



PRACTICE BRIEF:

MOVEMENT-BUILDING AS INTERSECTORAL PRACTICE TO ACHIEVE HEALTH EQUITY



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The purpose of this resource is to:

- name intersectoral work of public health as movement-building to advance health equity;
- validate networking, relationship development and movement-building as core public health practices to advance health equity; and
- challenge public health at all levels to think and work in different ways regarding intersectoral practice.

“Movement building is the effort of social change agents to engage power holders and the broader society in addressing a systemic problem or injustice while promoting an alternative vision or solution.”^{1(p5)}

The concept of ***movement-building*** is emerging as an important strategy for approaching social justice issues in public health. It is commonly understood that achieving health equity requires long-term, sustained commitment to action by public health and partners across all sectors and at all levels. Public health often engages in collective impact as an intersectoral approach to collaboration to address complex issues, including health equity, by improving current systems and processes.² Movement-building represents a shift from the traditional collective impact approach in that it aims to dismantle current systems by amplifying community-based and groundswell efforts “to build a vision of the future based on common values and narratives.”^{2(p4)} Movements aim to change more than outcomes. Movements also change contexts, including “the ground on which everyday political life and management occur.”^{2(p4)} Movement-building is about more than the coordination and alignment of programs, initiatives, networks and coalitions; it is about “scaling up from organizations to something big.”^{3(p31)} It exists beyond organizational and bureaucratic boundaries^{3,4} to “trigger broad social change and secure tangible policy wins.”^{3(p8)}

Movement-building for health equity

“Given public health departments ... [are] at the intersection of research, policy, and practice, they are uniquely positioned to advance the movement to advance equity.... These institutions are adopting a broader definition of health beyond just the mere absence of disease by acknowledging economic and social well-being as core drivers of health.”⁵

As a concept, ***movement-building for health equity*** captures and mobilizes the synergy that exists when relationships and alliances come together based on common values and strategies for working towards health equity. Successful movement-building is rooted in ongoing relationships and intentional cross-sector alliances with organizations invested in social justice and equity.^{4,6} Movement-building focuses on broad-level systems change⁵ and strengthens public health capacity to address power imbalances and structural factors at the root of health inequities.⁶

Social movements are a part of the broader concept of movement-building, and public health can play an important role. By coordinating the efforts of social movements, community action and cross-sectoral partners, public health can support sustainable change in values, policies and approaches for achieving health equity.

Shifting how we approach health equity work

“Together we can work strategically to build the necessary political will to insist on reducing disparities.”^{7(p1)}

A shift towards movement-building requires changing the way we think about our work. Several key conditions, or antecedents, are necessary for successful movement-building, including:

- building authentic relationships with community;
- capitalizing on system-level opportunities;
- focusing on transformative change; and
- strengthening organizational capacity for movement-building.

Each of these conditions is briefly described below.

1. AUTHENTIC COMMUNITY RELATIONSHIPS

Strategic and meaningful relationships between public health and community partners are essential for movement-building for health equity and identifying opportunities to change the way things are currently done.⁶ In order to mobilize allies for health equity, movement-building must happen through relationships with trusted leaders and influencers from the inside the system, such as political representatives with connections across government. It must also happen through authentic relationships with people from outside the system, including community members, who bring a different energy, process and commitment to the issues being addressed.⁸

Alliances “create a ‘base’ of community support that can advocate to elected officials or other leaders (and)... showcase a wide demand and interest from the public, helping the health department to expand the boundaries of its work beyond traditional public health activities.”⁹ Fostering community partnerships also means working with grassroots organizations in the community and engaging in current social justice movements both as professionals and as contributing members of the community.¹⁰ In this way, movement-building requires connecting with a wide variety of networks, including communities, and making decisions together instead of focusing on who ‘owns’ an issue.¹¹

Relationships with communities who live with inequities require working in equal partnership to eliminate power imbalances and codeveloping policies that address various forms of oppression.⁶ Changing *how* work is done within your own organization and supporting partners to shift their practices in this way are part of what

transforms typical public health intersectoral work into a movement that crosses boundaries and jurisdictions. Prominent community voice⁷ and connection with people outside the formal structures of power are necessary to develop movements that can relate across issue areas⁴ and to help institutions to recognize and prioritize community-based issues.^{5,6}

2. SYSTEM-LEVEL ALLIANCES

It is important to build alliances that are rooted in community and aligned with values and vision across sectors outside of health.^{3,6} These alliances are necessary to identify opportunities to advance health equity goals and offer influential support.⁷ They also help practitioners to identify changes in the political environment that indicate an opportunity to influence change.⁸

Working with a systems approach to build a movement for health equity means developing a shared strategy that clearly defines policy targets, approaches, partner roles and communications. Strategic partnerships that bring other skills and resources to support the movement are essential for greater impact.³ Key sectors include research, funding bodies, government, business and existing networks⁷ that have relationships based on a common understanding of issues⁴ and a willingness to network with other movements.¹²

In movement-building, approaching intersectoral work to achieve health equity as ‘alliance building’ is stronger than the more limited concept of a ‘coalition’. Alliance-building involves sustained efforts, focus on a wide range of issues and work focused on transformation instead of a single policy or project.¹² Alliances as part of a health equity movement are synergistic — no one piece can be successful in isolation.

Movement-building requires that partners clearly articulate what needs to change based on common goals and create a policy-based strategy for change that includes engagement of communities.⁷ Intentionally coordinating efforts to take on a life of their own (beyond the episodic formality of meetings and workplans) transforms a coalition, or what we typically think of as intersectoral collaboration, into a movement approach.

3. TRANSFORMATIVE CHANGE

Transformative change involves confronting the root causes of health inequities, including racism and other forms of oppression and power imbalances.⁶ In this way, public health acts as “part of a larger movement for racial and economic equality.”⁵ In order for transformative change to happen, distributed leadership unites people around common values and allows all partners (including communities) to be involved in decision-making across sectors and disciplines. Transformative change through building a health equity movement “occurs when we see common language, landmark legislation or wins, and a diverse set of leaders able to articulate the connection between the policy and the narrative.”^{3(p31)}

4. ORGANIZATIONAL CAPACITY

Building capacity for movement-building to achieve health equity includes shifting internal practices, prioritizing upstream policy, mobilizing data⁶ and allocating resources to the work that needs to be done, including funding, space and expertise, as well as using already established networks.⁷ Institutional goals and objectives need to have a clear vision

and be supported by evidence and research.^{7,12} They must also explicitly prioritize inclusion, authentic community engagement and deep collaboration across sectors to inform health equity work.^{5,7} Organizations need to clearly articulate how processes will be tracked, as well as communicating about evaluation metrics for benchmarking, outcomes and impacts of the movement. Metrics can include atypical measures, such as number of alliances formed, linkages across sectors developed, relationships strengthened, transformational quality of goals, quality of collaboration and commitment of partners over the long term.^{3,12}

Movement-building and public health efforts to achieve health equity

“More and more organizations are challenging themselves not to build up their own institution or network but to re-orient their work towards movement building.”^{3(p11)}

When we change how we do our work, it changes what we can achieve. When we influence how our partners approach their work and they shift focus towards health equity, the building of a movement for health equity has begun. Public health can play an integral role in bringing all the pieces of a movement together and harness the synergistic power of the individual parts to change how and what is done in the name of health equity.

Public health must shift the thinking about how to achieve health equity beyond identifying a list of tasks to implement and lining up a collection of participants from health and non-health sectors to collaborate. Five conditions² provide a roadmap for public health at all levels to take a movement-building approach.

SHIFTING TO MOVEMENT-BUILDING FOR HEALTH EQUITY

START WITH	AND GO BEYOND TO
CONTINUOUS COMMUNICATION <ul style="list-style-type: none"> Share information and progress 	COMMUNITY ENGAGEMENT <ul style="list-style-type: none"> Focus on relationship development, cocreation and alignment with values and priorities of the community
COMMON AGENDA <ul style="list-style-type: none"> Bring stakeholders together to develop a plan with separate roles 	SHARED ASPIRATION <ul style="list-style-type: none"> Commit to outcomes that cannot be achieved through “business as usual” and require changing the way the work is done
SHARED MEASUREMENT <ul style="list-style-type: none"> Collect data, measure results, do regular reporting 	STRATEGIC LEARNING <ul style="list-style-type: none"> Consider measurement as part of a broader system of learning, benchmarking and tracking process
MUTUALLY REINFORCING ACTIVITIES <ul style="list-style-type: none"> Focus on coordinated (but potentially misdirected) effort and “areas that offer great opportunities for cooperation rather than the greatest opportunities for results”^{2(p8)} 	HIGH-LEVERAGE OPPORTUNITIES <ul style="list-style-type: none"> With local partners, assess existing networks, knowledge and resources that present opportunities for change Develop policy strategies that decentralize power and share accountability
BACKBONE SUPPORT <ul style="list-style-type: none"> Guide the infrastructure, mobilize funding, provide governance and leadership 	CONTAINER FOR CHANGE <ul style="list-style-type: none"> Support distributed leadership, build trust and empathy among partners, address tensions and reform what is currently being done

Adapted from [Tamarack 3.0](#)²

We want to hear from you!

- » What is an example of a movement where public health has played a strong role?
- » What are the opportunities for public health to build a movement for a just and sustainable future?
- » Questions, comments or practice stories can be sent to Dianne Oickle, knowledge translation specialist, at doickle@stfx.ca.

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The NCCDH is hosted by St. Francis Xavier University. We are located in Mi'kma'ki, the ancestral and unceded territory of the Mi'kmaq people.

Please cite information contained in the document as follows: National Collaborating Centre for Determinants of Health. (February 26, 2021). *Movement-building as intersectoral practice to achieve health equity* [Blog post]. Retrieved from <https://nccdh.ca/blog/entry/movement-building-as-intersectoral-action-to-achieve-health-equity>

ISBN: 978-1-989241-49-3

Production of this document has been made possible through a financial contribution from the Public Health Agency of Canada through funding for the NCCDH. The views expressed herein do not necessarily represent the views of the Public Health Agency of Canada.

This document is available electronically at www.nccdh.ca.

La version française est également disponible au www.ccnds.ca sous le titre *La création d'une mouvance comme pratique intersectorielle pour atteindre l'équité en santé*.