

Animation transcript: Power – a health and social justice issue

Although power has long been accepted to shape people's lives, it's difficult to describe what it is and how it affects us. Yet, increasingly, evidence tells us that power has a real effect on our health and wellbeing^{1,2}.

If someone asked you to describe what it is to have power, what would you say? Having influence? Money? Knowledge?

And if you think about the inequalities in power between people, what springs to mind? Oppression? Privilege? Disadvantage?

Power can be all of these things, and it's also a lot more.

'Power' is a concept which includes the ability to do (or not do) something, and to exercise influence or control in a variety of different ways².

Evidence shows that those who have power to control their lives, and the environments in which they live, are likely to have better physical, mental and social well-being^{1,2,3,4,5}.

Power isn't always visible or obvious.

If you have power you are more able to influence the decisions that affect aspects of your life. When you are able to do this, it seems normal, and you probably don't recognise the power that you have.

However, those with limited power may feel their voice goes unheard, and may have little sense of control, even over things that are important to them.

The World Health Organization describes four different types of power^{Error! Bookmark not defined.}:

1. 'Power *over*' is when someone or some people are able to influence or coerce others. This can be the most negative form of power.
2. 'Power *to*' is where individuals are able to organise or change existing hierarchies or structures.
3. 'Power *with*' is the collective power of communities or organisations.
4. And 'power *within*' is each individual's capacity to exercise control or act on their own will.

Differences in power contribute to inequalities in health outcomes

Over the last century a lot has changed in Scotland to make it a fairer and healthier place to live.

Many of these changes were brought about, not by a few powerful individuals, but by ordinary people who identified important issues in their lives, engaged in collective action, and used their combined power to achieve their goals.

These developments may have been local, like establishing a community garden; or national, like equal rights and equalities legislation⁶.

However, some people still do better than others. While health is improving for us all, it has improved more quickly for some groups than others. Those who live and grow in *poorer* circumstances experience fewer years in good health.

These differences in people's health, known as 'health inequalities', do not occur randomly or by chance. They are strongly influenced by access to *power, income, and wealth* and are often beyond an individual's direct control².

As a result some people have more opportunities than others to live longer, healthier, more fulfilled lives.

For these reasons we call the unequal distribution of power, income and wealth the 'fundamental causes of health inequalities'⁷.

But when compared to the other fundamental causes of health inequalities, what is unique about power?

Power is often associated with income and wealth. At the most basic level, having enough money to live comfortably brings security. Money can also bring status and a wide range of opportunities.

But power also has a separate and distinct influence on health inequalities. Unlike income and wealth, power doesn't belong to

any one person, but exists in the relationships between people or groups of people.

Through these relationships, some individuals, groups, communities and organisations can have greater power than others.

This power is likely to differ in different situations. For example, a community organisation may feel more powerful when working alongside its community members, but less powerful when faced with working with the public bodies that provide services for those community members.

The impact of power on health inequalities

Power, or lack of power, can have an important impact on peoples' circumstances, their control over things that affect them, and therefore on their health.

It can mean that individuals have limited choices, are not able to make informed decisions and may not get the services that they need.

It is now widely accepted that for the benefit of everyone's health and wellbeing, power has to be distributed more equally.

This means empowering communities and groups who experience disadvantage, so they have greater influence over the factors that determine their health.

Redistributing Power

Public service reform in Scotland^{8,9} now requires Community Planning Partnerships to engage proactively with their communities, and to place these views at the heart of decision-making.

Those who work for public bodies have a vital role in ensuring that the way they operate, and the resources and opportunities they make available, particularly to disadvantaged groups, enable this to happen in a way that gives these communities greater control. So, rather than being directed by those who already hold positions of power, policy makers and service providers should actively and respectfully engage, involve and empower disadvantaged communities.

Scotland's Community Empowerment Act⁷ requires those working in public bodies to move towards ways of working that promote 'power to' and 'power with' communities, giving members a stronger voice, using their knowledge, skills and lived experience to influence the planning, delivery and assessment of local public services.

Many public bodies already work with communities and so this legislation is an opportunity to reflect on where power lies and what else can be done to distribute power more equally.

For example:

- Actively involving communities in planning and prioritising services.
- Ensuring that community voices are central to decision-making, including those who are not part of organised collectives or associations.
- Asking communities how they would like to engage and what issues matter to them.

- And making it easier for everyone to have their say by addressing possible barriers to engagement (such as rigid or complex organisational structures,) which can be just as challenging as individual needs (such as mobility, literacy and language).

A fairer and healthier future, where power is more equally shared, *is* possible.

How will YOU use your power to make it happen?

¹ World Health Organization. *Closing the gap in a generation: health equity through action on the social determinants of health. Final Report of the Commission on Social Determinants of Health*. Geneva: World Health Organization; 2008.

² NHS Health Scotland. *Health Inequalities: What are they? How do we reduce them? Inequality Briefing 1*. Edinburgh: NHS Health Scotland; 2015.

³ Solar O, Irwin A. *A conceptual framework for action on the social determinants of health: social determinants of health discussion paper 2 (Policy & Practice)*. Geneva: World Health Organization; 2010.

⁴ Link BG, Phelan JC. McKeown and the idea that social conditions are fundamental causes of disease. *American Journal of Public Health* 2002; 92: 730–732.

⁵ Dickie E, Hearty W, Fraser A, McCartney G, Doyle E, Myers F. *Power – a health and social justice issue*. Edinburgh: NHS Health Scotland; 2015.

⁶ *Equalities Act 2010*. London: HMSO; 2010.

⁷ Beeston C, McCartney G, Ford J, Wimbush E, Beck S, MacDonald W, and Fraser A. *Health Inequalities Policy Review for the Scottish Ministerial Task Force on Health Inequalities*. NHS Health Scotland: Edinburgh; 2014.

⁸ Scottish Government. *Public Service Reform*. At: <http://www.gov.scot/Topics/Government/PublicServiceReform> (accessed 01/08/17)

⁹ Scottish Government. *Community Empowerment (Scotland) Act 2015*. Edinburgh: HMSO; 2015.