

# **Building Healthy Communities:** **Translating SDOH into An Equity Practice**

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**Health is Behavioral**

**Health is Transactional**

(~frequency & quality of medical services)

**Health is Genetic**



# Health is political

*“The struggle over the allocation of limited and precious social goods”*

Power matters, individual and  
community-level



# Health is political

TECHNOCRATIC

VS

DEMOCRATIC



**COMMUNITY. POWER. JUSTICE.**



**Building Healthy Communities**





# AGENCY POWER

## A = AGENCY POWER

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- The community's ability to use voice and power in pursuit of needs and wants
- Address power differentials to achieve equity
- Build social, political and economic power in a critical mass of residents







*Belonging*

## B = BELONGING

- What is the Story of Alaska?  
“The story of us”
- Create, with community partners, a narrative of inclusion
- Address trauma and establish space for healing
- Spirit of inclusion provides for a shared sense of purpose in community





***Changing***  
**CONDITIONS**






# North Philly to Oxford

College once seemed unlikely for Hazim Hardeman. Here's how he became CCP and Temple's first Rhodes scholar.

[Read the full story](#) | Updated 10/10/2016



“Don’t be happy for me that I overcame these barriers,” he says. “Be mad as hell that they exist in the first place.”

## C = CHANGING CONDITIONS

- Through opportunity structures, such as schools and the criminal justice system, change the odds in the lives of young people of color
- Recognize that health inequities are structurally and systematically manufactured by the conditions that exist for struggling communities and families
- Strengthen the fabric of democracy by investing in the power of people



**SOCIO-ECOLOGICAL (SOCIETY)**

**MEDICAL MODEL (INDIVIDUALS)**



WORK OF HEALTH EQUITY