By Manuel Pastor, Veronica Terriquez, and May Lin

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How Community Organizing Promotes Health Equity, And How Health Equity Affects Organizing

Manuel Pastor (mpastor@usc.edu) is a professor in the Department of Sociology and director of the Program for Environmental and Regional Equity at the University of Southern California, in Los Angeles.

Veronica Terriquez is an associate professor in the Department of Sociology, University of California, Santa Cruz.

May Lin is a graduate student in the Department of Sociology at the University of Southern California.

ABSTRACT **Public health scholarship increasingly recognizes community organizing as a vehicle for unleashing the collective power necessary to uproot socioeconomic inequities at the core of health disparities. In this article we reverse the analytical focus from how organizing can affect health equity, and we consider how the frame of health equity has shaped grassroots organizing. Using evidence from a range of cases in California, we suggest that the health equity frame can guide and justify grassroots groups' efforts to improve the health outcomes of marginalized populations; connect issues such as housing and school discipline to health; and provide a rationale for community organizing groups to directly address the trauma experienced by their own members and staff, who often come from communities at risk for poor health outcomes.**

The public health field increasingly recognizes community organizing as a strategy for tackling deeply entrenched socioeconomic inequities at the core of health disparities.[1] What has been less explored are the ways in which grassroots community organizing efforts have used health equity as an interpretive frame that helps guide action and improve the effectiveness of efforts to directly and indirectly advance health and well-being at the community, organizational, and individual levels.[2]

Why has the health equity frame gained traction in the world of community organizing? Certainly, health itself is a concern, including access to health care and the need to alter the social determinants that impede community health among marginalized and stigmatized groups.[3] Health equity—defined as "the absence of systematic disparities in health (or in the major social determinants of health) between social groups with different levels of underlying social advantage/disadvantage"[4]—is certainly a worthy community and social goal. But organizers and advocates are also finding that leveraging health equity as a frame can help social movements make progress on campaigns about issues with less immediate or direct connections to health.

According to social movement theory, organizers and activists use framing to develop a narrative that helps them gain legitimacy, construct a common identity, and advance their agenda.[2] For example, during the mid-twentieth century the "civil rights" frame, used to fight against Jim Crow and the unequal treatment of people of color, appealed to universal values of equal opportunity and justice.[5] The more recent movement for marriage equality similarly appealed to notions of family and fairness that helped universalize what was once seen as a rights concern specific to the LGBTQ community.[6]

Health equity has emerged as an elastic social movement frame that can tap into a universal sense of health as a human right while furthering other social justice concerns about inequality in at least three ways. First, health equity puts at the center of public policy discussions the fact that outcomes are unequal across groups, which allows organizers and other advocates to highlight the direct health needs of marginalized or stigmatized groups. Second, a health equity frame considers the structural causes (such as

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poverty, racial discrimination, and homophobia) that contribute to unequal health and opens the door to considering broader issues such as equitable education and affordable housing. Finally, a health equity frame can prompt grassroots community organizing groups to build health promotion and healing into their organizational practices as a recognition of the multiple traumas faced by staff and community members, who are often low-income people and people of color.

In this article we highlight the spillover of the health equity frame into community organizing strategies that address a broad range of social justice concerns. To do so, we draw on several illustrative cases from California, using data from multiple waves of surveys of youth and community organizations, semistructured interviews, participant observations, and archival work conducted in the period 2010–16.[7–9]

Health Equity As An Outcome

Sometimes grassroots campaigns for health equity are exactly what they seem to be: attempts to advance equitable outcomes around key health measures. The language of health equity also allows advocates to directly address the health needs of disadvantaged social groups. This is especially useful because addressing health concerns may be more palatable to some decision makers than more direct calls for racial justice, immigrant rights, or LGBTQ rights.

Thus, a health equity frame can be deployed as an inclusive narrative to advance the rights of immigrants or other marginalized groups. For example, the #Health4All campaign in California—an effort to extend state-financed health insurance to undocumented immigrants—sought to address the denial of federally supported coverage to this set of immigrants in the Affordable Care Act (ACA). Organizers presented the need to close this gap less as an immigrant rights issue and more as a matter of unequal access to health care. This strategy circumvented dominant frames that justify the denial of rights for undocumented immigrants because they are not citizens.[7]

Beginning in 2013, the year before the ACA expansions of eligibility for Medicaid took effect, grassroots groups and advocates conducted intensive campaigns that involved lobbying elected officials, public hearings, rallies, and mobilizations on the state capital and elsewhere. Efforts to secure health care for the undocumented paid off in a series of incremental victories. In October 2015 Gov. Jerry Brown signed SB 4, a bill that allowed all low-income undocumented children to enroll in full-scope Medi-Cal, California's Medicaid program.[10] Less than a year later the governor signed SB 10, a bill that enabled undocumented adults and Deferred Action for Childhood Arrivals (DACA) recipients to purchase unsubsidized health coverage through Covered California, the state's health care Marketplace.[11] The #Health4All campaign and other statewide accomplishments built on a smaller and more localized #Health4AllFresnans campaign in Fresno, California, which blocked the elimination of some health services for the undocumented provided by the county's Medically Indigent Services Program.

Climate policy represents another arena in which grassroots organizations have used a health equity frame to advance the health needs of underresourced communities. Environmental justice advocates in California have noted that the state's cap-and-trade system aimed at reducing greenhouse gas emissions has allowed large polluters to purchase "allowances" to avoid reducing their emissions. While reductions of greenhouse gas emissions have the same impact on climate change no matter where they occur, environmental justice advocates suggest that a system of trades in which some firms can continue to emit the gases while others cut back can lead to uneven reductions in locally harmful accompanying pollutants, such as particulate matter. Given the disproportionate location of large polluting sources such as refineries in low-income communities of color, this becomes a health equity issue.[12]

In negotiating new standards for reducing greenhouse gas emissions in 2016, advocates successfully pressed for passage of a companion bill, Assembly Bill 197, which mandated that the state prioritize direct emissions reductions in the "most impacted and disadvantaged communities," with an explicit public health rationale written directly into the legislation.[13] In short, using the health equity frame advanced policy that improved the well-being of communities of color whose members experienced high levels of exposure to health-impairing pollution.[14]

Health Equity As Connective Tissue

The health equity frame also offers a new way for grassroots organizing groups to explain and address a range of social injustices with less immediate and easily grasped connections to health per se. For example, since at least the 1990s, organizations in California concerned with education justice have sought to change punitive school discipline policies that resulted in the unequal suspension and expulsion of students of color, especially young men.[15] Advocates frequently made the case that school discipline

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policies were part of the school-to-prison pipeline, as being suspended or expelled from high school predicts having a criminal record in young adulthood.[16]

While grassroots campaigns achieved some policy victories over the years, in the early 2010s youth and community organizing groups found themselves making more progress when they framed school discipline reform as a health equity issue. Organizers and advocates stressed how behaviors addressed with punitive policies result from "chronic poverty, racism, unconscious bias, and brutality" that leads to toxic stresses and trauma, particularly for boys and men of color.[17] They also claimed that punitive policies exacerbate these traumas, while hindering healthy adult-student relationships.[18]

Organizers also leveraged the health equity frame in articulating solutions, such as replacing punitive policies with those that seek to support students' emotional, mental, and physical health. In the period 2014–16, groups in Fresno, Long Beach, Los Angeles, Oakland, San Diego, and Santa Ana won local district funding for the implementation of "restorative justice" programs. Restorative practices in schools consist of nonpunitive approaches to school discipline and can involve mediated conversations between the student causing harm, the person harmed, and peers; community-building circles; and peer juries.[7] Advocates assert that these practices improve student retention and increase educational attainment, and those changes in turn improve health outcomes over the life course.

Similarly, grassroots organizations have used a health equity frame to improve access to housing. In one example, a South Los Angeles coalition mobilized to prevent an upscale development on land that had previously housed a hospital, arguing that the development would impede opportunities for good health and diminish quality of life. In 2011 the coalition won a "community benefits agreement" that offered both affordable apartments and a low-cost medical clinic inside the new development.[19] The same group of advocates then turned their attention to plans by the University of Southern California to significantly expand its campus footprint with new student housing and retail. Advocates used community organizing, backed up by a health impact assessment that documented the potential negative impacts of the development on neighborhood housing affordability and resident displacement. Advocates secured $20 million from the university for a neighborhood affordable housing fund, as well as a 30 percent set-aside for local hiring and 10 percent for disadvantaged worker hiring for both construction and permanent employment from the project.[20,21]

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In another example, in Fresno, groups organized for more than three years to eventually get passed the Rental Housing Improvement Act of 2016. The act mandates baseline inspections and the registry of all rental properties and creates a Code Enforcement Division that specifically addresses rental housing code violations. Although health equity was not the only frame involved here, it was certainly a critical and persuasive one, with advocates in a broader, multi-issue #OneHealthyFresno campaign stressing the impact of dilapidated housing on health and safety, including mold, recurring vermin infestations, lack of heat and air conditioning, and faulty wiring that produce health hazards.[22]

Campaigns to end deportation of immigrants, secure prison reform, and enhance transportation systems have also benefited from the increased use of the health equity frame.[23] Borrowing from the legitimacy established by scholarship on the social determinants of health, health equity has become a way of breaking through to decision makers on issues once perceived as peripheral to the health arena.

Health Equity As A Healing Practice

While we have discussed how the health equity frame has shaped the way grassroots organizing efforts promote policies directly related to health and more indirectly related social justice policies, perhaps unexpected evidence of the frame's adoption comes from our participant observations of everyday organizational practices. In particular, there is an emerging emphasis in some social movement groups on the effects of trauma and the need for self-care among members and staff.

Traditional organizing and movement-building leaders have often perceived attention to individual well-being as a luxury to be undertaken in one's private time.[24–26] However, organizing is

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The health equity frame is being deployed by community organizations to connect health issues to other issues.

taxing and can lead to burnout, particularly among people from marginalized communities. For example, Black Lives Matter activists have pointed to side effects of their participation (including stress and exhaustion) that have exacerbated, rather than ameliorated, experiences of systemic inequality.[27] Thus, social movement organizations have increasingly recognized the importance of working to ensure the well-being of staff and members, who tend to hail from groups already at risk of poor health outcomes.

The health equity frame gives them a foundation to do so. For example, Fathers and Families of San Joaquin, in Stockton, California, uses healing-centered community organizing—defining it as "an emerging practice that places individual and collective emotional and spiritual well-being at the center of social justice efforts"[28]—to address their community's high crime, poverty, and incarceration rates. Some organizations employ healing circles or talking circles in which participants openly discuss personal challenges and express emotions in response to stressful situations. For example, youth organizations in Long Beach held healing circles in response to the 2016 Pulse nightclub shooting in Orlando, Florida; incidents of police brutality; and the deportations of community members.

Targeting formerly incarcerated people and the family members of incarcerated people, Los Angeles–based Dignity and Power Now employs a director of health and wellness to address trauma created by members' interactions with the criminal justice system. The organization believes that people need to be made whole to make change effectively. Similarly, MILPA (Motivating Individual Leadership for Public Advancement), based in Salinas, emphasizes indigenous cultures and ancestral teachings, values, and traditions by implementing healing practices that seek to empower youth, formerly incarcerated men, and other community members to overcome trauma and become civic leaders.

The health equity frame has been critical in ensuring widespread acceptance of these new healing and trauma-informed practices.[7,29,30] Some organizations have created opportunities for purposeful breathing, meditation, stretching, and practicing yoga during organizing meetings and events. This phenomenon may make organizing more sustainable for the staff and community members who drive change.

Lessons From California

While we recognize that grassroots organizing efforts from the diverse, progressive, and relatively well-resourced state of California are not necessarily representative of those elsewhere in the nation, social movement efforts from this state often spill over to other states (partly because the state's demographics and politics often provide a preview of national dynamics in later years).[8] Moreover, dynamic nationwide organizing efforts (such as the Movement for Black Lives, the undocumented youth movement, and the reproductive justice movement) also tend to use the health lens as a way to identify structural inequalities, connect issues, and lift up the need for healing and wholeness.[31,32]

We also recognize that certain factors, such as funding availability and the openness of political systems to change, facilitated the adoption of the health equity frame in California.[33] For example, several large "conversion foundations," such as the California Endowment and the California Wellness Foundation, emerged in the early-to-mid-1990s as nonprofit providers shifted to for-profit status. This gave organizers an incentive to recast their work as health focused, even as these new foundations were casting about to establish their agendas.[34] However, the embracing of health equity has also been organic, as is made particularly clear in the adoption of healing practices by movement builders.

We do not claim that the health equity frame is the best or the only grassroots approach to articulating efforts to advance the well-being of disadvantaged groups. Indeed, as a broad frame, it may obscure the needs of specific disadvantaged groups or might not always effectively mobilize the populations facing the greatest socioeconomic risks, health risks, or both. Further research is needed to develop an evidence base on the effectiveness of the health equity frame in addressing various social issues, and the extent to which the shift in organizational practices we have noted in California is widespread.

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We believe that such research could be useful in grounding and encouraging a dialogue between public health practitioners and grassroots organizers working to address the health needs of highly disadvantaged groups, broaden understandings of what constitutes the arenas of health, and identify the best ways to build healthy movements as well as healthy people.

Conclusion

Today, public health research generally acknowledges the critical importance of policies that address the social determinants of health.[35,36] Additionally, research increasingly recognizes that community-based organizations—not just public health officials—are key agents in promoting policy changes that affect health.[1]

What has been less studied is the ways in which the language of health equity is, in turn, affecting community organizing. We found that the health equity frame is being deployed by community organizations to move the needle on health concerns; connect health issues to other issues (such as housing and school discipline); and see healing and other practices not as a diversion from organizing, but as a key part of equipping leaders to promote broader and long-lasting structural changes. ■

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NOTES

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