

Acknowledgements

This report is the evolution and co-creation of many people and voices. We build on the work of previous Health Equity Reports, scholars, activists, community leaders and more to vision our way towards a transformed community.

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Letter from Community Advisory Board

To Our Community,

7 e, the Health Equity Report Community Advisory Board (CAB), are community members representing different parts of Louisville, different cultural/racial backgrounds, and different sets of experiences. In 2020, many of us felt angry, disheartened, and tired of the status quo and the unjust circumstances that resulted in calls for racial justice. Instead of remaining hopeless and helpless, we came together because we care about transforming our community into one that is more equitable and inclusive. Being part of the CAB has helped us better understand the different root causes that affect the health and wellbeing of a person and community. At times, we were introduced to new language when talking about public health, and at other times, we added to the language. At times, we felt challenged by the agenda, and at times, we challenged the agenda to create a more accurate picture based on our knowledge, lived experience and intimate connections to community.

While working on the 2024 Health Equity Report (HER), we voiced community concerns and needs, especially for historically underserved groups. Through powerful conversations, we learned about the connection between systems and root causes. We saw how policies have resulted in disparate outcomes that many of us had experienced or witnessed, which





We hope that **every member of our community**—from individuals to policy makers—will use the report as **a tool to move forward** with concrete steps that consist of transformational changes.

were highlighted and exacerbated by the pandemic. Although we were not vested with extensive formal authority, we served as a critical link between city agencies, governing bodies, and the communities they are elected to serve.

During this process, the Community Advisory Board changed our name to the Community Action Board because we wanted to emphasize the need for action. We hope that every member of our community—from individuals to policy makers— will use the report as a tool to move forward with concrete steps that consist of transformational changes.

To those in positions of power, who are able to make decisions and changes, you have seen how the data demonstrates inequity in human experiences in our community. The expectation is that you will engage in changes that will improve the conditions of our community. We hope you will reflect a commitment to undo the harm and start the healing, through policy and action, so that we all are afforded the opportunity to live healthy, thriving lives.

Authored by:

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Letter from Former Director of Center for Health Equity





T. Benicio Gonzales, MSWFormer Director, Center for Health Equity

To Our Community,

Tt is my pleasure to share with you the ■2024 Health Equity Report: An Invitation to Imagine Transforming Power for Health Equity. In January 2020, the staff of the Center for Health Equity began planning for a 2020 Health Equity Report; their efforts, and that of the entire Louisville Metro Department of Public Health and Wellness, soon turned to a prolonged COVID-19 response for our community. I want to sincerely thank them for their steadfast commitment to pushing for equity in each part of the city's planning and operations that they touched, and for carrying that commitment forward as their work transitioned again to the development of this report.

The visions for health equity presented in this report have arisen out of long-term, stubborn systemic issues of deep inequity across this community, the COVID-19 pandemic and what we know (so far) of its impact, and the ongoing organized efforts for racial justice in Louisville. Many thanks are due to the members of the Community Advisory Board who dedicated a year's worth of time, energy, and expertise to help shape this report; their work has made this report possible. Thank you to the numerous community partners who attended policy sessions and participated in countless conversations about what our community needs now and how we get there through transforming power.



If we are to realize this vision for an equitable future where systems protect and support all of us, then we must act with a sense of urgency."

The late Dr. Adewale Troutman, who established the Center for Health Equity in 2006, was clear that a vision for health equity necessarily means challenges to the status quo if we are to realize a fair and just Louisville. "Power," he said, "is a public health issue." In this report, we delve into what power means for public health and transforming our framework and actions from "power over" to "power with." We invite you to be curious about the ideas presented here and imagine us collectively working toward a "power with" community

There is clear guidance from our community and other ample evidence of what is needed to experience healthy and full lives. Now we must ask ourselves—collectively—if we will be responsive to those needs. If we are to realize this vision for an equitable future where systems protect and support all of us, then we must act with a sense of urgency—we cannot wait. Action must be taken everywhere across our community—it will take many of us. Together we have the skills and creativity to create this future—each one of us has a role to play.

In Community,

T. Benicio Gonzales, MSW

Former Director, Center for Health Equity
Louisville Metro Department of Public Health and Wellness

Letter from the Interim Medical Director



Inder Singal, MD, MBA
Interim Medical Director

Dear Community Members,

am pleased to introduce the 2024 Health Equity Report, a crucial step towards addressing systemic barriers which prevent marginalized populations from achieving optimal health.

At the Louisville Metro Department of Public Health and Wellness, our mission is to achieve health equity for everyone and every community. We envision a healthy city where everyone enjoys equal opportunities and thrives. But not all community members have a fair and just opportunity to live healthy lives.

Good health is not just about having good genes and making good choices. We must realize that the choices people make are limited to the choices available to them. Historic injustices, poor allocation of resources, and discrimination have created unwarranted situations that have left many of our marginalized communities with few healthy options. We must be intentional in making policy decisions to break the existing barriers to resources, access to care, safe housing, and healthy food, so everyone in Louisville has an equal opportunity to live their healthiest lives.

Since 2011, we have provided <u>health equity reports</u> designed to present data and evidence of barriers our communities face in living a healthy life; barriers that governments, businesses, policymakers, and others with authority have the power to remove.

The 2024 Health Equity Report highlights areas that require continued attention and improvement if we want everyone in every community to experience their best health. The report's findings are grounded in data and research, and it was informed by community engagement and stakeholder input.

This year, we launched a new, interactive companion tool to the Health Equity Report, our first-ever Health Equity Data Dashboard, www.louhealthdata.com. It provides a current snapshot of the city's overall health and includes demographics and data for numerous health outcomes. It also provides analysis of the root causes that affect those outcomes.

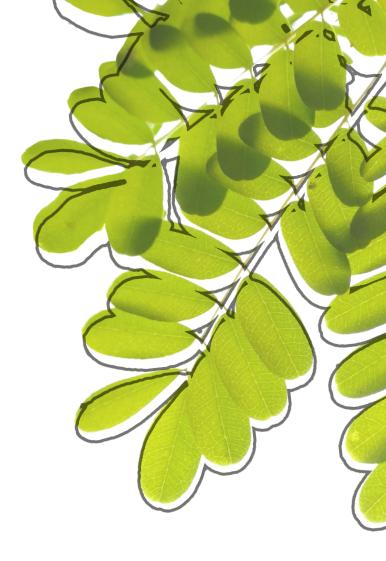
The 2024 Health Equity Report and our new Health Equity Data Dashboard invite us all to work together to create transformational and long-lasting changes, so every person can live a healthy life. We look forward to working with you to advance health equity and create a healthier, more just society for all.

Thank you for your dedication to this critical work.

Sincerely,

Inder Singal, MD, MBA

Interim Medical Director



About the Health Equity Report

The Evolution of the Health Equity Report

his year marks the 17th anniversary of the Louisville Metro Department of Public Health and Wellness' (LMPHW) Center for Health Equity (CHE). In 2006, Dr. Adewale Troutman had the foresight to create a center-the first of its kind in municipal government—to address health inequities in Louisville and the field of public health through shared learning and action.

During our 17-year history, CHE has experienced many changes in programs, policies, educational initiatives, and organizational structure and capacity. However, what remains constant is our focus on addressing health inequities among residents through shared learning about how systems of power, like racism, have an impact on the root causes our residents experiences, and therefore, the patterns we see in life expectancy and other health outcomes across our community.

To advance the work of health equity, we create opportunities

to change the narrative around the definition of what constitutes health, pilot programs for shared decision-making power in our community, use of data to strengthen policy and practice changes, and expand the types of tools we use to evaluate equity in decision-making processes. One tool that has remained a central constant in our work is the Health Equity Report (HER).

In 2011, through a Racial Healing grant from the W.K. Kellogg Foundation, we published our first HER. Guided by a group of local and national community and government agencies, this report helped to introduce Louisville Metro to the concept that differences in life expectancy are not because of individual behavior, but instead related to root causes of health—like income. housing, environmental quality, transportation, and access to healthcare. Research and updated data in 2014 further advanced the narrative that health inequities our residents experience are

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more than the result of individual behavior choices. The choices people make are shaped by the choices people have.

For our 2017 report, the structure evolved as we learned how the report was being used by community partners, current needs, and national learning in the fields of public health and health equity. We started shifting from problem identification and analysis to a better understanding of potential solutions. We introduced the socio-ecological model that illustrates the complex interplay between many levels of society where intervention is needed to shift health outcomes. In this report, we dig deep into the soil of the tree

metaphor to address systems of power and transformation, the next step in our collective understanding of how to work towards health equity. Designing root causes that lead to health and wellness across our community is long-term intentional work that requires conscious efforts from every level of society. We hope this report encourages people to start and deepen their contributions to the significant changes needed towards a Louisville without health inequities; where everyone can experience a long, healthy, and high quality of life.

We also hope there is an evolution in how residents and organizations use our

report to collaborate towards achieving health equity. We know past reports have been used in classrooms and community conversations to help build foundational understandings of how health inequities are created; the data are used to drive programming and grant applications; the tools have helped organizations shift their strategies and theories of change. We are grateful to our partners for their support in this shared work and for allowing us to learn and work with you. We view this report as an invitation to continue our mutual journey towards health equity for our community.

Approach to the 2024 Health Equity Report

Originally scheduled to be the 2020 HER, staff had begun work when a global pandemic disrupted our lives and resulted in the diversion of most public health resources to address COVID-19. The experiences of the past three years have furthered our understanding of how racism and other systems of power shape our community locally and nationally.

As we refocused on developing this report, we felt it was important to return to our roots and collaborate with community to practice shared decision-making. We wanted to engage with the community to contextualize the health inequities that Black residents and other residents of color experience. We also wanted to prioritize conversations about what Louisville could look like

when we take steps to ensure everyone can thrive. This report builds on our past community engagement processes and gives an opportunity for residents and organizations to collectively state their goals and visions for a Louisville where we take active, intentional steps towards health equity.

This led to the creation of the Community Advisory Board (CAB) in October 2020, comprised of 21 residents of varying backgrounds, ages, cultures, races, genders, and geographic locations to help us tell the story of Louisville. These members provided feedback and guidance on every part of the HER from data to community engagement processes to visions to transformative solutions.



In addition to the CAB, some other components of this report that are different from previous HER include:

Online Data Dashboard of Health Outcomes and Root Causes

We recognize mapped data on health outcomes and root causes has been critical to our partners for their community assessments, grant applications, and their ability to advocate. We believe this data is too important to only publish every few years. Going forward, we will publish revised health outcome data annually in a digital format, via the new online dashboard. This will allow more flexibility with data sharing and investigation for our residents. The online dashboard will provide details of health outcomes giving our community partners and residents timely information to better serve our communities.

Community Engagement

Through a call for proposals, we granted five organizations \$2,500 each to help us communicate directly with residents and understand whether the visions the CAB created aligned with that of their experiences. The five organizations were Black Counseling and Consulting Collective, Catholic Charities, Change Today, Change Tomorrow, Redeemer Lutheran Church, and Shawnee Christian Healthcare. The organizations facilitated community engagement to obtain additional input into proposed solutions to solve health inequities.

Policy Sessions

Over the years, we have engaged with Louisville residents in various ways to help us understand what needs to be done to advance health equity. Our inaugural 2011 report brought together local and national experts to discuss what needed to be included and why. For the 2017 report, we engaged with residents during community roundtables and our My Dream for Louisville policy summit. For our community health improvement plan, we pulled together community stakeholders to determine focus areas and goals for Healthy Louisville 2025. The 2024 HER continued with the tradition of collaborative solution-building through seven policy sessions over the summer of 2021 that incorporated input from over 150 individuals. Each session informed one of the seven root cause sections included in the report. They culminated in a comprehensive session where we synthesized themes seen across all root causes, and discussed the high-level goals needed to achieve our community vision for Louisville.

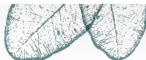
Centering Reimagined Equity & Transformative Empowerment (CREATE) Artists:

or this report, two artists received a \$10,000 stipend each to create an artistic, living layer of the HER.

- Dr. Jabani Bennett's CREATE project aims to conceptualize, curate, and publish a photo book directory of artists of color and/or low-income artists in Louisville. The selection process includes asking artists across disciplines to share recommendations centered in the positive transformation of the collective. The cumulative responses support comprehensive solutions to advance health and cultural equity in our community.
- Dr. Bennett is an award-winning arts education consultant, certified visual arts teacher, and formally trained artist based in the Russell neighborhood of Louisville. With more than a decade of teaching the arts in New York City and Kentucky, Dr. Bennett is passionate about increasing opportunities for underrepresented artists and arts leaders. Now residing in her hometown, she supports efforts toward collective healing in the lives of her students and families through the arts.







Photograph by Amber Thieneman



My work is an acknowledgment of traumas too often experienced by women and a means to foster healing and resilience from them."

Toya Northington's project Dancing in the Rain is a multimedia arts, social justice, and health project that will bring together ten Black women to discuss the joys, sorrow, trauma, and triumph they have experienced in their lives. These discussions will provide the foundation to create stories around their lived experiences. These women will turn those into multimedia narratives or "biomythographies" that combine audio, photography, and video using elements of history, myth, and biography.

- Northington graduated with a Fine Arts degree from Georgia State University. She has exhibited in group and solo exhibitions in Georgia and Kentucky, and in recent years has been involved in several public art projects in Louisville. Working in mixed media and across disciplines, Northington speaks of her work as pushing back at societal expectations, as an act of resistance. As a feminist and social activist, she states, "My work is an acknowledgment of traumas too often experienced by women and a means to foster healing and resilience from them." Northington is the recipient of Art Meets Activism, Artist Enrichment, and The Special grants from the Kentucky Foundation for Women.
- In 2012, Northington founded an art-based, mental health and social justice organization that was the first non-profit organization that employed art-based, trauma-informed programming to address the psychosocial needs of Black girls and LGBTQ+ youth in Louisville. She is currently the executive director of artThrust and the community outreach manager at the Speed Museum.

Health Equity Report Summary

Key Takeaways

The HER actualizes a public record of health equity data and frames this data with a narrative that educates readers on ways to achieve health equity.

- This report is being released as we enter the fourth year of the COVID-19 pandemic.
- In 2020, millions of people in the United States and globally protested racism and the continued violence against Black people by police. Louisville was home to protests that lasted over 100 days after the killing of Louisville residents, Breonna Taylor and David McAtee by police and the Kentucky National Guard.
- In the past few years, natural disasters have gotten more severe, unexpected, and devastating with significant consequences for residents.
- For the first time since releasing these reports, we have seen the overall life expectancy of Americans decrease and the gaps between life expectancy for our residents widen.

Our communities have an array of lived experiences. One goal of this report is to tell those stories to make a case and present context why certain decisions should be made and what those decisions need to be. Health is a human right. We understand health as a complex experience that includes emotional, social, mental, and physical dimensions that create an overall experience of our quality of life. We believe the right to experience a long, healthy, happy life should not be diminished based on socially created categories like wealth, race or ethnicity, gender, or sexual orientation, and yet the systems in our world have made health inequities a reality.



Health equity is the assurance of the conditions for optimal health for all people. Achieving health equity requires valuing all individuals and populations equally, recognizing and rectifying historical injustices, and providing resources according to need."

- DR. CAMARA JONES

Family physician, epidemiologist, adjunct professor at Emory University Rollins School of Public Health

This report represents the natural evolution of LMPHW's health equity work and reflects national best practices in thinking about how to advance health equity.

- To strengthen our analysis of what must be done to create health equity, we have evolved the HER to go deeper into the tree metaphor; the 2011 and 2014 reports emphasized the leaves—the patterns in health outcomes across the community that reflect stark differences in how well and how long people are living.
- The 2017 report more explicitly examined how root causes are connected to the leaves. This connection helps us understand that personal responsibility is not the reason we see health inequity and poor health outcomes. By demonstrating that the choices people make are shaped by the choices people have, we started shifting our focus on solutions to improving the conditions people are experiencing-- improving root causes of health.
- The 2024 report focuses on the relationship between root causes and the soil (systems of power). The root causes are how people experience conditions like housing, employment and more. Systems of power, or the soil, are the values that guide decision-making about how root causes will be designed, and therefore, what health outcomes communities will experience.
- This report gives us tools to understand the ways our values individually and collectively have influenced society, both historically and presently, so that we can intentionally shift our decision-making to advance health equity.



provides context that helps us be clearer about how and why we need to work together to create detailed plans. This report provides visions towards making health a human right that will take many years of concerted efforts to achieve.

The way that resources are used across different levels of society can either create and exacerbate multi-layered public health crises or bring stability and care for the whole community.

Examining power and values in decision-making are critical in determining whether health inequities will continue, or whether we will move towards health equity. In this report, we are advocating for transforming towards systems of "power with."

- A transformation towards health equity requires us to expand our understanding of who the decision makers are. Authority should not outweigh expertise. Expertise comes from study and lived experience.
- Health equity requires that people leave behind "neutrality" in favor of acting in the interests that create individual and community care for each person.
- Developing our understanding of systems transformation can help us to start investing our energy in building new skills and ideas, rather than continuing to invest in narratives (such as those around personal responsibility) or practices that do not advance health equity.



We had many conversations about how the HER is used in the Louisville community. We anticipate that the content and format of this report will be new to many people and might require new skills and ways of thinking to advance health equity.

- Since the release of the 2017 report, we have seen a communitywide shift towards discussing root causes of health and policy change.
- From our conversations, we understand that, historically, this report
 has been used by organizations as an internal educational tool to
 help shape how they use their own resources and/or as a tool to
 justify the resources they request.
- It is imperative that this report helps our community partners in making clear and educated decisions, which lead us all towards the shared goals of health equity.
- We also acknowledge that this report will help us internally in making similar decisions towards health equities. As we reflect and transform, we encourage others to join us on this journey.

This report will go into detail about six major points:

- 1) Health is a human right.
- 2) Existing inequities and crises are accelerating, at the expense of our community's health.
- 3) Everyone invested in ensuring residents can thrive and experience health and wellness must act. Action to create health equity must be guided by an understanding about power and the difference between "power over" and "power with."
- 4) Historical and current practices that embody "power over" in root causes need to be understood so we can start making decisions that embody "power with."

5) Transformation towards health equity will require:

Transforming our processes to:

- Invest in narratives that redefine health as a human right.
- Create systems and build skills for collective decision-making.

Transforming conditions to:

- Ensure every person is housed and has the utilities they need.
- Create different approaches to labor and investment that prioritize supporting all communities and individuals.
- Design communal support systems to be supportive, not punitive, and meet holistic needs for the well-being of all.
- Protect our right to a future with healthy, sustainable environments through collective decision-making that prioritizes people most impacted.
- 6) The vision is possible but will not and cannot happen without our collective commitment to this work. Everyone has a role to play in achieving health equity. We invite you to join us.







I have seen, over and over, the connection between tuning in to what brings aliveness into our systems and being able to access personal, relational and communal power. Conversely, I have seen how denying our full, complex selves—denying our aliveness and our needs as living, sensual beings—increases the chance that we will be at odds with ourselves, our loved ones, our coworkers, and our neighbors on this planet."

- adrienne maree brown

Author, artist, social justice advocate

Since its inception under the Louisville Metro Department of Public Health and Wellness in 2006, CHE staff have engaged with hundreds of people—neighborhood residents, families, youth, leaders of organizations, elected officials, and more. The concept of health always resonates across these conversations.

The Health Equity Reports (2011, 2014, & 2017) have found an audience in Louisville and beyond as a tool to continue shared learning about the systems that impact life expectancy and quality of life and the variability among ZIP codes.

Our residents want to experience fulfillment that only comes from opportunities to live healthy, quality, and joyous lives. They want this for themselves, their family, friends, and the communities in which they live.

However, our ability to create individual and community health and wellness is disrupted by community conditions that create disadvantage for some and advantage



for others. 1.2 The previous HER each demonstrated several health inequities and how many residents do not enjoy the same environment and opportunities to live as long or as well as their peers across town. This fact has resonated deeply across our community. Health inequity deprives society of possibilities.

The possibilities of what can be achieved in society are limited when residents are

unable to experience the full potential of their own health and wellness. Policies and practices that create health inequity contribute to losses in our relationships, creativity, innovations, and overall quality of life. Several studies have attempted to quantify losses due to allowing inequities to continue. A study published by the W.K. Kellogg Foundation with Altarum Institute documents the quantitative

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Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity."

- THE WORLD HEALTH **ORGANIZATION (WHO)**

losses in productivity, increases in healthcare costs, and lack of growth for businesses and economies that stem from inequities. 4,5 But the true impact of losses may never be fully known due to the sheer magnitude of harm that health inequity creates for people.

The WHO constitution defines health as "a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity."6

Health is not just whether someone has diabetes or heart disease; health is also about daily life experiences, environments where we live, work, learn, and play, and opportunities to live a joyous and healthy life. For this reason, we changed our name from the "Health Department" to the "Department of Public Health and Wellness" in 2015 to embrace the interconnectedness between health and wellness and overall quality of life.

Health is created together and individually. Health comes in part from our genetic and biological processes. Health also comes from our environment that is shaped by individuals, organizations, and public policies. These systems create conditions that support or hinder our ability to live a full, long, quality life.

WHO affirms that "the enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition."6

Health is a human right that must be supported by policies and practices. A report from the Office of the United Nations High Commissioner for Human Rights affirms that the right to health is not just about healthcare, but rather the creation of community conditions that allow people to access what they need to realize their full potential such as safe, clean water, air, housing, and food.7

Currently, all residents in Louisville do not experience health as a human right. Systems of power like racism unnaturally alter the life course for residents due to policies and decision making that reinforce patterns of inequities. To ensure that health is truly a human right, we must address the conditions that prevent it from being a reality.



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What is the role of public health?

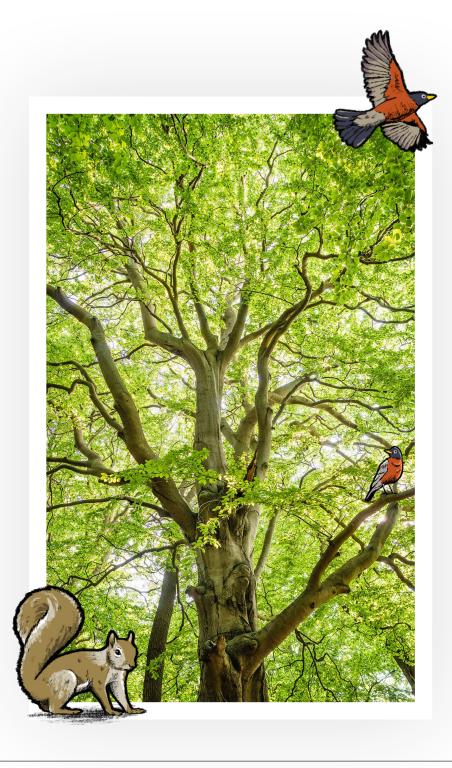
The role of public health is to coordinate and create the conditions to make health a human right. CEA Winslow, founder of Yale School of Public Health, describes public health as "the science and art of preventing disease, prolonging life, and promoting health through the organized efforts and informed choices of society, organizations, public and private communities, and individuals."9

The fundamental goal of the field of public health is to ensure that every individual and every community has equal opportunity to thrive physically, mentally, emotionally, socially, and more. This means residents are living longer, healthier, higher-quality lives, and we intentionally and deliberately create systems in our community where this vision becomes reality for everyone.

Throughout the history of public health in the United States, there has been tension on how to support community health. In the late 1800s, public health aligned itself with the idea that environmental and social conditions were crucial to creating health. 10 Many public health efforts revolved around housing reforms and neighborhood improvements, sanitation including water and sewage, and even labor reform. However, by the early 1900s, improvements in science, technology and the understanding of infectious diseases shifted public health efforts towards individuals and their behaviors. 10 This came in a context where the goal was to narrow the scope of public health, to be more "efficient," and coincided with

The enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition."





the timing of an increasing acceptance of eugenics theories. This shift meant that public health efforts of the past century emphasized individual behavior and medical interventions as the answers to creating population health changes and better health outcomes.

More recently, there has been an emerging, accepted shift in the field towards a health equity analysis. Even prior to COVID-19, the United States has struggled to see improvements in life expectancy as chronic diseases became the leading cause of death and decades long emphasis on individual behavior such as eating better or exercising more, has not been effective at improving population-level health. Instead, these practices reinforce stigma and shame by placing the blame on individuals when persistent differences in racial and other health inequities cannot be explained through individual behavior alone.

There is a growing call for public health to return to its roots and go deeper to address the social and economic factors that shape the health outcomes of our residents. Healthy People 2030, a nationwide effort to plan public health initiatives and track progress, recognizes the need for health equity and the importance of housing, neighborhoods, economic stability, education and more for the health of our community.¹³

The Centers for Disease Control and Prevention presented the Public Health 3.0 framework for successfully addressing the conditions, or root causes of health inequities. 14 Public Health 3.0 identifies public health leaders as the "Chief Health Strategist"

who pulls many sectors together to create decisions that will support the health of all individuals in a community. In Louisville and some communities, this is the local health department director's role. The framework also highlights the need for expanded funding, data, and collaboration in order to realize the conditions needed for health equity.

The "Health in All Policies" approach recognizes that health is impacted by every policy, regardless of how immediate or distant the relation might seem. 15 This requires thinking through how root cause decisions and policies, like housing, economic stability, or neighborhood development, will impact the health and quality of life of residents and making decisions that are in the interest of residents having good health outcomes. Several studies have shown that investments in public health and prevention have a

positive return on investment and they provide long term value by preventing more costly events later in life.¹⁶

While many frameworks are emerging in the field that supports a focus on root causes, sustainable change is not possible without directly challenging the power dynamics that reinforce oppression and injustice and create health inequity. This evolution in the field of public health will require all of us to make shifts—in mindset, concentration of power, decision-making roles, risk taking, policy and practice, and much more—so that decisions and resources best support long, healthy lives for our residents. This is not work that traditional public health professionals do alone. This requires coordinated efforts between residents, organizations, and decision-makers to ensure a Louisville where everyone can thrive.

In the 2024 HER, we invite everyone who is ready to join us in going deeper with health equity work as we continue our learning journey and advocacy on how to best advance health and wellness for our residents.

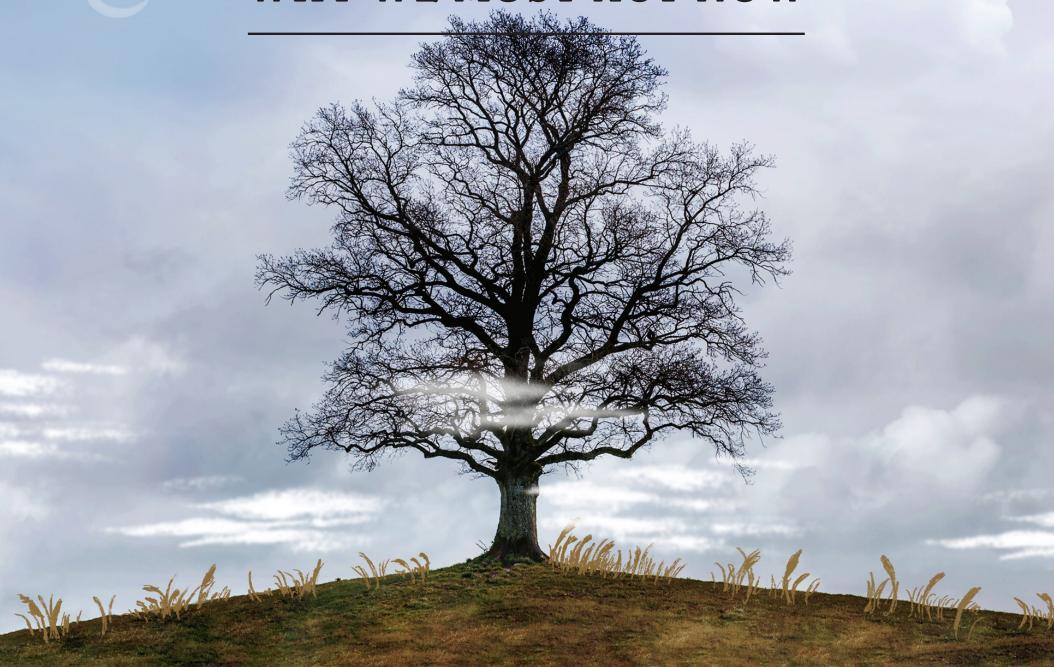
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Key Takeaways

- 1 Health is a human right.
- 2 Health is about whether people can thrive physically, mentally, emotionally, and socially, **not just whether they have access to a doctor.**
- Our residents want to be able to experience the fullness of their own potential that comes with living long, healthy, high-quality lives. They want this for themselves, their families, friends, and the communities in which they live.
- 4 Our ability to create individual and community health and wellness has been disrupted by community conditions that historically and currently create disadvantages for some and advantages for others.
- **5** Health inequity is costly—it reduces creativity and innovation, increases healthcare costs, has negative economic impact, and more.
- The role of public health is to create community conditions that guarantee health as a human right. Over time this role has evolved, but recent frameworks focus on the need to use a health equity lens to make decisions and allocate resources that best support long, healthy lives for all our residents.
- 7 The work of advancing health equity is not the sole responsibility of traditional public health professionals. It requires collaboration between residents, organizations, and decision-makers.

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WHY WE MUST ACT NOW





The current situation also underlines the interconnectedness between all of us and our planet. It reveals, as we have been trying to show for many years, that when one person suffers, we all experience the effects of that suffering. We do belong to each other and to the earth. Now more than ever we see how it is in everyone's best interest, including those who are more privileged, to ensure the well-being of all. Our collective health is only as strong as the weakest and most vulnerable members of society."

- John A. Powell

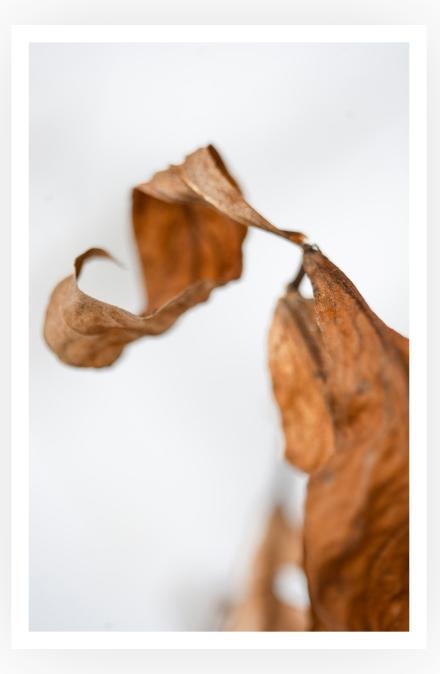
Author, founding director of the Othering and Belonging Institute

he United States, and even the world, is in a state of crisis created and driven by human-made systems. Our current social systems are not built to support humans throughout their life course. The design of these systems creates divides where some are not able to meet their basic needs, such as food and housing, while others thrive.^{1,2}

Immediate and long-term changes are necessary to create and sustain systems that will support healthy communities. The scale and urgency of the crises we face requires action. COVID-19 has taught us many lessons and granted us an opportunity to reset. We know that together, as a community, we can overcome barriers to health equity. These visions and ideas will be discussed in Sections Five and Six.

Life expectancy is often used as a measure of overall community health because it helps show the impact of environmental factors contributing to health and health inequities. It describes how long someone who is born now might expect to live based on the average ages at which people in our current population are dying. For the first time since World War II, the United States life expectancy has declined 1.5 years from 78.8 in 2019 to 77.3 in 2020.3

Overall, American life expectancy has not seen the gains that other countries have made since the 1980s, and we continue to observe persistent differences in life expectancy by racial/ethnic group, income level, housing status, and more.4-8



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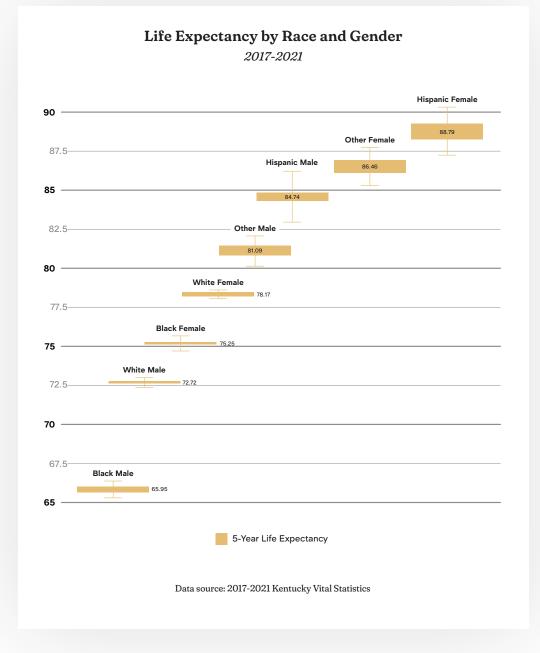
The current life expectancy for Jefferson County residents is about 74.8 years. White residents have a life expectancy of 75.4 years, while Black residents are expected to live 70.7 years—or four years less. Hispanic/Latinx residents and residents who are Native American, Asian, or other races can expect to live 86.5 and 83.9 years respectively. Over the past several years, we have seen population-level declines in life expectancy across geography and race/ethnicity.

To better understand these trends and inequities, we look to bodies of academic literature, other sources of secondary data, and qualitative data that we have collected through various projects.

The impact of racism negatively shapes Black residents' experiences and opportunities, contributing to shorter life expectancies. ¹⁰⁻¹³ Multiple studies have found statistically significant correlation between counties with the lowest life expectancy and those who experienced the most lynchings. ¹⁴

Higher life expectancy of Hispanic/Latinx residents and residents who are Native American, Asian, or other races could be due to many factors. These groups make up a much smaller percentage of the overall Louisville population, meaning that data may be subject to more statistical variation. Research has also shown that Hispanic/Latinx, Asian, and populations of other races are disproportionately immigrants. Immigrants have been documented to have healthier outcomes in the first generations of living in the

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United States; one potential reason is that those who are most likely to immigrate are the most able-bodied, but subsequent generations become more subject to the root causes they experience in the United States. 15,16

Health outcomes are also patterned by gender.

In Louisville, life expectancy is higher for women than men of the same racial/ethnic group.9 This is a pattern that is seen globally and historically. 17 However, while women may live longer, they are also more likely to experience more years of disability.¹⁸ Women, transgender and gender nonconforming individuals are far more likely to experience gender-based violence, which can increase risk for death from suicide or homicide. 19

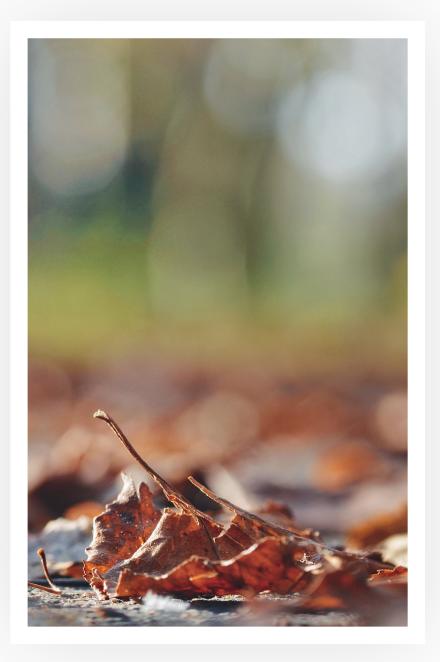
Inequities in life expectancy also follow geographic patterns that align with racial and ethnic demographics and income. The Northwest Core, where predominantly Black residents live, experiences the lowest life expectancy (65.4 years), which is over 15 years less than market areas in the eastern part of the county, where predominantly White residents live. The complexity of life expectancy highlights the cumulative impacts of genetic,

biological, behavioral, social, and environmental differences.

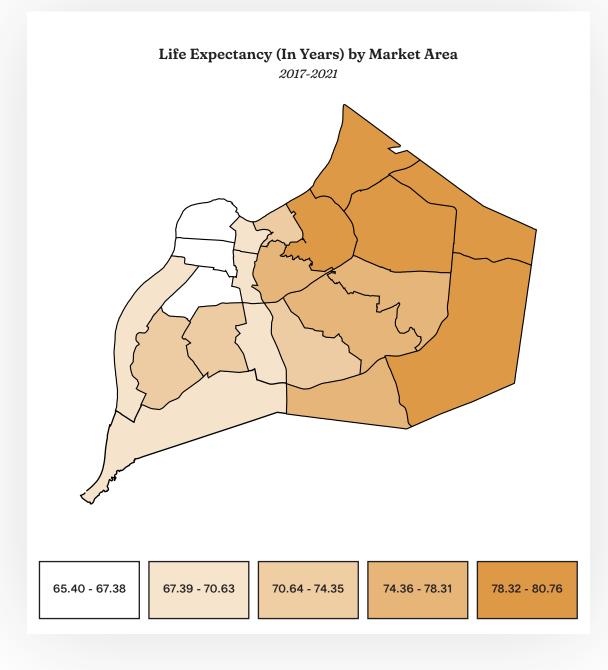
Similar patterns of inequity reveal themselves when examining the leading causes of death for Jefferson County, heart disease and cancer. Black residents experience these causes of death at higher rates than any other racial/ethnic group. Hispanic/Latinx residents have lower rates of heart disease and cancer than the county, however, their leading cause of death is cancer, not heart disease, which varies from every other racial/ethnic group.⁹

Unintentional injuries (overdoses and motor vehicle/bike/pedestrian crashes) are the third leading cause of death for the whole county—as well as for White, Black, and Hispanic/Latinx residents—and it is the fourth leading cause of death for residents who are Native American, Asian, or other races. In Jefferson County, males tend to have higher death rates due to unintentional injury, especially Black Non-Hispanic males followed by White Non-Hispanic males.9

For White residents, chronic lung disease is the fourth leading cause of death. For Black residents, homicide is the fourth leading cause of death. Studies have shown that gun violence correlates with the level of residential segregation experienced in cities; racial segregation also correlates with long-term lack of investment in Black communities, contributing to lower wages and ability to meet basic needs. The patterns between gun violence and residential segregation, or racial segregation and lack



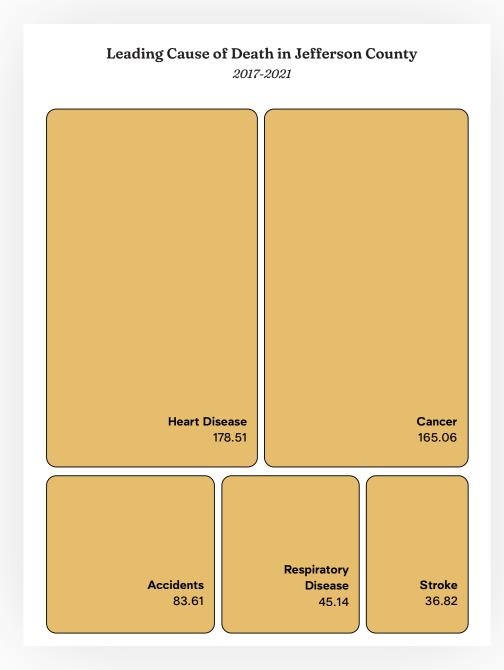
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of investment, are related to each other because they are caused by common systemic factors which all help to drive homicide as a leading cause of death for Black residents compared to residents of other racial/ethnic groups.^{20,21}

The period of our newest data also coincides with the COVID-19 pandemic, which led to historical deaths and illness in the United States. There are direct and indirect effects of COVID-19 on life expectancy and death rates for our community. Some studies have shown that COVID-19 contributed to lowering life expectancy and increasing excess deaths in the United States.²² Several underlying health conditions increased the likelihood of dying from COVID-19, which may have affected death rates from other diseases.²³ Other studies show that COVID-19 likely worsened existing health conditions and inequities due to delay in accessing care for chronic

Data source: 2017-2021 Kentucky Vital Statistics



conditions such as heart disease, high blood pressure, and diabetes during the COVID-19 pandemic.²⁴ Of the many lessons learned from COVID-19, the most important one is the impact of systems failure that is far more exaggerated in communities of color. These communities have a historic lack of accessibility to healthcare resources that was even more obvious during the pandemic. In almost every root cause of health, existing racial, ethnic, and income inequities worsened.²⁵⁻²⁷ During COVID-19, national data revealed that Black and Hispanic/Latinx residents saw the biggest decreases in life expectancy; this can be contributed to worsening of already significant inequities in root causes nationwide.²⁸ Public health responded quickly to the pandemic by distributing masks, developing tests, tracking cases, and sharing information. However, the chronic underfunding of public health infrastructure prevented the response from being as comprehensive, clear, and coordinated as it could have been.²⁹ As of June 2022, over 1 mil-

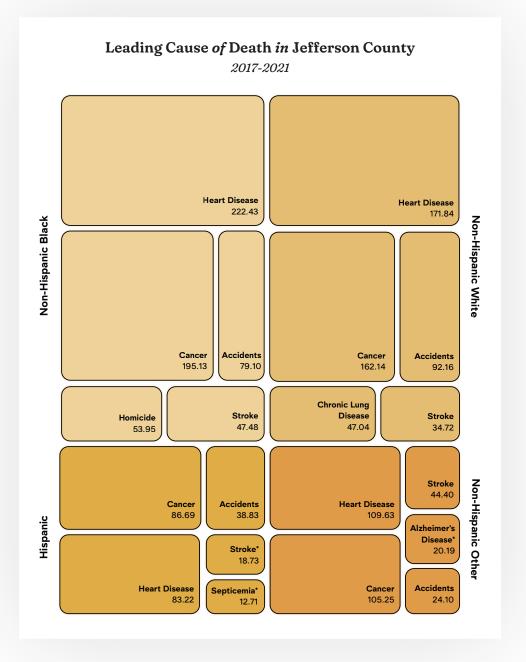
This is a tree map. The higher the rate, the larger the box to demonstrate the differences between causes of death.

lion Americans had died from COVID-19, with almost

Data source: 2017-2021 Kentucky Vital Statistics. Age adjusted rates per 100,000.

2,400 of these deaths in Louisville. Since the early 1900s, the United States has seen a shift where infectious disease was no longer a leading cause of death; however, in 2020, COVID-19 was the fourth leading cause of death overall in the United States. Americans have borne high costs of the pandemic despite the US being one of the world's wealthiest countries. 30 This can partially be attributed to the underfunding of public health—less than 3% of the \$3.6 trillion spent annually on healthcare goes to public health and prevention. Over the past twenty years, federal investments in public health have decreased. During the pandemic, public health agencies created and analyzed data, shared messages about what to do with community, and developed partnerships and programs to help meet the needs of residents.²⁹ However, given the combination of underfunding, workforce shortages, and the need for new models and innovations in public health practice, the response failed to prevent the pandemic from becoming a mass death event.

Data source: 2017-2021 Kentucky Vital Statistics. Age adjusted rates per 100,000. *Unstable rates are defined by the CDC as statistically unreliable when the numerator is less than 20.





contribute to pollution and emission of greenhouse gases have significantly changed the Earth's climate, resulting in global warming.31 Climate change—the increase in the overall temperature of the earth—has contributed to more frequent and intense natural disasters such as flooding, droughts, heat waves, tornadoes, fires and air pollution that are killing and injuring unprecedented numbers of Americans and global residents. 32-34 For example, unprecedented tornadoes caused immense destruction in Western Kentucky in December of 2021.35 Climate change also impacts our ability to grow food and increases our exposure to zoonotic diseases, which creates opportunities for additional pandemics.³⁶ Residents who are isolated from resources live in areas that are most likely to be negatively impacted

themselves before, during, and after a catastrophic event. 37,38 A New England Journal of Medicine editorial signed by almost every editor of a major academic journal worldwide called for emergency action to address climate change with significant action: "The consequences of the environmental crisis fall disproportionately on those countries and communities that have contributed least to the problem and are least able to mitigate the harms. Yet no country, no matter how wealthy, can shield itself from these impacts. Allowing the consequences to fall disproportionately on the most vulnerable will breed more conflict, food insecurity, forced displacement, and zoonotic disease—with severe implications for all countries and communities. To achieve these targets, governments must make fundamental changes

to how our societies and economies are organized and how we live." ³⁹

Conflicts, civil and international wars, violence, political repression and climate change have created one of the biggest crises of forced displacement in global history. 40,41 People who are displaced are often subjected to illness and disease due to lack of access to clean water and food, increased exposure to infectious disease, lack of sufficient shelter, medical services and more. 41

In addition to chronic experiences with crises and scarcity, hate crimes have also been increasing over the past several years. In 2020, the United States experienced the highest level of reported hate crimes in over 12 years. The true magnitude of these crimes is likely even greater as hate crimes are historically underreported. A majority of those

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impacted—almost 62%—reported that the crime was related to discrimination against their race and ethnicity. 43,44 Black residents experienced the most hate crimes, and along with Asian-American Pacific Islanders, saw the highest increase in 2020.45 Fifty-five percent of reported offenders were White. Most of these crimes were intimidation or some form of assault.43 Attorney General Merrick Garland noted that the purpose of hate crimes is to "instill fear across entire communities."45 This fear maintains the unjust power dynamics that continue creating and accelerating crises across society.

Domestically, decision-makers have prioritized investing in systems of policing, incarceration, and criminal justice. This is a public health concern. The American Public Health Association and the National Association of County and City Health Officials have released policy statements condemning the impact of law enforcement and carceral systems on health. 46-48

For example, a 2019 study found police violence to be a leading cause of death for young men in the United States, with Black men being at the highest risk.⁴⁹ In Louisville, the police killing of Breonna Taylor in 2020—shortly after the first cases of COVID-19 were diagnosed locally—resulted in several months of protests and calls for reform and accountability both for the officers involved and the system of policing. In the United States, wealth inequality continues to accelerate. 50 Many residents are struggling to survive while others continue to accumulate wealth. This has been made possible by a combination of policies, including tax policy where people in poverty proportionally contribute more of their income to the shared tax base than people with significant wealth.⁵¹ The United States' racial wealth gap is significant; the median wealth of a Black family is less than 15% of the median wealth of White families (\$24,100 compared to \$188,200); the median wealth of a Hispanic family

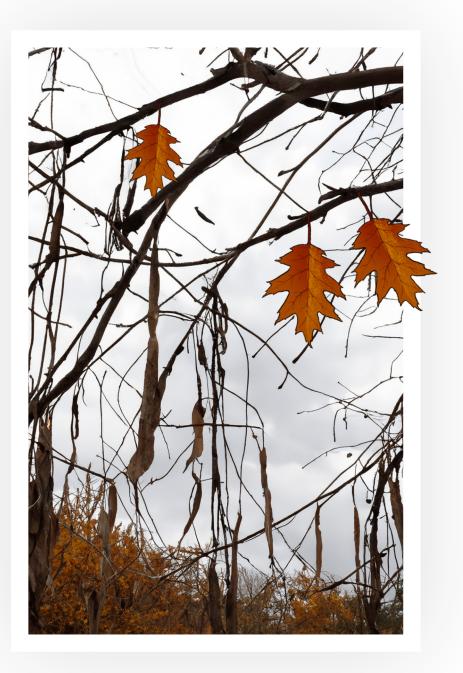
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(\$36,100) is less than 20% that of White families.⁵² This means that families of color are often one emergency expense away from a state of financial and housing instability and crisis. A study of 2018 data showed that \$400 worth of emergency expenses could be enough to cause economic instability for a family.⁵³ These racial differences result from hundreds of years of exclusionary policies and practices that have never been corrected.⁵⁴

The choices people make are shaped by the choices people have. Choices can be limited based on unfair and unequal marginalization of opportunities and resources.

No individual chooses to live with scarcity of resources if quality resources for health and wellness are available. Resource scarcity is created when decisions to control resources and opportunities are only available for the few.⁵⁵ For example, housing crises occur when housing stock and availability is restricted, causing housing costs to increase in a way that far outpaces the wages of most people. This isolates many people from quality housing and increases the number of people put on the path of eviction and homelessness.

The entire community is impacted when individuals experience crisis. There are immediate impacts, such as increases in overall violence levels because people are pitted against each other due to unaddressed trauma and competition for scarce resources. There are also longer-term impacts. This includes the inability to



enjoy the creativity and advancement of our society that results when everyone can participate to their full ability. Systems that create crisis impact how connected people are to each other, how expansive networks of support are, and whether residents experience a sense of belonging and ability to create the community they want and deserve. Long-term impacts also include the design of community-wide systems that are unable to protect society during daily life and in crisis—as seen most clearly

in recent years during the COVID-19 pandemic. If we believe that human-designed systems resulted in these crises, we then should be able to change the course.

We have the science and the tools required to prevent all these crises and protect health and quality of life. Transformation to advance health equity requires changing financial allocations, the way we collaborate, make decisions, and take risks. We must also understand that short-term urgency is not enough to sustain long-term

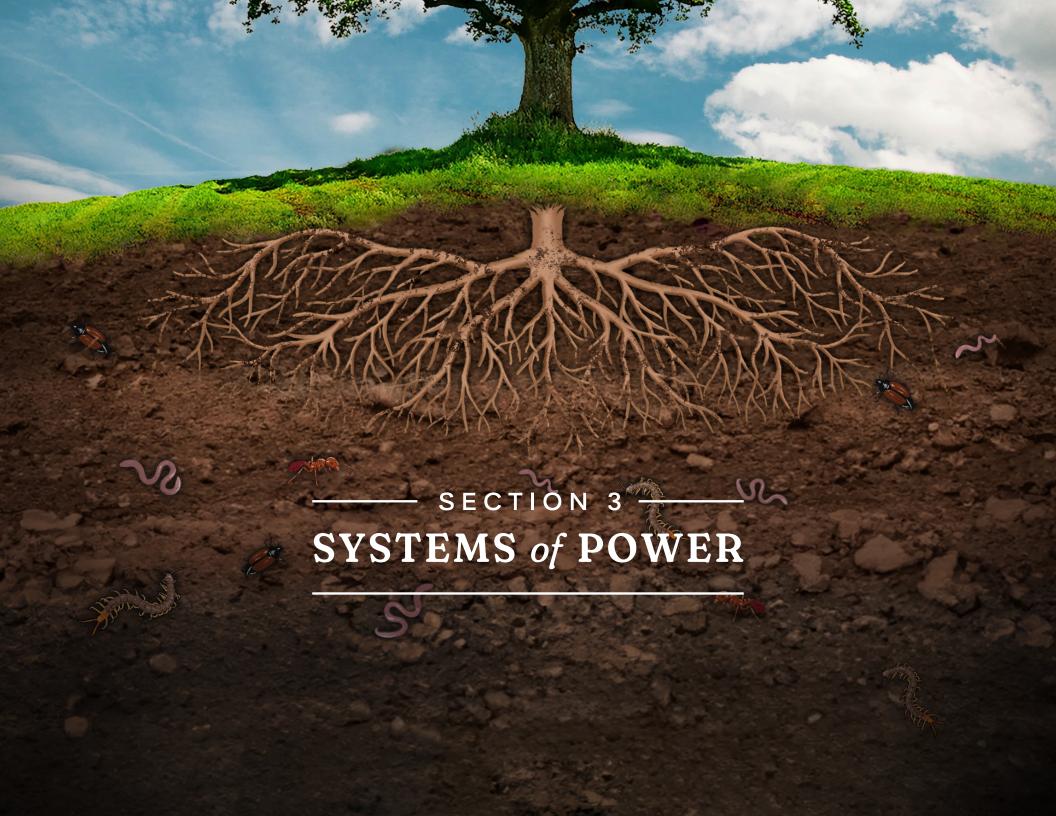
change; this work will require lifetime commitment because these harmful policies and practices have been built over decades. Short-term work will not sustain a vision for change, but the work we do now can help create the conditions for long-term change. As we build towards a more equitable future, we must also find new ways to check in and understand whether the changes we are making are appropriate and moving us towards our vision.



Key Takeaways

- Humans have created social systems that do not support long, healthy, high-quality lives for all members of the community.
- Crises contributing to shortened life expectancies and health disparities include climate change resulting in more frequent and intense natural disasters; forced displacement of humans from one country to another; unprecedented levels of wealth inequality and further increase in racial wealth gap; an increase in racially motivated hate crimes; and the global COVID-19 pandemic.
- For the first time in decades, the United States life expectancy has declined.
- Racial and geographic inequities in life expectancy and health outcomes continue to exist in Louisville.
- The cost of inaction is too great.

 We must move with urgency to begin the work, but with the patience to understand that shifting systems will take time.
- We have the science and the tools to prevent all these crises, to protect health and quality of life, and to make the investments and decisions towards transformation that supports us all living our full human potential.





While history is what happened, it is also, just as important, how we think about what happened and what we unearth and choose to remember about what happened."

- Nikole Hannah-Jones

Investigative reporter, New York Times Magazine



rothe past hundred years, the most widespread understanding—or dominant narrative—about health is that it is created through individual actions; individual behavior choices dictate the health outcomes. "Wrong" individual choices are blamed for chronic diseases such as diabetes and heart disease. This narrative is demoralizing. This dominant narrative also leads to health strategies that are designed to focus on educational tools, awareness, and outreach to help people be more "responsible" and make "better choices." However, strategies focused only on behavior change are ineffective at creating improvements in population health and addressing racial inequities.

Health equity offers a different understanding of health—that the choices people make are limited to the choices people have. This analysis recognizes that health outcomes are not merely related to individual behavior and choice. Instead, worse health outcomes are due to lack of resources needed to support physical, emotional, and social needs. Shifting the understanding that health

outcomes are related to lack of resources not merely individual choices will help us create systemic changes.

In the 2017 HER, we introduced the tree metaphor to advance the understanding that health of a community is dependent on community decisions and actions. The tree metaphor clarifies that patterns in health outcomes, like cancer or heart disease, (leaves, flowers, or fruits) are impacted by patterns in community conditions, like housing, education, and employment (roots) that are created by decision-making and determine the priorities for using community resources (soil).

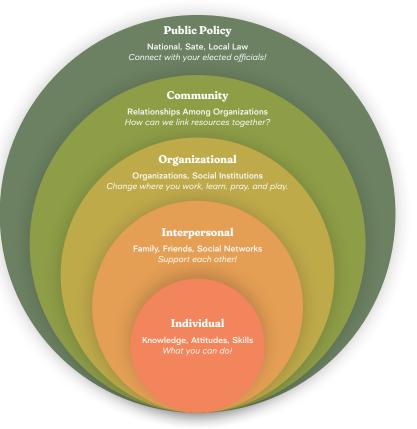
The soil is systems of power—the cultural values that design decision-making around all root causes. For example, racism led to decisions about who would receive home loans, a process known as redlining.¹ Home loans are an important part of being able to access housing, a critical root cause of health The city has also documented how racism in city planning and zoning impacted segregation and long-term allocation of resources.²

We cannot expect a tree to flourish with leaves, flowers, or fruits until we attend to the soil—the system and community decisions. To help identify strategies and solutions for health equity, the 2017 HER introduced the levels of society, or the socio-ecological model. Individuals and their behavior are impacted by and nested in many layers of society including their relationships with others, organizations within communities, and the public policies and resourcing that determine official society rules and investments. The decisions with the largest impact on society have the greatest power to define the available choices people have.

To improve current community conditions, it is important to dig deeper and develop community-level understanding about the relationship between the choices available to residents and power. To better understand this relationship, Section Three will explore:

- 1) A definition for power
- 2) Power and history
- 3) How power can support health and wellness

By understanding the past and present impact of power on health and wellness, we can make better individual and collaborative decisions towards health equity. Having clarity about the relationship between power and health also allows for identification and implementation of different strategies, interventions, and resource investments to avoid recreating current dynamics that contribute to health inequities.





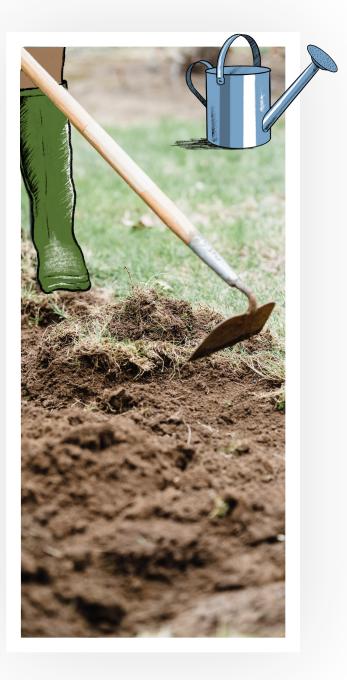
What is Power?

Many people over the decades have worked to describe the concept of power. Dr. Martin Luther King Jr. defined power as "the ability to achieve a purpose." The impact of power—whether good or bad—depends on the values and purpose.

Positive experiences with power support autonomy and collaboration that can advance health equity. ^{5,6} These are different from negative experiences with power that include "power over" others to maintain dominance and control, limiting the ability for all to thrive.

Systems of Power	Description	How Values Show Up
Power Over	"Power over" is domination, control, and limiting power for some individuals to create inequities in the opportunities and resources needed to live a healthy life for many others in the community.	 Not all people have the same opportunities and resources. People are excluded from decision-making on the policies and practices that impact their health and the health of their communities. Crises and inequities are created and maintained.
Power With	"Power with" is collaboration, empowerment, and interconnectedness to ensure everyone has the resources they need to thrive.	 Supports autonomy. Resources and opportunities are available to everyone. Ensures communities most impacted by inequities as well as those who are underserved, underrepresented, and historically marginalized are influencing decisions. People with diverse backgrounds and experiences are brought together and engage in collaborative decision-making.

Systems of power are the cultural values that shape community-wide decision-making, or the soil in the tree metaphor that determines how root causes are experienced across society by organizing and allocation of resources and opportunities. Throughout history, as small and large communities are formed, people have created systems to meet group needs. Creating routines and regular patterns is a natural action for humans. These systems are important for health, wellness, and a functioning society, but their impact depends on the guiding values that create the systems.





How Systems of Power Hurt Health and Wellness

Racism is one example of a "power over" system that hurts health and wellness. Despite ongoing recent discussions of racism, the history and ongoing impact of racism is not widely understood. As a result, people have a limited understanding of what racism is and its impacts, which helps maintain the power dynamics of racism. The dominant narrative about racism emphasizes individual intentions and behaviors, like implicit biases and individual actions. This narrative underemphasizes racism as a system of power and control, including how resources are invested differently across communities and who has the power to decide. The dominant narrative leads to an incomplete understanding of racism and limits possibilities for strategies designed to effectively resolve it. By understanding racism as a system of power, the focus will shift to power of community-wide decision-making, the values that guide those decisions, and the impact of those decisions.



Racism, defined:



A system that structures opportunity and assigns value based on phenotype [race] that unfairly [concentrates] disadvantages [for] some individuals and communities [AND] unfairly [concentrates] advantages [for] other individuals and communities. This undermines the realization of the full potential of society by wasting human resources."7

- DR. CAMARA JONES

When power over systems prioritize racist values, institutions and systems limit opportunities available to people of color, while White residents can thrive. Scarcity and crisis are experienced by non-White people and communities of color when policies, programs, and funding restrict access to resources, choices, cultural expression, and more.

In addition to racism, there are other "power over" systems across identity categories that work similarly by limiting the possibility for some while benefitting others. Definitions of these terms are widely available. We have adapted them to match the form of Dr. Jones' description of racism, so the ways in which certain groups are disadvantaged while others benefit is clearer. See the following pages for examples.

Identity: Physical & Mental "Power Over" System: Ableism

Description:

A system designed only for some physical and mental abilities (able-bodied) while excluding others. This limits the life path for many with other abilities (disabilities).

How Society is Limited & Health is Impacted:

Opportunities are limited when people invest resources to support people who are "able-bodied" while withholding resources for people with disabilities. This includes designing physical locations that exclude people with various disabilities, like homes without accessible features or public spaces that overstimulate the senses. It also means creating social and economic settings that stigmatize and isolate people with disabilities, like employment policies that do not allow for sick time or punishing the consequences of untreated mental illness. Investing only in one way for people to connect and participate in life contributes to stigma in society like the idea that disabled people have less value and lower-quality lives, or that having a disability is a flaw or abnormality rather than embracing that everyone may have different needs and supports systems that must be met to fully thrive. Without investment into meeting unique needs, people with varying abilities experience social isolation, increased levels of poverty, worsened health care, and financial instability-all leading to worsened health outcomes. While people with disabilities are uniquely impacted, all people suffer from a society that undermines the importance of taking care of various forms of abilities.

Identity: Age "Power Over" System: Ageism

Description:

A system where age is the primary factor in determining someone's capabilities. Often this system reduces autonomy for those who are elderly and young people.

How Society is Limited & Health is Impacted:

Resources are prioritized for people who are "prime working age" (for example, ages 25-50 years old) and limit opportunities for children and older adults. This system of power leads to employment discrimination, enacting policies that unfairly limit who can have input on decisions that affect them across their life, age-based stereotypes, and discrimination like viewing people who are younger as irresponsible, and isolating people once they are no longer able to work in their later years. Ageism contributes to worse physical and mental health across the life span, including increased social isolation, limited access to employment opportunities and experiences beyond work, and financial insecurity.

Identity: Income & Wealth "Power Over" System: Classism

Description:

A system that creates circumstances where a few control a large share of wealth and resources at the expense of those who are forced into low wages. This often leads to few people in control or able to influence policy decisions that affect the majority.

How Society is Limited & Health is Impacted:

The system is designed to maintain and increase wealth for those who have it by creating poverty and financial instability for others. This includes control over life-affirming resources, like housing, land, food, and money. Rather than create social systems that support the shared basic needs of everyone, systems are created that monitor and control the way people in poverty navigate their lives. People with wealth have perceived greater power to influence policy-level decisions that shape the conditions people experience. Resources are privatized and optimized for profit which means many life-sustaining resources are not easily accessible to the majority. Not having easy, affordable access to life-sustaining resources, many people are often forced to make unhealthy choices and poor health outcomes.

Identity: Sexual Orientation "Power Over" System: Homophobia

Description:

A system designed around which romantic and sexual partnerships are valued, where gender roles are defined for heterosexual partnerships and set as the only acceptable norm. Partnerships and lifestyles that are queer or homosexual are othered or alienated.

How Society is Limited & Health is Impacted:

People invest resources into prioritizing a culture where men and women are in romantic heterosexual relationships and marry each other, while withholding resources for people who do not align with this ideal. Examples include narrowing the definition of marriage to only allow for men and women to marry each other, exclusively maintaining benefits for married couples, creating immense social stigma against romantic relationships between same gender couples. In many cases, homophobia is used as validation for excluding someone from the community they grew up in and denying opportunities for employment, housing, and affirming healthcare. The social priority for heterosexual individuals and couples and the social stigma against non-heterosexual individuals and couples has many obvious and non-obvious impacts such as feeling stigmatized or experiencing mental health burdens. It also creates narrow definitions of family and social support, including what types of relationships are accepted, and who is prioritized for raising children. Homophobia worsens health outcomes by creating social isolation and shame, increasing experiences with violence, and creating financial instability.

Identity: Cultural or Spiritual Beliefs

"Power Over" System: Religious Persecution or Discrimination

Description:

A system design that uses community-wide resources and systems of punishment to value some religious and cultural ideologies more than others. Religious ideologies and institutions may influence secular institutions in ways that negatively affect those in the non-dominant religion.

How Society is Limited & Health is Impacted:

Society is designed to value and resource Puritan and Christian ideologies more than others. This includes drafting and enforcing laws and punishment that align with the moral beliefs of the religion into community-wide decisions while actively suppressing the cultural and religious beliefs of others. For example, laws on LGBTQ+ rights, cultural traditions, marriage, reproductive rights and even individualism are based in Puritan beliefs, while Native traditions and ancestral African religious practices were outlawed and punished if practiced for generations. Creating a dominant culture that values adherence to a strict standard for how life is lived leads to social stigma and shame.

Identity: Gender Performance "Power Over" System: Sexism

Description:

A system designed where heterosexual men concentrate their power by limiting the life path of women, children, and lesbian, gay, bisexual, transgender, and queer (LGBTQ) people. Primarily, sexism explains the power relationship between men and women—where womanhood is considered biological, and things connected to the idea of women are considered weaker and inferior. "Men" are considered biologically superior. Sexism and transphobia are closely linked.

How Society is Limited & Health is Impacted:

Policies and practices have been designed to privilege men, especially heterosexual men, while limiting resources and opportunities for girls, women, and gender non-conforming people in the stereotypical way. This includes defining and segregating work by gender, for example valuing masculinity so that men are often the decision-makers and leaders of institutions and businesses, while women are concentrated in non-decision-making and homemaking roles. At the same time, society is designed to prioritize, concentrate, and resource the work done by men while undervaluing the work that women disproportionately contribute to society. This leads to financial instability and threat of violence for women and overwhelming lack of social investment into homemaking and caretaking needs. Sexism impacts everyone in society by teaching people that softness, empathy, care, and love are "feminine" and therefore weak or bad. Men especially are taught to suppress their emotions, and women who are direct are seen as "aggressive" and threatening to status quo. These gender roles create higher risk for physical violence from men in relationships and communities. With limiting ideas of who can achieve and perform, society is limited from experiencing our full potential of innovations and creation.

Identity: Gender Identity

"Power Over" System: Transphobia

Description:

A system design that defines a specific set of identities and behaviors assigned to two genders—boy/man and girl/woman. In this system, gender identity and performance are enforced and limits the life path for many who do not identify with the gender and gender performance assigned to them. Transphobia and sexism are closely linked.

How Society is Limited & Health is Impacted:

Society is designed to allocate resources for people who identify with the gender performance they were assigned while limiting resources and the life paths for those who do not. This includes defining for people from the earliest life stages what is appropriate and inappropriate based on their understood gender and justifying violence when people stray from those categories. This allows for people to prioritize housing, jobs, and other opportunities for people who identify with the gender identity assigned to them, while creating increased financial instability, homelessness, and discrimination for trans people. To be protected and seen as a "real person," people are limited to very narrow life paths for how they are allowed to express themselves. Transphobia creates worse health outcomes by creating social stigma and isolation while also disrupting creativity and freedom of individual expression.

Identity: Place of Birth

"Power Over" System: Xenophobia

Description:

A system where those who are currently occupying land create rules and policies to favor some and prevent others from immigrating and participating in society as equals.

How Society is Limited & Health is Impacted:

Societies that have forcibly claimed land define an in-group of who "belongs" and limit resources and the life path for those who do not "belong." This includes the fact that colonists who forcibly claimed land then created an immigration system that prioritizes people from some countries while punishing people immigrating from others. For people who have immigrated, systems are created that create jobs with poverty-level wages, citizenship processes with administrative barriers, and social stigma. Additionally, land is divided so that ownership can be retained by those who "belong," rather than maintained according to its natural ecosystem. This prevents us from creating a highly innovative, robust society with innovative ideas, increased economic growth, and a sustainable environment. It puts individuals and communities in precarious economic situations where they are more likely to experience worse health outcomes and potentially violence.



Systems of power are created when community-wide resources are organized around sets of values. Within each of these "power over" systems described above, rules are created and enforced that categorize people as either belonging or being excluded. By developing these rules and investing in their enforcement, people who maintain "power over" others either purposefully or unintentionally create and maintain crisis, illness, and disease for people who are not part of the "power over" groups. The various systems of "power over" interact and reinforce each other.

"Power over" can be expressed at all levels of society. It can be internalized individually, impacting interpersonal relationships or reside in community-level systems. 5,6 For example, "power over" can show up in interpersonal violence like gender-based violence, hate crimes, child abuse, and more. Within a community, these "power over" systems are maintained in decision-making and resource allocation that limits success and possibilities for all. Although there are antidiscrimination laws in place for most of these identities, as we saw in Section Two, residents' health outcomes are still being negatively affected based on systems of power.

To improve public health and advance health equity, LMPHW leads with a race-forward analysis because of the unique United States history of Native genocide and African chattel enslavement. When trying to understand power, a race-forward analysis



will explicitly and openly study the role racism plays in the problem. Racism has created conditions that lead to inequities in health and wellness across racial and ethnic groups, even when other demographic factors like income or education are considered. Our analysis of health equity understands that while we might lead with race, "power over" dynamics exist across all aspects of human identity and cannot be understood separately from race—like class, gender, ability, and more.

For those aligned with creating community health and wellness, it is important to be direct about the details that reinforce power over others so different policies and practices can be explicitly created to support collaboration and power with each other. Section Four will describe various decisions across history and root causes, and Sections Five and Six will explore the individual and community transformations that will support "power with" each other.

Policy History

This section shares historic examples of some federal policy-level decisions that more specifically highlights decision-making power concentration, as well as the ongoing impact of those decisions in creating and sustaining the current patterns of health and wellness for residents and their poor health outcomes.

LMPHW staff are public health practitioners and not historians, therefore, this section contains examples and should not be interpreted as a complete picture of United States history. However, in researching how "power over" persists in our society, we found several recurring policies and themes that led to highlighting the following defining themes and policies throughout United States history into the present day. This is not a complete list and primarily focuses on topics related to the categories of power described within this section. While reading through the history in this report, we encourage you to dive deeper into the topics, policies, and historical moments. Learning about this policy history better prepares all of us to understand the types of decisions that keep "power over" systems in place and it will encourage all of us to collaborate towards changes needed to shift towards "power with" each other.





Transformed Land, mural by Joshua Winer

Europeans Forcibly Take Control of Native Land

Identity: Native Americans, American Indians, and Indigenous Americans

"Power Over" System: Racism

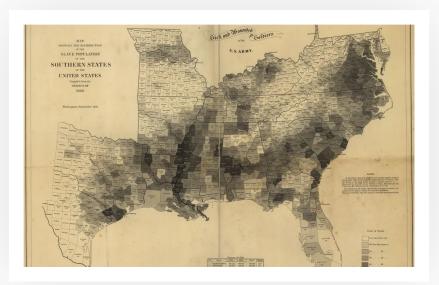
Prior to the arrival of Europeans, it is estimated that upwards of 60 million Native people lived throughout the Americas.8 But European settlers brought chaos to Native people in their haste to establish colonies and exploit resources to build wealth. They brought with them some deadly diseases not native to the area like smallpox and measles, which lead to further demise of the Native population. 10 This practice continued before and beyond the establishment of the United States. Following the Revolutionary War (1775-1783), the newly established United States government instituted policies and treaties to continue expansion and forcibly claim Native lands for European settlers. This includes the Six Nations Treaty in 1784 and the Land Ordinance of 1785, which claimed tribal lands for the government and redistributed them to create European-style towns. 11,12 The Indian Removal Act of 1830 and the resulting Trail of Tears forced Native tribes to assimilate, be killed, or leave the land. 13 The Dawes Act of 1887 continued aggression against Native people by creating Indian Reservation Lands where remaining Native people were forced to live. 14,15 By the late 1800s, the centuries of European genocide and other harsh treatment of Native people had reduced the population to approximately 250,000. 16 Throughout the history of treaties between the United States and Native Americans, the United States regularly broke the terms of agreement by claiming land and refusing Native rights. In 1903, this practice was upheld by the Supreme Court decision in Lone Wolf v. Hitchcock which ruled that Congress was not required to abide by its treaty commitments to Native people.

Europeans Force Africans into Enslaved Labor to Build the Foundation of a Wealthy Economy

Identity: Africans

"Power Over" System: Racism

Many consider the year 1619 to be the most significant starting point for Africans' experience in what became the United States, when Europeans brought a group of 20 Africans, some enslaved and some free, from Barbados to the British colony of Jamestown, Virginia.¹⁷ At this time, British colonies focused on labor from Europeans who signed labor contracts for a set number of years in exchange for having their passage to the new colonies paid for, also known as indentured servants. 18 As the British economy improved after 1660, the influx of indentured servants into the colonies declined. Committed to unpaid labor, colonists passed new laws to expand the enslavement of Africans. Slavery in the United States differed from other existing forms of slavery across the world in some important ways. For example, the US system allowed people to be considered legal property that could be bought, sold, and owned forever.¹⁹ Even the children were born into slavery. After the Revolutionary War, the Founding Fathers embedded slavery into the United States Constitution with a clause that demanded enslaved Black people be counted as 3/5 of a person for taxation purposes.²⁰ In the late 18th century, the growth of English industrialization in clothing production in England and the invention of the cotton gin facilitated a dramatic increase in enslaved agricultural labor as enslavers sought to maximize their wealth.²¹ Even as northern states began taking steps to outlaw slavery between 1774 and 1804, the practice of forced labor and profiting from the institution of slavery would persist.²² In 1808, Congress outlawed the international



Map showing the distribution of the slave population of the southern states of the United States. 1861

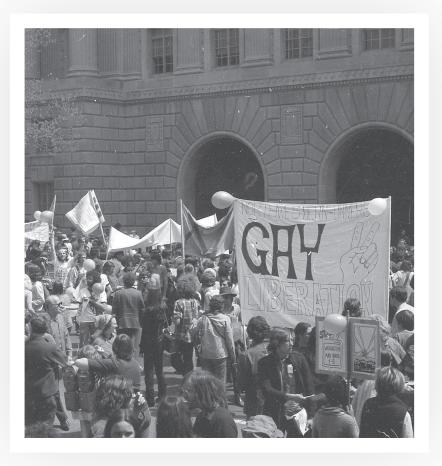
slave trade, but domestic slavery continued to grow.²³ By 1860, nearly 4 million people were enslaved across the country.²⁴ Rebellions among enslaved people occurred across the South, and a thriving Underground Railroad was organized across the nation to speed enslaved people out of the South. By the 1830s, a coordinated multiracial abolitionist movement had spread throughout the country as White wealthy southerners continued a violent defense of slavery, preparing themselves to fight for the right to enslave.^{25,26} This conflict split the nation and, when southern states tried to secede and form a separate nation, the Civil War erupted in 1861. The Emancipation Proclamation of 1863 outlawed slavery in the 11 states that had seceded from the Union, but slavery officially ended in the entire United States only after the Union victory in 1865. That December, the 13th Amendment to the Constitution outlawed slavery, except as punishment for a crime.

Puritan Laws Create the Foundation of Anti-LGBTQ Laws in the United States

Identity: LGBTQ+

"Power Over" System: Homophobia, Sexism, and Religious Discrimination

Laws that prioritized heterosexual relationships as superior were carried over to United States law from existing British law. Alongside laws that defined marriage as only between a man and woman, sodomy laws, which outlawed vaguely defined sexual acts under the guise that they were "immoral" and socially unacceptable, were also prevalent. 27,28 Policies aligned with Puritan social norms and white supremacy punished the existence of gender nonconforming and LGBTQ+ people which was not understood as immoral or unacceptable in Native and African cultures. 29-34 Policies defined romantic relationships that were not heterosexual or within the same racial/ethnic group as immoral and illegal. In the 20th century, more specific sexual acts were defined as criminal, leading to non-heterosexuals, unmarried people, and anyone with non-conforming gender identities being increasingly arrested and some being labeled as sex offenders.³⁵ Throughout the 1900s, these laws were used to keep LGTBQ+ people from having families, gaining employment, or experiencing social safety.³⁶ As early gay rights activists fought for legal protections in the 1970s, some states struck down their sodomy laws. What courts defined as sodomy would never become legal in the United States, however, sodomy laws were struck down by the Supreme Court decision in Lawrence v. Texas 2003.³⁷ In response to multiple lawsuits filed by same-sex couples and their attorneys, the Supreme Court ruled in 2015 that states must recognize legal marriages between same-sex couples.³⁸ The Supreme Court further upheld in 2020 that the Civil Rights Act of 1964 protects workers from discrimination by employers based on sexuality or gender identity.



Northwestern University's gay liberation group, 1970

While these Supreme Court rulings do affirmatively protect some aspects of LGBTQ+ people's autonomy, many forms of legal discrimination persist, and significant laws remain in the Commonwealth of Kentucky and nationwide that regulate and limit the lives of LGBTQ+ people. This is especially the case for transgender people, who have long fought, and still do, for legal recognition and social safety.



Detail from a flyer lauding the passage of the Chinese Exclusion Act, British Columbia Archives

The Foundation of United States Citizenship is Designed to Prioritize White People Who Own Property

Identity: Black Americans, Native Americans, and Chinese Immigrants

"Power Over" System: Racism and Xenophobia

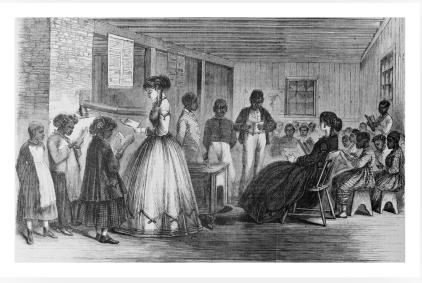
From an early point, citizenship rights in the US brought the right to vote, own property, testify in court, own land, and have these rights upheld by the US government.³⁹ Through the combination of Native genocide, African enslavement, and coverture, citizenship rights were exclusively available to White men who owned property. The Naturalization Act of 1790 became the first citizenship law, defining eligibility for any White person who moved to the United States if they lived in the United States for at least two years. 40 The law declared that children who were born abroad would be considered "natural born citizens" if their father was born in the US. The law explicitly excluded anyone who was not White from the rights to citizenship, including indentured servants, free Black people, and enslaved people, because they were regarded as 'property' and not as human beings. Following the Civil War, the 14th Amendment extended citizenship to people born in the United States, and the Naturalization Act of 1870 directly extended naturalization rights to formerly enslaved people. 41 This was followed by the Immigration Act of 1882, also known as the Chinese Exclusion Act, which barred the immigration of Chinese "laborers," only allowing "non-laborers" who could obtain a certificate from the Chinese government to immigrate to the United States. 42 In 1924, the Indian Citizenship Act extended citizenship to Native Americans. At the same time, laws such as the 1924 Immigration Act privileged those with European origins and set limits on immigrants from other countries, especially Asia.

"A Brief Moment in the Sun", the Short-Lived Attempt to Rebuild the U.S. After Slavery was Ended by Deference to White, Racist Violence

Identity: Black Americans

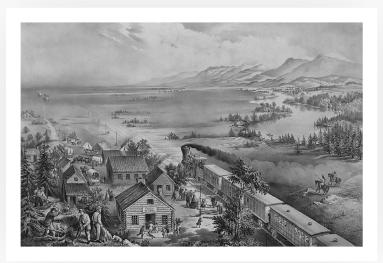
"Power Over" System: Racism

The institution of chattel slavery was officially ended when the Confederate states lost the Civil War to the Union states in 1865. This marked the beginning of Reconstruction—an era where Black masses, who still lived primarily in the South, were able to begin building social institutions to support their lives. This included creating the Freedmen's Bureau in 1865, which became "responsible for the supervision and management of all matters relating to the refugees and freedmen and lands abandoned or seized during the Civil War." The Bureau offered direct aid including food, clothing, hospitals, and supervising labor contracts between freed people and former plantations.⁴³ During this time, formerly enslaved Black people created the first public and private school systems across the South, which were so effective that they popularized the idea of public education among white communities as well.44,45 These schools were devoted to teaching their children and undoing the previous laws under chattel slavery that outlawed literacy for enslaved people. Following the passage of the 13th, 14th, and 15th amendments that outlawed slavery, legalized the birthright to citizenship, and established the right to vote for Black men, Black people also began to have active roles in how state governments would reform after the Civil War, including through voting, elected office, community development and education, and more. 46,47 But, with the initial gains of the Reconstruction Era creating an early shift towards Black American autonomy, some



The Misses Cooke's school room, Freedman's Bureau, Richmond, Va. Illustration by Jas. E. Taylor, 1866

White Americans invested in white supremacy and organized to create the Ku Klux Klan (KKK) to disrupt this progress and inflict psychological and physical terror against Black people. Southern lawmakers passed Black Codes that sought to severely limit newly gained rights for Black people, including outlawing free time and especially targeting Black people who were not under strict labor contracts. These laws were designed to maintain the racial hierarchy established through enslavement. Southern state governments and the KKK coordinated to enact severe and violent punishment for not strictly following these codes—including harassment, imprisonment, and death through lynching and other means. This response to Reconstruction was known as the Reign of Terror, which was further accentuated by the US government defunding Reconstruction Era programs and withdrawal of federal troop protection from the South, effectively ending the Reconstruction Era.



Across the Continent, "Westward the Course of Empire Takes its Way", lithograph by F.F.
Palmer. 1868

Post-Civil War Western Expansion, Economic Depression, and Social Reform

Identity: Black Americans, Native Americans, and Working Class Americans

"Power Over" System: Racism and Classism

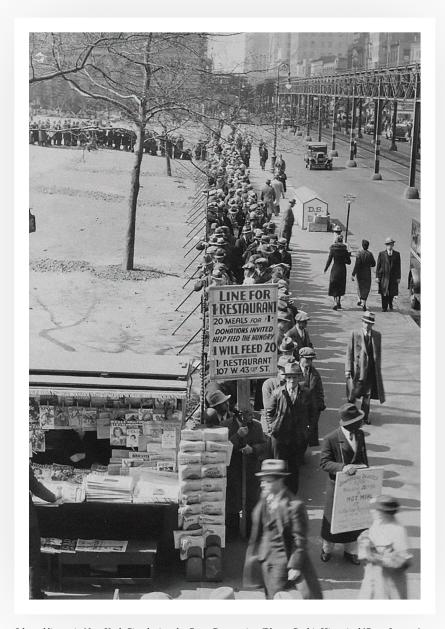
In the decades following the end of the Reconstruction Era, the United States experienced major changes related to industry and daily life. Shortly after the Civil War ended, the US government invested in the railroad industry to support expansion into the West. 49 The existing US government practices of conflict with Native people and forcing them onto reservations paved the way for Western settlers. Many settlers took to farming in the West.⁵⁰ During this time, the use of machines continued to grow, leading to the production of far more goods than people were consuming and migration from rural areas into cities as people sought industrial jobs.⁵¹ But, by the 1890s, railroad construction had slowed down and agricultural profits dropped, setting the stage for thousands of business closures and severe economic depression. 52 At the same time, the US government fully withdrew federal troops that were protecting formerly enslaved people in the South and redirected troops to shut down emerging labor strikes responding to industry conditions. This allowed for the unrestricted violence by white supremacists who justified their attacks by blaming formerly enslaved people for increased economic competition.53 At the same time, there was an emerging demand for the US government to step in and address the economic depression by regulating corporations and interrupting dangerous factory working conditions.⁵⁴ Known as the Progressive Reform Era (1900-1917), some of the changes won by these advocates for reform included anti-child labor laws, early regulation of corporate practices, and creating local forms of government that provided services like public utilities and urban sanitation systems.

Responding to the Great Depression with Massive, Direct Social Aid and Creating the Modern U.S. Economy

Identity: Black Americans

"Power Over" System: Racism

Although the Progressive Reform Era helped to bring some economic success to the country during the 1920s, the stock market crash in 1929 set off another major economic depression. Known as the Great Depression, people across every part of society were impacted and faced losing their farms, homes, and businesses. Without social safety nets, there was little hope for relief until the presidency of Franklin D. Roosevelt ushered in the New Deal, a set of policies and programs with goals to support economic recovery in response to the Great Depression. 55 Although this combination of legislation, federal funding, and program creation brought relief to many parts of society, White people benefited more often from these new social welfare programs. This included labor rights, job creation, agriculture, housing, finances, child, and family assistance, and more. The National Labor Relations Act encouraged collective bargaining for most industries except the predominantly Black industries of domestic and agricultural work, which were intentionally excluded by powerful Southern Congressmen.⁵⁶ The Works Progress Administration (WPA) was a work-relief program that directly employed more than 8.5 million people, and the Public Works Administration funded more than 34,000 projects across the country.⁵⁷ Together, these programs developed the foundation of modern-day US infrastructure by building bridges, roads, schools, hospitals, public housing, public parks, dams, airports, and more. The WPA also paid people



A bread line at in New York City during the Great Depression (Photo: Corbis Historical/Getty Images)



WPA workers repairing sidewalks. Minnesota Historical Society.

to create artwork, host theatre programs, and complete writing projects that documented life and culture across the country.⁵⁸ The Home Owners' Loan Act (1933) and the National Housing Act (1934) created entities that directly funded low-interest home loans to encourage home buying and construction.⁵⁹ However, these loans mostly benefited White people through the practice known as redlining, which used color-coded system for evaluating loan investment priorities made in specific neighborhoods. 60 The system—made up of private banking and government collaboration-created maps that valued neighborhoods differently depending on their racial and economic makeup. Neighborhoods they deemed the lowest quality were marked in red. 60 These "redlined" areas almost always included Black residents. Banks directed mortgage funds away from these neighborhoods, making homeownership unattainable for majority of Black people, a practice that continued to be legal until outlawed by the Fair Housing Act of 1968.⁶¹ Other major legislation in response to the Great Depression included the Social Security Act of 1935, which established a system of limited financial benefits for seniors, some families, and people with disabilities. 62 The GI Bill was also landmark legislation that offered benefits to returning soldiers following World War II, including loans for homes and businesses, funding for college education, job training, and unemployment benefits. 63

Expanding Who is Legally Included in Having Civil Rights

Identity: Black Americans, Women, People with Disabilities

"Power Over" System: Racism, Sexism, and Ableism

During the 1950s and 1960s, the Civil Rights Movement grew as Black Americans protested the segregation laws and the physical terror of the KKK, which had resurged in the 1920s.⁶⁴ By the 1960s, Black Americans had won a series of legal victories in the courts, challenging segregation in schools, housing development, and more. 65,66 The Civil Rights Act of 1964 marked a major milestone and legislative victory for those advocating for equal rights.⁶⁷ This was the first Civil Rights Act passed since white supremacists dismantled Reconstruction. It banned segregation on the grounds of race, religion, or national origin in public places, including courthouses, parks, restaurants, theaters, sports arenas, and hotels. Title VII of the Civil Rights Act barred race, religious, national origin, and gender discrimination by employers and labor unions and created an Equal Employment Opportunity Commission with the power to file lawsuits on behalf of workers. Designed and fought for mainly by Black Americans and their advocates, the Civil Rights Act also benefited other disenfranchised groups, including women of all races, and set the stage for expanding legal civil rights to other groups.⁶⁷ For example, in the decades leading up to the Americans with Disabilities Act (ADA) of 1990, disability activists won legislative victories that opened access to education, housing, transportation, and federal buildings. The Rehabilitation Act of 1973 set an important legal precedent for 'disability' as a protected category, but the ADA was broader than the Rehabilitation Act and is considered the first major federal civil rights legislation for people with disabilities.⁶⁸ The ADA requires reasonable accommodations for people with disabilities and prohibits discrimination across employment, transportation, public accommodations, communications, and access to government programs and services. 69



Civil rights march on Washington, D.C. Photograph by Warren K. Leffler, 1963



Los Angeles County Museum of Art on Wilshire Boulevard, 1965. Photo by George Garrigues

Attempting to Create a "Great Society" by Investing in Community Support

Identity: Black Americans and Working Class Americans

"Power Over" System: Racism and Classism

Great Society policies passed in the 1960s included programs, laws, and funding initiatives that were labeled as a "War on Poverty," and represented the largest funding to alleviate hunger and poverty in US history. This broader initiative led to almost 200 pieces of legislation that supported job creation, education, healthcare, arts and humanities, housing, and community development, and more. 70 Part of this initiative included the Economic Opportunity Act of 1964, which expanded youth employment opportunities by creating the Job Corps and Volunteers in Service to America (VISTA) programs. Head Start was created as an early childhood education program prioritizing families in poverty. Great Society policies also included creating Medicare to cover hospital and physician costs for seniors and Medicaid to cover hospital and other medical costs for people receiving cash assistance from the government. The Housing and Urban Development Act of 1965 increased funding for existing housing programs, offered funding aid for older adults and people with disabilities, and invested in constructing more low-income housing.⁷² At the same time, this act also continued federal policy of investing in urban renewal across the country, leading to mass displacement of Black Americans by destroying majority-Black neighborhoods to make way for new developments like commercial properties and higher-income housing.73,74

Defunding Community Support

Identity: Working Class Americans

"Power Over" System: Classism

Using the rhetoric of social services as "handouts" to "undeserving" people combined with the increasing investment into systems of punishment, the US government reversed course from the Great Society investments of the previous decades.^{75,76} In the 1980s, government economic policies focused on tax cuts to wealthy Americans and corporations. The US government significantly defunded many federally-funded social programs that provided assistance for people expe riencing poverty created by US policies, while substantially increasing military and police budgets. Massive cuts to public assistance began in 1981 through the Omnibus Budget Reconciliation Act, which targeted programs including the $Supplemental\ Nutrition\ Assistance\ Program\ (SNAP),\ Aid\ to\ Families\ with\ Depen-{\color{blue}\frac{1}{2}} Pomeless\ encampment\ in\ Omaha,\ Nebraska,\ 2023\ Pomeless\ encampment\ encam$ dent Children, and Medicaid.⁷⁸ By the late 1980s, local governments experienced significant cuts in federal assistance, leading to higher rates of food insecurity and a significant increase in poverty rates.⁷⁹ The US government continued cutting budgets for social services in the 1990s, including the 1996 Farm Bill, which cut SNAP funding by \$26 billion over six years, eliminated SNAP eligibility for most permanent residents, and established a time limit for receiving SNAP benefits.80 Welfare "reforms" of 1996 also ended the Aid to Dependent Children (ADC) entitlement program and replaced it with a temporary assistance program (TANF) that restricted who could receive support and placed a lifetime cap on how long people could benefit from the program.⁸¹ The narrative shift to personal responsibility and government cuts to funding would impact federal policy for the next 20 years. The largest attempt to provide services to residents would next come in 2010 with the Affordable Care Act, which attempted to address the high costs of medical care and lack of access to preventative care.82,83





Police in riot gear

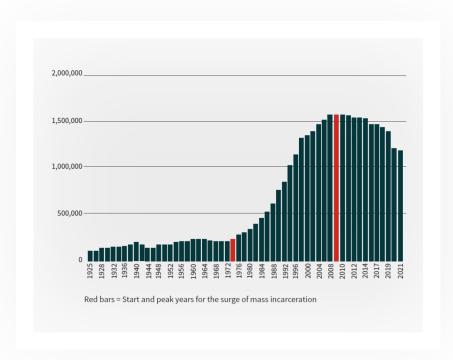
National Expansion of Policing Systems

Identity: Black Americans and Muslim Americans "Power Over" System: Racism and Xenophobia

Despite the legal victories of Civil Rights activists, the US government had spent decades after the Great Depression building a modern-day foundation that created majority-Black neighborhoods to deprive them of needed resources to thrive. By the 1960s, this led to major uprisings across the country and, in 1967, President Lyndon B. Johnson created a committee to investigate these uprisings. This group of 11 members which was mostly White and included the first female Commissioner of Commerce for Kentucky-returned their findings in the Kerner Report (1968), in which they identified "white racism" as the explicit and most fundamental cause of unrest. They argued that, to solve this problem, large investments in jobs, housing, and other social policies specific to Black communities were needed to create a United States that was cohesive, strong, and truly united.84 The report was rejected by the same president who had commissioned it. Instead, the US government invested in creating a War on Drugs, which included legislation, funding, and programs that dramatically increased prison sentences and targeted Black people and people who use drugs recreationally.85 The "War on Drugs" expanded tremendously after Ronald Reagan's election in 1980 through the Sentencing Reform Act (1984) and the Anti-Drug Abuse Act (1986), which established mandatory minimum sentences in general and for drug use specifically.^{78,86} By the end of the 1980s, the prison population had more than doubled in those ten years and disproportionately targeted Black Americans.87 The 1994 Violent Crime Control and Law Enforcement Act took these further by prioritizing billions in state and

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local law enforcement, implementing three-strikes provisions, increased death penalty offenses, and harsher juvenile penalties.88 Following the attack on the World Trade Center by Al Qaeda on September 11, 2001, the US government continued its expansion of domestic and international policing systems by initiating what it would term as a "War on Terror." Internationally, this led to the US government entering war by invading Afghanistan and Iraq but has since expanded military presence in more than 80 countries.89 Domestically, the federal government passed the Patriot Act of 2001 and established the Department of Homeland Security in 2002. Together, War on Terror policies increased surveillance and targeting of Muslim Americans, which led to stigma and a dramatic increase in hate crimes against Muslims or anyone who was perceived to be Muslim. 90 The federal emphasis on anti-terrorism and military interventions resulted in increases in local funding for policing and what many have called the militarization of police. For example, the 1033 program allows free transfers of military equipment from Department of Defense to police; the 1122 program allows police to use taxpayer dollars to purchase military equipment at a discounted rate. 91 Research has indicated that this connection has influenced police tactics and deployment in a way that disproportionately impacts Black communities and other communities of color.



U.S. State and Federal Prison Population, 1925-2021. Ashley Nellis, Ph. D., The Sentencing Project.



Lessons To Be Learned from the Policy History of the United States

There are important lessons across these policies that help us understand how we can make different, intentional decisions that can support community well-being. The following lessons informed the community conversations that shaped residents' collective visions for Louisville in Section Five:

- 1) "Power over" systems use control to concentrate resources for a small few at the expense of many.
- 2) "Power over" systems use storytelling to create exclusion, competition, and fear of scarcity that justify the concentrated control of community.
- 3) People have always collaborated towards "power with" systems, and this is often met with backlash.

The goal of "power over" systems is to limit the number of people who benefit from resources like land, money, labor, and the right to govern themselves. 92 "Power over" systems create a community-wide fear that we will never have enough. They teach us that our emphasis should be on our own personal gain. This directly contradicts the belief of "power with" values that there are enough resources for all, and every person contributes to society. "Power over" systems prioritize some people making individual gains at the expense of others, use identity to define who is and is not protected in society, and inflict a cycle of backlash when these dynamics are challenged. People are driven away from each other by real or made-up fears of "the other" and through competition among themselves for resources that are limited by decision-making guided by power over values. This is reinforced by limited skill development for collaboration by design, systems of decision-making that advantage some communities by disadvantaging others create unnatural and unfair differences in how long and how well residents live. Rather than investing in the care needed for community health and wellness, "power over" systems justify the need to hoard resources by justifying that since there are not enough resources for everyone, some are unworthy of these limited resources. Decision-makers in "power over" systems who are not actively moving towards "power with" values are more likely to invest in systems of punishment and control that can shut down challenges to their power. While some groups may

feel comfortable having a better quality of life than others, everyone is at risk of experiencing harm when communities are not designed to protect and support everyone. A recent study shows that "more than 1,800 people who served in the US Congress in the 18th, 19th and even 20th centuries owned human beings at some point in their lives." These lawmakers greatly influenced the foundation and development of the United States in favor of slavery and other forms of violent or coercive control of people rather than the health and wellness that comes with "power with" each other.



1) "Power over" systems use storytelling to create exclusion, competition, and fear of scarcity that justify the concentrated control of community.

Those who maintain power over others justify this behavior through misinformation that frames people across different demographic categories as superior or inferior to others. These narratives are spread through media, education, social circles, and other methods that become self-reinforcing to justify policies that define who belong. These "power over" beliefs are often presented as fact when they are not, and—in doing so—justify continued decision-making that sustains quality of life differences across identity.

For example, narrow definitions of family and belonging have been created through community-wide decisions ranging from enslavement, sodomy laws, coverture, immigration, and

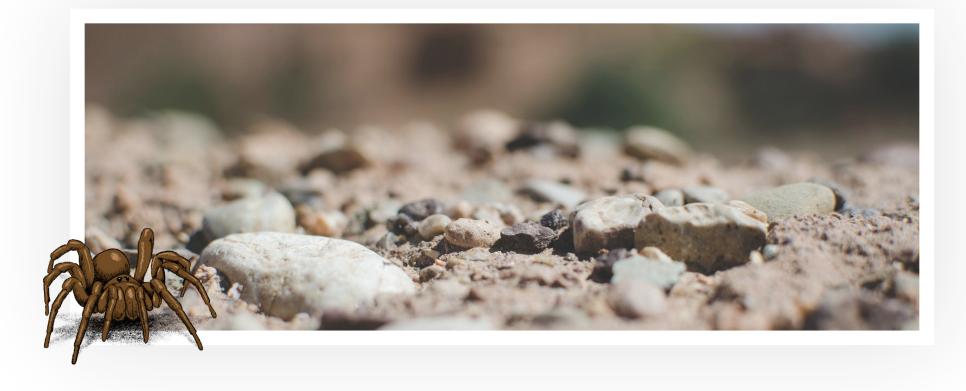
citizenship laws. Those categorized as inferior are understood as unworthy and undeserving of resources. These untrue stories about large groups of people invite spoken and unspoken fear, disgust, blame, shame, and other feelings that elicit disconnection and dehumanization. Systems of power over promote the basic needs of these marginalized people as "luxury." This idea of "greediness" applied to people in poverty is then used to justify administrative barriers that limit who is deserving of the nation's economic, social, and natural resources. "Power over" systems create a daily reality where many people are isolated from the communal support needed to thrive. Policies from the 1900s designed modern-day physical segregation that has continued into the present day. These narratives frame resource deprivation as an individual problem rather than a failure of the community to effectively design support systems. Together, these dynamics create a culture that immensely devalues communal support and care for daily life. Social support in our communities is not seen as a right, but as something one must earn, buy, and exploit.

To get help with raising children or to seek medical care, people must earn enough to purchase this service while the wages paid to those who provide this service remain at and below the poverty level for many workers. For people who do not earn enough, it is viewed as a personal failure rather than a communal failure.

Throughout the 1900s into present-day, massive federal investments have had mixed success in creating a reality where all residents can live long healthy lives. The New Deal created unprecedented investments into community support and development, however, through explicit and implicit language, it benefited mostly White residents, limiting its benefits to all Americans. Great Society policies and programs

were meant to support low-income and Black residents more expansively, but some programs were quickly defunded in favor of systems of punishment, justified by the narrative that people who had rarely experienced benefits from previous eras of social investment were unworthy of these benefits. "Power over" systems often end up harming all of us, even if the framing promises success and power for

individuals. As Dr. Camara Jones said, systems of power over, specifically racism, "undermines realization of the full potential of the whole society through the waste of human resources" and this is because skills, resources, labor, and more are used to maintain power over others rather than design a society that meets everyone's needs. 104 Race is not a risk factor for health outcomes, racism is.



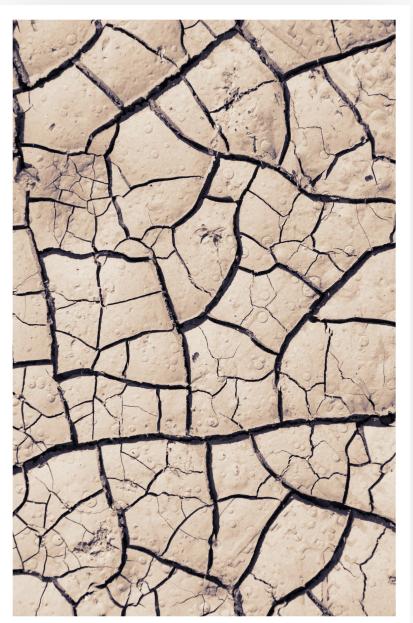
2) People have always collaborated towards "power with" systems, and this is often met with backlash.

Despite the persistent attempt to maintain dominance and control by proponents of power over throughout history—people have always come together and collaborated towards "power with" systems and their right to freedom. Throughout every stage of United States history, people have worked together for justice, achieved steps towards social transformation, and experienced some form of reorganization of society. 25,37,45,95,98,102 From the 19th-century abolitionists who ended slavery and brought forth the short-lived Reconstruction Era to the late 20th-century reformers who won disability rights (among many other examples), people have long come together to demand the right to govern themselves and their shared resources. However, with each act of progress towards "power with" values, others who want to maintain "power over" created barriers to keep their dominance. A lot of the "power with" story is in the organizing it takes to confront power over, and not in the federal policies which more than often fall short of the fullness that social movements push for. Throughout history, compromises that allow violence to continue in many ways have limited the possibility of realizing the scale of social transformation needed to support sustained power with each other. These compromises allow for some—often White people—to benefit more from social progress by excluding others, like Native people, Black Americans, people with disabilities, and people in poverty.

For example, the abolitionist movement successfully disrupted the economic dependence on slavery and the social acceptance of its violence. Abolitionists realized many early gains during the Reconstruction Era. 57-59 However, the white supremacy-based "power over" systems responded with over 2,000 documented lynching of Black Americans (this number is likely to be higher due to lack of records from the time period), culminating in the Compromise of 1877 and the rollback of Reconstruction gains by the US government. 105 The same can be said about the massive social change advancing worker's rights during the New Deal Era while agricultural and domestic workers remained at risk, even today.⁵⁶ Soon after these compromises are made, policy gains are lost or withdrawn as those in power disinvest in new systems and the change becomes ineffective or incomplete.







Throughout the history of the United States, we have continued to see cycles of progress, regression, unrest, and lack of long-term investment in social transformation—leaving systems of "power over" as the dominant cultural narrative in the United States. Sometimes, these cycles of backlash can be so intense that they lead to fear, compromise, exhaustion, and hopelessness for the people who desire "power with" systems. It is important to remember that while these cycles have slowed progress towards "power with" systems, the setbacks have never eliminated the desire of humanity to strive towards better social realities. By reviewing history, it becomes clear that "power with" each other is possible, but to be sustained it must include investment that supports autonomy for Black and Native people, women, and LGBTQ+ communities, the freedom of labor, and investment into community support over systems of punishment. We must make a conscious and concerted effort to enforce "power with" policies even in the face of push back from "power over" groups. We stay steadfast to ensure a healthy life for all.

To see how an explicit understanding of historical themes of "power over" and policy can support intentional designs towards "power with," review the transformational visions in Section Five.

Cycle of Backlash

01

To control who has access to resources and benefits, people inflict violence on others, creating trauma, fear, and suffering.

02

Decision-makers within the "power over" group then design community-wide systems that keep people away from the resources they need.

03

People in suffering become traumatized, which often goes unaddressed and creates chronic illness because they are isolated from wellness resources, like land, autonomous employment, housing, food, healthcare, and other community support.

04

Unaddressed trauma and chronic stress lead to social isolation, interpersonal violence, illness, disease, and death. People who maintain "power over" systems benefit from this trauma.

07

As collectives of people gain more power, smaller numbers of people who want to maintain power over others may react with verbal, financial, emotional, or physical violence to try to maintain control. Collectives of people may protect each other and intervene in violence, or some may back down and compromise in ways that keep people in power over others. The cycle of progress and backlash continues with power either gained or lost.

06

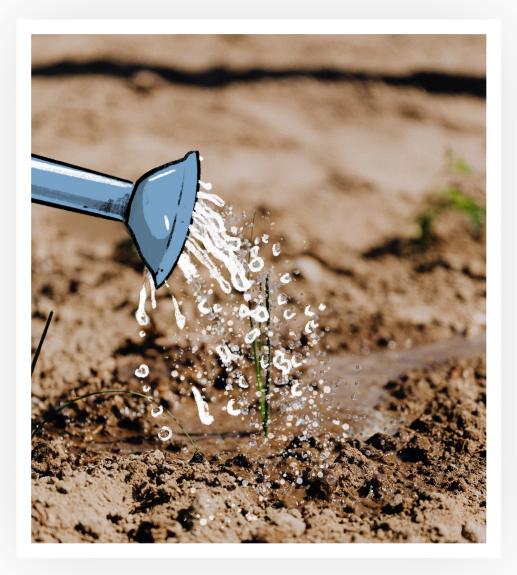
Throughout attempts to maintain power over others, people do resist. Through collaboration, they disrupt abuse and collective power is gained.

05

The consequences of unaddressed trauma are used by decision-makers to justify continued investment in systems that maintain control and power over people who are suffering—rather than systems that protect life. Investment in systems that further control people reinforce unfair power, and the cycle continues.

How Can Systems of Power Support Health and Wellness?

When people collaborate to organize resources across society to support each other and invest in healthy autonomy, systems of power can support all individuals and groups experiencing health and wellness. Remember the "power over" systems chart that was described earlier in this section. Consider those systems if transformed with "power with" values.



Identity	"Power Over" Systems	"Power With" Values
Physical & Mental	Ableism	People are valuable regardless of their abilities while also appreciated for their differences. Communities are designed to make sure that people can participate in society to the fullness of their ability and desire. This includes making sure all people have their basic needs met and individual differences are respected.
Age	Ageism	People are valued, cared for, and empowered to be autonomous in ways that support their early development and later stages of life.
Income & Wealth	Classism	Systems are designed to ensure everyone has their basic needs met, everyone is empowered to participate in decision-making processes. People are disempowered from concentrating wealth and resources.
Family Style	Homophobia	Romantic and sexual partnerships are focused on consent, self-worth, and self-knowledge rather than a religious definition of moral family and sex dynamics.
Cultural Beliefs	Religious Persecution	Communities are empowered to create and preserve their cultural beliefs and practices, rather than assimilate to other religious practices.
Gender Performance	Sexism	Systems are created where everyone protects each other to disempower ideas that some people are weak and can only be protected by others.
Gender Identity	Transphobia	People are empowered to define their own identities and to perform and practice identity in ways that are true to their authentic selves without the fear of violence.
Place of Birth	Xenophobia	Systems are created that recognize that people are connected. This empowers people to live where best fits their needs and participate in community work that supports the natural environment around them.

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Comparing possibilities

We have described examples of systems of power that harm health and wellness, and systems that support health and wellness. Our ability to work together and realize changes in community health and wellness is well within our reach. We require a collective realignment of values, decisions, and prioritization of resources to shift from a system of power in which some have power over others and health is inequitable to a system of power in which people collaborate to create equitable outcomes.

Black Lives Matter has recently grown to be the largest social justice movement in the history of the United States and evolved from slavery abolitionists, anti-lynching, and anti-Jim Crow efforts.76 Antiracism is an example of "power with" values that focus on changing the community-wide decisions that create and pattern scarcity and crisis for some while benefiting others. Decisions that are guided by antiracism intend to shape society in a way that allows everyone to thrive by reducing scarcity and distributing resources so that everyone's quality of life can improve.

Building "power with" systems require new kinds of community-wide decision-making that prioritizes creating new social agreements with each other. The path to shifting systems of power will not be straightforward. It will require intentional practice, risk-taking, making mistakes, and learning from them, and understanding that the process is equally as important as the solution.



The Tree Metaphor

"Power Over" Values

The Leaves

Patterns in health outcomes follow the patterns in the roots. For example, across racial and ethnic groups, there are patterns of higher income, housing stability and ownership for White residents and therefore longer life expectancy. Across society, patterns of "power over" prevent building deeper relationships that contribute to health.

The Roots

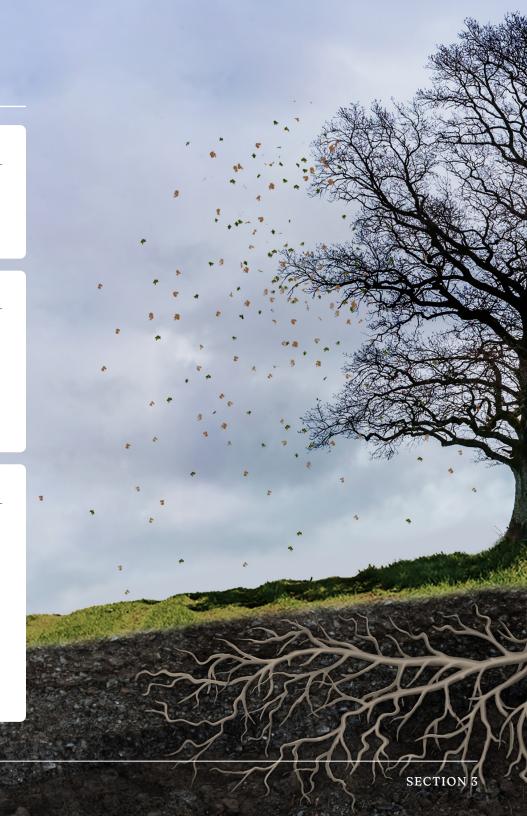
"Power over" values design society to create opportunity, distribute resources, and assign value based on the made-up categories of inferiority and superiority. This system unfairly concentrates power and profit for some by unfairly concentrating scarcity for many. This means that groups of people disproportionately experience low wages, poor housing quality and lack of affordability, food scarcity, and inability to seek and receive adequate care for mental and physical health. This reality allows other groups of people to experience significant profits, power, and control.

The Soil

"Power over" systems prioritize decisions where some communities benefit and profit while other communities experience harm.

A small group of people define which life paths are valuable, determine that those who fall outside of "valued life paths" are inferior and undeserving of a thriving life, and that those who fall outside of "valued life paths" need decisions made for them. Many people feel isolated from decision-making, which increases concerns of scarcity and encourages unhealthy competition.

Punishment, shame, and violence are the primary ways that we handle each other and justify creating communities that have been intentionally deprived of resources. This means only certain communities have access to rest and leisure while others are controlled into a lifetime of service to people in power.



The Tree Metaphor

"Power With" Values

The Leaves

Health inequities do not exist, so there are improvements in health outcomes for all residents. Life expectancy increases and premature deaths from suicide, overdose and homicide are reduced. **Residents can expect to live long, healthy, high-quality lives.** People have healthy relationships with each other and are empowered to protect each other.

The Roots

Root causes are **designed collaboratively and tailored to community needs.** Residents do not experience ongoing crises; instead, their basic needs are met. Residents participate in a combination of caring for each other and caring for themselves. Everyone is able to care for, clothe, feed and house themselves and people are allowed to say no to what causes them harm without worrying about whether that will impact their ability to provide care for the community or themselves.

The Soil

"Power with" systems focus on maximizing individual and community well-being by "Power with" systems focus on maximizing individual and community well-being by working together. This means that balancing resources in ways where we all thrive is fundamental to community-wide decisions.

We understand that everyone has something valuable to bring to the table. Sharing decision-making so that people who will experience the greatest impact have the greatest decision-making power strengthens our outcomes for health and wellness. There is an emphasis on shared learning and evolving strategies based on this learning.

We do not punish each other, especially through systems. Instead, we learn and grow together by being who we authentically are and caring for each other. We value that we are all different from each other in important ways, that our difference should be encouraged to define our own life path, and that even though none of us are perfect, all of us are worthy of growing, being appreciated, and being responsible for the impact of our decisions.

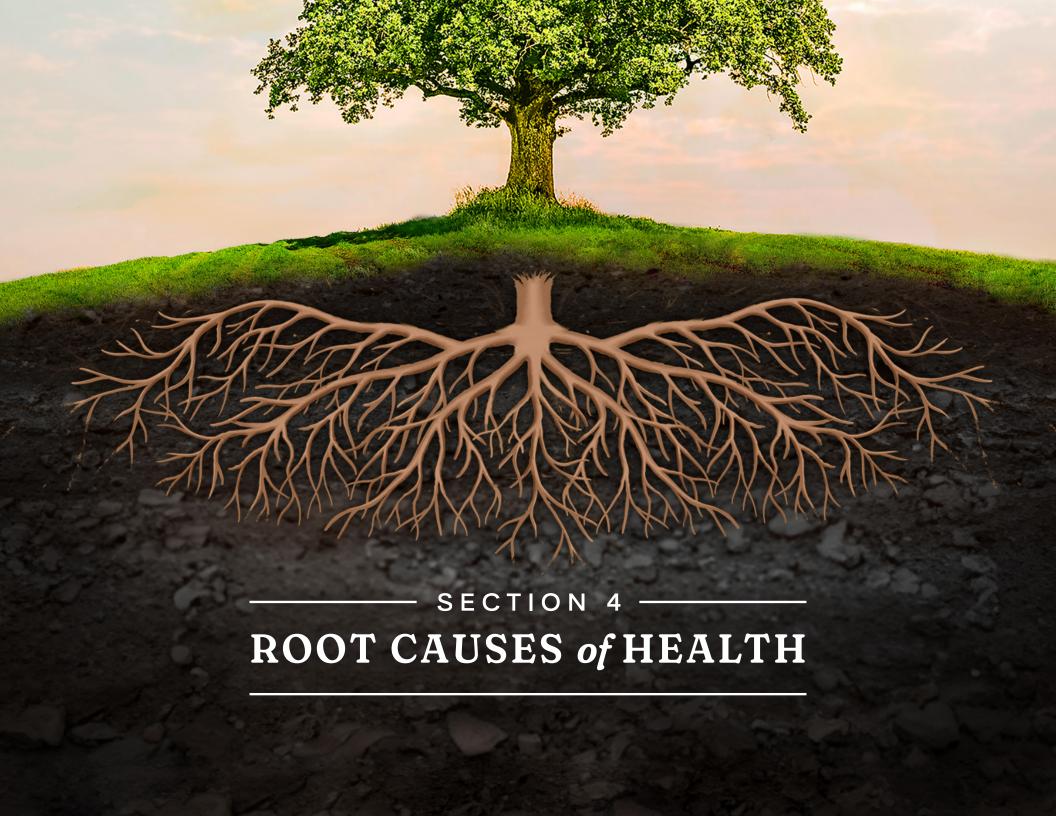


Key Takeaways

- J Systems of power are the cultural values that control community-wide decision-making. "Power over" values domination and concentration of power, which creates harm for some and benefits for others. "Power with" values collaboration, interdependence, and autonomy, and aims to create mutual benefits for all through equitable resource allocation.
- 2 Dr. Martin Luther King Jr. defined power as "the ability to achieve a purpose." The impact of power—whether good or bad—depends on the values and purpose.
- By understanding the past and present impact of power on health and wellness, people develop appropriate skills to make individual and collaborative decisions towards health and wellness. Having clarity about the relationship between power and health also empowers us in choosing different strategies, interventions, and resource investments without recreating current dynamics where people are experiencing crisis from pain and suffering.

- Racism is one example of a "power over" system, and the Louisville Metro Department of Public Health and Wellness' Center for Health Equity leads with a race-forward analysis because of the unique history of Native genocide and African chattel enslavement. Our analysis of health equity understands that, while we might lead with race, 'power over' dynamics exist across all aspects of human identity and cannot be understood separately from race—like class, gender, ability, and more.
- Our understanding of how past decisions created the current reality helps us understand how intentional values can create the future.
- 6 Having a clear understanding of how historical decisions intentionally or unintentionally reinforced "power over" systems can help us forward our strategy towards "power with" systems.
 - The United States used violence and domination to build power and wealth through control of land and labor by

- defining who did and did not have rights. Redefining how land, labor, and investments are used and created will be necessary to create systems that protect human life and define health as a human right for all.
- Progress towards "power with" is often met with backlash that leads to compromises or policies severely limiting their scope.
- We have never invested in "power with" systems to the same degree that we have invested in "power over" systems.
- Our ability to make changes in health outcomes for residents is well within our collective power and ability.
 - A collective realignment of values, decisions, and prioritization of resources is needed to shift from a reality where some have power over others and create health inequities and instead to a system of power with each other where people collaborate to create equitable outcomes.





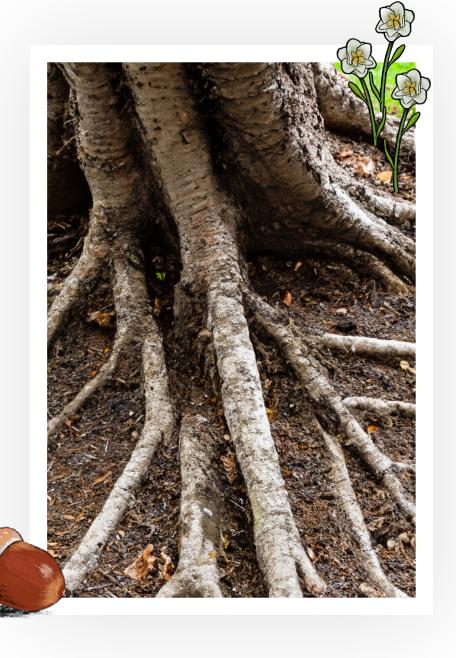
To build community requires **vigilant awareness** of the work we must continually do to **undermine all the socialization** that leads us to behave in ways that perpetuate domination."

- bell hooks

American author, theorist, and educator who was a Distinguished Professor in Residence at Berea College

The 2017 report highlighted 21 health outcomes and 11 root causes. To better connect how root causes interact with each other and how residents experience them, the root causes have been reframed for the 2024 HER (see table on the following page). In partnership with the HER Community Advisory Board, and with feedback from other residents and organizations, we created visions for how "power with" values can transform community conditions. This will help us better tailor our strategies by learning from how our past has impacted our current state. Shifting how we experience these different root causes will require imagination, creativity, and new relationships with ourselves and each other.

The 2017 report highlighted 21 health outcomes and 11 root causes. To better connect how root causes interact with each other and how residents experience them, the root causes have been reframed for the 2023 Health Equity Report (see table on the following page). Shifting how we experience these different root causes will require imagination, creativity, and new relationships with ourselves and each other. In a second phase of release, each root cause will be explored in depth, including:



2017 Root Causes	2023 Root Causes	"Power With" Values	Questions
Education, Early Childhood Education	Learning to be part of society	Supporting each other and being supported in learning how to be part of society and maintain healthy relationships with each other.	What shifts if we reimagine what the most important skills and values are for us to learn?What shifts if we prioritize a culture of mutual support and care from the beginning?
Employment & Income	The value of work and rest	Having control over our own lives to define our own purpose and life path and being able to resource ourselves and our communities in that path.	 What shifts if we change what work we believe is valuable and deserves to be compensated? What shifts if we realign our goals towards a focus of making both individuals and communities as healthy and thriving as they can be?
Housing & Community Development	Creating belonging and home for everyone	Creating a community of belonging where everyone can call a safe, stable place home.	 What shifts if we change the way housing is linked to individual and community resources? What shifts if we understand every person deserves housing tailored to their individual needs?
Environmental Quality, Transportation	Collaborating to sustain healthy, natural environments	Caring for the environment to sustain the resources that people need to survive and thrive.	 What shifts if we are more in tune with how society's resource consumption is linked to our health and the health of our environment?
Food	Feeding and nurturing our communities	Creating a community where our resources are invested to guarantee everyone has the necessary nutrients to be healthy and thrive across their lifespan.	 What shifts if we reimagine how agricultural work is experi- enced and how food is shared to build our relationships with ourselves, our community, and our environment?
Health & Human Services	Supporting individual and community wellbeing	The care work required for our individual and collective health and wellness is valued and taken seriously.	 What shifts if we change our definition of what care is and how that is supported by the community?
Criminal Justice	Creating safe communities and repairing harm	An abundance of options to meet our physical and mental needs exist that support healthy relationships with ourselves and each other	 What shifts if we focus on systems that support our social and emotional development as a community over systems that create violence, shame, and punishment? What shifts if we reimagine how to be accountable to each other?

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Key Takeaways

- This report provides visions, current state, historical context, and what transformation might look like for seven interconnected root causes.
- Shifting how we experience these different root causes will require imagination, creativity, and new ways of being in relationship with ourselves and each other.



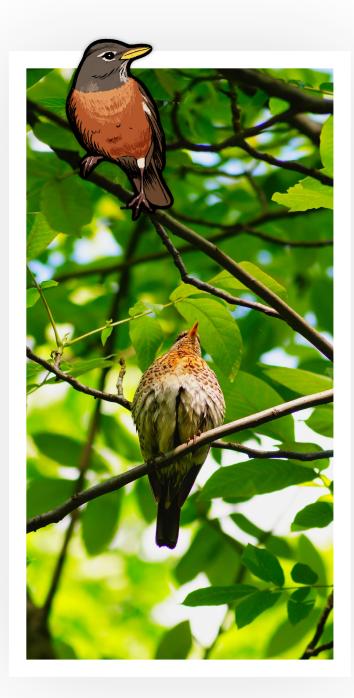


Any Change may bear **seeds of benefit**. Seek them out.

Any Change may bear **seeds of harm**. Beware."

- Octavia Butler

American author



The systems of power over have been around for decades and this means these values have a head start in defining daily reality for people. Because of this, it can be hard to imagine different systems that empower people to collaborate with each other in support of community health and wellness.

Much is already understood about how to create health and wellness because people who benefit from power dynamics are already experiencing longer life expectancy, fewer adverse health outcomes, and more control over the choices they make for their lives. However, even examining these communities can show how current systems limit the possibilities of thriving and experiencing full potential for everyone. Collective innovation, creativity, and resources are limited when forced to be invested in maintaining unfair control rather than meeting everyone's needs.

Making Decisions that Support Health Equity

The 2017 HFR introduced the levels of society, or the socio-ecological model (SEM), to think about which decisions have the greatest impact on ending health inequities (see full SEM model on p.48). This model was developed by researchers and scholars from the 1970s and eventually adopted by the Centers for Disease Control and Prevention and the World Health Organization as a tool for social change. One of the most recent models, known as the Health Impact Pyramid, was developed by former Director of the CDC, Tom Frieden.¹

Overall, what these ecological models teach is that each level of society has a different level of impact on the choices people make. For example, changes to how resources are distributed at the community level will impact more people and create conditions that make it more likely

for individual behavior change to support health and wellness needs.² This also means that to see true shifts in population health, it is not enough to focus our public health strategies solely on individual behaviors—the choices people make.

Instead, we must focus on ending human-created crises. Resources are made available or unavailable to neighborhoods by the decisions made at the community-wide levels-organization, community, and policy levels of society. Society will leap towards a healthy society when resources needed to thrive are made available to every person in the community, The socio-ecological model clarifies the types of decisions that need to be addressed to create health equity. Therefore, our focus on solutions will be at a community level—thinking about policies, funding, and other resourcing decisions.





So far, this report has shared the impact power has on root causes. This section will connect those concepts to a vision for transformational change. But this should not be understood as the only approach to societal change because, while the authors of this report have significant knowledge, we do not know everything. And the story shared in this report is only a fraction of the way "power over" systems are impacting us every day, in our daily lives. As we discuss solutions, this report is not intended to create

a step-by-step roadmap needed to realize a healthy and well society. Instead, this section should be understood as guidance for us to imagine the possibility of collaborative work that could create an environment where all our communities thrive. This section explores different ways to think about goals, visions, and decisions that address community health and wellness without creating power over others.



Transformational Vs. Transactional

A particularly important skill needed to advance health equity is learning to develop an analysis that can challenge power over others and support power with others. While many desire change, strategies often reinforce the "power over" systems rather than coming closer to a vision of power with each other. One framework that has been helpful to think about decisions is transformational and transactional. Consider these approaches adapted from Human Impact Partners:²

Transformational

These approaches lead to sustained, long-term change and evolution towards "power with" systems. The focus is on creating widespread opportunities and investments for people to think and act in new ways that care for themselves and protect each other. These approaches help end crisis by giving people what they need, supporting autonomy, and building power with each other to protect community health and wellness. A transformational approach might look like a change in policy related to root causes such as a policy to address public zoning laws.

Transactional

These leave existing "power over" systems in place. Solutions tend to focus on personal responsibility and behavior change for those who are most negatively impacted by the system. Often behavior change or increasing knowledge is emphasized, however only towards the aims of better participation in existing, unfair dynamics. These strategies do not end the pattern of crises people are experiencing, but rather reinforce the power of people who maintain power over others. For example, a transactional approach might look like a program established to provide an immediate need such as food, water or housing.

	Transactional	Transformational
Impact on Systems	The system of power over others is kept in place.	The system is fundamentally transformed towards "power with" each other.
Problem Identification	The process to address problems is often easy or quick for institutions/ organizations to incorporate because it relies on current narratives and systems. People are often blamed for their own problems or encouraged to blame other people who are also suffering. Solutions are focused on individual behavior for people in crisis or symptoms of a root cause problem.	The process is lengthier and requires a root cause analysis, examination of assumptions, disruption of what is causing the problem, and creation of long-term solutions. People are empowered to collaborate to stop the community-wide decision-making that causes individual-level crises.
Who is Given Power to Make Changes	People with existing power are the only ones with authority to define solutions and allocate resources. Authority outweighs and often overrides the expertise that comes with study and lived experience. When authority considers diversity, it may tokenize individuals and/ or place emphasis only on demographic representation. Lived experience does not automatically equate to expertise, and invitation does not automatically correlate to influence in decision-making. The diversity that is added to the decision-making process does not disrupt the existing process.	People who have studied the problem and have lived experience are encouraged to collaborate across the community to identify solutions (because it is understood that lived experience alone does not equal expertise). People with the problem are resourced to problem-solve and make decisions autonomously. People who are not most impacted by the problem, support and protect the people with the problem as they identify solutions. Space is created for mutual knowledge creation and application of this knowledge to problems in unique ways.
Approach	Authority outweighs and often overrides the expertise that comes with study and lived experience. Existing solutions, process, skills, and authority are used to reinforce existing power dynamics. There is the assumption that there are incorrect and correct ways of approaching a problem. "Failure" is a possibility, and it is ingrained to approach the problem in a way that will prevent "failure."	Requires changes in values, beliefs, roles, relationships, and approaches. Flexibility is created for new ways of working together, innovating, and learning from each attempt to make improvements. There is recognition that there is no one absolute solution, there is an ongoing learning experience. Authority does not outweigh the expertise that comes with lived experience and study.
What Types of Values are Prioritized	Changes may further entrench existing patterns. For example, this could mean overemphasizing individual freedom for some at the expense of others. This may also mean further emphasizing punishment or violence over processes that support collective care.	The ability for all individuals to make choices and provide for themselves is a priority, however individual desires do not outweigh collective responsibility. Individuals are supported with the understanding of our interconnectedness and need to have basic needs met.

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	Transactional	Transformational
What Types of Resources are Allocated	Short-term strategies that reinforce "power over" systems focus on punishment and/or secondary resources. Secondary resources create administrative barriers to primary resources. This might include limiting eligibility for needed resources, creating processes with multiple steps that make it hard to get the resources, not allowing people to use the resources in the ways they need, emphasizing education about changing behavior for people in crisis, and more. These strategies reinforce the idea of "personal responsibility" as the reason for their crisis, rather than systems that are created to isolate people from what they need. Long-term strategies continue to invest in systems as they are and may in the end be more costly to society by creating scarcity and negative social and health outcomes.	Short-term, care work strategies towards "power with" systems emphasize primary resources that provide immediate relief from the survival mode that follows trauma and scarcity. Primary resources are the resources that most directly meet the need and provide choices for care. This includes money, housing and housing repair, medical and mental health care, violence intervention, and more. Long-term, resources are allocated in ways that allow all residents, particularly those most harmed by historic injustice to have autonomy and agency. These approaches require long-term investments because they require skill building to determine appropriate solutions and new ways of thinking, experimenting, and improving community needs.
Pace of Change	These approaches are often identified as "quick" or "more feasible" because they address easy to identify symptoms and build on an existing infrastructure. But short and long-term change only deepens the dynamic of power over others.	These approaches require long-term investments because they require skill building to determine appropriate solutions and new ways of thinking, experimenting, and improving.
Type of Changes	Few changes are required; often a change can be made within a single organization—for example, the creation of a new program.	Requires an examination of what needs to stop to prevent further harm, and what needs to be created. Changes are required in many places, across multiple organizations.
Short-Term Outcomes	The focus is on changing the behavior of people who are harmed by the system to better participate in the existing system. Resources may be given but people do not have the control to decide how to use them for themselves. Behavioral interventions do not create sustained, population wide shifts in health outcomes.	Short-term relief and resources are directly given to people who are harmed by the system for them to decide how to use the resources themselves. Short term action is taken to intervene and disrupt the behavior of people who are causing harm. Residents can disrupt the cycle of trauma that leads to health inequities.
Long-Term Outcomes	Resources are further invested to keep the existing inequitable systems in place. "Power over" systems are resourced heavily so that the infrastructure exists to focus on punishment rather than care. Health inequities persist across the population, and overall, the population may even see declines in health	Resources are shifted to redesigning the system to guarantee people have what they need with the power to decide how to use the resources. Action is taken to ensure decisions that cause community harm do not happen again. As residents have direct access to health-supporting resources, inequities are reduced, and overall health of the community is improved.

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Many resources, like time, money, and labor, are invested into transactional solutions because they often feel more "realistic" or "feasible"—which is especially true when people believe that systems cannot fundamentally be changed. Sometimes, it might seem as though these solutions support reducing harm and negative outcomes in our community in the short term. However, many years of health equity research and experience have made it clear that to create health and wellness, strategies that reinforce "power over" systems will not realize our goals. To change the daily reality in our society for the better, short-term, and long-term transformational strategies must be prioritized that fundamentally reorganize how resources are distributed in society and design new systems.

Investing in transformational change matters because every time we delay or invest solely in transactional strategies, we lose time and ability to build our skills for transformation. Simultaneously, "power over" systems are reinforced and strengthened, making transformational change seem even more difficult or impossible. Many of the systems that people believe cannot be changed have only existed in their current form for less than a hundred years. Examples include our modern systems of health insurance, waste disposal and environmental regulation, housing, modern systems of supplying food and goods, systems of credit and financing, policing and incarceration, and more. Systems are humanmade and new systems can be created. While transformational change may not be immediate, it only becomes impossible if people do not invest in our ability to make this kind of change.



Creating Shared Visions for Transformation

Proposed solutions to health inequities should respect the urgent need for change. While urgency does not mean that full transformation will be realized quickly, it does mean having urgency to begin the process of moving towards transformation, investing in short-term relief and intervention, and being clear on the long-term goals.

Much of the work to improve health and wellness is shaped and limited by perceptions of what we believe is possible. Often this means people can spend a lot of time focused on transactional strategies while failing to invest energy, time, and resources into developing our understanding and practice of transformation.

The work of transformation will require a lot of reflection and skill-building. This will also mean that we stop doing work that causes harm to invest time to deepen the work that supports health and wellness. It may mean we need to slow down existing decision-making timelines to collaborate with community to understand and redesign for what would best support the long-term vision. It will mean we need to start allocating our resources now and in the future in completely new ways to support healing and long-term change.



The goal of this report is to expand our imagination and perceptions of what is possible to support shifting resources towards creating "power with" systems.

Residents want to control how and what resources are used to meet their community needs.

Transformational Visions

The transformational visions come from reflections and collaborations with the HER Community Advisory Board, policy session attendees, and broader community engagement.

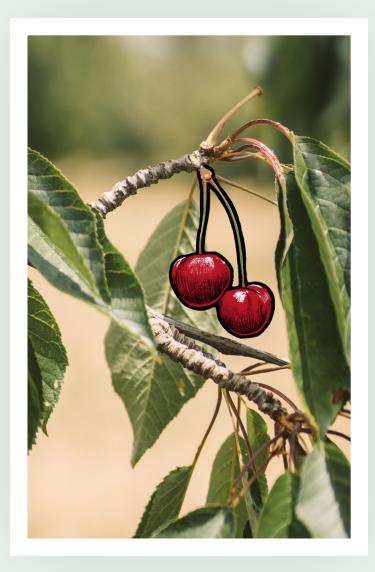
The result of these many discussions are the following six transformational visions which address both the process of moving towards "power with" and the conditions that are needed to truly support the Louisville we need and deserve to live a healthy life. These visions are the long-term goals that we must organize our collective resources around to truly advance health equity for our community.

Transform processes:

- Invest in creating narratives that redefine health as a human right.
- Create systems and build skills for collective decision-making.

Transform conditions:

- Ensure every person is housed and has the utilities they need.
- Create different approaches to labor and investment that prioritize supporting communities and individuals.
- Design communal support systems to be supportive, not punitive, and meet holistic needs for well-being of all.
- Protect our right to a future with healthy, sustainable environments through collective decision-making that prioritizes people most impacted.





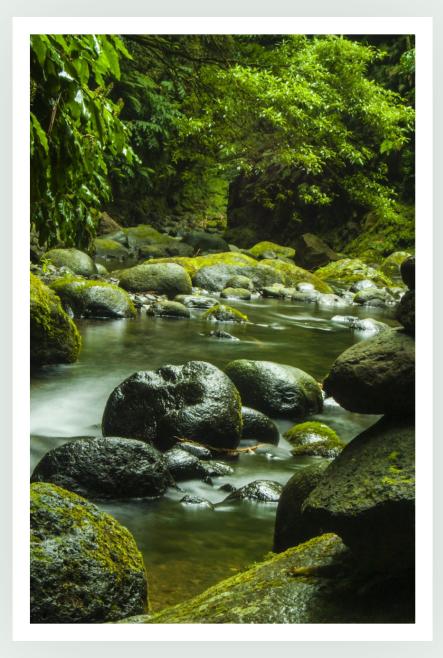
Invest in Creating Narratives that Redefine Health as a Human Right

Even among people deeply invested in community health and wellness, the dominant narrative of personal responsibility has a major impact on a collective strategy that is amplified by a limited understanding of how health is created, what health is, and how that should inform our decisions. This report has explored how this lack of alignment comes, at least in part, from not knowing how "power over" systems overemphasize personal responsibility. Having a shared vision of the problem and our values can help us make decisions towards "power with" systems that create community conditions for health equity. If we understand how community-wide decisions create our reality, we can make decisions individually, organizationally, and across the community to create a different reality.

A new prevailing narrative must emerge that challenges, disagrees with, and displaces narratives of personal responsibility and punishment and replaces it with a narrative that emphasizes care and ensures health as a human right. Sections One and Three of this report explore possibilities for a new narrative, including broader definitions of health to include mental, physical, emotional, and social health and a systems level understanding of how health is created; systems of power influence the values that guide decision-making that shape policies, practices and resource allocations for root causes, or community conditions and therefore the health outcomes residents experience. The choices that people make are shaped by the choices that people have; this means that systematically, residents have greater access to narratives of health as a personal responsibility, rather than health as a communal responsibility. Residents need more spaces, systems, and resources to learn alternative narratives that value health as a human right; with this foundational

understanding we can better imagine and practice possibilities and solutions. This will also require proactive support to develop healthy conflict and collective advocacy skills because displacing narratives of personal responsibility and punishment will be met with violence and pushback by those seeking to maintain these power dynamics. Building power for collective definitions of health means rejecting narratives focused on individual responsibility or neutral stances that reinforce the status quo. By doing so, we can move from systems that punish people for the predictable outcomes of structural violence and towards systems that invest in proactive care.

To create a new narrative, more people must learn how we are all linked, how our decisions impact each other, and the importance of "power with" values for our shared interests of health and wellness. See Section Six, The Gardener, An Invitation, for more information. Systems of learning and communication, like education, arts, and media, have an important role in community-wide storytelling that supports power with each other. See Section Four, Learning to Be Part of Society for more information. To create this widespread understanding, investments will need to be made that create more spaces for community-wide and group communication across every root cause in ways that directly challenge the concentration of power.



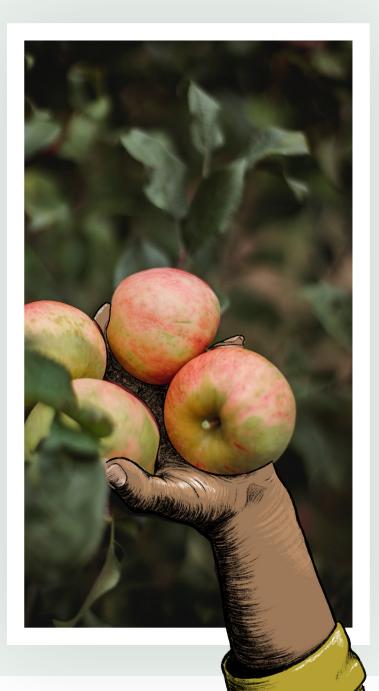


Create Systems and Build Skills for Collective Decision-Making

Community residents have consistently shared the need for community resources and suited for the diversity of community experiences: in language, culture, mental health, ability, age, gender identity and sexual orientation, and more. To transform towards a Louisville with resources as diverse as its residents, those historically targeted and excluded will need to be included (in a legal sense) and centered (in a social sense) as we collaborate to redesign society. Communities must be empowered to make their own decisions rather than having decisions made for them. Currently, laws and decision-making structures often function to prevent collective participation so that the needs of some can be prioritized over the needs of others. In practice, this means that community-wide processes must prioritize serving the needs of those who are historically left behind and who do not currently have their needs met.

Creating shared power will go beyond merely changing or slightly diversifying individual decision-makers in existing institutions; this change should go beyond transactional changes in organizational structures, practices, and programs. As people come together to build new systems that support health and wellness, simple representation in existing decision-making positions with concentrated power is not enough to create dynamics of shared power. Because every person is socialized into "power over" values, we have all learned to repeat behavior that maintains unfair power. We also often have not learned the skills needed to understand how systems work, and how to participate in meaningful interpersonal and organizational relationships that can change systems. Concentrated decision-making does not offer broad enough opportunities to participate in social change.

Decision-making must be thought of as the basis for our community conditions or root causes, and systematic design of ways to create inclusion, belonging and improve skills for "power with" decision-making must be prioritized. Transformation will lead to more equitable representation models, deconcentrated decision-making, and increases in collective capacity and time. Redesigning decision-making will require that people are more committed to the transformational vision than to maintaining the existing, concentrated power of the institutions they might be



part of. In practice, this might look like using existing power to create decision-making practices that require more people rather than singular positions of authority, reallocating resources away from existing institutions and towards transformational strategies, ending investment in work that causes harm, voluntarily giving up power, and much more. To sustainably expand decision-making, new decision-makers and transformational workers will need to be financially sustained to fully participate in learning and engaging each other in ways that values this labor more than labor that enforces power hierarchies.

Recall the definition and description of autonomy shared in Section Three—the power to shape one's own life and world, power with others to achieve mutually supportive goals, and power within that leads to feelings of self-worth and self-knowledge.3 Evolving towards "power with" systems and supporting autonomy will require investing in the ideas and creativity across community so each person can define their own life path, celebrate their culture, and be empowered to collaborate with others in support of community health and wellness in ways that work against community harm.

Community residents were also clear that systems need to acknowledge when decisions end up causing harm, whether intentionally or unintentionally. The work of health equity is complex and nuanced and should allow for nimbleness to tailor decisions based on community needs and desires.

Transforming Our Reality Towards Health as a Human Right

Shifting our narrative and building deconcentrated decision-making processes will create the conditions for us to approach transformational strategies in ways that are true to "power with" each other. Below are shared visions for community conditions that need long-term collaboration to create a daily reality where health is a human right. These visions come from collective conversations with community members, and other data and research Without a clear vision of what we want to see in our community, it becomes difficult to organize ourselves to make these visions a priority. These visions are an invitation for alignment, collaboration and organization of time and resources.

These visions do not include the detailed steps we need to take because those steps must be collaboratively defined. Each existing organization has a role in working towards collective clarity for action steps. Relying on a single organization or existing organizations alone cannot and should not define our roadmap towards transforming our reality. In fact, relying on existing decision-making rather than a collaborative process with new decision-makers will create and deepen health inequities. We invite you to join us in considering how we can work together to shift our resources, time, effort, and skills to directly support and sustain the community labor and healing that broadens participation in realizing these goals. We also invite you to imagine with us and to not

be limited by preconceptions or assumptions as we collectively imagine solutions and possibilities to achieve these visions.

During our conversations with community members, we discussed how many individuals and communities are struggling to have the resources to care for themselves. Historical reviews in Sections Three and Four detail how "power over" values have defined policies and practices to create resource isolation for some, and resource abundance for others. In visioning solutions together, we discussed major transformations needed across housing, utilities, income, labor, healthcare, community supports, food systems and our environments that are needed to ensure residents can take care of themselves and each other. Taken together, these four visions provide the community conditions that would allow health to become a human right.

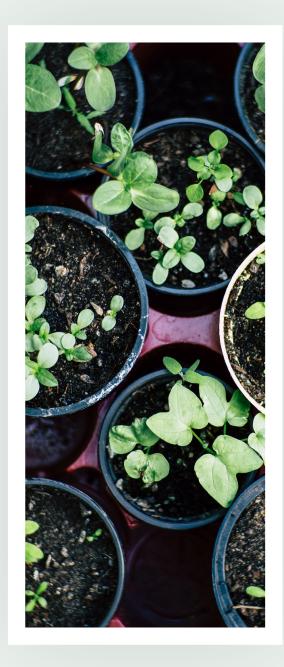
We deserve to be cared for, to care for each other, and to care for ourselves.

Ensure Every Person is Housed and Has the Utilities They Need

Creating belonging requires us to be connected to each other, have significant decision-making power in the design of our neighborhoods, and build communities where we can develop relationships and collaborate to meet our needs with our neighbors. Creating a community where everyone belongs requires designing a community where everyone has a safe, stable, comfortable, and connected home. Strategies for transformation towards "power with" each other must begin by creating systems that guarantee autonomous housing for people who are unhoused or at risk of being evicted. Ensuring safe housing will also require designing systems to guarantee utilities for every resident that make homes physically safe and functional. At a minimum, this will need to include clean water, electricity, heat, digital access, waste disposal, and more. Housing solutions will need to meet the variety of physical, social, emotional, and cultural needs in our community recognizing that for individual and community health, there will not be a one-size-fits-all solution.

How does this undo "power over" and move towards "power with"?

Claiming the land and homes of others is a fundamental tool of racism and "power over" others. Autonomous housing is one of the most important resources we need to thrive because the stability and safety housing provides is fundamental to health and wellness. Policies that reinforce the instability of housing lead to people experiencing significant trauma that makes them more vulnerable to systems of punishment. Prioritizing safe, quality, guaranteed housing for everyone is prioritizing systems that support health for all.



Create Different Approaches to Labor and Investment that Prioritize Supporting Communities and Individuals

When it comes to our time and labor. "power over" systems create hierarchies that value using both for individual profit more than community health and wellness. These hierarchies isolate residents. from resources like livable wages and leisure by restricting the ability of people to control their own labor and investment into sustaining community resources for the long term. Through "power with" values, the best use of our time and labor is creating resources that support shared ownership in the care for ourselves and each other required to live long, quality lives. Recognizing that the choices people make are shaped by the choices people have, new approaches to labor significantly expand the choices people have by empowering people to invest in their own rest, dreams, and needs, and to imagine how these needs can also benefit the community. New approaches will require

change in how systems of labor, compensation and investment are created, which includes prioritizing shared ownership and control of these systems. This allows for a different relationship between people and the work it takes to sustain a thriving community, where labor that benefits communal needs is valued more than labor that prioritizes individual profit.

This collaborative approach to sustaining community makes room for the humanity of labor, where it is understood that everyone needs ample time to rest and that some people may not be able to work at various times in their lives due to disabilities. Because the creativity and innovation of labor is combined with the sustainability of collaborating for communal care, there will be more than enough time and resources for people to contribute what they can, take the rest they need, and support each other to thrive.

Initial development and design of different labor systems will need to prioritize those most directly impacted by the persistent legacy of isolating residents from resources. For example, Black residents will need to be prioritized and invested in to develop shared ownership of transformational communal work. This allows for the long-term interruption of the ongoing legacy of the labor of Black people being controlled by enslavers and wealthy people who own major industries. In redefining labor and investment practices, we open possibilities for individuals and communities to have more autonomy in caring for themselves and being able to meet their needs in a way that allows all, especially those most historically isolated from resources, to thrive.

How does this undo "power over" and move towards "power with"?

In this society, money is used to exchange goods and generate power while working is prioritized over wellness. New approaches to labor should shift the priority to people having their needs met. "Power over" systems designed an economy where people create scarcity for many people to create profit for some. This leads to people staying in dangerous situations simply because they cannot afford to leave. This also means that many people are operating under survival mode because all their time is spent just searching for avenues of survival, which ensures that people do not have the time for rest, reflection, and recovery. The economy does not incentivize support for what is most needed within the community, but rather what is most profitable for a few. New approaches to labor and investments opens possibilities for a new economy where people can participate in healing and caring for themselves and each other.

Design Communal Support Systems to Be Supportive, Not Punitive, and Meet Holistic Needs for Well-being for All

People require caring relationships with each other and systems of abundant resources to survive and thrive. The current design of society does not make it easy to offer or receive care. Often, care work is undervalued and demeaned, and systems are instead resourced to enforce the individual interests of some over the mutually beneficial interests of the collective through systems of punishment and control. Because of the scarcity this creates for the resources people need for safety and stability, this often means that people also turn to violence or abandonment to protect resources for themselves. New possibilities for the health of individuals and communities are created when we invest in work to support the range of our social, emotional, and physical needs in ways that are abundant, sustainable, culturally relevant, preventative, and healing.

To do this, we must deprioritize systems of punishment and instead invest in creating networks of communal support. Communal support includes building systems that proactively intervene in the conflict and violence we experience in our communities that result from resource isolation. trauma, and systems of punishment. This means reinvesting in support for running a household, childcare, obtaining and preparing food, homecare, conflict mediation and violence intervention, accountability and repair, disaster preparedness and response, and much more. Current systems like medical systems, nonprofits, and other forms of underdeveloped care may be narrowly defined, disjointed and difficult to navigate because we have never had a holistic system to provide care. As fragmented systems developed with limited resources, agencies might be incentivized to deprioritize community needs in favor of financial profit, organizational sustainability, or punitive practices that support the existence of the organizations. For



instance, this may look like better healthcare for individuals who can afford higher prices or insurance premiums. Through "power with" systems, people are empowered to invest in creating their own individual and communal networks of support that allow for us to support each other broadly and specifically in the daily functions that sustain health and wellness. By creating new systems across the levels of society that meet the broad desires of health and wellness goals across culture and community, our society can be transformed towards care, conflict resolution, and support. This investment must also prioritize interrupting the harm of "power over" systems across root causes as a requirement to fully experience the possibilities of communal support. Otherwise, "power over" values that isolate people from needed resources will undermine transformational strategies by encouraging disposability and criminalization of others, intimidating people from offering care to others, and persistently reinforcing conditions that create individual-level violence and punishment. This will mean

we cannot move closer to transformation without reallocating our

resources to prioritize investing in community care, prevention,

and repair rather than punitive systems.

How does this undo "power over" and move towards "power with"?

In "power over" systems, caring for oneself is designed to be a luxury, exclusively available for some. At the same time, those who currently provide care and support (such as homecare aides or cleaning professionals) often experience exploitation like wage theft, assault, and more. Rather than empowering people to support each other, "power over" systems invest in creating competition for scarce resources and then punishing people who have been isolated from resources across every root cause. This includes bureaucratic processes like eligibility requirements, accessibility barriers like having no resources nearby that meet cultural needs, being excluded from participating by physical designs, punitive regulations like code violations, police and legal systems, foster care systems, school punishment, and more. To free up the resources we need to provide the important, urgent support that is needed across our community, new resources and existing resources currently invested into the ability to punish community will need to be diverted to community ownership of care. Punishment and the ability to harm others is fundamental to maintaining power over others. Prioritizing care, rest, and joy over punishment helps us build skills to protect each other from violence.

Protect Our Right to a Future with Healthy, Sustainable Environments Through Collective Decision-Making that Prioritizes People

The natural environment is a direct lifeline to people being able to thrive. More specifically, the land offers the fundamental resources people need to survive—including food, medicine, water, supplies for shelter, and much more. When our natural environment is seen as a precious resource to be governed and shared together (as opposed to exclusive, limited ownership of community-wide land and its resources), we transform towards shared power.

This makes it possible to redesign the daily functions that define how resources and land are used throughout the community, from nourishment, to production of goods, to public space. Humans will always have a need for food, social support, housing, collective care and more. Human health and wellness must be seen as **reliant on the health**, **wellness**, **and sustainability of the natural environments we belong to and live in.** To create this harmony and balance, we must also rearrange our relationship with land and property to allow for more collective decision-making in ways that lead to the decisions of people who are most directly impacted by environmental choices. To do this work well will also require observation and learning from people with the indigenous and cultural knowledge that repairs environmental ecosystems, like Native and Black residents in the United States and across the world.

How does this undo "power over" and move towards "power with"?

When it comes to developing the United States, power and wealth is realized through who controls the land and property. Claiming land for concentrated control and taking away the ability for people to have community autonomy that sustains health and wellness are fundamental methods to generate wealth and exclude access to resources in our current society. Throughout history, policies have dictated the use of natural resources that create benefits for some and harm for many; major sectors like the war and military industry, energy consumption, and mass agriculture define the use of community resources and cause daily community harm. These policies and practices are also leading to climate disasters that dramatically increase the threat to human survival. Changing how we think about interacting with our environment and how we make decisions about what affects us collectively is vital and changes our relationship with power and each other.

Why these visions?

The goal of providing these visions is to move people out of survival mode by creating space for people to breathe, rest, learn, and practice care with themselves, each other, and the world we live in. It is not possible to create a reality where people can thrive without collaborating to create systems that sustain and guarantee our basic needs are met. These visions are very intentional in starting with directly supporting people that are isolated the most from these resources,

like housing, clean environments, and community safety. These priorities do not necessarily define how we make this happen; it will include a series of policies, programs, and decisions across the levels of society. However, this offers a guiding vision for the work to build community wellness and redistribute resources over the next several years, as we focus on how to transform these systems together. We must understand that our end goal is for all our residents to have a substantial

improvement in daily quality of life and truly experience health as a human right.

We believe this goal is not possible without this combination of visions, but we must be more committed to achieving our end goal than any strategy if it does not serve the overarching goal. There are many pathways to build the collective power to achieve this reality, and we must be committed to learning and growing together.



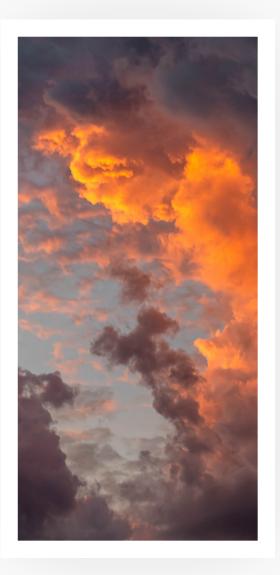
COVID-19: A Case Study and Call to Action

COVID-19 exacerbated many existing health inequities. However, COVID-19 also demonstrated that there was a possibility for change, innovation, and working in new ways that could protect people. COVID-19 highlights the importance of making decisions that can move us towards "power with" each other. As you read this section, think about how the lessons learned demonstrate the need for fulfilling the community transformational visions, and how a fulfilment of those visions could help us prevent bad health outcomes in the next crisis.

The COVID-19 pandemic has been an intergenerational traumatic event for people. Research has shown that there has been a rise in blood pressure among adults, many people are experiencing prolonged stress, severe anxiety and depression following the onset of the

pandemic. 4-6 In addition to fear and stress. the COVID-19 virus can cause significant bodily harm including multi-organ damage to respiratory and vascular systems.^{7,8} Some estimates show that more than 50% of people who are diagnosed with COVID-19 and survive might experience post-COVID symptoms and disabilities- or "long COVID"—for six months or longer after initially recovering.9 By the end of the federally declared public health emergency in May 2023, over 104 million cases were reported and over 1 million people died from COVID-19.10 More than 140.000 children have lost a primary or secondary caregiver from COVID-19.11 These numbers likely do not capture the full impact of COVID-19 in the United States.

Evidence shows that United States
public health and medical systems did
react quickly to the pandemic to protect



residents, however, there were systematic issues with the response that led to proportionally more cases and deaths for United States residents than other countries like Taiwan, Singapore and South Korea. 12-14 After the first year of the pandemic, the United States "account[ed] for 25% of global cases and 20% of global deaths despite comprising only 4% of the world's population. "14 Individual efforts of communities and organizations were not enough to overcome a response that was not coordinated and structurally lacking; by 2021, it is estimated that over 400,000 Americans died whose lives could have otherwise been saved. 15

Disease responses that support "power with" others prioritize building structures and allocating resources to ensure availability for everyone, especially those most at risk, to slow the spread of the virus.^{16,17} In practice, these resources include:

- Ongoing, factual, specific information and communications on the disease and how to protect yourself and each other.
- Making prevention methods an easy default that are desirable to use (for example available and free masks and tests, safe and comfortable isolation, redesign of ventilation systems).

- Having a robust data collection system to track and monitor the spread.
- Organizing community resources to supply pandemic support and sustain systems needed to respond.

A contagious virus shows the importance of shared responsibility for harnessing our community-wide resources to ensure people have what they need to survive and thrive through the immediate and long-term impacts of COVID-19. This includes public, non-profit, and private entities using funding, labor, and decision-making power to support practices that protect people from the virus. However, parts of the national pandemic response deepened power hierarchies by creating resource scarcity, interpersonal conflict, and widespread confusion about needed precautions.

Early efforts in the pandemic had great potential. Within weeks, people and systems mobilized to reduce jail populations, created new practices that provide housing and care packages to those who needed to isolate, changed governmental and philanthropic requirements to provide barrier-free financial assistance, checked in on neighbors to offer support, and much more.¹⁸⁻²² Many of



these changes and efforts were unprecedented and had real impacts that protected communities. They demonstrated what we are capable of when we focus on a shared vision and pool our collective resources to achieve it.

Despite early efforts of collaboration, "power over" values and strategies limited available support and reinforced the idea that some people are disposable if others can benefit. For example, tools to limit the spread of COVID-19 were hard to find and difficult to afford, like high-quality masks,

testing, and sick leave. 23,24

As support for precautions waned, public health was no longer supported to implement best-practice mandates and public health professionals faced threats from majority-White protestors for trying to enforce widespread mandates that protected public health.²⁵ The lesson is clear—mandates are only allowed under "power over" values when used to enforce power hierarchies but not to support shared power.

We know that early in the pandemic, many viewed COVID-19 as a significant threat, however as time went on, misaligned messaging across levels of government and coordinated floods of misinformation began to divide community perception.³³ In countries with higher levels of individualism, like the United States, the severity of COVID-19 was higher, and there was less perceived adherence to interventions that would slow and reduce the impact of the disease.²⁶ For example, over 300,000 American lives might have been saved if they had been vaccinated.

COVID-19 has been a mass trauma event. Americans are recording high levels of burnout, especially in caretaking professions like teaching and healthcare. 19 COVID-19 created unprecedented population-level mental health issues. 27,28 Many struggled to navigate the pandemic including difficult and worsened financial situations. 29 Many were impacted by COVID-19; having to find new ways



of adjusting to day-to-day life, and often losing friends and family. We have not all processed what COVID-19 has meant for us individually and collectively. This includes the loss and grief that we experienced during this time due to the virus. It also means the loss and grief that led to the racial uprisings during the height of COVID-19. It also means the possibilities for a better world that quickly slipped back into the status quo as we returned to "normal."

If there had been a better response, what would our world have looked like? Using COVID-19 as a case study, how can we take lessons learned to understand how we need to better organize our resources to minimize the effects of the next potential public health emergency? To prevent loss of more lives and to prevent such disruption and grief that we have experienced over the past three years?

Public health practitioners worked tirelessly to protect their communities; and yet faced with many systemic challenges, public health officials left their jobs in unprecedented numbers citing harassment, threats, and lack of political support.³⁰ Protecting communities when there were

already existing health inequities, lack of access to resources, and an underfunded public health system made the crisis more difficult to navigate.

The work of health equity is rooted in values that mass death and illness are unacceptable. However, the reason the United States experienced mass death and illness to such a disproportionate degree compared to other countries is due in part to a chronically underfunded public health infrastructure and existing racial inequities.²³

The past cannot be changed, but we should learn from past experiences to help us create a better future. COVID-19 has once again revealed how our current systems are not working effectively to protect all human life. This is a call to action for those who care about the health and wellness of the communities they live in, work in, and belong to. Those who advocate for health and wellness must challenge decisions that cause crisis and make decisions that create care in our communities. It is also an encouragement and demonstration of unity with those who share "power with" values.

As discussed in Section Two, we are currently



facing many crises. Without action, we can expect that these will worsen because our systems are set up to create disposability over communal support. If we value other outcomes, we will need to work together to create them.

Those who align with "power with" values cannot isolate themselves from each other. We must work together to invest in communal support and refuse to be pitted against those with aligned values. The goal is not to reinforce the power of existing systems but to work together to create new ones. We must make it explicit now— "power over" decision-making creates outcomes that we do not want for our community.

History is clear that the way to disrupt "power over" others is to build collective power for collective action towards shared

power. We urgently need to invest our skills and resources in creating and deepening the daily functions that support people's full potential of health and well-being. Partly, this will mean healing and support for the trauma people experience living in systems of "power over." This also means developing skills of self-advocacy, risk-taking and confrontation with conflict in support of shared power and care. Self-advocacy will be met with conflict as people who make "power over" decisions are challenged directly, in the moment, and for the long term. This will require taking risks that directly confront "power over" values throughout our lives and workplaces. Through collaboration with others, we can learn how to best use our power and our voice to take risks and speak out towards the shared visions of collective power.

The goal of this report is to add to the chorus of health equity advocates and community activists who are creating choices and opportunities for people to build a society where people have power with each other. The social transformation we desire is possible. Now is our time to dramatically change ourselves and society to realize it.

The next section reflects on the role of an individual in social transformation. We hope this report supports every reader to build their confidence and knowledge for self-advocacy. We also hope this report supports the reader to collaborate with others to prioritize taking daily risks of openly challenging the violence that comes from those who are more invested in maintaining power over others than power with others.

Key Takeaways

I Health inequities are not natural or inevitable. Aligning around shared transformational visions and building our skills to understand health equity can help us make real changes for our communities.

Throughout history and into the pres-

ent-day, "power over" systems have had levels of investment that include billions of dollars and unquantifiable working hours from people across generations.

This means these values have a head start in defining the daily reality for people.

Because of this, it can be hard to imagine different systems that do not create crises but instead empower people to collaborate with each other in support of community health and wellness.

- 3 How do we shift towards "power with" values that can transform towards health equity?
 - An important skill needed to advance
 health equity is to develop an analysis that
 can support and lead to decisions that disrupt power over others and support power
 with others.
 - Models of change for public health include the Health Impact Pyramid and the Socio-ecological model. Overall, what these ecological models teach is that each level of society has a different level of impact on the choices people make. To see true shifts in population health, it is not enough to focus our public health strategies solely on individual behaviors—the choices people make.
 - Instead, we must focus on ending human-created crises by making sure the choices people have mean it is easy to get the resources they need and difficult to cause harm to each other.

- Our focus on solutions will be at a community level—thinking about policies, funding, and other resourcing decisions.
- We offer the Transactional vs. Transformational framework to evaluate solutions with more nuance, particularly as we try to intervene on root causes and health outcomes. Transactional leaves the system in place whereas transformational fundamentally changes the way the system works.
- 4 Proposed solutions to health inequities should respect the urgent need for change. While urgency does not mean that full transformation will be realized quickly, it does mean having urgency to begin the process of moving towards transformation through big and small decisions.

- Much of the work to improve health and wellness is shaped and limited by perceptions of what we believe is possible.

 Often this means people can spend a lot of time focused on transactional strategies that some may believe is most feasible while failing to invest energy, time, and resources into developing our understanding of the transformation that we deserve and what our long-term goal should be.
- The work of transformation will require a significant amount of reflection and skill-building. This will also mean that we need to stop doing work that causes harm. It may mean we need to slow down our project timelines to better understand what would best support community. It will mean we need to start allocating our resources in completely new ways that support long-term change.

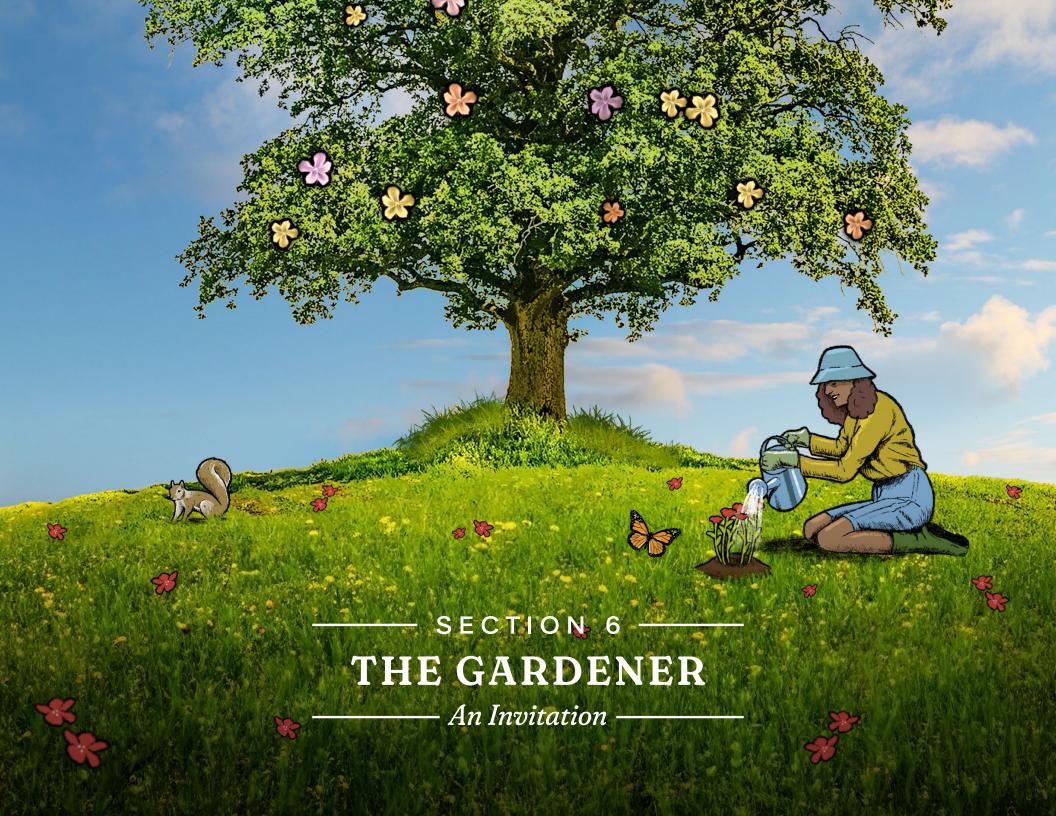
- Residents want to experience equitable decision-making and shared power to meet the fundamental needs of our community.
- Health equity can only be realized withsystems that are designed to support life.
- Advisory Board and over 150 people and organizations in our policy sessions to create a long-term vision for how we need to organize ourselves and our resources to transform our community towards "power with" and health equity.

Transform processes:

- Invest in creating narratives that redefine health as a human right
- Create systems and build skills for collective decision-making

Transform conditions:

- Every person is housed and has the utilities they need
- Different approaches to labor and investment that prioritize supporting communities and individuals
- Communal support systems are designed to be supportive, not punitive, and meet holistic needs for well-being
- Our right to a future with healthy, sustainable environments is protected through collective decision-making that prioritizes people most impacted
- O COVID-19 offers us a case study in the differences between "power over" and "power with" systems and offers learnings that can help us achieve these visions.





No matter what our intentions, everything we say and do in the pursuit of justice will one day be outdated, ineffective, and yes, probably wrong. That is the way progress works. What we do now is important and helpful so long as what we do now is what is needed now."

- <u>Ijeoma Oluo</u>

Writer, speaker



As this report nears its end, recall the complete tree metaphor. The one part of this metaphor that has not yet been introduced is the gardener.

A garden is an ecosystem that is complex and requires care, attention to detail, tailoring to unique needs, ongoing investment, and consistent evaluation. In her allegory, the Gardener's Tale, Dr. Camara Jones identifies the gardener as the person with "the power to act, the power to decide, and the control of resources." 1 The gardener can change the conditions for the tree, to tend to it and ensure its health. Dr. Jones suggests that in the United States,

these are the actual people who work to maintain the daily operations of institutions, including government, the media, foundations, corporations, and community organizations.

Gardeners are also the people whose power is realized through collective action.

This is an invitation to consider that everyone is a potential gardener towards a transformed garden.

To transform towards the "power with" visions outlined in the report will require collaboration, a reorganizing of shared resources towards our goals, and a collective value shift to occur. Achieving this

transformation at the community-wide level will require many more gardeners. To successfully improve community conditions does not require every single person to participate but it will require more of us to openly intervene, collaborate, and be good stewards of this garden—in Louisville and beyond.

While individuals may think their contributions are insignificant or unable to impact systems, when they are organized collectively with others aligned with "power with" values, the impact will go far beyond what each could have created on their own.

Understanding Your Role in Equity Work

There is a valuable place and role for every single person in the efforts towards realizing "power with" systems.

Creating equity is not as simple as a checklist, single staff role, or a one-size-fits-all tool. It is not a one-time accomplishment but rather a lifelong dedication that requires continuous, consistent investment across skills and interests. It is a complicated process of learning, asking questions, being in community with each other, intervening, challenging assumptions, testing, experimenting, revising, taking risks, and trying again as lessons are learned from mistakes and successes.

We know that many people aligned with "power with" values may not know what to do—especially through the crisis of COVID-19. Many people may freeze or avoid the responsibility that is needed largely because they are unclear about what is possible or feel significant fear about challenging unfair power. It is important for us to understand what prevents change within us and our community. Inaction contributes to maintaining systems as they are. To protect each other and nurture healthier gardens, gardeners will have to claim the power that is within themselves and within the collective will to take care of each other and openly confront values of "power over."



We recognize that residents can and will have distinct roles that contribute towards "power with" systems that will vary based on identity as well as formal and informal decision-making positions. This is an invitation to develop your lens and skills and think about how you can contribute to the collective.

An important early and ongoing step is to unlearn the dominant narratives about each other and learn new information that prioritizes the values of health as an individual and collective right for everyone. What can be learned from "the choices people make are shaped by the choices people have" is that opportunities need to be created and invested in that give people the



chance to choose power with each other, rather than power over another. Creating "power with" systems will require investment in people so their time can be dedicated to nurturing themselves and each other, rather than working in systems that maintain power over others.

When done correctly, equity work often feels uncomfortable as we unlearn behaviors of power over others—especially behaviors that we have internalized ourselves. Talking about power can be uncomfortable for many reasons, including not having the tools for healthy discussion. This means that talking about "power over" and acting towards "power with" can feel like an impossible or undesirable path. While equity work is uncomfortable—it can also be a sign of growth. **Growth is essential to transformation.**

Every social change requires directly challenging unfair power to create transformation. This means we will likely disagree and come into conflict with each other as we make explicit our ability to commit to values of shared power. However, "power with" values offer different pathways for navigating conflict that leads to deeper relationships and a society where people can thrive. It also creates more chances for people to practice using their strengths and skills towards systems-change. Confrontation and conflict do not always have to be violent. In fact, in "power with" systems, the goal is to protect the collective by working together to intervene in "power over" values early and often and by collaborating to build shared understanding, consensus, and empathy. Understanding how and when to challenge "power over" values must be rooted in your personal analysis and linked to strategy with others. You must be prepared to engage in debate and conversation, and your strategy should be clear and linked with others who are also committed to "power with." We must also learn to practice humility and accountability. When our intentions do not align with our impact, we must learn how to be self-reflective and work with others to transform our understanding.



Some questions that might guide this reflection include:

What are my beliefs?

- How do they align with "power over" values? How do they align with "power with" values?
- What have I learned that is helpful in practicing power with others?
- What have I learned that is harmful by reinforcing power over others and the idea that some people are disposable?
- Having a clear understanding of history, how power works, what you
 have internalized, and what you believe is possible will influence how
 you are able to show up for transformative change.

What do I need to unlearn?

We have all grown up learning "power over" values. Consider what
is personally and communally gained through "power with" systems
across identity.

Which skills do I feel like I need to build on, or who can I work with to develop these skills?

Examples of skills critical towards transformation towards "power with" include:

- Comfort with emotional discomfort and uncertainty
- Assertive and empathetic communication
- · Consensus building and relationship building
- Strategic risk-taking
- Violence intervention and conflict resolution
- Learning how to practice and prioritize empathy, care, rest, and joy for yourself and others
- Humility and accountability
- Knowledge of history and transformational visions

What do I have influence over?

- Is it in a public realm, like an organization?
- Is it in a personal realm, like my relationships with others?
- Who am I connected to? How do our values align?
- Where do I have power? What type of power is it?
- Where is this power centralized/concentrated around me?
- How can I decentralize the decision-making power I have that impacts others?

What are my strengths and passions for community transformation and how do those fit with others I am in relationship with?

What am I being told would be most supportive by people who are most impacted by "power over" systems?

How can I better collaborate with others to take strategic risks to challenge the status quo?

Strategic risks are specific, direct challenges to "power over" others.
 These are based on your unique situation, networks, and your relationships with others who can support you in this risk.

This list of questions is just a sample of what reflections could include. Many authors, artists, and thinkers have provided countless materials to help guide you on this journey, and we encourage you to explore these resources as you build your skills towards "power with" others.

Doing Your Work for Transformation

Individual Power

Proactively doing the work to develop your own understanding and access your individual power is important for community transformation. While true community transformation can only happen in relationships with each other, your personal ability to unlearn "power over" others in your own behavior and practice "power with" others have a significant impact on how progress happens. Individual reflection and skill building helps to create stronger, accountable relationships and strategy towards "power with" each other.

Because of how "power over" systems are designed, people often feel powerless to participate in or create change unless they are a formal decision-maker in an institution or organization. While it is true that some decision-makers have a disproportionate influence, this belief can lead to many people giving up the influence they do have in their own lives and the potential to collaborate with others for even greater impact.





Collective Power

Transformation needs many people developing belief in their individual power and working with others across different methods for advocacy, shared learning and dreaming of possibilities together, and community practice of "power with" values. With aligned values and vision, there are more than enough people to sustain transformation towards long-term visions where everyone experiences conditions supporting their health and wellness.

We believe there is a great need for community spaces that allow us to collectively build our skills and create, refine, and improve our strategies for moving towards a "power with" transformation.

We must value a diversity of thought, understanding that strategies are stronger with more perspectives. We need to have space to slow down, think and collaborate with care and intention around our goals. We must work collaboratively that rejects perfectionism but prioritizes rigor. There is no one right way to achieve equity, even

though there are plenty of pathways that could further cause and sustain harm. We must not be afraid to learn, evolve and iterate our learnings rather than looking at outcomes as only failure or success. This means we also need new methods of evaluation and measurement of outcomes.

Additionally, we must start to prioritize how and when we expend our resources—emotional, mental, financial, and more.

We must be more strategic about how we collectively organize these resources to create appropriate proactive and responsive strategies. Currently, much collective effort goes into transactional, reactive responses. Often this is because our systems are functioning perfectly to get the outcomes they were designed to create, and these outcomes create an immense amount of harm. However, only investing in these responses will never allow us to stop the harm people are experiencing.

We invite you to think about Grassroots Power Project's Three Faces of Power:

- Responding to individual decisions—this means advocating for or against certain decisions.
- Creating an agenda—this means working together to set the options for what you can respond to.
- Shaping world view—this means shaping what people think is even possible.
- In a transformation towards "power with," our efforts are organized around all three.

Our personal and shared understanding of practicing "power with" each other is still being developed. Because there is still much to learn with few existing spaces to build our skills together, we may often feel unprepared to do equity work; we are also likely to make mistakes and cause harm as we seek progress towards

transformation. Our uncertainty might be heightened by the truth that equity work often requires us to risk something—social status, economic stability, interpersonal relationships—and sometimes the potential gain feels unclear compared to our fear of the risk. But, understanding that "the choices people make are shaped by the choices people have," we can work to find existing spaces that align with "power with" values and create new ones that expand the individual choice and number of people participating in transformation. In doing so, strategic risk-taking can become less frightening, our imagination can grow beyond its current limits, and daily progress can be realized before we know it.

Through daily work to build our personal and collaboration skills towards "power with" each other, it is possible to protect each other in the short-term while building towards a future with community safety nets that protect us all.



Transformation is Possible

Throughout this report, we have laid out a vision for what true health and wellness could look like in Louisville, and the various transformations in root causes and value systems needed to realize this vision. This vision is only possible under systems that protect human life. To create these systems, we need to sustain vision and action that point us clearly in the right direction so we can wisely use our resources in the short- and long-term.

Currently, the realities for many are filled with immense trauma that changes depending on the context. Living in a society that is dominated by "power over" and racist decision-making forces us to live in constant fear of not having what we need and conforming ourselves to be what unjust power wants from us so that we can get access to what we need. Living in a reality where systems prevent us from

accessing the most important resources prevents us from having full access to the quality of life that we need to thrive. But, when we work together to design systems of care that resource each other, an entirely different reality becomes available to us.

The process of creating this report was difficult and evolved over the years it took from start to finish. It required flexibility, imagination, listening, research, and constant reflection. Being raised under systems of unfair power teaches us to repeat behaviors of control, dominance, and other unhealthy relationship actions. This makes it hard for us to make the decisions needed to support health and wellness. Being in community with each other helped us build our shared knowledge and skills and create a new vision for what our community needs and deserves. For us,





this report served as an example of what collaborative work towards transformation will take. As we dove deeper, we learned more from each other and opened ourselves to new ways of thinking, being and doing.

Our success as a community will be measured by how much we engage in deep work and change with each other such that it manifests in the true, literal change in the communal support that every single resident has in their daily life.

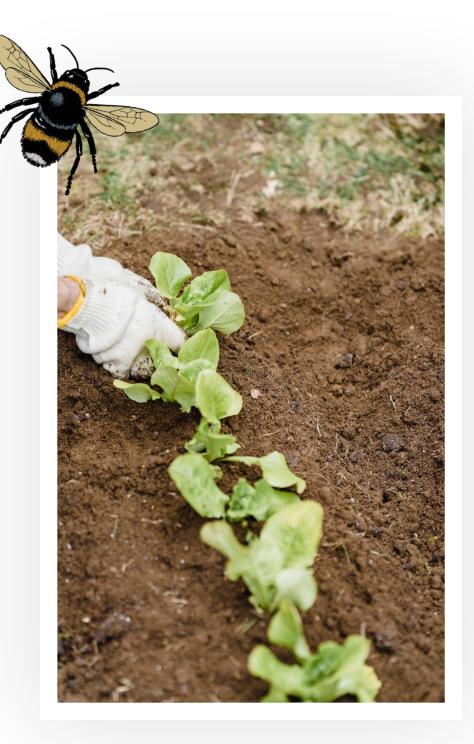
Health is more than just the absence of illness, or access to healthcare. It is about intentionally creating a world where we have what we need for joy, prosperity, and connection.

Our residents want to be safe, have good relationships with each other, and not experience crises because resources are being withheld or violence is being inflicted. To protect public health, the priorities for creating these systems must be:

- Every person is housed and has the utilities they need
- Different approaches to labor and investment that prioritize supporting communities and individuals
- Communal support systems are designed to be supportive, not punitive, and meet holistic needs for well-being
- Our right to a future with healthy, sustainable environments is protected through collective decision-making that prioritizes people most impacted

We accomplish these through shifting to a narrative that health is a human right and creating shared power with those most impacted to guide and create solutions. "Power over" values will abandon people to benefit the few but "power with" values will empower people to collaborate with each other to protect human

life. Investing our resources into creating short- and long-term communal support for ourselves and each other makes everything in our vision possible. When we stop working in ways that create suffering in our community, we instead reinvest that time into learning and practicing the skills that are needed that lead to transformation. This includes emotional skills, like emotional regulation, conflict intervention,



accountability, critical thinking, interdependency, emotional intelligence, and more. This also includes physical skills, like body awareness, how to physically take care of each other, how to protect ourselves, how to protect each other, working with the natural environment, and more.

Through transformation towards "power with" each other, our daily realities will evolve towards more rest, more time to create what we love, more time to deepen relationships with people we love, and more time to take care of ourselves and each other.

Nothing is guaranteed but anything we want can be possible when we work together to make it happen. As a community, we have everything we need to get started and make an impact towards our vision; we just need to come together to make the decisions that will reflect the value of human life.

And so, we offer this report as an invitation to our community—in whatever group, organization, or sector you belong—to join the many of us who are reimagining a future where people use our collective power to empower a life course where we can all thrive and benefit from every resident living to their full human potential. We hope that in a few years, this document will be outdated because the work has grown exponentially.

We can have a different world and we invite your collaboration so we can create it together.

Key Takeaways

- In the tree metaphor, the gardener can change the garden conditions, tend to it, and ensure its health.
- This is an invitation to consider that everyone is a potential gardener towards a transformed garden. To create change towards the vision of "power with" values will require collaboration, a reorganizing of shared resources towards our collective visions, and a collective value shift to occur. Achieving this transformation at the community-wide level will require many more gardeners.
- The concept of synergy means that when combined, the collective impact is greater than the sum of each individual component. When we work together collectively, our equity impact is greater than any one individual action.
- To protect each other and nurture healthier gardens, gardeners will have to claim the power that is within themselves and within the collective will to take care of each other and directly confront values of "power over."
- checklist or a one-size-fits-all tool. It is not a one-time accomplishment but rather a lifelong dedication that will require continuous, consistent investment. It is a complicated process of learning, asking questions, being in community with each other, intervening, challenging assumptions, testing, experimenting, revising, taking risks, and trying again as lessons are learned from mistakes and successes.

- with few existing spaces to build our skills together, we may often feel unprepared to do equity work and are likely to make mistakes and cause harm as we seek to progress towards transformation. Our uncertainty might also be heightened by fear of the strategic risk-taking that equity work requires. But, through daily work to build individual skills and collaborate with others, it is possible to protect each other in the short-term while building towards a future with community safety nets that protect us all.
- We invite you to understand how as an individual embedded within community practices and decision-making, you can adjust your relationship to power.
 - Self-reflection, unlearning and skill building
 - Creating systems and spaces for individual and collective transformations
 - Intervening in Grassroots Power Project's
 Three Faces of Power
- We offer an invitation to join us in creating a daily reality where **health is a** human right.
- 9 Nothing is guaranteed but anything we want can be possible when we work together to make it happen.

- We offer this report as an invitation to you—whatever community or organization or sector you are in—to join the many of us who are reimagining a future where people use our collective power to empower a life course where we can all thrive and benefit from every resident living to their full human potential.
- 11 We can have a different world and invite your collaboration so we can create it together.

APPENDIX

Suggested Citation

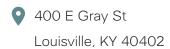
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Data Notes and Methodologies

The Chiang (II) method is used to estimate life expectancy, which allows the calculation of the standard error when there zero deaths present in age bands. The Kentucky Vital Statistics records were used to support death counts as well as leading causes of death. The population estimates were provided by American Community Survey (ACS). The 2000 Standard Population was used to conduct age-adjusted death rate. The data from Kentucky Vital Statistics is provisional and subject to change. Rates where the numerator is less than 20 are considered by the Centers for Disease Control and Prevention to be statistically unreliable and are marked as such in the report.

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