

## Pathways to Health Equity Webinar

00:00:00- 00:01:42

### **Intro**

Welcome to Partners for Advancing Health Equity, a podcast that brings together people working at the forefront of addressing issues of health justice. Here, we create a space for in-depth conversations about what it will take to create the conditions that allow all people to live their healthiest life possible.

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### **Karen Bell**

This is a condensed version of a webinar we hosted in November 2023 titled Shifting Power Understanding Community Building for Health Equity. Before introducing our guests, we asked our audience who they think has the most influence in advancing health equity. Their overall answers were addressed by our guests and are covered in this episode for the full version of this webinar, including participant feedback and earlier dialogue.

Be sure to go to our YouTube page, partners for advancing health equity, or click the link in the podcast overview.

So first, we have Jonathan Heller who is the senior health Equity fellow at the University of Wisconsin, Madison, Jonathan. Thanks for joining us. Thank you. Hi, great, thanks Jonathan. And next we have Gigi Barsom who is principal at Gigi or excuse me at Barsom policy consulting. Gigi, thanks for joining us.

### **Gigi Barsom**

Thank you. Good morning or Good afternoon, wherever we are.

00:01:44-00:09:33

### **Karen Bell**

Right. We're hoping it's good morning, afternoon. I'd actually like to start by getting your reaction to the audience responses. particularly to that second question, who holds the most influence in advancing health equity? And the audience said that the group that holds the most influence is gover government and policymakers. So what do you all think of that response and how people are thinking about this?

### **Gigi Barsom**

So I don't disagree. I think that's right, but I would also say that it's relative and positional. So yes, I think government and health care institutions hold a lot of the resources and the influence in terms of creating policies and procedures and forming systems. But I think the focus of this conversation too was also about shifting power and shifting power to communities so that they do have greater say and influence.

### **Jonathan Heller**

Yeah, I'm, I, I totally agree with Gigi. I and I agree with what the audience said. I think government has a huge role. And I think is the entity that we kind of entrust with actually being able to balance power. But I think we need to think about different kinds of power. And when we think about trying to advance health equity, there are

also people who are trying to essentially make sure that health equity doesn't advance, whose interests aren't aligned with that.

And basically block progress. And so I think we can think about different forms of power, like the power to influence a particular decision and, and we see like wealthy folks and donors and business leaders influencing, trying to influence those versus organized communities. And so communities was on your list, I think organized communities should actually be playing a much bigger role in this. And we should recognize that the power that they could have.

But maybe don't have because of its current power imbalances, right? And there are other forms of power that we can get into as well. Not, it's not just about the ability to make decisions, but I saw hegemony is one of the answers to one of the previous questions, you know, the power to control the narratives and to and power and the power and in setting agendas. So we should, we should talk about all that too.

### **Karen Bell**

When we first proposed this idea for this webinar to our national advisory committee, they insisted that we reach out to you Gigi and the power building framework that you developed is really so applicable and well powerful. So I just would want you to share with us what it is and how you came to this framework. And how you see it as key to health equity.

### **Gigi Barsom**

Sure, thank you. I'm really pleased how much the frameworks resonated for folks. It came about empirically through some case study work I was doing for the Civic Participation Action Fund. They had funded some electoral work actually in Cook County, Illinois and Harris County Texas. And they wanted to know if by investing in district attorney races, if that would engage communities of color because those were issues they were interested in and the D A was kind of a hook and the electoral work was a hook to engage folks both in the election, getting them out to vote. But also they were interested in knowing how it sustained their engagement after the election. And that question about sustaining engagement became the most interesting part of this work. And in both counties, the work was led by organizing groups, but it was a cohort of, of groups that work together.

And what I ended up documenting was how they engaged in these elections to build power. It wasn't just to win the election, but they had a broader vision and that vision for in Texas, for example, it was about expanding the base and expanding the electorate so that they can contest power at the state level. They were also trying to expand the base of support around criminal justice issues to actually transform the criminal justice system in Texas.

Similarly, in Cook County, they too were engaging in this selection to build power to co-govern with the DA once they got her elected to transform the system and reduce the prison population. So they had longer-term goals, and the election was a means to an end and a means to build power. So I ended up documenting this work over two years time. And the framework came through my observations and it was a way for someone who's a seasoned advocacy, strategist and evaluator of advocacy.

What I was documenting in relation to power was different. And it wasn't anything within kind of advocacy frameworks where it fit in neatly and nicely. So the framework came about through talking to the organizers and how they assess their own progress, how they know they've built power. So the framework was intended to, I used it to actually analyze that data to make sense of those two cases and what they were able to achieve beyond those electoral wins.

So it's a way of holistically thinking about power. And I think that's why it's resonated with folks because it talks about the ecosystem of organizations that centers communities and grassroots organizing and the range of capacities needed to build power and to exercise power and how power is actually built through the engagement and the work, whether it's a campaign or an action.

And also I think what's unique about the framework is often as funders, as evaluators, as researchers, as practitioners. We think the work ends with a win or a loss. What the framework intentionally says is, that's not the end. It's a stepping stone towards progress, especially if you're thinking about the work that way and the strategies develop that way and that more is also developed beyond wins and losses.

But there's power shifts and power is also built in terms of now, I'm getting into kind of some of the metrics of I define power as capacity and influence. And you look at those changes on an individual level, an organizational level, an ecosystem level and geographic level and all that power that's built through the engagement and the campaign or action is then leveraged for the next work. So with the DA, they won the election, the power, they built, they leverage to hold the DA accountable and, and transform the system and do the implementation work. And that's the other thing we so often forget about the importance of implementation and that's where wins and losses are actually held. So anyhow, I could go down a rabbit hole in this, but I think it's the holistic nature that positions and contextualizes wins and losses and the ecosystem of actors that are needed to build power.

00:09:34-00:13:55

### **Karen Bell**

That's why I have like lots of follow-up questions.

But I want to ask Jonathan because similar, similarly, similarly sorry, when we had this idea of, you know, this again, power is something that we talk about power and equities is something we talk about very vaguely but your work as well as Gigi's directly talks about it. And so in particular, you published this piece called Power Up, a call for public health to recognize, analyze and shift the balance in power relations to advance health and racial equity. So there's a lot of very interesting things that I could pick up on just in the title. But also I want to say that one of our national advisory committee members is a co-author of this paper. So again, this connection of, hey, these are the people that are doing this type of work that you want to talk about.

I, I guess my question for you, Jonathan right now is would you be able to compare what we usually think about public health interventions to community interventions to shift power for racial equity?

## **Jonathan Heller**

So I think, you know, most of my work is in public health and, and I, and I think that typically in public health, an intervention is that we come into a community or in, in our jurisdictions as experts. And we, we basically, we'll consult with the community, we'll engage the community sometimes for, you know, to get input. But we think we kind of have the answers and even when it comes to, to equity, we think we know what we're doing.

And I think we need an entirely different approach because we actually don't ever have the, when we in public health don't actually have the power to shift things in a way that will actually lead to equity. Many of the decisions that actually impact health equity around social determines of health are outside of our jurisdiction. We we're, you know, we don't have a lot of funding within public health.

There are all sorts of limitations. So I think we need an entirely different approach and, and I'll, I'll introduce a different framework that I think it is complementary to what what Gigi has proposed and as this power building framework, and this comes from social theorists in the 19 seventies and sixties, it's called the three faces of power.

It's a, it's a way of analyzing power. And I started to alluding to this before. So and public health can play a role in each of these phases. So the first phase of power is about actually impacting a decision that's being made, let's say by a city council. So let's say there's a vote around affordable housing, right? Public health often won't engage in that or maybe will contribute a little bit of data, but we could be partnering with community organizing groups, the same organizing groups that Gigi is talking about who are advocating for for affordable housing and asking them what they need from public health. Maybe they need data, maybe they need us to testify. How can we actually influence a decision in this first phase of power? The second phase of power is about building infrastructure so that we can set the agenda.

So maybe affordable housing isn't even on that city council agenda. How do we get it onto the agenda? Right. What are the interconnections between different organizing groups, different public health groups, lawyers, you know, everybody in the community, all the different capacities that a community needs to be able to advance equity.

Can public health actually build that infrastructure with the community? Can we use our convening power to do that? And, and like health and all policies is a, is a a way of thinking about that. And then the third phase of power is about changing narratives, changing worldviews. There are decisions that just will never be made because they're not within the way people think these days they're the dominant set of narratives that are hegemonic to go back to that word that limit what's possible. And can we work again with communities to change those narratives, to change people's worldviews? So we're valuing a different set of things. We're not just in like in, in public health, we often fall back on individual behaviors. Can we change people's thinking so that we actually understand the collective responsibility, the social responsibility for changing the rules of the game?

00:13:56- 00:17:45

**Karen Bell**

So I think some of the things that both you and Gigi were talking about linked to that term, but I, I was wondering if you could expound a bit more on either those three phases of power or, or anything related to the social determinants of health.

**Jonathan Heller**

Social determinants I think in the US certainly has, has kind of gotten narrowed to this idea of community conditions. You know, you often hear where, you know how, where we live work play influences our health outcomes. And I think when we, the original concept put out by the World Health Organization and others, actually it was a very political concept that involved the idea of power.

And it recognized that there are there with the social, with the World Health Organization thought of as the as forces. And I would say, we know we can use the word structural determinants of health to say that those are kind of upstream of social determinants of health. And I, and we are now defining the structural determinants of health as a set of rules, written and unwritten rules that influence those conditions.

And it's also like power is involved because who gets to set those rules and the rules actually determine who has power. So there's kind of this reciprocal relationship in my mind between the structural determinants of health, these rules and power, there's a power to set the rules and then there's a power to change the rules, to advance one's own interests, right?

And so that's, that's the link to me, the, the this, this link of structural determinants of health then sets these conditions that we all know and think about as and have talked about for now a couple of decades as having these health outcomes. But if we depoliticize it and we take power out, I think this, the idea of social determinants isn't actually going to advance equity, right? We actually have to understand that this work is political.

We're, we're involved in political decisions, there are winners and losers and, and if we want to advance equity, we actually have to be siding with the people who have currently lost out people who are facing inequities. We have to help them build power through these three phases to be able to influence those rules.

**Gigi Barsom**

Yeah, I completely agree. I mean, power is structured through relationships and systems and that's what creates the inequities. So if we only look at the social determinants of health without the power analysis, it's a little bit of a naive analysis because what gets us to a strategy to do something about it. And one of the things I really appreciated about Jonathan's paper was that lifting up of the need for power analysis.

And wouldn't it be fantastic if we could teach Power analysis in schools of public health? And one of the things that I do with a lot of the funders that I work with is

trying to get them to think about that Power analysis and try to get funders to think about their role as part of the ecosystem with the grantees, their funding, as opposed to kind of these actors acting above them bestowing resources upon them.

But how are they partners in the work? How are they part of the ecosystem? What do they bring to bear to the ecosystem? And if they had a shared analysis and understanding of power that then brings them towards shared strategies and goals and an alignment of, of funding for the needs of that ecosystem to achieve those goals and shift power.

So I think it's really critical that politicizing and I know this makes people come uncomfortable sometimes, but I really don't know how you get at the inequity without thinking about the politics that structure the power to produce the inequity.

00:17:46-00:22:00

**Karen Bell**

But I think my question for you all is like you were saying, we don't really teach power analysis, these types of things in schools of public health, even people who have finish school or are working on the job, public health practitioners to whatever degree might not think of themselves as doing something like this related to political power. What do you all think about shifting, how people see themselves?

**Jonathan Heller**

Well, I guess I'd first say that I want to distinguish between being political and being partisan, right? And so I'm not saying public health needs to say we're all Democrats, we're all Republicans. You shouldn't be this, you shouldn't be that what I'm saying is we need to engage in the political process and because all the decisions that affect health.

So these, these rules that we're talking about there, there's the social and structural determinants. There, there those rules are made in a political setting in the political context. Who, who, you know, whether we have to build affordable housing to go back to that example, you know, or you know, all the examples from, from Gigi, the Gigi was just talking about in terms of, you know, our criminal justice system, what are the rules of the game there, right?

Those are political decisions. And if we don't engage in that, we're not actually going to be able to advance equity, right? It's, it is about power, it is about using the influence. We have to, to make sure that the outcomes of those decisions favor equity. That's not to say we can't be evidence based, we can both be evidence based and, and we can we can engage in these processes and there are, there are ways to do it there, you know, health and all policies and, and other other types of things like that. But then also I think in deep partnership with community organizing groups, I think that's something that public health can do a lot more of is partner with organizing groups and get organizing going in places where it doesn't exist. And that the those organizing groups are basically speaking from the community's voice, they are engaging in the political process and we can work with them in that kind of way. They can also help us, you know, protect, protect us when we do get engaged in the political process. And, if somebody doesn't like what we're saying, if somebody

who's in power doesn't like what we're saying, the community can protect us. So there's, there's a lot of advantages to doing things that way as well.

### **Gigi Barsom**

I completely agree. I'm not talking about partisan politics but politics for the purposes of power and understanding, you know, we talk about building power but for what and to what end? and in the beginning when that poll went up about who has the power. That was the start of a mini power analysis, what you all did, identifying where power resides and the majority of you said government and health care systems and institutions.

That is a political analysis right there. And it's figuring out who has the power, what are they doing with it? How is it informing their decisions and the policies that they produce? and then what can be done to ensure that there's more community voice and perspective that's institutionalized? Not as a one off, we're going to form a one time committee or we have a hearing, but how do you institutionalize their role, their voice, their engagement in the system so that they have an ongoing say, and I will say, I mean, as a former student in a public health in several public health institutions, I think one of the most useful courses I had was the politics of health policy because it really grounded all of my public health training and kind of the reality of what it takes to advance policy that advances equity and also the histories of policies that we currently have and how they came about and the power that informed them.

00:22:01-00:30:02

### **Karen Bell**

One of our webinar attendees alluded to Martin Luther King's definition of power as the ability to achieve purpose. So we asked our panelists to reflect on that in terms of his relationship to policy and the pursuit of equity.

### **Gigi Barsom**

My definition of power is both capacity and influence and it's also informed by the three phases of power. So it's a goal that you have to build it, but it's also a means to advance your goals because you wield it to advance goals that, that advance equity and, and to Jonathan's point then that it's how you use it defines whether it's good or bad. But we see how power plays out in our society in both good and bad ways.

### **Karen Bell**

But one of the key approaches to shifting power that dominates in the US is voting. And so I wanted to know how do you all think about voting and elections as a means to shift power for health equity? And additionally, how do you think of civic engagement to shift power? And you kind of have talked about some of that. But I think I would do want to ask about voting in elections.

### **Gigi Barsom**

So, I think about elections there, if you think about the arenas of change or the, USCP or they're now I talk about the arenas of change. The ballot box is one of those arenas. It's not an end in and of itself, an election is not going to solve all our problems. It's, it's, I wouldn't even call it a strategy. It's a tool. And thinking about it

within that context of what are you going to do with that election afterwards, how are you going to leverage that election?

It needs to be contextualized within a strategy. So, for example, the DA races that I looked at the campaign I was asked to document was the election. How did they win the election? And that was actually the least interesting part of that work because they engaged in that election to expand the electorate and to expand their organizing base and to build power, to demonstrate to the DA and to the system that we got you elected.

And now we're going to hold you accountable, you agreed to our policy agenda and now we're going to stick around and co-govern with you or just hold you accountable to make sure that you follow through. So it, it's a way to build power. It's a way to ensure accountability. It's also a way to elect other individuals that have a shared analysis on the problem who believe in advancing equity.

So it's also building out that inside outside strategy, even not just, you know, in Congress and state legislatures, but within the system, how do you get aligned individuals within the system so that you can also advance inside-outside strategies to advance systems change. So I see it as a tool and not as an end in and of itself.

### **Karen Bell**

I'm wondering if you all could share a bit more about how you see community organizing and shifting power for health equity and racial equity, which is something that you both have mentioned as well.

### **Jonathan Heller**

So let me just start by defining community organizing. because I think many people think they know what it is, but we might not always be on the same page about that completely. So I think about a community organizing group as a group that brings people who share some sort of identity together. And so in our case, when we're thinking about health equity, we might think about a community that's been marginalized by structural oppression over time.

Or, you know, it could be people in particular geography, a part of the city, it could be people who work in a particular sector doesn't matter. So it, it brings those, the community organizing group brings those people together, builds relationships among them. And by doing that, I think it reveals that those people aren't facing just individual problems that is, that are the result of their own, you know, problems or own issues.

They're not to blame for those things, but there are these bigger problems, systemic problems. So the group then talks about those problems, identifies problems that they're facing, identifies solutions to those problems based on the common analysis. So there's a bunch of analysis that goes into a political education. And then the group then sets some agenda, set some goals, runs some campaigns mobilizes resources to actually try and make change while it's doing that. I think it tries to expand its base. So it does base building. So there's more people involved, it builds leadership among those people. So it's not some outsider who's actually, you know, in the lead and, and always a spokesperson, but the, the people themselves and in

doing all that, they're really building power and along these three phases and in that same framework that, that Gigi was talking about the, you know, the, the ongoing governing powers piece of that.

And so how can public health partner with community organizing groups, I think is part of the question, then I'll, I'll switch to that. And so I used to be at a, or a nonprofit called Human impact partners. And we had a pilot program that I think was incredible and they, they've now continued it called Power Building Partnerships for Health.

Where we intentionally brought a local health department into relationship with a local organizing group. The two wanted to work together. They, you know, there's some basics about understanding things in a similar way and, and being willing to work together. But then the public health department, we basically tasked them with supporting an organizing group.

It was supporting a campaign that the organizing group was running, right? That was it. Well, it wasn't come, you know, organizing group come work with us because we're interested in diabetes. It was organizing group. What are you working on and how can we support it? And so, for example, in Santa Barbara, the organizing group cause was working to organize farm workers and trying to get toilets into the fields, right?

And so there's a lot that the health department could do in, in that circumstance and they, you know, they use their convenor role to bring together the AG commissioner and growers and the organizers and the workers. They did a survey and, and you know, used our evidence and data kind of roles. There, there are a bunch of things they did.

I'm gonna fast forward to this happened just before the pandemic that we were all working together. They built a lot of trust across that bridge and then during the pandemic cause came to the Santa Barbara Health Department and said, hey, there's there's outbreaks in this farmer farm worker housing, and the Santa Barbara Health Department said, what housing we didn't know this housing existed.

There's this congregate agricultural housing that existed that was funded federally. And so it was kind of outside of the Santa Barbara jurisdictions awareness. But then the health department and the workers themselves, the farm workers themselves and cause and their allies put together local legislation that eventually got passed using this inside-outside strategy that Gigi was talking about that actually, you know, created a response to the outbreaks that was, that was satisfactory to the workers that, that took care of their needs and was, was a healthy response than, you know, around quarantine and isolation and put some, some teeth on things that the growers had to actually do. So that's, that's an example of how we can work with community organizing groups in an effective way to advance health equity.

00:30:03-00:34:33

### **Gigi Barsom**

I really appreciate the example that you just used Jonathan with cause and the Santa Barbara Public Health Department because one of the things that I've been observing is over the course of the pandemic, the relationship between public health

departments and communities, something shifted because of their need for communities to be able to help them navigate the pandemic.

And there's a real opportunity there to keep building on those relationships. And I know some of the funders, especially California Endowment and California is trying to explore that. And then this whole, all the work around community health workers also as an opportunity to connect to community. They're not organizers, some of them are but most of them aren't, but still, it's another connection to community.

So that said in terms of community organizing, I'm not an organizer or an expert on that. I've come to learn a lot about organizing in their work by through the evaluation work, and partnering with them. But I will say organizing is central to this work. So we talk a lot about building community power. Communities can't do this by themselves.

It, it's, you know, it's not like they'll pick up one day and decide. I need to change that system and figure it out on my own. That is the role of organizing, the process of bringing people together around their priorities and interests and shared goals and the political education that happens is so critical. Those organizing groups become political homes for communities and they train them and teach them about the system.

What is the system? Because we know these systems are convoluted and intentionally opaque. How do we expect communities to engage and push back against that institutional power? So the role of organizing is to help them learn about the system. And that's where the power analysis also comes in. Where are the leverage points, the entry points, how do they build power against entrenched interests to advance their goals?

So it's a process that they bring communities to and through. That's what builds their own per individual agency and collective power as well, the sense of OK, now we know what to do. And this is an issue that's important to me and I feel like I can do something about it alone and collectively. And that is the critical role of organizing. But I will also say, I know there's a lot of interest right now, especially in the philanthropic field about community power and organizing.

But I would still say that is necessary but not sufficient because organizing groups can't do it alone. Sometimes the strategy requires litigation. And so you need that partnership with the legal advocacy group, but being able to organize around the litigation is even more powerful and gives greater teeth to the litigation. Same thing with advocacy efforts.

So you need, that's why I always talk about an ecosystem of organizations that centers communities. So it's about having all those capacities available so that you can target multiple arenas of change: the courts, the legislature, the ballot box and develop more sophisticated strategies to take on this entrenched power about that.

### **Karen Bell**

I do want to extend the conversation a little bit because we have talked about researchers to a degree schools of public health, public health practitioners. But I

want us to talk a bit more about some of these other sectors and what we're viewing as this collaborative in the health equity ecosystem. to use your word Gigi in your view, how can sectors like government the private sector, philanthropy, which we've mentioned.

But how can they be involved in building power in communities? I think, you know, to a degree we talked about two of them, but we didn't really talk about the private sector. So do you have any thoughts about that?

00:34:34-00:38:24

### **Gigi Barsom**

It's a tough one. I mean, it depends on, I mean, I go back to that shared analysis. So if there are aspects of the private sector that have and it's often, you know, especially in terms of getting it equity, a root cause analysis that's trying to get at those issues that are creating disparities, then there is room for partnership. And sometimes the other thing I want to say too is not everything needs to be kind of a deeply aligned partnership or coalition.

Sometimes you can have transactional relationships and partners. And that again is part of the power analysis. So maybe there is a private actor that can help open a certain door and that you may partner with that entity or organization to advance a certain aspect of your strategy. And it's, it's a transactional relationship and it's fine.

And, you leverage it for that purpose, but that's part of that kind of holistic analysis that you need to really think about, you know, what is your goal and how do you get there? And I think something that you said earlier about, you know, we often have these goals, we achieve them and move on. I'm finding a lot of the issues that are being raised in public health and in communities right now are really significant, large long-term transformational structural changes, those aren't about short-term wins and we move on, but it really is being in it for the long term. And what is the long-term strategy and how do we get there? And what are those incremental wins that may get us there?

### **Jonathan Heller**

Yeah, I, I agree. you know, going back to the power analysis and yeah, there are times when I think actors in the private sector can be helpful, right? And we don't, we can't think of we don't, we shouldn't think of them as you know, a single entity, you know, a chamber of commerce may be against you know, trying to pass paid sick days policies in a, in a particular place.

But there may be individual businesses that, that are not, but in general, I would say that the private sector has, you know, has its own self-interests and, and often that is, that is often profit-driven and that is often extractive and damaging to many communities, right? And that they're on the wrong side of advancing health equity. And so I think some self-reflection on this on the part of the private sector, if they're actually interested in advancing health equity, it can't just be rhetoric when something bad happens. They need to actually think about how things like their work actually impact people, right? It's, it's not, it's, and, and change your, change your behaviors, right? They have to stop advocating and, and trying to influence our

democracy in ways that actually advance in equity rather than equity. Like that's, that's one of the major roles I see for them.

### **Karen Bell**

We talked about some sort of big topics really in this short amount of time, community organizing, political engagement, civic engagement, the three faces of power, like those types of things. I'm thinking, what would you all tell our audience member who, you know, this is maybe not new but just something that they're seeking to like really sink their teeth into or, or orient themselves in their work around some of the things we've talked about. What would you suggest for them as like next steps to extend this further, for themselves and maybe even for their organizations or for their communities.

00:38:25-00:42:03

### **Gigi Barsom**

I mean, I would just go back to my mantra about the ecosystem. You're not doing this work alone. So who else is interested in the goals that you're working on and where can you plug in? I don't know how many folks on the call or the one area we haven't actually touched on a lot are kind of the academicians and researchers. But it doesn't have to be Ivory Tower.

I mean, there is a role for your research and analysis and data. And communities don't always have access to it, but that can be really powerful in terms of mobilizing communities and helping them to use that data and information as part of their organizing and advocacy. I was just talking to someone the other day about some work that happened in California again and it was a case study. I'd worked on around the local control funding formula in the interest of time.

I won't go into the details, but it was the advancement project that had collected data on the implementation of the local control funding formula and to the extent it was achieving and advancing equity, they gave the data to the community and they realized based on the data, we're not making as much progress as we thought, they use that data to organize around it and actually also litigate. So there is power in what you have, you just need to get plugged in.

### **Jonathan Heller**

Yeah. totally agree. And I mean, I guess you know, going back to the paper we wrote, we, you know, we wrote this with a public health audience in mind. But I think all the audiences on this call and others you know, that are interested in advancing health and racial equity need to basically be able to understand power better, right? There are lots of frameworks out there for understanding power and we need to see what others have already written and, and figure out how to apply that work. So there's this understanding phase, there's been doing this power analysis phase to figure out how we can actually make change. What, what are the barriers who's in the way of actually the equity and you know, promoting policies that we want to be passing. And then we need to intentionally shift power like work to shift power building that ecosystem that Gigi is talking about.

Pardon me, creating partnerships trying to limit the power of those who are using it for, for not good purposes. It's, it's, it's not a straightforward thing, it is not a recipe for doing this. It's not like a, you know, a playbook you can, you can just draw from, but I think it's an important thing. It's important skill set for people to, to start building.

**Karen Bell**

Well, thank you both. Really for your wisdom, you sharing your experiences, powerful words. I think all of this is really coming together for us. And I really appreciate it. So thank you both. Great.

**Jonathan Heller**

Thank you. For having us.

**Gigi Barsom**

Thanks. Thank you.

**Outro**

Thank you for joining us this episode of Partners for Advancing Health Equity. Be sure to visit our website and become a member of our collaborative at [Partners for Health equity.org](https://PartnersforHealthEquity.org). That's partners. The number four [Health equity.org](https://PartnersforHealthEquity.org), follow us on Facebook, LinkedIn, and Twitter, and be sure to subscribe wherever you enjoy your podcast.

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