Cook County DEPT. of Public Health
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Forces of Change Assessment Findings

WePLAN 2020

The **Forces of Change Assessment (FOCA)** is part of the Cook County Department of Public Health's (CCDPH) WePLAN 2020 process. The FOCA was carried out with the aid of 26 people who are well-informed about resources necessary for optimal health and health equity. **The purpose of the FOCA** is to identify the "powerful organized interests that develop structures and support policies and practices that can either contribute to health equity or cause health inequities."[i]

Most focus group (FG) members identified the Affordable Care Act and the budget of the State of Illinois as both opportunities and threats that affect the local public health system and community.

- The Affordable Care Act provides more people with health insurance and increases access to care while encouraging health care providers to develop new partnerships in communities. But undocumented immigrants are not covered, and a shortage of providers, lack of transportation, and uncovered costs are barriers to care.
- State of Illinois budget cuts force people to examine the system and how we collaborate. The state budget limits access to childcare, health care, mental health care, and high quality public education.
- Marriage equality expands benefits to same sex couples. But people with disabilities who want to marry each other face loss of crucial resources; Climate change is also a threat, while increased awareness of transgender people is an opportunity.

Most FG members identified patterns of decisions, policies, investments, rules, and laws as harming people of color, middle-class and working people, and women, while benefiting wealthy people, corporations, white people, and men.

- Incarceration and police contact disproportionately affect people of color and gender minorities.
- While corporations benefit from tax breaks, and prioritize profit-making over a commitment to communities, there is a redistribution of wealth as pensions are weakened, rights of workers to organize is threatened, and wealth disparity increases.
- There is a perception of lack of control over one's community, an inability to affect policy and legislation, disillusionment with elections and voting.

Most FG members identified very wealthy people and corporations as having more power than average people to create, enforce, implement, and change decisions, policies, investments rules and laws.

- The interests of the very wealthy and large corporations were often described as contributing to health inequity.
- Elected officials are too often disconnected from the day-to-day lives of their constituents, and unaware of the scarcity of resources confronting the people they represent.
- People without great wealth have power when they unite to advocate for their interests. This happens through social movements, advocacy of elected officials, and requires organizing.

[i] National Association of County and City Health Officials. (2014). *Mobilizing and organizing partners to achieve health equity.* Washington, DC: NACCHO. Page 14.

WePLAN 2020 DRAFT

Forces of Change Assessment

Cook County DEPT. of Public Health

Promoting health. Preventing disease. *Protecting you*

February 2016

Forces of Change Assessment Committee

James E. Bloyd, MPH (Chair)
Kenneth Campbell, MPH, MBA, MA
Claudius Isfan, MPH
Femi Jegede, MPH, CIC
LaTrice Porter-Thomas, MPH, LEHP
Rachel Rubin, MD, MPH, F.A.C.P.
Keith Winn, MPH

Background

Achieving health equity is part of the mission of the Cook County Department of Public Health. "Powerful organized interests develop structures and support policies and practices that can either contribute to health equity or cause health inequities," according to the National Association of County and City Health Officials.[i] The World Health Organization's Commission on the Social Determinants of Health and the United State's Department of Health and Human Services *Healthy People 2020* identify social structure as the roots of health inequities. The purpose of this assessment is to describe the structural origins of health inequities experienced by Cook County residents. The Forces of Change assessment is one of four used by the Cook County Department of Public Health (CCDPH). All four assessments make up Mobilizing for Action through Planning and Partnerships (MAPP), which is designed by the National Association of County and City Health Officials. MAPP is widely used by US public health departments to improve population health.

This document reports the values, Forces of Change Assessment Framework (Figure 1.), procedures used in this assessment, and assessment findings.

Focus groups were convened by CCDPH in the summer of 2015 to assess the larger social forces that drive the conditions of daily living for residents of Cook County (National Association of County and City Health Officials 2014). Focus groups are carefully planned interviews in a group setting. Focus groups are not intended to solve problems, make decisions, or generate consensus, but are intended "to get high quality data in a social context where people can consider their own views in the context of the views of others."[ii]

The CCDPH FOCA Committee consisted of seven experienced staff members. This multi-disciplined team brought to the assessment skills and expertise in the following areas: social determinants of health inequity, school health, workforce development, healthy equity and policy, public health administration, community health, policy systems and environmental change, communicable disease surveillance and prevention, environmental health, occupational health and safety, clinical health care, quality improvement, and violence prevention.

The Committee planned and carried out the assessment informed by the CCDPH Mission and Vision which reads in part that "health depends causally on its environmental, economic, technological, informational, cultural, and political contexts" (Cook County Department of Public Health 2011).

The Forces of Change Assessment (FOCA) Committee members are:

- James E. Bloyd, MPH, Regional Health Officer (FOCA Committee Chair)
- Kenneth Campbell, MPH, MBA, MA, Systems Operations Analyst
- Claudius Isfan, Public Health Educator
- Femi Jegede, Communicable Disease

- LaTrice Porter-Thomas, MPH, LEHP, Sanitarian V
- Rachel Rubin, MD, MPH, F.A.C.P., Senior Public Health Medical Officer
- Keith Winn, MPH, Public Health Educator.

The tasks of the FOCA Committee are to:

a. Interpret the MAPP guidelines for conducting the FOCA;
b. Elaborate a process to implement the FOCA given the timeline, resources available, and data needed;
c. Receive training in April 2015 to increase skills and capacity to conduct a focus group;
d. Study and apply the conceptual framework of the *Healthy People 2020* "vision for a social determinants of health approach" by Howard Koh, et. al.; and the Commission On the Social Determinants of Health of the World Health Organization;
e. Identify and recruit focus group participants;
f. Reserve suitable focus group sites;
g. Create, assemble and provide background materials to focus group participants;
h. Develop an interview guide and practice its use;
i. Carry out focus groups;
j. Analyze data;
k. Report findings;
l. Disseminate findings;
m. Collaborate with the three other MAPP assessment Committees.

The Committee's work is informed by the values of public health, which include the understanding that health is a human right. "Humans have a right to the resources necessary for health," according to the Principles of the Ethical Practice of Public Health.[iii] Achieving health equity is rooted in social justice. The Committee aligns its work with The Public Health Leadership Society's statement that "Because fundamental social structures affect many aspects of health, addressing the fundamental causes rather than more proximal causes is more truly preventive."[iv] The Cook County Department of Public Health strives to apply the framework (See Appendix), analysis and evidence from the 2008 Final Report of the Commission on the Social Determinants of Health of the World Health Organization. The Commision's report is gradually having a national impact in the United States. Howard Koh, principle author of *Healthy People: A 2020 Vision for the Social Determinants of Health* and former Assistant Secretary for Health for the US Department of Health and Human Services, observes that "Using a social determinants approach can reframe the way the public, policy makers, and the private sector think about achieving and sustaining health."[v] Applying a social determinants approach to planning contributes to the definition of competent public health leadership.[vi]

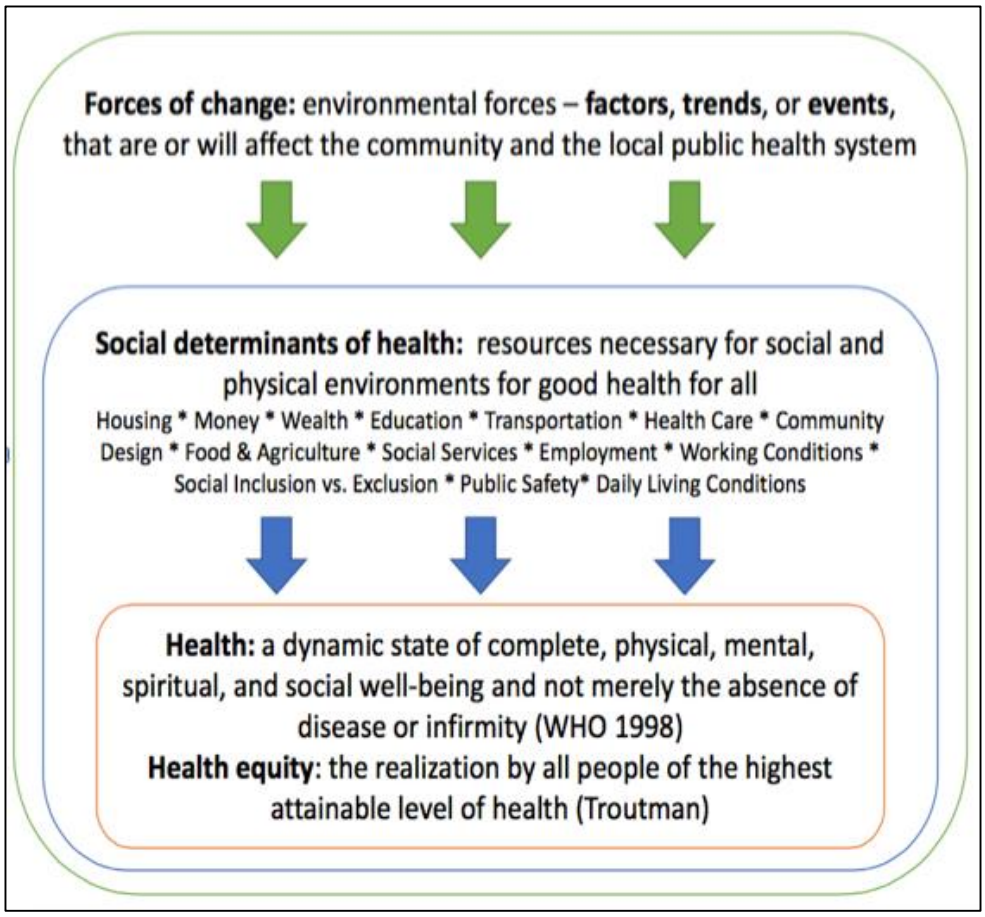

Figure 1. CCDPH used the Forces of Change Assessment Framework depicted here. It is the guiding conceptual framework used to plan data collection and analysis. It reflects the *Healthy People 2020* embrace of the social determinants perspective, based on the World Health Organization's Commission on the Social Determinants of Health conceptual framework. Health and Health equity are nested within domains of Social determinants of health, and Forces of Change. The Forces of Change are higher in a causal hierarchy because they affect the differential quality and distribution to population sub-groups of the social determinants of health. CCDPH interpreted the Forces of Change as structural determinants, because "numerous aspects of the social structure" limits the ability to achieve health equity [vii]

Focus groups were used first in marketing in the 1950's, and later in the social sciences. This method of gathering data is different from conducting a survey from a statistically representative or 'random' sample. The goal of sampling for this assessment—choosing whom to invite to participate in the focus groups--- was to gain insight about Forces of Change from 'information rich' participants, not to make generalizable statements from the sample to a population. The focus of this assessment is on substantive significance. Its purpose is not to generate numbers.

Identification of participants was based on several criteria. Purposeful sampling (Patton 2015) was used to identify participants, based on the ability to provide useful information on one or more social determinants of health----that is, the resources necessary for health (Figure 1). Participants fit criteria for eligibility if they had significant knowledge based on their working experience in the areas of

housing, income, education, transportation, health care, community design, food, social services, work and employment, social inclusion, public safety, and daily living conditions. A total of twenty-six people, most with years of experience in leadership positions, generously provided their time to participate in the focus groups (Table 1). A broad range of issues, problems and services were described by the participants as the focus of their daily work (Figure 2). Concepts and the underlying rationale that provided the foundation for the assessment are described in depth in "Healthy People: A 2020 Vision For the Social Determinants Approach" (Koh, et al 2011) and the World Health Organization's social determinants of health conceptual framework (Please see Appendix).

Participant Organization or Description	Participant Title
Advocate Health Care	Director Physician Network
Agency for Toxic Substances & Disease Registry USDHHS	Medical Officer
AIDS Foundation of Chicago; Black Youth Project 100	Community Organizer
Backbones	Executive Director
Chicago Southland Chamber of Commerce (2 Participants)	Physician Network Development Board Member
City of Harvey	Director, New Initiatives & Green Projects
Food Chain Workers Alliance	Co-Director
Grand Prairie Services	Chief Executive Officer
Greater Chicago Food Depository	Research & Evaluation Manager
Greater IL Chapter-National Multiple Sclerosis Society; DePaul University	Member; Student
Health & Medicine Policy Research Group	Policy Analyst
Illinois African-American Family Commission	Director of Operations
Illinois Caucus for Adolescent Health	Education Coordinator
Illinois Coalition for Immigrant & Refugee Rights	Health Policy Director
Illinois Self Advocacy Alliance	Community Organizer
Kenneth Young Center	Project Coordinator
Loyola Stritch School of Medicine	Director Community University Partnerships
Member of the Public	
Metropolitan Tenants Organization	Director
Northwest Compass	Program Director
Prevention Partnership	President/ CEO
Respond Now	Director
Restaurant Opportunities Center-United	Coordinator, Business Services & Training
Safer Foundation	Chief Operating Officer
SEIU Health Care Illinois	Health Systems Field Director
South Suburban College	Dean, Allied Health
US Environmental Protection Agency	Environmental Engineer

Table 1. Focus group participants represented leadership from a broad range of organizations with multiple areas of expertise.

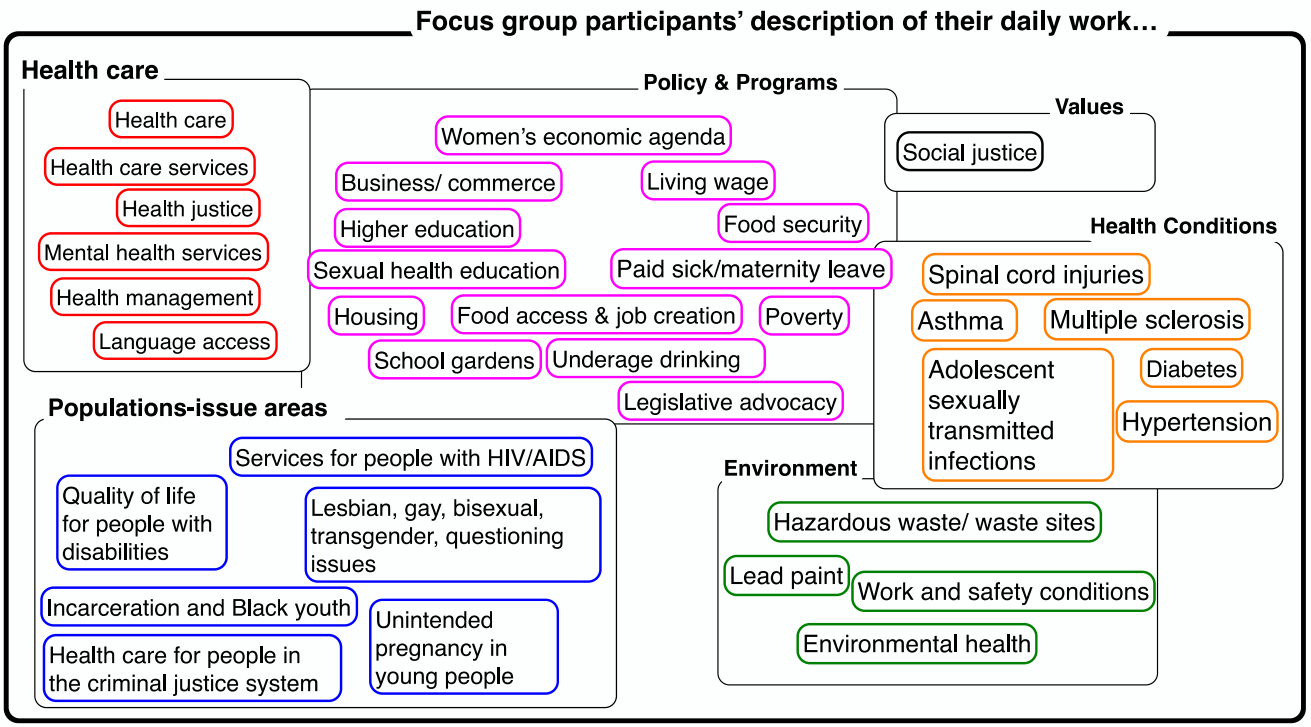

Figure 2. At the start of each focus group, each of the twenty-six participants described their daily work. The set of six characteristics-- environment, health conditions, values, policy & programs, health care, and population-issue areas, is one of many possible ways of characterizing participants' statements of what they do. The responses shown above indicate the participants' breadth of experience as well as their ability to provide a rich source of information about the structural forces affecting the social determinants of health for Cook County residents.

A working relationship with CCDPH was an additional criteria that guided inclusion in focus groups. Members of the CCDPH FOCA Committee developed a list of potential participants. Participation was limited by participants' availability for one of four scheduled dates and by the ability to travel to one of the focus group sites.

Preparation

Focus groups were carefully planned. FOCA Committee members were guided by technical assistance from staff from NACCHO and the University of Illinois at Chicago, School of Public Health (UIC). Dr. Joseph Zanoni, PhD, a professor at UIC, provided training on focus group moderation skills, post-focus group reflection and debriefing, and recommendations for data organization and analysis.

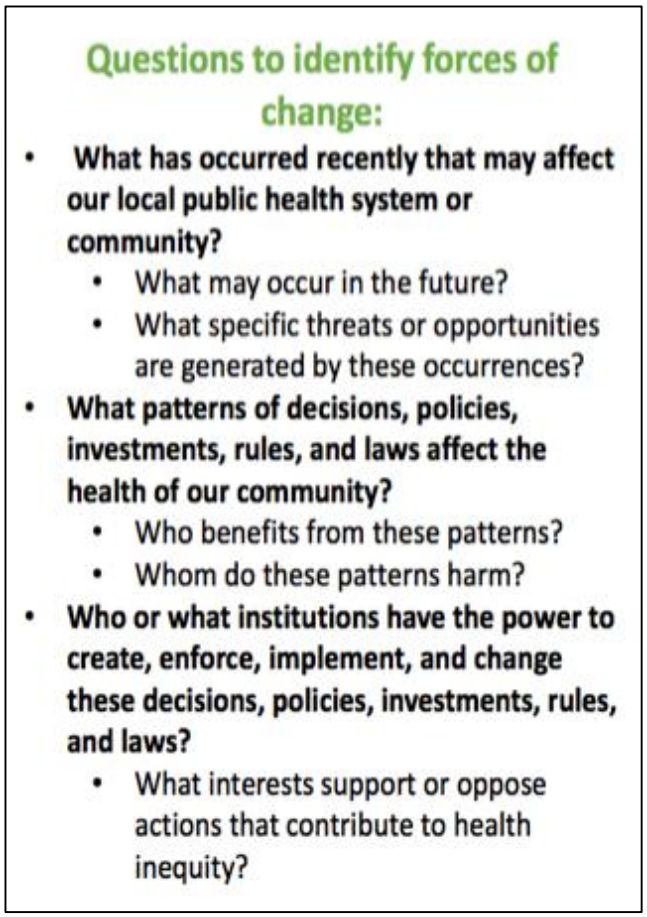

Figure 3. Over the course of about one hour, CCDPH staff recorded and facilitated discussions of three questions, listed in bold above. Focus group members also considered sub-questions. Given their complex nature, each question and corresponding sub-question(s) were printed on large format easel paper and displayed for participants to view during the discussion. Consensus was not a goal. Facilitators encouraged participants to express differences of opinion. The time provided for each group of questions was about equal. Questions were taken from NACCHO's "Mobilizing and organizing partners to achieve health equity" ['health equity supplement'], modified slightly, and grouped.

Tiffany Huang, MPH, MAPP Trainer, at NACCHO collaborated with the FOCA Coordinator in the development of the Forces of Change Assessment Framework (Figure 1) and focus group questions (Figure 3). Focus group participants were recruited by email and telephone. They were emailed materials explaining the purpose and background of the assessment. Sites were selected from across Cook County that were available free of charge, were accessible, and could provide a comfortable and non-threatening environment (Figure 4). Guidelines asked participants to listen and interact with each other, and encouraged them to express different points of view. The purpose was not to develop a consensus, but to develop a range of opinions. No incentives were provided.

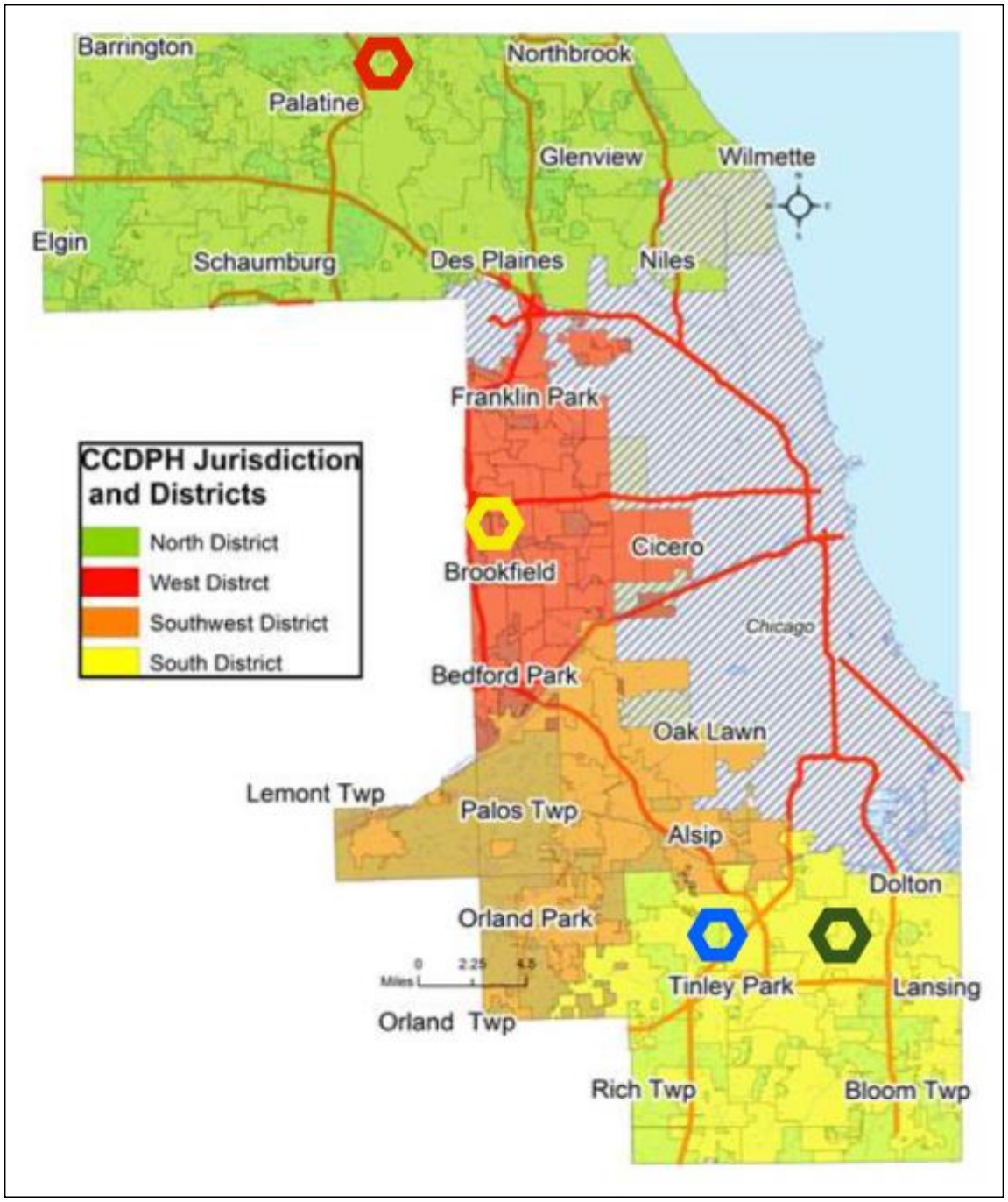

Figure 4. Focus groups were conducted in South Holland (South Suburban College, June 29th, green marker, lower-right), Westchester (Public Library, June 30th, yellow marker, middle), Oak Forest (Cook County Department of Public Health, July 1st, blue marker, lower-left) , and Palatine (Vista Health Center, July 13, red marker, top).

Data Collection

Each focus group was staffed by a moderator and a note taker from CCDPH. These roles were rotated among the FOCA Committee members. Focus groups were audio recorded. Given the complexity of the questions, the three groups of question and sub-questions were displayed on an easel to aid participants during the discussion. Audio recordings were transcribed to text by the assessment Coordinator using voice recognition and Word software. A debriefing was conducted by UIC assessment advisor Joseph Zanoni after every focus group. A total of four focus groups were held on June 29, June 30, July 1 and July 13, 2015. Each session lasted about one hour. Twenty-six people participated in total. The number of people in each focus group ranged from 5 to 8. The group of participants was diverse by race/ethnicity, gender, physical ability, and age.

Data Analysis

Four focus group transcripts were loaded to Atlas.ti Version 1.0.34; The FOCA Coordinator used the three overarching questions (Figure 3) to develop preliminary codes to label significant quotations in the transcripts. As recommended by the UIC assessment advisor, the transcripts and preliminary coded quotations were distributed to FOCA Committee members to review. Committee members provided feedback about the meanings of transcript quotations and the codes. Committee members were encouraged to suggest new interpretations of quotations, and to identify any additional information from the transcripts they thought was significant. This process strengthened the interpretation of the data produced by the focus groups. To further enhance the "trustworthiness" of the analysis (Marshall & Rossman 2011), an email with a draft report was sent to all focus group participants soliciting their comments.

Findings

The organization of this summary of findings of the Forces of Change Assessment follows the sequence of the three over arching questions put to the focus group participants. In addition, each overarching question included sub-questions.

Question One: What has occurred recently that may affect our local public health system or community?

Question Two: What patterns of decisions, policies, investments, rules, and laws affect the health of our community?

Question Three: Who or what institutions have the power to create, enforce, implement, and change these decisions, policies, investments, ruled, and laws?

While the results reported in this summary follow this three-question structure, much of the discussion from focus group participants is relevant to more than one question. Some of the illustrative quotations in this summary report reflect that overlap.

Question 1: What has occurred recently that may affect our local public health system or community?

Sub-questions:
a. What may occur in the future?
b. What specific threats or opportunities are generated by these occurrences?

Findings: Two significant occurrences that were described by the focus groups are

- The Affordable Care Act
- The lack of a budget for the State of Illinois

Most participants highlighted these two occurrences, and described them in terms of related threats and opportunities. Some participants also described climate change, marriage equality and increased awareness of trans-gender issues as occurrences. (Figure 4).

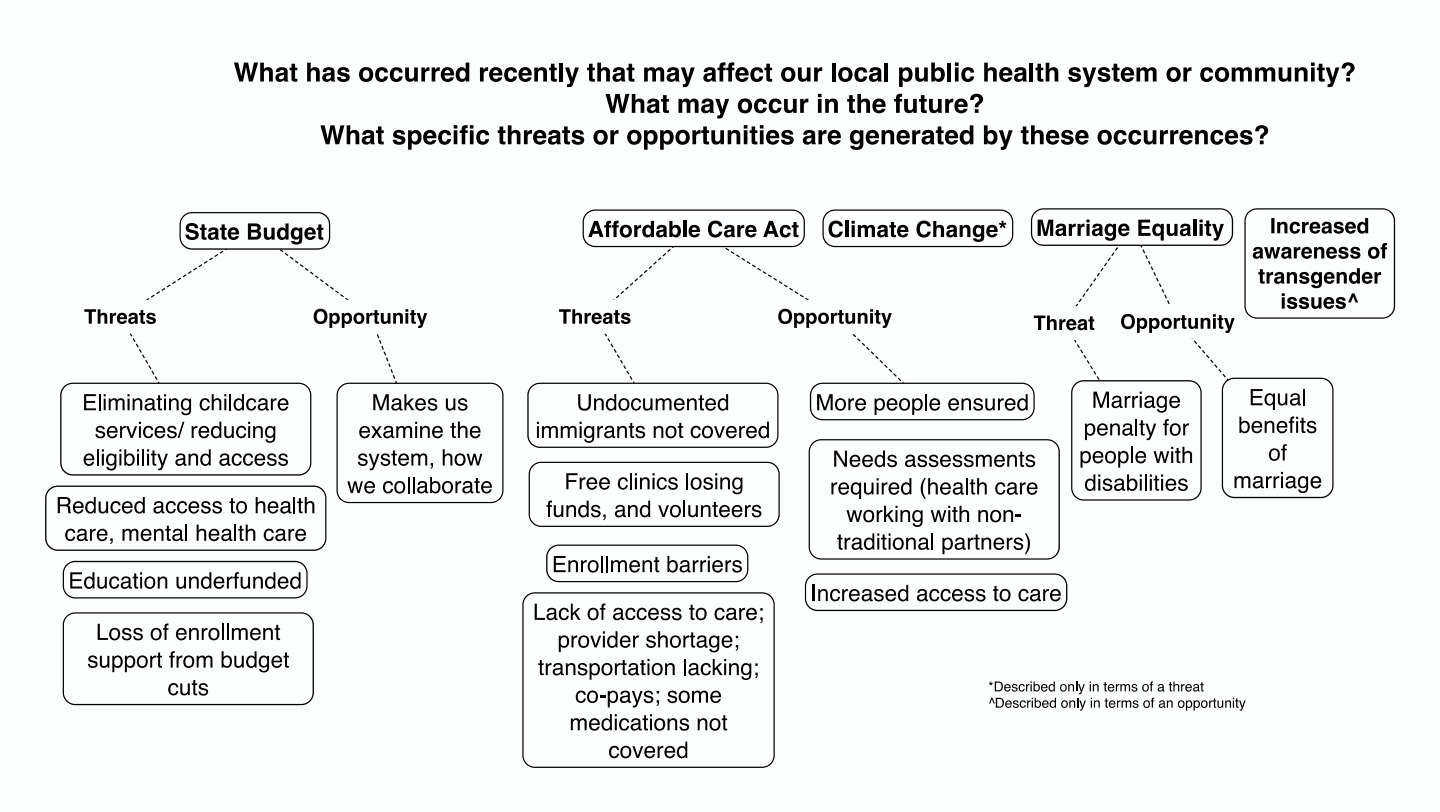

Figure 4. Question 1 Graphic summary of findings. Most participants described the budget of the State of Illinois and the Affordable Care Act (ACA) as occurrences affecting the community and health system, and identified threats and opportunities related to each. Some participants identified climate change, marriage equality and increased awareness of transgender issues.

The Affordable Care Act-Threats:

- Undocumented immigrants not covered
- Shortage of providers
- Transportation barriers to access
- Costs: copayments and uncovered medications.

The Affordable Care Act-Opportunities:

- More people have health insurance
- Needs assessment required of providers-expanded partnerships
- Increased access to health care.

Illinois State Budget Impasse-Threats

- Reduced access to child care
- Reduced access to health and mental health care
- Education underfunded.

Illinois State Budget Impasse-Opportunity

- Requires us to examine the system and how we collaborate.

Marriage Equality-Opportunity

- Equal enjoyment of benefits of marriage.

Marriage Equality-Threat

- People with disabilities may lose crucial benefits if they marry.

Climate change-Threat

Increased awareness of issues of people who are trans-gender-Opportunity

The Affordable Care Act (ACA) was seen as an opportunity by providing health insurance to more people, and thereby increasing access to health care. In addition, given the ACA's requirement for health care providers to conduct a community health needs assessment, it promotes new partnerships with hospitals and health care providers:

"A lot of people that never had any access to insurance because of various reasons for the first time were able to get insurance which is a great progress."

"…yeah I would say positively because it is expanded the level of access to healthcare."

"Positively I think it's affected us, more or less traditional partners, wanting to talk to us … because they're having to do the needs assessment, so they're opening their minds up to different factors besides in just a clinical setting…it's in their interest now to be interested in what organizations are working on the ground, in thinking more of the social determinants of health…"

Threats from the ACA that were named by respondents include the exclusion of undocumented immigrants from benefits of ACA. The enrollment process was seen as too complex, and is a barrier for people whose speak languages other than English. Families composed of documented and undocumented members—or "mixed-status"—face complexity in the enrollment process. Enrollment support programs are threatened by a lack of funding related to the Illinois budget. Respondents observed that barriers to care exist beyond having health insurance: First, there continues to be a shortage of health care providers. Second, a lack of transportation to distant sources of care is a problem. Third, co-payments are high and some medications are not covered. Finally, some free clinics fear a loss of support due to a perception that ACA has met everyone's need for care:

"having an insurance card does you no good if you actually don't have access to care"

"that's a really big concern of ours as well that the social service infrastructure is much more scarce even though we're seeing a much higher need amongst our clients in the suburbs"

"something that has come up a lot is that in the city …you can jump on the El and go but that's also a big built environment issue, in the suburbs is the lack of transportation"

The lack of a state budget in Illinois was noted principally as a threat. Respondents described funding cuts such that hospitals serving low-income communities might be forced to limit grant-funded services or face closing altogether. Access to mental health and behavioral health services are reduced due to the lack of a budget. The budget impasse is a threat to childcare services for working parents because of changed income eligibility guidelines. The budget situation was described as exacerbating, a pattern of growing inequality:

"…what the budget will be the coming year. I think there's a big threat related to many of the programs we care about, related to housing, related to Medicaid, to education, you can go down the

list, those supports are under threat and I think they're already pretty, they're not well-funded to begin with, so I think that's a big threat"

"just having to go through this every time there is an election, you know families and small children that have really severe health needs having to worry about if their kids are going to get traech supplies, or gloves, or things that they really need, it's a huge issue. Like I said, a lot of agencies are just closing, so people that need support in communities that have limited access to transportation and all that stuff is, is a challenge…"

"people needing home healthcare, the budget cuts, you know that's really something that's being threatened right now, that would mean that people need to move into nursing homes, which again would cost us more than people living in their own communities… and the appropriate equipment like appropriate wheel chairs or hospital beds or medical equipment, funding for that, getting that equipment is also being threatened which causes health problems for people if they start getting pressure sores because they don't have the right wheelchairs, or the right prosthetics, they can end up in the hospital for months and again that costs more then getting a person the right wheelchair from the very beginning."

"…you won't be able to provide those services so where are all of the thousands of people who need those services going to go? And that's not just adults who are severely mentally ill, I'm talking about children and adolescents who needs psychiatric care. There are no psychiatric dollars. A psychiatrist costs $150 an hour on the average and Medicaid reimburses $26.50….. contracts and the assistance from the state of Illinois allows us to have psychiatric care for those, otherwise would not have access to that. And if there's no psychiatric care what happens? People become symptomatic, and then they go to a hospital but unfortunately HHS is not going to be reimbursing people for those services and then, what unfortunately happens when people become symptomatic, they are on the street and go to jail. So then they go to jail, and they don't need to be in jail, so it's just a big trend"

The need by organizations to overcome divisive competition and collaborate more, given the seriousness of the threat posed by the budget crisis, was viewed as an opportunity. The budget threat has also forced people to examine the system:

"…the reality is, which I think people know, even if your program survived, and all the other programs are cut, then your program can't be as effective. So to me, the one opportunity we have is to understand that these cuts and these inequities exist for a reason and if we could break out of our little siloed, single-issue things, okay, we might have a better chance of an effect, creating opportunities that would work across many different silos."

Climate change was also named as a threat by some:

"…climate change impacts us. So what happens in the working class suburbs that has historically gotten flooded […] you know every maybe three, four, five, years they get flooded, and they start getting a flood every year or couple of times a year?"

"we should be aware of what happens with climate change. Climate change is going to hurt all the populations we're talking about. So-called vulnerable populations more, even here in Cook"

Marriage equality and increased awareness of issues of importance to people who are transgender is an opportunity:

"…there's marriage equality that will definitely impact our community of course, overall, and the public health system…"

"…as well as transgender people being in the spotlight through interviews and articles and whatnot, we find out a lot about the different public health issues and community issues that affect the transgender population…"

But it was also noted that the supports people with disabilities depend on are lost when people who are disabled marry. These benefit rules are barriers to marriage equality for people with disabilities:

"…I think they left out something, that not everyone is free to be married without penalties especially the disabled community because once you marry your income level changes, your access, the benefits change, and that screws up a lot of things for people with disabilities. Which is why they don't get married, they just are stuck in domestic partnerships and they run into the same problem that the LGBTQ community has for years, you know, their domestic partner won't have a say in their care or their decision-making."

Question 2: What patterns of decisions, policies, investments, rules, and laws affect the health of our community?

Subquestions:

a. Who benefits from these patterns?
b. Whom do these patterns harm?

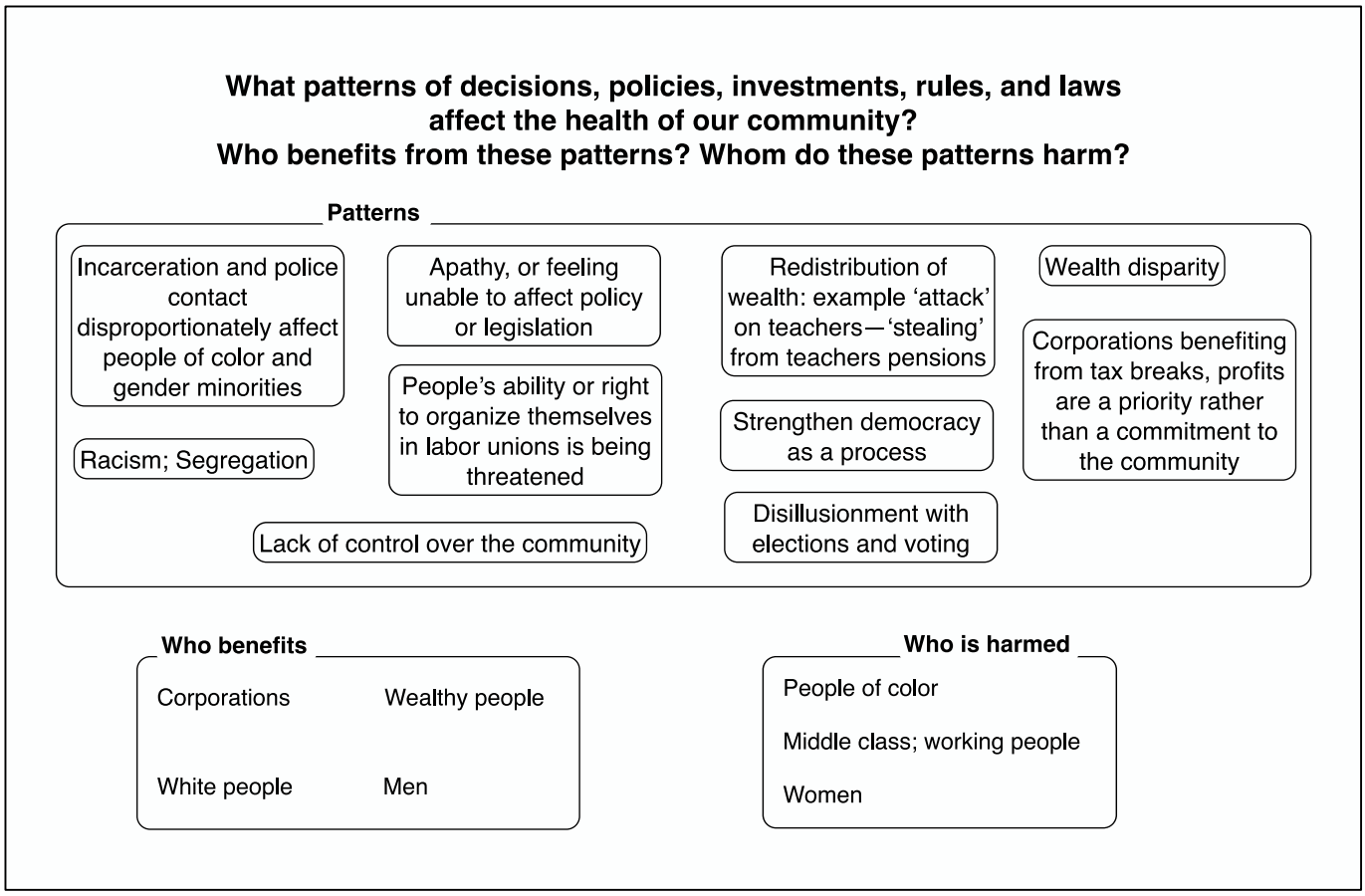

Figure 5. Question 2 graphic summary of findings. Several patterns, described in the upper box, were described by participants as affecting the health of the community. Focus group members described these patterns as harming people of color, middle-class and working people, and women, while corporations, wealthy people, white people and men benefited.

Several themes emerged from the focus groups' discussion to this second question (Figure 5).

- Disproportionate incarceration and police contact involving people of color
- Racism and residential segregation
- Lack of control over one's community
- Perception of inability to affect policy and legislation
- Disillusionment with elections and voting
- Need to strengthen democracy
- Wealth disparity
- Redistribution of wealth through weakening of pensions
- Lack of fairness in taxation of large corporations
- Undermining of the right to organize in the workplace.

Patterns-Who is harmed:

- People of color
- Working and low-income people, and middle class people
- Women.

Patterns-Who benefits:

- Large corporations
- Very wealthy people
- Men
- White people.

Most participants expressed concern about increasing wealth and income disparity among the population. Participants discussed simultaneous factors contributing to this pattern. Some current policy proposals would result in reductions of worker's pensions benefits, and limits on or elimination of the right to collective bargaining. At the same time, large corporations receive tax breaks:

"…the individuals just can't pay enough into the system in order to make sure that these services are provided for and so that, from our perspective we're talking about the major corporations, the one percent, the billionaire, millionaire class who are benefiting from these policies, and it is working people who are suffering…"

"…right-to-work laws essentially take away public sector workers' right to collectively bargain, to form a union, to have a contract with the state. What you end up with is essentially the state being able to determine what level wages, what level benefits if any, public sector workers would have. That's a pattern that's happening around the country right now, Wisconsin and Michigan both recently went right-to-work. That is something that has a severe effect, especially in communities of color"

"And so you see workplace is becoming less, workers rights have diminished over the years, union representation has diminished over the years, and connected to that you see wages stagnating…"

Some participants identified large businesses as having a weak commitment to low-income neighborhoods where people in need of economic opportunity reside:

"…this idea that CEOs get it, like they understand what they're doing to her community when they leave, I guess my question is, do they care? And I don't think that as individuals that they don't care, but I think that as a corporation that they are ultimately responsible to shareholders and their responsibility is to make money, and that there is no requirement for them to be good stewards to the communities."

There is a lack of ability of people to control their living conditions and circumstances in their community through the political process. This inability is a combination of real and perceived lack of control. Included in this finding is a concern about disillusionment with elections and voting:

"…to me we should go back to basics. There are two areas I would be concerned about. One is sort of democracy, What kind of basic democracy do we have in our communities? Not just every four years, where if you're inspired you might vote, but all the decisions that get made in after that."

Racism and sexism exist as a pattern at the systematic or structural level of society. Instances of this are seen in incarceration and disproportionate contact with police by people of color. This pattern is also seen in residential racial segregation in housing, and employment in the restaurant industry:

"…from listening to everybody, I think that the other thing that's lacking in our policy is really to deal with the issue of race. I think that it's this core problem that nobody really, that we want to think that 'Oh it's been solved,' but yet you know […] segregation is still rampant, you know, and in fact they have created all these kinds of feedback loops that keep segregation in place and intact."

Focus group respondents indicated that large corporations, and wealthy, white males benefit from these patterns. Harmed by these patterns are people of color, women and low-income and middle-income people:

"…we have people that do have living wage positions but they're highly segregated, often only occupied by white men, and so it's this kind of issue like racial and gender dynamics and who gets the opportunities and who doesn't, but even if we address it there's still not enough of those living wage positions to balance out to make it equitable…"

Question Three: Who or what institutions have the power to create, enforce, implement, and change these decisions, policies, investments, rules, and laws?

Subquestion: What interests support or oppose actions that contribute to health inequity?

Discussion of this third question produced a complex and interrelated set of findings (Figure 6).

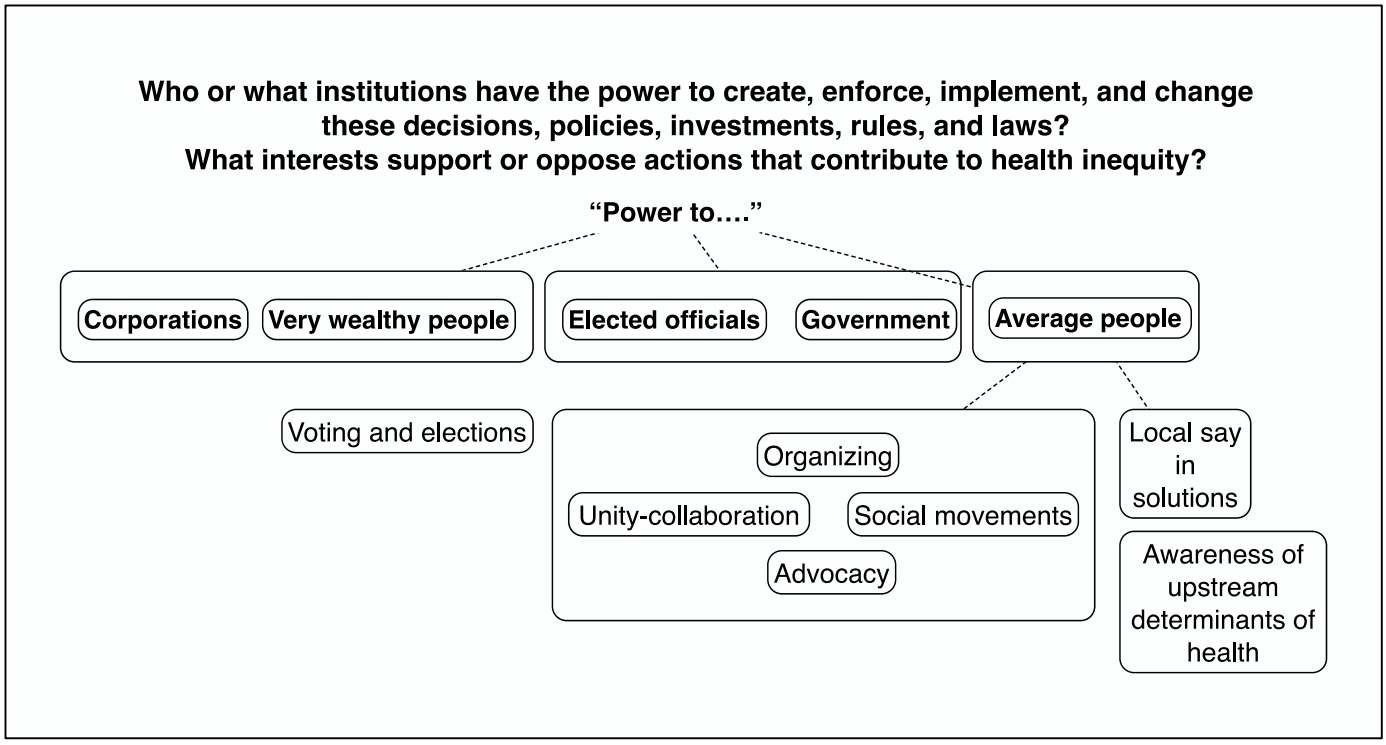

Figure 6. Corporations and very wealthy people have relatively more power. In addition, their actions were viewed as contributing to health inequity. Elected officials and government have power, and are less influenced by average people. Government actions can both support and oppose health inequity. Average people have potential power through elected officials and government, and can enhance their power through organizing, unity and collaboration, advocacy, and social movements. Average people have difficulty making their voices and needs felt through voting and elections. Local opinions need to be respected in decisions, and average people will benefit by awareness of the impact on their health of 'upstream' determinants.

Most focus group participants indicated that individuals & institutions that have the power to create, enforce, implement, and change decisions, policies, investments, rules, and laws that affect the health of our community include:

- Corporations, which have more power now to influence policy making, make investment decisions, and affect pay and working conditions.
- Very wealthy people, who have more power now to influence policy making through financial contributions to elected officials and political causes.
- Elected officials, who have power to make policy through the legislative process.
- Government, which has power to regulate, enforce laws, and affect daily living conditions in profound ways.
- Average people, who have less power now to influence policy making because corporations and very wealthy people have more influence over elected officials and government. Average people's power can be increased through organizing, unity and collaboration, social movements and advocacy.

Related themes:

- Most people are not aware of the importance of 'upstream' determinants of health, or 'non-health' factors
- Solutions and choices should take into account local points of view
- Elected officials and government are more influenced by large corporations and very wealthy people
- Average people have less influence
- Voting and elections are important, but disillusionment exists
- Average people have power, but need support through
    - Organizing
    - Social Movements
    - Advocacy
    - Unity and collaboration.

First, large corporations and the wealthy have disproportionate power to create, enforce, implement, and change decisions, policies, investments rules and laws, primarily through their influence over elected officials. The following are examples of direct quotations supporting this finding:

"…people who have the money have the power at the moment but it has not always been that way."

"…I was thinking about who or what institutions have the power to create, and we all clearly agreed on the systemic forces, the institutionalized racism, and the segregation, and the privilege, that of the 1%, let's call it that…Right now the exploitation of communities and poor people makes them money and it's convenient for them."

Second, elected officials and government were named as having power in this area. Politicians were described as too often disconnected from the day-to-day lives of their constituents, and unaware of the scarcity of resources confronting the people they represent:

"…social workers should be politicians and politicians should spend some time as social workers and then they'd understand."

"…they were just like 'Wow, I've never met anybody on food stamps' and here they're debating, people are debating millions of lives. It's also a lack of knowledge. Yeah, and getting that data, the anecdotes in front of them in person."

Government was described as a tool to make changes in society to improve people's lives:

"…If we come together and get some power, and elect people that care about the things we care about, then we have the opportunity […] to use our collective tool of government to change things."

Third, people without wealth have power if and when they unite to advocate for their interests. This can happen through social movements, effective advocacy of elected officials, and requires organizing:

"… I don't know enough yet to change that but our communities are also an institution of power…"

"…it's the people that have the power, it's the voters that have the power, but they're not coming together like you mention. I mean it's people… I've done advocacy to the state capital and politicians don't know what the issues are until you make them aware of it. And it's the job of the people to do that but if the people can't come together and form a consensus of what they need, these things are not going to happen, they're not going to change, and I don't know how to do that, I'm just saying that people have the power."

"part of our work is to actually organize low-wage workers especially in the food service sector so that those jobs becomes better jobs right, so I hear the need for employment, entry level employment opportunities, and that is a part of the overall spectrum of jobs in the food system. There's 20 million jobs in the food system right, that's the largest private sector employer in the US. 80% of those jobs are poverty jobs right, poverty wage jobs. That doesn't mean they have to stay that way"

Unity was described as important not only across population groups, but across social service agencies that are weakened by competition, and strengthened by collaboration. Voting is a way to empower the majority of the population and offset the power of wealth in elections, but awareness and faith in the election process is a prerequisite:

"…what your average person lacks in money they could potentially make up for in votes but I think a lot of us feel very disillusioned or have lost faith in the system, that we feel like the odds are stacked against us, that even if we do vote we are not heard or it's not going to make a difference, … because there's some business out there that can contribute a lot more, or it's rich individuals, mostly white men, who are looking out for their wine club or golfing buddies…"

Most people are not aware of the effects on their health of 'non-health' aspects of life.

A part of a successful effort to include residents in decision-making is to respect solutions and proposals that have local origins or support. A local say in decisions was voiced as important by many participants:

"there should be more of a focus on local things and not just everything coming from certain areas in the country or from within the state, where one-size-fits-all, this is how things are going to be done, and actually trying to focus on the people in those areas as the experts in their own surroundings and they know their experiences so let them, allowing them to make decisions for themselves and their areas."

"you have to have the community involved in making some of those choices that will ultimately impact the health of the community."

The interests of the very wealthy, large corporations, and elected officials influenced by those interests were often described as interests that support actions that contribute to health inequity:

"the individuals who are benefiting are the wealthy, the very wealthy, I think the middle-class and especially the underserved minority populations are the ones who are being harmed the most by what's happening."

"Nobody wants to kind of name the wealthy as being the problem. Everybody wants to say, 'Oh the problem is in the working class, or the poor people, they're the ones with the problems,' because they're the ones that have to deal with the problems. But to me the actual, underlying problem is the enormous disparity of wealth that's occurring."

"…it's just a general trend I see with a lot of mayors and elected across the country, there's quite a few mayors with a very specific agenda which is pro-large business, their philosophy and economic development is very different then I think what we people, that work in maybe health, or talking about community health, or working with folks on the ground, there's definitely an issue of power imbalance…"

Conclusion

Twenty-six well-informed, information-rich people were convened by CCDPH. In four focus groups they discussed the social forces affecting the availability of a wide range of resources necessary for health and health equity in suburban Cook County. Three groups of questions recommended by NACCHO were posed. Focus groups produced substantive and significant findings. Findings can be used to guide activities and plans to fairly distribute the social determinants of health.

The findings described in this Forces of Change assessment are cause for concern. Policy-making and other processes do not distribute high quality social determinants of health equitably to all Cook County residents. The values of fairness, human rights and social justice do not appear to be strong guides in public policy decision-making.

Decision-making about resource distribution is inherently political.[viii] It generates equity or inequity in population health. Focus group participants identified a systematic advantage for the very wealthy and large corporations. People of color, women and poor- and middle-income people are harmed as a result. Focus groups also identified strategies with potential to change the distribution of money, power and resources in order to generate health equity in suburban Cook County.

Tackling the root causes of health inequities in suburban Cook County means changing the structural determinants. If the present structural determinants are not changed, health equity in Cook County is not possible. That is the meaning of the WHO social determinants of health conceptual framework

used by CCDPH. *Healthy People 2020* of the US Department of Health and Human Services has embraced a vision of health equity based on the concept of social determinants of health. The Cook County Department of Public Health is committed to achieving health equity. It is committed to forging relationships with residents to answer the question, What actions must be taken to change the structural determinants so that all people achieve their fullest health potential?

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[i] National Association of County and City Health Officials. (2014). *Mobilizing and organizing partners to achieve health equity (equity supplement).* Washington, DC: NACCHO. Page 14

[ii] Patton, M. Q. (2015). *Qualitative research & evaluation methods: Integrating theory and practice* (4th ed.). Thousand Oaks, California: Sage Page 468

[iii] Public Health Leadership Society. (2002). *Principles of the ethical practice of public health.* [Pamphlet] Retrieved from http://www.apha.org/NR/rdonlyres/1CED3CEA-287E-4185-9CBD-BD405FC60856/0/ethicsbrochure.pdf page 5

[iv] Cited above. Public Health Leadership Society. (2002). See for example, page 6.

[v] Koh, H. K., Piotrowski, J. J., Kumanyika, S., & Fielding, J. E. (2011). Healthy people A 2020 vision for the social determinants approach. *Health Education & Behavior*, *38*(6), 551-557. Page 552

[vi] Begun, J. W., & Malcolm, J. K. (2014). *Leading public health: A competency framework.* New York, NY: Springer. Page 40.

[vii] Cited above. Koh, et. al. (2011). Page 551.

[viii] Fafard, P. (2008) Evidence and healthy public policy: Insights from health and political sciences. Ottawa, Ontario: Canada. Canadian Policy Research Networks. Page 1 for example; Gilens, M. (2012) Affluence and Influence: Economic inequality and political power in America. Princeton, NJ: Princeton University Press; Page, B., Bartels, L., & Seawright, J. (2013) Democracy and the policy preferences of wealthy Americans. *Perspectives on Politics,* 11(01), 51-73.

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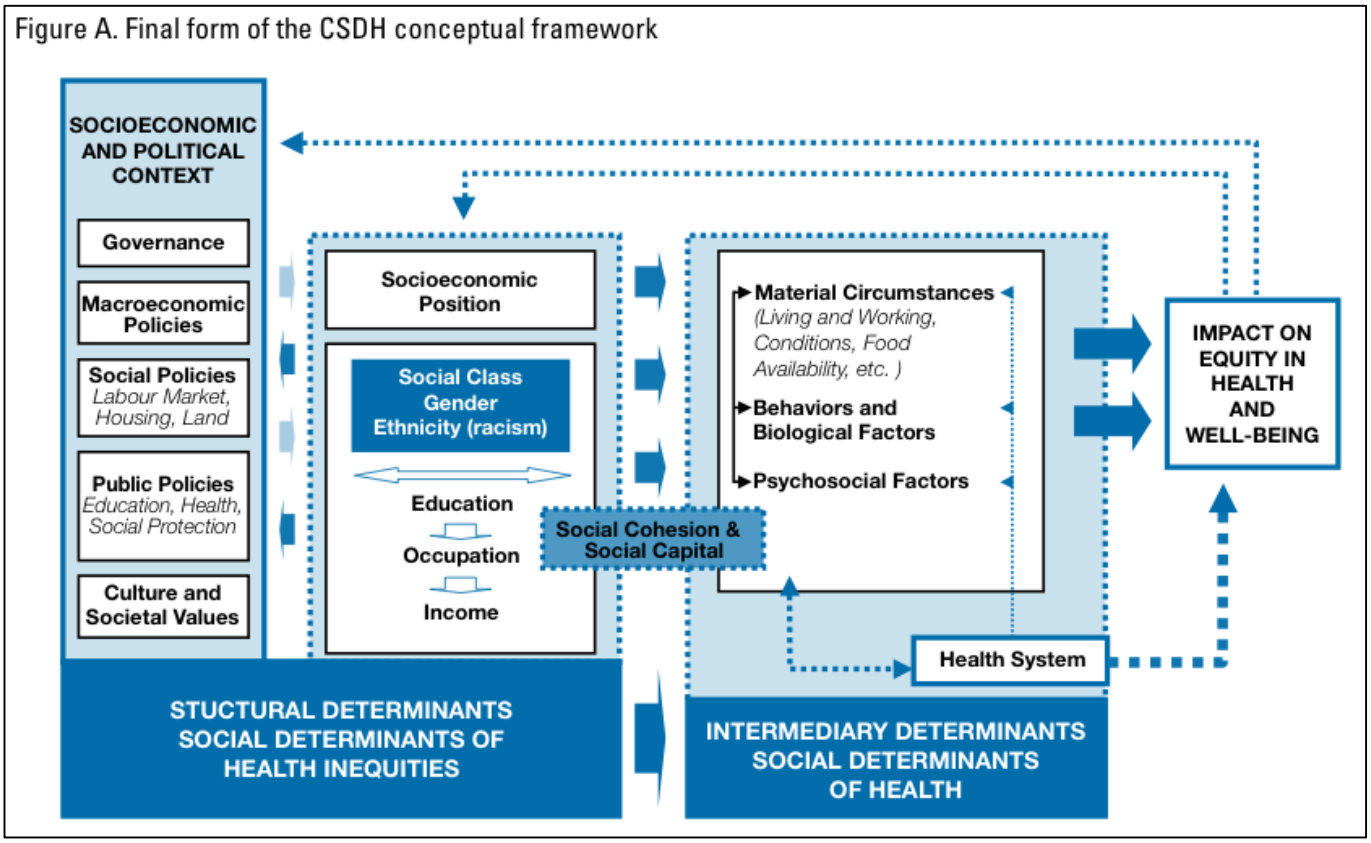
Appendix

Commission on the Social Determinants of Health Conceptual Framework



Source: Solar, O., & Irwin, A. (2010). *A conceptual framework for action on the social determinants of health. Social determinants of health discussion paper 2 (policy and practice)*. Geneva: World Health Organization.