



# Health Equity Practice: Navigating Power

Minnesota Health Equity Networks  
March 2023

# Land Acknowledgement

Every community owes its existence and vitality to generations from around the world who contributed their hopes, dreams, and energy to making the history that led to this moment. Some were brought here against their will, some were drawn to leave their distant homes in hope of a better life, and some have lived on this land for more generations than can be counted. Truth and acknowledgment are critical to building mutual respect and connection across all barriers of heritage and difference.

We begin this effort to acknowledge what has been buried by honoring the truth. We are standing on the ancestral lands of the Dakota people. We want to acknowledge the Dakota, the Ojibwe, the Ho Chunk, and the other nations of people who also called this place home. We pay respects to their elders past and present. Please take a moment to consider the treaties made by the Tribal nations that entitle non-Native people to live and work on traditional Native lands. Consider the many legacies of violence, displacement, migration, and settlement that bring us together here today. Please join us in uncovering such truths at any and all public events.\*

\*This is the acknowledgment given in the USDAC Honor Native Land Guide – edited to reflect this space by Shannon Geshick, MTAG, Executive Director Minnesota Indian Affairs Council

# Community Agreements

- Assume we are all learning & want to create a space for all to thrive
- Practice accountability
- Practice listening for understanding
- What's learned here, leaves here. What's said here, stays here.
- Speak and sign one person at a time
- Allow for intentional pause between comments and questions
- Allow everyone to speak and sign from themselves, not behalf of a group.
- Take Space & Make Space
- No one knows everything. Together we know a lot.

# Baselines and Assumptions (1/2)

- The Networks are relational. Everything we will do and offer is based in building and strengthening relationships across communities and the public health system.
- This is both a new approach and one that has existed for generations.
- We are doing things differently.

# Baselines and Assumptions (2/2)

- Health equity is not just a buzz word. Health equity is about deeply honoring the humanity of all people.
- The public health system is responsible for working on alleviating barriers and injustices that lead to health inequities.
- All communities across Minnesota have unique people, problems, and assets. It is our job in the public health system to explore the nuances and work towards creating a more caring and connected public health system.
- Our personal commitment to continued learning and growth is a part of this ongoing work.

## Warm up

### **Sketch your power.**

Draw a picture that illustrates where you feel powerful in your life, where you don't notice power, and where you may feel powerless.



# Small Group Share

*What did you notice?*

*What stood out to you in this process?*



Barbara J. Love. [Developing a Liberatory Consciousness.](#)

Change practices

# Learning Objectives

- Grow understanding of different types of power and how to name and have analysis of this
- Grow understanding of power within public health and what that looks like in different parts of the public health system
- Continue understanding how to personally leverage power in your own sphere of influence

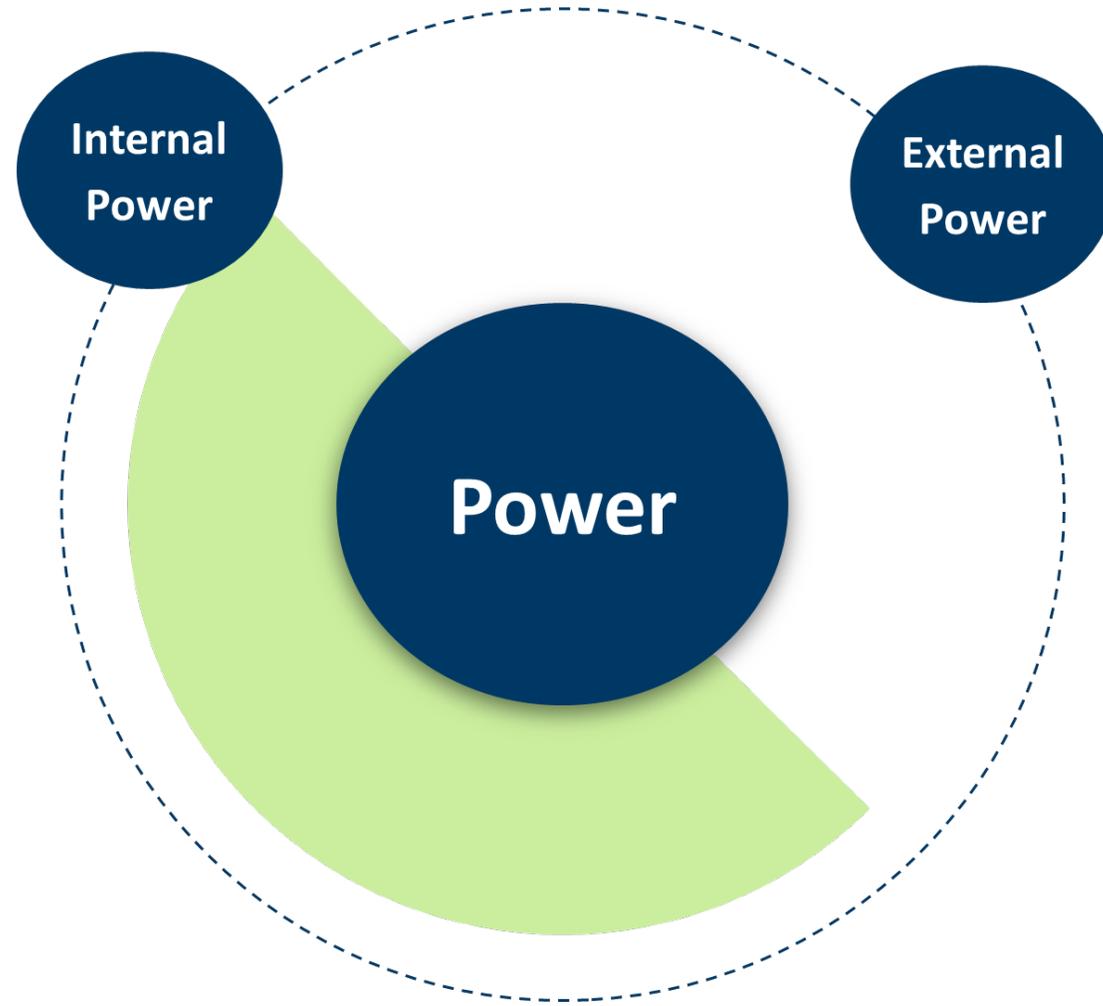


What is power?



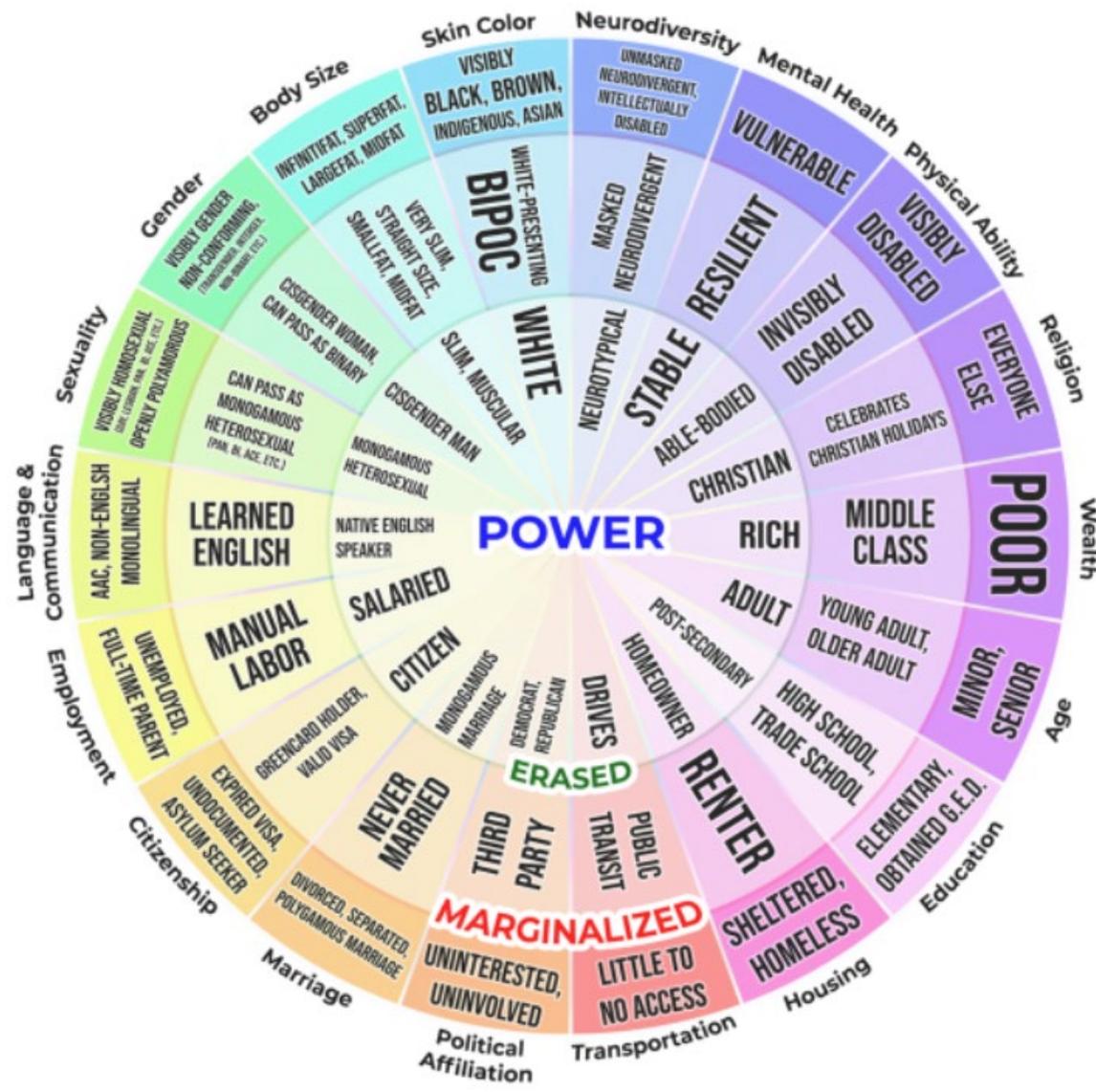
“the capacity to mobilize resources  
to attend to needs”

- *Miki Kashton*



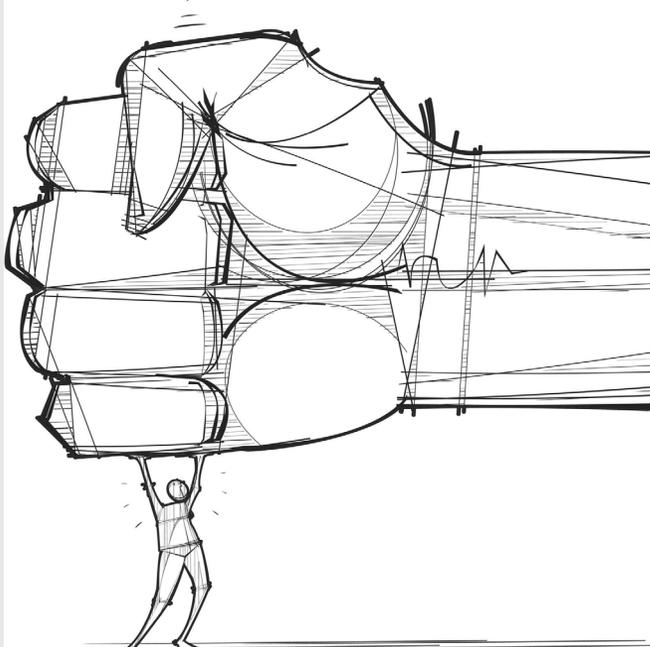
Power Circle

- **“Power To”** - the power to take action, to grow, to realize you can make change
- **“Power Within”** - An inner sense of power, self-realization, growth, determination



Intersectionality Wheel of Privilege (as observed in the USA)

# External Power



Power Over

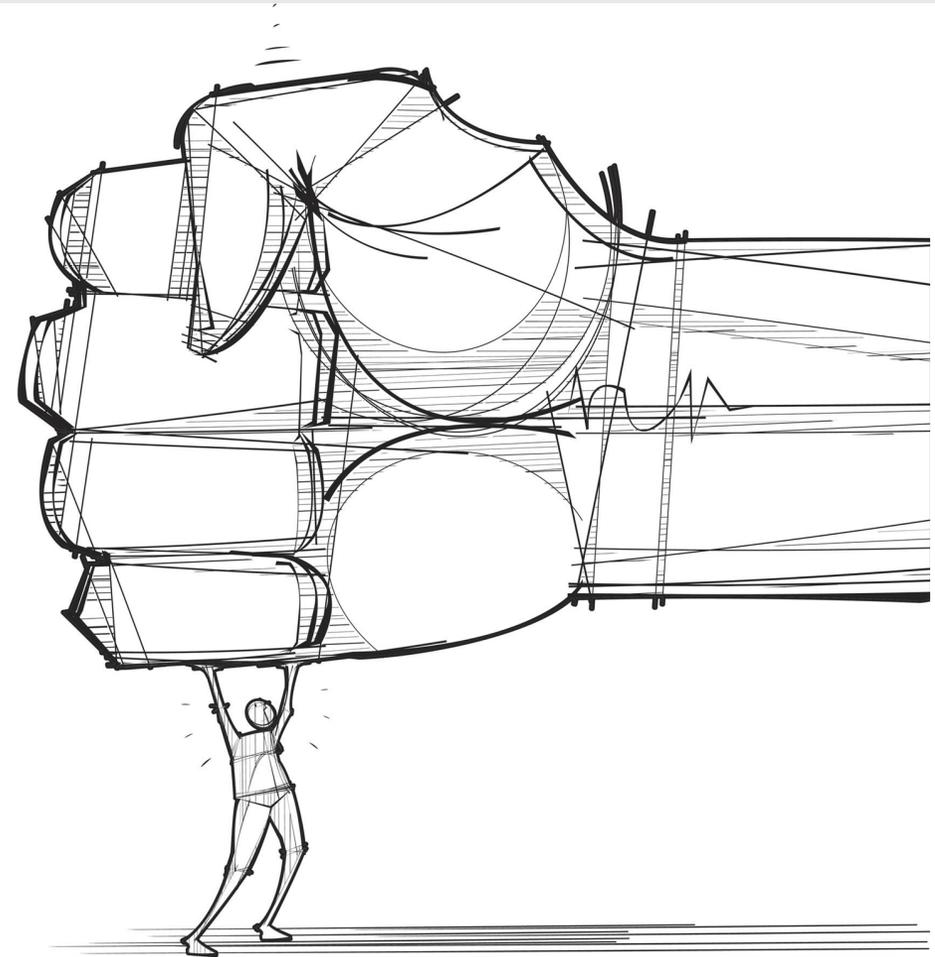
Versus



Power With

# How “Power Over” Survives

- Hoarding resources
- Threat of consequences
- Individualism
- Winners and losers
- It’s “easier” (relies on those in the dominant majority to continue to buy in and those who are not to not have the time/resources to force a shift)



# Some ways to start connecting with “Power With”

- Collectivism
- Shared responsibility of being in service
- Attending to the needs of others (even if it doesn't directly benefit you)
- Humanity and empathy- centering others vs. having authority over others

A word cloud of terms associated with 'Power With'. The words are written in various sizes and orientations, including: Democratic, Respect power, Shared power, Influence, Relationships, Mutual support, Creative, Solidarity, Participatory, Care, and Collaboration.

# Barriers to “Power With”

- Long-standing perception and reality of how government and other institutions function
- Helper mentality (“savior complex”)
- Professional mentality (“I know the right or best way to do this”)
- Individual and collective trauma
- Scarcity mindset
- Systems of oppression
- Skills to be in right relationship with others
  - Conflict resolution
  - Reparative justice

# Personal Reflections (1 of 2)

*What makes you most uncomfortable about power (or talking about power)?*

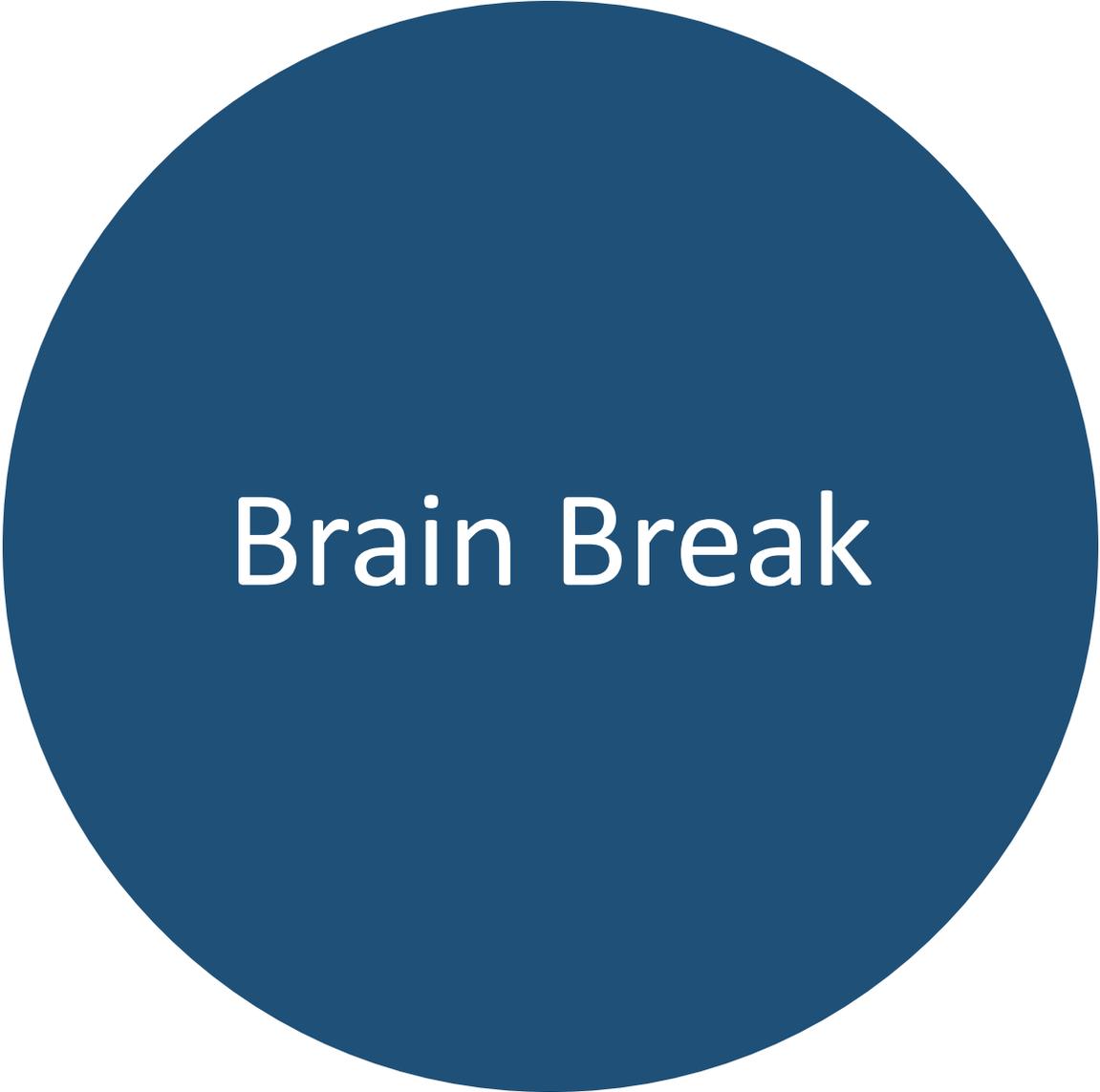
*What excites you about this conversation about power?*

*Are you in a position of power? How do you know?*

# Small Group Discussions (1 of 2)

*What came up in your reflections?*

*How do we push for more “Power with” structures?*



Brain Break

# Where is Power in Public Health?



Hierarchical organizations have power embedded in their structures



# Personal Reflections (2 of 2)

*Where do you see power emerging in your work, in public health, and in the public health system?*

*As people working in or in relationship with the public health system, where do we hold power?*



# Small Group Discussions (2 of 2)

*What did you notice in the personal reflection?*

*When you think about shifting power within public health systems,  
how do we advocate for more “Power with” structures?*

*What is our responsibility related to understanding and shifting power  
within our workplaces and communities?*



# Large Group Debrief and Reflection

*Public health, particularly governmental public health, is often within hierarchical and political systems of power.*

*What does this mean for our work towards creating health equity for communities most impacted by structural and systemic oppressions?*

*Where do you see power dynamics coming up the most?*

# Negotiating Power Starter Kit

- **Pause and Breathe**

- **Assess the situation at hand**

- What needs to be achieved? And how am I positioned in this situation?
- Who does this impact? How are they/we positioned in this situation?
- What types of power at play?
- Who has power in this situation? Decision making power? Hierarchical power? Power over?

- **Build relationships**

- **Work towards power with**

- **Organize towards your goals**

- Use tools like a Power Map, Action Plan, Community Engagement Plan, Community Focused Logic Model, CHIP/CHA

- **Practice accountability and transparency**

# What is coming NEXT!

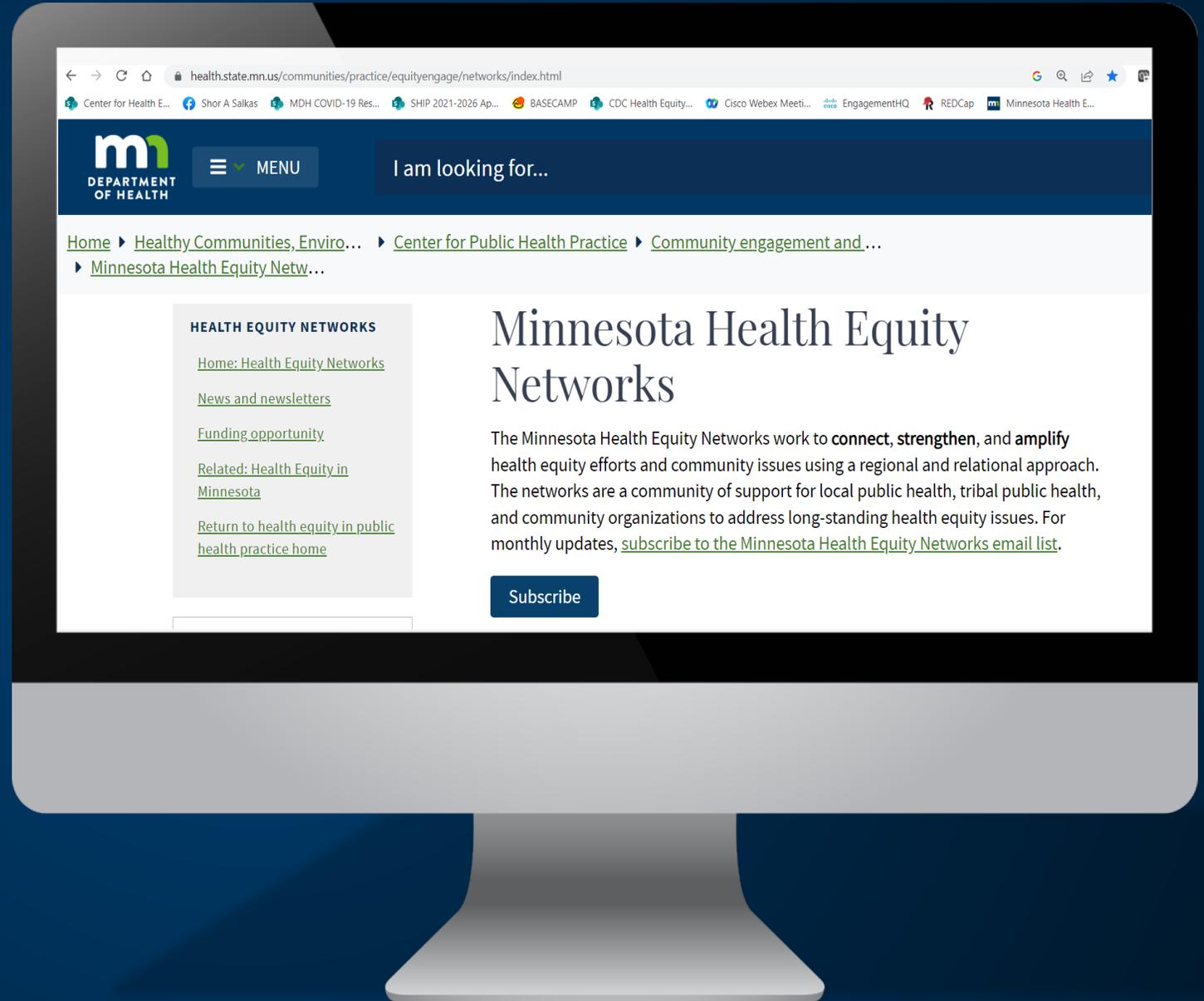
## March Trainings

- March 29 (10:00-11:30 AM):  
Federal Indian Policy, American Indian Health, and Government to Government Partnerships
- More information & registration can be found on the Minnesota Health Equity Networks website:  
[www.health.state.mn.us/equitynetworks](http://www.health.state.mn.us/equitynetworks)

## April Regional Gatherings

- For upcoming dates, visit the Minnesota Health Equity Networks website:  
[www.health.state.mn.us/equitynetworks](http://www.health.state.mn.us/equitynetworks)

Sign up for  
our  
newsletter!



**On scale of SLOTH  
how are you today?**



1



2



3



4



5



6



7



8



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How do you  
feel after  
today's  
gathering?

Share your answer in the chat box!

# Thank you!

Health Equity Networks Team

Shor, Lil, Fa, Mary, Colleen, Lyndsey, & Anna

Minnesota Health Equity Networks website:

[www.health.state.mn.us/equitynetworks](http://www.health.state.mn.us/equitynetworks)