

Poverty, Power and Health Inequalities

What role for Community Action?

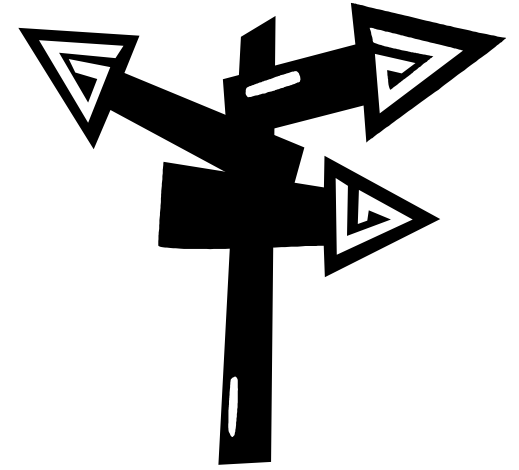
Jennie Popay

June 2024



The presentation

- **What are health inequalities and what are the causes?**
- **About poverty, power and community action.....**
- **Contemporary community health approaches**
 - The problems...
 - The solutions....



Health inequalities are

Systematic differences in health experience between social groups – class, gender, race/ethnicity, etc

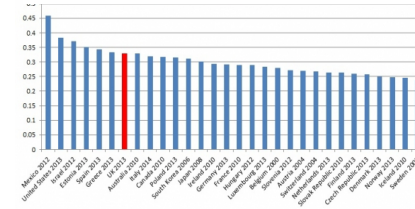
Primary causes are inequalities in the *conditions* in which people live and work, in their access to *resources* they need to live health promoting lives and in the *power* they have to change.

These social and structural inequalities can be changed by policy action and are therefore unfair

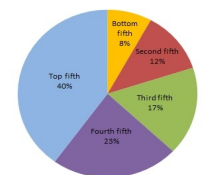
They are matter of social justice



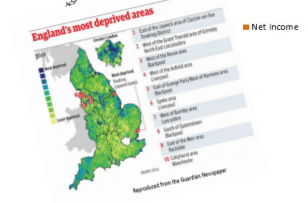
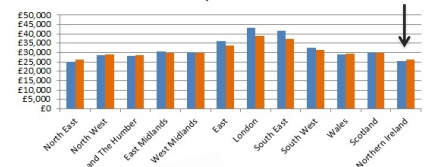
Income inequalities in 30 high income countries



How is income shared in the UK?



How is income spread across the UK?

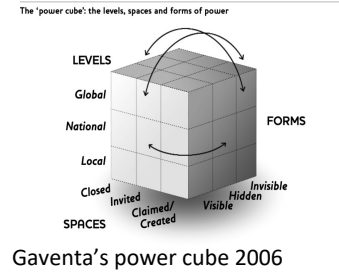


An unjust and sickly "United" Kingdom



Poverty & Power

Primary determinants of health inequalities



Poverty is “the worst form of violence” (Ghandi)

- 720 million - 10% of world's population - living in extreme poverty (less than US\$2.15 a day)
- Millions more living and working in health damaging conditions
- 50% of worlds population own 2% of world's wealth <https://wir2022.wid.world>

Meanwhile:

- Richest 1% of the world's population own 43% of all global financial assets
- Global north has 21% of world's population but 69% of global wealth

Power is “the ability to achieve purpose” (M. Luther King)

- Power can be emancipatory or limiting; visible or invisible; in different spaces (closed, invited, claimed) and levels (local, national, global)
- Communities of place and/or interest will always have some forms of power

Meanwhile:

- Government, institutions and professionals have more and different forms of power
- “Corporate and monopoly power is an unrelenting inequality generating machine” (Oxfam 2024)
- Globally governments are using power to promote greater inequity and enable corporate power



Can Community action reduce social & health inequities?



- ❖ If the process is empowering and leads to greater control over decisions & actions
- ❖ Research shows that having more control in life is health enhancing for individuals
- ❖ *Collective control* can be health enhancing for communities by:
 - Enabling experiential knowledge of ‘injustice’ to be utilised to create more appropriate and acceptable services and policies
 - Reducing social isolation and increasing social support & cohesion
 - Creating solidarity for action to improve social, economic and material conditions that impact on life and health
 - Increasing political understanding, potentially promoting greater civil society pressure for a political system that implements more socially just policies

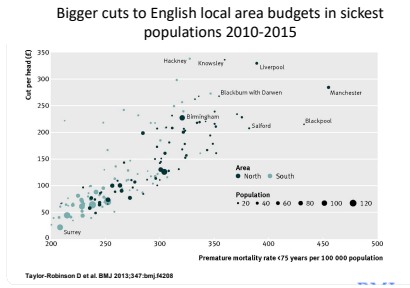
But there are divergent views on contemporary community initiatives

- **Positive:** policy & practice moving from "doing things to" to 'doing things with' communities" increasing community power

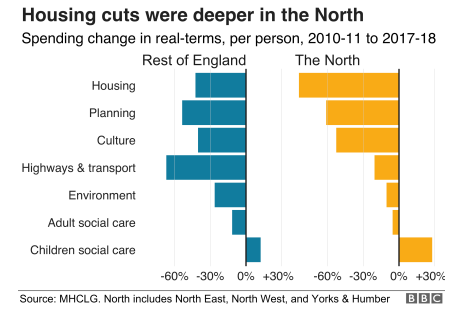
OR

- **Negative:** policy & practice devolving responsibility for action on social and health inequities to the most disadvantaged communities with least capabilities





Promoting community action may be increasing inequities because they.....



Fail to address inequities in capacity for collective control

Communities can have significant agency in making decisions...but agency is shaped by community capacity

Disadvantaged people/communities have less capacity to take opportunities to have control over local decisions and action - being poor is hard work emotionally and practically!

This means that place-based community initiatives may be regressive, imposing greater risks and responsibilities upon more disadvantaged communities in return for lower levels of power.

(Rolfe 2018:16)

Neglect the primary drivers of inequalities

An **inward gaze** dominates many place-based community initiatives: focus on internal dynamics of communities, their capacity and assets and on proximal 'problems' e.g. behaviors/lifestyles

Experiential knowledge of people with lived experience of social inequities is devalued and often ignored

The '**outward gaze**' on social and political changes required for greater equity that are not amendable to local action is neglected.



What are the solutions? Learning from Big Local

What are the residents doing?

- Claiming community land and buildings
- Training people and building relationships with businesses to increase employment opportunities locally
- Developing community finance initiatives to reduce debt and economic insecurity
- Challenging decisions of local councils around e.g. housing plans
- Taking control of local services e.g. library facilities



- An English programme funded by the National Lottery in 150 disadvantaged areas
- Residents receive £1 million+ to improve their neighbourhood over approx. 10 years
- Considerable flexibility in how they spend money but must be collective decision making
- A resident led partnership develops, implements and reviews participative plan for change

Headline findings from Communities in Control Study

<https://communitiesincontrol.uk>



Limited but important impacts on BL populations compared with similar areas without BL.

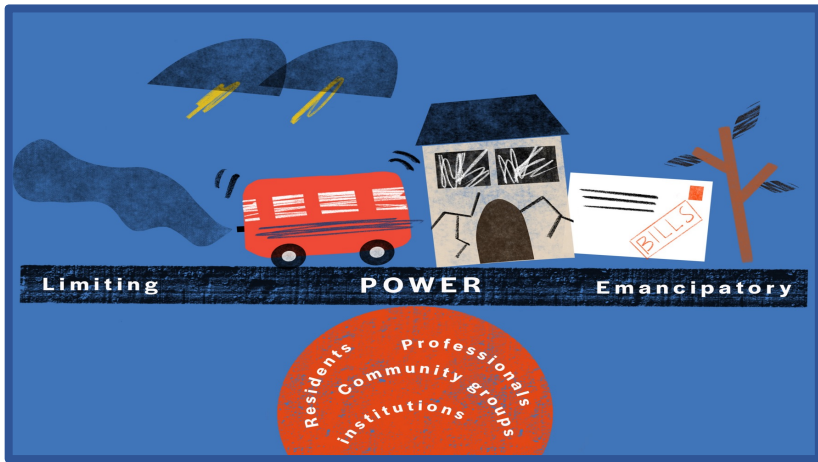
- Reduced anxiety and burglaries and increase in people reporting *things in life were worthwhile*
- Improved mental health in areas implementing plans fastest, greater where social activities prioritised
- Reduced burglaries greater in areas implementing fastest and prioritising environmental activities.

Positive impacts on active residents in a survey and in qualitative research

- Increase in proportion of residents feeling they had more control over decisions impacting on them
- Mental wellbeing improved in all areas from 2016-18. No longer significant by 2020: COVID impact.
- Residents reporting local people helped each other & could influence decisions had higher wellbeing

BUT.....

- Survey: Better educated residents & men benefited more than those with lower education & women.
- Qualitative research: some active residents described negative social and health impacts.



Explaining the findings

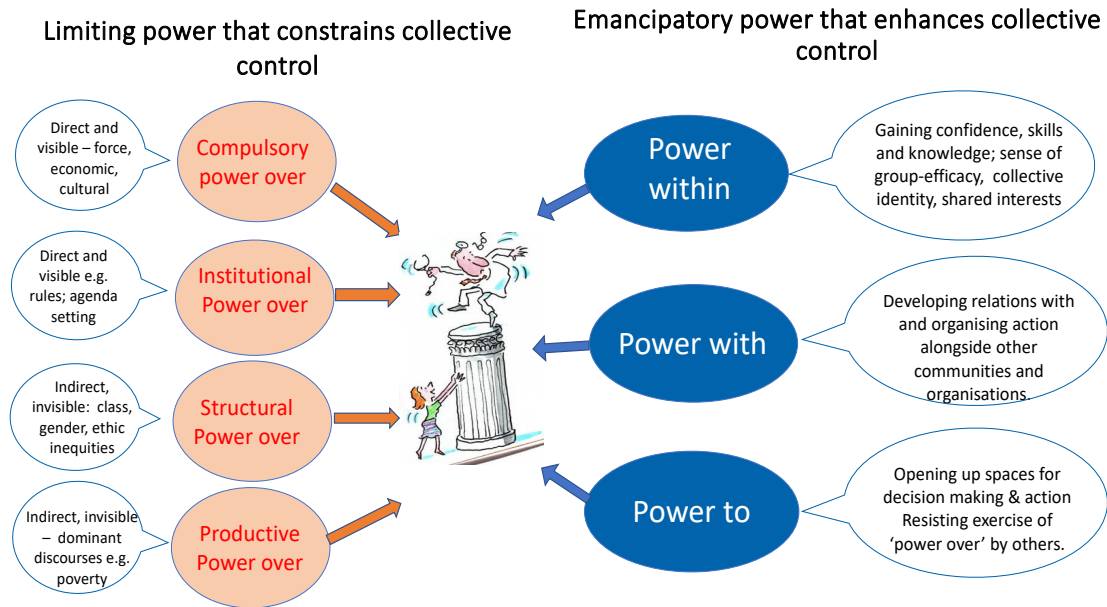
The GLOBAL SPACE

The NATIONAL SPACE

The LOCAL SPACE

“space is a social product....it is not simply ‘there’, a neutral container waiting to be filled but a dynamic humanly constructed means of control and hence.., of power”
(Lefebvre 1991:24)

Power Dynamics



Participatory Spaces



Governance spaces e.g. Partnership board, neighbourhood/youth forums, project planning groups



Sense Making Spaces (Resident spaces e.g. more informal, unplanned meetings in community hubs or local cafes and events spaces e.g. festivals)



External spaces – ‘by invitation only’

A tale of shifting power dynamics: BL pathways to impacts

1 Exercising collective control

1



2



Drawing on support

When they've tried to do this themselves they have just been passed from pillar to post in these organisations and they don't get an answer. It's only when LTO come and say, look you're really not being reasonable; can we have a little chat about this and you get them round a table

3



Limiting collective control

Its supposed to be board led but he used to come round and say, no we're doing it this way, my way or no way (A4 R)

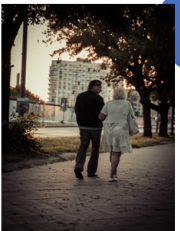
They sent us a bill for £10,000...then they got mad at us because we said no. We had not been consulted and we had not committed ourselves to help pay for it.they had not communicated with us, so they just assumed. (A15 R1)

4



Resisting: saying no

5



Resisting: walking away

We got into wrangling and debates with [...], who tried to force our hand...we said, if you're not going to put your cards on the table we will just walk away (A4 R)

6



Renegotiate

Both LTO's given a bit of a shock, a bit of a kick, have some confrontation from the residents. Both of them have responded well and improved what they're doing. (A4 S)

So we are now trying to rebuild that, which I feel, touch wood, is going quite well...they actually deal with us in a nice manner (A15 R2)

7



Impact e.g. Youth worker in post

A BL resident in an area that had prioritized work with young people said that young people were "not perfect... but not so loud, not so angry".

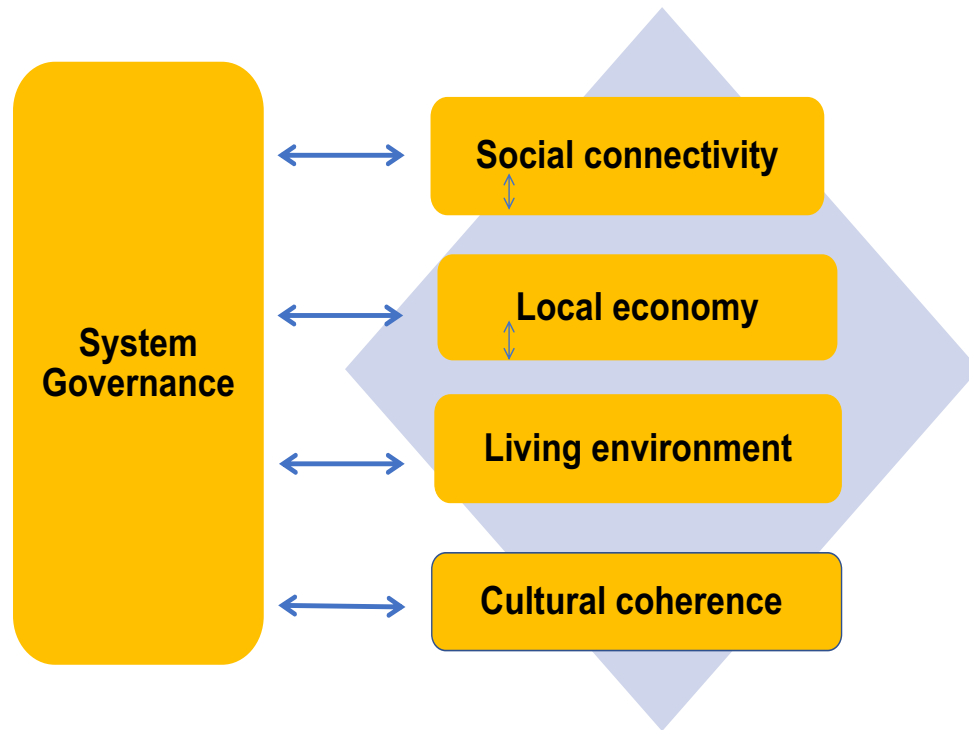
Big Local areas had reduction in burglaries. Fear of crime and experience of crime impacts negatively on health.

Involving communities in local action for social economic & health improvements

What needs to change?



1. System led change rather than community led focusing on the...

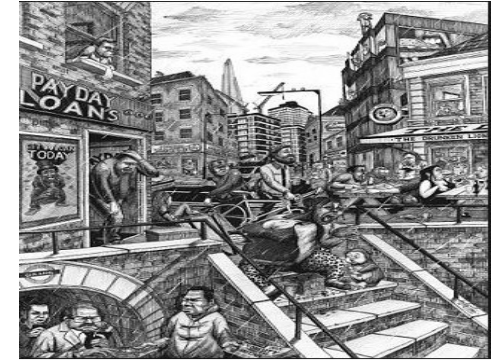


Components of system led change

Ability of **everyone** working and living in a neighbourhood and the institutions with a stake in a place to enhance their collective capacity to respond to and influence social, economic and environmental change in the context of uncertainty and adversity

2. Avoid stigmatising people and places

- Avoid language, images or activities that create or compound stigma
- Draw attention to positive behaviours and attributes and challenge negative narratives of disadvantaged people/places
- Support disadvantaged people to construct and share positive images and stories about themselves
- Challenge stigmatising coverage in media & official reports
- Publicise how social and commercial determinants of health shape behaviours



Professional discourse on health inequalities threaten positive moral and social identities

[National Audit Office](#)
Tackling in areas with the worst
Health and deprivation



[PHARMAFILE website](#)
NHS Slow to tackle inequalities



[The Guardian](#)
Close call on health
inequalities



[FUSE Newcastle University](#)
understanding and tackling
health inequalities



[Holyrood website](#)
Scottish Government's
health inequalities pilot nears end

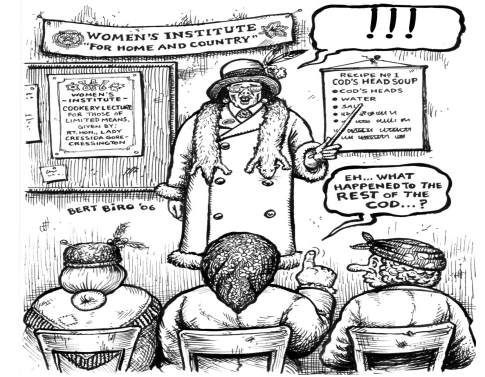


[Sustainable Development Commission](#)
the key to tackling health inequalities



3. Take people's experiential knowledge seriously

'The debunking of the expert is an important stage in the history of democratic communities'
(Aneurin Bevan, quoted in Smith, 1993:178).



The story of fish head soup



“The solidarity of women, young people, gay men and other men who have sex with men, sex workers, people who use drugs and transgender people has transformed the AIDS epidemic—empowering them will end the epidemic.”

Community Action & HIV AIDS HIV

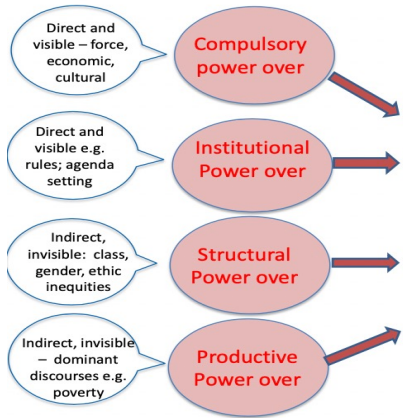
Grenfell Fire London 2017



Before the fire residents complained about a lack of smoke alarms and fire safety doors not functioning properly, about poorly planned and executed refurbishments including highly combustible cladding pasted to high-rise buildings across the country

4. Design initiatives that release and build capabilities by mapping power dynamics and putting in place strategies to resist and change them

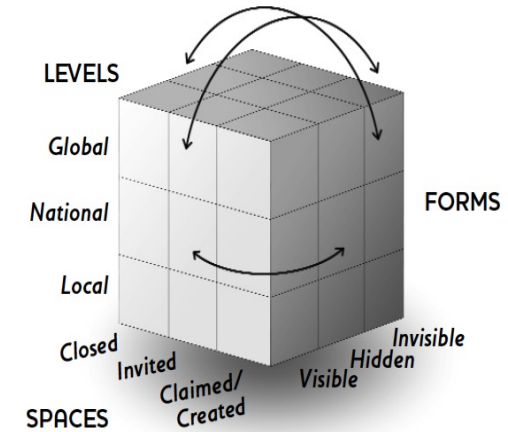
Forms of power that limit the exercise of collective control



Forms of power that enhance capabilities for Collective Control



Figure 1 The 'power cube': the levels, spaces and forms of power



Governance spaces e.g. Partnership boards, neighbourhood youth forums, project planning groups, networks

Exercise power to and develop power within and power with

DIVERSITY



Sense Making Spaces: claimed spaces e.g. meetings in community hubs or local cafes, festivals

Develop power within – shared values, interests, narratives

CONNECTIVITY



External spaces: 'by invitation only': e.g. local, national and international assemblies, consultation events,

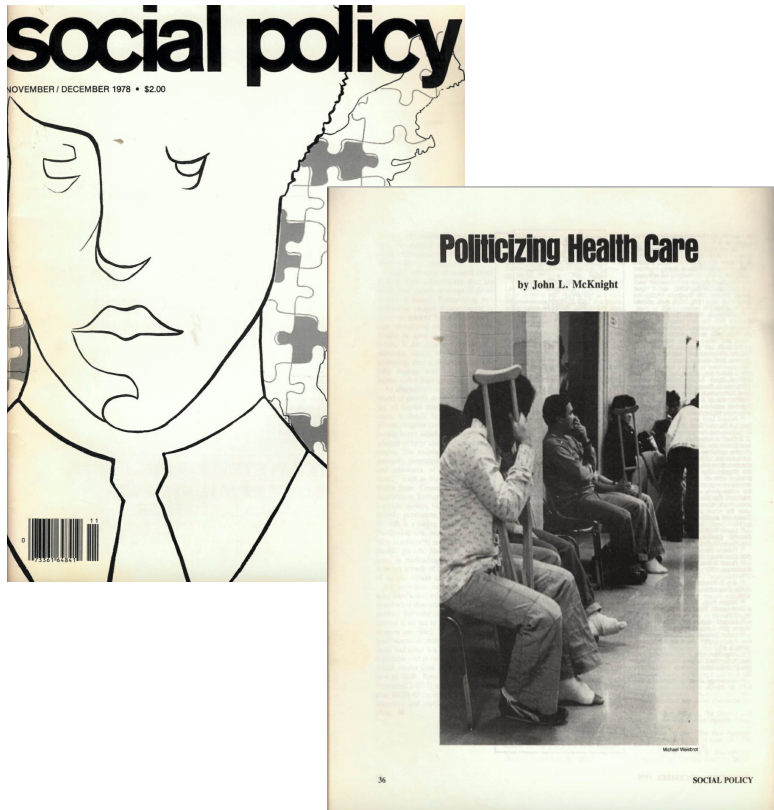
Exercised **power to**

5 Focus on primary drivers of inequity



7. Legitimise advocacy as an essential element of professional practice

(Babbell, 2016)



What each nursing leader had in common was political activism that grew out of the personal knowledge they gained in providing care ... and understanding that their efforts toward achieving social justice were as important to health as direct nursing care they provided.

International Council of Nurses 2017



FOCUS ON RESEARCH AND EQUITY

Welcome to FOR Equity, providing tools and resources to help make research evidence more relevant for action to reduce social and health inequalities



FOR EQUITY RESOURCES ARE DESIGNED TO HELP RESEARCHERS INTEGRATE AN INTERSECTIONAL EQUITY LENS INTO THEIR STUDIES

<https://forequity.uk>

8. Integrate an equity lens into all community initiatives



THE FOR EQUITY GUIDANCE INVENTORY

This is a searchable catalogue of tools and guides that support the development of more equity sensitive research. It includes resources focused on health equity in general as well as those with a specific focus on particular social categories and study designs.

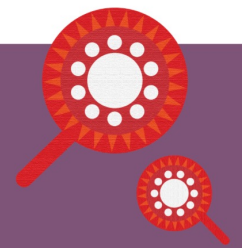
Read more



THE HEALTH INEQUALITIES ASSESSMENT TOOLKIT (HIAT)

This is a space for research teams to deliberate and reflect on: the equity dimensions of a topic they wish to study; how these can be integrated into the design, conduct and reporting of their research; and, how people with lived experience and policy/practice experts can contribute.

Read more



THE FOR EQUITY RESOURCES LIBRARY

This provides additional resources, including case studies of equity sensitive research linked to the HIAT.

Read more

Concluding remarks

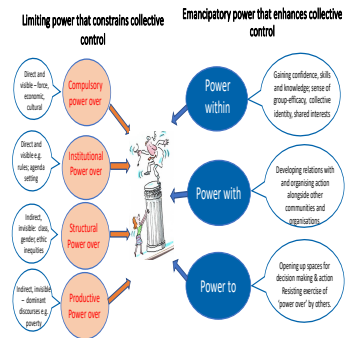


Poverty, Power & Community Action for Social Justice



Participatory Spaces

Power Dynamics



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Sense Making Spaces (Resident spaces e.g. more informal, unplanned meetings in community hubs or local cafes and events spaces e.g. festivals



External spaces - 'by invitation only'

- Enhanced control by communities with little power over decisions impacting on their lives and health can have direct health benefits
- But too many community initiatives are limiting themselves to the inward gaze on community capacity, neglecting the outward gaze on social transformation and political change for greater health equity
- Community action must begin by analysing power dynamics and then changing them in the pursuit of social justice - not mapping and activating community assets and/or focusing on behaviour change
- But enhanced community control over decision-making and action locally can have unintended negative consequences and can't alone tackle the fundamental drivers of social and health inequities – this need action nationally and internationally

Thank you for listening.