

How to Empower a Community? Helping Communities Take Control of Their Health Destiny

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Editorial

Over the last ten years of my career, I have given much thought to the question of how to empower a community to take control of its health destiny; specifically, a low-income black community, of which I am a member. As a social scientist, I pay close attention to contemporary political and economic arguments. All of which claim to possess the magic tonic for all that ails society. Like income inequality, the question of how to mitigate health disparities has become a mainstay of political discourse in our country. The debate at hand is determining a fair method of resource distribution. While questions of fairness will always be hampered by an arbitrariness that divides us, I do think it is worthwhile to use a critical eye in selecting viable solutions regardless of their political origin. I believe in the free market, and I have always viewed social issues such as health disparities through an economic lens. However, like income inequality, the solution to health disparities is more nuanced than what is currently offered by basic economic theory. Good health is always in high demand. However, the supply of good health in poor black communities is restrained by many socioeconomic barriers that affect their health trajectory. This means that the cost of good health (or the cost of removing such barriers) will always be high. How then do we empower these communities to achieve health equity when financial resources (the very thing that poor people do not have) is the underlying issue?

In one sense, our present conceptualization of healthcare as a commodity to be bought and sold in the marketplace may actually serve to undermine growth - even considering the wage growth and technological development that has occurred in the medical field. There is a social and economic cost that all of society has to pay when large groups of people experience significant health disparities. Here, health is viewed as a public good that advances commerce, similar to roads or highways. When we examine the poorest states and metropolitan areas, we see higher disability claims and increased prevalence of obesity, heart disease, some cancers, kidney disease, and diabetes. When we examine the economic status of poor blacks and Native Americans, we see these same correlations.

In another sense, "universal" public healthcare alone may not be a panacea for ending health disparities. Think of how the quality of public schools tend to be stratified along racial and

class lines; not to mention that current threats to penalize wealth incentives for talented innovators, business people, and service providers may truncate development of transformative technological and medical breakthroughs.

I have always argued that health disparities are largely a function of economic disparities. But the reverse is also true. By contextualizing national health as a key economic good, then we can understand that suboptimal health in its many facets undermines economic productivity. There are valuable frames of thought from camps representing liberal and conservative as well as public and private viewpoints. The most practical way of coalescing these frames into an executable plan is through collective engagement that revitalizes our local institutions.

My work, as articulated in the "How do you empower a community" article, advances a strategy that allows synthesis to occur at the local level. It helps groups with little power in the public or private sector rebuild important institutions within their community. In seeking economic and health equity, these internal institutions are critical for developing trust, skill development, social capital, and most importantly, the knowledge that empowers. While the solutions to health disparities are a mixture of public and private executable components, community-based institutions are a critical stepping stone to empowering residents to have greater levels of mastery over their health outcomes.

Rebuilding critical local institutions requires high levels of collective agency - the power of the group to accomplish important goals. The national fracturing of local institutions as described by Putnam (2000) has had an even more devastating impact in economically isolated, poor communities [1]. Rebuilding institutions that have traditionally played a major role in the black community, such as church, family, fraternal/neighborhood organizations, and schools can be a powerful mechanism for A) motivating individuals to engage in healthy lifestyle practices, and B) helping residents achieve access into larger institutions that confer economic and health resources. Strong local institutions are bonded together by shared trust, self-determination, and esteem. Serving as a conduit, they more easily facilitate access to public, private, liberal, or conservative pathways to health equity including participation in government-funded clinical trials that produce innovative medical

breakthroughs and technology originating from Silicon Valley that enhance wellness.

The political debate on best approaches for mitigating income equality is intimately related to questions of how to resolve health disparities. Because important ideas exist in divergent camps, poor residents need dogma-free mechanisms of accomplishing health equity. Through their collective agency, residents can develop local institutions to serve their interests, not those of a particular political ideology. Through local institutions, researchers and community advocates can take a

grassroots approach to serve the community with a knowledge-dissemination strategy that advances health equity. Institutions can be just as valuable in providing access to resource-granting public and private entities. While there is much more to learn and explore, this appears to be a good start.

References

1. Putnam RD. Bowling alone: America's declining social capital. InCulture and politics 2000 Palgrave Macmillan, New York pp. 223-234.