Supporting a Movement for Health and Health Equity—Workshop in Brief

The Institute of Medicine’s (IOM’s) Roundtable on Population Health Improvement fosters dialogue on improving population health with a focus on interactions between primary care and public health, strengthening governmental public health, and exploring community action in transforming the conditions that influence the public’s health. Population health refers to the health outcomes of a group of individuals, which are shaped by multiple determinants, including not only health care but also social, economic, environmental, genetic, and behavioral factors. The IOM Roundtable on the Promotion of Health Equity and the Elimination of Health Disparities enables discussion of issues related to racial and ethnic disparities in health and health care, the development of programs and strategies to reduce disparities, and the emergence of new leadership. Research shows that health outcomes are distributed unequally across and within populations, depending on factors such as race, ethnicity, education, and socioeconomic status (IOM, 2006; Cheng and Kindig, 2012).

The overlapping interests of the two roundtables led them to collaboratively convene a workshop on December 5, 2013, entitled “Accelerating a Movement to Improve Health and Promote Health Equity.” This workshop was centered around social change movements, how they are built and carried out, and the elements identified from the history and sociology of social movements that made them successful. The workshop explored (1) key elements of a framework for movement building, (2) lessons that can be learned from past movements to inform a discussion on how to support a movement for population health, and (3) principles, tools, challenges, and solutions for accelerating a movement for population health improvement and health equity. Marshall Ganz, senior lecturer in public policy at Harvard University, defined a social movement as the efforts of purposeful individuals or organizations, in response to unjust conditions, to assert new public values and mobilize power to effect change based on those values. Both Ganz and Francesca Polletta, professor of sociology at University of California, Irvine, offered their insights on social movements and frameworks to ensure their success.

These two presentations were followed by two panels, with a total of nine speakers, describing examples of health-related and non-health-related movements. The speakers included leaders from non-profit, foundational, community-based, faith, political, and health care organizations, providing a breadth of experience from which to draw lessons. The panel presentations were interspersed with moderated discussion and an additional speaker, Anthony Iton, from The California Endowment. Individual speakers and workshop participants provided some important messages and ideas for those seeking to support or accelerate a movement for improving health and achieving health equity. Statements, recommendations, and opinions expressed are those of individual attendees and are not necessarily endorsed or verified by the IOM or the roundtables, and they should not be construed as reflecting a group consensus. This workshop in brief summarizes workshop presentations and discussions.

Presentation highlights

A look back at impactful social movements

Movements do not “emerge out of the blue,” noted Polletta. Movements are often initiated by years of small-scale work by those who are not in positions of power. She provided three elements required for mobilizing a movement: (1) political opportunities, (2) existing structures and social groups that encourage individuals to participate, and (3) resonant “frames,” or messages, that are persuasive and appeal to societal values, such as cost-effectiveness, personal
A coordinated, collaborative approach to health

Effective movements combine groups that are in positions of power and have political and financial capital, and groups that are at the grassroots level who have the resources of time, energy, and numbers of people, Polletta explained. Individuals, communities, workplaces, public health officials, medical professionals, foundations, government, media, and others all make contributions to population health and can be more effective if the work is done in a collaborative fashion. Joan Twiss from the Center for Civic Partnerships and Michelle Larkin from the Robert Wood Johnson Foundation both emphasized that within the community, participation from all segments of the population, inclusive of the spectrum of ages, cultures, ethnicities, genders, and professions, is beneficial in creating a culture of health to address everyone’s needs. Strategizing with thoughtful intention to bring together multiple sectors to a shared goal was an important message in presentations by Ganz, Twiss, and Iton. Several individual speakers discussed the roles of leaders and how they must consider the unique interests, motivations, and concerns of each party, which may not be aligned with each other, and instead of emphasizing those differences, must focus on helping participants identify their shared values.

Creating a narrative built on values and interests

Social movements are able to compel and motivate people by using messages that appeal to values that resonate with American society, such as equality, cost-effectiveness, and personal responsibility, stated Polletta. As Mildred Thompson, director of PolicyLink Center for Health and Place, put it, “When the moral imperative doesn’t work, you have to look at the economic imperative. You have to use whatever it takes to make a movement relevant for people.” In addition, Ganz emphasized the usefulness of using narrative storytelling, particularly when the stories evoke empathy, morality, shared values, and urgency. Messages that express a sense of hope, that change is possible, and that individuals do have control are more successful in empowering people than messages that convey resignation to the status quo. Ray Baxter from Kaiser Permanente offered that relationships and messages can be built around common values, even when the interests of various groups are different or may be opposing. People can be more readily convinced based on their values rather than their interests, he said.

Addressing health disparities and understanding the historical roots

Ned Calonge of the Colorado Trust, Doran Schrantz from ISAIAH, and Larkin noted that individual and community health is influenced by many more factors than health care services and the doctor’s office. For example, lower levels of education and socioeconomic status have adverse consequences on health. Thus, in addition to improving access to affordable health care services, efforts to improve housing, education, access to resources, and transportation will have also have a great impact on health, which was highlighted by Karoleen Feng of the Mission Economic Development Agency.

Why are some groups healthier than others? Iton explained that these disparities are rooted in a history of deliberate policy decisions and systemic practices. Health outcomes can diverge based on the county in which an individual resides. In some cases, neighboring counties are highly segregated by race due to a decades-long history of racially restrictive covenants in which specific ethnicities were legally prohibited from living in certain neighborhoods. Iton stated that these policies created a legacy of discriminatory attitudes and beliefs that devalued certain populations and denied them access to important health resources. For example, this has resulted in regional variation in life expectancy (see Figure).
Addressing and resolving these disparities is important, both at the level of an individual’s health and in the national context. Thompson explained that inequality is not good for our economic growth because the groups that are considered minorities today will not be in the future. The widening of disparities has implications for our future economic growth.

Applying social movement frameworks to population health and health equity

The panel speakers and workshop participants explored the elements of effective social movements and considered how to apply them specifically to population health and health disparities. In addition, social movement practitioners from non-health domains shared their lessons.

Windows of opportunity

Raising public awareness of an injustice or inequality through the use of media, research, and other tools can enhance the sense of urgency and create opportunities to take action, commented Polletta. She provided the example of the extensive media coverage of the Affordable Care Act, which can facilitate public awareness and debate on escalating health care costs, inefficiency, and inequalities. The passage of this legislation signals a change in the political environment that can produce new allies, and the increasing consumer-oriented nature of the health care industry creates opportunities for mobilizing around public health and addressing issues beyond medical care.

The variety of modern electronic techniques are useful tools for communication and engagement. To build awareness for the Every Body Walk! campaign, social media, an interactive website, a series of films, and a mobile application were developed, explained Baxter.
Research on health disparities and the underlying policy history can also be used as a powerful tool to raise awareness. An example given by Larkin was the County Health Rankings, which has been a 7-year research project that tracks various social determinants and indicators of health care quality as they influence the health status of each county in the nation. These data provide impressive examples of successes and innovations that other counties could model, and the rankings themselves have motivated some counties to make changes to elevate their standing.

**The challenges in creating a narrative**

Several speakers discussed some challenges in creating the messaging for public health. Health tends to be viewed as a personal problem that requires individual action and responsibility, noted Polletta. One challenge for public health is how to transform that message into one that conveys that health outcomes are determined in part by larger, social factors, to compel whole communities to take action. As Iton explained, a population health movement can “embrace the dominant narrative of personal responsibility, and expand it, to emphasize that personal responsibility is nested in community responsibility.” Ultimately, a singular, universal message may not be the ideal strategy. To gain broader support, developing multiple messages that resonate with different groups may be a useful tactic, suggested Calonge.

Several participants and speakers noted the challenge in finding the right language that speaks best to both political parties. Gregory Angelo of the Log Cabin Republicans pointed out that words such as “equity” and “equality” are not always compelling for the Republican party, yet evoking “equal access” and “individual freedom” does resonate with them. Similarly, Jeff Levi from the Trust for America’s Health brought up the example of words such as “gay marriage” or “homophobia,” which were not effective in mobilizing the nation, yet reframing the issues as “freedom to marry” and “marriage equality” was more successful. In addition, language that worked with one administration may have to be reframed when the opposing party comes into power, commented Calonge.

Often the term “health equity” brings up the narratives of exclusion and segregation and brings attention to populations that have been devalued and marginalized by past policy decisions. Iton noted that these ideas tend to isolate and oppress people, rather than empower and create comradery. He suggested that the narrative be changed to one of inclusion and sustainability.

During the discussion period, several individual participants reacted to the concept of “isms” (e.g., sexism, ageism, racism) first mentioned by roundtable member Winston Wong. These are difficult topics to discuss, but because “isms” play roles in the occurrence of health disparities, as noted by Mildred Thompson, they are important to be aware of and attempt to address in a sensitive manner. In some cases, said Michelle Larkin, people can be brought together by having a direct dialogue of “isms,” while in others, transforming the language used can lead to greater inclusion.

**Working with partners**

During the discussion period, Polletta commented that public health is an issue that crosses many institutional and disciplinary boundaries and thus lends itself to broad alliances. Several speakers pointed out the benefits of bringing together multiple parties, even when those parties are not typical partners. When many groups share their resources, more leverage is created than when those groups are working independently. Thompson provided the example of PolicyLink’s collaboration on the Healthy Food Financing Initiative (see Box).

Karoleen Feng described the work of the Mission Economic Development Agency, which focuses on academic achievement and family economic success through the integration of multiple services and agencies to produce a greater collective impact. For example, they provide services in financial education, access to technology, and English as a second language, among others, and they collaborate with multiple partners. Like others, she noted that social factors such as income and education are related to health, and improvements in these factors are interdependent.
The idea of being as inclusive as possible was emphasized by Angelo. He noted that to achieve policy change, a movement will need to engage at the political level at some point, and including partisan groups from both political parties and non-partisan groups is important for achieving political change.

Building power and leadership

Ganz explained that the leadership of movements is people-focused and addresses the issues identified by the community. Movement leaders enable the community members to create power from the resources they have, which are different from the conventional forms of power, such as money or political clout. Iton mentioned that a critical mass of people, often those who are stigmatized or devalued, can create social, political, and economic power that has an influence on the decision makers. Iton stated that a critical mass of people, often those who are stigmatized or devalued, can create social, political, and economic power that has an influence on the decision makers. Iton mentioned that a critical mass of people, often those who are stigmatized or devalued, can create social, political, and economic power that has an influence on the decision makers.

Tony Iton pointed out that \textit{The California Endowment} conveys a message of “building power in place,” a multi-pronged effort to create structures that allow people to use their own ideas to improve their communities. The foundation encourages people within a community to participate in the democratic process to build their own capacity to change health-related policy decisions. People have more power collectively than as individuals. Schrantz underscored the ideas of democratic self-governing, having conversations about value systems, and encouraging participation, all of which are steps to building collective power. She stated that “differentials in power change because you take ownership and collective and community responsibility for negotiating for the power and the resources that you need. And when that infrastructure is in place, that’s when change happens.”

Moving forward

Workshop contributors provided multiple examples of strategies that can inform and inspire a movement for improving population health and reducing disparities. Many workshop participants also discussed the needs and gaps of the current work related to movement building to address population health issues.
In the course of the workshop, individual speakers shared examples of mistakes and successes to provide opportunities for learning. Both Polletta and Ganz discussed the strategy of identifying an antagonist upon which to focus the efforts of a movement. They provided examples of past movements in which conflict with certain industries or political structures was an effective tool to galvanize action. They noted, however, that too much focus on an opponent can enhance an opponent’s power, detract from the issues, and potentially alienate members of a diverse coalition. Larkin and two members of the Roundtable on Population Health Improvement, Catherine Baase and Terry Allan, explained that in the context of public health, the opponents are not clearly defined. The antagonists in this situation may be the obstacles to achieving greater health equity or, more simply, the status quo.

Twiss emphasized that to engage a particular community, the agenda and goals will be more effective when they are developed in collaboration with the community. Foundations and public health agencies may have their own agendas based on what they have determined to be the major health concern of the region. However, those goals may not be aligned with the community’s own concerns. Being flexible and open to the needs identified by the community is an important element to success.

Movements often employ the strategy of working on multiple fronts simultaneously. Baxter explained that movements are “messy” and do not rely on a step-by-step linear plan. Having multiple goals allows the movement to recruit a broader variety of participants and increases the chances that some of the goals will be accomplished. Furthermore, movements sometimes do not have a finite end; they are ongoing, particularly in the context of health, and thus will require patience and time.

In the course of the workshop, the presentations and discussions highlighted the various forms of community organizing and work already occurring to improve health. The examples led to reflection, and some participants stated they felt inspired by the examples of collaboration across sectors, leadership at many levels, and mobilization of power at the grassroots level. Several challenges also were discussed, such as the diverse and geographically dispersed nature of groups working in health movement building, the gaps in research about what works, and the difficulty of creating compelling and motivating narratives.
Links

County Health Rankings
http://www.countyhealthrankings.org

Every Body Walk!
http://everybodywalk.org

Healthy Food Financing Initiative
http://healthyfoodaccess.org

ISAIAH
http://www.isaiah-mn.org

Mission Economic Development Agency
http://www.medasf.org

Physicians for Social Responsibility–Los Angeles
http://www.psr-la.org

The California Endowment
http://www.calendow.org

References

