DEVELOPING COMMUNITY POWER FOR HEALTH EQUITY:

A LANDSCAPE ANALYSIS OF CURRENT RESEARCH AND THEORY

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I. LANDSCAPE ANALYSIS: AN INTRODUCTION

Lead Local: Exploring Community Driven Change and the Power of Collective Action is a Robert Wood Johnson Foundation supported program that amplifies the centrality of community power in the field of health equity by convening practitioner and research partners to explore a unifying "North Star" question: ***How does community power catalyze, create, and sustain conditions for healthy communities?*** These partners energize the North Star question through the exploration of the current housing crisis, place-based stories of structural reforms, and the roles of culture change, narrative power, multi-sector collaborations, and community capacity building in relation to health equity. Joining these efforts, the present analysis turns to interdisciplinary fields of scholarship and practice to elucidate extant knowledge about the relationships between community power and health equity.

The purpose of the community power and health equity landscape analysis is two-fold. First, it is to describe the key features and questions emerging from an interdisciplinary body of literature at the intersection of health equity and community power. Second, beyond this descriptive purpose, it seeks to contribute an analysis of theories of change and approaches to measuring power that can support investments by grassroots and community power building organizations (CPBOs), researchers, and philanthropy into health equity and base building. In sum, this landscape analysis informs a forward looking research agenda that can continue to support illumination of the North Star question (see *A Research Agenda for Developing and Measuring Community Power for Health Equity*).

A. What do we mean by community power?

Community power is not a singular thing, attribute, or condition – it is a term representing a dynamic, relational quality within communities. Grounding Lead Local is a definition of community power as:

> The ability of communities most impacted by structural inequity to develop, sustain and grow an organized base of people who act together through democratic structures to set agendas, shift public discourse, influence who makes decisions, and cultivate ongoing relationships of mutual accountability with decision makers that change systems and advance health equity.

This definition advances an understanding of power as a dialectic between individuals and collectivities. Building community power requires developing both an organizational infrastructure capable of exercising power to alter local policies and conditions and developing active and open mechanisms for bringing new residents and constituents into an organization or a base in ways that stimulate a political analysis and a sense of agency to affect change.

B. What is meant by health equity?

An evolution from the now accepted conceptualization of *health* as more than the absence of disease or access to health care (McGinnis et al., 2002), *health equity* brings into focus the

plethora of conditions in society that facilitate or inhibit the opportunity for health and wellness. The Robert Wood Johnson Foundation advances the following definition of health equity, which articulates not only what health equity is as an outcome, but what brings it about – the crucial points of intervention:

> Health equity means that everyone has a fair and just opportunity to be as healthy as possible. This requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care (Braveman et al., 2017).

C. Why examine the intersection of health equity and community power?

The present analysis of health equity and community power is situated in the context of wider shifts in fields of public health. Over the past two decades public health researchers and practitioners from diverse disciplinary and institutional vantages have established the importance of social factors as determinants to health and illuminated the myriad causal pathways that link public policy and institutional practices with unjust and avoidable inequities in health. However, despite advances in theory and research on social determinants of health, efforts to address the social, institutional, and political arrangements which undergird social inequities and damage population health have yielded few and inconsistent positive results. In troubled times of pervasive racial and economic injustice, global public health crises, and environmental devastation, the stakes of a health equity agenda have intensified. The elevated stakes demand a wider lens on who and what determine health, health disparities, and the power to change these.

While there are numerous ways to approach the facilitators of equity and inequity (e.g., policies, interpersonal factors), there has been growing investment in advancing research and practice around community-based interventions. Among these efforts, the multi-institutional and interdisciplinary Committee on Community-Based Solutions to Promote Health Equity (2017), supported by RWJF, defined the root causes of inequity as being the unequal distribution of power and resources as well as the multiple factors that shape the distributions along lines of race, gender, class, sexual orientation, gender expression, and other dimensions of identity. By placing the distribution of power in society at the center of explanations of health equity and inequity, the Committee then proposed that community-based interventions must not only galvanize around a shared vision and value for health equity, and not only foster multi-sector collaborations, but must "increase community capacity to shape outcomes" (p. 7). Put differently, community-based solutions must increase the power of communities to produce conditions for health equity, and community power itself must be considered a condition for healthy communities.

As calls to focus attention on community-based strategies and community power in relation to health equity mount, it is evident that there is much to understand about how, whether, and which practices lead to community power and to transformations of uneven power geometries. There are ongoing and vibrant debates about theories of social change and ways of understanding power within social and political science scholarship. Bringing these debates and definitions to bear on community power building in the context of health equity efforts can help to elucidate the diversity, nuance, and effectiveness of practices. Indeed, there is a need to illuminate both

processes and outcomes related to developing community power, particularly elements of community power such as the expansion of democratic practices, development of democratic infrastructures, and cultivation of public relationships that can be employed to fundamentally change systems and conditions that reproduce health inequity, whether or not those are explicitly related to health policies, systems, behaviors, and indicators.

II. THE INTERSECTION OF HEALTH EQUITY AND COMMUNITY POWER: REVIEW OF THE LITERATURE

A. Health Equity and Community Power

Existing scholarship at the intersection of health equity and community power is both conceptual and empirical. Conceptual articles – for example, those that theorize health equity and/or collective action related to health equity – comprise over half of the reviewed literature, demonstrating lively and multidisciplinary debates that have led to multi-pronged arguments for centering community power in efforts toward health equity. Empirical literature in the field employs multiple methodologies to examine processes and outcomes of collective action and community power as they relate to health equity. Further, the landscape emerging from the community power / health equity scholarship can be characterized by four clusters, types, or subsets of scholarly work, clusters we label: community engaged partnerships, centering research, collective action, and centering power. These four clusters illuminate the patterns and gaps in understanding of the relationship between community power and health equity.

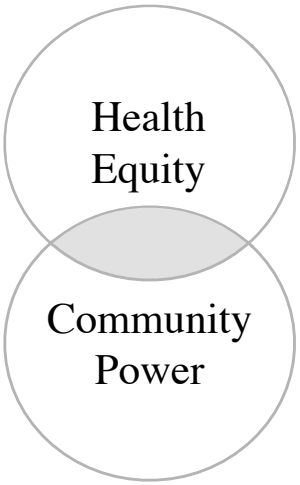

Figure 1. Systematic Literature Review

1. Methodology of the Literature Review

To analyze literature at the intersection of community power and health equity, this landscape analysis undertook a systematic review through several steps. Two independent teams of scholars scrutinized the literature: one from the P3 Lab at Johns Hopkins University, and another at Vanderbilt University. The P3 team distilled literature by discipline, examining relevant studies from public health, health economics, sociology, political science, and other social science disciplines. The Vanderbilt team utilized search terms targeting the key themes of *community power* and *health equity* to capture relevant studies at the intersection of these two constructs. Searches were conducted on Vanderbilt library databases as well as Google Scholar, PubMed, and ProQuest. In addition to the target themes and related terms (i.e., 'community', 'equity') systematic searches were conducted with the following 9 constructs: social movements, community engagement, community capacity / community capacity building, civic engagement, coalitions, CBPR (community based participatory research), community organizing, base building, and empowerment. In addition, a targeted search of the 'grey literature' included searches from organizations such as the Praxis Project, RWJF, Roots and Remedies, NAACHO,

Kellogg Foundation, Spirit of 1848, among others. Finally, we sought the input from experts in health equity (Dr. Richard Hofrichter) and community power (Dr. Brian Christens and Dr. Andrew Peterson) to review the methodology and to suggest articles and sources of literature at the intersection of health equity and community power.

This process produced 2,679 articles for further scrutiny. Studies were excluded for further examination if they were conducted outside the United States, were published before 1990, or were focused on disseminating healthcare or provider / patient relationships. A substantial number of studies were focused on biomedical and individualistic features of health; studies with a biomedical focus were also excluded from the analysis. Next, each article's title and abstract were reviewed. At that point, articles were included or excluded based on their relevance to the target themes. Included articles were then included in a Zotero database. Finally, a search was conducted for duplicates, and duplicates were removed.

A total of 338 articles were read and coded along the characteristics described above. Of those 338, a final sample of articles were, based on coding, identified as existing at the intersection of community power and health equity. There was a total of 161 articles at this intersection.

All articles were then read and coded for six key characteristics that constitute our analytic framework: type of study, expressions of power, orientation to health equity, values orientation, types of change, and scale of intervention (these characteristics and the coding options are shown below). For each of these characteristics, notations were also made, and each article was also coded for relevance to community power and health equity, for broad themes present, and general notes about the substance of the article. Six individuals coded articles. After all articles were coded, two of these coders reviewed each article again to evaluate decisions and deliberate when coding was not clear.

After all articles were coded both a qualitative thematic analysis and quantitative cluster analysis were conducted to review the scholarship at the intersection of community power and health equity.

2. Analytic Framework

Throughout this analysis, we employ several conceptual footholds to guide interpretations of the landscape of knowledge and practice. These footholds do not constitute a singular theoretical framework, and our aim is not to impose a normative theory of community power building. However, as with any framework, the lenses we apply will bring some dimensions into focus and leave others obscured; they will prioritize some interpretations, while leaving others untouched. Nevertheless, we believe the conceptualizations employed here facilitate both breadth and depth of analysis; they allow a view of the diversity, complexity, and nuances of community power building as well as the features that are common. The specific conceptual footholds employed in the analysis of the published literature include mechanisms of power, forms of change, orienting values for addressing social issues, orientation to health equity, and scale of intervention. Below

we list the five coding categories (a sixth, type of study, conceptual vs. empirical, is not shown), along with the subthemes to the power dimension[1].

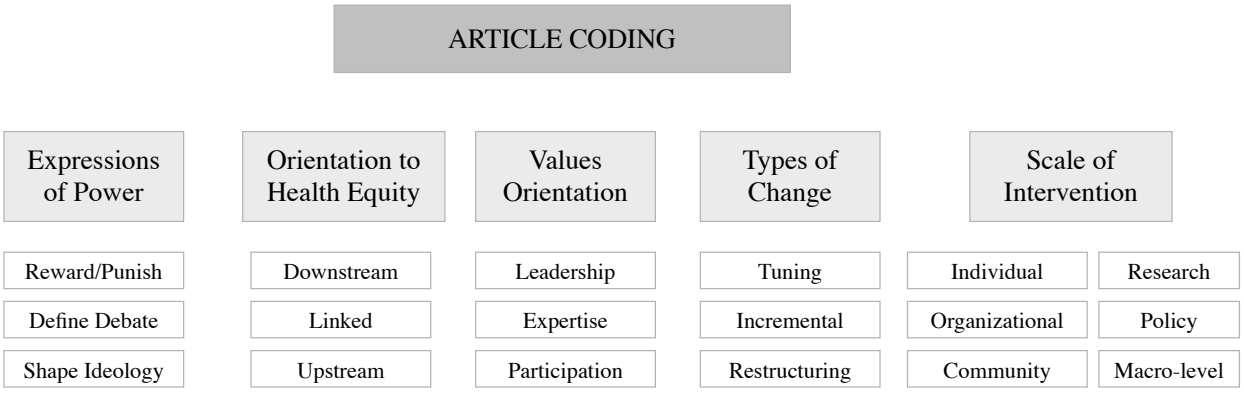

Figure 2. Analytic Framework

a) Expressions of Power

In the following analysis, we examine the ways that power is expressed in research and practice around base building and health equity, drawing on the three mechanisms of power as conceptualized by Lukes (1974) and further operationalized by Gaventa (1980): reward or punishment, defining debate, and shaping ideology. First, power can be expressed through the wielding or withholding of resources, rewards, or punishments to individuals, groups, or communities in order to exact an outcome that conforms to the interests of the principal entity. A second mechanism of power is expressed by controlling the terms of debate – that is, determining what issues are on the agenda, how they are framed, and thereby shaping what views are expressed and how they can be shared (Bachrach & Baratz, 1962). The third expression of power operates at the level of ideology, consciousness, and culture to shape how people think about, act in, and relate to their world (Lukes, 1974). Some refer to this as the "dominant cultural narrative" (Rappaport, 1995) a worldview that is hard to discern and even harder to change.

b) Values Orientation Toward Addressing Social Issues

In this analysis we endeavor to examine differences in assumptions about what constitutes or drives change in a democratic society. While all the scholarship we engage is concerned in some way with the intersection of community power and health equity, one of the ways this scholarship diverges is in relative emphasis or orientation toward the values of participation, expertise, and leadership (Brager et al., 1987). An emphasis on *participation* prioritizes the belief that communities are best served when all persons participate directly in making decisions that affect them. A value of *expertise* is characterized by a reliance on technical knowledge and scientific rationality as a means of efficiently solving problems. Finally, an orientation that places weight on *leadership* values the concentration of authority so that decisions can be made

[1] Because we are distilling the literatures from both health equity and community power, and because these literatures cut across many different social science disciplines, this landscape analysis blends many different categories, themes, dimensions, and frameworks. Periodically we will include a graphic to help make sense of these diverse terms and categories.

quickly and effectively. Each of these values is critical in a democratic society, but each has strengths and weaknesses.

For the purposes of understanding community power and base-building, we emphasize the value of participation. We focus on participation because, from a base building and community power building perspective, our current political era has witnessed a diminishment in the value of participation in favor of an increasingly corrupted leadership and expertise in the form of a technocracy and ideologically supported by neoliberalism (DeFilippis et al., 2010). Much democratic theory holds that what is critical is a balance between the three values (Kamerman, 1974). Critics of participation argue that because communities are so diverse, participation is at best fragmented and partial. Opponents of expertise claim it is not value-free, and that expertise itself is a social resource which is unevenly distributed in our society to the benefit of the privileged and detriment of the broader public. Weaknesses in leadership emerge due to corruption of those in control, as well as alienation for those who are unable to influence those in leadership. Just as there are weaknesses, each has strengths – for example, in a time of a pandemic the role of expertise in driving change is critical and the role of leadership is critical to marshal needed resources and distribute those resources where they can have the greatest impact.

c) Forms of Change

While the scholarship convened in this report is unified in its value for health equity and positive social change, there are important differences in how change itself is conceptualized and actualized. To examine these critical differences, we rely on the definitions of three types of change (Seidman, 1988): tuning, incremental change, and restructuring. Tuning change involves adaptation and adjustment by individuals and groups to existing systems, rather than altering the standards, relationships, or mechanics within systems that are producing inequities. Incremental change produces an increase in a valued resource – for example, knowledge, wealth, safety, health – but the increase is in absolute terms, whereas the relative distribution of the valued resource is maintained or only mildly altered at best, such that distributional disparities in how that resource is allocated or apportioned in society remains. Restructuring involves changing the relative proportions of attributes or resources for subgroups in relation to the wider society. In the context of health equity, in order for everyone to have a "fair and just opportunity to be as healthy as possible," restructuring would involve changing the relative proportion of the burdens of poverty, discrimination, powerlessness, unemployment so that the distribution of access to fair pay, quality education, housing, safe environments, and health care moved toward greater parity across different populations in society. Through discernment of different forms of change we improve our capacity to understand the outcomes and impacts produced in the exercise of community power.

d) Health Equity Orientation

There is broad diversity of what gets labelled scholarship on health equity, and our coding sought to discern conceptual orientations to health equity expressed. For this analysis, studies focused on the social influences of health, or what we know as social determinants, were coded as having a 'downstream' orientation to health equity. A number of studies measured material circumstances and living/working conditions, or social determinants of health, but then connected those conditions to structural determinants that shape health outcomes, such as education or tax policies. For these articles, the orientation to health equity was coded as 'linked' or connecting micro health to macro cause or 'micro/macro connection'. Articles addressing and

measuring social systems like education, housing, access to capital, and the like, as well as the political processes maintaining, or seeking to alter, these systems were coded 'upstream' orientations to health equity.

e) Scale of Intervention

Capturing another dimension of variability in scholarship at the intersection of health equity and community power, the scale of intervention describes either the implicit or explicit target of the literature at-hand. That is, if the arguments of the piece were to be carried through, at what scale would levers for change be implemented or exercised – at the level of the individual, organization, community, or macro-structures or systems. In addition, we included whether the implications of the literature were directed toward research or policy because many articles articulated a clear orientation toward one of these.

Table 1 shows the number of articles in each coding category.

Table 1. Systematic Literature Review Coding Results

Expressions of Power	Number	Percent
Reward/Punish	34	21.1
Define Debate	51	31.7
Shape Ideology	64	39.8
Other	4	2.4
Not Reported	8	5
Orientation to Health Equity		
Downstream	23	14.3
Connect Micro / Macro	86	53.4
Upstream	17	10.6
Not Reported	35	21.7
Types of Change		
Tuning	18	11.2
Incremental	59	36.6
Restructuring	59	36.6
Other	6	3.7
Not Reported	19	11.8

Values Orientation	Number	Percent
Leadership	1	0.6
Expertise	24	14.9
Participation - Civic Engage	11	6.8
Participation - Expert Drive	42	26.1
Participation - Mobilizing	19	11.8
Participation - Organizing	53	32.9
Other	6	3.7
Not Reported	5	3.1
Scale of Intervention		
Individual	5	3.1
Organizational	12	7.5
Community	56	34.8
Macro-level	12	7.5
Policy	18	11.2
Research	24	14.9
Other	27	16.8
Not Reported	7	4.3

3. Cluster Analysis

In addition to a thematic analysis of the coding categories identified above, we used a quantitative approach to explore deeper patterns within the 161 articles coded and to uncover any deeper conceptualizations that might be driving the collective scholars publishing at the intersection of community power and health equity. We conducted a K-means cluster analysis of these articles by analyzing the 5 key variables coded for each article: values orientation, expressions of power, types of change, orientation to health equity, and scale of intervention.

Each variable examined in the coding of published studies had between 4-8 categorical responses, so each categorical response was extracted as a binary (yes/no) value. This allowed for the execution of the cluster analysis and aided in the interpretability of results. A total of 30

binary variables were included in the initial K-means cluster analysis. A scree plot test was used to determine that a 4 cluster solution best fit these data. Models were trimmed by dropping non-significant variables, leaving only variables with significant predictive value for interpretation.

B. The Movement to Community Power: Developments in the Conceptualization of Health Equity

The case for community power in advancing health equity has been building over some time, and, as reflected in the landscape of scholarship, the rationale for a focus on community power hinges on several key arguments, following the development of the conceptualization of health equity. First, the rationale consists of a critique of mechanistic and individualistic models of health – the biomedicine critiques. These critiques highlight the limits of reductionist paradigms in both healthcare and population health, and call for complex approaches that integrate notions of context and agency. Relatedly, the World Health Organization's Commission on Social Determinants of Health (CSDH, 2008) explicitly calls for community-based collective action, a call that relies on a robust understanding of both the 'downstream' and 'upstream' social determinants of health (Solar & Irwin, 2010; World Health Organization, 2010).

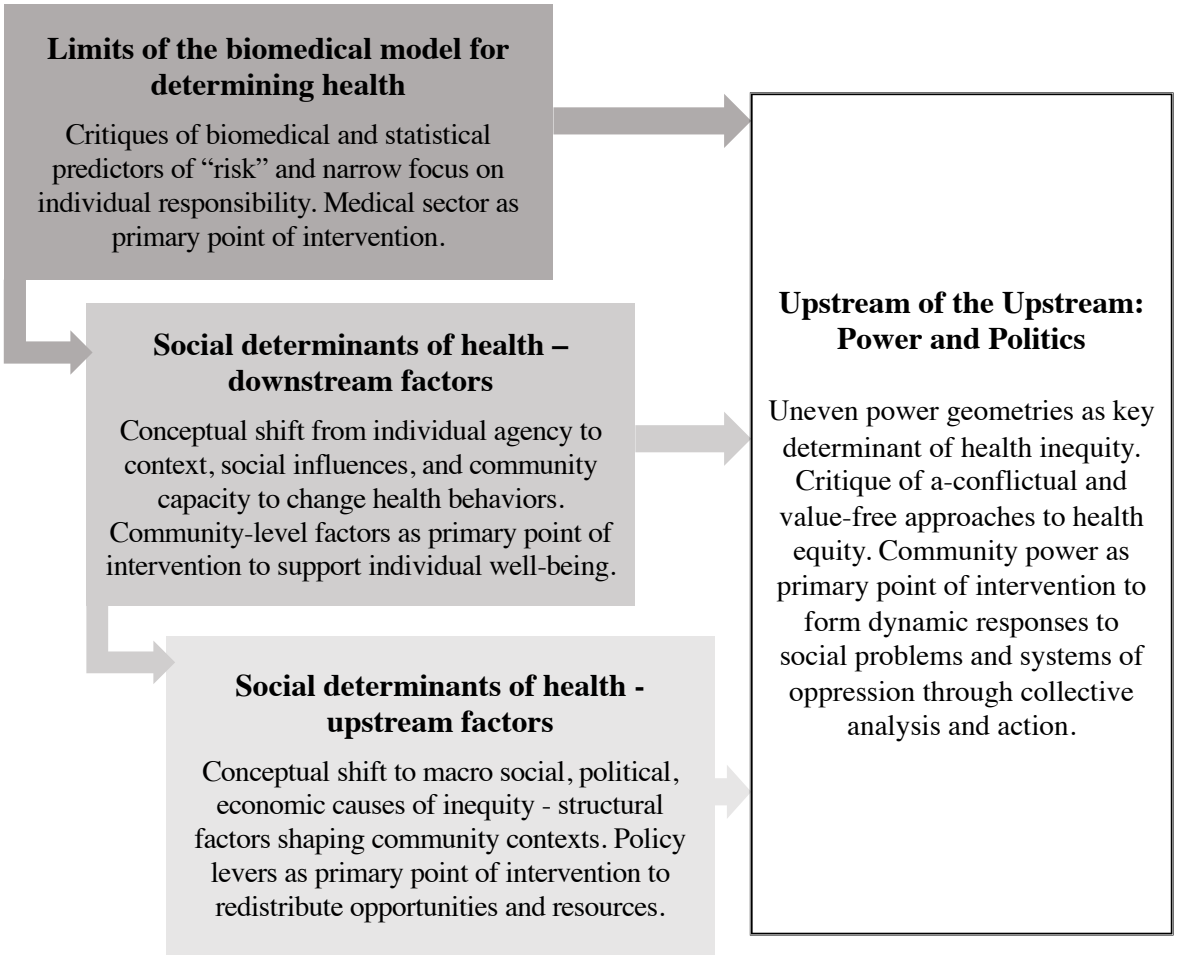

Figure 3. Conceptual Scaffolding Supporting Community Power for Health Equity

Downstream social determinants are understood as factors that are temporally and spatially close to health effects, including the built environment, economic stability, education, access to medical care, and community context. The emphasis on community-based interventions to address downstream factors readies the landscape for concepts of community power to take root. Upstream social and structural determinants include social, economic, and political mechanisms that give rise to a set of socioeconomic positions, whereby populations are stratified according to income, education, occupation, gender, race/ethnicity and other factors (Solar & Irwin, 2010). The concept of community power gains traction through growing interest in collective action and public mobilization to address systemic and structural factors. The progression toward community power comes into starker relief where health equity is understood as a matter of politics and there is a call to magnify factors that are 'upstream' of the upstream determinants of health – the 'root causes' of inequity. Figure 3 (previous page) displays this conceptual scaffolding for community power within the field of health equity scholarship.

1. Biomedical and Individualistic Models of Health

The base of scholarship surrounding community power and health equity points to the limitations of the biomedical approach to health and well-being, the role of medical experts, and the individual itself. According to this critique, the biomedical approach offers overly reductionistic or mechanistic models of health: framing illness narrowly as a mechanical failure of the body, constraining physicians and other medical personnel to their professional roles rather than civic ones, and decontextualizing individual risk factors and behaviors (Hewa & Hetherington, 1995; Minkler, 1999; Pearce, 1996).

This set of critiques proposes a more ecological approach to health and wellness – suggesting that the reduction of illness may require intervention at multiple points in the system and the alteration of contextual factors – as well as a more subjective view of patient experience, choice, and context (Wade & Halligan, 2004). Nevertheless, these critiques also largely reinforce the notion of health equity as primarily within the purview of medicine or medical care – that improving the healthcare system, doctor-patient relationships, and physician 'activism' are cure-alls for population health inequalities. This dependency on the healthcare system has proven to be ill-advised for improving population health (Davis et al., 2014; Simoes & Sumaya, 2010) and inadequate for reducing disparities (CSDH, 2008; Marmot & Allen, 2014). This has led to frequent recommendations that physicians be active participants in poverty alleviation efforts, in challenging other health determinants beyond the biomedical sphere, and in "deepen[ing] collective understanding of power, privilege, and the inequities embedded in social relationships" (Sharma et al., 2018, p. 26), thus promulgating the power and centrality of medical doctors at the apex of change efforts.

The critique of biomedicine also targets the destructive logics of individualism and individual responsibility. As health promotion approaches have absorbed and reproduced this ideology, they have facilitated a turning away from social, political, and economic drivers of health, isolating individuals and their choices or behaviors as the predominant causes of good or poor health (Minkler, 1999). This view has become known as the "human agency argument," which assumes that individuals can make choices in relative isolation from the broader social environment in which they are a part, effectively blaming the victims of unjust social conditions for poor health outcomes (Minkler, 1999) and ignoring the severe limits and constraints imposed

by systems on some communities, as well as the immense variability in the quality of social conditions across different communities.

Contesting this focus, scholars argue that the biomedical and individual orientation of health that denies systemic and structural determinants creates the conditions for social injustice to flourish. This perspective "lets the government off the hook" (Minkler, 1999) for health disparities and diverts from an awareness of "capabilities" (Sen, 2002), denying that people may fail to achieve good health not because of a personal decision, but because of social arrangements beyond their immediate control that inhibit "the capability to achieve good health" (Sen, 2002, p. 660). Indeed, the biomedical critique relates closely to a second conceptual foothold in the advancement of community power in health equity – the importance of the social determinants of health.

2. Downstream Social Determinants of Health

As awareness, acceptance, and proliferation of ideas around the social determinants of health have grown, notions of social inclusion and collective action in relation to these have set the stage for discussions of community power. The World Health Organization CSDH defines social determinants as "social (including economic) factors with important direct or indirect effects on health" (CSDH, 2008); a modified version of the CSDH framework presented in a WHO report (Solar & Irwin, 2010; Figure 4) defines both structural and intermediary social determinants. Intermediary or downstream determinants are commonly understood as material circumstances, economic stability, education, health and health care, psychosocial factors, and neighborhood and the built environment (Solar & Irwin, 2010). Further, they are conceptualized as features of *place* – for example, accessibility to particular resources, maintenance, safety, parks and open spaces, transportation options, housing, air, soil, water, other environmental health factors, and arts and culture; *people* – social networks and trust, community engagement and efficacy, norms/expected behaviors and attitudes; and *foundation of opportunity* – racial or ethnic justice and intergroup relations, jobs and local ownership, and education (Northridge & Freeman, 2011, p. 584).

In the scholarship reviewed here, there is a strand of literature that claims to promote community-level actions but maintain an orientation toward health promotion and disease prevention as individual behavior change – e.g., influencing self-management of disease (Clark & Utz, 2014) or promoting healthier lifestyle choices (Bryant, 2007). These reflect the embeddedness of a biomedical and individualistic model of health. However, this literature largely focuses attention on community-level rather than individual-level change, approaching the community as a setting or a set of conditions through which individuals engage with each other and with their environment in complex ways (Frenkel & Swartz, 2017; Northridge & Freeman, 2011). While this conceptualization of setting is not new – Macgregor (1961) talked about the "basic social community" as the factor "through which to mobilize support and implement health or other social action programs" (p. 1711) –in recent years, "the places in which people live, play, love, work and worship" (Poland & Dooris, 2010, p. 281) have garnered greater interest from public health practitioners attending to the complex interplay of health and the physical and social aspects of the environment. Place-based and settings-level approaches aim to cultivate environments or contexts conducive to both community and individual thriving –

e.g., safety, trust, engagement, community networks, leadership, and representation (Bogar et al., 2018) – not simply improved health decision-making.

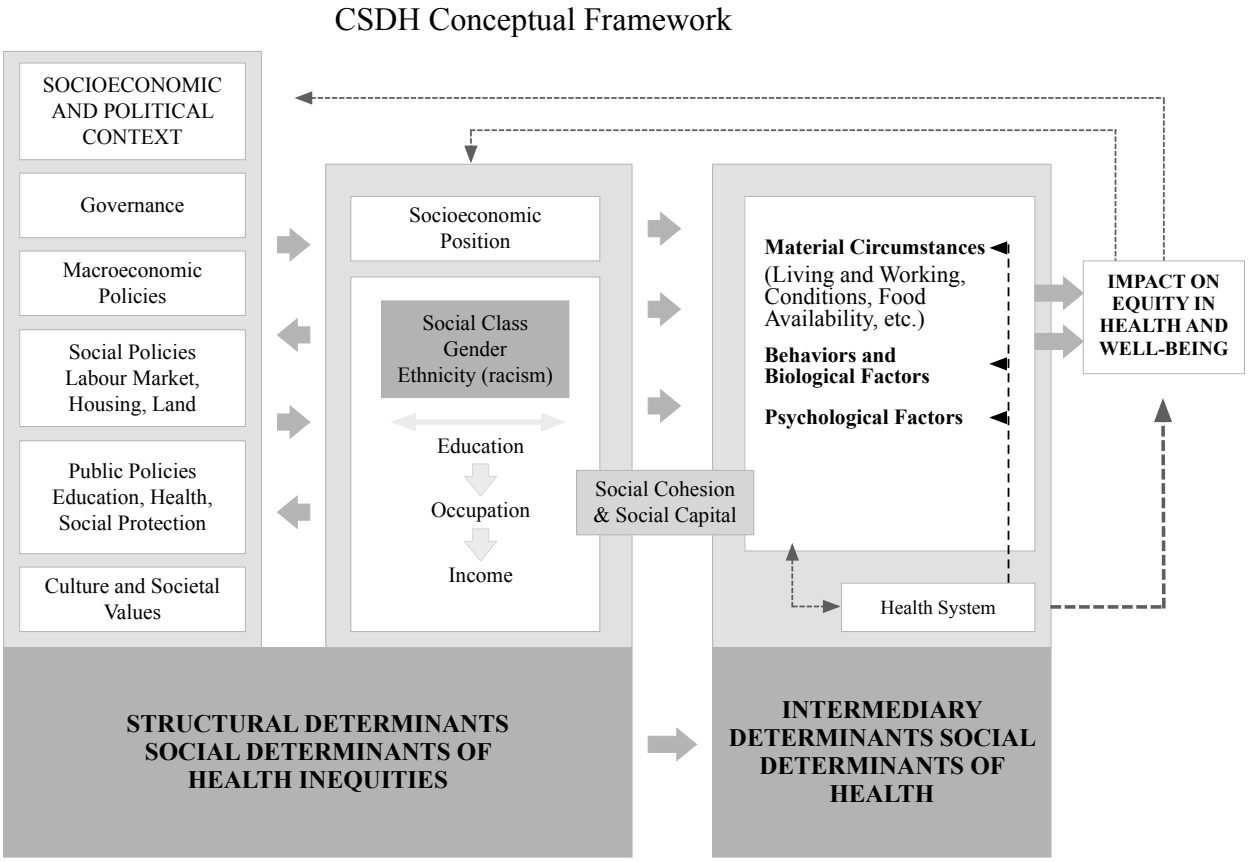

Figure 4. The Commission on Social Determinants of Health Framework (Solar & Irwin, 2010; World Health Organization, 2010)

a) Action on Downstream Determinants

The most prevalent strategies to address these downstream determinants of health at the level of community include multi-sector collaborations, community engagement and community health partnerships, community capacity building, empowerment strategies, and community organizing. While not exclusively focused on effecting change on downstream determinants, these approaches are considered important methods for enhancing communities' ability to effectively respond to threats to their health and well-being (Anderson et al., 2002; Freudenberg, 2004). As vehicles for communities to determine health priorities and strategies, increase their sense of community identity, and build connections with other community members, community-based interventions are seen as making interventions more sustainable (Crisp, 2000), more culturally appropriate (Wandersman & Florin, 2003), and empowering for participants (Rifkin, 2003). Collectively, community-focused strategies, reviewed below, help to build a case for community power by demonstrating the value of non-expert knowledge about health and the role that community action can play in affecting social determinants of health. Notably, however, existing scholarship emphasizing social determinants of health does not necessarily explicate processes of community power building; rather, the focus tends toward documenting changes to local

conditions and behaviors of individuals and achievement of measurable health outcomes. Additionally, this literature does not generally interrogate the structural contexts of downstream determinants or of the actions to confront them.

- **Multi-sector collaboration.** Collaborations to intervene on downstream determinants of health include those between urban planning and public health (Northridge & Freeman, 2011); urban planning, public health, and education (Cohen & Schuchter, 2013); community development and public health (Mattessich & Raush, 2014); public health, academics, and community organizers (Christens et al., 2016); and between a broad range of players including housing, transportation, and healthcare (Mattessich & Raush, 2014). These coordinated efforts aim to develop more holistic, ecologically focused programs that improve multiple downstream determinants of health, and vary significantly in the involvement and leadership of non-professional/non-expert residents (Wolff et al., 2016).
- **Academic community engagement.** Community-engaged research (CEnR) describes approaches to academic-led research that actively involve non-academic stakeholders. Stakeholders (or "the community") in CEnR can range from practitioner networks to informal neighborhood groups, and the research methodology, roles of various collaborators, and applications of the research findings therefore vary substantially between CEnR projects (London et al., 2020). Community involvement in CEnR is often depicted as forming a continuum, with community consultation or occasional feedback on the "low participation" end and community-based participatory research (CBPR), which emphasizes community ownership and power-sharing, on the other (Brenner & Manice, 2011; Kegler et al., 2016; McCloskey et al., 2011). CBPR, which is perhaps the most widely recognized CEnR paradigm in public health, emerges often in the landscape as a promising approach to affecting change on downstream determinants of health (Corbie-Smith et al., 2015; Dickson et al., 2020; Duran et al., 2019; Ortiz et al., 2020; Sirdenis et al., 2019; Ward et al., 2018). CEnR and CBPR are promoted especially as a way to make health research more rigorous and relevant to pressing social issues (Balazs & Morello-Frosch, 2013; McCloskey et al., 2011; Yang et al., 2019).
- **Community Capacity.** The aim of capacity building in the context of addressing downstream factors is to extend the life and efficacy of interventions by facilitating sustainability of practices (Crisp, 2000) in terms of health behaviors or community participation. Goodman et al. (1998) present particularly influential definitions, where community capacity entails "the characteristics of communities that affect their ability to identify, mobilize and address social and public health problems" (p. 259), and "the cultivation and use of transferable knowledge, skills, systems and resources that affect community- and individual-level changes consistent with public health-related goals and objectives" (p. 259). These definitions present community capacity as both a set of characteristics and a process. Goodman and colleagues (1998) also present ten dimensions of community capacity (leadership, participation, skills, resources, social and organizational networks, sense of community, understanding of community history, community power, community values, and critical reflection), which have been widely used by several scholars (Freudenberg, 2004; Freudenberg et al., 2011; Merzel et al., 2008; Parker et al., 2010) to assess outcomes of interventions.

- **Individual empowerment**. The concept of empowerment has occupied great interest among health promoters, but critical distinctions of empowerment as an outcome – for instance, feeling empowered – and empowerment as a process of expressing power (Couto, 1998; Speer & Hughey, 1995) are rarely discussed in the public health literature. However, some contend that the concept of empowerment as a feeling "avoids linkages to power [and social change]" (Speer & Hughey, 1995, p. 745). Indeed, literature at the intersection of health equity and community power notes both the promise (Douglas et al., 2016; Rifkin, 2003; Speer & Hughey, 1995) and limitations (Berry et al., 2014; Riger, 1993) of empowerment as a guiding concept for advancing social change. In a study of health promoters' perceptions of empowerment, Berry and colleagues (2014) reported that, while the concept is salient to health promotion, research participants saw empowerment as an empty promise. Their study respondents observed that "those in power were 'instinctually' against anything that would 'diminish their power'…[and that] As long as there was no agreement or mandate from those in power to redistribute it, empowerment as an agenda would remain embattled" (p. 39).
- **Community organizing.** Community organizing appears often in literature as a framework and strategy for facilitating community-driven change, often in conjunction with professionals and institutions (Anderson et al., 2002; Cheadle et al., 2001). In the context of public health, a prevalent definition of community organizing is "the process by which community groups are helped to identify common problems or change targets, mobilize resources, and develop and implement strategies to reach their collective goals" (Minkler, 2012, p. 37). The downstream-oriented literature revealed models for community organizing in health interventions that largely did not address notions of community power. Moreover, projects claiming to employ principles of community organizing frequently exhibited a *mobilizing* orientation, recruiting participants to engage collectively in the pursuit of a pre-defined or expert-shaped health agenda. Overall, within the health equity literature that focuses on downstream determinants, there is little engagement with complexities and nuances of community organizing and empowerment approaches as dynamic, power-building processes.

3. Upstream Social Determinants

Scholarly interest in "upstream social determinants" (Gore & Kothari, 2013) and "root causes" (Cohen & Marshall, 2017; Woolf, 2017) reflects growing attention to the macro social, political and economic factors that shape the social patterning of unhealthy living and working conditions. Ubiquitous discriminatory beliefs and structures; macroeconomic, social, and public policy; and governance are identified as the drivers of stratified socioeconomic position and unevenly distributed material conditions (Solar & Irwin, 2010; World Health Organization, 2010). Scholars argue for the importance of interventions that targets structural determinants "as opposed to programming targeted solely at the immediate environment" (Gore & Kothari, 2013, p. e52) as the most effective route to improved health, sustained social change, and health equity. Interventions targeting the downstream, this position argues, will have a minimal effect as long as inequities exist across society and overestimate possibilities for community empowerment that "run the risk of becoming a panacea for appropriate accountability and decision-making" (de Leeuw, 2017, p. 343). These arguments implicate public health research oriented primarily at downstream interventions as "participating in, and helping to perpetuate, the fantasy that health

inequalities can be substantially reduced without major social, political and economic change" (Scott-Samuel & Smith, 2015, p. 426). Upstream interventions, alternatively, aim to produce this type of macro-level change.

a) Action on Upstream Determinants

Recognizing the role that macrostructures play in the distribution of social position and opportunity, scholars called for changes to upstream determinants that would ensure the equitable distribution of basic services and rights to a decent standard of living (Blas et al., 2008), establish and maintain healthy policies across sectors (de Leeuw, 2017), and monitor progress toward health equity (Blas et al., 2008; Braveman & Gruskin, 2003). Although the landscape considered an array of structural determinants, scholars emphasized the systemic impacts of structural racism (Hardeman et al., 2018), consequences of neoliberal policies (Beckfield & Krieger, 2009; Schrecker & Bambra, 2015), and the need to develop policies across sectors that cultivate health equity (Whitehead, 2007).

- **Healthy Macro-Policies.** Focus on macro-policies for health can tackle inequalities across society by changing the encompassing systems that determine how decisions are made, how rights and resources are distributed, and how rules are enforced. Numerous scholars pointed to the necessity of better policy, particularly comprehensive welfare policies (Blas et al., 2008) and those which recognize connections between health and other sectors (CSDH, 2008; de Leeuw, 2017). Health in All Policies (HiAP), an approach in which the public health consequences of non-health sector (e.g., the education system, the transportation system, and the justice system) programs and policies are explored and cultivated, was cited frequently as an example of such an approach (de Leeuw, 2017; Erwin & Brownson, 2017; Hahn, 2019). Hahn (2019) argues that achieving HiAP will involve a fundamental change in the practice of public health, requiring public health to "adapt and incorporate the non-health sector's knowledge and practice for public health objectives" (p. 253) rather than incorporating specified public health objectives (such as water fluoridation, tobacco restriction) into the routines of other agencies. Scholars also emphasized the often-overlooked role of law in creating processes and structures shape multiple determinants of health, suggesting that enabling legal environments, legal powers, a functioning criminal justice sector, and public health law capacity are essential to, for example, regulate production and sale of harmful products and ensure access to affordable medicines (Dingake, 2017; Kenyon et al., 2018). Enforcement of law, furthermore, has been identified as critical to justice (McGowan et al., 2016).
- **Addressing Structural Racism.** Structural racism was often highlighted in conjunction with other structural determinants, particularly socioeconomic marginalization and social exclusion (Schlosberg, 2004). Indeed, some models of social determinants of health locate racism and discriminatory beliefs as further upstream of other upstream determinants, suggesting that these ideologies give rise to patterns in institutional power (Iton & Shrimali, 2016). Literature focused on institutional racism often featured a call to action by researchers, particularly highlighting the importance of critical lenses such as critical race theory for advancing equity-focused health research (Cross, 2018; Ford & Airhihenbuwa, 2018). However, interventions to address structural racism were limited in scope, mostly targeting health professionals (DallaPiazza et al., 2018) and healthcare organizations. An intervention by Griffith et al. (2007), for example, focused on using

accountability and relational processes within the organization to recognize and transform systems and patterns that might uphold institutional racism.

- **Redistributing Wealth.** The dominant political and economic trends of our times demonstrate that wealth distribution is critical to health equity (Berman, 2014; Bezruchka, 2018; Deaton, 2002). Gradients of health associated with socioeconomic status have been documented both globally (CSDH, 2008) and in the U.S. (Deaton, 2002), characterized by an "absolute reduction in mortality for each dollar of income" (Deaton, 2002, p. 14) which, more simply, means that "poorer people die younger and are sicker than richer people" (Deaton, 2002, p. 13). Growing income inequality aligns, too, with neoliberal economic policies that disinvest from public goods, like public health, into market-based mechanisms for addressing all social issues. Beckfield & Krieger (2009) have documented declining health and the entrenchment of health inequities as societies embrace neoliberal political and economic policies. Relatedly, neoliberal policies have negative implications for democratic processes given their emphasis on free markets over public services and the increasing concentration of power in the hands of the few (Schrecker & Bambra, 2015).
- **Community organizing.** As a more 'upstream'-focused approach, organizing is conceptualized as a grassroots process working to cultivate individual and organizational capacity to "advocate for, and achieve, environmental and policy changes to rectify these structural inequities" (Subica et al., 2016, p. 916). This view challenges traditional public health programmatic approaches by advocating, instead, for maximizing community agency (Porter, 2019) rather than public health expertise. This more critical view is articulated by Cornish and colleagues (2014), who called for a fundamental shift from programmatic approaches to an "open-ended, anti-hierarchical and inclusive mode of community action" (Cornish et al., 2014).

4. Upstream of the Upstream – Politics and Power

Conceptualizations of health equity have evolved into what some scholars have called the 'fourth generation' of health equity scholarship (Thomas et al., 2011). In this evolution, health equity is framed as a matter of justice, the correction of power imbalances, and dismantling of systems of oppression (Whitehead & Dahlgren, 2006). Here researchers call for work that examines the factors that are 'upstream' of the 'upstream factors' – that is, the factors that shape the socioeconomic and political context as well as the social positioning that these contexts produce. It is within this area of the literature that the case for community power comes most sharply into focus, and where calls for the integration of practical knowledge from community organizing (Givens et al., 2018), commitments to elucidating systems of power (Beckfield & Krieger, 2009), and engagement in power building (Iton & Shrimali, 2016) are merged. This body of literature, largely conceptual rather than empirical, is emphatic: reinvigorating commitments to developing community power is urgent and imperative if we are to advance health equity (Iton & Shrimali, 2016). However, while the conceptual groundwork is firmed, there is far less understanding of what community power building looks like, how it is done, and how, concretely, it leads to social change.

Literature attuned to the 'upstream of the upstream' calls for dispelling a notion of 'neutral' or apolitical approaches to health. According to this view, the notion that science- or evidence-

based approaches are value-free has obscured the ways that power operates in knowledge production and decision-making in relation to health and epidemiology, effectively limiting progress on health equity or corrections in power imbalances. Several scholars describe a problem of "scientization" or the over reliance on scientific evidence and technical thinking to inform and rationalize policy decisions or effect change on larger societal challenges. They argue that the claims of objectivity effectively under-value public knowledge, exclude public participation in the production of knowledge, and reproduce dominant political and economic systems by obfuscating deeply entrenched political and economic interests in the status quo (Brown & Zavestoski, 2004; Goldenberg, 2006; Wemrell et al., 2016). Beckfield and Krieger (2009) capture this argument succinctly: "Power, after all, is the heart of the matter—and the science of health inequities can no more shy away from this question than can physicists ignore gravity or physicians ignore pain" (p. 169).

Additionally, this literature decries the professionalization of public health and its departure from its roots in collective action, power building, and social movements (Fairchild et al., 2010). The historic public health focus on addressing community conditions, often in collaboration with social movements, was transformative for societal health. With the rampant spread of communicable disease, public health workers of the mid-nineteenth century aligned with housing and labor reformers, recognizing the need to change living and work conditions to control the spread of epidemics. The labor movement grew in the face of dangerous and untenable work conditions, and the formation of unions provided a vehicle for workers to exercise collective power through organized actions. Public health workers, mostly recognized through shared technical skills as sanitarians and early epidemiologists, contributed to the development early housing codes via tenement laws, regulation on factory food production, and workplace inspections (Fairchild et al., 2010). These changes were all fought for politically, and in response, life expectancy and other public health benefits steadily increased (Wise & Sainsbury, 2007).

While community power is a central construct for actions designed to redress power differentials and systems of oppression, the landscape of literature revealed a dearth of studies explicitly linking community power and health equity. Health equity scholarship engaged more readily with concepts of community empowerment and community organizing, although these analyses often lacked critical attention to power. What becomes evident through this literature is that community organizing is being interpreted as a dynamic process and mechanism through which to achieve multi-level goals, but understanding and use of community power in the field of health equity is only nascent.

C. Landscape Clusters

The cluster analysis revealed four patterns or types of studies in the existing scholarship [see Figure 5]. Looking at the different variables associated with each cluster, and the proportion of studies assigned to each cluster, the 4 clusters were interpreted as: Centering Power (33% of the 161 studies assigned to this cluster), Community-Engaged Partnerships (27%), Centering Research (17%), and Collective Action (22%). As much as the clusters reveal about what constitutes the terrain of scholarship, they also reveal what is not present, and where there are limited conceptual and empirical understandings.

1. Centering Power

The first cluster represents articles that conceptualize health equity as the connection between micro, meso, and macro conditions, or a focus on linkages between downstream through the 'upstream of the upstream', along with an organizing orientation toward addressing social issues, and an emphasis that either implies or demonstrates a focus on shaping ideology as a critical expression of power. This cluster of studies has several common themes.

First, this subset or typology of studies reflects a strong understanding of health equity as a complex and multi-level concept, which demands the kinds of multifaceted and dynamic responses that are reflected in participatory structures explicitly tied to community organizing and power building approaches. Aligned with the 'upstream of the upstream' rung of the historical evolution of health equity research, this cluster of studies represents a challenge to narrow conceptualizations of health equity as devoid of politics, and pushing against the 'myth' of biomedical superiority in achieving population health. Further, through the orientation towards organizing, this scholarship counters a dominant ideology of individualism prevalent not only within biomedical and behavior change paradigms of health, but in modern society more broadly.

Scholarship in this cluster poses an existential challenge to public health itself. This cluster of studies share a deeper call to the field of public health, a call to reconsider its 'self' – its role, position, approaches, affiliations, and worldview. It calls upon public and community health to shift its disciplinary consciousness and undergo a 'transformative process' through "reflection, questioning, dialogue, creative exploration, imagining, listening, and recognizing the location, interests, and history of those in power" (Chandra et al., 2016; Cornish et al., 2014). Through this transformation, public health professionals might enter roles of "conscious contrarians" (Minkler, 2012) akin to community organizers who challenge dominant worldviews and openly confront uneven power geometries in society.

Literature within this cluster also calls for participatory strategies to express power through changing ideologies that extend beyond the public health field. For instance, the NACCHO (2018) "Advancing Public Narrative" report calls for the advancement of narratives that inspire change and "reach people's hearts and minds" (p. 8) as well as persistent scrutiny of destructive logics that limit the imagination and actualization of alternatives to the status quo. A subset of studies within this cluster describe this expression of power as the framing of issues in order to develop persuasive messaging that can mobilize social movement participation (e.g. Mack et al., 2014); a different subset, however, emphasize organizing (as opposed to a mobilizing orientation) where the power to frame and develop solutions is not conceived as emanating from public health professionals 'for' participants, but is produced by grassroots participants themselves. As an example of studies with an organizing emphasis, a Minnesota public transportation effort by faith-based community organizing group ISAIAH describes leaders and clergy developing a public framing that linked transportation with health, while responding simultaneously to the dominant refrains of neoliberal austerity with a counternarrative framed by themes of "hope, values, and abundance" in order to drive multiple aspects of the organizing strategy – and to challenge concepts of tough economic times in the context of a growing economy in the wealthiest nation in the world (Speer et al., 2014, p. 165).

Published Studies at Intersection of Health Equity & Community Power: Cluster Analysis Pattern

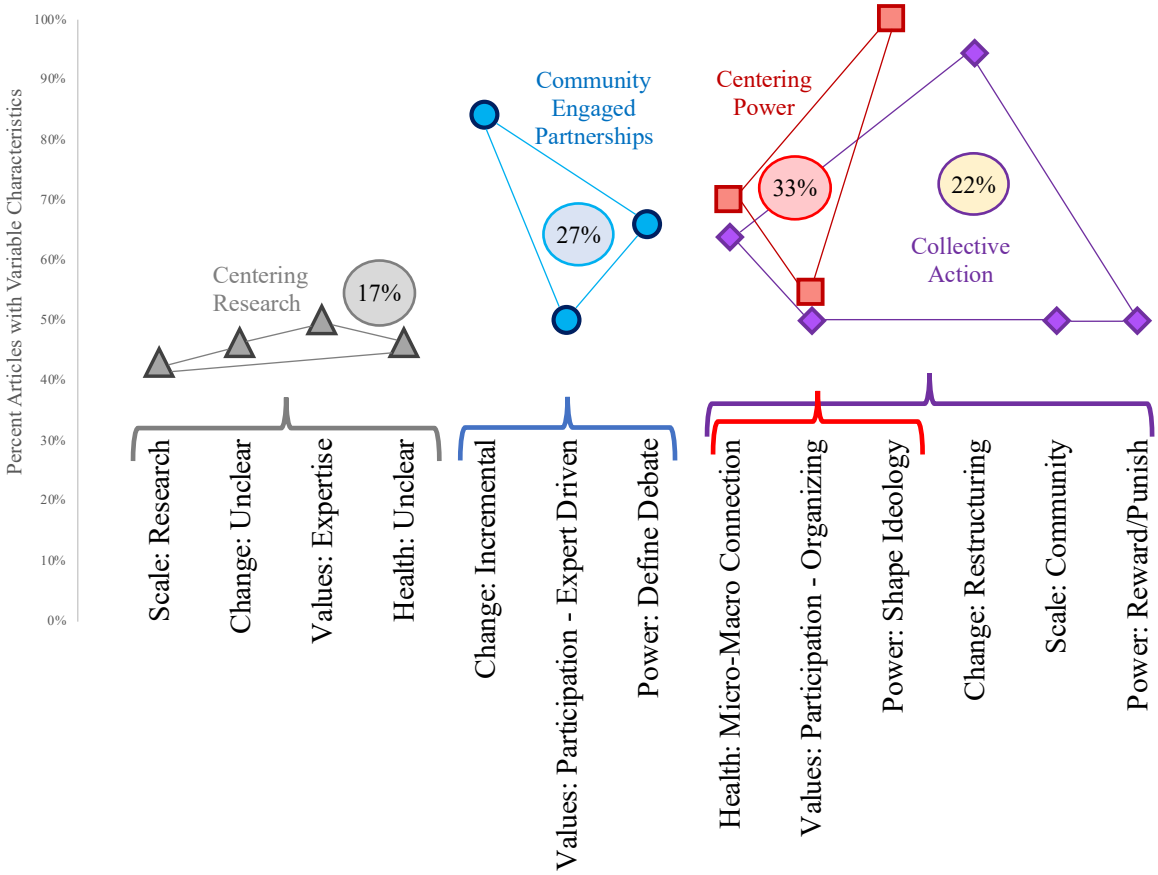

Figure 5. The graph above is a visualization of cluster analytic findings from studies at the intersection of Community Power and Health Equity. The 161 articles studied clustered into 4 types of articles, with each type sharing between 3 to 5 characteristics; those characteristics are identified at the base of this graph while the vertical axis at left indicates the percentage of articles in each cluster that were coded for each characteristic listed at the base of the graph. Two clusters, *Centering Power* and *Collective Action* shared two common characteristics: a health equity orientation linking micro and macro sources of poor health outcomes, and a value for participation as generated by community organizing.

The *centering power* cluster, then, represents a theme embedded within a subset of published studies at the intersection of community power and health equity. This cluster of studies, as a group, does not directly articulate an interest in pushing the development of power as a central feature for advancing health equity, but the cluster shares a view of power as shaping ideology. Of those studies in the *centering power* cluster, 64% were conceptual or theoretical articles (as opposed to empirical studies), reflecting the prescriptive call for where scholarship should move in the future.

2. Community-Engaged Partnerships

Another cluster identified within the landscape is composed of studies that describe or reflect a value orientation toward expert-led participatory processes as the route to addressing social

issues, a predominance of studies focused on expressing power through defining debate, and a prioritizing of incremental forms of social change.

Although all literature included in this landscape analysis shares a focus on both community power and health equity, there is variability in the way that participation is conceptualized and the degree to which such participation is the driving value orientation within these studies. In this cluster, articles center around invited processes of participation – that is, they are convened primarily by an expert entity (e.g., researcher, funder, etc.) even while it might be characterized as a partnership; these may include participatory health impact assessments (HIAs), community health promotion efforts, intersectoral collaborations, and partnerships between communities and researchers (e.g., CBPR, CEnR). In many cases, the issues or concerns associated with participatory opportunities are pre-determined by the experts, usually researchers or funders. Almost two-thirds of the studies in this cluster view the exercise of power as expressed by altering public debate on issues related to health equity, whereas half the studies in this cluster conceive health equity as connecting both micro and macro levels – or downstream and upstream factors shaping health conditions.

The worldview for studies within this cluster is concerned with *who* is at the proverbial table and whether they are able to participate – lending 'voice' and contributing knowledge – in an equitable way (Heller et al., 2014; Iroz-Elardo, 2015) so that they *can* shape the terms of debate. For instance, many studies focus on cultivating community capacity to engage in such participatory processes, which may or may not have the ultimate goal of building sustained community power even while they might aim to affect policy (Cheezum et al., 2013; Chris M. Coombe et al., 2017). The concern for equitable participation is evinced in arguments for the democratization of knowledge-production as crucial to creating the conditions for health through social inclusion. As Belle-Isle et al. (2014) summarize, "[b]y democratizing knowledge production by including community members in the research process, power is distributed through more equitable community-academic relationships" (p. 182). Often referencing its roots in the influential work of Paulo Friere, the scholarship on participatory research processes and outcomes has been burgeoning over the last two decades, bringing forth lessons and critiques.

The social inclusion brought about through community engaged partnership processes can certainly bring about increases in valued resources, effecting incremental changes. That is, the cluster of studies reflecting what we label 'community engaged partnerships' may facilitate more engagement by marginalized individuals, bring about some increases in services, and create channels for typically excluded communities to gain access to decision making processes or contribute knowledge to a change process in such a way that the agenda is turned toward community interests (Balazs & Morello-Frosch, 2013). However, this cluster of studies frequently views community participation and voice in ways that are constrained relative to base building methods of organizing. As noted, participatory spaces often have issues predetermined, or a fixed set of predetermined options are made available to participants and this selection is interpreted as 'democratized knowledge production'. This perspective can be juxtaposed against base building methods that are less predetermined and where collective concerns are emergent through the base building process.

3. Collective Action

Contrasting the cluster of community engaged partnership studies, a third cluster includes a combination of characteristics that include reports of, or calls for, efforts reflecting a more grassroots-led orientation, studies demonstrating expressions of power through systems of reward or punishment, and a preponderance of articles that demonstrate a restructuring form of change – either in aspiration or in actualization. Certainly 'grassroots' efforts do not adopt a single orientation, and our coding of the articles sought to distinguish, in particular, between approaches that emphasize a 'mobilization' orientation and those that employ an 'organizing' orientation. While 'mobilizing' is often focused on recruitment of people who may be already activated or sympathetic to a particular cause being advanced, 'organizing' and base building indicates a process wherein individuals are transformed into leaders, connected with one another through processes of listening and sharing lived experiences, challenged to consider assumptions about what is possible and to contemplate the interests of different actors and organizations influencing the broader community, and engaged in processes of reflection and development as they produce agendas and participate in activities to address injustices that emerge from the lived experiences of the base of leaders (Christens, 2010, 2012; Gecan, 2004; Speer, 2000). While we do not wish to overstate the differences between these approaches – mobilizing efforts may involve organizing, and organizing requires mobilization at different points – it is worth noting that articles in this cluster tend toward an organizing orientation. Cornish et al. (2014), for instance, call for the creation of conditions that give "greater support for open-ended, unpredictable processes, enthusiasm for experimental, horizontal forms of organising and the blurring of the separation between the mobilised and the mobiliser" (p. 60) rather than mobilizing efforts that impose an instrumental rationality to collective action processes. In another instance, Christens and colleagues (2016) discuss the promise of leadership development, relationship-building, and building power through community organizing to tackle obesity prevention both in Wisconsin and in New Mexico (Subica et al., 2016; with funding from the RWJF *Communities Creating Health Environments* initiative).

Studies in this cluster discuss the distribution of rewards or punishments as a key expression of power either to wield or to confront. For example, reporting on the participation of social service institutions in a community's Living Wage campaign, (Bartle & Halaas, 2008) found that the fear of losing funding from the business sector prevented many social service agencies from becoming part of the base of support for a living wage, despite agency clients being among the most affected. In another instance, describing battles over the California Tobacco Tax, Balbach et al. (2000) discuss the challenges for tobacco control advocates in the public health sector, and the challenges for these public health advocates who do not wield the financial power of campaign contributions for elected leaders in the way that the tobacco industry or medical groups do. In this collaboration for tobacco prevention, the priorities for well-financed groups diverged from less resources public health tobacco control advocates leading to tensions among allies and little clarity about how to address these tensions.

Finally, several of the studies in this cluster draw upon environmental justice efforts. While studies of environmental justice cases demonstrated a range of methods for expressing power, they were united in their goal for restructuring change, sharing a common understanding that the burdens of environmental harms are unevenly distributed and the goals of collective action are to fundamentally restructure the distribution of power. Borne out of growing documentation that

hazardous waste facilities were disproportionately located in areas with a preponderance of racial and ethnic minorities, environmental justice developed from grassroots efforts to respond to environmental threats to a nationally-recognized and evidence-supported objective (Gibbs, 2002). For decades, groups of community members, environmental interest groups, and scientists have come together to contest construction of hazardous manufacturing plants, develop and enforce toxics regulations, and identify environmental factors associated with asthma and other health problems (Freudenberg, 2004). These groups, who frequently have little education and few financial resources, have worked to shift public narratives around the relationship between the environment and health, built awareness of environmental health hazards via door-to-door canvassing and petitions, written to public officials, and lain down in the street to prevent dumping of hazardous materials in their neighborhoods—in short, built and exercised collective power (Freudenberg, 2004; Gibbs, 2002). Gibbs (2002) noted that the environmental justice movement is "broad and deep and includes workers, people of color, indigenous peoples, faith-based organizations, and rural and urban families," (p. 98) and, unlike traditional environmentalism, "as much about justice and human rights as it is about public health and the environment" (p. 97).

4. Centering Research

A fourth cluster includes articles that are predominantly expertise-based in their orientation to community, and that prioritize research as the focus of study. Common to this cluster of articles, too, is the lack of a clear conceptualization of the type of change they are affecting. What this grouping reflects, then, is a loose theme of scholarship that is tethered primarily to reflecting on research practices and to informing academic-led next steps to address health equity. Some of this literature looks internally to practices of power-sharing between academic and non-academic partners in community engaged research and CBPR. Articles consider issues of researcher identity and power (Muhammad et al., 2015), but also look more outwardly and prioritize the need for improved theories for how these participatory research practices lead to community change (Grieb et al., 2017). Others, however, look beyond concrete community improvements and instead seek advancements to collaborative research approaches, directing their focus on a research agenda more broadly.

A number of scholars offer prescriptions for the field of health equity research. These prescriptions include a stronger theoretical basis for interventions (Whitehead, 2007) as well as more extensive empirical investigations. Beckfield and Krieger (2009), for instance, are explicit in positing a research agenda for uncovering and confronting the political determinants of health equity. Noting the ideological undertaking of such an effort, they write that "the next step empirically is to refine the research questions and methods by specifying the 'where', 'when', 'how', and 'who' of the complex political processes producing health inequities" and call for the "identification of [the] political predictors about the balance of power" (p. 169). Others note the need for efforts to identify and name institutional racism, specifically, as a mechanism through which health injustices are perpetuated (Hardeman et al., 2018).

Whitehead (2007) offers guidance for a research practice to advance restructuring forms of change. Hearkening to the transformative practices of early public health, Whitehead (2007) emphasizes that the import of these interventions was in their benefit to those who were most impacted from poor conditions, writing that they "operate[d] on the unequal distribution of these

important health determinants [water, sanitation, universal education, health care], and thereby directly tackle some of the causes of the social gradient in health" (p. 477). In other words, the emphasis now, too, should be to operate on the "distribution of the effects of policies, rather than relying on overall figures" (p. 477).

While several authors call for increases and improvements in the translation of research into policies (Beckfield & Krieger, 2009; Belle-Isle et al., 2014; Cyril et al., 2015; Pauly et al., 2018; Whitehead, 2007), there are others who contest this route to health equity and note that something much more fundamental is needed to effect sustainable change – though they are not explicit on what this is. They note that it is not enough for researchers to blame policymakers for poor uptake of 'evidence' as a lack of 'political will' and decry public health as having a thin understanding of politics (Greer et al., 2017). Others note that successful policy achievements are tenuous in an environment where democratic systems are faltering (Givens et al., 2018) or that they are unrealistic all together in a governing climate where private interests rather than the public good is priority (Scott-Samuel, 2015).

III. COMMUNITY POWER BUILDING: THEORIES, APPROACHES, AND MEASUREMENT

While the concept of community power has garnered greater attention in the field of health equity, existing literature reveals nascent understandings of what community power *is* and how it is developed, wielded, and sustained in communities. Too often there is a focus on the need for community power without investing in the complexity and nuance required to develop that power. Beyond the health equity scholarship, however, there are scholarly foundations about the workings of community power and power building. To describe what is known and how it might be applied to advance health equity, we explain the predominant conceptualization of community power, the community change approaches that most align with community power building, the broad theories that guide community power building efforts, and the application of critical practices and approaches that produce community power. Further, we discuss the ways these understandings come together in the measurement of community power and power building.

A. Conceptualizing Community Power

Lukes (2005) provides the most applicable synthesis for conceptualizing community power by distilling debates from the 1960's and 1970's (Waste, 1986) and adding an additional 'face' to develop a framework known as the three faces of power – a framework that aligns closely with base building practitioners and community power scholars (Human Impact Partners & Right to the City Alliance, 2020). The three faces of power, as conceptualized by Lukes, were advanced by the work of Gaventa (1980) who, in a study of an Appalachian mining region, translated these three faces of power into concrete descriptions and measures for how power dominated these communities.

The Lukes framework articulates the mechanisms through which power is expressed in communities. In addition to understanding how power is expressed, we note two additional conceptualizations that are fundamental to community power building (Christens, 2019; Speer, 2008). Before the mechanisms of power can be expressed, there must be a source of power through which those mechanisms can be channeled. Additionally, community power is a very

complex process and an understanding of the nature of power and power relations is critical for health equity outcomes to be achieved.

1. Mechanisms of Power

Although described in the introductory section of this report, we review the key dimensions of power here, starting with Lukes' three 'faces' of power. We consider his model as representing a single dimension of power, with each 'face' lying along a continuum reflecting greater efficacy or impact[2] along with less visibility. Specifically, the first face exercises community power by rewarding or punishing other entities so as to align decisions and behavior of public and private institutions to reflect the interests of base building groups. For example, (Balbach et al., 2000) describe a campaign to alter the allocation of California's Proposition 99 regarding a tobacco tax. They describe the multi-year effort to allocate 20% of the tax to tobacco prevention efforts. Despite the law allocating the percentage dedicated to anti-tobacco education and prevention, after 8 years prevention efforts were underfunded by over a quarter of a billion dollars. The authors describe the deep reliance on lobbyists, professional 'insiders', and interest-group dominated efforts to resolve this lack of adherence to the law. Even legal action, another professionally-directed intervention, in which the court found in favor of fully funding prevention efforts, did not produce a change in the underfunding of anti-tobacco efforts. After 8 years, efforts were made to involve 'outsider' groups – grassroots groups and leaders from local organizations throughout California to become involved. The campaign used the slogan, "follow the will of the voters". This study describes how the involvement of so many voters and community members put tremendous pressure on the legislature, and how the threat of electoral consequences produced full funding of these health education programs.

Next along this continuum is the ability for community power building groups to define public debate. Defining debate can mean expanding or constraining the parameters of public debate. How, and to what degree, can power building organizations refocus a community's attention to issues of health equity? For example, Bezboruah (2013) describes organizing efforts for healthcare needs of disenfranchised residents in a wealthy community. Key to the ultimate success of these efforts were residents engaged through an organizing process, who exercised power to keep the issue a central focus in community debate, "at public meetings and forums attended by elected officials, public administrators, community members, and news media" (Bezboruah, 2013, p. 23).

The third face of power translates to the ways that community power building groups shape understandings and beliefs about issues of health equity. Examining what beliefs held by communities are targeted for change, and how they enact such change, is key for a forward

[2] Reward and punishment can be effective, but until a group or entity has substantial power the exercise of reward or punishment must be repeated for every issue or decision running contrary to the interests of community residents that base building groups represent. Defining the parameters of public debate has greater impact because if a group can place an issue into public focus, they often leverage greater scrutiny of an issue and can draw public sentiment and other actors who may be aligned with the base building group's interests, yielding more impact and less energy than what would be expended solely on the exercise of reward or punishment (acknowledging that this can also inspire a backlash). Shaping ideology has the greatest impact in the sense that influencing what a community believes lessens (though doesn't eliminate) the need for reward and punishment, or defining public debate. Shaping believes, values, and ideologies is the ultimate tool of power.

looking research agenda. For example, in Minnesota the organizing group ISAIAH worked for years to influence collective community understanding about public transportation and health. One aspect of this effort was ISAIAH's challenging the dominant belief, amplified consistently by the Governor, that mass transit was fiscally irresponsible and unrealistic. ISAIAH and a broad group of organizing groups worked to re-shape public interpretation of a mass transit systems into a question of health, with particular emphasis on the inequities of public expenditures that perpetuated poor health outcomes for low-income communities and particularly communities of color (Blackwell et al., 2012; Speer et al., 2014). Together, this continuum, from reward/punishment, to defining debate, to shaping ideology, can be thought of as representing the *mechanisms* through which power is exercised.

2. Source of Power

Exercising community power, however, requires more than knowledge of the mechanisms through which power is exercised. In other words, knowing how community power is exercised will not produce greater health equity. The exercise of community power also requires a *source* of power (Christens, 2019; Speer, 2008). For many in American society, the source of power is the individual. This idea is consistent with a deeper cultural value for individualism and the idea that a single person can impact community systems. There are many symbols and narratives that reinforce the concept of single individuals making change on their own. For example, Schwartz (2009) reports how history has been distorted into minimizing the Montgomery Bus Boycott and elevating the 'symbolic power of oneness' in the role that Rosa Parks played in that effort. Base building practices and organizing approaches that elevate individuals as a source of power are usually less extreme than single individuals acting alone, but practices like 'writing one's congressperson' or attending a city council meeting to speak in time allotments designated for public comments are indicative of an understanding elevating the individual as the source of power. As an example, Cheezum et al. (2013) describe a CBPR partnership directed at addressing the social and environmental determinants of health inequities. This project was defined as a program with three components: 1) tapping a national organization to train the trainers within the local community; 2) trainers then conducted 4 sessions with community residents (adults and youth) on topics such as distinguishing policies from programs, conducting a power assessment, building coalitions, and effective policy change strategies; and 3) trainers to provide ongoing technical assistance. After two years an outcome evaluation of this program was conducted to examine policy advocacy activities, successful policy advocacy activities, and several other outcomes related to the strengths and weaknesses of the training. The evidence for policy advocacy success was demonstrated in one example with this quote, "The [Hispanic] ladies that were involved with us, you know, they speak out more than I have ever seen them" (Cheezum et al., 2013, p. 234). Evidence for policy advocacy activities was further described:

> Participants described being engaged in a variety of policy advocacy activities, including: writing letters and emails to policy makers, attending public meetings, developing relationships with policy makers, holding an attending public protests or rallies, and making presentations in front of policy making boards (Cheezum et al., 2013, p. 235).

As can be seen, some of the outcomes cited as evidence for successful policy advocacy are anchored in the notion of individual actions as a source of power. This view of the source of power is anchored in deeper notions of individualism. Developing power through groups,

organizations, or collective structures is unnecessary; social change is understood from this perspective as the product of a sufficient aggregation of individuals acting for change.

In contrast to understanding the source of community power as an aggregation of many individuals acting for change until a 'tipping point' is reached, organizations or some form of coordinated collective of individuals is the view predominantly held by community power building groups (Speer, 2008). Groups, or mobilizing structures can be understood as the apparatuses through which power can be wielded (McAdam et al., 1996). This typically means some form of collective structure or organization. Social science literature has many terms to represent some form of collective structure. One helpful term is that of 'mediating structure'. Mediating structures include neighborhoods, families, faith groups, and voluntary associations, among others. Mediating structures are 'people-sized'; that is, they are small enough to reflect the values and realities of individual life and garner the input of individual voices, yet large enough to provide agency to groups of individuals so as to influence the broader social structures which are the target of social change efforts. As will be discussed further, base building can be understood as the process of developing and enriching mediating structures capable of acting collectively, along with other mediating structures, to exercise community power.

3. Nature of Power

Additionally, the exercise of community power requires some understanding of the *nature* of power relations, an understanding that directly addresses the role of conflict surrounding power relationships (Christens, 2019; Christens et al., 2008; Speer, 2008; Walker, 1999). There are a range of understandings about the nature of power held by different groups working to exercise community power. Most common are understandings that view the nature of power as collaborative; in this view a collaborative spirit to affecting community change is key to achieving change. Consensus organizing, a popular approach for creating change, explicitly holds that collaboration is key for successfully achieving community change outcomes (Beck & Eichler, 2000). Alternatively, collective impact is an approach holding that rational approaches to community problems are key to effective community change. In this approach, diverse community constituencies can affect community change if a collective effort can be channeled through a singular organizational structure using a data-driven approach to build broad momentum for change (Kania & Kramer, 2011). Alternatively, another understanding about the nature of power views power as inherently conflictual. Although some groups apply this understanding by creating conflict as a change strategy, a conflictual understanding about the nature of power does not advance 'conflict' per se, but directly addresses the fact that actors and institutions with power will not cede based on reason or morality; the alteration of power relationships results only from the challenge that comes from power (Speer, 2008). As the philosopher and theologian Reinhold Niebuhr asserted:

> Social analyses do not recognize that when collective power, whether in the form of imperialism or class domination, exploits weakness, it can never be dislodged unless power is raised against it . . . social justice cannot be resolved by moral and rational suasion alone, as the educator and social scientist usually believes. Conflict is inevitable, and in this conflict power must be challenged by power (Niebuhr, 1932, p. xv).

As an example of how conflict surfaces in community contexts, Bartle & Halaas (2008) describe social service agency involvements in a municipal living wage campaign. These authors note the support for living wages on the part of individual social service agency personnel due to the needs of clients. The issue was complicated by the fact that many social service agencies did not pay a living wage to their own employees. As a result, social service agencies were 'neutral' on these ordinances despite the needs of agency clientele. However, what may be understood as the nature of power then surfaced when the local United Way was "threatened" by local business interests, with business pressuring the United Way to have social service agencies oppose the living wage campaign. In the end, social service agencies remained neutral (neither supporting or opposing the living wage), but nevertheless viewed their position as highly political because they resisted pressure from business interests through the intermediary of the United Way.

B. Community Power Building Theories of Change

No matter whether they are explicit or implicit, community organizing and power building efforts are all guided by assumptions and beliefs about how group efforts will produce social change. The assumptions guiding different efforts are quite diverse yet critical for understanding how social power is developed. To help ground an understanding of the literature about how community power is developed, it is helpful to review the most dominant theories of change that guide base building practices and community organizing group efforts. These theories of change influence and shape the strategic practices and priorities utilized in the process of developing community power and, in turn, the ways that power building groups operate to affect community change and health equity concerns.

1. A Continuum of Theories of Change

Theories of change applicable to community power building can be depicted as a continuum of four predominant classes of theories. The first three are theories of change most commonly associated with base building and social movement scholarship, while the fourth theory presented here, post structural theory, is much less common yet nevertheless surfacing with more frequency in both organizing and movement theory and practice.

Agentic theories view individuals and communities as the central architects for developing the power necessary to improve their communities. Political process theories examine how local actors can develop agency within their communities by navigating the strong limits imposed by macro-level processes. Structural theories examine the macro-level economic, political, or cultural systems that constrain what is possible when exercising community power, and focus primarily on the need to alter social systems before more specific issues and concerns – in this case, health equity – can be addressed. Finally, post structural theories may be understood to largely reframe the focus of change by seeking to alter what the targets of change should be. In contrast to a focus on specific issues and material conditions that exist with agentic, political process, and structural theories, the post structural focus is often on altering the conceptual architecture upon which existing social systems are built.

While these descriptions are broad and oversimplify the many features of how change is thought to unfold in various theories, they nevertheless provide an overview of how change may be thought to happen within different efforts to build community power. Depicting these classes of theory along a continuum demonstrates that while there are important distinctions between the theories, there are also similarities and overlaps in how they conceptualize agency, social systems and institutions, structures, and context (Rusch & Swarts, 2015). The goal of this section of the landscape analysis is to demarcate these theories of change in support of a forward-looking research agenda.

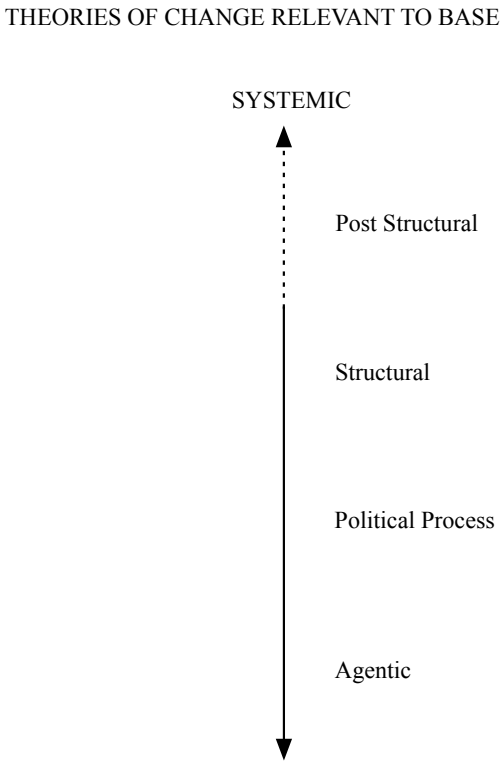

Figure 6. Theories of Change

a) Agentic Theories

A belief in the capacity of local organizing efforts to alter community structures and systems constitutes the essence of agentic theories. Agentic approaches focus on the mechanics of how individuals and groups are transformed – what might be considered a micro-level emphasis on processes employed by groups to develop new participation and engagement. Base building practices are often associated with agentic theories of change, although base building practices are utilized by groups across the spectrum of theories of change. Community organizing is often associated with the grassroots processes they employ, and the emphasis on more bottom-up processes reflects an agentic understanding of how to affect change.

Processes of recruiting and developing leadership within local communities comprise some of the most fundamental work of community organizing (Christens, 2019; Han et al., 2020; Whitman, 2018). Leadership development is conducted in tandem with building strong organizations, and this combination then develops strategy to alter community conditions so as to improve the quality of life for those being organized. Agentic theories of change acknowledge environmental conditions and constraints but emphasize how leaders are developed through direct experiences that explore how individuals navigate agitation, fear, self-doubt, and isolation on the way to empowering people to understand their interests and the interdependency between themselves and their neighbors.

As an example of an organizing approach reflecting agentic theory, Ganz (2009) describes the United Farm Workers (UFW) in California and the methods they used to develop the capacity to generate a grape boycott to produce impactful changes. Ganz emphasizes the development of strategic capacity within the UFW's organizing efforts. His focus is on intentionally tailoring organizational processes to align with participants around their identities, networks, and tactical skills. Although he acknowledges that organizing efforts must be ready to take advantage of

political opportunities that arise to achieve effective change, the focus is not a dependency on emergent environmental vulnerabilities, but on participatory and analytic skills and the tactical awareness of how particular organizational resources have greater value within specific environmental conditions.

b) Political Process Theories

Political process theories hold that effective social change unfolds when organized groups are strategic about when and how to act on ruptures or unexpected changes in the political landscape. Because powerful actors are deeply entrenched through numerous financial, legal, cultural, and other reinforcing mechanisms, the potential efficacy of change efforts by organized groups is extremely limited. Political process theories emphasize that although movement and organizing efforts are severely constrained by social structures, there is nevertheless space for agentic efforts when unanticipated external changes make established power structures vulnerable.

With this perspective, political process theories focus on three factors that largely determine when and how the emergence and development of collective efforts focused at change will have potential for success: political opportunities, mobilizing structures, and framing processes (McAdam et al., 1996). Political opportunities are the breaches that emerge in the broader political system which expose or weaken the typically fortified positions of powerful actors. These changes in political contexts make organizing and movement initiatives either more or less likely to succeed in altering community conditions. Mobilizing structures are the organizational forms that are required to channel collective participation into power. Without the existence of these organizational forms, it is held that collective efforts to exercise power are extremely limited. There are many different kinds of mobilizing structures, with different repertoires relating to strategies, cultures, ideologies and the like (Corrigall-Brown, 2012). Political process theories often attend to how the composition of various mobilizing structures align, or don't align, with particular political opportunities that are available. Finally, framing processes include the way that shared meanings are developed and distributed throughout a jurisdiction or political environment to develop an interpretation of grievance or shortcoming that needs to be addressed (Benford & Snow, 2000; Reese & Newcombe, 2003). For example, the *Occupy* movement framed the issue of income inequality with the phrase "we are the 99%" which proved an effective way for people to understand the magnitude of income and wealth disparities in a simple statement. The framing of grievances is seen as key to broadening the community participation necessary to leverage the political opportunities available.

Another example of a political process theory is the emergence of 'prefigurative politics' as a theory of change (Breines, 1989). Rather than focusing exclusively on material changes at community and societal scales, strategies are recalibrated to affect change within organizing and movement efforts themselves. Prefigurative politics can be considered one component of a theory of change which holds that when change efforts and practices are reflective of the goals that groups are seeking to achieve, eventually the broader community and society will absorb those goals – particularly given the right political opportunities. Some observers argue that this approach can be conceptualized as an incrementalist theory of change, attending to internal workings of change efforts rather than external changes. Other observers argue that prefigurative approaches to change represent the idea of establishing alternative institutions that reflect the goals of change efforts, rather than pushing for change within existing institutions and structures.

The Changing States Framework developed by the Equity Research Institute (formerly called PERE) is another example of a political process theory. This framework seeks to advance the development of a progressive governance infrastructure, which, as the authors explain, "requires both open and transparent avenues for democratic processes as well as the civic capacity to take part in such processes" (Pastor et al., 2016, p. 10). In other words, the emphasis on *governance*, while geared toward changing structural factors, is concerned with the cultivation of processes that can make agentic efforts possible. As the application of the framework to place-based collective action efforts for health equity demonstrate (Pastor et al., 2020), community power building practices are best understood and advanced when they are sensitive to the social, political, and economic contexts of which they are a part.

c) Structural Theories

Structural theories prioritize the need for change efforts to focus on macro-level systems, whether economic, political, or cultural. Broad social systems are viewed as the root causes or 'upstream' sources of social problems by structural theorists. Change efforts, then, are viewed as partial, at best, if these deeper systems are not the focus of change. While the capacity for base-building efforts, or even social movements, to alter macro-level systems is limited, structural theories often elevate interpretations of how systems impact people and communities, and from these interpretations develop tactics that seek to weaken or challenge broad systems, and then work to engage others in developing a clear analytic of the consequences of broader social systems.

Piven and Cloward's (1977) *Poor People's Movements* posits a theory of change reflecting a structural perspective. Their theory of change is based on the politics of disruption: they hold that community organizing efforts and social movements can only affect change through tactics that disrupt the workings of institutional systems (Kling, 2003). Anything short of disruptions at a broad institutional scale are efforts that make, essentially, marginal changes in the lives of the poor, while providing institutions the ability to adjust and accommodate to the pressures for change while keeping their power and control intact.

Importantly, Piven and Cloward offer an understanding that runs counter to the developmental emphasis of base building practices and more agentic theories of community organizing. Rather than advancing a model of change that attends to contextual factors and appropriate strategies as guided by organizers, they hold that direct action by people themselves represents the leverage that will affect systemic change. The theory of change advanced by Piven and Cloward is a structural theory that challenges other structural (specifically Marxist) analyses about how poor people develop into political actors. They are critical of traditional Marxist understandings that view social change as unfolding only through revolution by the working classes; instead, they challenge Marxist dogma by building on the traditional organizing approach that starts with the lived experience of those being organized:

> "Workers experience the factory, the speeding rhythm of the assembly line, the foreman, the spies and the guards, the owner and the paycheck. They do not experience monopoly capitalism. People on relief experience the shabby waiting rooms, the over-seer or the caseworker, and the dole. They do not experience American social welfare policy" (Piven & Cloward, 1977, p. 20).

For Piven & Cloward, traditional leftist analytics have limited value for poor people because this orientation starts with a theory of change that is abstracted from the day-to-day lives of people. Instead of imposing constructs like 'surplus value extraction,' Piven & Cloward start from a traditional organizing orientation. However, they also critique traditional organizing efforts as flawed in that they pull people away from the streets where mobilizations to escalate unrest have leverage and, instead, push people into meetings and trainings in ways that diminish the disruptive power of mass mobilizations. At a deeper level, Piven & Cloward assert that traditional organizing is usurped by the needs of 'organization-building' because organizers must acquire resources for their organizations, and these resources come from the powerful interests they are organizing against. In contrast, they assert a theory of change that unfolds only through relatively spontaneous uprisings by the masses that disrupt the status quo, forcing adaptation to the interests of the poor. Elements of this theory of change are evidenced in many ways in organizing efforts today such as the leaderless structure of the Occupy Wall Street movement (Kreiss & Tufekci, 2013). Mobilizations across US cities and throughout the world that emerged in response to the murder of George Floyd at the hands of four police officers are an example of spontaneous, disruptive marches that exemplify the theory of change advanced by Piven & Cloward. Other structural theories are reflected in the work of Human Impact Partners in collaboration with the housing justice network The Right to the City Alliance (2020).

d) Post Structural Theories

The category of post structural theories is a broad term that encompasses a diverse and emerging set of critiques about understanding society and how to affect change. At their core, these theories[3] tend to share a critique about the capacity to make impactful social change within the confines of existing conceptualizations of change efforts. One analogy would be the distinction between first- and second-order change (Watzlawick et al., 1974). First-order change accepts the 'rules of the game' where the nature of such change is fundamentally anchored in modifying conditions based upon the terms of existing rules and conceptualizations of society. In contrast, second-order change is framed as transformational, revolutionary, or discontinuous – it requires challenging existing assumptions and operates from a different worldview to address particular problems. Whereas first-order change tends to pursue strategies that might be considered positive individual adaptations to unhealthy social problems or contexts (i.e., violence, obesity, inadequate housing), second-order change considers methods for altering the system as a whole, rather than attacking a particular problem. In one way, post structural theories can be understood to focus on challenging many taken-for-granted assumptions of Western thought rather than on specific material conditions.

One example of second-order change is an effort in Camden, NJ to address a spike in violent crime in the mid 1990's. In contrast to the prevailing view of elected officials and many institutional leaders at that time who prioritized incarceration as the only way to deal with violent crime, this base-building effort came to a counter-intuitive understanding: that violent crime was driven by disinvested environments, rather than by intrinsic qualities of 'criminal' residents. In this effort, the organizing group CCOP formed an analysis that identified vacant houses as catalysts or 'upstream' causes for violent crime and drug dealing. Though publicly derided by the Mayor, CCOP pushed for stronger housing policies that rehabilitated vacant houses that were

[3] In this report, post structural theories will be described in the plural to reflect a diverse mix of orientations and critiques that go by many terms such as postmodern, post-Marxist, feminist, and others.

structurally sound and demolished vacant houses that were beyond repair, rather than pushing for more enforcement and incarceration. After one year of altered housing policies, violent crime dropped 53% on blocks where vacant houses were rehabbed, boarded up, or demolished, with violent crime reduced 25% citywide (Speer et al., 2003). Although the Camden focus on environments rather than individuals may be an example of second-order change, it still falls short of many post structural approaches, in that this effort targeted crime rate as the change goal, without challenging the broader systems which may be contributing to poverty or shaping what is defined as 'criminal'.

Campbell (2014) illuminates the post structural perspective by differentiating between materialist and constructionist viewpoints. Campbell stresses the need to move beyond materialist theories (these may be considered to include agentic, political process, and structural theories as presented above), given the scale of macro-economic changes within the neoliberal era. In contrast, she urges deeper consideration of constructionist (post-structural) theories of change as they may provide richer possibilities for more effective community mobilization into the 21st century. In this analysis, Campbell is critical of Freirean, Marxist, and other power-building approaches that tend to view change processes as linear, emphasize collective efforts, and seek to produce material change. In contrast, Campbell elevates the promise of post structural strategies where, "the process through which people or groups come to see themselves differently ('constructing new life narratives') *in itself* constitutes emancipatory social change and the goal of community mobilization (Campbell, 2014, p. 49, italics in the original). Here, the focus is on community mobilization and the engagement of low income or vulnerable communities in shaping community conditions, and the way that such participation may open new understandings of the world through such efforts.

The category of post structural theories might be considered oxymoronic in that post structural theory, most broadly, is associated with a set of features that include non-linearity, complexity, and indeterminacy. The concept of 'categories' is often rejected in these theories for the way such clustering leads to broad generalizations and privileged meta-narratives. Instead, in post structural theory, the focus is often on language and the power of language, and the way language drives our fundamental understandings and behaviors. Post structural theories challenge the notion of understanding the world as a knowable pattern of regularities that can be acted upon to alter human conditions. From this framework, change outcomes become less clear and notions of economics, social class, and agentic action all become suspect in relation to change efforts. In this context, Campbell emphasizes that notions of power are challenged by post structural theory, particularly binary notions that view some as powerful and others as powerless. Instead, the focus of post structural theories of change is less on collective power per se than on issues of identity, narrative, or culture. Theories that center identity might be considered part of the post-structural point along the continuum of theories of change. Crudely defined, these theories reject a social change and political program based exclusively in economic or class analysis. Contemporary work in this arena draws from the theory of intersectionality developed in the legal realm (Kimberle Crenshaw) and Black feminist sociology (Patricia Hill Collins), which contend that frameworks that narrowly focus on one category of experience – economic –reinforce marginalization of other categories of experience – race and gender. Instead, from this view, political claims based on the self-definition of identities as constituted by multiple and intersecting experiences of marginalization must be legitimized.

Furthermore, post structural theories emphasize the uniqueness of geographical locations and historical moments, thus resisting generalized approaches to change efforts. Indeed, at an extreme, these theories are opposed to the very concept of 'community' or a 'base', where, instead, the emphasis is on heterogeneity, emergence and emotion, and the instability and untrustworthiness of organization (Rosenau, 1994).

2. Connections Among the Theories of Change

Alignments among particular theories of change provides a lens for understanding the tactical choices across different community power building organizations. Nevertheless, one challenge to understanding the complexity of power building processes is that theories of change have many similarities among them. So, while different theoretical perspectives distinguish the ways that community power is developed (Sutton, 2007), it is critical to note that there are many similarities among different theories of change (Rusch & Swarts, 2015). For example, all theories, not just agentic theories, understand and focus on the steps that individuals and organizations can take to express their agency and exert their will in shaping the broader environment. Likewise, all theories, not just structural theories, acknowledge the influence that social systems and institutions have – and the limitations these systems create on what is possible through the actions of community power building groups. Similarly, post structural theories emphasize a sensitivity to time and location, in a form somewhat similar to political process theories that are attentive to how particular urban and regional contexts shape organizing and movement activities in relation to shifts in political conditions (Pastor et al., 2016). Such overlaps and similarities notwithstanding, it is helpful to examine the theories of change through which power building groups are operating, in order to understand the particular sets of practices and beliefs that drive the strategies and tactics of different efforts, and gain clarity on why some efforts are successful in some conditions while others are not.

C. Community Change Approaches

These four groupings of the most common theories of change provide a helpful lens through which to interpret base building practices and organizing approaches within different community power building efforts. Critically, these theories of change are most important for the way they influence community power building – not just directly, but in combination with the practices, strategies, and tactics that power building groups employ. In other words, theories of change not only guide the organizing methods and approaches that different community based efforts engage, these theories are best understood as factors that temper or refract the application of a more direct set of standard base building and organizing methods (Laing, 2009). To understand base building and organizing methods, it is important to first consider the range of community change approaches that exist in community contexts and within the social science literature.

As interest in the community power concept has grown, community organizing, community power building, community engagement, and a host of similar terms have been utilized to describe a broad set of community interventions and community change activities, often under the claim or image of participatory or people-driven forms of change. However, the range of change activities deployed under these participatory banners are often a mix of activities without a grounding in more complex conceptualizations of power (Lawlor & Neal, 2016; Petteway et al., 2019). Indeed, this mushrooming of community power claims has made different change

approaches appear more similar conceptually than they actually are in practice, and therefore it is increasingly difficult to discern the critical understandings and practices associated with efforts that actually affect health equity, and related conditions, in communities.

Further exacerbating these challenges is the fact that research on community power building and community organizing suffers from the lack of a clear taxonomy to help distinguish important differences among community organizing efforts (Brady & O'Connor, 2014; Silverman, 2001; Speer & Han, 2018; Swarts, 2011). Critical differences across organizing groups tap not just theories of change, but ideologies, strategies, goals, and practices of organizing.

1. Variability within Community Change Approaches

While it is beyond the scope of the present analysis to explicate the full range of approaches to community change, we describe the most influential framework for considering various approaches to community based interventions in the table below (Rothman, 2007). Community power building is most closely aligned with social advocacy in the context of Rothman's model, but there are important differences. While there are significant approaches to community change not covered in Rothman's model, his is the most commonly cited and while not completely comprehensive, gives a view of the breadth of community change approaches. Change approaches not explicitly covered in Rothman's model include popular education, community norms, public advocacy, social marketing, self-help, and many others (Anderson, 2006; Checkoway, 1995; Fraser, 2005; Hyman, 1990). In addition, there are important social movement efforts such as Black Lives Matter and Occupy, as well as membership organizations like the National Domestic Workers Alliance and the Sierra Club, who take distinct approaches to achieving change. Nevertheless, there are elements of these different community change approaches embedded in Rothman's model (i.e., self-help change would align with capacity development and community norms would align with policy/planning).

As an example of an approach to community change contrary to community power building methods, media campaigns (mass marketing, social marketing, mass media, media advocacy) are designed to produce change by altering public awareness of particular problems and engaging media as a tool for leveraging social change (Dorfman & Krasnow, 2014; Wallack, 1994). Critically, media campaigns are not approaches that seek to redirect the issues in public debate or to alter deeper narratives or ideologies as a challenge to power, but, rather, entail media messages that accept the status quo and seek to modify individual behavior to better adapt to existing community conditions. A social marketing campaign might focus on exercise to address obesity, rather than addressing systemic causes like the massive oversupply of corn production stemming from federal subsidies resulting in high fructose corn syrup in almost all processed foods, or suburban sprawl and automobile-centered lifestyles that limit physical exercise and constrain walk/bike mobility (Christens et al., 2007). In social marketing approaches, health advocates leverage their expertise by framing media messages to produce positive behavioral changes in community residents – to the benefit of those residents. However, the source of community problems – upstream issues – are left unaddressed and change is largely one of individual adaptation to unhealthy community conditions.

Table 2. Rothman's Modes of Community Intervention

	MODE	PRACTICE APPROACH	PRACTICE EXAMPLES
Policy / Planning (Using data-based problem solving)			
Predominant Policy Planning	Rationalistic Planning	Prioritize use of data in intervention	Comprehensive city planning, state planning of prison facilities
Policy Planning with Substantial Capacity Development	Participatory Planning	Citizen and client involvement in designing and implementing intervention	United Way, Citizen planning councils
Policy Planning with Substantial Social Advocacy	Policy Advocacy	Internal change agent designing and pushing intervention	Policy advocated in departments of health, housing, and child welfare
Capacity Development (Building group competency and solidarity)			
Predominant Capacity Development	Capacity-Centered Development	Competency building through indigenous self-help problem solving	Block clubs /neighborhood councils, Peace Corps projects
Capacity Development with Substantial Policy Planning	Planned Capacity Development	competency building through pre formulated plans	Community Development Dorporations, United Nations economic development
Capacity Development with Substantial Social Advocacy	Identity Activism	competency building through with activist pressure	Ethnic organizing, Self-help groups
Social Advocacy (Using pressure to invoke change)			
Predominant Social Advocacy	Social Action	Using militant pressure tactics	ACORN / IAF, Environmental action – Greenpeace
Social Advocacy with Substantial Policy Planning	Social Reform	Using data as a change tool	Nader Public Citizen Projects, Children's Defense Fund
Social Advocacy with Substantial Capacity Development	Solidarity Organizing	using member solidarity as a lever for change	Farm Workers Union, Black Panthers, The Student Movement

As noted, community power is an increasingly popular concept, yet how such power is conceptualized varies widely with different change approaches. In the case of media campaigns, Wallack asserts that traditional mass media is geared toward an "information gap" that is based on a theory of change attributing social problems to knowledge deficits among those burdened or suffering from a particular problem. He contrasts the traditional mass media approach with the media advocacy approach – described as "a tactic for community groups to communicate their own story in their own words to promote social change" (Wallack, 1994, p. 421). Media advocacy is said to differ from traditional social marketing approaches in that media advocacy is geared toward a "power gap" that can help "motivate broad social and political involvement" for change. Media advocacy can be understood to require community participation (not a characteristic of social marketing); nevertheless, this approach remains anchored in a theory of change that views community members as possessing a knowledge deficit – in this case a lack of

knowledge about building and exercising power (the power gap). With media advocacy, change efforts remain brokered by experts who communicate a community's perspective (telling their story) on their behalf, with the idea that communicating messages on behalf of active community members will help teach and motivate other, less active members so that they engage socially and politically.

In what follows, we scrutinize community power building and community organizing approaches that employ base building practices. Whereas alterative community change approaches – for example, social marketing or self-help programs – can be understood to ultimately target individual behavior changes, community power building approaches are anchored by an understanding that only through community power can more fundamental change be realized. For power building approaches, changes to the social and structural determinants of health – as well as deeper imbalances of power in society – are required to achieve health equity.

2. Base Building in Relation to Community Power Building

Community organizing groups are closely associated with power building efforts. As noted, community organizing is a term applied to a wide range of practices, and community organizing is the most common mechanism for developing community power within the social science literature, but a clear taxonomy about what differentiates the approaches and practices of activities that go under the moniker of 'community organizing' does not exist [4]. Certainly there are many common practices and concepts among the efforts that are labelled community organizing, but the wide variability across practitioners and groups (Pyles, 2013; Smock, 2004) necessitates finer distinctions about actual methods and practices.

One critical distinction among organizing efforts is the extent to which they employ the practice of base building as they develop community power. The definition of base building used in *Lead Local* is:

> A diverse set of strategies and methods to support community members to: be in relationship with one another; invest in each other's leadership; share a common identity shaped by similar experiences and an understanding of the root causes of their conditions; and to use their collective analysis to create solutions and strategize to achieve them.

So, while base building is often used synonymously with community organizing, base building is best understood as a specific practice used by some community organizing groups. Specifically, base building practices are strategies that invest in the cultivation of new participants[5]. As a further delineation, this investment is not about recruiting members to predetermined activities (what is described herein as mobilization), but about investments in hearing residents share concerns and needs affecting them, and listening for their analyses of why such needs and

[4] Some examples of organizing labels meant to capture distinct typologies include: power-based, constituency, youth, democratic, neighborhood, relational, electoral, pressure group, congregational, identity-based, civic, transformative, women-centered, community-building, Marxist, participatory, faith-based, labor, consensus, school-based, progressive, social-action, Alinskyite, and internationalist, among others.

[5] Base building is sometimes used as a term to describe the constituency to be organized (i.e., geographic, institutional, demographic, workplace, Kahn, 1992) rather than a set of practices for recruiting and developing new and vibrant members to a community power building organization.

struggles exist (Christens, 2010; Gecan, 2004; Speer & Hughey, 1995; Whitman, 2018). Although base building seeks to expand numbers of participants, base building is distinct from the common focus on expanding the base (which *is* about increasing numbers of members or participants). Although paralleling a quantitative focus on numbers of participants, the emphasis in base building, perhaps paradoxically (Rappaport, 1981), is on getting to know and understand the lived experience of community residents (Medellin et al., 2019), thus deepening a qualitative connection or relationality among participants, and between participants and the organizations they become engaged with. A common thread to the *Lead Local* project has been the use of base building processes among the community power building efforts studied (Pastor et al., 2020)

Base building includes diverse strategies, and different community power building efforts typically select a subset of activities to engage in, and place different relative emphasis within those activities, resulting in differences and variability across groups (Douglas et al., 2016; Minkler et al., 2019; Zemsky & Mann, 2008). One axis of differentiation is between efforts that *recruit* or mobilize individuals into existing issue campaigns, versus efforts that *listen* to the concerns and issues of those currently uninvolved. This distinction can be thought of as organizing that engages base building methods to identify new members to *consume* predetermined community issues, versus organizing designed to invite new members to help *produce* what an organizing group will work on. No organizing group is purely structured or purely without form, but this distinction is an important factor in understanding how organizing groups think about and apply base building practices. A second common axis to distinguish among base building practices is the relative emphasis on expressive or instrumental ends (Hart, 2001; Polletta, 2002). The recruitment/listening distinction is associated with the expressive/instrumental difference (i.e., recruitment and instrumental emphases often co-occur), but community power building groups engaged in base building practices often elevate both expressive and instrumental needs, and seek to strike a balance of these needs is what ultimately produces organizations capable of exercising community power (van Stekelenburg et al., 2009).

At their best, base building processes may be considered transformational (seeking to develop a social and political analysis among residents) rather than transactional (recruiting people for a specific task). How base building approaches achieve engagement leading to transformation may include any number of methods such as working to develop relationships among residents, providing opportunities for residents to cultivate leadership skills, and engaging new members in political analyses (Han, 2016; Maton, 2008; Peterson & Zimmerman, 2004). Regardless of the methods used, the degree to which groups invest in the development of constituents – whether to cultivate critical consciousness, psychological empowerment, or deeper political analyses – differentiates groups as to their practices of base building. Although the methods for involving new residents varies substantially, the ultimate outcome for all base building is the development of engaged memberships for organizing efforts that, in turn, become organizations leveraging community power capable of shaping the broader community in which residents are embedded.

3. Organizing Approaches and their Application in Developing Community Power

As noted, the lack of a clear taxonomy has resulted in a broad range of activities that are labelled community organizing, thus making declarative statements about particular types of community organizing ambiguous at best. Nevertheless, there are several foundational approaches to community organizing that are applicable for community power building, and these approaches

are critical to answering the North Star question. The approaches gleaned from the literature are best understood as a set of orienting perspectives that include conceptual framing of problems, strategic orientations to change, tactical approaches, and similar factors for practicing community power building.

These orienting approaches can deepen understandings of how community power is developed in base building and organizing processes. One dimension would include change strategies. As an example, some change strategies work to create alternative institutions to address community problems, another change strategy could be through identifying the right experts who can develop creative technocratic solutions to problems, and still other approaches pursue building collective power to press for more responsive local institutions. The locus of intervention is another orienting approach to consider. In working to create change, groups may tend to focus change strategies at the point of production (such as traditional labor strikes and picket), at the point of consumption (like boycotts or demonstrations), or at the point of decision (where elites or those with power determine the fate of others, as with board meetings or, globally, economic forums like those in Davos, Switzerland). Additional orienting approaches might include interpretations about the source of community problems, change tactics, orientations to the power structure, the role of an organizer or facilitator, and similar dimensions that differentiate community power building approaches [See Table 3].

Beyond the orienting approaches that distinguish different power building efforts, it is the ***application*** of these approaches in practice that is central to understanding how power is developed in community power building groups. Another way to consider this is that the orienting approaches through which groups work to develop power (change strategies, locus of intervention, source of community problems, etc.) reflect *attributes* of different base building and organizing efforts, but the methods of *application* to base building and organizing are what shape how those attributes are expressed. The actual daily practices within base building and community organizing are challenging for many reasons, and one reason is that the application of these practices requires an appreciation for nuanced and context-dependent execution of strategy and development. Base building and organizing practices have to work at both *developmental* and *strategic levels* simultaneously – and it is helpful to conceptualize their application as reciprocal or dialectic.

KEY ORIENTING APPROACHES TO POWER BUILDING
Source of problems
Change strategies
Change tactics
Orientation to power structure
Boundary definitions
Role of organizer
Locus of intervention
Outcomes valued
METHODS OF APPLICATION FOR KEY DIMENSIONS
Individual vs organizational emphasis
How to work with participants
Source of decision-making
View of participants

Table 3. Key Approaches and

The application of different orienting approaches in relation to change strategies, for example, will be modified by the on-the-ground practices emphasizing individual leadership development or organizational capacities. Although individual and organizational factors are intertwined, there is always a tension about whether to prioritize strategy or development. When groups focus on development over strategy, they tend to elevate the needs of individual leaders and, in the extreme, can become more of a support group than change agent. Alternatively, too much focus on organizational strategy may produce tactical sophistication without the breadth of

participation needed to exercise power. Negotiating the balance between these practices is a central challenge to base building and community organizing, and understanding how much to invest in development relative to strategy at any moment is key to understanding how community power is developed. There are similar considerations in relation to the balance between base building and the development of participants, versus mobilization and working to exercise power for change outcomes. Likewise, balance must be brought to the degree that decision-making emanates from participants, versus the influence of centralized or coordinating forces; and symmetry must be considered in cultivating participants who view the group or organization as central to developing power, versus finding personal outcomes and interests satisfied when building community power. In describing the methods for developing vibrant civic engagement among volunteer leaders in a cross-section of civic associations seeking to build community power, Han (2014) describes her findings:

> Strategic decision-making in the associations I studied was more dependent on the context from which the need emerged. The strategic choice about whether and when to mobilize or organize was interrelated with the associational context, the inclinations of the individuals within the association, and structural choices made in the past that defined the path the association was on. (Han, 2014, p. 68).

In these different ways, application of base building and organizing on the ground becomes critical to the actual methods that community power building is executed.

Organizing processes, and base building activities specifically, are about developing community residents into active and engaged actors architects of their worlds – it is about cultivating a political subjectivity – a sense of agency and awareness of oneself in relation to others and the broader communities of which they are a part (McAlevey, 2016). Relatedly, developing powerful people is fundamental to building power, and community power is key to achieving health equity. This assertion runs in strong contrast to theories of change that assume that community members are already engaged, and that change is about tactically identifying and mobilizing existing constituencies into coalitions supportive of one issue or another. Creating the conditions for healthy communities, however, requires an expansion of participatory niches and active engagement of greater proportions of community residents. Sustaining these conditions requires ongoing investment in developing psychological empowerment and political subjectivity, and a level of community cohesion that can prevail in relation to interests, economic and otherwise, for which existing arrangements are a benefit, but often detrimental to the whole.

D. Measuring Community Power

With a multi-faceted conceptualization of community power and community power building, how can these be measured? We acknowledge that measuring community power is a notoriously challenging undertaking (Christens, 2019). Like fish studying the water they're immersed in, the pervasive nature of power in every aspect and at every scale of human society makes power difficult to both conceptualize and measure.

Christens (2019) provides suggestions for measuring community power and his recommendations validate much of what is described in this report. His emphasis is first and foremost on contextual sensitivity; research designs should be adapted to the contexts in which they are applied, and methods and measures should be tailored to understandings drawn from the

experience and expertise of leaders and practitioners. Furthermore, measuring community power must recognize the dynamism of local contexts and capture the grounded knowledge and improvisational abilities of groups and organizations exercising community power. These recommendations, however, are primarily focused on the process of building and exercising community power. Christens also looks explicitly at community power outcomes and one recommendation is the use of three-dimensional framework for expressing power (Lukes, 2005).

1. Measuring the Mechanisms of Community Power as Outcomes

Returning to Lukes' (2005) conceptualization of power, the table below provides an example of how the mechanisms of community power have been operationalized in a diverse set of measures of community power in various studies. The table shows several activities believed to be manifestations of the three 'faces' of power, reward and punishment, defining debate, and shaping ideology:

MECHANISM	BASE BUILDING ACTION	COMMUNITY POWER MEASURE	SAMPLE CITATIONS
Reward / Punishment	Protest march	# of marchers	Warren (2009)
	Public meeting to hold public official accountable	# attendees at meetings	Wood (2002)
	Boycott of commercial enterprise	$ amount economic benefit or damage from boycott	Sewell (2004)
	Turnout supporters for elected official / ballot initiative	# voters # signatures	Freudenberg (2004)
Defining Debate	Outreach to media about base building ***events*** (as listed above)	# media stories / social media outcomes (tweets, views, likes) of base building events	Graeff, Stempeck & Zuckerman (2014)
	Meet with newspaper editorial board to advocate ***attention*** to organizing issue	# of editorials on base building issues # reported stories about issues	Speer, Hughey, Gensheimer & Adams-Leavitt (1995)
	Base building ***issues*** reported on in media	# news stories/social media outcomes on issues targeted by base building groups	Allsop et al, (2004)
	Base building issues ***absorbed*** by influential community actors (institutional leaders in government, for profit, and nonprofit sectors)	# base building ideas represented by institutional actors in media stories	Speer, Hughey, Gensheimer, Adams-Leavitt (1995)
Shaping Ideology	Frame issues to challenge existing policies or appeal to institutions who may become allies	# organizing group themes stated by officials after introduced by group	Speer & Christens (2012)
	Articulate narratives or interpretive lenses that undermine dominant worldviews	# intentional ideas advanced by base building groups that are absorbed in media stories	Speer, Hughey, Gensheimer & Adams-Leavitt (1995)
	Advance beliefs, ideas, symbols, interpretations through language, images, or actions that challenge unstated assumptions or unexamined aspects of community	# intentional ideas advanced by base building groups that are articulated by key institutional actors	Freudenberg (2004)

Table 4. Measures for Mechanisms of Community

Table 4 describes a range of approaches that have been used for measuring the mechanisms utilized for exercising community power. For example, Wood (2002) describes public meetings attended by thousands of community members to pressure for change, with numbers of attendees representing the power to reward (in the case of officials altering policies advocated for) or punish (should officials not follow through on organizational demands). Alternatively, Speer and colleagues (1995) describe how an organizing group intentionally challenged the dominant understanding of drugs and drug use, specifically crack cocaine, as a "war on crime" which targeted primarily black and brown communities and made the issue a singular law enforcement issue. They describe an organizing effort to exercise power by challenging that belief with the interpretation that the community was facing a "public health epidemic". They measured community power by counting the frequency with which media stories referred to crack as a public health epidemic, either in reporting or through quoted statements by public officials.

2. Processes, Outcomes, and Impacts of Community Power

However, interest in community power goes beyond *what* community power is (in the form of mechanisms through which community power is expressed) to include questions about *how* community power is developed. As described in this report, much greater attention needs to be invested in how community power building is accomplished. To achieve that goal, a greater emphasis on theories of change, and the practices and strategies engaged, is important. As noted in this report, and emphasized by Christens (2019), theories of change must be understood as lenses that, in turn, shape the day-to-day application of base building practices and organizing approaches – factors most critical to community power building.

This connection between on the ground practices and community outcomes requires measurement to capture both processes of power building groups and the related outcomes these groups realize in the form of actual community power expressed, demonstrated, or enacted. Table 4 provided examples of manifestations of community power, but advancing health equity will require more than better methods for operationalizing community power outcomes.

To more actively develop an understanding for how to develop community power, Table 5 distinguishes between measures of processes for building power and outcome measures in the exercise of community power. Furthermore, it conceptualizes processes and outcomes at individual, organizational, and community levels. This particular table combines tables from two previous studies (Peterson & Zimmerman, 2004; Speer et al., 1995).

Finally, to fully develop an understanding of community power building, future research should attend to the *impacts* that these processes and outcomes ultimately produce at different levels of analysis. Measuring impacts must be tailored to the particular phenomena being targeted, but, conceptually, those measures should attend to the tuning, incremental, and restructure forms of change various expressions of community power ultimately produce. Recommendations to advance the measurement of community power are discussed in the forward looking research agenda developed as part of the *Lead Local* (Speer et al., 2020)

	PROCESS	OUTCOME	IMPACT
INDIVIDUAL LEVEL	• Incentive management (Prestby, Wandersman, Florin, Rich, & Chavis, 1990) • Subgroup linkages (Bond & Keys, 1993) • Opportunity role structure (Maton & Salem, 1995; Minkler et al., 2001; Peterson & Hughey, 2002; Peterson & Speer, 2000; Speer Hughey, Gersheimer, & Adams-Lavitt, 1995) • Leadership (Maton & Salem, 1995; Minkler et al., 2001) • Social support (Gutierrez et al., 1995; Kieffer, 1984; Maton, 1988; Maton & Salem, 1995; Minkler et al., 2001; Peterson & Hughey, 2002) • Group-based belief system (Maton & Salem, 1995; Minkler et al., 2001; Rappaport, 1993; Spreitzer, 1995) • Relationship building, Organizational memberships (Speer & Hughey, 1995) • Diversity of community members participating (race, ethnicity, class, sexual orientation, community tenure) (Rusch, 2010)	• Viability (Perkins, Brown & Taylor, 1996; Prestby et al., 1990) • Underpopulated settings (Zimmerman et al., 1991) • Collaboration of coempowered subgroups (Bond & Keys, 1993; Gruber & Trickett, 1987) • Resolved ideological conflict (Riger, 1984) • Resource identification (Zimmerman et al., 1991) • Knowledge of the functioning of power (Speer & Peterson, 2000) • Political subjectivity – sense of empowerment / agency (Gupta, 2019) • Emotional connectedness to others / group cohesion (Peterson & Hughey, 2004) • Degree of sustained participation (Howat et al., 2001)	FORMS OF CHANGE PRODUCED FOR TARGET IMPACT: TUNING | INCREMENTAL | RESTRUCTURING
ORGANIZATIONAL LEVEL	• Accessing social networks of other organizations (Gulati & Gargiulo, 1999; Snow, Zurcher, & Elkind-Olson, 1980) • Participating in alliance-building activities with other organizations (Foster-Fishman, Salem, Allen, & Fahrbach, 2001; Itzhaky & York, 2002) • Participatory niches; Inter-organizational relationships; Organizational actions (Han, 2016; Speer & Hughey; 1995; Teshdahl & Speer, 2015)	• Collaboration (Bartle et al., 2002; Baum & Oliver, 1991; Checkoway, 1982; Checkoway & Doyle, 1980; Orians, Liebow, & Branch, 1995) • Resource procurement (Zimmerman et al., 1991) • Reward & punishment; define topics and extent of public debate; Shaping community ideologies (Speer & Hughey, 1995)	
COMMUNITY LEVEL	• Implementing community actions (Speer et al., 1995; Speer & Hughey, 1995) • Disseminating information (Bonal, 2000; Burstein, 1999; Stevenson & Greenberg, 2000) • Multisector development; Institutional linkages; Target community issues (Speer & Hughey, 1995)	• Influence of public policy and practice (Fawcett et al., 1995; Speer & Hughey, 1996) • Creation of alternative community programs and settings (Cherniss & Deegan, 2000; Minkler et al., 2001; Sarason, 1972) • Deployment of resources in the community (Zimmerman et al., 1991) • Multiple empowered organizations, Cross-sector collaborative efforts (Speer & Hughey, 1995)	

Table 5. Process, Outcome and Impact Measures of Mechanisms of Community Power

When combined, research that considers processes, outcomes, and impacts of community power building efforts – at multiple levels of analysis – offers the most robust approach for advancing understanding for how community power can contribute to health equity.

IV. CONCLUSION

Community power building is conceptualized by *Lead Local* to be an essential tool for catalyzing, creating, and sustaining the conditions that can lead to greater health equity. Previous studies have found that base building practices and organizing approaches have yielded community power that has, in turn, leveraged change on diverse community issues including improvements in public education (Mediratta et al., 2009), public safety (Speer et al., 2003), housing (Speer & Christens, 2012), employment conditions (Osterman, 2006), transportation (Speer et al., 2014), and public health and environmental issues (Brown et al., 2003). These past successes combined with the intractability of health inequities warrants a fuller application of community power building for the purpose of advancing health equity. The landscape analysis presented here is intended to inform ongoing efforts to support that application. By way of conclusion, we summarize key takeaways from the landscape of scholarship and point to several considerations to enhance responses to gaps in current understandings.

A. Distinguishing Community Power Building as the Route to Health Equity

An analysis of the literature at the intersection of community power and health equity reveals a morphology composed of conceptual and theoretical assertions urging a community power focus. However, while there is substantial literature conceptualizing the need for developing community power that can target issues of health equity, there is a broad gap between conceptual aspirations and actual empirical achievements. This gap is due, in part, to the fact that in the extant literature, the predominant types of participatory processes discussed in relation to health equity include expert-convened partnerships: participatory health impact assessments, community-based health promotion programs, intersectoral collaborations, and partnerships between communities and researchers. Though these forms may produce positive experiences for participants, the issues they confront or processes they engage are often predetermined. While the language of empowerment and community organizing have proliferated in these contexts, the literature reviewed shows little explicit attention to community power in relation to participatory approaches. Further, what is represented as community organizing more often exhibits a mobilizing orientation. This orientation diverges from community power building approaches where collective concerns emerge through in-depth outreach and practices that invest in the development of individuals as vibrant participants in community power processes.

Despite gaps identified in the literature, there do exist examples of robust community power building that can inform the field of health equity. Such examples are evidenced in reports from *Lead Local* grantees, including "Leading Locally: A Community Power-Building Approach to Structural Change" (Pastor et al., 2020), "A Primer on Power, Housing Justice, and Health Equity: How Building Community Power Can Help Address Housing Inequities and Improve Health" (Human Impact Partners & Right to the City Alliance, 2020), "The Importance of Building Narrative and Cultural Power: A culture Change Primer*"* (Caring Across Generations, 2020), "Community-based action to advance health equity in the tobacco control movement" (McClelland-Cohen et al., 2020) and "What Is Needed to Build Community Power? Essential

Capacities for Equitable Communities" (Misra et al., 2020), as well as in literature cited in this report. Critically, the efforts within *Lead Local* vary in the practices and approaches employed, but all embrace central elements of base building and organizing methods. The application of these practices and approaches are connected in their service to deepening community engagement and in their support of building powerful mediating structures and organizational capacities to exercise community power to address health equity.

B. Anchoring Community Power Building in Theories of Change

The gap between conceptual aspirations for community power and empirical evidence in the literature is anchored in the preponderance of vague constructs and indirect methods for developing and measuring power, along with a dearth of detailed descriptions of organizing processes and their basis in a theory of change. Just as Whitehead (2007) calls for a stronger theoretical basis for health equity interventions broadly, others call for illuminating connections between the theories of social change espoused by efforts elevating community engagement, and methodologies for measuring community power (Campbell & Murray, 2004). Calls to advance health equity through the cross-pollination of approaches and philosophies, across sector and discipline urge a turn toward the lessons of community power building (Givens et al., 2018), but in order to hear this call, greater commitments should be made to opening the black box of base building and community organizing in service of community power building.

Understanding the theories of change through which community power building groups are operating will help to illuminate the particular sets of practices and beliefs that drive the strategies and tactics of different efforts, and strengthen understandings of why some efforts are successful in some conditions while others are not. What, concretely, do community power building groups do? How do their practices and strategies interact with the dynamic settings where they are developing individual and collective power? These practices may or may not be geared toward campaigns that are legibly about 'health', but, as the literature review demonstrates, there is conceptual agreement that in order to make progress on health equity, the targets for change must be 'upstream of the upstream'. Current efforts to examine community power building groups as social and political 'homes' (Han et al., 2020) represent meaningful progress towards strengthening understanding of the processes, infrastructures, and relationships that lead base building to flourish.

C. Conceptualizing Dynamic Measurement of Community Power Building

The extant literature reveals challenges to measuring the impacts produced from processes to alter social and structural determinants of health, like the exercise of community power in relation to health equity. Shiell and Hawe (1996) note that assessing efforts to intervene in the social determinants of health, or to change risk conditions (e.g. unemployment, poverty), is more difficult than assessing individual risk factors such as smoking and alcohol consumption. A systems-level approach poses challenges for outcome evaluation. Even in studies focusing on broader social determinants, there is often an individual-behavior and disease-focused approach to evaluation (e.g. Anderson et al., 2002; Merzel et al., 2008; Parker et al., 2010). Overall, within the health equity literature, there has been little engagement with an approach to evaluation that is appropriate for the dynamic and relational qualities of power-building processes.

Relatedly, findings from the landscape analysis underscore the need for greater attention to, and measurement of, the way that community power building practices are applied and tailored to the particular contexts and dynamics within local communities. This finding was also supported by *Lead Local* findings (Pastor et al., 2020). Appreciating this local dynamism is absolutely essential to supporting and advancing the work of community power building. Greater contextual sensitivity of research designs can be accomplished through greater documentation and measurement attending to the nuance and dynamism within communities, and the corresponding alteration and strategy adjustments made to power building practices. In this sense, community power building may be understood as more of a craft than a scientific method; the development of power occurs through the tailoring, reflection, integration, and adaptation of practical knowledge and experience, which is developed in particular contexts over time.

For the field of public health, adopting a more dynamic orientation toward the measurement of social phenomena – like community power and community change – may be a heavier lift than simply accepting the importance of community power. Flyvbjerg (2001) provides keen insight into the deep tensions between social science methods as applied in controlled settings, like agencies or schools with fairly stable clients or pupils, and the application of these methods in broad community, especially participatory, contexts. He draws on Aristotelian forms of knowledge to demonstrate the incongruent worldviews of community versus professional actors. In broad strokes, while base building and community organizing practitioners elevate a value of *phronesis* – practical intelligence and the ability to apply knowledge creatively and sensitively to particular circumstances – social science researchers and public health professionals tend to elevate a value of *episteme* and *techne* – what in modern society we might understand as scientific knowledge and the application of that knowledge through technical and rational processes (Flyvbjerg, 2001).

What are the implications of this difference? One implication is an appreciation for the complexity of base building practices and organizing approaches, and the contextually-determined factors that shape the work of such efforts. Whereas social science approaches seek to identify 'technical' practices within community work that can be applied much like a formula or recipe, where 'fidelity' to a linear process executed with precision to achieve instrumental ends is expected, the literature in this report provides a very different view of community power building processes. This landscape analysis describes the complexity of organizing practices and the very dynamic contexts in which these practices are applied. Future research must attend to this dynamism and develop methodologies that capture the nuance and strategies of practitioners. It is with this intent that the *Research Agenda for Developing and Measuring Community Power for Health Equity* (Speer et al., 2020) poses several questions to guide a complex, dynamic, and relational approach to ongoing efforts to advance community power for health equity.

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