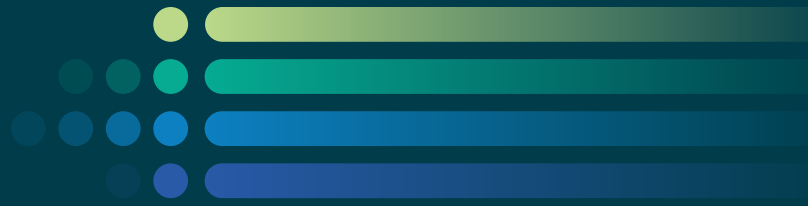


# Improving Health Equity through ABCD

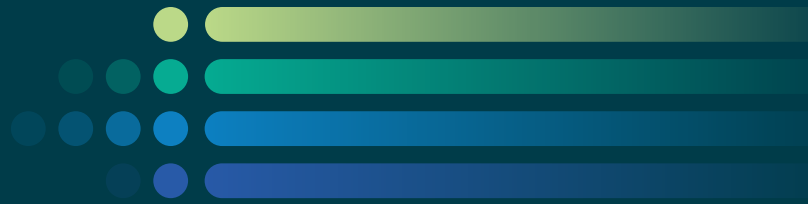


# Contents



|   |    |
|---|----|
| Preface . . . . .   | 3  |
| Improving Health Equity with ABCD . . . . .                           | 4  |
| Thinking About Community Assets . . . . .                             | 5  |
| Reflect On Your Community... . . . .                                  | 12 |
| Discovering Individual Gifts through Learning Conversations . . . . . | 13 |
| Power Ladder. . . . .   | 17 |
| Challenges and Successes from the Field . . . . .                     | 20 |
| Collecting Community Data . . . . .                                   | 21 |
| Resources . . . . .   | 22 |

# Preface



Thank you for your interest in using Asset-Based Community Development (ABCD) principles to improve health equity in your community. ABCD is a methodology that communities can use to build on their existing strengths, resources, and potential. It acknowledges the simple truth that community members are empowered, active, and autonomous participants in the process of improving their own lives.

This workbook series (*Improving Health Equity through ABCD* and *Using Data to Tell Your Community's Story*) was developed over the course of a peer-learning initiative sponsored by Data Across Sectors for Health (DASH) in 2022. Our goal is to help you improve health equity in your community by recognizing data as an important asset, and by using the ABCD approach to use data to your advantage. These workbooks highlight the importance of data and provide guidance and tools to build powerful communities.

DASH is a national initiative that helps communities share data to bring about health equity. DASH is co-led by the Illinois Public Health Institute and the Michigan Public Health Institute. Together, the two institutes make up the DASH Program Office, which is funded by the Robert Wood Johnson Foundation.\*

DASH provides funding, resources, and tools to help organizations in the public health, social services, and health care sectors share data. The initiative is built on the understanding that sharing data across different sectors can contribute to better health, well-being, and equity.

Ultimately, multi-sector data can support better practices, inform policy, identify how current systems reinforce inequity, and challenge dominant narratives. Additionally, we believe that people represented by data must play meaningful interpretative and decision-making roles in the data-sharing process. When ABCD organizers understand the importance of data, powerful community-driven initiatives can result.

**\* The views expressed in the publication do not necessarily reflect the views of the Robert Wood Johnson Foundation. This publication is not copyright protected, and you do not need to obtain written or verbal permission to reproduce and disseminate this resource.**

## Acknowledgements

DASH would like to thank Darryl Answer of Verge Solutions and Ron Dwyer-Voss of Pacific Community Solutions for leading the Asset-Based Community Development learning cohort and authoring these workbooks along with Beckah Terlouw of Invisible Strategy Consulting. We are especially grateful for the gifts generously shared by the participants whose examples and insights provide the context for this work.

# Improving Health Equity with ABCD



Welcome! We've designed this workbook to support you in your community-driven health equity work. Built on the foundations of Asset Based Community Development (ABCD) and DASH, our hope is that this workbook will help simplify and organize your work as you build power with others in your own community.

## **What is health equity?**

Health equity means that everyone has a fair and just opportunity to be as healthy as possible. As more health data becomes available to us, it's clear that there is an urgent need for more work that results in health equity for all. We know that building power locally, with others is valuable. The resulting collective power becomes a vehicle for sustainable community development and impacts health equity. This workbook offers ways for everyone to recognize the assets of a community and the strengths of its residents. When we do these things, we can move toward health equity together.

As we pursue greater health equity using an asset-based community development approach, we know that there are many variables that impact the results we want. These variables include power sharing, sustainable work, fair access to quality housing, education, local environmental conditions, and decent and affordable medical care. An important element of health equity in a community is when its members realize their individual and collective power to create change.

This workbook focuses on how local communities can take action to improve health equity for themselves, families, neighborhoods, and larger communities.

# Thinking About Community Assets



## Did you know that every single community has assets?

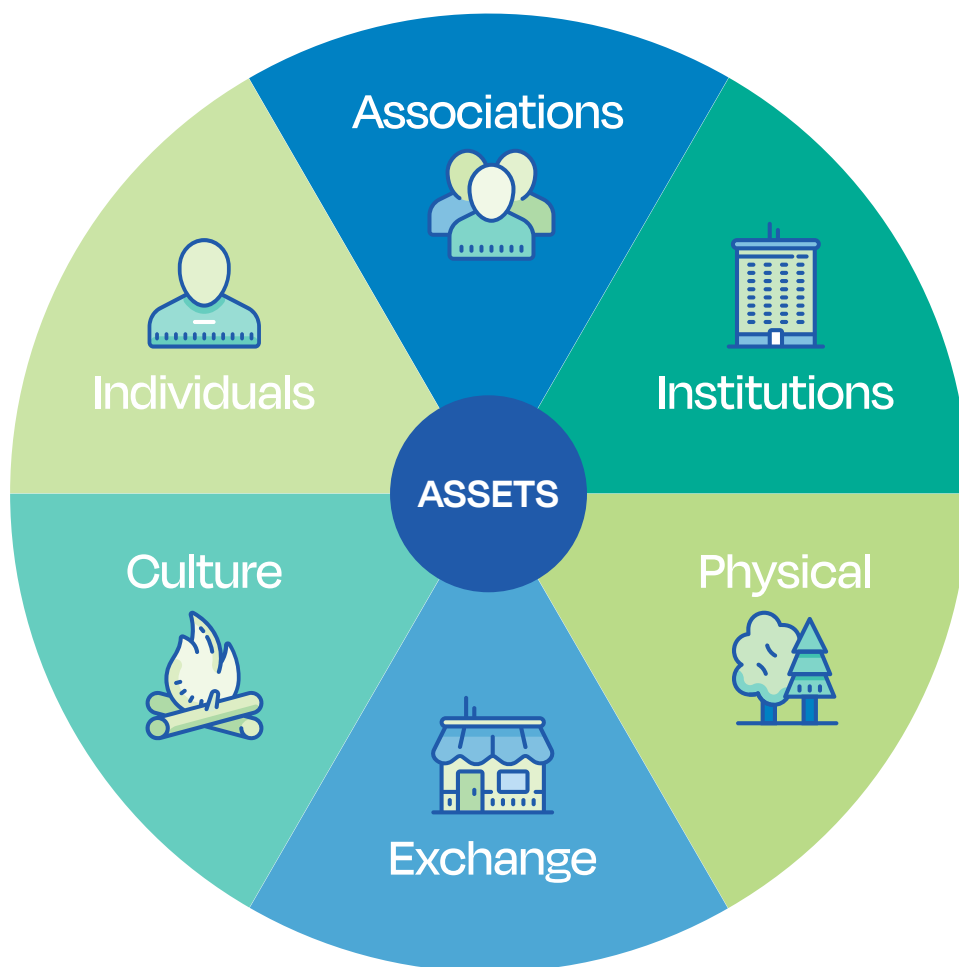
They do! Every single community. From rural communities to urban communities, from low-income to wealthy neighborhoods, from the west coast to the east coast, they all have assets.

We can describe a community's assets by looking into six different categories. Most community assets can be found in one or more of these categories.

It's so important that we discover, connect, and mobilize the community's assets because they play a valuable role in making greater health equity a reality.







Community asset categories help you identify, explore, and connect community assets.

Sometimes an asset might fit within more than one category, if so, that's okay. How assets are categorized is less important than discovering and identifying them.





Categories

|   |   |   |  |
|---|---|---|--|
|    | <p><b>Individual</b></p> <p>The first asset is the gifts of individual community members or local residents. Individuals are the only asset that appears in all success stories about community change. When building community you cannot create change with people’s needs, only with their gifts. Every person has gifts to offer—skills, talents, cares, concerns, and passions. A foundational component of ABCD is recognizing — and celebrating — these gifts. See the <i>Head, Hands, Heart Activity</i> on the following page.</p>   |    | <p><b>Physical</b></p> <p>Physical assets are the spaces, places, and things within community in a particular place. These assets include what is on, above, and under the earth. These assets can be products of both nature and humans.</p>  |
|    | <p><b>Association</b></p> <p>These are small informal groups of people who choose to come together to use their gifts or share common interests. Association power comes from the collaborative pooling and amplification of the individual gifts that people offer. Most of the work is done by unpaid members who create the vision and produce the outcomes. These associations can be local clubs, groups, or unnamed affiliations.</p>   |    | <p><b>Exchange</b></p> <p>Each community has a form of local economy where gifts and talents are exchanged. Exchange assets include buying, selling, sharing, trading, bartering, and giving.</p>  |
|  | <p><b>Institution</b></p> <p>This workbook considers three types of institutions: for profit, nonprofit, and government. Institutions are formally structured and made up of paid individuals and groups who are generally professionals with particular skills and expertise. Institutions work toward a fixed set of repeatable goals and follow a mission, a set of internal rules, and procedures. Institutions often contain or have access to an abundance of resources, including data, and the ability to gather data, about health, the environment, and social conditions in and around the community and its people.</p> |  | <p><b>Culture</b></p> <p>Culture assets are the practices, stories, values, traditions, and events that bring people together. These assets capture when the community is, was, or could be at its best, the values and experiences that are important to community members, and the celebrations emphasized within the community.</p> |

## Heads, Hand, Heart

It is always good to start ABCD conversations with individual assets. Here is a quick and easy activity you can use with any group to get people focused on assets and the gifts they have to offer the community. Give each person 2-3 minutes to write down a few of their gifts. Specifically, ask them to write down one gift of their head, one of their hands and one of their heart. Then invite them to share what they wrote with one or two other people. This leads to great conversations and strengthens connections. You can also have people write them on a flip chart and do a 'gallery walk' around the room with everyone learning about each other's gifts. When a group starts here, they get into the ABCD frame of mind needed for asset mapping the community.



### Head

Things I know and enjoy learning about...



### Hands

Things I can do, fix, make, or create...



### Heart

Things I'm excited, passionate, or concerned about...





### Mapping Community Assets for Health Equity in 4 Steps

What does this have to do with Data Across Sectors for Health (DASH)? Data about your community and the people in it can provide insight about and evidence of the assets in your community. Data describing the contents of the above categories and other factors impacting health can be very valuable to your planning efforts. Keep in mind that you'll need data about your community to understand how to prioritize and reach your equity goals, and you'll find it all around you (for more on collecting community data see the accompanying "Using Data" workbook).

One way to collect and organize the data of community assets is to create maps that name the gifts and resources in our own communities. Community asset maps emphasize known resources and less known resources in our communities that we can use in our work to create greater health equity.

Local residents are typically aware of the passions and concerns of a community, and where residents want to focus their shared power. This shared power, combined with health data and community ownership, can lead to meaningful changes in a community's narrative and create a roadmap for equitable health outcomes.

#### 1. Define Your Community's Boundaries

Start asset mapping by defining the boundaries or regions of your community. Some communities are official neighborhoods, others are segments of the county, others are indicated by street boundaries. We aren't here to tell you what defines a community—we are here to encourage you to define the community you're focusing on and begin the process of mapping the assets.

#### 2. Bring Together Community Members to Identify Assets

Meaningful community asset maps require that local community members help develop them. So, get creative and invite all the voices you can find! Maybe you'll join forces with an existing grass-roots organization, host neighborhood meetings, community workshops, go door-to-door, or find your own ways to connect with other community members. Individuals are the greatest community asset—and that's especially true when creating your own community asset map.

#### 3. Collect All Known Community Assets

Once you've found community members in Step 2, ask them to share all the assets they can think of in each of the community asset categories. This can be done with post-its or notepaper in person, "sticky walls" in person or virtually, or through a combination of any type of feedback collection. One neighborhood collected information on needed health services and available services by offering a survey on paper or with a [QR code](#) for everyone who shopped at a local store. Collect each asset offered, even if those assets don't seem related to health equity. Sometimes a seemingly unrelated asset later becomes a meaningful connection or bridge between other community assets.





We suggest hosting a gathering where you divide community members into six small groups. Then each group is assigned an asset category and asked to list all the assets they know about in that category. Then the groups rotate to other asset categories, started by other groups. Continue rotating groups through each of the six asset categories. This shared experience activates community pride and power as they recognize all of the assets that they have available to work with.

### CAUTION!

In the creation of an asset map, there will be the temptation to create a list of resources and social services that are provided in a specific area. This is not an asset map. If the goal is to build local power that leads to greater health equity, then the gifts of individuals and the associations must be included in your map. An asset map is ultimately a guide to building community power by recognizing where stakeholders both bring and recognize gifts, NOT a resource directory for services.

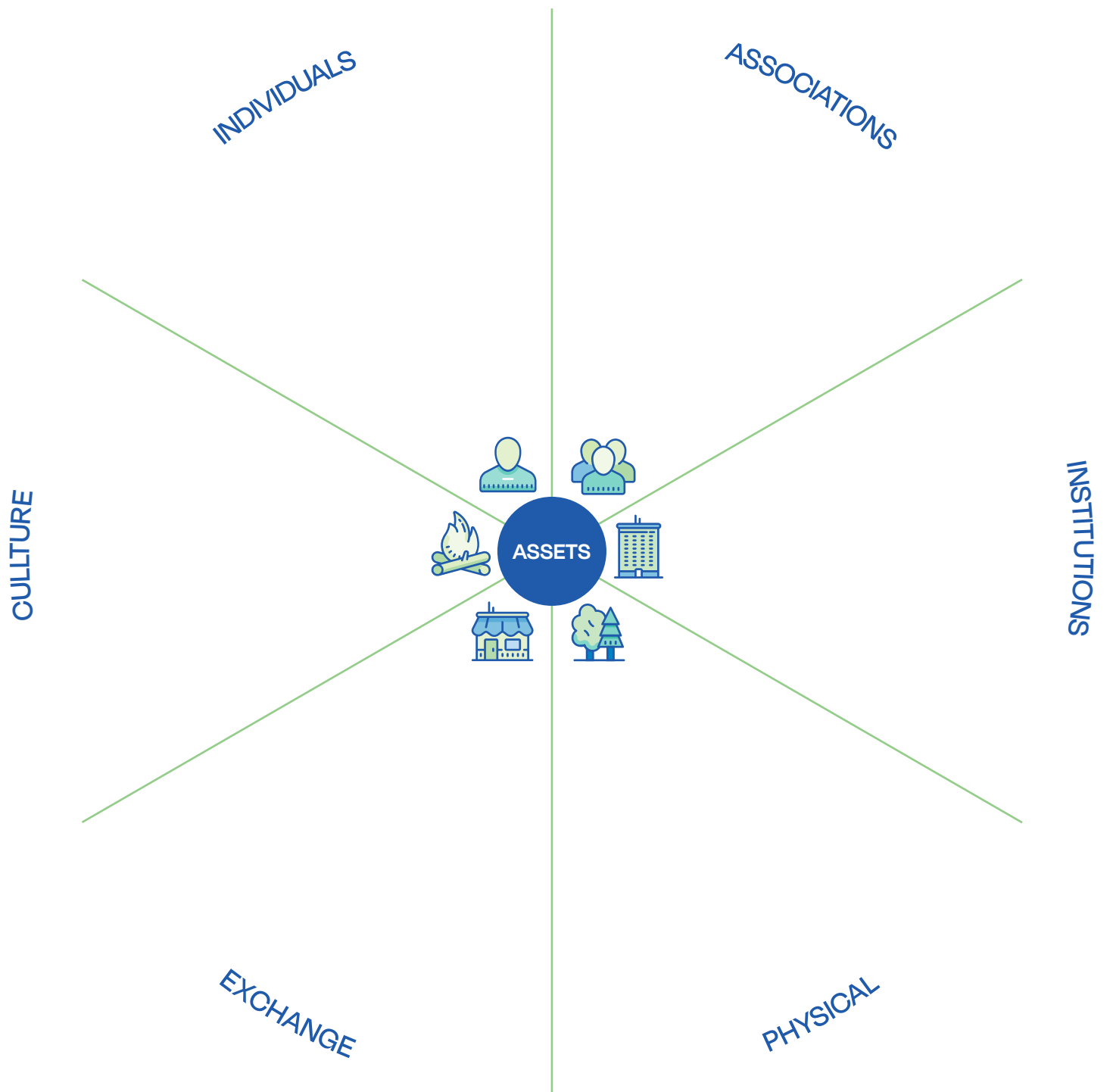
## 4. Explore Local Power Opportunities

After you have created your community's asset map, bring together more community members to consider how these assets might support local health equity work. As you do the work to discover the gifts of residents and connect local assets take time to explore the following questions. These questions are crucial to discovering and mobilizing local power.

- As a community, how can we create health equity ourselves using our own assets?
- As a community, how can we create health equity with our own assets combined with some outside help?
- What can't we do with our assets that must or should be done by outsiders?
- Who are our community connectors? Community connectors are the individuals who are well connected, trusted, believe in the community, know its history, and can mobilize others.
- How can our asset map be a tool to build sustainable resident power that leads to better health outcomes for the community?
- What do institutions and agencies do well in our community and what should institutions and agencies stop doing?

This sample asset map can prime the pump on people’s thinking about what types of assets might be in their community. When making an asset map be sure to encourage community members to name specific assets and not the categories in this sample map. For example, “Elm St. Tot Lot” instead of playgrounds.





# Reflect On Your Community...



Once your group completes their asset map it is important to reflect on what you have learned. As a group discuss the questions below to move from assets to action.

**What did we learn or notice about our community from this activity?**

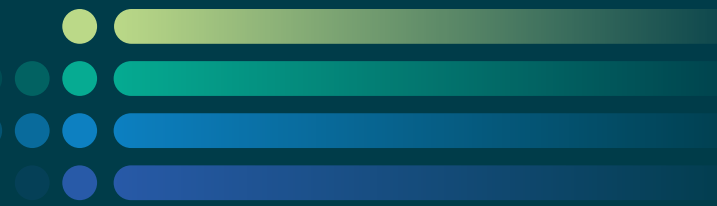
**Which community assets are well connected? Where could they be better connected?**

**How could we use these assets to advance health equity in our community?**

**What else can we do in our community with these assets?**

**Who else should we talk to? Who is not here now that we should include?**

# Discovering Individual Gifts through Learning Conversations



Each person in a community has gifts to offer and passions they care about. ABCD is most impactful when residents become involved by sharing their gifts, talents, and passions to support community change that matters to them. But how do we discover residents' gifts and passions and connect them so they can share their gifts?

One of the most effective ways to unlock the power of community members is through learning conversations. Learning conversations are purposeful conversations that help us discover a person's gifts, talents, passions. It's especially important to learn about a person's passions because passions are what motivate a person to act. Learning conversations seek to understand what someone cares about so much that they choose to act. Most people are motivated by three things:



### Hopes and dreams:

what someone is excited about or wants to see in the future.

### Concerns and fears:

what someone is worried about or does not want to happen.

### Gifts and talents:

the gifts and talents that someone enjoys sharing with others.



In order to reach health equity there must be intentional work to create shared power. Shared power can only happen if we take time to listen to all the voices in our community. Learning what each stakeholder cares about, their passions, concerns, and what they are willing and able to put their time to helps to reveal sources of power and build community ownership of the assets in a community. It's important to remember that some stakeholders wield a good deal of power through controlling resources, and they may have goals that are not directly tied to the goals of the community (for example, national businesses or federal funding sources). Making sure that local residents are leading these efforts can help more powerful participants see the importance in sharing power. Health equity that is community-driven and sustainable results from listening to those closest to the inequities, the community members themselves. By having learning conversations in your community, you will discover which individuals deeply resonate with your mission to improve health equity. You will also develop relationships, connections, and partnerships you didn't have before!

Below are questions to guide your learning conversations. Choose 1 or 2 questions from each section. Since you won't have time to ask all of them, focus on the questions you like best and are more related to your health equity work!

### Gifts and Talents

- What do your friends or family tell you that you're good at?
- What are your two-three favorite hobbies?
- What two gifts, talents, or skills do you have that make you a valuable family member and friend?
- What talent do you have that not many people know about?
- What is something that you love to do and never get bored by?

### Hopes and Concerns

- What do you care about?
- What are you concerned about?
- What do you want this community to look like in five years?
- What are your biggest concerns about what this community could look like in five years?
- What should we do that you would work on?

### Issue Feedback

- What ideas do you have about what we're working on?
- What hopes do you have for our [insert] work?
- What concerns do you have about our [insert] work?

### Association Involvement

- What groups or associations are you connected to?
- What groups or associations do you like?

### Possibilities

- Which gifts or skills would you be willing to share with your community?
- Would you consider attending our next community meeting?
- What would your possible roles be?

### Connections

- Be sure to capture names and contact info at this stage!
- Who else do you know we should learn more about?
- Who else can you think of who might care about this work?

**Set a time.**

This allows the community member to set the time and choose a place that is convenient for them. Learning conversations can be simple interactions on a front porch, via video call, at a park, or at a local business.

 **Have your questions ready.**

Choose which questions are most helpful from the Learning Conversation Guiding Questions.

 **Revisit the connection.**

If you were introduced to the community member by someone else, then acknowledge how the two of you were originally connected.

 **Be prepared to share.**

Creating authentic connections are important, and this is done when both individuals are able and willing to share. While learning conversations have specific topics, they are intended to create meaningful discussions between you and the community member.

 **Keep conversations under 45 minutes.**

You want to respect everyone's time while providing enough space for connection and learning.

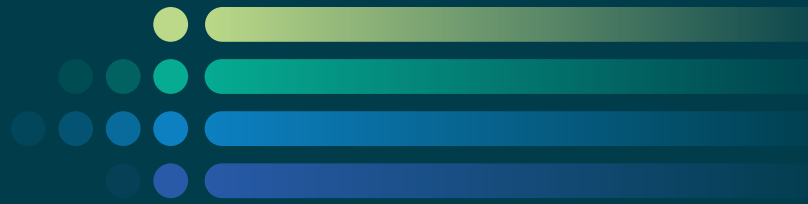
 **Make notes AFTERWARDS.**

Once you complete the learning conversation, then take any notes or capture ideas you had.



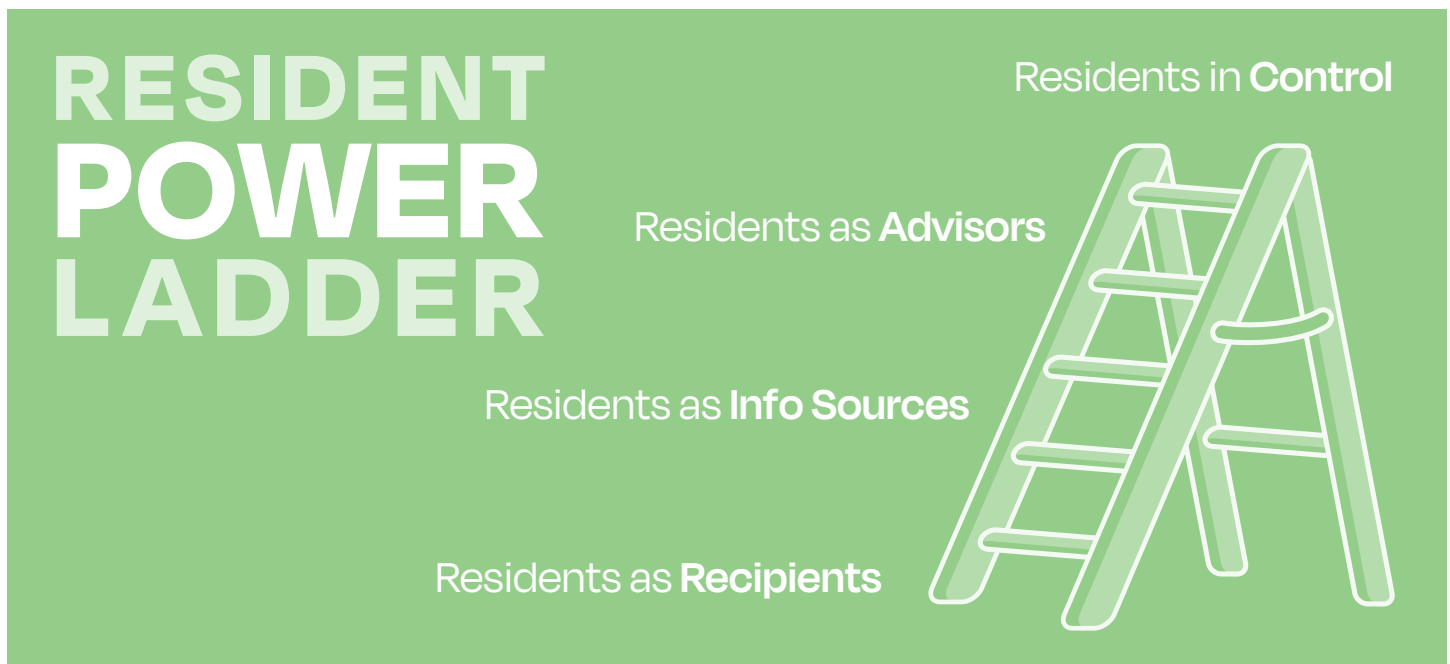
|                               |             |
|-------------------------------|-------------|
| Name                          | Date        |
| Connected by                  | Interviewer |
| Email                         | Phone       |
| Known Associations            |             |
| Role / Occupation             |             |
| Gifts and Talents             |             |
| Passions / Issues That Matter |             |
| Possibilities                 |             |
| New Connections to Talk to    |             |

# Power Ladder



When health equity is the goal in our communities, then we must create environments where local people, especially those usually marginalized, can discover and build local power. Community members who are closest to a challenge, problem, or injustice often have solutions. Power ladders help us see where and how those community members have the power to effect change and where it might be possible to increase their power. Resident power varies at each level:

- **In Control:** Residents control goal setting, planning, and implementation.
- **As Advisors:** Residents participate in goal setting, planning, and implementation. Residents may serve on a governing body, advisory group, or as advocates for an organization.
- **As Info Sources:** Residents participate as part of focus groups, surveys, or consults.
- **As Recipients:** Residents receive services or information.



Each step of the ladder represents different levels of community power or lack of power. Our goal in improving health equity is to see residents move from being recipients and consumers to being in control of their community's health and access to healthcare. The following Power Ladder Activity is a great way to explore and uncover power levels in your own community.

**Materials needed:**

index cards or large sticky notes

markers, masking tape

floor or wall space where tape can be placed

Power Ladder image and definitions displayed

**1. Preparation**

- On the floor or wall, use tape to make a pyramid with four levels.
- Prepare 4 role-of-residents index cards, with one label per card: Receive, Inform, Advise or Advocate, and Control.
- Label each pyramid level by taping the role-of-residents index cards accordingly. Receive on the bottom, Inform one level up, Advise or Advocate the level above, and Control in the top level.

**2. Identify Activities, Programs, Initiatives**

- Give each participant 3-4 blank index cards and a marker.
- Before you show the power ladder slide, ask participants to identify 3-4 programs, initiatives, or activities in which residents participate.
- Then ask participants to write down the name of the programs, initiatives, or activities on the index cards at their table, one per card. Use thick markers so cards can be read from a distance.

**3. Tour the Ladder**

- Next, show the power ladder image and review the various roles residents play in different areas of our community life. For example: sometimes we are in the Emergency Room or at a restaurant and are happy to be recipients of someone else's services. At other times, residents are in control of all aspects of a program, initiative, or activity.

Invite participants to call out places in their communities where residents are:

- Recipients? (Garbage pick-up, water and sewer, schools, etc.)
- Information sources? (Surveys, public comment at government meetings, etc.?)
- Advisors or advocates? (Advisory committees, PTAs or PTOs, neighborhood councils, etc.)
- In control and make decisions? (Most associations, some participatory budgeting processes, voting, block parties, mini-grant programs, tool sharing, community gardens, etc.)

#### 4. Assess Where We Are

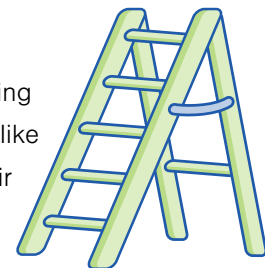
- After everyone understands the differences between these roles, have the group walk over to the floor pyramid you have made and place their own program, initiative, or activity cards in the pyramid according to the role residents play.
- After everyone has placed their cards, stand around the pyramid. Pick a couple cards from each level and ask the person who wrote it to describe that role or program and why they put it at that level.
- Discuss a couple cards at each level, then ask the group for their impressions of how the cards are distributed. The group may choose to redistribute based on discussion.

#### 5. Look Forward

- Ask where residents would ideally be on the power ladder, and what it would take to move some of the cards upwards on the power ladder.
- Invite participants to reorganize the cards on the power ladder and share ways to make these changes happen.
- It's valuable to recognize here that not all roles or programs should move up. For example, if someone needs an ambulance—it might be best to let medical professionals have control.

#### Special note for institutions and agencies

As you use this tool, you can support others in building local power by “leading by stepping back”. This is the primary way institutions and agencies can support residents as they move beyond receiving services and are able to use their shared power to create sustainable change. Stepping back looks like institutions allowing residents to decide how they will tackle an area of health equity, while using their resources as a support. This support can look like providing space for meetings, using influence and social capital to make connections in other institutions, providing additional resources and expertise to support the work, etc.



The power ladder combined with asset mapping can help a community come to the realization that they have the power to create change and to take ownership in stewarding resources that move toward health equity. When local power is realized, then local residents become the “front-line” of change, not only recipients of a program led by an outside group. Let's look at an example of a community that made the shift to build power at the local level.

# Challenges and Successes from the Field



Emerging New American Community Team (ENACT) is a collective impact collaborative originally created by the Ohio History Connection with support from the Institute of Museum and Library Services.

ENACT’s goal is to “connect aspiring New American Leaders with established community resources and fundamental civic education in order to build a base of knowledge that empowers them to become advocates for the New American community and in doing so, increase their sense of belonging in the larger community.”

They are not new to ABCD and have experience in leading cohorts in multiple Ohio communities. However, as ENACT went through the DASH ABCD program they shifted the ENACT model to better address social determinants of health. This allowed them to revisit their power ladder and see where they can intentionally facilitate more residents becoming creators and producers of health equity.

As you can see below in the power ladder they have created, ENACT is honest about their journey as a community-anchored initiative. They highlight where they were at project launch, where they are now, and where they hope to be in the future in relation to resident power.

## Resident Power Ladder

| AT PROJECT LAUNCH   |  | NOW  |  | IDEAL   |  |   |  |
|---|--|--|--|---|--|---|--|
| <p><b>“Residents” are defined as...</b><br/>local residents, artists, and resident-led associations</p>   |  | <p><i>Participants in specific activities where their decisions are honored (the activities/choices may be determined by the museum or local institutions). For example:</i></p> <p>Working on-site to install public art chosen by the community</p> <p>Voting for which public art installation from a group of proposals should be funded/installed</p> |  | <p>Lead community activities, programs, and events</p> <p>Contribute individual talents to local projects, e.g., photographic events.</p>                     |  | <p>Design and implement the process to solicit, and fund proposals for community art installations.</p> <p>Design the evaluations</p> <p>Engage neighbors and local residents</p> |  |
| <p>Encourage neighbors to participate</p>   |  | <p>Encourage neighbors to participate</p> <p>Present on specific topics</p>  |  | <p>Help plan events, workshops, and activities</p> <p>Help design the process to solicit, select, and fund proposals for community art installations</p>      |  | <p>Encourage neighbors to participate</p> <p>Help plan events, workshops, and activities</p>  |  |
| <p>Provide input and feedback regarding workshops, events, activities when asked</p> <p>Provide information regarding interpreting during programs/events</p> |  | <p>Provide input and feedback regarding workshops, events, activities when asked</p> <p>Provide information regarding interpreting during programs/events</p>  |  | <p>Provide input and feedback regarding workshops, events, activities when asked</p> <p>Provide information regarding interpreting during programs/events</p> |  | <p>Provide input and feedback regarding workshops, events, activities when asked</p> <p>Provide information regarding interpreting during programs/events</p>                     |  |
| <p>Participate in walks</p> <p>Attend SSCHC picnic</p>  |  | <p>Receive informational emails</p> <p>View UCC art installation</p>   |  | <p>Participate in walks</p> <p>Attend SSCHC picnic</p>  |  | <p>Receive informational emails</p> <p>View UCC art installation</p>  |  |

# Collecting Community Data



Communities that want to improve health equity locally need to both know how to build community and how to acquire, understand, and use data. What is data?

Data is factual information used to tell the story of a community, to design programs and projects to respond to that story and to understand what is happening beyond individual experiences or popular anecdotes.

We often think of data only as quantifiable data like surveys, spreadsheets with numbers, and collected by outsiders. While those are definitely examples of data, they aren't the only kinds of meaningful data.

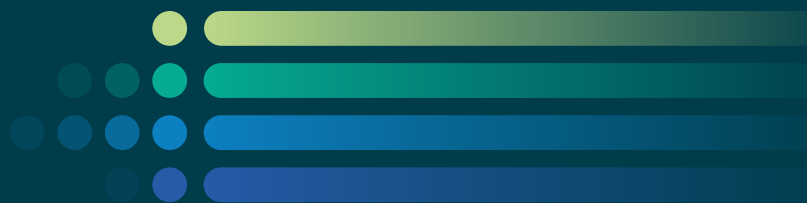
Did you know that bringing together community members to map community assets, hosting learning conversations, or engage in resident power ladder discussions ARE forms of data? They are. This means that if you've taken time for any or all of those activities, then you have been collecting meaningful data from your community!

## **Remember when collecting and using community data:**

1. Community members shouldn't just be the subjects
2. Community members should be part of the credits (and paid equitably!)
3. Community members should be part of the dialog about the questions and the answers

(Thanks to Dr. Graylyn Swilley Woods and the Overtown Children and Youth Coalition for sharing!)

Community members can be the agents of data collection and analysis. For more information on how to collect and use data to tell the community's story please check out the companion workbook: *Using Data to Tell Your Community's Story*.



## Health Equity Resources

All In: Data for Community Health offers podcasts focused on health equity, many that incorporate stories of community-driven efforts. <https://www.allindata.org/new-all-in-podcast/>

Robert Wood Johnson Foundation hosts a Culture of Health Blog discussing a variety of issues related to health equity, including the bias in existing data. <https://www.rwjf.org/en/blog.html>

## ABCD Resources

The Asset-Based Community Development Institute offers additional workbooks and tools that can help you with your own healthy equity work. The website is expected to be upgraded in early 2023, so if the following link fails, please google ABCD Institute and DePaul University. <https://resources.depaul.edu/abcd-institute>

Coady Institute works with communities around the world supporting them in applying ABCD. Their “Stories of ABCD” page has a dozen downloadable stories of how local communities use ABCD – many relating to improving health. <https://coady.stfx.ca/stories-of-abcd/>

The U.S. Institute for Museum and Library Services, in partnership with the ABCD Institute, developed numerous resources and guides for implementing ABCD. <https://www.ims.gov/our-work/community-catalyst/tools-resources>

Rural Health Information Hub provides several examples of programs using asset-based community development to address health equity issues in rural communities. <https://www.ruralhealthinfo.org/toolkits/sdoh>

The Transnational Forum on Integrated Community Care provides a thorough case study of how a community used ABCD to support and improve social determinants of health. [https://transform-integratedcommunitycare.com/wp-content/uploads/2021/07/ABCD-paper\\_v03C.pdf](https://transform-integratedcommunitycare.com/wp-content/uploads/2021/07/ABCD-paper_v03C.pdf)