in more depth.

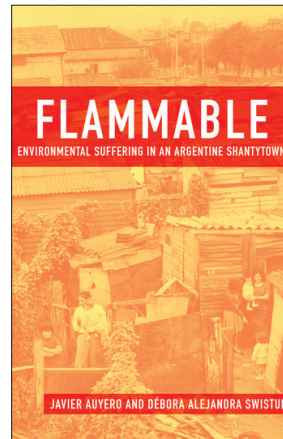


[The un-politics of air pollution: A study of non decisionmaking in the cities](#)

Crenson MA. [1971].

This 1971 book¹⁹ provides a detailed account of how two neighbouring Midwestern cities took differing approaches to policy-making related to curbing

air pollution. With a detailed description of the interplay between decision-makers and the local industries, it provides a captivating study of the exercise of power outside of visible arenas.

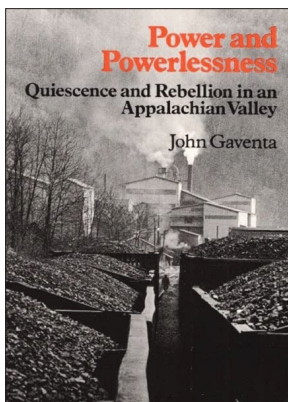


[Flammable: Environmental suffering in an Argentine shantytown](#)

Auyero J, Swiston DA. [2009].

This 2009 ethnography²¹ describes a shanty town in Argentina surrounded by petrochemical factories and other sources of pollution, and the suffering of those who live in it. The authors

describe the “toxic uncertainty” faced by residents, how those in industry and government exercise and fail to exercise their power, and how creating confusion is a form of power.

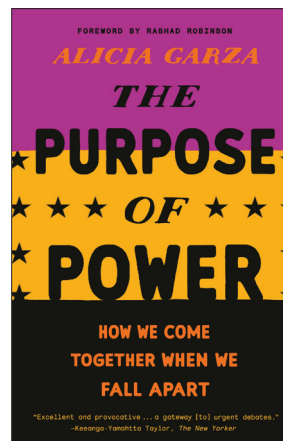


[Power and powerlessness: Quiescence and rebellion in an Appalachian Valley](#)

Gaventa J. [1980].

This 1980 book²⁰ is a study of how power has played out in mining issues in Appalachia, with an in-depth look at how world view impacts what's

possible. Gaventa's research was the first to validate the significance of the third face of power and has become a must-read reference for those interested in understanding it.



[The power of purpose: How we come together when we fall apart](#)

Garza A. [2020].

This 2020 book²² by one of the founders of the Black Lives Matter movement begins with a personal history interwoven with an analysis of the concurrent neoliberal political climate. The author ends by focusing on why she is “obsessed with power—black power, to be specific.”^(p268)

REFERENCES

1. World Health Organization, Commission on Social Determinants of Health. Closing the gap in a generation: health equity through action on the social determinants of health [Internet]. Geneva (Switzerland): WHO; 2008 [cited 2023 Jan 19]. 246 p. Available from: http://whqlibdoc.who.int/publications/2008/9789241563703_eng.pdf
2. National Collaborating Centre for Determinants of Health. Let's talk: redistributing power to advance health equity [Internet]. Antigonish (NS): NCCDH, St. Francis Xavier University; 2023 [cited 2023 Feb 27]. Available from: <https://nccdh.ca/resources/entry/lets-talk-redistributing-power-to-advance-health-equity>
3. NHS Health Scotland; Glasgow Centre for Population Health. Power - a health and social justice issue [video on the Internet]. Edinburgh (UK): Public Health Scotland; 2017 Aug 16 [cited 2023 Jan 19]. 8 min. Available from: <https://www.youtube.com/watch?v=ezJU30Zr6FM>
4. Givens ML, Kindig D, Tran Inzeo P, Faust V. Power: the most fundamental cause of health inequity? 2018 Feb 1 [cited 2023 Jan 19]. In: Health Affairs Blog [Internet]. Washington (DC): Health Affairs; 2006 Oct 5 - 2021 Dec 17. [about 7 screens]. Available from: <https://www.healthaffairs.org/doi/10.1377/forefront.20180129.731387>
5. Heller J. Connecting the dots: health inequities, power, and the potential for public health's transformational role. 2019 Feb 27 [cited 2023 Jan 19]. In: Human Impact Partners. Blog [Internet]. Oakland (CA): HIP; [2015 Jan] - . [about 18 screens]. Available from: <https://humanimpact-hip.medium.com/connecting-the-dots-health-inequities-power-and-the-potential-for-public-healths-2b2f91eb3cba>
6. Whitehead M, Pennington A, Orton L, Nayak S, Petticrew M, Sowden A, et al. How could differences in 'control over destiny' lead to socio-economic inequalities in health? A synthesis of theories and pathways in the living environment. *Health Place*. 2016 May;39:51–61. doi: 10.1016/j.healthplace.2016.02.002.
7. Fairchild AL, Rosner D, Colgrove J, Bayer R, Fried LP. The exodus of public health: what history can tell us about the future. *Am J Public Health*. 2010 Jan;100(1):54–63. doi: 10.2105/AJPH.2009.163956.
8. Warburton N, Edmonds D, Lukes S. Steven Lukes on power. *Philosophy bites* [audio on the Internet]. [place unknown]: Philosophy Bites; 2015 Jun 6 [cited 2023 Jan 19]. Podcast: 15 min. Available from: <https://philosophybites.com/2015/06/steven-lukes-on-power.html>
9. Lukes S. *Power: a radical view*. 3rd ed. London (UK): Bloomsbury; 2021. 256 p.
10. McCartney G, Dickie E, Escobar O, Collins C. Health inequalities, fundamental causes and power: towards the practice of good theory. *Sociol Health Illn*. 2021 Jan;43(1)20–39. doi: 10.1111/1467-9566.13181.
11. Popay J, Whitehead M, Ponsford R, Egan M, Mead R. Power, control, communities and health inequalities I: theories, concepts and analytical frameworks. *Health Promot Int*. 2021 Oct;36(5):1253–63. doi: 10.1093/heapro/daaa133.
12. Human Impact Partners. Activities to deepen your power-building analysis [Internet]. Oakland (CA): HIP; 2022 Jun [cited 2023 Jan 19]. 25 p. Available from: https://humanimpact.org/wp-content/uploads/2022/06/HIP_Set2_Activities-to-Deepen-Your-Power-Building-Analysis.pdf
13. Human Impact Partners. Resources for collaboration and power sharing between government agencies and community power-building organizations [Internet]. Oakland (CA): HIP; 2022 Jun [cited 2023 Jan 19]. 29 p. Available from: <https://humanimpact.org/wp-content/uploads/2022/06/HIP-Set1-Resources-for-Collaboration-and-Power-Sharing-.pdf>
14. Milsom P, Smith R, Baker P, Walls H. Corporate power and the international trade regime preventing progressive policy action on non-communicable diseases: a realist review. *Health Policy Plan*. 2021 May;36(4):493–508. doi: 10.1093/heapol/czaa148.
15. Heller JC, Little OM, Faust V, Tran P, Givens ML, Ayers J, et al. Theory in action: public health and community power building for health equity. *J Public Health Manag Pract*. 2023 Jan/Feb;29(1):33–8. doi: 10.1097/PHH.0000000000001681.

16. Pastor M, Ito J, Wander M, Thomas AK, Moreno C, Gonzalez D, et al. A primer on community power, place, and structural change [Internet]. Los Angeles (CA): USC Dornsife Equity Research Institute; 2020 Sep [cited 2023 Jan 19]. 26 p. Available from: https://dornsife.usc.edu/assets/sites/1411/docs/Primer_on_Structural_Change_web_lead_local.pdf
17. Healey R, Hinson S. The three faces of power [Internet]. Berkeley (CA): Grassroots Policy Project; 2013 Nov 24 [cited 2023 Jan 19]. 7 p. Available from: https://grassrootspowerproject.org/wp-content/uploads/2021/11/2_GPP_3FacesOfPower.pdf
18. Budhu R, Broadbent E, Hope K. The convergence: COVID, capitalism, climate. Courage my friends [audio on the Internet]. Toronto (ON): rabble.ca; 2021 May 26 [cited 2023 Jan 19]. Podcast: 59 min. Available from: <https://rabble.ca/podcast/courage-my-friends-podcast-the-convergence-covid-capitalism-climate/>.
19. Crenson MA. The un-politics of air pollution: a study of non decision making in the cities. Baltimore (MD): Johns Hopkins University Press; 1971. 376 p.
20. Gaventa J. Power and powerlessness: quiescence and rebellion in an Appalachian Valley. Urbana (IL): University of Illinois Press; 1980. 267 p.
21. Auyero J, Swistun DA. Flammable: environmental suffering in an Argentine shantytown. Oxford (UK): Oxford University Press; 2009. 208 p.
22. Garza A. The power of purpose: how we come together when we fall apart. New York (NY): One World; 2020. 312 p.

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