

# POWER PRIMER

A Tool in Mobilizing for Action  
through Planning and Partnerships  
(MAPP) 2.0

**MAPP 2.0**



**NACCHO**<sup>SM</sup>  
National Association of County & City Health Officials

# TABLE OF CONTENTS

Acronyms.....	4
<b>A. Overview .....</b>	<b>5</b>
Change through Community Power-Building .....	7
How MAPP can Build Community Power.....	8
Intended Audience .....	8
<b>B. Exploring Power .....</b>	<b>9</b>
The Presence of Power .....	9
Power and Systems Change .....	9
Power and Accountability .....	10
Community Resistance and Organizing as Power .....	10
Definitions.....	11
Activities .....	13
<b>C. MAPP Power Framework: Guiding Practices .....</b>	<b>14</b>
<b>PRACTICE 1: PROCESS – Unpack Personal and Organizational Power and Privilege.....</b>	<b>17</b>
Activities .....	18
Self-Reflection Questions .....	18
Organization-Reflection Questions .....	19
When do We do This in MAPP?.....	19
<b>PRACTICE 2: FORM – Build a Container for Your Work Together .....</b>	<b>20</b>
Activities .....	21
Self-Reflection Questions .....	22
When do We do This in MAPP?.....	22
<b>PRACTICE 3: STUDY – Learn about Your Communities' Histories.....</b>	<b>23</b>
Activities .....	25
Self- and Group-Reflection Questions.....	26
When do We do This in MAPP?.....	27
<b>PRACTICE 4: BUILD – Cultivate Relationships with Communities and Partners .....</b>	<b>28</b>
Community Power-Building Organizations (CPBOs) .....	30
Activities .....	31
Group-Reflection Questions.....	32
When do We do This in MAPP?.....	32
<b>PRACTICE 5: SHARE – Practice Power-Sharing with Partners and Community Internally and Externally ..</b>	<b>33</b>
Community Engagement, Power-Sharing, or Community Power-Building.....	35
Activities .....	35
Changing Meeting Culture and Norms .....	35
Promoting Co-Governance.....	38
Group-Reflection Questions.....	40
When do We do This in MAPP?.....	40
<b>PRACTICE 6: STRATEGIZE AND ACT – Implement, Amplify, and Invest in</b>	
<b>Community-Identified Priorities and Solutions .....</b>	<b>41</b>
Activities .....	43
Strategize Internally and Externally.....	43
Apply and Enforce .....	44

Amplify.....	44
Invest.....	44
Group-Reflection Questions.....	45
When do We do This in MAPP?.....	45
<b>PRACTICE 7: EVOLVE – Reflect on Processes, Outcomes, Accountability, and Sustainability.....</b>	<b>46</b>
Activities.....	47
Self- and Group-Reflection Questions.....	47
When do We do This in MAPP?.....	47
<b>D. Next Steps for Moving Forward.....</b>	<b>48</b>
<b>E. Acknowledgments.....</b>	<b>49</b>
<b>Appendix.....</b>	<b>50</b>
<b>A. Methods for Developing the Power Primer.....</b>	<b>51</b>
<b>B. Power Frameworks.....</b>	<b>52</b>
Personal Power vs. Collective Power.....	52
Power Over vs. Power With.....	53
Supremist Power vs. Liberatory Power.....	53
Three Dimensions of Power.....	54
Sources of Power.....	54
Arenas of Change/Arenas of Governing Power.....	56
<b>C. Activity: Power Flower: Exploring Power, Privilege, and Intersectionality.....</b>	<b>58</b>
<b>D. Activity: Diagnosing and Shifting White Supremacy Culture.....</b>	<b>60</b>
<b>E. Sample Icebreaker Questions.....</b>	<b>63</b>
<b>F. Sample Group Intentions/Group Agreements.....</b>	<b>64</b>
<b>G. Sample Group Assumptions.....</b>	<b>64</b>
<b>H. Whose Voices do We Want to Hear?.....</b>	<b>65</b>
<b>I. Activity: "I Am From".....</b>	<b>66</b>
<b>J. Activity: The Storytelling Project.....</b>	<b>68</b>
<b>K. More Activities and Resources by Practice.....</b>	<b>70</b>
PRACTICE 1: PROCESS – Unpack Personal and Organizational Power and Privilege.....	70
PRACTICE 2: FORM – Build a Container for Your Work Together.....	71
PRACTICE 3: STUDY – Learn about Your Communities' Histories.....	71
PRACTICE 4: BUILD – Cultivate Relationships with Communities and Partners.....	72
PRACTICE 5: SHARE – Practice Power-Sharing with Communities and Partners Internally and Externally...73	
PRACTICE 6: STRATEGIZE AND ACT – Implement, Amplify, and Invest in Community-Identified Priorities and Solutions.....	73
PRACTICE 7: EVOLVE – Reflect on Process, Outcomes, Accountability, and Sustainability.....	74
<b>L. Operationalizing Equity in Our Work – Abbreviated Root Causes Analysis Worksheet.....</b>	<b>75</b>

# ACRONYMS

**CDC** = Centers for Disease Control and Prevention

**CH[N]A** = Community Health [Needs] Assessment

**CHI** = Community Health Improvement

**CHIP** = Community Health Improvement Plan

**CBO** = Community-Based Organization

**CPBO** = Community Power-Building Organization

**CQI** = Continuous Quality Improvement

**HIP** = Human Impact Partners

**MAPP** = Mobilizing for Action through Planning and Partnerships

**NACCHO** = National Association of County and City Health Officials



# A. OVERVIEW

*“Power properly understood is nothing but the ability to achieve purpose. It is the strength required to bring about social, political, and economic change.”*

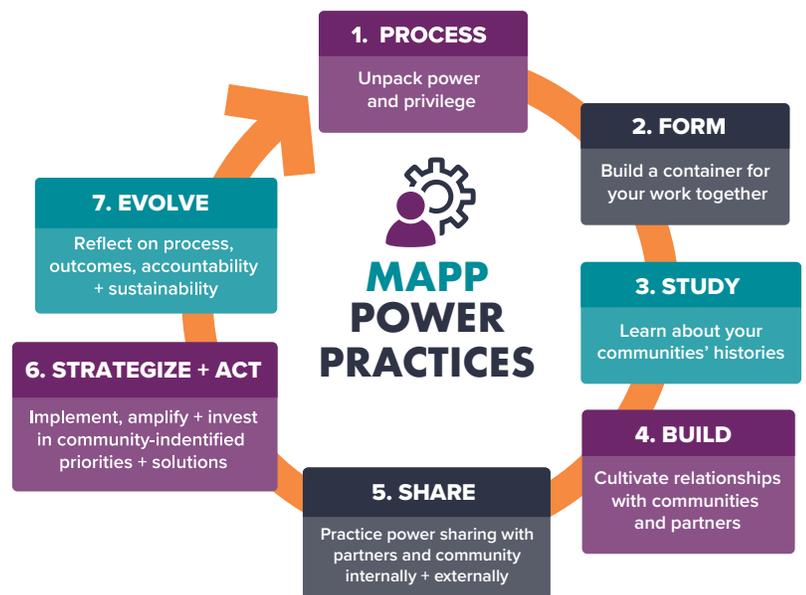
**- DR. MARTIN LUTHER KING JR.**



**Power is not good or bad—it is, as Dr. King stated, the ability to achieve a purpose.** By design, many Mobilizing for Action through Planning and Partnerships (MAPP) communities are building collective power to improve community health and well-being. Creating shared decision-making processes within MAPP has been a vital and historically important part of MAPP. The focus is now on how to unite community partners on equitable terms to achieve collective goals for health.

Health institutions—like local health departments, hospitals, and clinics—are important and powerful actors in the work to transform inequitable systems and practices to create healthy communities. By using MAPP to guide your community health improvement (CHI) process, you’ll be partnering and strategizing with communities disproportionately impacted by health inequities.

This Power Primer provides MAPP facilitators with resources for a deeper dive into addressing power as they conduct MAPP. Specifically, the Power Primer explains **why and how to address power**



**dynamics within MAPP, acknowledge societal power imbalances as a root cause of health inequities, and support building community power through MAPP and CHI.**

The Power Primer is structured around seven practices known as the MAPP Power Framework. We outline why each practice is important, activities to carry out the practices, suggestions for using the activities in MAPP, and more resources.



With these goals in mind, the MAPP Power Framework aims to advance the following:

- Commitment to sharing power with communities most impacted by health inequities and to centering the voices, experiences, and solutions of those most impacted in decision-making and action-planning
- Awareness of and attention to power dynamics among governmental agencies, institutions, and community members
- Understanding of community power-building and why it is needed to address health inequities
- Commitment to building relationships with new and old community partners and shared commitment to experimenting and acting together
- Understanding of how to support local community organizers and groups financially, materially, and politically to grow their membership and leadership
- Rationale for partner organizations to build capacity, commitment, and actions to support community power-building

# Change through Community Power-Building

## Beautiful things happen when historically marginalized communities unite to build community power and create change.

We see this in the accomplishments of the civil rights, disability justice, and HIV/AIDS advocacy movements, in the Movement for Black Lives, DREAMer and immigrant rights movements, and in successful Indigenous sovereignty and climate justice organizing. These movements helped shift policy, institutions, narrative, and culture.

Centering the experiences and solutions of marginalized communities—including Native American, Black, Latinx, Asian, LGBTQIA+, immigrant, and low-wage working class communities—has helped to address historic power imbalances. Focusing on the needs of communities experiencing inequities leads to solutions that improve conditions for all.

However, marginalized communities do not unite by accident. Doing so requires deep political analysis, organizational structure, and an intentional effort to organize communities and make change. Community power-building organizations (CPBOs) often do that organizing. They are allies for advancing health equity. Often known as “grassroots” or community organizers, CPBOs change conditions by openly working to transform how power works by focusing on those most impacted by structural oppression. CPBOs have been central to the achievements of all the movements mentioned earlier. They are well situated to engage in MAPP.

## Difference between Community Engagement and Community Power

*“Both [community engagement and community power] center on those affected by a system’s historical and current patterns of exclusion and marginalization; however, **community power is driven by a base of people whose presence and voice are sustained and maintained over time and who exercise their power on a range of issues, including voting rights, affordable rental housing, and accessible transit routes.**”*

— **ADITI VAIDYA**, *Why Building Community Power is Vital for Philanthropy*

## How MAPP can Build Community Power

The degree to which MAPP, as a process, can support community power-building—and successfully work with CPBOs and movements—will depend on MAPP stakeholders having the following:

- Shared analysis of the **root causes of health inequities**, particularly structural racism and power imbalances, and an understanding of **intersectionality**
- Shared understanding of and commitment to center the voices, experiences, and solutions of those most impacted by health inequities in decision-making and in MAPP, particularly communities of color and other marginalized communities
- Shared understanding of community power-building, why it is needed to address health inequities, and commitment to act on power imbalances internally and at a systems level
- Ongoing participation of community organizers and others with skills for building community power and whose values and focus align with CHI goals
- Participation from, and funding for, CPBOs as essential partners
- Trusting, accountable relationships among partners and shared commitment to experiment and act together
- Commitment to using **inside-outside strategies** to advance change

## Intended Audience

This Power Primer is for staff at health departments and other organizations that may be facilitating MAPP or CHI generally and who are:

- Familiar with concepts and terms and have experience working in health equity, racial justice, or meaningful community engagement
- Wanting to deepen their knowledge and practice of naming and addressing power within their organizations and CHI processes
- Wanting to address power imbalances and dynamics in their MAPP process, change material conditions for communities, and win policy campaigns
- Willing to take risks and offer each other grace as they face challenges and make mistakes together

This Power Primer is not an introduction to health equity. Rather, it explores the concept of power and community power-building, which are closely connected to advancing health equity.

For an overview of health equity concepts, visit [rootsofhealthinequity.org](https://rootsofhealthinequity.org). People working to include the Power Primer in MAPP should bring some analysis and understanding of how power imbalances are a root cause of health inequities.

You can do Power Primer activities over time, iteratively, as your group builds its collective analysis and understanding of how to address power imbalances. For example, you may repeat reflection questions and activities, particularly those in Practice 3 (Study), as the group better understands its community history. Self-reflection, learning, and action on power and privilege are ongoing processes that should continue throughout one's life.

## B. EXPLORING POWER

### The Presence of Power

While we can't always see it, power is everywhere at all times. Power is not fixed but fluid. It depends on various factors, relative to whatever space or community we're in.

In the United States, power is and has historically been inequitable, with certain social groups or organized networks having enormous capacity to shape laws, make meaning, and suppress interests that threaten their hold on power.<sup>1</sup> This power imbalance—which is intertwined with a history of racism and oppression—has created and sustained inequality and hierarchies by race, class, gender, disability, and other dimensions of identity for centuries.

At a personal level, identities, relationships, connections, institutional affiliations, structural access, access to resources and safety nets, job titles, and many other factors shape power in a given situation. At an institutional level, the breadth and depth of networks, shared histories and political analysis, the ability to mobilize many people toward a shared purpose, and other factors shape how much power we have to make change together.

### Power and Systems Change

Power is needed to make a healthier world. At the same time, power is often used to maintain unhealthy, inequitable conditions that benefit specific people, communities, or networks. Power is what determines and shapes many community conditions and community health. For example, elected officials use their power to determine laws and policies that in turn determine housing availability, funding for healthcare, education, and social supports, and maintaining roads, sanitation, and communications infrastructure.

#### Power and COVID-19



Power shaped how society responded to COVID-19. Power practiced within legislatures, governmental agencies, and corporations determined who suffered the most during the pandemic, who was most at risk for COVID, who had the highest rates of vaccinations, and who experienced food, housing, or job insecurity. These outcomes were influenced by people in power, balancing and negotiating economic interests versus health and prevention priorities.

<sup>1</sup> For example, over the past 20 years, the number of lobbyists and amount of money spent on lobbying to influence decision-makers in Congress and government agencies has doubled, with the top 20 largest contributors all representing powerful industries—businesses, realtors, pharmaceutical companies, hospitals, and guns/weapons manufacturers ([www.opensecrets.org/federal-lobbying/summary](http://www.opensecrets.org/federal-lobbying/summary)). Almost immediately after the Supreme Court ruling on *Citizens United vs FEC*, super political action committees (super PACs) started influencing elections—spending \$2.9 billion on federal elections between 2010 and 2018. In 2018, 78% of super PAC spending came from just 100 individual donors—showing the growing imbalance of power and influence by the wealthy elite ([www.brennancenter.org/our-work/research-reports/citizens-united-explained](http://www.brennancenter.org/our-work/research-reports/citizens-united-explained)).

## Power and Accountability

A key consideration in exploring power dynamics is whom people are accountable to. In theory, elected officials are accountable to the people that vote them into office and the communities they represent. However, as described earlier, real estate, pharmaceutical, and gun manufacturer industries, among others, have great influence over legislative decision-making and electoral processes. Increasing community involvement in decision-making and holding elected and government officials accountable to their communities help democratize government and balance inequitable power dynamics.

## Community Resistance and Organizing as Power

Throughout history, communities most impacted by oppression and power imbalances have been resisting and organizing to build community power to change the conditions in their lives—and using the power of their allies. This community power has changed institutions, laws, policies, and culture. Many civil rights laws and policies protecting the rights of communities of color, LGBTQIA+ communities, communities with disabilities, HIV+ communities, and others experiencing structural oppression have been obtained and maintained through the organized demands and long-term strategy of building power of impacted communities.<sup>2</sup> Later, we will more deeply explore community power and community organizing, but first let's review power generally.



<sup>2</sup> The role of community organizing and power-building is often not told in dominant narratives about history or is told with a focus on specific individuals and not the collective movement and organizations involved in making change (e.g., focusing on Dr. Martin Luther King Jr. without also telling the stories of other civil rights organizations and individuals in the movement at the time). Those stories often do not share the role of allies within government or other institutions like foundations in supporting the organizers from behind the scenes. Relearning history from the view of those experiencing oppression is important for building community power.

# Definitions

**TABLE 1.** *Definitions of Terms Used in the Power Primer*

TERM	DEFINITION	SOURCE
<b>Power</b>	Power properly understood is nothing but the ability to achieve purpose. It is the strength required to bring about social, political, and economic change...	<b>Dr. Martin Luther King Jr.</b>
	The power to control circumstances.	<b>SOUL Manual</b>
<b>Community Power</b>	Community power is 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.	<b>Lead Local Glossary</b>
<b>Community Organizer</b>	<p>Community organizers bring the most impacted communities together—through door knocking in neighborhoods and apartment buildings and through institutions like schools and churches—to learn and strategize about how to make material changes in their living conditions.</p> <p>While organizers across place and issue employ diverse ranges of tactics and strategies—from leadership development training to political education curricula to healing circles—it’s about bringing people together to help them make connections across their lived experiences and conditions.</p>	<b>Lead Local Glossary</b>
<b>Community Power-Building</b>	<p>Community power-building is the set of strategies used by 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.</p> <p>Community power-building is particularly critical for underserved, underrepresented, and historically marginalized communities who have been excluded from decision-making on the policies and practices that impact their health and the health of their communities.</p>	<b>Lead Local Glossary</b>
<b>Base-Building</b>	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 use their collective analysis to create solutions and strategize to achieve them.	<b>Lead Local Glossary</b>

<p><b>Community Power-Building Organization</b></p>	<p>Organizations that may be identified by geography (local, state, regional, national), demography (e.g., youth, workers, multiracial) or issue(s) (e.g., workers’ rights, environmental justice, multi-issue) who conduct a range of activities including base-building. Community organizers are one type of staff that work at CPBOs.</p> <p>Other terms sometimes used to describe CBPOs include but are not limited to grassroots organizing groups, social movement groups, movement-building organizations, community-based organizations, community organizing groups, and base-building groups.</p>	<p><b>Lead Local Glossary</b></p>
<p><b>Structural Change</b></p>	<p>Structural change is about the development, implementation, and protection of policies, practices, and systems changes to support a culture of health—a culture in which all people have equal opportunities to make healthy choices, whatever their circumstances. The structures can be rules and regulations, institutional policies and priorities, cultural norms and values—and disparities in power and influence.</p>	<p><b>Lead Local Glossary</b></p>
<p><b>Intersectionality</b></p>	<p>An approach coined by Kimberlé Crenshaw that argues classifications such as gender, race, class, and sexuality overlap and intersect in people’s identities, lives, society, and social systems and cannot be examined in isolation from each other. Though originally applied only to the way sexism and racism combine and overlap, the term has come to include other forms of discrimination, such as those based on class, sexuality, and ability.</p>	<p><a href="http://www.merriam-webster.com">www.merriam-webster.com</a></p> <p><b>The Urgency of Intersectionality</b></p>

**Tip: Develop Shared Definitions**

Make sure your group has shared definitions and understands concepts like health equity, power, and community organizing. Different definitions can lead to different strategies and actions. For example, one person may talk about community organizing as base-building to achieve structural change, while another may focus on community outreach to ensure compliance with medications. Give your group time to discuss and reflect on definitions as you begin your work together.

In addition to having a shared definition of power, think about different dimensions and sources of power and places where power can be built, shared, used, and sustained over time.

**Tip: Take Time to Assess Power**

Taking time to assess individual, team, and organizational power can have the following benefits:

- Highlight how collective power is necessary for change
- Combat feelings of powerlessness by identifying what can be controlled
- Help government employees process the conflict of feeling powerless within the system/hierarchy while also having relative power within the community
- Uncover power structures to find the most effective strategies to make change
- Increase awareness of the responsibility of having power and improve accountability
- Help identify ways to share power with those who have been structurally blocked from that power due to their personal identities and lived experience

## Activities

The following activities will help you and your team explore different dimensions of power to begin developing a shared understanding of power.

**TABLE 2. Resources for Exploring Power from Human Impact Partners (HIP)**

ACTIVITY/RESOURCE	DESCRIPTION
<b>How Powerful are You?</b> (Page 7)	Prepare your team to think about how powerful they are as individuals and as a group (team/office/agency/organization/coalition) working toward systems change.
<b>Identifying Your Powers</b> (Page 9)	Be open with your team about the kinds of power you hold as an office/agency/organization/coalition.
<b>Potential Partners and Opponents Table</b> (Page 16)	Identify potential partners and opponents who have an interest in or influence over the policy or practice you seek to change. The activity guides you through steps to gather information about invested parties and their influence and to record the information in a table. You can apply the information gathered in future initiatives. <i>This activity is included in MAPP 2.0, Phase III, when developing the community health improvement plan (CHIP).</i>
<b>Landscape Web</b> (Page 17)	Create a visual that shows relationships between your partners and opponents and generate ideas on how to improve connections that will advance your goals.
<b>Power Mapping</b>	Better understand the power landscape surrounding the change in policy or practice you're working toward. The process can uncover people or organizations you might not have been aware of and help you identify next steps for shifting partners and opponents to reach your goal.
<b>Assessing and Planning Your Collaboration</b>	Doing pre-work on your internal capacity and readiness to collaborate with government agencies or CPBOs will provide a realistic assessment of where to begin your power-sharing journey. Deep power-sharing requires intentionally building relationships and trust and may require significant culture shifts. Doing some homework first will prepare your team for successful collaborations.
<b>Conducting One-to-Ones</b>	One-to-Ones are a core part of building an internal organizing strategy to advance health and racial equity within a health department and an important foundation in building authentic, trusting relationships with grassroots community organizers. This activity builds the capacity of health department practitioners to have a One-to-One.

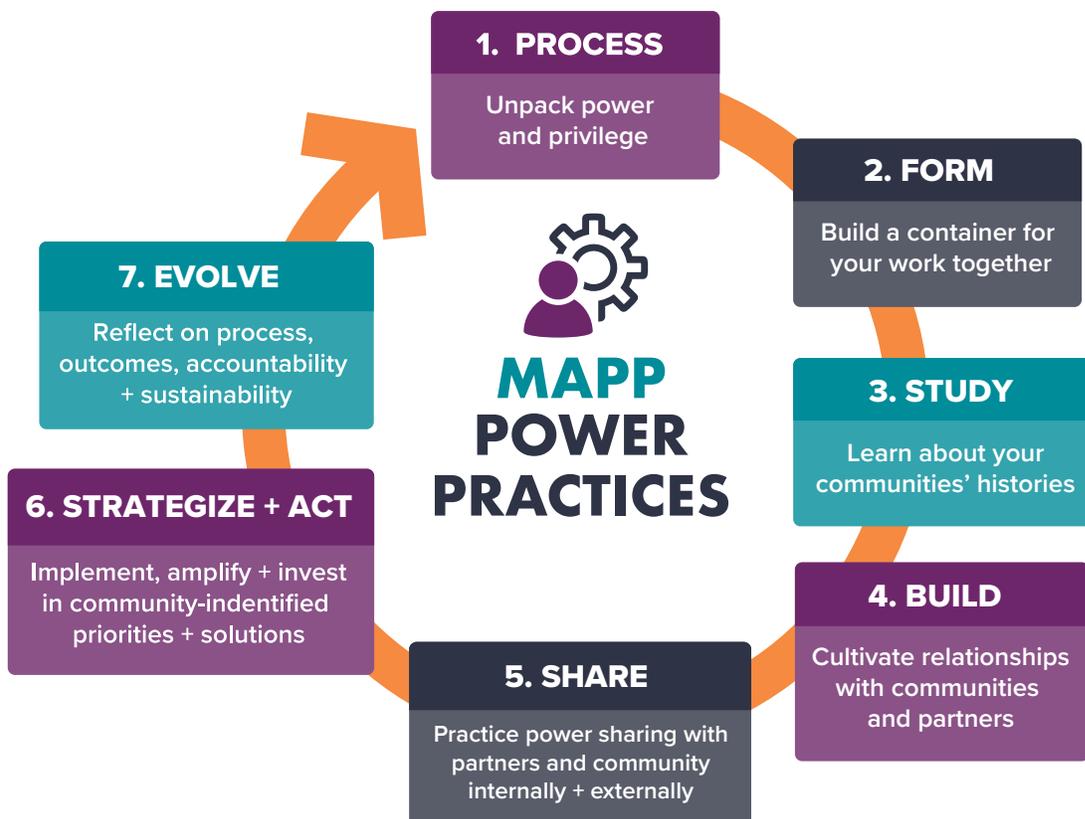
**Appendix B** provides an overview of various frameworks describing aspects of power. **Table 7** summarizes reflection questions for each framework to further explore power in your work. If time allows, review one or two frameworks for power and discuss the reflection questions during lunch sessions, planning meetings, or other ongoing convenings of your MAPP group.

# C. MAPP POWER FRAMEWORK

The MAPP Power Framework is a cycle of seven reflection and action practices to guide the entire MAPP process toward centering community voices, breaking down unhealthy power dynamics, and ultimately supporting community power-building.

Diagram A shows the practices and their relationships. Table 3 lists the practices; outlines why they are important; offers activities, resources, and reflection questions; and describes when to use them in MAPP.

**DIAGRAM A. MAPP Power Framework: Guiding Practices**



**TABLE 3. Guiding Power Practices and When to Use Them in MAPP**

Guiding Power Practice	When to Use
<p><b>1. PROCESS:</b> <i>Unpack personal and organizational power and privilege</i></p>	<p>Each time you convene a new group, for example:</p> <ul style="list-style-type: none"> <li>• Convening the core group before starting MAPP</li> <li>• Phase I - Engage and Orient the Steering Committee</li> <li>• Phase I - Identify CHI Infrastructure Priorities and Develop Workgroups</li> <li>• Phase II - Form the Assessment Design Team</li> <li>• Phase III - Set Up Priority Issue Subcommittees</li> </ul>
<p><b>2. FORM:</b> <i>Build a container for your work together</i></p>	<p>Each time you convene a new group, for example:</p> <ul style="list-style-type: none"> <li>• Convening the core group before starting MAPP</li> <li>• Phase I - Engage and Orient the Steering Committee</li> <li>• Phase I - Identify CHI Infrastructure Priorities and Develop Workgroups</li> <li>• Phase II - Form the Assessment Design Team</li> <li>• Phase III - Set Up Priority Issue Subcommittees</li> </ul>
<p><b>3. STUDY:</b> <i>Learn about your communities' histories</i></p>	<ul style="list-style-type: none"> <li>• When developing a community history timeline as a core group and updating it in future MAPP cycles</li> <li>• Each time you convene a new group (see recommendations for Practice 1) and during the following: <ul style="list-style-type: none"> <li>○ Phase II - Do the Three Assessments (Community Context Assessment)</li> <li>○ Phase II - Do the Three Assessments (Community Partner Assessment)</li> <li>○ Phase III - Prioritize Issues for the CHIP</li> <li>○ Phase III - Develop Shared Goals and Long-Term Measures</li> </ul> </li> </ul>
<p><b>4. BUILD:</b> <i>Cultivate relationships with communities and partners</i></p>	<p>Each time you bring in new community members, for example:</p> <ul style="list-style-type: none"> <li>• Phase I - Do a Stakeholder and Power Analysis</li> <li>• Phase I - Establish or Revisit CHI Leadership Structures</li> <li>• Phase I - Develop the Community Vision</li> <li>• Phase II - Do the Three Assessments (Community Partner Assessment)</li> <li>• Phase III - Create Community Partner Profiles</li> </ul>
<p><b>5. SHARE:</b> <i>Practice power-sharing with partners and community internally and externally</i></p>	<p>Each time you facilitate groups to make decisions together, for example:</p> <ul style="list-style-type: none"> <li>• Phase I - Engage and Orient the Steering Committee</li> <li>• Phase I - Develop the Community Vision</li> <li>• Phase II - Form the Assessment Design Team</li> <li>• Phase III - Set Up Priority Issue Subcommittees</li> </ul>
<p><b>6. STRATEGIZE AND ACT:</b> <i>Implement, amplify, and invest in community-identified priorities and solutions</i></p>	<ul style="list-style-type: none"> <li>• Each time you make budget decisions, for example: <ul style="list-style-type: none"> <li>○ Phase I - Develop the Workplan and Budget</li> <li>○ Phase III - Select CHIP Strategies</li> </ul> </li> <li>• Each time you identify and apply actions, for example: <ul style="list-style-type: none"> <li>○ Phase III - Develop Continuous Quality Improvement Action Planning Cycles</li> <li>○ Throughout implementation</li> </ul> </li> </ul>
<p><b>7. EVOLVE:</b> <i>Reflect on process, outcomes, accountability, and sustainability</i></p>	<p>At the end of each phase (when MAPP users would typically do a brief evaluation of how that phase went) and in particular when doing evaluations, for example:</p> <ul style="list-style-type: none"> <li>• Phase I - Do the Starting Point Assessment</li> <li>• Phase III - Monitor and Evaluate the CHIP</li> </ul>

Read the entire Power Primer and review *Practice 1: Unpack personal and organizational power and privilege* before moving to Practices 2–7. The MAPP Power Framework is a cycle but does not have to be a linear process. Use the practice activities whenever they feel relevant inside or outside of MAPP.

These seven practices can support relationships both within the MAPP Core Group and externally with community members and other stakeholders.

Changing power dynamics and systemic inequities may feel daunting, but what we do at the small scale can change larger practices and organizational cultures. Small actions that challenge the current status of inequity—for example, discussing with your core group how to make decisions jointly—contribute to building the understanding, political will, and capacity to pursue transformational change. Small actions can start a ripple effect that could reach further than we could imagine.



# PRACTICE 1: PROCESS

## Unpack Personal and Organizational Power and Privilege

*“If you don't know where you've come from,  
you don't know where you're going.”*

- MAYA ANGELOU



**The first step to strategizing around power is to understand it.** Because our identities (particularly racial/ethnic, gender, and class identities) shape our lived experiences of power and privilege in general and at work, this step focuses on exploring or “unpacking” identity—both as individuals and as an organization.

This section offers activities and resources to support MAPP participants, particularly those who are part of dominant cultures, to reflect on their experiences of power, privilege, and oppression as individuals and to start to name power dynamics in their organizations.

Institutional decision-making is a major way power operates (e.g., who makes decisions, who gets access to decision-makers, who will receive funding) but is rarely named openly. Government institutions have significant power over communities but are not necessarily accountable to communities. Exploring your organization’s decision-making history provides valuable insight into context and opportunities for doing things differently.

This step is particularly important for people leading MAPP as they may facilitate difficult, complex conversations.

### **Tip: Make Space or Hire Facilitators to Support Reflection**

Personal and institutional self-reflection can be hard. It can be difficult for people who are new to reflecting on their own privilege, and it can be difficult for those who have experienced marginalization and oppression throughout their entire lives. Some people don't have the privilege not to think about race and racism, gender and gender oppression, or other aspects of their identity and oppression, because their lived experience of oppression doesn't stop in our current society.

If resources allow, hiring an external facilitator can help create needed space to hold the emotions and complex feelings that can arise from these reflections.<sup>3</sup> Approach this work with grace and patience for yourself and your team.

<sup>3</sup> If resources allow, you might hire an external facilitator or attend facilitation trainings that openly address power and privilege to build or strengthen in-house capacities. Facilitation is both an art and a science. If possible, have a trained facilitator during your first round of MAPP to guide the process as you build and develop your own facilitation practices. The resources in Practice 2 identify organizations offering facilitation training and podcasts to learn and reflect on ways to practice other ways of being together.

## Activities

**Table 2**, along with the **Assessing Your Power** activity, is a great place to begin exploring personal and organizational power. **Doing a landscape analysis** can also help name the positional, relational, and other powers that your organization and others hold. In addition to exploring types of power held, explore privilege and identity as they relate to power. Think about doing the following activities by yourself first (or with one or two colleagues) and repeating as a group:

- **Power Flower**
- **Diagnosing and Shifting White Supremacy Culture**
- **River of Life**

Collectively, these activities will help you and your colleagues explore power and privilege and develop a shared language and understanding of why addressing power in MAPP is important.

To effectively do the action steps you'll develop through MAPP, you'll need to understand what's within *your* power, what's within *your organization's* power, and what's within the *power of your partners* to accomplish identified goals—and to whom everyone is accountable. You can write your responses in a journal or discuss your responses in a safe space with a close friend or colleague.

### Self-Reflection Questions



- *How do I identify racially and ethnically? What other aspects of my identity are important to me?*
- *What are my personal privileges regarding my identity, background, and role at my organization?*
- *How often do I share a meal or connect with people who are different from me?*
- *Do I know about the history of the land I live and work on?<sup>4</sup>*
- *To whom am I accountable?*

<sup>4</sup> To learn more about the history of the land you live and work on, visit <https://native-land.ca> or [www.zinnedproject.org/campaigns/abolish-columbus-day/resources/](http://www.zinnedproject.org/campaigns/abolish-columbus-day/resources/).

## Organization-Reflection Questions



- *To whom is our organization accountable? What does that accountability look like?*
- *Who lives with the consequences of decisions our organization makes?*
- *How do we ensure MAPP work is centered on and accountable to communities impacted by inequities?*
- *Does our MAPP team, including the MAPP Steering Committee and Core Group, reflect the diversity of our community? What will we do to account for differences in the way our team looks from the community?*
- *As we lead MAPP, where can we exercise our power?*
- *Where will we need to rely on relationships and connections with others to accomplish aspects of MAPP?*
- *What values, guidelines, and principles do we, as a lead agency, want to follow internally to ensure equitable participation during MAPP?*

### When do We do This in MAPP?

Ideally, you can do some practice activities with your core group before you start MAPP to help deepen your awareness and begin building trust among core group members.



### When to Practice Self-Reflection on Power and Privilege

Each time you convene a new group, for example:

- Convening the core group before starting MAPP
- Phase I - Engage and Orient the Steering Committee
- Phase I - Identify CHI Infrastructure Priorities and Develop Workgroups
- Phase II - Form the Assessment Design Team
- Phase III - Set Up Priority Issue Subcommittees

## PRACTICE 2: FORM

### Build a Container for Your Work Together

*“The container provides a context for the work grounded in structural assumptions, agreements for how the work gets done and how participants are expected to be with each other and finally, tools for managing feelings so participants have more control over how far they go and for tracking and supporting others in this process.”*

- SJPHC RACIAL RECONCILIATION PROJECT



**Solutions led by grassroots organizers and people’s organizations may not fit neatly into government systems and how they operate.** The same is true for the way community-level organizations, organizers, and members engage with government-held meetings and spaces.

As described in **Racial Justice and Power-Sharing: The Heart of Leading Systems Change**, HIP co-directors Lili Farhang and Solange Gould describe “building a container” as an intentional process to challenge existing dynamics. Doing so supports a different way of being together that prioritizes relationships, builds trust, and brings people’s whole selves to the work of changing systems to achieve racial justice and power-sharing. It puts the values of racial justice and power-sharing into practice in relationships.

Specifically, building a container is about countering the professional culture into which many of us have been trained. Attention to the container helps

create an environment that humanizes group processes and participants and builds greater social and emotional intelligence. It also creates a space for accountability and feedback methods that are available to all, regardless of their power within the change process.

A well-curated and held container creates processes and spaces where people feel they belong and where there are shared agreements and capacity to work through the interpersonal, team, and organizational conflict that exists in systems change.

Facilitation is a critical skill for building a container and achieving collective goals but is often overlooked. A good facilitator can help create a safe space for connection, develop a shared vision, and model vulnerability and self-awareness to build trust among partners. An inexperienced facilitator may ignore power dynamics and participant feelings, increase existing racial or social tensions, and discourage participation.

Because MAPP seeks to build relationships and trust among partners, you should identify an experienced facilitator or build the facilitation skills of current staff. Check out the following resources:

- Community Tool Box **Developing Facilitation Skills**
- Racial Equity Tools **Facilitation and Training Resources**
- Training for Change **Meeting Facilitation Resources**
- Art of Transformative Consulting **Facilitation Resources**
- **RoadMap** directory of trained facilitators
- Trainings on facilitation and conflict resolution by **CompassPoint**, **AORTA**, **Interaction Institute for Social Change**, and **Emergent Strategy Ideation Institute**
- Tips for co-facilitation by **Beatrice Briggs** and **LeadStrat**
- Tips for White facilitators of multiracial groups by **Training for Change**

## Activities

The first step to build a container is identifying whom the container is for and how it will be used. Think about who will be in the initial group and on this learning journey together. Significant staff turnover limits how close and vulnerable staff can be together, so seek to have a finite and clear group that is committed to working together for at least three to six months or ideally longer.

Next, identify the activities you will do to build a container. If possible, draft an agenda for what you would cover in your first meeting together using one or more of the following container activities and review the activities with a facilitator. Allow time during and at the end of the meeting for participants to offer feedback on how the experience felt and what they would like to repeat or do differently moving forward.

### Here are some recommended activities:

- Identify one or two skilled facilitators—ideally with identities that reflect participants—with experience leading conversations about privilege, power, and oppression, or with experience in racial justice, somatics (i.e., bodywork and movement), and healing work.<sup>5</sup>
- Include name, **pronouns**, racial/ethnic and cultural identity, and an **icebreaker question** in introductions.
- Develop **group agreements** that state your shared goals and norms of being together.
- Make **assumptions** about the work explicit.
- Introduce and practice using tools to help name and regulate emotions, like the **Window of Tolerance**.
- Introduce the **comfort-stretch-panic zones** approach and affirm you hope your group can be in the “stretch” zones to learn new ways of being together.

<sup>5</sup> Ask around to find a skilled facilitator—colleagues, friends, or others may know someone locally. If you can’t find someone, you could attend a facilitation training or work with a consultant to support facilitation. Check out these resources for organizations offering consulting and trainings.

Check out the **Racial Reconciliation and Healing Project's container resources** (particularly videos and handouts); **HIP's container-building approach and practices**; Practice 2 resources in the Appendix; and the Community Partner Assessment for detailed resources, guidance, and suggestions on meeting facilitation.

## Self-Reflection Questions



Write in your journal or discuss the questions in a safe space with a close friend or colleague:

- *When have I felt safe to share how I feel? What contributed to my feeling safe? How were those feelings held by another person or people?*
- *Have I felt OK to share personal feelings or experiences at work? If yes, what contributed to feeling OK to share? If not, what contributed to not feeling OK?*
- *What three things would I need to support my feeling safe to be vulnerable and share in a small group?*
- *What three things could I do to support others' feeling safe to be vulnerable and share in a small group?*

## When do We do This in MAPP?

Building a container should be an iterative, active process that you revisit periodically. Orient new members about group dynamics and culture before they begin.



## When to Build a Container

Ideally, each time you convene a new group of people together, for example:

- Convening the core group before starting MAPP
- Phase I - Engage and Orient the Steering Committee
- Phase I - Identify CHI Infrastructure Priorities and Develop Workgroups
- Phase II - Form the Assessment Design Team
- Phase III - Set Up Priority Issue Subcommittees

Once you have built a container together, establish a reminder of the container during regular meetings so it becomes part of the culture.

## PRACTICE 3: STUDY

### Learn about Your Communities' Histories

*“Not everything that is faced can be changed,  
but nothing can be changed until it is faced.”*

- **JAMES BALDWIN**, 1962 essay for the *New York Times*



**To address health inequities in your area, you need to know how and why those inequities came to be.** Learning

about the history of the land and the communities in your area is critical in understanding what to do differently, how to change current conditions, and how to repair past harms.

If possible, start with your personal history. How did you and your family come to the land you live on? What social, political, and economic forces contributed to where you live and the opportunities you and your ancestors had? A guiding question is ***how and why did our city/town come to be like it is?***

You could meet with local librarians and historians and research the history of the land, paying attention to the histories of Indigenous and Black communities before city or town incorporation and over time. Learn how definitions of race and ethnicity have changed. For example, in the late 1800s and early 1900s, Italian, Greek, Polish, Slovak, Jewish, and other emigrants from Europe were considered non-White.



Also think about how national policies and practices impacted who came to live where in your area. People’s stories inform historical context because not everyone’s account of history is available online or in books. In today’s polarized and Internet-dependent world, we sometimes need to go out of our way to identify new or less biased sources of information.

## **“But Our Community Doesn’t have Much Diversity...”**

Every community has diversity, even those that appear to be similar. An individual’s gender, age, disability, ethnicity, class, Tribal affiliation, and other factors contribute to differing experiences, histories, and barriers—even if people are from the same racial group.

At the same time, all communities in the United States have some shared history: the displacement of Indigenous people who were dispossessed of their land through broken treaties, hunted and killed by White settlers, and economically and socially marginalized through generations, and discriminatory immigration, labor, housing, banking, educational, and other policies that shaped the demographics and diversity of the country today.

Pursuing equity is about ending oppression and “othering”—by race, gender, class, age, and disability. Centering the experiences and solutions of people experiencing oppression and othering—particularly those who experience multiple forms of oppression—is core to transforming the system.

So even in majority White or seemingly similar communities, talking about race, class, ethnicity, and other aspects of identity can bring fruitful discussions about historical inequities and different experiences of oppression in your community. Check out these resources for more information about how to talk about racism in majority White communities:

- **Seeing White podcast**
- **Dying of Whiteness**
- **How to Talk about Race at Work**
- **How to Promote Racial Equity in the Workplace**
- **A 5-Part Framework for Talking about Racism at Work**



From: <http://www.dismantlingracism.org/white-supremacy-culture.html>

## Activities

To begin, you could do an activity with your group to get to know each other, create a sense of shared purpose, and bring your full selves and identities into your work together, such as the following:

- “I Am From” Activity
- The Storytelling Project’s Activity

Then do an activity to get at the “root causes” of an issue, such as HIP’s root cause analysis worksheet.

Finally, develop a community history timeline. Check out these samples for inspiration:

- **Timeline of Racial Inequities in Long Beach** (Long Beach’s Office of Equity)
- **How Did We Get Here?** (comic book from Sacramento’s Building a Healthier Community)
- **An Unsettling Profile series** (Coalition of Communities of Color in Multnomah County)
- **MAPP2Health** (report from Thomas Jefferson Health District, now called Blue Ridge Health District)

Developing a shared community history timeline can help document facts that have shaped the racial/ethnic, class, and other demographic makeup of your community, the policies and practices shaping differential access to opportunities, and how those have contributed to health inequities over time.

You can use this timeline in several ways:

- As an iterative, collective, and transparent process that grows and deepens as collective MAPP knowledge deepens and participation expands over time
- As a prompt for community dialogues, e.g., “What else belongs on this timeline that has shaped health and well-being in X?”
- To orient people coming into MAPP to understand the root causes of health inequities in the local community
- As a framing tool in your CHIP (e.g., an appendix that orients readers to understand the many historical contexts shaping present-day community health)

### What to Include in a Community History Timeline

Include the following in your local community timeline:

- Historical accounts of Indigenous people and territories before European contact
- Treaties signed with sovereign nations, noting if the treaties were implemented or ignored
- When slavery was abolished, reconstruction timeline, Jim Crow laws
  - When major institutions (such as universities, schools, hospitals, government buildings) opened, who was initially allowed access or excluded, and how that has changed over time. Where possible, identify where the resources came from for these institutions (e.g., private, federal, state, or mixed funding).
  - When were the first non-White or non-cisgender male leaders elected? If you have capacity, look at this for local, regional, and federal offices with authority in your community as data points to inquire about how well the diversity of your community is or is not reflected in different offices.
- Local history of organizing, community power-building, and major protests
- Local history of mutual aid and ethnic, cultural, religious, or workplace support groups formation
- Local MAPP or CHI work history

During each later round of MAPP, revisit this community health timeline and try to broaden and deepen your understanding of the historical and structural context. You might interview more elders, historians, and others, learn more about how federal and state policies and practices shaped local inequities, and consider the current experiences of those legacies.

Interviews, focus groups, and other qualitative data-collection methods can help deepen understanding of the lived experiences of that historical and structural context. Ask for community insights on the important invisible or concealed assets in communities, community demands (e.g., for land back, reparations, environmental clean-up, police accountability), and other community strengths emerging in resistance to the community's experiences of oppression.

## Self- and Group-Reflection Questions



Although individuals can (and should) study history on their own, group learning and reflection are important to develop a shared analysis and understanding of the root and historical causes of inequities today in your community. As previously mentioned, exploring these questions can be hard and can bring up different feelings for people. If doing group reflection, allow time for self- and partner-reflection and processing as part of the group activities. Encourage people to take notes and journal during or after reflection activities.

- *Who has had power over health, neighborhood, and budget decisions locally? What's our community's history of neighborhood, health, and budget planning? How have institutions encouraged or prevented communities from having power over decisions that impact their lives and material conditions?*
- *Who are the Indigenous people of the lands we occupy? What is the history of broken treaties between sovereign nations and the U.S. government in our region?*
- *What notable institutions in our community have benefited from slavery, genocide, redlining, policing, and deportations?*
- *What is the history of exclusionary policies in our community (e.g., to BIPOC, LGBTQIA+, poor, women, people with disabilities)? What is the local history of anti-blackness? Against immigrants? Ableism?*
- *How have those dehumanizing and discriminatory policies and practices shaped our area's community demographics and health outcomes today?*
- *What role has our organization played in worsening or eliminating health and social inequities?*
- *How can we hold ourselves accountable to addressing inequities in power and privilege when working with populations experiencing health inequities? To whom is our institution/ organization accountable?*

## When do We do This in MAPP?



### ***When to Practice Learning about Community History***

Throughout MAPP, continually make space for community members to share their stories and learn more about the community's history. You can include reflection questions in planning meetings throughout MAPP or include questions related to history in your assessment process.

In particular, develop a community history timeline as a core group before starting MAPP and update it during future MAPP cycles.

You might do practice activities when convening a new group of people (refer to recommendations for Practice 1) and at the following stages:

- Phase II - Do the Three Assessments (Community Context Assessment)
- Phase II - Do the Three Assessments (Community Partner Assessment)
- Phase III - Prioritize Issues for the CHIP
- Phase III - Develop Shared Goals and Long-Term Measures

## PRACTICE 4: BUILD

### Cultivate Relationship with Communities and Partners

*“Dominator culture has tried to keep us all afraid, to make us choose safety instead of risk, sameness instead of diversity. Moving through that fear, finding out what connects us, reveling in our differences; this is the process that brings us closer, that gives us a world of shared values, of meaningful community.”*

- **BELL HOOKS**, *“Teaching Community: A Pedagogy of Hope”*



*“Deeper forms of community engagement—those that go beyond informing and consulting communities to involving, collaborating with, and deferring to them—have the potential to build people’s skills, confidence, and sense of power and enhance trust, social cohesion, and a community’s sense of their combined power. These community outcomes are conducive to communities building and channeling their power.”*

- **ANTHONY ITON, ROBERT K. ROSS, AND PRITPAL S. TAMBER**

**“Meaningful community engagement” is a core principle of MAPP and of public health generally.** While all health departments engage communities at some level, they often lack the resources or capacity to build and maintain powerful, transformative relationships with populations experiencing inequities, community organizations, and other allies.



Meaningful community engagement improves both processes and outcomes. Specifically, health departments can better serve diverse populations, have more linguistic and cultural competency, be more accountable to community needs and priorities, and have more impact on changing the conditions that impact community well-being. For example, check out the following works:

- **Santa Barbara County Health Department and their community organizing partners**, Central Coast Alliance for a United Sustainable Economy (CAUSE) and the Mixteco Indigena Community Organizing Project (MICOP)
- **Glen Mays and colleagues**, who found “deaths due to cardiovascular disease, diabetes, and influenza decline significantly over time among communities that expand multisector networks supporting population health activities.”

As described by bell hooks, building meaningful community involves identifying shared values, acknowledging and appreciating differences, and taking risks in ways that bring us closer together. Building community involves learning to bring our full, authentic selves to the collaboration and moving “at the speed of trust.”

Concretely, this may mean sharing parts of your ethnic or cultural identity that you may not usually share in a work setting or sharing special foods, stories, or practices. It may also require slowing down the work to build relationships, to experiment and learn together, and to understand where there is past harm, disagreement, or conflict to resolve before moving forward. Having an intentional, flexible, and accountable process to build relationships with community partners requires time, patience, and determination but is worth the effort.

## *Tips on Building Relationships*

**GO BROAD AND DEEP:** There can sometimes be tension around whether to “go deep” and build authentic, trusting relationships with one group of community members versus “going broad” and informing all communities about opportunities and programs. We encourage a “both/and” approach. How can you develop meaningful relationships with specific communities, over time building relationships with other communities, and at the same time keeping all informed? Multiple communities have found that deeper relationships with community leaders help open doors and connections to communities that previously were unengaged or hesitant to engage with the institution.

**SHOW UP:** A big part of building relationships is being present, e.g., attending and participating in community-led events, listening to what needs the community shares, being a consistent and helpful contributor, and following through on commitments. Show up to learn, not to be seen.

**BE REAL:** Be honest about where your department/organization is at, what your department is ready to support, what you might grow into, and what’s not possible. Don’t promise what you can’t deliver. Do strategize together about what you can change and if or how your organization could help leverage other organizations’ support.

**BE PATIENT:** Real partnership takes time to build. Reach out long before your grant application deadline or a big hearing. Move at the “speed of trust.”

## Community Power-Building Organizations (CPBOs)

CPBOs are great resources for building relationships with the communities you have identified for your MAPP process. These groups build power together with community members to address social determinants of health like housing, economic security, immigration, or the criminal and legal system. These groups might be working to change policies and laws, change governing agencies' role in shaping people's daily lives, change narratives and public discourse on important issues and populations, or change the distribution of power.<sup>6</sup> These groups understand what's going on in the community and are great to connect with as part of MAPP.

Not all community-based organizations (CBOs) are CPBOs. What separates CPBOs is a commitment to organizing and base-building. Most CPBOs are deeply rooted in and accountable to communities, so they can navigate complex local politics to create change. Diagram B shows this difference.<sup>7</sup>

**DIAGRAM B. CBOs vs CPBOs**



<sup>6</sup> These five facets of community organizing come from Right to the City's **5 Forms of Power**.

<sup>7</sup> These are two distinct circles because not all CBOs are accountable to the community, and not all CPBOs offer services. Some collectives, mutual aid organizations, and other movement-building organizations do power- and base-building but do not identify as CBOs. Although many CPBOs do rights-based services to build bases (e.g., know your rights as a tenant or worker), most do not offer voucher programs, financial services, or similar services. They instead partner with CBOs that provide services to support their members.

For more information on CPBOs and how to partner with them, [visit this resource](#), and to identify CPBOs in your area, check out [this list](#). If you can't find a local CPBO, connect with a different community organizing group in your state or a national organizing network that can help you think about local contacts.

Be sure to do the following if you are developing a relationship with a CPBO:

- Understand their priorities.
- Discuss how to share information in ways that protect both groups.
- Discuss the limitations of what government staff can and can't share and how to share insider knowledge about decision-making.
- Hold regular, ongoing meetings with the CPBO.
- Acknowledge it may not be appropriate for government staff to participate in a campaign committee, but there are ways to help educate elected officials, update assessments, map decision-making powers, etc.
- Discuss the difference between advocacy and organizing.
- Explore how to increase government accountability to community.

## Activities

There are many different ways to build partnerships. The first step is a self-reflection of *whom* your institution or organization is engaging and *how* they are being engaged. Check out the Whose Voices list in the Appendix, Community Context Assessment, and Community Partner Assessment for activities to reflect on whom you are engaging in MAPP.

Acknowledging how your organization has historically engaged different communities is critical to understanding what harms may need to be acknowledged and addressed and what can be done differently moving forward. You could use one of these assessment tools or reflection activities at your organization:

- [Nexus Community Engagement Assessment Tool](#)
- [Spectrum of Community Engagement to Ownership](#)
- [Community Engagement Reflection Guide](#)

If significant harm or rift has occurred, you might seek a [third-party mediator](#) to help hold the conversation about healing and repair. Check out the tips in the Appendix about how to connect with community organizers in your area.

## Group-Reflection Questions



- *Which communities have we engaged with? Which have we tried to engage unsuccessfully? Why?*
- *How have we worked with community partners in the past? What can our organization do to rebuild trust or account for past harm with certain community groups as we work together on MAPP?*
- *What lines of communication do we have with impacted community members? How clear, direct, and transparent are they?*
- *How have we paid community members for participating in MAPP or other work to share their lived experience and expertise?*
- *How have community-identified/led priorities shaped our organization's priorities?*
- *Where are opportunities for sharing or using power to support community-identified/led priorities?*

## When do We do This in MAPP?



### When should You Practice Building Relationships with Community?

Throughout all of MAPP! In particular, you might do the reflection questions and practice activities each time you reach out to bring in new community members, for example:

- Phase I - Do a Stakeholder and Power Analysis
- Phase I - Establish or Revisit CHI Leadership Structures
- Phase I - Define the Community and Develop the CHI Mission, Vision, and Values
- Phase II - Do the Three Assessments (Community Partner Assessment)
- Phase III - Create Community Partner Profiles

## PRACTICE 5: SHARE

### Practice Power-Sharing with Partners and Community Internally and Externally

*“Power properly understood is nothing but the ability to achieve purpose. It is the strength required to bring about social, political, and economic change.”*

**- DR. MARTIN LUTHER KING JR.**



*“Power concedes nothing without a demand. It never did and it never will.”*

**- FREDERICK DOUGLASS**

#### **Power is at play all the time, and there are many different ways to describe and define power.**

As described in Practice 1, a key step in addressing power imbalances is acknowledging the existing power that institutions have over communities and working to transform the relationships of power.

MAPP helps to break down historic methods that have maintained power and advantage for some people, communities, and sectors over others. These inequities have been embedded into institutions and cultures, shaping what’s considered “acceptable” or “normal” and disparaging or discrediting anything that doesn’t fit into that narrow definition.

An important aspect of MAPP 2.0 is intentionally challenging the current status by modeling and implementing power-sharing approaches and creating equitable processes internally and externally. When working with partners, MAPP facilitators can name and address power imbalances in both MAPP and its outcomes. A question to evaluate success is whether the process is actually shifting the long-term relationships of power. Is it shifting decision-making to be more equitable? Who gets to make decisions over the long term? And to whom are the decision-makers accountable?

Table 4 shows methods to redress power imbalances in MAPP and pitfalls to watch for.

**TABLE 4. Examples of how MAPP can Address or Worsen Power Imbalances**

MAPP Step	DO: Opportunities to reduce power imbalances	DON'T: Pitfalls to avoid
<b>Develop CHI Steering Committee</b>	Build relationships with organizations building community power and improving conditions in neighborhoods impacted by inequities. Invite them to participate on the steering committee, pay them for their time, create extra time/space to build their understanding of CHI, and ensure they have a voice and voting power.	Avoid inviting only institutional partners with political influence and large budgets (e.g., hospitals, businesses, and university) to participate. Don't limit voting power to just a few.
<b>Engage Leadership Committees</b>	Use active facilitation, group agreements, small-group breakouts, interpretation, and other techniques to ensure all voices are heard. Be open that you're doing this and using facilitation strategies to equalize participation.	Don't use passive facilitation that allows people holding positional authority or loud voices to dominate the conversation.
<b>Define Community</b>	Include all people living within an area and demographically assess and adjust who is showing up (e.g., various demographic groups, people who speak English as a second language, LGBTQIA+ communities, people with disabilities). Focus on communities experiencing inequities that are produced by systems and acknowledge that <b>“designing for the margins”</b> or the <b>“curb cut effect”</b> improves conditions for everyone.	Don't define “community” as only legal citizens who live in the area. Don't take a race-neutral or “colorblind” approach in creating your groups and processes.
<b>Do Assessments</b>	Develop, conduct, and analyze assessment data in partnership with trusted community partners, in multiple languages, using multiple forms of data-collection (e.g., focus groups, surveys at community meetings, social media polls, Census data) without predefined health priorities.	Don't do your assessment using only Census data and other quantitative data. Don't pre-define the potential health priorities or focus only on illness and health behaviors.
<b>Present Data to Community</b>	Engage people and organizations who are not the “regular players.” Invite the community to review and help interpret findings. Engage community partners in organizing events to share draft findings and get more community input. Make events accessible by offering food, childcare, transportation, and interpretation for evening/weekend events. Develop accessible summaries and infographics in multiple languages to share through social media and networks with partners.	Don't present community health [needs] assessment (CH[N]A) findings only to elected officials and organizational directors during regular work meetings. Don't publish lengthy reports only in English without summaries, or in other languages, or only on the health department's website.
<b>Prioritize Issues for CHIP</b>	Use a transparent, democratic process to engage impacted residents in the entire CH[N]A and CHIP process, leading to an inclusive community prioritization process that includes power mapping, landscape analysis, and strategy discussion about short-, medium-, and long-term CHI goals. Each CHIP issue should have an identified community partner and a government agency staff to co-lead the issue workgroup, lead planning, and be accountable for the outcomes.	Don't select priority issues with a small group of institutional stakeholders in non-transparent and non-inclusive processes.

# Community Engagement, Power-Sharing, or Community Power-Building

Although sometimes incorrectly used interchangeably, each term is important in MAPP. “**Community engagement**” typically refers to informing, consulting, or involving community members in institution-led processes. “**Power-sharing**” typically involves a person or organization with power willingly relinquishing power with others who may have less power to create equitable decision-making processes. “**Community power-building**” is building the power of community members to set the agenda, shift public discourse, influence decisions, and increase accountable relationships with decision-makers.

Many organizations do community engagement to inform their activities. Health department staff can *share* institutional, relational, and positional power with community members by directing funds and other resources to CPBOs, researching and advocating for CPBO priorities, sharing decision-making power with community members, and using their power and networks to be more inclusive and support community priorities. Through these activities, health departments can *support* community power-building.

However, health departments typically don’t directly build community power given their accountability to political institutions/elected officials—who sometimes have conflicting priorities with impacted communities. Given that, this practice focuses on how to *share power in processes* that health departments manage such as the following:

- Changing meeting culture and norms to include non-dominant cultures. Refer to the following activity and **Table 8** in the Appendix for examples.
- Building community-based decision-making bodies and creating opportunities for co-governance through steering committees, task forces, and other processes in which community members have decision-making power over the process, product, and resource allocation. Refer to the following activities and **Co-Governing Toward Multiracial Democracy**.

## Activities

### Changing Meeting Culture and Norms

Individuals can reflect on equity in their meeting culture and organizational practices in many ways. Revisit **Practice 2** about building a container for your meetings and check out the suggested facilitation resources. Following is a partial list of dimensions to think about and resources to transform organizational culture, promote language and disability justice in meetings, make meetings more accessible, and offer childcare and payment. **For each dimension, choose one or two activity resources to review and discuss with your MAPP team.**



**TABLE 5. Transforming Meeting Culture and Organizational Practices**

Insights from Experts	Activity Resources
<b>TRANSFORMING ORGANIZATIONAL CULTURE</b>	
<p>“Traditional ‘Diversity, Equity, and Inclusion’ work has often been used as an instrument to support performative, superficial shifts while maintaining the status quo. Effective organizational transformation requires reckoning with and challenging entrenched power structures, both internal and external to an organization, and a willingness to examine and remake structures, cultures, and behaviors that reinforce power imbalances.”</p> <p>—AORTA</p>	<ul style="list-style-type: none"> <li>• AORTA’s <b>Dismantling Anti-Blackness in Democratic Workplaces: A Toolkit</b></li> <li>• Praxis Project’s <b>Working Principles for Health Justice + Racial Equity Organizational Self-Assessment</b></li> <li>• Tema Okun’s <b>White Supremacy Culture - Still Here</b></li> <li>• Leah Lakshmi Piepzna-Samarasinha’s <b>Disability Justice: An Audit Tool</b></li> <li>• AORTA’s <b>Continuum on Becoming a Transformative Anti-Oppression Organization</b></li> </ul>
<b>LANGUAGE JUSTICE</b>	
<p>“We live in a context where people are discouraged from speaking their native languages, where people have been punished, criminalized and discriminated against for doing so, where thousands of Indigenous languages have been forcibly disappeared across the globe. Language injustice perpetuates violence in the ways that it silences, erases, and dehumanizes whole populations of people. Language Justice allows us to disrupt privilege and colonization, challenging English dominance and Western-centered knowledge, communication, and leadership.”</p> <p>—Move to End Violence</p>	<ul style="list-style-type: none"> <li>• Racial Equity Tools’ <b>Language Justice</b> organizations, practices, tools, research, and analysis</li> <li>• Center for Participatory Change’s <b>Language Justice Curriculum</b></li> <li>• Communities Creating Healthy Environment’s <b>Language Justice Toolkit: Multilingual Strategies for Community Organizing</b></li> <li>• Community Language Cooperative’s <b>Language Justice Training</b></li> </ul>
<b>DISABILITY JUSTICE</b>	
<p>“Disability Justice is the cross-disability (sensory, intellectual, mental health/psychiatric, neurodiversity, physical/mobility, learning, etc.) framework that values access, self-determination and an expectation of difference. An expectation of difference means that we expect difference in disability, identity and culture. To be included and part of society is about being able to be our ‘whole self’ (all of our identities together). Disability Justice includes space for self-care, reflection and hard discussions.”</p> <p>—Naomi Ortiz</p>	<ul style="list-style-type: none"> <li>• Sins Invalid’s <b>Access Suggestions for Events</b></li> <li>• Sins Invalid’s <b>Access Suggestions for Mobilizations</b></li> <li>• Sins Invalid’s <b>Curriculum for Learning/Political Development</b></li> <li>• Mia Mingus’ <b>Changing the Framework: Disability Justice</b></li> <li>• Grantmakers in the Arts’ <b>Supporting Accessibility &amp; Disability Justice Language</b></li> </ul>

**POPULAR EDUCATION TOOLS AND PRACTICES**

“Every time we facilitate group learning, we have the chance to uncover our personal and collective power to change circumstances for the better. Popular education practices shift dominant power dynamics by unraveling the ‘expert paradigm’ and tapping into the capacity of groups to develop their own solutions to the problems they face.”

—Rosa González

- Facilitating Power’s **Popular Education Principles & Practices for a Thriving Culture of Participation**
- Teaching Democracy’s **Popular Education Tools**
- Highlander Center’s **Popular Education**

**MORE RESOURCES ON PAYMENT AND CHILDCARE**

- Washington State Office of Health Equity’s **Lived Experience Compensation: Interim Guidelines & Best Practices**
- Shelterforce’s **Paying Community Members for Their Time**
- Urban Habitat’s **Successful Community Engagement in an Era of Virtual Public Meetings**
- Allied Media Conference’s **Kids at the Allied Media Conference: History, Strategy, and Visions**
- Bay Area Childcare Collective’s **Mission, Vision, Goals, Guiding Principles, & Philosophy of Care**

## Promoting Co-Governance

In addition to creating inclusive meeting spaces, another way to share power is to move toward collaboration and co-governance with communities.

### What is Co-Governance?

“Co-governance is a collection of participatory models and practices in which government and communities work together through formal and informal structures to make collective policy decisions, co-create programs to meet community needs, and ensure those policies and programs are implemented effectively.

A prerequisite for co-governance is the existence of community-based organizations, whether civic associations, worker centers, tenant organizations, or local food hubs, that are member-driven and -led. Vibrant and representative community organizations are the hallmark of a healthy democracy.”

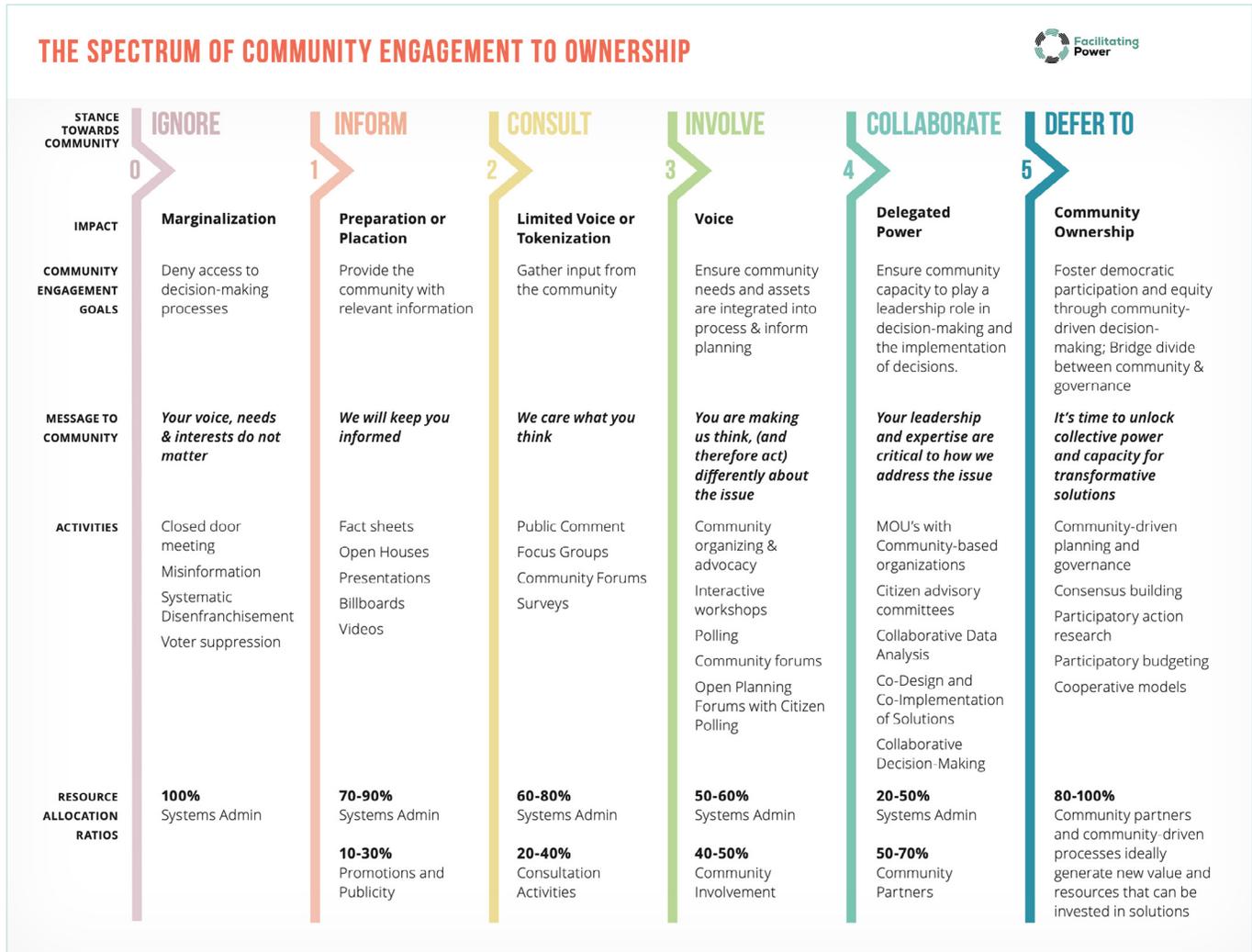
—Kesi Foster, Vina Kay, Leah Obias, Ben Palmquist, and Philippa Rizopoulos in **Co-Governing Toward Multiracial Democracy**

The **Spectrum of Community Engagement to Ownership**, developed by Rosa González for the Movement Strategy Center, shows the range of approaches that government agencies and institutions may use to engage communities (refer to Diagram C). Co-governance is moving institutional practices toward “Collaborate” and “Defer To.”

MAPP’s **Community Partner Assessment** offers both an interactive group activity and questions in the Community Partner Assessment Survey to reflect on organizations’ community-engagement practices along this spectrum.



## DIAGRAM C. The Spectrum of Community Engagement to Ownership<sup>8</sup>



To explore co-governance as a MAPP team:

- Share one or more articles describing co-governance case studies:
  - **Jackson, MS, Peterson, NJ, and San Francisco, CA** by Race Forward and Partners for Dignity and Rights
  - **Richmond, CA and Monterey County, CA** by Facilitating Power
  - **Phoenix, AZ, Oakland, CA, and New York, NY** by Participatory Budgeting Project
- Discuss what happened in the case studies, what contributed to their success, and relevant lessons for your community.
- Discuss the conditions in your area, for example:
  - Are there any examples of co-governance?
  - Do you have strong, organized CBOs wanting to partner with and hold government accountable to their communities?
  - Are any elected officials interested in or open to co-governance strategies?
  - How can MAPP practice co-governance with the community?

<sup>8</sup> González, R. (2020). *The spectrum of community engagement to ownership*. Facilitating Power. Retrieved March 30, 2023, from <http://bit.ly/3KmJYNW>



## Group-Reflection Questions

- *What structures can we formalize toward sharing power with community members?*
  - *Are these time-bound or ongoing?*
  - *Are these building community-based decision-making bodies (e.g., task force made primarily of welfare recipients to identify welfare reform needed)?*
  - *What resources are required to ensure full participation (e.g., staffing needs, interpretation, enabling resources)?*
- *What's the composition of our group? How do we ensure community voice(s) are dominant and centered in our process and workgroups, rather than being the minority? How do we ensure community ownership is central to workgroups while still using institutional support and power?*
- *What are the power dynamics in staff and community meetings? Who speaks and who doesn't? Who facilitates? Who takes notes? Who doesn't engage?*
- *What is the culture of decision-making? Who has ultimate decision-making power? Are community members in an advisory role or do they have decision-making power?*
- *How do we build a culture of belonging and feedback to improve our meetings and make processes more inclusive? How can we ensure all partners and participants feel welcome, comfortable, and engaged in each meeting?*
- *What power/privilege can each partner share with the community to meet our goals?*
- *How can we work in true partnership with all partners so there is community ownership of both the CHIP and future strategies and actions?*

## When do We do This in MAPP?



### When do We Practice Sharing Power?

Throughout MAPP, but in particular each time facilitating groups to make decisions together:

- Phase I - Engage and Orient the Steering Committee
- Phase I - Define the Community and Develop the CHI Mission, Vision, and Values
- Phase II - Form the Assessment Design Team
- Phase III - Develop Priority Issue Subcommittees

## PRACTICE 6: STRATEGIZE AND ACT

### Implement, Amplify, and Invest in Community-Identified Priorities and Solutions

**“Community organizers are a critical component to impacting policy change.**

*Government may have power over resources, but community partners have the power of voice—and they can bring to light the issues and the real stories of impacted communities in a way that the health department may not be able to do.”*

**- HEALTH DEPARTMENT STAFF, *Building Power to Advance Health Equity***

*“We’ve had to unlearn many health department practices, such as that we are the experts, and move to a 50/50 partnership with community leaders. They are the experts about their neighborhood and community, and when we join forces, we can do better than either usually does alone when tackling complex issues.”*

**- HEALTH DEPARTMENT STAFF, *Building Power to Advance Health Equity***

The COVID-19 pandemic showed that health departments with the strongest external relationships were best positioned to respond to community needs, address different equity impacts, resist opposition to government, and mobilize communities to engage in a just response and recovery.<sup>9,10,11</sup>

The quotes above describe how health departments alone cannot achieve social change. An intentional “inside-outside [government] strategy” is needed to advance health equity. Organizers and other community groups bring lived expertise of the problems, grounded solutions, and the ability to hold the government accountable through the media and electoral and narrative power. Staff at health departments and other

<sup>9</sup>Mays, G. *Collection and use of race/ethnic data through cross-sector networks: Implications for COVID-19 response*. Presentation on April 1, 2021. Retrieved April 13, 2023, from <https://ncvhs.hhs.gov/wp-content/uploads/2021/04/Expert-Panel-Glen-Mays-4-1-21-508.pdf>

<sup>10</sup>Michener, L., Aguilar-Gaxiola, S., Alberti, P.M., Castaneda, M.J., Castrucci, B.C., Harrison, L.M., et al. (2020). Engaging with communities — lessons (re)learned from COVID-19. *Prev Chronic Dis*, 17, 200250. Retrieved April 13, 2023, from <http://dx.doi.org/10.5888/pcd17.200250>

<sup>11</sup>Tsai, E., Allen, P., Saliba, L.F., et al. (2022). The power of partnerships: State public health department multisector collaborations in major chronic disease programme areas in the United States. *Health Res Policy Sys*, 20(80). Retrieved April 13, 2023, from <https://doi.org/10.1186/s12961-021-00765-3>

government agencies bring insider knowledge of how to navigate government bureaucracy, opportunities to advocate for change or network from the inside, and the ability to direct financial and other resources toward community-identified solutions (though they may need to organize internally to build support to do so). Being clear about shared goals and different “inside/outside” roles is essential in advancing change together.

Identifying how to prioritize and apply actions that will meaningfully impact the communities experiencing inequities is a critical part of MAPP and health equity work generally. Be strategic with resources, partners, and communications. Also be open about power—identify who holds what types of power and influence over MAPP-related decisions, how you are sharing power, and how you are supporting community power-building.

Consider who is part of your “community power ecosystem” to help identify whom to involve in applying MAPP action steps. The University of Southern California’s **Equity Research Institute** defines the community power ecosystem as a group of “diverse organizations that can collectively influence the broad terrain where ideas, policies, and power are contested.” Diagram D shows the types of organizations in the ecosystem.<sup>12</sup>

Ideally, your MAPP partnership will include partners with all skills represented in the diagram—advocacy and policy development, research and legal expertise, communications capacities, cultural

and narrative change skills, and experience in developing coalitions, alliances, leadership, and organizational infrastructure and resources/funding. Such experience can support the critical work of organizing and base-building to better center community power in decision-making. The Community Partner Assessment in Phase II of MAPP offers activities and resources to assess skills among MAPP partners.

So far, we have discussed how to support building community power in **Practice 4** and how to share power in meeting and facilitation spaces in **Practice 5**. **Practice 6** puts them together—by strategizing on how to apply community-identified solutions, amplify equitable narratives, and sustain the work.

As you do this step, tap into relational, positional, and organizational power to encourage other organizations, businesses, and employers to also understand and support (or at least not block) the solutions being advanced by the MAPP community.

**DIAGRAM D.** *Types of Organizations in the Power-Building Ecosystem*



<sup>12</sup> USC Dornsife: Program for Environmental and Regional Equity. (2018). *California health and justice for all power-building landscape: A preliminary assessment*. Retrieved April 13, 2023, from [https://dornsife.usc.edu/assets/sites/1411/docs/2018TCE\\_PLA\\_PERE.pdf](https://dornsife.usc.edu/assets/sites/1411/docs/2018TCE_PLA_PERE.pdf)

# Activities

## Strategize Internally and Externally

Throughout MAPP, your team will have identified CHI issues and ideas for how to address health inequities in your area. These ideas may involve passing new policies or local ordinances, changing systems and practices, and increasing resources to support implementation, among other equity-focused actions.

To change policies and systems, you need to strategize how to win. For example, how can you build support for the changes and minimize or neutralize opposition to change, both internally within organizations and externally to influence decision-makers? Strategize about what to do when there is opposition, which will likely happen if you are effective in challenging current conditions.

Those working in a health department or other government agency may need an inside strategy to move your public institution to publicly support and advocate for MAPP actions. This may involve doing an internal power map of your organization to identify internal champions, influencers, potential targets of change, and decision-makers. This may also involve organizing within an institution or building a network of internal champions.

You could do a similar process to develop an external power map of organizations and people influencing the actions you want to take. Check out the following activities, which are best done with trusted internal and community partners:

- **Landscape Analysis:** This tool by HIP helps identify potential partners and opponents who have an interest in or influence over the policy or practice you seek to change.
- **Power Mapping:** This tool, also by HIP, helps deepen your understanding of the power landscape surrounding the change in policy or practice you are working toward; identify potential allies; and name next steps for shifting partners and opponents to help you reach your goal.
- **Power Moves:** Although written for a philanthropic audience, this report by the National Committee for Responsive Philanthropy offers valuable advice and examples about building, sharing, and wielding power in an institution.
- **Developing and Implementing a Policy Campaign:** These resources by Community Catalyst explain how to do an advocacy campaign.
- **Community Organizing Capacity Tool:** The self-assessment tool by Bolder Advocacy helps organizations, coalitions, and groups assess their readiness to engage in community organizing.
- **Demystify the Policymaking Process:** This section of a Policylink report on community-based participatory research helps partners understand the process for advancing social change policies.



## Apply and Enforce

In addition to developing and passing equitable policies, pay attention to application and enforcement of existing and new laws, policies, and practices. As described in the following resources, applying and enforcing can either reinforce inequitable policies or work to advance equity:

- **Ready to Rise 2020 Annual Report:** This report from Liberty Hill describes an innovative reinvestment strategy that distributes public dollars and builds organizational capacity in equitable, efficient, and responsive ways.
- **Equitable Enforcement to Achieve Health Equity:** This report from ChangeLab Solutions describes how equity-informed enforcement of public health policies can break cycles of injustice and inequitable health outcomes.
- **Tools and Resources:** This webpage from GARE has resources to support operationalizing equity within government to change outcomes.
- **Broaden Regulatory Scope:** This webpage from Health Equity Guides has strategic practices, case studies, actions, and other resources for health departments interested in broadening their regulatory scope to protect equity.

## Amplify

Narrative change is an important form of power (refer to **Three Dimensions of Power** in the Appendix) to use during MAPP. As you identify strategic priorities, reflect on the supporting narratives you want to lift up in your messaging and outreach materials. What will help reaffirm your MAPP team's shared values and affirm the importance of health and well-being? Check out these resources for support on framing messaging:

- **Berkeley Media Studies Group**
- **ASO Communications**
- **Messaging This Moment: A Handbook for Progressive Communicators**

- **Radical Communicators Network**
- **Narrative Change from Racial Equity Tools**

## Invest

To sustain MAPP's work and support community power-building in the long term, MAPP communities should identify sustainable resources and funds. This can involve committing resources from your own health department or government agencies to support community power-building and MAPP implementation. Here are some examples:

- **Rhode Island:** Using a funding model with federal, state, and local funds, Rhode Island's health department redirected and invested more than \$30 million in public health funds to their Health Equity Zones to "develop sustainable infrastructure and support community-identified needs in order to positively impact the socioeconomic and environmental conditions driving disparities and improve health outcomes."
- **Colorado:** Now state law (SB 21-181), the Health Disparities and Community Grant Program awards grants to community organizations "to positively affect social determinants of health to reduce the risk of future disease and exacerbating health disparities in underrepresented populations." Most of the funded organizations use community organizing as a core strategy to advance health equity.
- **San Mateo County:** San Mateo's health department developed a Community Implementation Fund to acknowledge the leadership of local non-profits in addressing the social determinants of health, understanding community needs, and advancing policy, systems, and environmental change work. Over time, this fund shifted from healthy eating and active living projects to policy-oriented ones that address housing, education, economic, and neighborhood conditions.

At the same time, MAPP participants should seek to ensure that existing funds are allocated equitably. MAPP participants can learn from and adapt budget equity tools developed by local governments. For an overview of these tools, refer to [this presentation](#) and [recording](#)<sup>13</sup> from the Government Alliance on Race and Equity and local governments. For examples, check out [San Antonio's Budget Equity Tool](#) and [Seattle's Racial Equity Toolkit](#) to analyze race and equity for budget proposals.

## Group-Reflection Questions



- *What is our shared goal? What process and outcome impacts do we want to see in the short, medium, and long term?*
- *How aligned are the goals and priorities of each MAPP partner organization and community-identified goals and priorities?*
- *How can each MAPP partner achieve the identified goals? How will partners coordinate activities—publicly or privately?*
- *What impact is our work having on communities experiencing inequities? Is it changing conditions? Is it helping to build more community power or supporting community members to grow into leadership positions? Is it aligning budgets and leveraging work to increase collective impact?*
- *How can our current work help invest in longer-term community power-building and align the health ecosystem toward equity?*
- *What are the racial equity impacts of the CHIP? Who will benefit from or be burdened by the CHIP? Are there strategies to ease unintended consequences? Can we get the communities most impacted by health inequities involved with MAPP?*

## When do We do This in MAPP?



### When do We Implement, Amplify, and Invest?

Throughout MAPP, but particularly...

- Each time making budget-related decisions
  - Phase I - Develop the Workplan and Budget
  - Phase III - Select CHIP Strategies
  - Phase III - Develop Continuous Quality Improvement Action Planning Cycles
- Throughout implementation

<sup>13</sup> Register for free to access to the recording.

## PRACTICE 7: EVOLVE

### Reflect on Process, Outcomes, Accountability, and Sustainability

*“Vulnerability is the birthplace of love, belonging, joy, courage, empathy, and creativity. It is the source of hope, empathy, accountability, and authenticity. If we want greater clarity in our purpose or deeper and more meaningful spiritual lives, vulnerability is the path.”*

- BRENÉ BROWN



To continue to cultivate a resilient community power ecosystem for health, community organizations and health departments need to maintain relationships built on trust and accountability. As Brené Brown notes, these relationships are grounded in being vulnerable, honest, authentic, and accountable.

Evaluating the CHI process and its impact on communities experiencing inequities is important for maintaining trusting relationships. Evaluating our impact can show how well we have worked to share power with our partners and what else we can do to improve the process.

#### **Continuous Quality Improvement and Equity**

As the MAPP handbook describes, continuous quality improvement (CQI) is a way to help make MAPP more effective, efficient, and impactful. Developing CQI involves creating continuous feedback loops to ensure that work is helping build toward the identified goal and desired outcomes.

**CQI** is becoming a prominent feature of public health practice. Health departments use it to fulfill their mission, apply for accreditation, improve the health of their communities, and increase efficiency and effectiveness. In CQI, equity must be a core, guiding principle and measure of evaluation.

Check out **Racial and Health Equity: Concrete STEPS for Health Systems** developed by Health Begins and the American Medical Association for an example of equity-focused CQI.

## Activities

The following tools promote organizational reflection on equity practices:

- **Praxis Project: Working Principles for Health Justice & Racial Equity Organizational Self-Assessment**
- **MPHI: Health Equity & Social Justice in Public Health: A Dialogue-Based Assessment Tool**
- **MP Associates: Transforming Organizational Culture Assessment Tool**

The following resources support program evaluation:

- **CDC: Evaluation Documents, Workbooks and Tools**
- **Community Tool Box: Participatory Evaluation**
- **Better Evaluation: Participatory Evaluation**

## Self- and Group-Reflection Questions



- *Have we actually shared power? Have we actually shifted power?*
- *How is our community engagement and partnership work going?*
- *How can we hold ourselves accountable to potential missteps, mistakes, or harm when working with communities experiencing health inequities?*
- *To whom do we hold ourselves accountable?*
- *How can we track the wisdom and knowledge received from communities? How do we track and evaluate ourselves on whether or not we implemented community-led solutions and actions?*
- *How can partner organizations be accountable to a long-term path and approach to building and organizing power in the community?*
- *Are goals and measures realistic? Do funding and staffing exist for successful implementation?*
- *Are there funding and resources for ongoing data-collection, public reporting, community engagement around goals, and monitoring and evaluating the CHIP?*

## When do We do This in MAPP?



### When do We Reflect, Evaluate, and Increase Accountability and Transparency?

At the end of each phase (when MAPP users would typically evaluate how that phase went) and in particular when doing the following evaluations:

- Phase I - Do the Starting Point Assessment
- Phase III - Monitor and Evaluate the CHIP

## D. NEXT STEPS MOVING FORWARD

*“There is no fundamental social change by being simply of individual and interpersonal actions. You have to have organizations and institutions that make a fundamental difference.”*

- CORNEL WEST



This Power Primer complements the MAPP toolkit and supports local health departments and others involved in CHI to (1) acknowledge power imbalances as a root cause of health inequities; (2) shift existing power dynamics in MAPP; and (3) support community power-building throughout MAPP.

As Cornel West notes, this work will not occur only through individual or interpersonal relationships. Changing systems requires strong equity-oriented organizations and institutions to help push society to racial, social, and health equity. Organizations are made up of individuals but have broader capacity and networks than individuals.

The Power Primer can help MAPP practitioners deepen their practice and understanding of how to name and address power imbalances over time from within their organizations. Just like addressing racism or other forms of oppression, addressing power imbalances is necessarily iterative. Because power imbalances are so steeped in institutions and culture, changing those dynamics requires patience, commitment, clarity, and constant practice in connection with others who are also working to change their practices.

If possible, connect with other MAPP practitioners through the MAPP Network, NACCHO's Health Equity and Social Justice Committee, and others who are doing equity work.

### **We Welcome Your Feedback**

If you have any feedback, suggestions, or comments about this primer, please email [mapp@naccho.org](mailto:mapp@naccho.org). Thank you for your review and use!



## E. ACKNOWLEDGMENTS

This primer was written by Megan Gaydos and Martha Ockenfels-Martinez of Human Impact Partners. We acknowledge our valuable thought partners in the development of this resource. First, we thank the following individuals for serving as “power advisors” for the development of this primer and framework:

- **Bernice Lauredan**, Community Organizer, For Our Future Action Fund
- **Doran Schrantz**, Executive Director, ISAIAH
- **Jennifer Ito**, Director of Research, USC Equity Research Institute
- **Linda Campbell**, Director, Detroit People’s Platform
- **Lisa Skjefte**, Vice President of Kinooamaage Wii’gaming (Place of Learning), Minnesota Indian Women’s Resource Center
- **Lupe Arreola**, Executive Director, Tenants Together
- **Malcolm Torrejon Chu**, Director of Programs, Right to the City
- **Marco Lopez**, Community Organizer, La Unión del Pueblo Entero (LUPE)
- **Xavier Morales**, Executive Director, The Praxis Project

Second, we thank current and former HIP staff: Ana Tellez, Clara Liang, Jessi Corcoran, Jonathan Heller, Julian Drix, Lili Farhang, Logan Harris, Solange Gould, Victoria A. Davis, and Will Dominie, and current and former NACCHO staff: Anna Clayton, Asia Island, Bianca Lawrence, Deya Greer, Jasmine Akuffo, Peter Holtgrave, Pooja Verma, and Sarah Weller Pegna, for their thought partnership and collaboration on this project. And thank you to Caren Clark for copyediting.

We also thank the MAPP tool advisors and members of the MAPP Health Equity and Community Engagement Subcommittee for contributing to the development of this primer’s materials. Finally, we express gratitude to our final reviewers, including Janece Gough, Laurie Call, Reena Chudgar, and Tim Choi.

For more information about HIP, please visit [www.humanimpact.org](http://www.humanimpact.org).

For questions or comments about the CPA, please contact the MAPP team at [mapp@naccho.org](mailto:mapp@naccho.org).

This document was produced with funding from the Centers for Disease Control and Prevention (CDC), Office of State, Tribal, Local and Territorial Support, under award number 5 NU38OT000306-05-00, and from the U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA) under award number 5 UD30A22890-12-00, “National Organizations for State and Local Officials.” The contents of this resource are those of the authors and do not necessarily represent the official position of or endorsement by the CDC or HRSA.

The National Association of County and City Health Officials (NACCHO) represents the nation’s nearly 3,000 local health departments. These city, county, metropolitan, district, and Tribal departments work every day to protect and promote health and well-being for all people in their communities. For more information about NACCHO, please visit [www.naccho.org](http://www.naccho.org).

1201 I Street, NW, Fourth Floor  
Washington, DC 20005  
P 202-783-5550 • F 202-783-1583

© 2023. National Association of County and City Health Officials.

# APPENDIX

---

## A. Methods for Developing the Power Primer

This document was developed by Human Impact Partners (HIP) with consultation from staff at the National Association of County and City Health Officials (NACCHO) and a **group of “power advisors”** with extensive experience in community organizing, power-building, and health equity. Between fall 2021 and fall 2022, HIP did the following activities to develop the Power Primer:

- Identified the purpose and format with NACCHO staff
- Reviewed literature and articles about power frameworks and power within the context of community assessments and public health processes
- Developed a “power framework” of proposed practices to achieve the Power Primer goals
- Developed a Power Primer describing why and how to share and acknowledge power
- Convened power advisors to review the proposed framework, draft documents, and recommend more resources to include
- Held focus groups and key informant interviews with power advisors and others to review the draft document
- Revised the Power Primer to account for advisor and other feedback about the document and finish a first version of the Power Primer

## B. Power Frameworks

There are many different frameworks for understanding power. Keep in mind the following distinctions, which can make power more visible and help us use it to achieve systems change:

- Personal Power vs. Collective Power
- Power Over vs. Power With
- Supremacist Power vs. Liberatory Power
- Three Dimensions of Power
- Sources of Power
- Arenas of Change/Arenas of Governing Power

### Personal Power vs. Collective Power

When we think about power, we often think about personal empowerment, which typically means helping people to better navigate a system or condition as it is. For example, a public health campaign might focus on how to empower people to make healthy choices (e.g., to eat healthy foods, exercise, and not smoke) through health education, or help people navigate confusing public health systems through support services.

While empowering individuals is important, it has limited impact—particularly for those who are most affected by inequities. Nutrition education doesn't work if the recipient isn't paid a living wage and can't afford fresh food. Exercise recommendations aren't helpful for someone whose neighborhood has no safe, outdoor green space. These limited fixes ultimately put the burden on people and communities already experiencing inequities.

We need structural change to truly support health and well-being for all. Personal empowerment and provision of better services are not sufficient to

achieve that goal. We need collective power, where many people organize and align in a strategic way to change the systems and conditions that affect their lives. Collective power is good for one's health in and of itself, in addition to having a bigger impact on the social determinants of health. Individual power is most useful when it drives a group of people to work together (collective power) for the larger system-level changes needed to eliminate health inequities.

For government agencies, moving toward collective power means supporting and forming deep partnerships with community-based organizations and community power-building organizations and supporting deeper alignment among sister government agencies to see power-sharing and community power-building as essential to their roles as public servants.

#### Reflection Questions:

- *When have you felt personally empowered? When have you not?*
- *Is your organization helping build collective power? If yes, how?*

## Power Over vs. Power With<sup>14</sup>

In society, “power over” plays out all the time. A select few groups have enormous capacity to shape laws, shrink government services, control the narrative, and repress legislation, policies, and protests that threaten their hold on political and economic power. Using a “power over” mindset in our work, even unintentionally, will perpetuate inequities rather than address them.

In a “power with” framework, we accept that power is actually infinite. The more we share power, the more it expands. Shifting to this mindset helps us conceive of how to share power with community members and organizers. When we share power, we create space for centering the voices of those most impacted by health inequities and shift the power imbalances that caused the inequities in the first place.

For more information on *power over vs. power with*, see this table from **Dare to Lead** by Brené Brown and Just Associates.

### Reflection Questions:

- *What are some examples where your organization exerts “power over” others (e.g., businesses, community members, individuals)?*
- *What are some examples where your organization shares “power with” others (e.g., in processes, with sister government agencies, with community organizations)?*

## Supremacist Power vs. Liberatory Power

Related to but distinct from power over vs. power with are the concepts of **Supremacist Power and Liberatory Power**, as Cyndi Suarez articulates in **The Power Manual: How to Master Complex Dynamics**:

- **Supremacist Power** is “a crude form of power, related to scarcity consciousness, or the belief that the world holds limited supplies of the things we want—love, power, recognition.”
- **Liberatory Power** is “the ability to create what we want. It stems from abundance consciousness. Liberatory power requires the transformation of what one currently perceives as a limitation.”

Suarez outlines four assumptions about power: (1) power is negotiated in interactions; (2) there are supremacist and liberatory ways to act out power; (3) liberatory power is real power; and (4) one can access liberatory power by fine-tuning one’s consciousness and increasing one’s access to choice. This approach and analysis may help people who want to address patterns of dominance and resistance to changing cultural norms within their institution.

### Reflection Questions:

- *What are some organizational practices that encourage competition or operate from a scarcity mindset?*
- *What are some organizational practices that encourage collaboration, creative thinking, and raising consciousness of one’s own power?*

<sup>14</sup> Just Associates. (2006). Making change happen: power: Concepts for revisioning power for justice, equality and peace. Retrieved April 6, 2023, from <https://justassociates.org/all-resources/mch3-power-concepts-for-revisioning-power-for-justice-equality-and-peace/>

## Three Dimensions of Power

There are many different ways to categorize the various forms of power. **The Grassroots Power Project** outlines three distinct (though related) forms of power. We can express or act on these forms of power in many ways, some of which are outlined in “Three Dimensions of Power” in Table 7.

- **Organizing people and resources to influence decisions**

This form of power is the most visible. It includes actions like educating, advocating, lobbying, registering voters, and organizing campaigns to influence policies and elections. This form of power tends to have a short-term timeframe.

- **Power and infrastructure to influence what’s on the agenda**

This form of power is hidden. It is used to influence which issues get addressed and who has a say in decisions. Actions include shifting or expanding the political agenda through building collective infrastructure and coordinating strategic alliances and networks. This form of power has a mid-term or long-term timeframe.

- **Shifting narratives and worldview to shape what is possible**

This form of power is invisible. It is used to influence how people consciously and unconsciously interpret the world around them, shaping ideology. Narratives impact what people see as problems and possible solutions. Actions include using communications to activate key values and beliefs and challenge the dominant worldview to shape the public debate. This form of power has a long-term timeframe.

### Reflection Questions:

- *Whom does your organization partner with to organize people and resources to influence decisions?*
- *Whom do you convene or could convene to influence health-related decision-making agendas?*
- *What narrative does your organization use about the conditions needed for health? Is there a focus on what’s wrong/missing to prevent illness and death or what’s needed to be healthy and well? Is there a deficits- or assets-oriented approach to messaging?*

## Sources of Power

Another way to categorize power is described by **Robert Gass and colleagues from the Art of Transformational Consulting**, who define the many different forms of power that we encounter—in ourselves, in our organizations and movements, and in the world. Some sources of power are very relevant to health department staff and MAPP coordinators (see table on following page).

**TABLE 6. Sources of Power and Application to Health Department**

Source of Power	Application to Health Department/MAPP
<p><b>POSITIONAL POWER</b> comes from organizational authority or position—often overlooked by people with the power, rarely forgotten by those without it.</p>	<p>Supervisors, managers, and executive leaders in health departments can use their positional power to have power over or power with their staff and community members.</p>
<p><b>REFERRED POWER</b> comes from connections to others (e.g., a staff member without formal positional power but who has known the [executive director] for years).</p>	<p>Health department staff can help community members navigate government bureaucracy, connect with staff in sister agencies, and use relationships with contractors and others.</p>
<p><b>EXPERT POWER</b> comes from wisdom, knowledge, experience &amp; skills (e.g., someone who is widely respected because of their skills as an organizer).</p>	<p>Epidemiologists and other public health staff can be “experts” for decision-making processes about the potential health impacts of proposed policies, projects, or plans. They can also help document, elevate, and amplify the expertise of people and communities with lived experience to identify and advance solutions to conditions faced.</p>
<p><b>PERSONAL POWER.</b> The manifestation of an individual's energy, vision, ability to communicate, capacity to influence, emotional intelligence, psychological savvy, etc.</p>	<p>Charismatic and transformative leaders—at all levels of organizational hierarchy—can use their personal powers to advance social change or influence decisions.</p>
<p><b>CO-POWERING.</b> A term from the Latinx community that articulates the responsibility of individual leaders to mindfully work towards supporting the personal power of others through modeling, validating and giving feedback.</p>	<p>Sometimes known as power-sharing and cultivating leadership, co-powering is an important practice for shifting dominant culture to be more inclusive.</p>
<p><b>COLLABORATIVE POWER.</b> Our ability to join our energies in partnership with others in pairs, teams, organizations, communities, coalitions, and movements.</p>	<p>Collaboration is a core value of many health departments, and strategic collaboration and alignment are foundational principles of MAPP. Most health departments regularly leverage collaborative power through processes involving community members and community-based organizations such as CH[N]A/CHIPs, strategic planning, and policy work.</p>
<p><b>INSTITUTIONAL POWER.</b> Economic, legal, and political power directly wielded by institutions—whether a corporation, police department, or your own organization.</p>	<p>Health departments need to be aware of past or current harms committed by their own institutions and sister government agencies that may impact community trust—and how they can leverage their institutional powers to redress past harms and advance equity moving forward.</p>
<p><b>OBSTRUCTIVE POWER</b> stems from the ability to coerce or block – whether implicit, threatened or demonstrated. Those without other sources of power may depend on it. Many activists are experts in its use.</p>	<p>Health departments can directly or indirectly help block potentially harmful policies by documenting the potential health impacts of inequitable policies, such as developing market rate housing that would displace residents or building affordable housing near freeways or other pollutants.</p>

Community members, businesses, and others outside the health department may use the above forms of power, particularly Obstructive Power, Ideological Power, Cultural Power, and Transcendent Power, to achieve their goals. [View the full list](#) of forms of power for more details.

### Reflection Questions:

- Which forms of power resonate most with you in your position? Which resonate the least?
- Which forms of power are most needed in your organization to advance equity work?

## Arenas of Change/Arenas of Governing Power

The University of Southern California's Equity Research Institute provides a final framework for power in [Changing States: A Framework for Progressive Governance](#). It maps three dimensions that shape the pathways to progressive governance:

- The **conditions** that set the context for social change efforts: demographic, economic, political, and geographic
- The **arenas** that define the broad terrain upon which changes are waged, won, implemented, and protected: electoral, legislative, judicial, administrative, communications, and corporate
- The **capacities** for change that must be in place to build enough power in the six arenas: organizational breadth and depth, networks and alliances, leadership ladders and lattices, and resource base

Health departments' work is shaped by the conditions that impact health outcomes and can be used to build the capacities for change. Health departments primarily operate in the administrative arena of change and can use their administrative power as a government agency to apply policies, practices, and plans internally and externally. However, health departments may also influence legislative and electoral processes by documenting the health impacts of proposed laws and ballot-driven proposals; shaping the narrative and communications about what contributes to health; and influencing the corporate arena through health regulations and leveraging union relationships.

Check out detailed descriptions of the arenas of change and the capacities and conditions needed for progressive governance.

### Reflection Questions:

- What administrative powers does your organization have?
- How can your organization inform or influence other arenas of change?

**TABLE 7. Summary of Power Frameworks and Reflection Questions**

Power Framework	Reflection Questions for MAPP Practitioners
<b>Personal Power vs. Collective Power</b>	<ul style="list-style-type: none"> <li>• When have you felt personally empowered? When not?</li> <li>• Is your organization helping build collective power? If yes, how?</li> </ul>
<b>Power Over vs. Power With</b>	<ul style="list-style-type: none"> <li>• What are some examples where your organization exerts “power over” others (e.g., businesses, community members, individuals)?</li> <li>• What are some examples where your organization shares “power with” others (e.g., in processes, with sister government agencies, with community organizations)?</li> </ul>
<b>Supremacist Power vs. Liberatory Power</b>	<ul style="list-style-type: none"> <li>• What are some organizational practices that encourage competition or operate from a scarcity mindset?</li> <li>• What are some organizational practices that encourage collaboration, creative thinking, and raising consciousness of one’s own power?</li> </ul>
<b>Three Dimensions of Power</b>	<ul style="list-style-type: none"> <li>• Which of your organization’s partners organizes people and resources to influence decisions?</li> <li>• Whom do you convene or could convene to influence health-related decision-making agendas?</li> <li>• What narrative does your organization use about the conditions needed for health? Is there a focus on what’s wrong/missing to prevent illness and death or what’s needed to be healthy and well? Is there a deficits- or assets-oriented approach to messaging?</li> </ul>
<b>Sources of Power</b>	<ul style="list-style-type: none"> <li>• Which forms of power resonate most with you in your position? Which resonate the least?</li> <li>• Which forms of power are most needed in your organization to advance equity work?</li> </ul>
<b>Arenas of Change/Arenas of Governing Power</b>	<ul style="list-style-type: none"> <li>• What administrative powers does your organization have?</li> <li>• How can your organization inform or influence other arenas of change?</li> </ul>

## C. **ACTIVITY:** Power Flower: Exploring Power, Privilege, and Intersectionality

This activity is an abbreviated version of the “**Power Flower**” activity developed by staff at Human Impact Partners who adapted activities from Barb Thomas of the Doris Marshall Institute and Enid Lee, Letters to Marcia.

### WHEEL OF POWER/PRIVILEGE

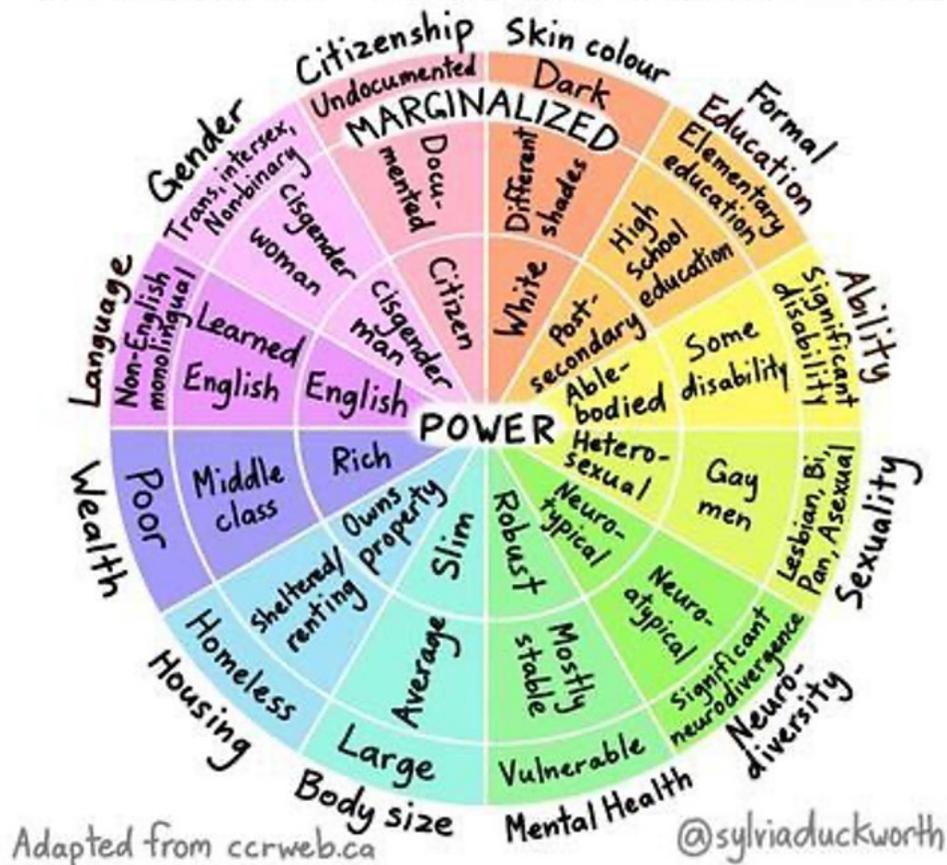


Image Source: Reprinted with permission from [Sylvia Duckworth](#).

Note: All people hold not just one of the above identities or circumstances, but varying degrees of power, privilege, or marginalization based on our identities. This diagram includes many aspects of identity but does not include age or religion, which may be particularly important for some communities. [Learn more](#) about intersectionality.

**Estimated Time:** 15–60 minutes

## Objectives:

- Reflect on personal power, privilege, and identity
- Visualize which identities give you unearned privilege and which do not
- Increase awareness of how power, privilege, and identity can impact interpersonal and group dynamics, particularly as they relate to MAPP and the Community Context Assessment (CCA)

## Steps:

- 1. Pre-activity: Make copies of a blank power flower for each participant**
- 2. Introduce the Power Flower (5–10 min)**
- 3. Personal reflection (5 min):**
  - Have each person shade in the slice that applies to them along each dimension of the flower
- 4. Pair share (10 min)**
  - Invite each person to talk for 3 minutes with the other actively listening but not responding. Then switch. Only share what feels comfortable sharing.
    - What came up for you?
    - Were there parts of your identity that felt complicated to fit into this activity?
    - What did you notice?
- 5. Group share (10–20 mins)**
  - Invite a few people to share reflections from activity and pair share
    - What did you notice? What came up for you? What was complicated?
    - How have you noticed your personal identity showing up in your professional work?
  - Relate the activity back to MAPP:
    - How does your personal power and privilege shape your understanding and lived experience of health inequities?
    - How is it similar or different from people and communities you hope to engage in CCA focus groups, interviews, or meetings?
    - How can you center the lived experiences and expertise of people at the outer ring of “marginalized” identities as part of your CCA?

### Check out more activities using the power flower:

- **A Tool for Everyone: Revelations from the “Power Flower”**
- **Power Flower: Our Intersecting Identities**
- **Equity and Inclusion: Workshop Outline**
- **Toolkit 2: Exploring My Power and Privilege**

## D. **ACTIVITY:** Diagnosing and Shifting White Supremacy Culture

*Estimated Time:* 45 minutes

### Objectives:

- Develop understanding of white supremacy culture and a shared language among MAPP participants
- Begin to diagnose the aspects of white supremacy most present in MAPP
- Start identifying antidotes to white supremacy culture and shift toward a liberatory culture

### WHAT IS WHITE SUPREMACY CULTURE AND WHY FOCUS ON IT?

#### *Sample Talking Points for Introducing This Activity*

##### 1. What is white supremacy?

As **Tema Okun** explains, white supremacy is the way in which the elite used the idea of race to create hierarchy by race to do the following:

- Divide White, Black, Indigenous, and People of Color (BIPOC) from each other
- Divide BIPOC people from each other
- Divide White people from each other
- Divide all of us from ecological systems and from ourselves

This division reinforces power and profit. So we are fighting among ourselves instead of for a more just world that meets all of our needs.

##### 2. What is white supremacy culture?

- “White supremacy culture is the widespread ideology baked into the beliefs, values, norms, and standards of our groups (many if not most of them), our communities, our towns, our states, our nation, teaching us both overtly and covertly that whiteness holds value, whiteness is value” (Tema Okun). It teaches destructive lessons about the value of BIPOC people and justifies or ignores the disproportionate and systemic harm and violence they experience.
- As Okun reminds us, “White supremacy culture comes after us all.” We are not all affected in the same ways, but we are all surrounded by it all the time, and we all internalize it to some degree. While white supremacy culture targets BIPOC people, and subjects them to disproportionate harm, it is toxic to all of us.
- Okun names some characteristics of white supremacy culture, norms that are especially common in White middle- and owning-class spaces. These characteristics have also become especially strong norms in many “professional” cultures like that of public health, social service, and non-profits, whether or not the people in those cultures are actually majority White or class-privileged.

### 3. What is our role?

While we all are steeped in white supremacy culture, we can also refuse to comply with its norms and instead create more liberatory cultures for our work together. We can choose to be “brave, bold, and fierce ancestors for those who come with and after us” (Tema Okun).

### 4. What is the purpose of this activity?

- We are *not* blaming people, making them feel guilty, or accusing them. Remember, we are all subject to white supremacy culture.
- Instead, we’re starting to diagnose ways that white supremacy culture shows up in our work together.
- With a clearer view of our current practices, we can shift toward something better. We can work toward a culture that values all of us and points us toward liberation.

## Steps:

1.

**Before the activity: Email Tema Okun’s *White Supremacy Culture - Still Here* essay to participants at least one week, or ideally two weeks, before this activity.** Ask them to read the essay and come prepared to discuss how it applies to their work in MAPP.

2.

**Introduction (5 min):** Briefly frame what white supremacy culture is and why we are doing this activity. Refer to the sample talking points.

3.

**Journaling or Pair Share (5 min):** Invite participants to take five minutes to reflect on the reading, either journaling quietly, or in quiet discussion with another person, and ask: Reflecting on the characteristics of white supremacy culture, which norms are you seeing in our work together, your organization, and yourself?

4.

**Activity (10 min):** Give each person several stickers of two different colors. Have them place these stickers on a poster-sized version of **WSC Characteristics** with one color representing your MAPP work together (or in the organizations they are a part of if you have not worked much together as a group yet) and the other color representing their own practice as individuals. Place each sticker on the characteristics that they are seeing or practicing most commonly.

5.

**Full Group Discussion (25 min):**

- Opening: What is coming up for you as you reflect on the article and activity? What do we need to do together to practice these antidotes?
- Diagnoses:
  - What are you observing from the activity?
  - What trends are you seeing?
  - Which characteristics seem to be the most common? Ideally come to consensus about 2–5 characteristics.
  - How do you see these characteristics showing up? Where do you think they come from?
  - How do these characteristics impact our work?

iii. Antidotes:

- a. Remind participants that Okun’s article lists antidotes to each white supremacy characteristic.
- b. Ask: Given our diagnoses, what antidotes do you want to try? These don’t need to be firm. What would we like to experiment with together?
- c. Ideally come to consensus about a set of antidotes that the group can focus on in its work together.

**TABLE 8. Examples of Dominant White Supremacy Culture and Antidotes**

Examples of Dominant Culture	Examples of Non-Dominant Culture
Perfectionism, One Right Way, Paternalism, and Objectivity	<ul style="list-style-type: none"> <li>• Culture of appreciation</li> <li>• Culture of continuous learning</li> <li>• Creating space for discomfort</li> </ul>
The Binary: Either/Or, Good/Bad, Right/Wrong, With Us/Against Us	<ul style="list-style-type: none"> <li>• Noticing binary language and coming up with other options</li> <li>• Slowing down in high stakes or urgent conversations</li> </ul>
Progress is Bigger/More and Quantity Over Quality	<ul style="list-style-type: none"> <li>• Using a seven-generations approach to decision-making</li> <li>• Identifying and measuring process goals, not just outcomes</li> </ul>
Right to Comfort, Fear of Open Conflict, and Power Hoarding	<ul style="list-style-type: none"> <li>• Understand that discomfort is at the root of all growth and learning</li> <li>• Welcome honest and hard feedback as a gift</li> <li>• Role play and discuss how to handle conflict</li> <li>• Include power-sharing as an open organizational value and practice that value</li> </ul>
Constant Sense of Urgency	<ul style="list-style-type: none"> <li>• Realistic workplans based on lived experience</li> <li>• Leadership understands everything takes longer than expected</li> <li>• Clarity about good decision-making</li> </ul>
<p>For descriptions of these aspects of dominant organizational culture and their antidotes, refer to <b>White Supremacy Culture - Still Here.</b></p>	

## E. Sample Icebreaker Questions



- What's one way your family/community/culture cooks rice?
- What's a new skill or hobby you've learned in the last couple years?
- What's your relationship-building super power?
- What's your alter ego if *Alter Ego = Mood + Last Thing You Ate*?
- What's a piece of advice you'd give your younger self?
- If you were to get a tattoo soon, what would you get?
- How would you describe your mood right now if you described it as weather?
- What are you doing these days to unwind?
- What brought you joy in the last couple weeks, no matter how big or small?
- "Gimme Gimme"/Show 'n Tell: grab something near you to show and tell.
- What's one thing about your city/town you're proud of?
- What does home feel like to you?
- If you were a potato, how would you like to be cooked?
- What's your kickball "walk-out song"?
- If you were an animal (besides human), what would you want to be and why?
- What's your favorite neighborhood you've ever lived in?

## F. Sample Group Intentions/Group Agreements

- One microphone/one voice (one person speaks at a time)
- Take space, make space (be aware of how much space you are using in the meeting)
- Listen to what others are saying and doing
- Co-create a supportive space for taking risks
- Assume good intentions, address impact
- If you don't know, ask
- Confidentiality—lessons leave, stories stay (the Vegas rule)
- Be responsible for your own participation

*For more activities related to group agreements, check out the **National Equity Atlas** or **Seeds for Change** resources.*

## G. Sample Group Agreements

- Health equity work is about deep, sustainable organizational transformation and culture change using the head and heart.
- No one person can be responsible for making the change. It takes all of us from every department in our organization.
- Lead with racism openly but never exclusively.
- The data and analysis are non-partisan but political.
- The necessary critique of systems is not a critique of good people in those systems.
- Growth happens in our **“stretch” zones**.
- These sessions are one part of a larger process. You may feel uncomfortable to leave this training unsure of how to “fix” the issues. Work is already happening and will continue beyond us.

*For more samples, refer to the **Southern Jamaica Plain Health Center’s Assumptions** from their **Racial Reconciliation and Healing Project**.*

# H. Whose Voices do We Want to Hear?

(Adapted from *HIP and Big City Health Coalition Equity Tool*)

This is an incomplete list of communities that may be experiencing health and social inequities in your area. The list can prompt reflection about whether members of these communities live or work in your area and what are their living, working, and health conditions compared to others.

- **Race and Ethnicity:** Black, Native American/Indigenous Americans, Native Hawaiians, Latinx, Asian Americans, Pacific Islanders, Arab and Middle Eastern Americans, Multiracial people, specific racial and ethnic groups predominant in your region
- **Gender:** women, transgender, nonbinary, gender non-conforming, Two-Spirit
- **Sexuality:** lesbian, gay, bisexual, pansexual, asexual, Two-Spirit, queer
- **Socioeconomic Status:** low-income, moderate income, SNAP recipients, those without reliable transportation
- **Occupation:** minimum wage workers, gig economy workers, informal economy workers, unemployed, unions, non-unionized workers
- **Education:** schoolchildren, college/university students, community college students, high school graduates, college graduates, students receiving free or reduced lunch, Pell Grant recipients
- **Disability:** people with the following types of disability, for example: vision, hearing, intellectual, physical, neurological, speech, development; people living with chronic conditions
- **Immigration Status:** undocumented immigrants, Green Card holders, DREAMers/DACA recipients, refugees, asylum seekers, people newly immigrated to the United States, first-generation immigrants, second-generation immigrants
- **Language Status:** people with limited English proficiency, those fluent in other languages prevalent in your region
- **Religious/Faith Communities:** Muslim, Jewish, Hindu, Sikh, Buddhist, other religions and faiths prevalent in your region
- **Health Insurance Status:** Medicaid, Medicare, uninsured, underinsured, other state or local insurance program
- **Housing Status:** people experiencing homelessness (living on the streets, living in shelters, unstable housing), residing in low-income housing, renters
- **Criminal Legal System-Involved:** people incarcerated in prisons, jails, or immigrant detention centers; formerly incarcerated individuals; recently released individuals; on probation
- **Age:** youth, older adults (65+), families, parents, multigenerational households
- **Neighborhood:** specific neighborhoods, ZIP codes, or geographic areas in your city, previously redlined areas, areas without transportation access, areas without green space, low walkability areas, food apartheid areas, urban, suburban, rural

It is crucial to keep intersectionality in mind. People hold not just one of the above identities or circumstances but many of them. We all exist at a different intersection of power, privilege, and marginalization based on our variety of identities. These identities can shape each other to create unique experiences. For instance, one's experience of race can be changed by gender, sexuality, class, or neighborhood. As such, there is a vast diversity of experiences within a single social grouping.

# I. ACTIVITY: "I Am From"

*Estimated Time:* 10–30 minutes

## Objectives:

- Get to know one another
- Begin to build trust and a shared sense of purpose
- Bring our full selves and identities into our work together

## Steps:

- 1. Frame the purpose of this activity:** This is a chance to bring our full selves to our work together, to reflect on the experiences that make us who we are and the experiences that bring us to our work on health and health inequities.
- 2. Share George Ella Lyon’s poem (on the next page), reading it or playing the audio.**
- 3. Give each participant 10 index cards.** Ask them to write a 5- to 10-line poem about themselves, beginning each line with “I am from...”. Facilitators should model and share examples that are vulnerable and go deep about themselves and their identity. (10 min)
- 4. Have each participant select 3–5 lines** (adjust based on number of participants and amount of time you have) that they feel comfortable sharing, noting that sharing is optional and will be anonymous.
- 5. Gather all the selected cards in a container, such as a hat.** If timing allows, take a break and randomly compile the lines onto one large piece of paper at the front of the room. Read the poem to the group from this paper, or as you draw lines from the container.
- 6. Debrief and draw connections:**
  - *How was that for everyone?*
  - *Any reflections on our collective poem? (Encourage self-reflection or appreciations of each other’s work.)*
  - *We did this activity to make visible our whole selves and histories into this space with each other. Because this is who we are and what we bring to our work together. It informs the way we do the work, and more importantly, why we are here and the experiences that lead us to our work on community health and health equity. Would anyone like to share a story about one of your lines of poetry and how it brought you to this work? What do you carry that shapes your commitment?*



## *Where I'm From*

I am from clothespins,  
from Clorox and carbon-tetrachloride.  
I am from the dirt under the back porch.  
(Black, glistening,  
it tasted like beets.)  
I am from the forsythia bush  
the Dutch elm  
whose long-gone limbs I remember  
as if they were my own.  
I'm from fudge and eyeglasses,  
from Imogene and Alafair.  
I'm from the know-it-alls  
and the pass-it-ons,  
from Perk up! and Pipe down!  
I'm from He restoreth my soul  
with a cottonball lamb  
and ten verses I can say myself.

— **GEORGE ELLA LYON**

## J. ACTIVITY: The Storytelling Project

This activity is adapted from the Storytelling Project Curriculum developed by Lee Anne Bell, Rosemarie A. Roberts, Kayhan Irani, and Brett Murphy. For a detailed explanation with more resources and activities, check out the [curriculum](#) or this [toolkit](#) from Make Noise Today.

**Estimated Time:** 60 minutes

### Objectives:

- Create awareness of how not all stories are equally acknowledged, affirmed, or valued in our racialized society
- Open or continue a dialogue about racism and how it operates and impacts organizations, communities, and society
- Consider what is lost when stories and perspectives of diverse groups are concealed or lost
- Consider what is gained when we listen to and learn from diverse stories and perspectives
- Provide a way to engage body, heart, and mind in learning
- Reflect on our own stories and visions for a more inclusive, equitable, and just future

### Steps:

- 1. Write the four types of stories on chart paper (one per page):**
  - a. “Stock stories”** reinforce dominant narratives about individualism, meritocracy, and progress and naturalize White dominance (e.g., Everyone who works hard can achieve the American dream; America is a colorblind society; Slavery happened a long time ago.).
  - b. “Concealed stories”** narrate the ways that race differentially shapes life experiences and opportunities.
  - c. “Resistance stories”** narrate the persistent, ingenious (and often untold) ways people fight for more equal and inclusive social arrangements.
  - d. “Emerging/transforming stories”** are new stories that help transform understanding of oneself and others, and how systems of bias, prejudice, and discrimination can be challenged and rebuilt.
- 2. Introduce the four types of stories to participants.**
- 3. Ask the group for one example of each type of story.**
- 4. Divide into four groups and have each group move to one of the chart papers with a marker.**

**5.** Explain that the group will have 5–7 minutes on each page to add their ideas of the stock, concealed, resistance, and emerging stories, then 5–7 minutes to walk around and see everyone’s responses and add any other stories that came to mind.

**6.** Invite people to think about their own racial and ethnic heritage and which stories they know because of their racial/ethnic identity that others may or may not know.

**7.** Give a five-minute break once everyone has finished reviewing. Use that time for the facilitator to identify key examples from each page and whether any examples should potentially be moved to another category.

**8.** Reconvene as a large group to reflect on what they observed. Consider asking the following prompts about each of the four stories:

#### Guiding questions about stock stories

- a. *What are the stock stories about race and racism that operate in U.S. society to justify and perpetuate an unequal status quo?*
- b. *How do we learn these stories?*
- c. *Who benefits from stock stories and who is harmed?*
- d. *How are these costs and benefits hard to identify through stock stories?*

#### Guiding questions about concealed stories

- a. *What are the stories about race and racism that we don’t hear?*
- b. *Why don’t we hear them?*
- c. *How are such stories lost/left out?*
- d. *How do we recover these stories?*
- e. *What do these stories teach us about racism that the stock stories do not?*

#### Guiding questions about resistance stories

- a. *What stories exist (historical or present-day) that serve as examples of resistance?*
- b. *What role does resistance play in challenging the stock stories about racism?*
- c. *What can we learn about anti-racist action by looking at these stories?*

#### Guiding questions about emerging/transformational stories

- a. *What stories exist that describe vibrant communities where differences are valued, care is valued over cages, and everyone has what they need to thrive?*
- b. *Based on justice, what kinds of communities can we imagine and then work to embody?*
- c. *What kinds of stories can raise our consciousness and support our ability to speak out and act where instances of racism occur?*

**9.** Close by asking the group for any general reflections about what they learned or felt from this activity, how they see this as relevant to the CHI process, and any remaining questions they may have. Then invite everyone to do a one-word checkout about how they are feeling.

# K. More Activities and Resources by Practice

The following activities offer more resources to dive deeper into each practice.

## **PRACTICE 1: PROCESS —** **Unpack Personal and Organizational Power and Privilege**

### Activities

You can use most of the following activities for self- and group-reflection. Think about doing the activity by yourself first, or with one or two colleagues, and then with a group.

- Review Self-Guided Learning/Curriculum:
  - **Project Ready: Reimagining Equity and Access**
  - **Diversity Toolkit: A Guide to Discussing Identity, Power and Privilege**
  - **University of Colorado Denver’s Self-Guided Diversity, Equity, & Inclusion 101**
- Make a Checklist:
  - For White people: **White Privilege: Unpacking the Invisible Knapsack**
  - For able-bodied people: **The Invisible Backpack of Able-Bodied Privilege Checklist**
  - For straight and cis-gendered people: **Unpacking the Invisible Knapsack II: Sexual Orientation and Gender Identity**
  - For people in middle and upper classes: **Class Privilege Quiz**
  - For people with citizenship/documentation: **Citizenship Privilege**
  - **More privilege checklists**

### Resources

- **Summary of Stages of Racial Identity Development**
- **4 Ways White Privilege Shows Up In Social Justice Movements**
- **Praxis Makes Perfect: Resources on Privilege, Power, Race, Class, and Gender**
- **Tool for Organizational Self-Assessment Related to Racial Equity**
- **Working Principles for Health Justice & Racial Equity Organizational Self-Assessment**
- **7 Easy Activities That Encourage Students to Open Up About Identity and Privilege** (Note: You may adapt language about students to your context.)
- **Ladder of Inference: Coming Down for Justice**
- **Showing Up for Racial Justice’s resources to explore white supremacy, patriarchy, capitalism, ableism, and more**

## **PRACTICE 2: FORM — Build a Container for Your Work Together**

### **Resources**

The following organizations offer race- and power-explicit facilitation trainings and resources, and some can connect you with facilitation consultants.

- **Interaction Institute for Social Change**
- **CompassPoint**
- **AORTA**
- **Emergent Strategy Ideation Institute Trainings**

The following podcasts offer valuable insights into facilitation and creating space for new ways of being together. Most are available on Spotify and Apple Music:

- **Find the Outside**
- **Finding Our Way**
- **Emergent Strategy Podcast**

## **PRACTICE 3: STUDY — Learn about Your Communities' Histories**

### **Activities**

Consider doing an activity to get at the “root causes” of an issue:

- HIP’s root causes analysis worksheet
- **County Health Rankings’ Understand and Identify Root Causes of Inequities Facilitation Guide and Worksheet**

### **Resources**

- **Storytelling Project Curriculum**
- **Tacoma Community History Project**
- **Story Corps**

## PRACTICE 4: BUILD — Cultivate Relationships with Communities and Partners

### Activities

If your organization has not engaged with specific communities that you would like to engage, you could use the following resources to help:

- **Actions to Support Community Power-Building Organizations**
- **Planning for Collaboration**
- **How to Conduct a One-to-One**
- **Sharing Organizational Charts**

As discussed in Practice 4, CPBOs can be a great resource for building trust and relationships with community members. Check out these tips on how to connect with community organizers in your area.

### *How to Connect with Community Organizers*

*The following tips are adapted from an article on how to connect with community organizers, originally published in the **Winter 2021 NACCHO Exchange Journal**.*

- 1. Identify local CPBOs you want to connect with:** Check out this [list](#) of organizations to find CPBOs in your area. Seek out new relationships, besides those you know.
- 2. Learn about them:** Before connecting, read about their work. Research recent reports, strategic plans, and social media. Notice the organization's priorities, commitments, and with whom they are engaging or partnering.
- 3. Be flexible and persistent in communication:** Organizers often have very busy and changing schedules, and health departments can sometimes move slower than CPBOs. Accommodate their priorities as you schedule meetings. Connecting through text or social media may be better than email.
- 4. Intentionally pursue activities together that build and deepen trust:** It takes time to build a trusting relationship, especially in communities harmed by inequities, which may have made people wary of government. Trust is built by sharing values; being transparent about limitations and capacities; and showing willingness to commit, follow through, and receive feedback.
- 5. Start with small, concrete collaborations:** Small wins and achievements can help build trust and support for a longer-term relationship. Consider short-term activities within MAPP that could help build mutual understanding and relationships. For example, invite organizers to your staff meetings or a MAPP collaborative meeting to share their current campaigns/work, identify shared goals, share health data relevant to their policy priorities, and invite organizers to provide input on forthcoming health reports.

6. **Mobilize public health resources, such as data and evidence, to advance CPBO goals:** Health departments often have abundant data and evidence. Identify the demographic, health, social determinants, or other data that might help to advance organizing goals and share the data in ways that meet their needs and narrative.
7. **Do a power analysis together and understand structural reforms that CPBOs are prioritizing:** Analyze who holds power over decision-making and strategize how to influence those decisions and the process by which they are made in ways that achieve community-identified policy and systems change.

## Resources

- Minnesota Department of Health’s **Principles for Authentic Community Engagement**
- Training for Change’s **Team Building and Anti-Oppression Tools**
- HIP’s **Building Power to Advance Health Equity: Findings from a Survey of Health Departments about their Collaborations with Community Power Building Organizations**

## PRACTICE 5: SHARE — Practice Power-Sharing with Communities and Partners Internally and Externally

### Resources

- **Praxis Makes Perfect: Facilitation Resources**
- **Technology of Participation**
- **Shifting and Sharing Power: Public Health’s Charge in Building Community Power**

## PRACTICE 6: STRATEGIZE AND ACT — Implement, Amplify, and Invest in Community-Identified Priorities and Solutions

### Resources

- **LUCHA Library: Community educational materials on government, budgets, civic participation, and more (in English and Spanish)**
- **Greater Boston Anti-Displacement’s Mapping Power and Money**
- **Praxis Makes Perfect: Strategy Resources**
- **Leading with Race: Research Justice in Washington County**
- **Ramsey County’s Advancing Racial Equity Policy**
- **One Million Experiments**
- **Changing States: A Framework for Progressive Governance**
- **The Assessment for Advancing Community Transformation Tool**

## **PRACTICE 7: EVOLVE —** **Reflect on Process, Outcomes, Accountability, and Sustainability**

### **Activities**

Set up a reading group with your MAPP team or staff to radically reimagine ways of being together with the community. The following readings may inspire and provoke radical reflections and conversations. You could assign one or two readings each month and discuss what stood out and what you could do differently within your organization to incorporate or address the concepts. Consider short-, medium-, and long-term actions and how to build accountability for taking action.

- Martin Espada: **Imagine the Angels of Bread**
- Movement Generation Justice and Ecology Project: **Just Transition zine**
- Adrienne Marie Brown: **harriet is a north star**
- INCITE! Women of Color Against Violence and Critical Resistance: **Statement on Gender Violence and the Prison Industrial Complex**
- Sins Invalid: **Skin, Tooth, and Bone** disability justice primer
- Caring Across Generations: **Imagine 2048** and **A Primer on the Importance of Building Narrative and Cultural Power**
- Movement for Black Lives: **Vision for Black Lives**
- United Frontline Table: **Protect, Repair, Invest, and Transform**
- Causa Justa:: Just Cause and the Alameda County Health Department: **Development without Displacement**
- Transgender Law Center: **Trans Agenda for Liberation**

### **Resources**

- **Applying a Health Equity Lens to Analyze Performance Data and Inform Continuous Quality Improvement Work**
- **Continuum on Becoming an Anti-Racist Multicultural Organization**
- **Livable City's Survey: Assessing Our Staff's Racial Equity & Inclusion Competency**
- **Multnomah's Foundational Assumptions of the Equity and Empowerment Lens Logic Model**
- **Be a Better Ally** article

# L. Operationalizing Equity in Our Work— Abbreviated Root Causes Analysis Worksheet

## Root Cause Analysis Overview:

- About developing a shared analysis of a problem/issue that you've prioritized working on (e.g., tobacco use)
- Ensures you're looking at upstream drivers of inequities
- Helps you see what work you might pursue to make sure you're developing multi-level interventions

Health issue you are analyzing: \_\_\_\_\_

**1. What institutions are involved in creating this health issue? What unfair policies and/or practices are involved?**

**2. What social conditions or determinants contribute to the problem (such as poverty, housing segregation, education)?**

**3. What cultural norms, myths, or popular ideas maintain the problem?**

**4. In what ways is the work of your team addressing these root causes?**

**5. Where are the gaps and opportunities?**

Source: Adapted from [HealthEquityGuide.org](https://www.healthequityguide.org) from HIP



**NACCHO**<sup>SM</sup>  
National Association of County & City Health Officials

**MAPP 2.0**