

Changing health determinants through community action: power, participation and policy

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Abstract

Many disciplines increasingly recognize the importance of empowering the political sense, rights and opportunities to individuals and communities have the health and well-being of communities they belong and in which they live. For health promoters, it is a concept that emphasizes a more effective control of health determinants that ultimately involves interventions and actions of health promotion that will strengthen capacity for community participation, preparing them to be defenders of public policies conducive to health. During recent years, literature in health promotion has just unveiled the concept of "empowerment" by recognizing the different levels of power relations inherent in the concept. Calls for community action to improve health determinants, particularly the involvement of disadvantaged communities in these activities, presuppose that we understand more nuanced power relations (and changing nature) which must be negotiated within projects for capacity building of community participation. This article draws its conclusions from a survey of participatory action research which lasted three years in Aotearoa New Zealand and to a lesser extent in Canada and who has researched how the members of culturally and economically marginalized communities could increase their action and influence on the determinants of health and well-being.

The first one consisted of a participatory action research project lasting 16 months with a group of women activists who set out to improve child health and safety conditions of housing, ownership of State of which they were tenants. Mainly composed of immigrant women of Samoa and Tonga, this group was located in a suburban low-income Auckland. This research has led others, including a series of interviews with members of another housing advocacy project in New Zealand players and community development in Canada working alongside other communities on the fringes of projects social action. These experiences also usefully illuminate the analysis in section of the power dynamics. Changes in power relations have been identified in four relational spheres: personal change, changes in relationships with other community members, with partner organizations, and within the political sector. This case study and research associated with it show the importance of health professionals attending to the complexity of power relations inherent in the efforts of marginalized communities to change the determinants of health. Changes and the nature of these changes at multiple levels of power dynamics when one wants to practice the concept of "empowerment" is an area of theorizing and practice of health promotion that n ' is not yet clear and expressed this viewpoint article published here is an important contribution.