

# Power and Power Analysis in Public Health

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**Rhiannon Bednar (RB):** Welcome to Ideas for Practice, a podcast of the Region V Public Health Training Center. As one of the 10 public health training centers across the country, the Region V Public Health Training Center seeks to strengthen the skills of the current and future public health workforce in order to improve population health outcomes. We hope this podcast will share insights and spark ideas among those working in public health practice. Thank you for tuning in to our episode today. Today we'll be talking all about power and power analysis. I'm your host, Rhiannon Bednar. In this episode on power, we'll be learning about what power is, what happens when there are imbalances in power and how health departments can assess their power and use it to strengthen their communities. Our guests today are Sari Bilick and Sophie Simon-Ortiz from Human Impact Partners. Today we have these two individuals here to talk with us about this complex topic. Sari and Sophie, welcome to the podcast. I'm excited to have you here with us today.

**Sari Bilick (SB):** Thanks. Good to be here.

**Sophie Simon-Ortiz (SS):** Thank you so much.

**RB:** Great, so before we get started, it'd be great to have each of you share a little bit about yourself, what's your role at Human Impact Partners, and something you enjoy about it. So Sari, let's start with you.

**SB:** Great. I'm excited to be here. My name is Sari Bilick, my pronouns are, she, her, hers. I live and work in Berkeley, California on unceded Ohlone land. I have been on staff at Human Impact Partners, or HIP, as we call it, you'll hear us refer to it as, I've been on set for about six years, and then the Organizing Program Director as part of my role along with Sophie, I help coordinate Public Health Awakened, which is HIP's national organizing network of public health practitioners, and also coordinate a lot of our organizing and advocacy work and have a focus on economic justice, economic security work as well. My background before coming to work at HIP was in community labor and political organizing, and so I came to public health through organizing, and so I love getting to think about how to both use organizing frameworks and tactics to transform the field of public health and to centre health equity and racial justice, and to engage folks in social justice movement campaigns. One thing I really love is also getting to create spaces for people to put their values into action and to find outlets for health justice organizing that folks might not have in their day-to-day work in public health.

**RB:** Great, thank you. And how about you, Sophie, what is your role and something that you enjoyed at it?

**SS:** Great, thank you. I'm so happy to be here today. I'm Sophie Simon-Ortiz again, she, her, they pronouns. I am the Organizing Project Director at HIP, and would've been in my role for about four and a half years now. I'm also joining from the Bay Area in California, on unceded Ohlone land in Oakland, California. I work on a few different projects related to our organizing and advocacy work, including our Public Health Awakened Organizing Network as Sari mentioned, and what I do, what we do, the way I really think about it is supporting, resourcing and trying to really build a public health folks involvement in social justice work. And there's some of our work that looks like supporting campaigns that grassroots organizers are leading and building, and some of it is also around the capacity building for our field internally to practice kind of building the language around the intersections of social justice and public health, which we see as really deeply intertwined, a lot of our work at HIP and Public Health Awakened is focused on some key issue areas of housing, criminalization and worker and economic justice, but we also do other work at other intersections around reproductive health and sexual health justice, climate, disability justice, you know? So many different intersections, all under this kind of health justice umbrella. Something I really love is I sort of jokingly say that I feel like so much of my role is being kind of a public health organizing matchmaker, and of course, not in the dating sense, but in the... Just really connecting the dots and making connections across people, we have this kind of being a national network, we have kind of a bird's-eye view of some of the different kind of public health, social justice-related work going on around the country in particular. And one of my favorite favorite things to do is just connecting people who are doing similar projects and work and have shared visions, sort of really help build across our network and build on our strengths.

**RB:** Great, thank you both for sharing. And again, for being here with us today. So to start us off on this topic of power, Sophie, could you provide us with a general overview of what power is and what are the ways that power plays out as it relates to public health work?

**SS:** Sure, yeah, happy to. So of course, this is a huge topic and whatever we say it will be incomplete, but we're excited to share sort of our thinking around it, so we often use Reverend Dr. Martin Luther King's definition of power, which we can share later in the show notes, if it feels helpful just to have this for reference, but it's... His definition was, "Power properly understood is nothing but the ability to achieve purpose, it is the strength required to bring social, political and economic change." And he also said, and then we often uplift this idea that power is not inherently good or bad, but it's always at play, impacting every interaction that people have with each other. Institutions, but inter-personally even between co-worker supervisees, supervisors, parents, neighbors, etcetera. And that it's really important to understand power at a macro and really historical level in particular, to zoom out, and really, that's how we can understand what's in front of us now in terms of power relations and power dynamics, and particularly power imbalances. And that really specifically the denial of power of some people historically is what really underlies the health inequities that we see persisting today, so it's no coincidence that we see deep inequities in health outcomes through health disparities, as we call them, right?

And also just our living and working conditions along lines of race, class, disability, rural-urban divide, and so much more. And so this is why building power is so necessary for lasting meaningful change toward health equity, and that's really... Ultimately, what it's really about in our mind is that in order to address unequal conditions in the present, we have to really go to the root of these power imbalances, and it means looking at the power structures that are creating those ongoing imbalances and what's contributing to the ongoing denial of power to some communities, and that that's really played out through racism and white supremacy, classism of heteropatriarchy, transphobia, ableism, etcetera. And also to name that people have been building collective power against these for just as long too, and that we have to really center that, and that those of us who are in the business of health justice work and health equity work really need to also do this kind of deep looking at what about our structures are perpetuating those harms, right? And I think a health justice frame and a public health frame is very powerful and that the goal being... Of living full of thriving lives is a really shared universal one. And then if you look at like, "Who's able to actually do that in this country?" Then you open up a conversation about that and power and history.

**SS:** So that's kind of a macro level, right? And then to dig down to more of the kind of what's right in front of us and individual level in public health, we're not necessarily very good at naming power dynamics that are at play, but it influences all of the work that we do, try to do in public health. So that's our organizational level, this is really concretely, this looks like, who gets to make the budget decisions about how much money is allocated to public health? Of the money that's allocated to public health, who gets to decide what gets used for diabetes versus housing work? You know? Housing access versus building internal capacity to address each of all of these issues, who's hired into what positions? Who determines what community priorities are? What health department priority should be? Like who's really at the table and having concrete power in those decisions. And then there's all the interpersonal level and how this plays out too, right? There's personal power, and then there's collective power, and ultimately, I think organizing work, which we draw from a lot, including talking about how public health departments can look at power better, is really about building collective power. And you have to also understand, first, your own personal power, right? So this is like how our identities shape the power and privileges that we have, and then how do you...

If you're someone who has kind of identity, positionality-based power, how are you leveraging that to advance health equity to center people who are most harmed by the issues, the harms at play? How are you pushing back against dominant narratives that are underlying those harms, etcetera? And then collective power is about what groups and people and communities can do together to build... To put together our individual power in doing that. And so there's much more that I could do about that, I might... I think I'll leave it at that for now, but we'll add on a lot more.

**RB:** Yeah, thank you. That's a great overview, and I think that really kinda just helps set the stage for our discussion today and to elaborate on this even further, Sari, could you talk about the dimensions of Power and how these different types of Power show up in the field of public health or even more specifically, when working in a health department?

**SB:** Yeah, happy to. So we... At HIP we use a few different frameworks to talk about power, and you've heard Sophie talk some about individual versus collective power, which is one framework we look at. Another way that Brene Brown of Just Associates talks about power is, "Power over and Power with."

**SB:** And so just to define that really briefly, in our society, we most often see power over playing out, so that looks like a select few groups of people who have the capacity and power to shape laws, to control the narrative, and also to repress policies and actions that threaten their hold on political and economic power. And a power over mindset really perpetuates inequities rather than addressing them, and then on the other side, Power with mindset helps us to conceive of how to share power with communities. So sharing power allows us to create spaces for centering the voices of those most impacted by health inequities and shift power imbalances, and we can accept the power is actually infinite and the more we share it, the more it expands. So it's like one just framework I wanted to name before jumping into the faces of power, so a framework we often use at HIP to talk about power is the three faces of power, which originally comes from the Grassroots Policy Project. And just to name, you asked about health departments, that health departments are engaging in these dimensions of power every day.

And so we wanna think explicitly about how you and your partners can use these faces of power to advance your equity, vision and goals. So just to name the three faces of power is, power to influence a specific decision, power to set the agenda, and power just shift public narratives. So looking at the power to influence a specific decision, this is really the most visible form of power, and so things you might see are things like education, advocacy, lobbying, voter registration, campaigns organizing to influence policies and elections. And this type of power tends to have a short-term timeframe, some examples of where we see this showing up in public health look like passing policies to ban flavored tobacco or supporting paid family leave policies or even working to elect Health Equity Champions. The second form of power, power to set the agenda is much more hidden and we don't often see it. It's used to influence which issues are addressed and who's at the decision-making table. And actions we might see include shifting or expanding the political agenda through building collective infrastructure and coordinating strategic alliances and networks. And this type of power has more of a mid-term or long-term timeframe. One example where we see this happening is with the gun control lobby... The gun control lobby who controls whether the legislatures are debating on gun control issues or not, and what they're debating about.

And at the same time, in public health, there's groups like NACCHO and ASTHO and many others who are also helping set the policy agenda for public health issues through having influence at those policy tables.

**SB:** And then the third phase of power is the power to shift public narratives. And this one is really more invisible, we don't usually see it, but it's used to influence how people are consciously and unconsciously interpreting the world around them and shaping ideology. We know that narratives impact what people see as problems and also as possible solutions, and so ways that this plays out is things like using communication to activate key values in beliefs and challenge the dominant world views to shape the public debate, and this one has a much more long-term timeframe. Some examples of where we see this playing out in public health may look like... We've seen recently a lot of local resolutions around racism, that's a public health issue, right? And that's helping shift the way that we think about these issues. It could also look like expanding how people understand public health by talking about public health as much more broader than just healthcare and thinking more about social determinants of health. So that's like a basic overview of three faces of power, and we could get a lot more into it and we'll speak more about it as we go along.

**RB:** Yeah, so clearly there's a lot to think about and consider when it comes to power, with all the different frameworks and faces of power that you just mentioned, so kinda keeping all of this in mind, I wanna talk a little more about what happens when there're imbalances in power and realizing that this may look different in different settings, so to start off, Sophie, what should be taken into consideration when there are imbalances of power internally?

**SS:** Yeah, I really appreciate this question and it's really digging, drilling down to how this really plays out, right? And how to try to do this work, so yeah, this is a major factor and consideration, I think really to center when entering into any collaborate project related to this work of health justice, and especially if you're addressing for doing the work of trying to address the contributing injustices affecting health. I think the first step is to take time to make thoughtful reflection around the power dynamics present in terms of who is involved, who is most directly harmed or impacted by whatever the issue is at hand, and if there aren't people who are most directly impacted, involved in a meaningful, real way with concrete decision-making power within the project, that's a problem, and that's something that should be addressed immediately, first and foremost. And yeah, so decision-making, message setting, any part of the project's strategizing, and then I think others involved, being really thoughtful and humble in their own engagement, if they aren't people who are not most directly involved or impacted rather.

**SS:** And I think... I sound like a broken record to people who heard me talk about this before, but something I like to kind of name that I think we do often in talking about public health work is kind of set this false binary between public health and "community", and I think one, it's really important to name that many of us now working or studying in health fields are ourselves from communities who've been targeted by oppressive structures and systems.

And so it's important to not just assume that we're somehow separate from our work as public health people and workers, and that we're all members of the fabric of our communities. And so I think that that's also just important to name and to not set ourselves apart from the communities in which we work and study and play and all the things, and just to go back to kind of like the reflection part, I think it's really important to do kind of sort of an inventory and share openly about all the strengths and identities that everyone brings to the table to build on those strengths, and to really think about how to leverage them towards a collective goal or goals. So if you're a researcher or someone with access to certain types of data that maybe not everyone in the group has, how are you leveraging that in service of the goals of the project? And that this is really solidarity in practice, leveraging that power, access, resources also for this collective purpose, and to not shy away from that too.

**RB:** Yeah, that's really helpful, thank you. And Sari what about when there are imbalances in power when working across internal governmental agencies? For example, Sheriff's department versus public health departments.

**SB:** Yeah. There's always imbalances in power that are playing out both internally and externally, and I think it's important to just step back a little bit and think about the founding of this country and the founding of our government institutions. And so, we know that the US government was established by wealthy White men who created policies and institutions to protect their own wealth and power. And these were grounded in discrimination and exploitation of Black, indigenous and people of color and the theft of indigenous land. And also since the creation of these exploitative policies and institutions, there's also always been resistance and organizing. And that resistance, hundreds of years later is still happening and ongoing.



**SB:** And it's still being challenged as we've seen recently with the rising backlash against for equity injustice, as well as the backlash to basic public health protections and right-wing agendas that are directly targeting many communities. And recently especially like transgender and non-binary folks, pregnant people, undocumented folks, and Black and Asian communities, just to name a few though many communities are being targeted these days. And so, it need to be taken as an assumption that power imbalances are deeply entrenched across our government institutions.

One example is that we see in many counties that the Sheriff's budget and the budget for police, jails and prisons is much larger than the public health budget. And often the police unions have much more political power than public health unions if public health unions exist at all. And this can be true of other city or county departments as well, like planning or tax collection, the City Manager or the County Administrators. Other agencies may have closer ties to elected officials because of their political power or their size or their influence as a sector. And so, we need to think about what we can do to address these internal power imbalances across government agencies.

One thing is to just call out the power dynamics publicly. This can really help draw attention to where people's values are. For example, if we name how much larger the police budget is than the public health budget and ask if those who have decision-making power are actually representative of the communities we serve, this actually just helped bring light to the issue and makes people aware of the imbalances. We can also explore collaboration across government agencies. For example, we can identify shared goals and mutually beneficial actions. How can housing and health partner with each other? One example is that in Boston, the health department recognized that they wanted to get pregnant family's house, because so much stability and subsequent coordination of care for the birthing parent and baby can happen when you have a house and an address to connect with folks.

So they reached out directly to the Housing Authority to explore how to help prioritize pregnant people. A group that the Housing Authority also was interested in to add them to their list for housing. And so, this was a collaboration bringing these two agencies together. And then another way is just to convene people who may not traditionally come together. This can be a way to help influence conversations and outcomes.

**SB:** The health department could play a convening role to bring other government agencies and community partners together to identify shared issues and ultimately to pursue solutions together.

**RB:** Great. Thank you. And I guess, building on that last point, what about when there are imbalances in power when you are working externally with some of those cross-sectoral and community partners?

**SB:** Yeah. As with internal work, there's also always imbalances in power happening externally. And so again, the role of the health department is to make power explicit and to try to proactively address those power imbalances by working to share power, to support building community power and to leverage the existing power of health departments, as well as other government institutions to support community-identified solutions.

**RB:** Great. Thank you. And so, to build on this topic of recognizing and addressing power imbalances, Sophie could you share some practices or strategies that you would recommend for shifting and shaping power and partnering externally to support community power building?

**SS:** Yeah, sure. And yeah, again, welcoming this like, how to really get down into it kinda question. And so, hopefully some of what we can share are tools that people can really put into practice. Addressing power can look many different ways, and again, this is incomplete. But to really dig down into it, one example is that we've worked on supporting health departments in doing and thinking through is redirecting funding to better support groups who are really on the ground in communities to deepen and expand their community engagement. Within the health department, this can also look like hiring community leaders to support community engagement efforts within the health department or across government, hiring organizers to train staff on engagement methods, 'cause organizers are great at that and there's so much to learn.

Providing free or reduced cost office space for community organizations and members, helping... Really concretely like helping purchase printers, laptops, other infrastructure needs that folks need.

**SS:** One cool example that a colleague shared with us recently is the San Francisco Health Department used leftover funds for environmental health supplies to purchase PPE, personal protective equipment for day laborers in the city and county. So that... Yeah, that just was an interesting and very direct example. Another way is helping... As I mentioned before but just to reiterate, the data piece is a really critical part of what we in public health can do in general and then in particular what health departments have access to. So helping collect data on community members and community advocate's issues of concern.

There's data access sometimes to go back to the housing example that health departments have around evictions or other housing access related data from the city that community members don't necessarily have access to. They can also testify often on the health impacts and significance of a particular policy or issue even if they're not able to speak directly in support or against a particular policy, they can speak to the broader implications of that issue, again, around to take the example of housing, to talk about how eviction dramatically impacts health. And then a lot of it too is around internal practices of how are you holding space in meetings and spaces internally. Developing really responsive and trauma informed facilitation methods to use internally and in meetings with community members. Some examples again, this is very incomplete and not exhaustive, but some examples of these really specific practices that we try to really model is how you do intros and check-ins in a meeting really set a container for this space.

Practices like explicitly naming racial ethnic identities to just be explicit again about how race and racism operates in spaces and just being open, sharing pronouns, setting group agreements, really thinking critically about who's facilitating, who are the people holding the space? Do they reflect the identities of participants? Are they well-versed in being explicit about power and privilege and racial justice? Also using embodied practices to ground out of our heads and into our bodies, acknowledging that we have a lot of knowledge and wisdom in our bodies as well. And then using really participatory activities so that it's not just one way information sharing, but really acknowledging the lived experience and expertise of everyone in the room. There are a lot of great resources on all these practices and including how this connects to power and power sharing. One place to look is a resource that actually just came out from our colleagues at HIP, which is what's called the Power Primer. Which was created by some of our colleagues for NACCHO.

**SS:** Folks, I think will be familiar with NACCHO and it just came out in late April, so we'll definitely make sure to share that resource as part of the follow up from the recording today. And of course there are many, many other resources and so we'll be adding in some additional resources too.

**RB:** Yeah, thank you for sharing all those strategies and I appreciate that you gave some examples of what it could actually look like as well, 'cause I think that will be helpful for our listeners to hear some of those real life examples. And Sari, to build on that, what are some of the different tools or resources that health departments can use to shift power or leverage the power that they do have?

**SB:** Yeah, as Sophie had just mentioned there's so many tools and resources out there but I wanted to name that there's actually a lot of tools and resources that you already have within a health department that can actually be used to shift and leverage power. And so, one example of that is health department budgets. We can identify where priorities are by looking at where the money is spent, and then we can think about how we can shift those budgets to better reflect our values. Another tool we already have is our staff meetings or staff processes. Sophie started to name some of this but looking at how we can change power dynamics in the meeting with staff as well as in meetings with communities, and thinking about different pieces of the meetings and that in itself can be a way to shift power. And then we keep saying this, but their data, health departments regularly collect and analyze health data and we can leverage this process to collect data in partnership with communities about the health and conditions or in other words, the social determinants of health that are impacting their lives or are a priority for communities.

We see this as a really critical role, which is why we keep mentioning it, because data isn't regularly collected about risk and impacts of things like evictions, displacement and foreclosures. Sometimes it is collected but not always. And so, and also things like the impacts of paid sick leave or about the needs of currently and formerly incarcerated folks and their loved ones or about undocumented community's access to health. These are all needed to help us understand how to improve health. And so, if the health departments have that they can share that if they're not collecting it, they can think about how they can collect that data to support communities and campaigns.

**SB:** And then in addition to tools that the health department already has, there's also a number of tools that are used regularly by community organizers and campaigns to think about shifting and leveraging power. And those are tools that health departments can use, too. Some of those tools we'll share in the resource that Sophie mentioned the Map Power Primer and we'll share that with folks, and that goes into more details on some of the tools. But one of those tools that we talk a lot about is power analysis and power mapping.

Power analysis is a process to identify the universe of people and groups that have the potential to advance or block our goals. And then power mapping is a tool that goes along with power analysis to create a visual of how much power the people in groups hold and how aligned they are with our agenda. And we can use power analysis and power mapping to better understand the landscape surrounding the change in policy or practice that we're working towards. And the process can also help us uncover people or groups or organizations or decision-makers that we might not have been aware of, and it could help us identify the next steps for shifting partner's and opponent's power and where they stand on the issue in order to help us reach our goal. And so, we'll share that Power Primer that also includes activities, as Sophie mentioned to think about how to identify your own power either as an individual or as a group. It also includes tools like a landscape web, planning, collaboration and many other things so we'll share that later.

**RB:** Great. Thank you for sharing those tools and resources. And I wanna focus in on one of those more specifically. You mentioned power analysis and what it is, but to give our listeners a better understanding of what this actually looks like, could you walk us through a scenario where it would be important to conduct the power analysis, or do you have any examples that you could share where conducting a power analysis helped lead to a shift in power?

**SB:** Yeah, and to be honest, this is a little bit of a hard question to answer, 'cause while power mapping and power analysis is a common practice that organizers use, it's actually really, in our experience, it's a new practice for health departments to use, so I don't have specific examples that have a start and an end of health departments conducting a power analysis and it resulting in shifting power. Though I'm sure there are example, they don't have those off the top of my head. However, at HIP we are starting to train health departments on both landscape assessments and power analysis.

**SB:** The landscape assessments can help identify who are folks in the public health ecosystem generally who are potential allies, who are potential opposition. And then the power analysis, as I mentioned, is looking more specifically about the power that those groups and individuals hold and help us think about how we can play a role in shifting power. So conducting a landscape assessment or a power analysis can really help us identify how to navigate the political context with the ultimate goal of shifting decision-making to be more equitable and accountable to communities that are experiencing inequities.

But what I can share is that there's a lot of examples of health departments that have partnered closely with community organizing groups in their regions. A couple of examples here in California, we've worked with health departments in Santa Barbara, and Riverside, and Long Beach, who have all partnered with local organizers who were actively working on campaigns around a couple of different issues, including farm worker protections, housing for community members who were formally incarcerated, and also youth engagement and displacement. And through these partnerships of the health department working with community organizers in their region, the health departments were able to help organizers better understand the political landscape of their city or county, and then together help think about who might be a potential allies to involve and opposition to counter.

And so, while the organizers are doing that on their side of thinking about the allies and opposition, the health department had a different insight around those players that they've worked with, around who those players are in government agencies. And as we've mentioned, the health departments were also able to provide data they had access too. They were able to help pull together convenings of other city or county agencies. And then as we've also talked about, it's like play a role in just voicing a health equity narrative to support the campaign. Like a narrative that may not have been as strong before the health department got involved. It's really exciting and we hope to have these examples and we hope to have more examples to share with folks in the future of ways that this has played out as more folks are getting trained in this.

**RB:** Yeah, that is really exciting to hear the work that you're doing to train health departments in this practice and also some of the preliminary examples that you've shared with us today. And so, before we wrap up, I do wanna take a minute to acknowledge that while power is obviously a very important topic, and as Sophie mentioned earlier, building power is necessary for making lasting meaningful change towards health equity and health justice. It is however a very complex topic and it can be a lot for someone to take in, especially if they aren't as familiar yet with power and power analysis. I wanna end today by asking you both if there's just one nugget of information that you'd like for our listeners to keep in mind about this topic as they move on with their day.

**SB:** I can start us off. This is Sari. Yeah, as you said, this is a big topic, we've been just sharing a lot of information and ideas and frameworks with you, and it can be new and intimidating and daunting and a lot to take in. And so, the thing I'm thinking about is that as you're starting to do this work is really thinking about finding your people. And so, maybe you're engaging in this work with your team. Maybe you're not. But is there a team of folks you work with? Is there a specific colleagues in your workplace who can think with you about these issues and how to address and shift power? Whether it's like you all attended training together or you find a reading or an activity and get together and discuss the resources together, or it could even be as simple as going to grab a coffee and chat about what you're learning. Ultimately, making small changes around power dynamics between people can ultimately shift whole systems. And so just, I wanna say that starting small is okay. You can find one little thing to do in your workplace and that could help shift culture and eventually create momentum for the work. So just starting small, doing what you can, not feeling like you have to tackle it all at once.

**RB:** Thank you. Yeah, I think that's a very important piece of information. And what about you Sophie, what would you like to share?

**SS:** Yeah, jumping back in, this is Sophie. Yeah, for me, one piece is just to really bring it back down to what this is ultimately all about. I think what helps me ground is remembering and really reflecting on that. All people, all communities have, we all have inherent power and we all have inherent dignity.

**SS:** And that this work is ultimately about creating context where these are supported and acknowledged and seen, and where, anywhere where there's been denial of that power and dignity has been and is addressed or redressed really. And then, yet, completely underlining and agreement of what Sari was naming about. The relationship building piece is so key to all of this and so center. And this... Adrienne Maree Brown, who folks might know. A wonderful thinker, writer, and all the folks at the Emergent Strategy Center where she also works have named it as this idea of like "small is all." It's really this idea of, that how we move and operate at the small level impacts the large.

And so being real, being willing to be honest and humble and get uncomfortable, especially if you're someone with positional power in all the different ways that that can mean is so critical within those relationships too, but really connecting us humans first and foremost in this work. 'Cause if we lose that, I don't know where we go from there. So we have to stay really grounded in all of those pieces.

**RB:** Yeah, I think that's also a really important piece of information for people to take with them today. So I appreciate you both sharing that. And as we wrap up today's episode, we wanted to let our listeners know that there will be a part two in this series on Power, which will be an interactive workshop on power mapping and leveraging resources and assets. Thank you both so much for joining us today to share your experiences and provide some insight on this topic. To our listeners, we hope you've learned more about power and conducting a power analysis today. Feel free to check out the transcript and the resources that will be in the podcast notes. We also encourage you to apply for our upcoming June 2023 workshop, to get a better understanding and dive deeper into power mapping, which is an important process that's helpful when conducting a power analysis. You can find a link to apply in the podcast notes. Funding for this podcast is provided by the Health Resources and Services Administration. And with that, we'll end here for today. Stay safe and stay curious everyone.