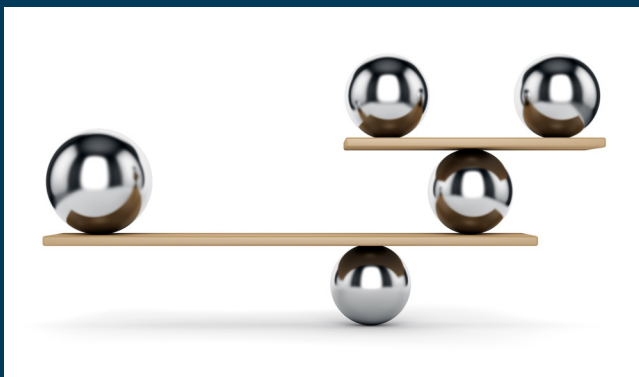


## POWER MEASUREMENT QUESTIONS\*

Power dynamics occur between partners in a collaborative or local wellness fund, between the fund and entities it invests in, and between fund partners and the community served. Not acknowledging and addressing power dynamics can impact the ability to attract partners, how funds are deployed, and engagement with community.

Power is a complex concept, embedded in multiple levels, and deeply intertwined with equity and community voice. Yet, there are emerging ways to measure and understand power dynamics in a local context. Shifting power can be enabling. Fundamentally, power can be addressed and harnessed in a productive manner if there is a willingness to recognize how the desires of the participants are similar, regardless of their background, profession, or lived experience.

What follows are some insights and questions to consider for how power might be affecting local wellness funds.



The Robert Wood Johnson Foundation recently partnered with the Georgia Health Policy Center to develop the [Framework for Aligning Sectors](#). This framework identifies several factors as important for creating effective aligning efforts that last.<sup>1</sup> One of these factors is power. To promote the development of aligning practice and research, the Georgia Health Policy Center recently conducted a review of research on the conceptualization and measurement of power dynamics in the context of aligning efforts. This document highlights several questions from that

review that were identified as superlatively important for understanding and advancing aligning efforts.

\* This brief on measurement questions to consider when assessing power dynamics in health-related community collaboratives is part of a series produced by Aligning Systems for Health with support from the Robert Wood Johnson Foundation on measuring the process and outcomes of aligning. The series is available [here](#).

<sup>1</sup> Landers, G., Minyard, K., Lanford, D., & Heishman, H. (2020). A theory of change for aligning health care, public health, and social services in a time of COVID-19. *American Journal of Public Health*, 110(S2), S178-S180.

Power is the ability to exercise some level of control upon something or someone. Aligning partners have different and shifting levels of power, and aligning takes place in the context of many existing power relationships. Aligning efforts may change partner power levels or alter power relationships. Power can be increased or decreased overall or relative to other parties. Understanding power in aligning efforts requires identifying the things that power is used to affect, how much consensus there is around those things, who has the ability affect those things, and what factors tend to shape that ability. Creating change often involves identification of important power dynamics, leveraging those dynamics in some cases, and changing them in others.

These insights imply several important questions about power dynamics in the context of aligning efforts. These questions concern the “things” that are being affected by power, the parties that have the power to affect those things, and the factors that shape power for those parties. These questions are elaborated below and followed by three power measurement tips.

What “things” are being affected by power? Examples could include

- Motivation and morale
- Relationship building and network connections, inside and outside the aligning effort
- Leadership structures and filling leadership roles
- Agenda setting
- Decisions and strategy, big and small
- Charters, contracts, and accountability enforcement
- Information collection and exchange; data systems
- Financial resources and resource allocation
- Service provision
- Participation
- Time use and human capacity

What parties have the power to affect the things above? Examples could include —

- Funders
- Conveners
- Partner organizations — individually, together, or in groups
- Leaders — individually, together, or in groups
- Staff — individually, together, or in groups
- Community members, individually, together, or in groups
- Parties beyond the collaborative, e.g., outside leaders and policymakers

## SOURCES OF POWER IN HEALTH COLLABORATIVES

- Communication of networking skill levels of individuals
- Expertise or information pertinent topics

Efforts to measure power in health collaboratives will likely focus on who is exercising their will, what their will is, and who or what they are exercising their will on.

What factors are shaping power for the parties above? Examples could include —

- Interconnectedness, existing relationships, and the ability to build relationships
- Legitimacy stemming from community members, partners, and endorsements
- Financial resources and revenue or funding streams
- Economic context
- Experience, expertise, and skills
- Social dynamics and status, e.g., race, ethnicity, gender, class, education, etc.

### TIP 1

Identify the power dynamics most important to a collaborative. Ask these questions:

- What power dynamics are most shaping aligning processes?
- What power dynamics are most shaping aligning outcomes, i.e., community goals and needs, health equity, and racial equity?
- What powers could be better leveraged?
- What power dynamics need to be altered?
- Who is the aligning effort empowering?

### TIP 2

Identify “things” where there is consensus, and consider building consensus in additional cases. Where consensus cannot be achieved, action may be driven by relatively powerful parties, but this may stir conflict. In some cases, this sort of conflict may be avoided where consensus can be created. In other cases, it may be best to directly address power relations (e.g., by restructuring the board). Note that assessment of the relevant power relations may help identify and avoid situations where false consensus emerges and stirs resentment unnecessarily.

### TIP 3

Well-being is associated with empowerment, and those with more power tend to have better health. In order to enable achievement of aligning outcomes, assessments of aligning efforts are encouraged to consider power, power relations, and empowerment relating to marginalized groups, both in terms of aligning processes and aligning outcomes. Historically in the United States and elsewhere, the well-being of Black people in particular has been greatly affected by disempowerment, and the relevant power relations are often minimized in research and practice. This history repeats itself in many ways today, and aligning practitioners and researchers are encouraged to pay special attention to countering the repetition of this history, especially as they work to make equity a part of aligning processes and as they work toward the aligning outcomes, particularly racial equity. This will require careful assessment of aligning power relationships in relation to racial identity.

These considerations for assessing how power dynamics impact health-related community collaboratives is part of a series produced by Aligning Systems for Health on measuring the process and outcomes of aligning. This is part of a series of briefs that are based on a review of the literature and serve as a preliminary bridge between aligning research and practice. These briefs were developed as part of early efforts to develop a comprehensive measurement system that will help strengthen aligning across sectors and the ability to measure how these on-the-ground efforts are developing and meeting the goals and needs of communities. A longer, accompanying brief that documents the research behind the development of these questions (with literature references) is available [here](#).