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School of Public Health
and Community Medicine

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Power and Sustainability in Health Promotion: Global Perspectives

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*Power and Sustainability in
Health Promotion: Global
Perspectives*

*University of Washington
Stephen Stewart Gloyd Lecture
June 1, 2007*

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MPH Program

My Research Story

- Freirian Popular/Empowerment Education (1970s --)
- Trained in Health Education/Health Promotion (1980s --)
- Empowerment Intervention Research: 1980s--
 - Adolescent Social Action Program (NIAAAA)
 - YouthLink, Women to Women
 - National Healthy Native Community Fellowship
 - Latin American Empowerment Workshops with PAHO/USP Brazil
 - Empowerment Theory and Research Design
- Community Based Participatory Research: 1990s --
 - Participatory Evaluation of Healthy Communities, NM
 - Health Council Evaluation
 - PAHO Participatory Evaluation of Healthy Cities in Latin America
 - New Mexico CBPR Tribal Research (NARCH/NIGMS/I.H.S.)
 - National CBPR Process and Outcomes Research (NCMHD)

Paulo Freire Contributions

- The purpose of education is human liberation, which “takes place to the extent that people reflect upon themselves and their condition in the world—the world in which and with which they find themselves... to the extent that they are more conscientized, they will insert themselves as subjects into their own history.”
- To be a good educator “means above all to have faith in people; to believe in the possibility that they can create and change things”
 - (Freire, 1971).

Health Promotion Contributions

Ottawa Charter: 1986

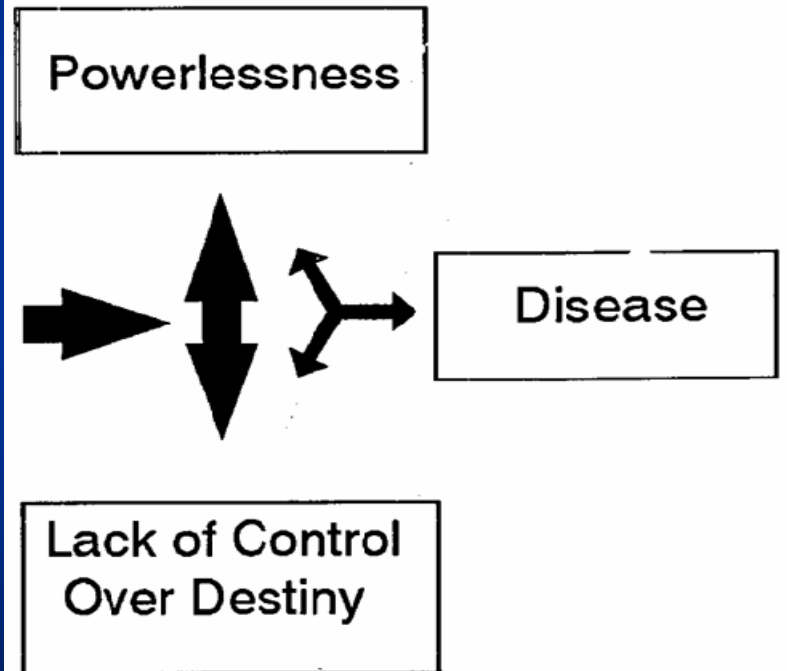
- Health promotion is the process of enabling people to increase control over the *determinants of health and thereby improve their health.*
 - Community mobilization
 - Healthy Public Policy
 - Social Environment
 - Personal Skills
 - Reorient Health Services

Health Promotion as Social Justice Agenda

Determinants of Disparities: Powerlessness

Physical and Social Risk Factors

Living in Poverty/Absolute Conditions
Low in Hierarchy
High Demand versus Low Control
Physical/Psychological
Chronic Stressors
Low Social Support/Social Capital
Racism/Segregation
Structural/ Relative Inequalities
Allostatic load
Historical Trauma
Demands versus Resources



Strategy to Reduce Disparities: Empowerment

**Reduce Social
Risk Factors**

**-Sense of Community
-Participation
-Cultural Identity/
Revitalizaion**

**Reduce Physical
Risk Factors**

Psychological Empowerment

Self Efficacy to Act
Political Efficacy
Motivation to Act
Collective Efficacy

**Critical Thinking/
“Conscientization”**

Community Empowerment

Increased Local Action
Transformed Conditions
Improved Health Policies
Resource Access/Equity
Transformed Power Relations

Dialectic of Power

- Power Over:
 - Power as Repressive/Domination: Political, Economic, Legal, Military, Ideologic
 - Power relations reproduced through ideology and social exclusion
- Power With:
 - Power as Productive
 - Not monolithic, diverse relations and spheres
 - Power as Resistance/hidden voices
 - Feminist Power: Power as resource

Dialectic of Empowerment: Individual, Organizational, Community

- “Empowerment as social action process that promotes participation by individuals, groups and communities towards the goals of increased control, political efficacy, improved quality of community life and social justice.”

Wallerstein, 1992

Empowerment Outcomes

Psychological	Organizational	Community
Intrapersonal Change	Well-Functioning Services	Civil Society
Political efficacy	Accountable	↑ Good Governance
Collective efficacy (belief in group)	Equitable	Transparency
Motivation	Efficient	Accountability
Interpersonal:	Culturally-based	Human Rights
Critical Reflection	Organizational Capacity	↑ Pro-Poor Development
Participation	Sustainability	Micro-enterprises
Sense of Community	Leadership	↑ Socio-Economic, Environmental Conditions and Policies
Social Capital	Achieves results	
	Empowering to Members	Changed Power Dynamics

Empowerment and CBPR

- Existence of health disparities undisputed:
 - Participation of minority communities, those most affected by disparities, still largely missing
 - Challenge of creating effective interventions
 - Challenge of “Disparities Chasm: Translating evidence of effective practice to diverse settings/populations
- CBPR recent literature promising:
 - Generates research partnership *with* communities
 - Based in social, political and economic determinants
 - Engages in dynamic process of community empowerment
 - Frames issue in terms of community action
 - Enables community and culturally based translation

CBPR: What it is and isn't.

- CBPR is a collaborative orientation to research
 - changes the role of researcher and researched
- CBPR is not a method or set of methods
 - Both qualitative and quantitative
- CBPR goal is to influence change in community structures, policies, disparities

Origins of CBPR

- **Northern: Action Research:** Kurt Lewin: 1940s
 - Cycle of action, reflection, problem-solving and decision-making for new actions
 - Organizational rational change
- **Southern: Participatory Research:** 1970s
 - Radical critiques by social scientists from Asia, Africa, Latin America
 - Critiques of structural underdevelopment and challenge to redistribute inequitable structures
 - Challenge academic distance from communities and new academic discourse of feminism, post-colonialism, post structuralism
 - Emancipatory Project

Power and Sustainability Multi-Country Research

Spring 2005, attended *First Brazilian Conference on Health Promotion Effectiveness*, co-sponsored by the International Union of Health Education and Health Promotion.

Meeting of international team of researchers from Brazil, Peru, Colombia, Cuba, South Africa, and New Mexico

Objectives

To study sustainability of health promotion interventions and their relationship to power structures

- To identify analysis tools to study the power relationships among social actors: health professionals, political actors and community members.

Hypotheses

- ◆ Change in political ideology and control interfere with the ability of health promotion initiatives to be sustained
- ◆ Partnerships, coalitions and organizing at the community level between diverse actors create a greater opportunity for sustainability
- ◆ When power is exercised through health professional management and staff (rather than political appointees), there are greater possibilities of sustainability
- ◆ Hierarchical leadership is less conducive to sustainability than shared leadership

Research questions

How do national and local health promotion policies influence sustainability?

How do political and social contexts influence health promotion sustainability?

How is power exercised between the various social and political actors and how do power relations influence health promotion sustainability?

How is power distributed among the different social actors?

Who is excluded from the power structures and how are the social networks constructed?

Which characteristics of social networks or alliances facilitate or create barriers for sustainability?

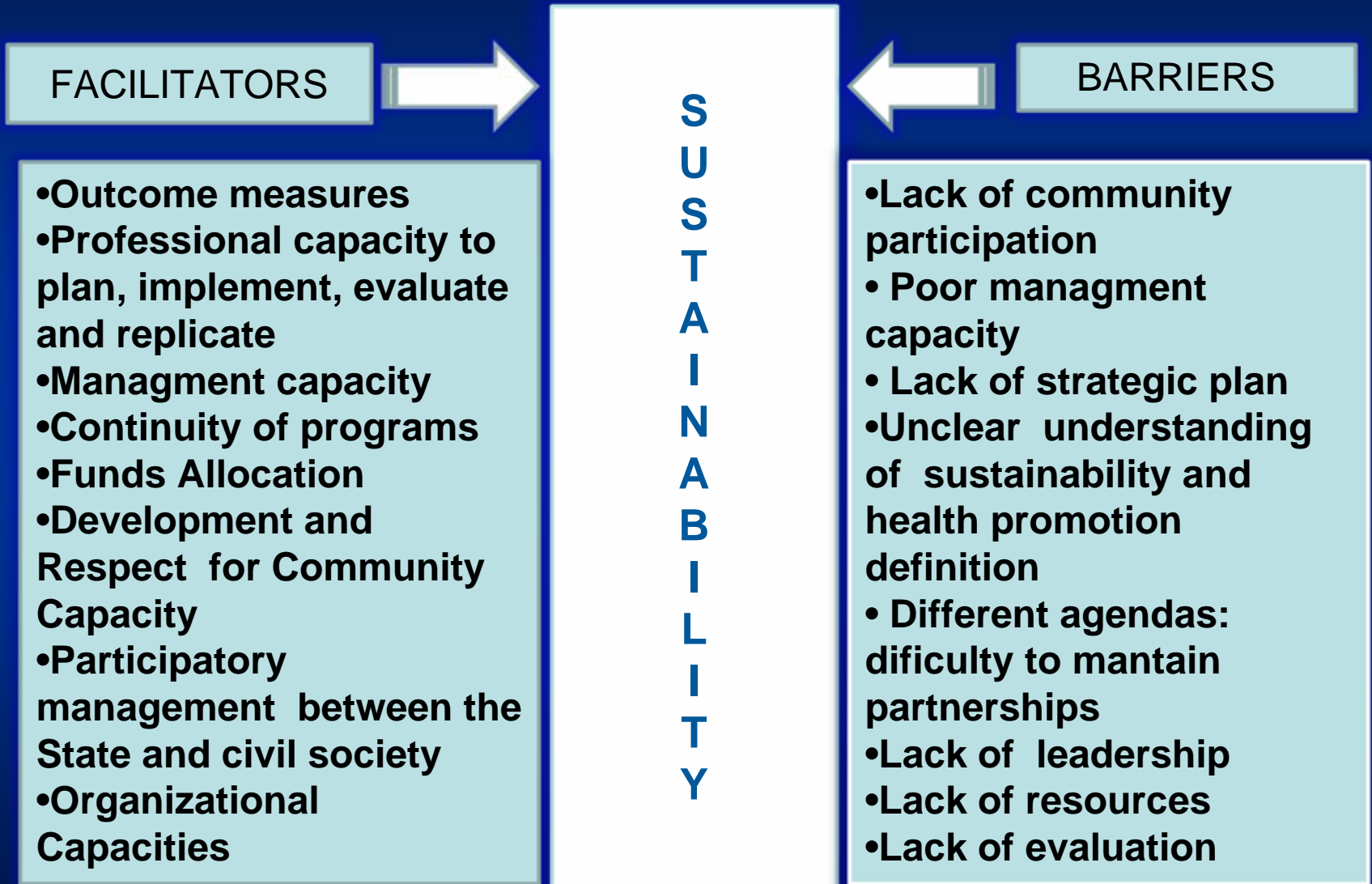
Methodology of This Study

- CBPR Qualitative research: multiple case studies
- Data Sources: workshops, review of documents and meeting minutes, interviews with key informants and participatory observations.
- Data analysis: grounded theory analysis and triangulation of data sources

Case studies

- 1) New Mexico Department of Health-
Health Promotion Region 1 & 3.
*New Mexico Reproductive Health
Promotion Policy Initiative*
- 2) PAHO - Oficina de El Paso/ Texas:
Border U.S. and Mexico
- 4) Brazil: Sao Paulo and Mato Grosso

Literature review: Dynamic Factors



Step 2

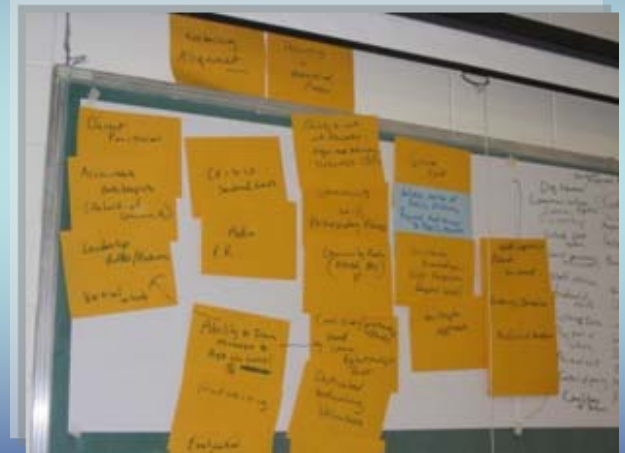
- To create a working group with health promotion staff and members of the (HPI)
- Development of monthly workshops
- Facilitation was done by senior researchers



Step 3

Brainstorm on sustainability

- What is the significance of sustainability in health promotion practice?
- What are the factors that facilitate the sustainability of HPI?
- What are the barriers to sustainability of HPI?



Brainstorm

FACILITATORS

- Create a common vision
- Find consensus on values/future
- Create organizational capacity
- Decentralization and importance of local context
- Capitalize on the motivation to create change

S U S T A I N A B I L I T Y

BARRIERS

- Unclear definition of health promotion
- Actors with different visions, agendas and power
- Lack of a logic model
- Interference of macro factors (Corporate interests, politicians, cultural values, racism)

Step 4

Comparison between outcomes of
brainstorm and literature review
synthesis



Initial Synthesis for Analysis

Technical Elements

- Continuity of projects, programs, and actions
- Strategic Planning
- Impacts and Outcomes
- Comparison with evidence of effectiveness
- Long lasting resources
- Management capacity
- Leadership capacity

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Socio-Political Elements

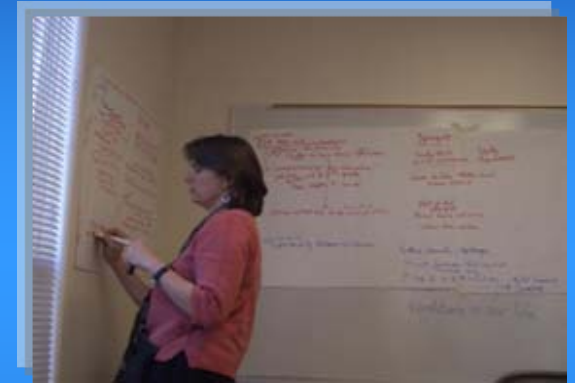
- Social participation
- Motivation of stakeholders and institutions
- Relationship between social actors' agendas, visions, and power
- Opportunities for political and visionary coming together.
- Values and visions of the future
- Creation of new institutions and relations between government, civil society, social networks, and communities
- National, local, socio-political and cultural context

Step 5

Identified the Case Study and create timeline of events

Criteria:

- It must be at least 2-3 years in operation
- Have an empowerment or capacity-building agenda
- Have a broad orientation to social determinants, equity, and improving quality of life
- Be based within a political jurisdiction, ie. local municipality
- Have access to documents and key informants



Case Study for New Mexico: New Mexico Coalition for Comprehensive Sexuality Education.

Step 7

Review and Adaptation of Power analysis Tool

- **I. To investigate personal characteristics, involvement and interests of key informants in relation to the health promotion initiative;**
- **II. To identify partnerships and contexts of interaction between participants within the health promotion initiative;**
- **III. To evaluate power and potential of participants to influence political changes;**
- **IV. To evaluate the options and opportunities, and to analyze the challenges and future of the initiative.**

Mayers, J. 2005. **Stakeholder power analysis**. Power Tool Series, International Institute for Environment and Development, London UK.

Key Informants

- Data Collection:
 - 15 Key Informants
 - Department of Health management
 - Health Promotion staff
 - Coalition members
 - Refused
 - Abstinence proponents
 - Abstinence coordinator in Department of Health

First Level of analysis



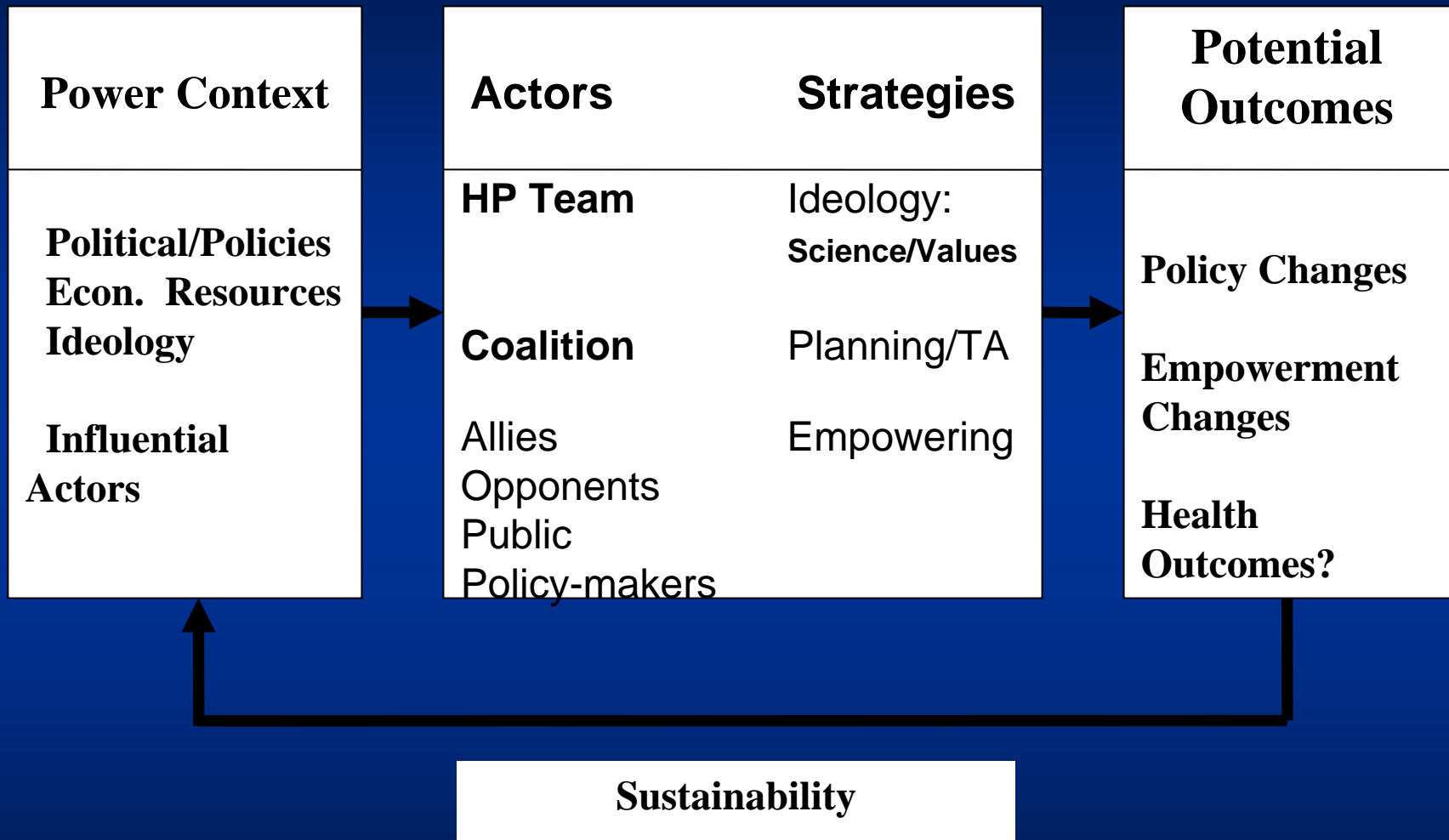
Coalition/ Health Promotion Analysis	Definition of Issue	Health Promotion role and characteristics	Coalition characteristics	Power and Influence	Outcomes
Facilitators	Use of data/ evidence as strategy to develop policy and enlist policy maker support Use of media to get evidence out National arena	<ul style="list-style-type: none"> •Planning/ Facilitation/ Management/ Education •Relations with community/ social actors •Vision/ Advocacy 	<ul style="list-style-type: none"> •Coalition leadership key role in advocacy •Diverse actors •Need for HP team technical assistance •Not one single leader 	Coalition power Knowledge/ Science as power Need as power	Policy outcomes Community leadership development New funding for interventions (ie., Plain Talk)
Barriers	National policies and funds pre-empted local need Other side's framing of issue/conflicting values	Agency limits to advocacy roles Disconnect with higher levels of management	Volunteer limits	<ul style="list-style-type: none"> •Power and influence of funding •Power of federal mandates to determine state 	Increased and diversified participation Changes in organizational priorities
Tensions	How to maintain knowledge and best practice vs. Ideology	Technical support vs. Passion and advocacy for issue	Health promotion accountable to community vs. accountable to funders & govt. actors	Local vs. National power Community vs. government power	Critical thinking Ask why? Health Outcomes down the line

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Coalition/ Health Promotion Analysis	Power and Influence	Outcomes
Facilitators	Coalition/community power Knowledge/ Science as power Need as power	Policy outcomes at DOH Medical Review Board Health Education Standards (w/Ed). Tried to establish Abstinence only<6 th Community empowerment Young Women United Increased, diversified participation Critical reflection Policy testimony New leadership
Barriers	<ul style="list-style-type: none"> •Power and influence of funding •Power of federal mandates to determine state 	New funding for interventions Plain Talk School Based Clinics
Tensions	Local vs. National policy Community vs. government power	Power and Sustainability evaluation being disseminated Blocked by National Policy

Power and Sustainability Model



CBPR Pilot Study of Processes and Outcomes:

PI: Funding by National Center Minority Health and Health Disparities: 2006-2007

CBPR intervention research assumptions:

1. Interventions strengthened by community participation, insight and theories
2. Intervention translation to diverse settings enhanced with greater likelihood of sustainability
3. Added health value from participation and empowerment strategies

CBPR Challenges

- How to translate evidence-based interventions to diverse settings and in populations which face health disparities?
- How to understand the characteristics of participation and partnerships to improve interventions and health outcomes?
- How do power relations between Universities/researchers and communities influence partnership process and outcomes?

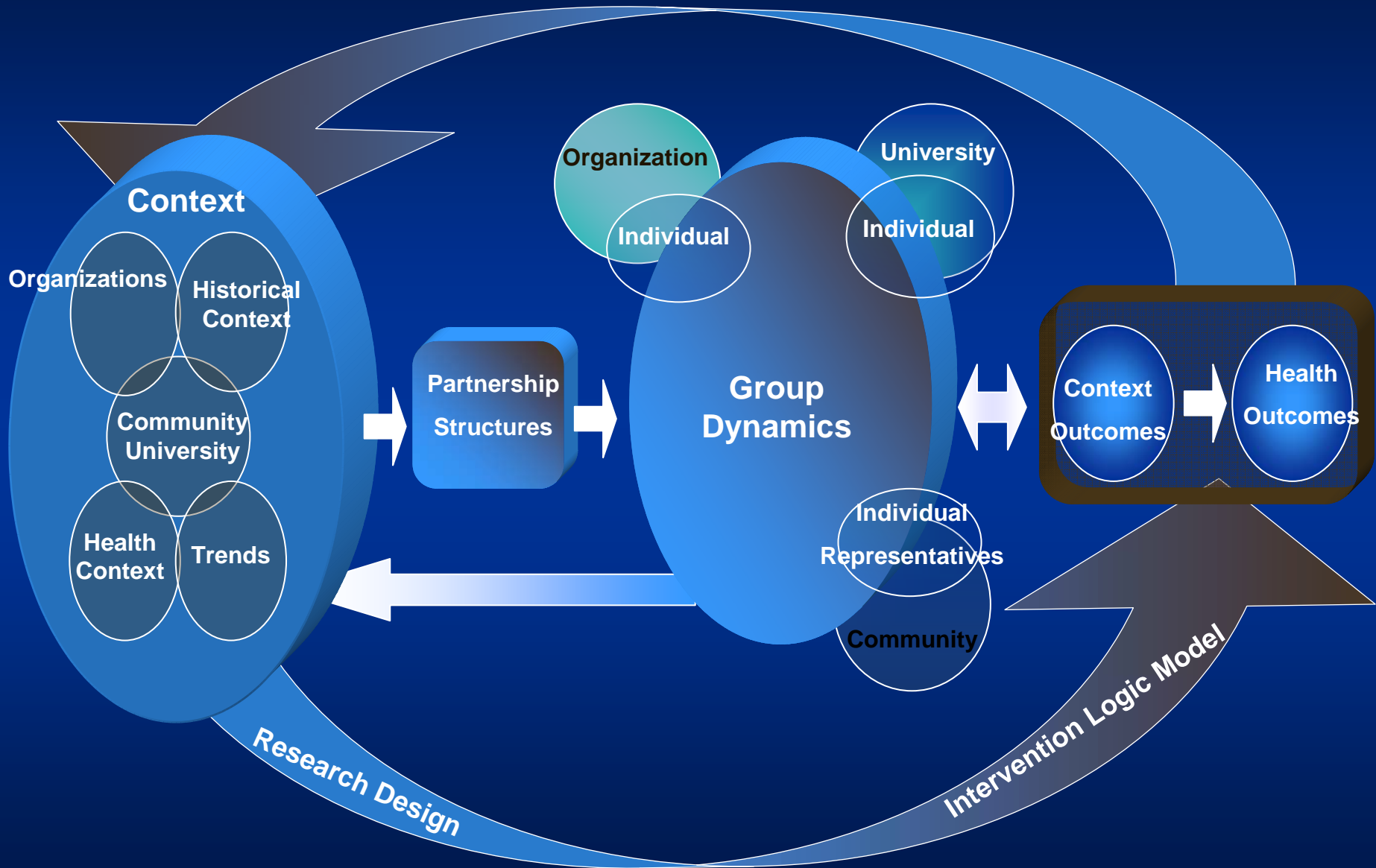
CBPR CHALLENGES

- Challenges in power dynamics between researchers and communities:
 - Nuances of participation: who and in what?
 - Challenge of Historic Mistrust
 - Power and privilege: Who sets the research question?
Who has power of knowledge?
 - Challenge of racism/labeling and stereotyping
 - Challenge of community benefit and health change
 - Role of self-reflection and humility

Research Steps

- A. Literature review
- B. Invite participation of 13 NARCH projects and 25 NCMHD CBPR grantees for internet survey
- C. NNIRB qualitative interviews (Bonnie Duran)
- D. Delphi process (RAND/UCLA appropriateness method) with Advisory panel of CBPR experts for review of dimensions and variables

Community Based Participatory Research Model: UNM Team April, 2007



Group Dynamics Questions

- 1) How important is the issue of membership diversity, i.e., by ethnicity, work background, etc., to achieving overall CBPR and health outcomes in your partnership?
- 2) Complexity?, i.e., the number of partners involved and organizational layers to be consulted?
- 3) Level of formality, such as formal memoranda of agreements or shared principles?
- 4) Cross cultural bridging and ability of your partners to reflect on their own ethic/racial or cultural position?
- 5) Ability to accept and manage conflict?
- 6) Ability to manage power differentials, i.e., to recognize and discuss power differences?
- 7) Participatory decision-making?
- 8) Transparent and respectful dialogue?
- 9) Ability to communicate and complete tasks?
- 10) Social cohesion and social support?
- 11) Openness and status of Principal Investigator?

Maintain humility

**If you have chosen a goal that is
achievable in your lifetime,
then it is the wrong goal.**

**Choose the highest vision, and then
just hack away at it.**

Myles Horton, founder Highlander Center