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Power, control, communities and health inequalities I: theories, concepts and analytical frameworks

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Summary

This is Part I of a three-part series on community empowerment as a route to greater health equity. We argue that community 'empowerment' approaches in the health field are increasingly restricted to an *inward gaze* on community psycho-social capacities and proximal neighbourhood conditions, neglecting the *outward gaze* on political and social transformation for greater equity embedded in foundational statements on health promotion. We suggest there are three imperatives if these approaches are to contribute to increased equity. First, to understand pathways from empowerment to health equity and drivers of the depoliticisation of contemporary empowerment practices. Second, to return to the original concept of empowerment processes that support communities of place/interest to develop capabilities needed to exercise collective control over decisions and actions in the pursuit of social justice. Third, to understand, and engage with, power dynamics in community settings. Based on our longitudinal evaluation of a major English community empowerment initiative and research on neighbourhood resilience, we propose two complementary frameworks to support these shifts. The Emancipatory Power Framework presents collective control capabilities as forms of positive power. The Limiting Power Framework elaborates negative forms of power that restrict the development and exercise of a community's capabilities for collective control. Parts II and III of this series present empirical findings on the operationalization of these frameworks. Part II focuses on qualitative markers of shifts in emancipatory power in BL communities and Part III explores how power dynamics unfolded in these neighbourhoods.

Key words: health inequalities, community, control, power

INTRODUCTION

Community empowerment has regained the global prominence it had in the 1990s. It is embedded in the Sustainable Development Goals and local, national and international strategies for social and health development (WHO, 2013; Scottish Government, 2017; UN Economic and Social Council, 2019). Significantly, however, as in the 1990s, it is re-emerging as the role of the State as service provider shrinks and social and health inequalities widen (Stuckler *et al.*, 2017; Hiam *et al.*, 2018). The COVID-19 pandemic has heightened this renewed policy interest in the role of 'the community' in protecting and promoting population health and addressing the social inequities that drive health inequities.

This article is the first in a three-part series that explore how, in this context, the potential for community empowerment approaches to contribute to greater social and health equity may be maximized. The articles are primarily based on a longitudinal evaluation of a major English community empowerment initiative: Big Local (BL) but also draw on other research by the authors on neighbourhood resilience (Popay, 2018 and Porroche Escudero, 2018). Here, we argue that contemporary 'empowerment' initiatives in disadvantaged communities of interest/place are increasingly restricted to an '*inward gaze*' onto communities psycho-social capacities, lifestyle changes and proximal neighbourhood conditions, neglecting the *outward gaze* onto political and social transformation for greater equity, embedded in foundational statements on health promotion (WHO, 1986). (We use the term 'health promotion' to include practice and policy that in some country contexts is referred to as 'public health'.) We contend that this *outward gaze* has to be strengthened if these approaches are to contribute to increased social and health equity. This outward gaze becomes daily more important as the global COVID-19 pandemic exacerbates inequalities and policymakers turn to communities for solutions. Three imperatives to achieving a stronger outward gaze in community initiatives are proposed. First, clarity is needed about the pathways from empowerment to health equity and the processes driving depoliticisation of contemporary empowerment initiatives. To support this, we summarize evidence on the potential for empowerment to contribute to reducing inequalities and consider whether contemporary community initiatives are fulfilling this. Second, the original concept of community empowerment must be reclaimed, as comprising processes supporting those with little power to exercise greater collective control over decisions and actions that

contribute to social transformation and political change. This requires conceptual clarity: distinguishing *empowerment processes* supporting development of capabilities for collective control from the *exercise of collective control* as the outcome of successful empowerment. Third, a more sophisticated understanding of the complex power dynamics operating in 'community' settings must be embedded into the design, delivery and evaluation of empowerment initiatives. To support this, we briefly review recent theoretical developments on 'power', make the case for collective control to be understood as a multi-dimensional form of emancipatory power and identify forms of power that impact negatively on collective control over decision/actions by disadvantaged communities. Finally, we propose two complementary analytical power frameworks—one focused on positive emancipatory power, the other on negative limiting power—that used together can strengthen the outward gaze of community empowerment approaches helping them achieve positive changes in social and health equity.

WHAT ARE THE ROUTES FROM COMMUNITY EMPOWERMENT TO GREATER HEALTH EQUITY?

The theory

Community-based initiatives espousing empowerment are prominent in the health field. Syme termed the theory underpinning these 'control over one's destiny' (Syme, 1989). Different causal pathways from control to health outcomes are proposed (Whitehead *et al.*, 2016). Living in disadvantaged neighbourhoods can produce a sense of collective threat and powerlessness: chronic stressors causing distress manifested as anxiety, anger or depression, which damages health (Hill *et al.*, 2005). Obversely, empowerment processes could reduce the negative health impact of disadvantage if, for example, a community prevents the siting of a toxic waste facility locally or attracts resources for environmental improvements (Brown, 2007; Elliot *et al.*, 2015). Additionally, a community's experiential knowledge can help develop more acceptable, and therefore more effective, ways to address the risks to health they face (Popay and Williams, 2009). Positive health effects can also arise indirectly, if participation in collective activities increases social cohesion (Bernard *et al.*, 2007) or leads to an improved sense of self-efficacy and control in individuals (Whitehead *et al.*, 2016). Finally, engagement in community action to address inequalities can increase 'critical health literacy' (Nutbeam, 2000) contributing to

democratic renewal (e.g. increased voting rates), greater political engagement and pressure for more socially just policies.

The empirical evidence

High-quality empirical evidence demonstrates that the level of control an individual has over their life circumstances is a significant determinant of health outcomes (Siegrist and Marmot, 2004; Woodall *et al.*, 2010; Orton *et al.*, 2019). Evidence is also accumulating on '*collective* control' as a mechanism for enhancing population health. Strong evidence of positive impacts on *social determinants* of health inequalities are consistently reported (Laverack, 2006; Wallerstein, 2006; Milton *et al.*, 2012; Whitehead *et al.*, 2016; Pennington *et al.*, 2018). Longitudinal evidence supports a positive association between collective control and health improvement. High-quality evaluative studies have also found positive health (and health related) impacts from microfinancing interventions in low- and middle-income countries (Orton *et al.*, 2016) and initiatives with first nation communities in Canada (Chandler and Lalonde, 2008).

Are contemporary community empowerment initiatives fulfilling their potential?

Despite the growing evidence base, and consensus about its importance (e.g. Cahill, 2008; Lawson and Kearns, 2014; Lindacher *et al.*, 2018) widespread concerns about depoliticization of community empowerment, emerging in the 1990s (Rissel, 1994; Wallerstein and Bernstein, 1994) are still evident.

Newman and Clarke argue that problems arise because the concepts of *community* and *empowerment* can be *translated* by diverse actors to support different political agendas in new settings and acquire new meanings when *articulated* with other concepts [(Newman and Clarke, 2016), p. 2]. Over time, new concepts have been integrated into community empowerment initiatives. These include: community capacity and competency (Eng and Parker, 1994); asset-based community development (McKnight and Kretzmann, 1993; Morgan and Ziglio, 2007); social inclusion and exclusion (Labonte, 2004); social capital (Ansari *et al.*, 2012) and community resilience (Ziglio, 2017). The operationalization of these concepts is acknowledged as potentially problematic, but it has also been argued that internal organizational processes may be the most straightforward way to define community empowerment and could act as proxy outcome measures (Cahill, 2008; Laverack and Wallerstein, 2001).

For some, the growing number of empowerment initiatives are opportunities for communities to gain power as governments engage with them to address contemporary problems. For example, Taylor argues [(Taylor, 2007), pp. 299–300] that as governments 'move from institutionally controlled processes of 'doing to' towards negotiated processes of 'doing with', the exercise of power over communities is being replaced by the State sharing power with communities'. There is, however, evidence that processes of *translation* and *articulation* are reducing the potential for community empowerment practices to positively impact on social and health equity. In particular, they have strengthened the '*inward gaze*' on psychosocial dynamics within disadvantaged communities and on improving health-related behaviours and proximal neighbourhood conditions. Arguably this has been reinforced by calls for practitioners to 'privilege the local' [(Allen, 2003), p. 2]. This *inward gaze* is essential to support the development of capabilities communities need to exercise collective control over decisions/actions that oppress them. But its current dominance in many community initiatives is occluding the *outward gaze* on supporting communities to exercise their collective control capabilities in the pursuit of greater equity. Notable here are the many local projects adopting an asset-based approach to change individual behaviours/lifestyle without addressing their structural determinants. As Friedli argues, these initiatives too often 'attempt to reproduce, in poorer communities, psycho-social assets that are in fact tied to material advantage, while leaving power and privilege intact' [(Friedli, 2013), p. 140]. Jason *et al.* similarly argue that in the USA the 'prevailing approach in public health prevention and promotion ... seeks to adapt individuals to conditions ... produced through decades of public disinvestment, resulting in multiple proximal and distal determinants of health disparities in low-income communities of color' [(Douglas *et al.*, 2016), p. 488].

What processes are driving the de-politicization of community empowerment initiatives?

According to community practitioners in Scotland, some policymakers use the language of asset-based empowerment as 'rhetorical devices, driven by organizational and political self-interest rather than genuine concern for the wellbeing of the most unequal' [(de Andrade, 2016), p. 136]. There are also broader concerns that the policy focus on 'community' represents a neoliberal shift from direct control by a shrinking State to dispersed negotiated 'governing at a distance' [(Rose and Miller, 2010), p. 279]. From this perspective, contemporary community

approaches are a form of 'government through community' that aims to shift responsibility for solving problems of social injustice onto communities and to utilize diverse techniques and knowledge so that communities 'come to believe that such responsibilities rightly lie with them' [Imrie and Raco, 2003; (Rolfe, 2018), p. 581].

These processes are equivocal (Flint, 2004), disorderly (Clarke, 2008) and communities do resist (McKee, 2011). However, there is evidence that they are *decreasing* the control disadvantaged communities have over decisions and actions impacting on them, which may increase inequalities. Based on an evaluation of four UK initiatives, Rolfe concludes that 'communities can have significant agency in making decisions…[but] the level of agency in each situation is shaped by community capacity [which] seems to demonstrate a distinct socio-economic gradient, reinforcing concerns that community participation policies can become regressive, imposing greater risks and responsibilities upon more disadvantaged communities in return for lower levels of power' [(Rolfe, 2018), p. 16]. Similarly, Lawson and Kearns concluded that organizations involved in a long-term Scottish area-based regeneration initiative used the discourse of empowerment to 'legitimate their shifting positions but the outcome was anything but empowering for the wider community' [(Lawson and Kearns, 2014), p. 78)]. Related problems have been identified in World Bank and other UN initiatives in low-income countries, which Craig *et al.* argued undermined 'local community social and economic structures, whilst appearing to advocate the importance of community' [Craig *et al.*, 2011), p. 9].

This evidence suggests that vigilance against the 'use of empowerment strategies in top down disempowering ways' continues to be necessary [(Rissel, 1994), p. 40]. But this requires those involved in empowerment initiatives to reclaim the concept of empowerment and collective control elaborated in the Ottawa Charter for Health Promotion (WHO, 1986) and to understand and actively engage with forms of power operating in community settings.

HOW ARE COLLECTIVE CONTROL AND POWER BEST CONCEPTUALISED FROM A HEALTH EQUITY PERSPECTIVE?

Most definitions identify 'control' as the outcome of successful empowerment. The prefix 'collective' is added here to make explicit the structural dimensions of a concept commonly associated with individual approaches, and to avoid the contested concept of 'community'

(Reynolds, 2018). Although closely related to other concepts, *collective control* has particular analytical advantages. While 'action' refers to *a thing that is done*, 'control' denotes *the ability to influence the course of events and/or others behaviours*, so foregrounding power. *Self-determination* is central to the struggles of First Nations, Aboriginal Peoples and other oppressed groups. However, *collective control*, as elaborated here, has wider relevance in policy/practice, encompassing people's right to determine their own futures alongside the imperative of acting *with others* in the pursuit of greater equity.

From this perspective empowerment initiatives should aim to support communities to develop and exercise collective control capabilities in the pursuit of greater social and health equity. To do this, they must reflect an understanding of the forms of power communities require to exercise collective control—i.e. capabilities—and establish processes to develop these. Similarly, forms of power limiting the opportunities communities have to develop and exercise these capabilities need to be identified and approaches to resisting these put in place. Almost 20 years ago, Wallerstein similarly argued that whilst power is central to empowerment it 'must be dissected to be understood' [(Wallerstein, 2002), p. 75]. However, as Pearce highlighted a decade on [(Pearce, 2013), p. 659], many empowerment initiatives were still failing 'to pave the way for transforming power as meaning and practice' partly because power is 'often assumed, rather than defined or addressed or used in a coherent manner' [(Gaventa, 2003), p. 12].

Definitions of power have long reflected a duality: as conflictual, the means by which individuals achieve domination *over* others as in Marx's theory of class domination (Miller, 1984)—or consensual, a capability held by leaders with the agreement of others in order to achieve collective goals based on common values. For example, in Weber's theories of *authority* and *rules* in bureaucracies (Weber, 1946) and Parsons theories of power in democratic societies (Mayhew, 1982).

This duality remains evident, but understandings of power have shifted significantly over time. Lukes presented a model comprising (Lukes, 1974) three different 'faces' of conflictual power: coercive *overt power over* (Dahl, 1957); *covert power over* or the ability to keep issues off the political agenda (Bachrach and Baratz, 1962) and *latent power over* or the ability to implant ideas in people's minds that are contrary to their interests, through ideology or propaganda. Consensual understandings of power have also evolved. Arendt, for example, coined the term *power with*: the capacity to act with others for the common good [(Arendt 1970), p. 44]. Starhawk presented the concepts of *power-from-*

within (personal ability and spiritual integrity) and *power-with* (power among equals) as forms of resistance to dominating 'power-over' (Starhawk, 1987). These forms of *emancipatory power* have been combined into a tripartite model encompassing *power within*, *power with* and *power to* (Allen, 1998; Allen 2016; Townsend *et al.*, 1999). Usually applied at the individual level, this model is used in studies of female empowerment and, more recently, asset-based community development (e.g. Rowlands, 1997; Kim, 2007; Mathie *et al.*, 2017).

Social theorists have sought to link consensual and conflictual understandings of power. According to Giddens, for example, people derive the power to act—transformative capacity—from hierarchical social structures of class, gender, ethnicity, etc (Giddens, 1984). These structures provide the 'rules' shaping action and resources supporting it. Some people gain greater transformative capacity/power, enabling them to dominate others, but in democratic societies widely accepted social norms underpin people's acceptance of this *power over* them.

Foucault departs significantly from these understandings. For him, conflictual *power over* has been replaced in modernity by *constitutive power*, which 'comes from everywhere' because it operates through social discourses and systems of knowledge [(Foucault, 1998), p. 93]. He argues that constitutive power *produces* social reality and social subjects by giving meanings to social identities and defining what social action is possible for them. As he puts it 'humans are not only power's intended targets, but also its effect' [(Foucault, 1971), p. 170].

A duality model of power is common in health promotion/public health. As Labonte argued, community empowerment processes involve 'a dialectical dance, of power given and taken all at once' (Labonte, 1994). Wallerstein described this as 'a new community empowerment model... [incorporating] both the horizontal community-building dimensions and the vertical community-organizing efforts required to challenge 'power-over' structural conditions' [(Wallerstein, 2002), p. 75]. Less attention has been given to elaborating different forms of positive and negative power, including Foucault's concept of constitutive power, and to how these interact in 'community' settings.

HOW CAN HEALTH PROMOTION PRACTITIONERS ENGAGE WITH POWER DYNAMICS IN COMMUNITY INITIATIVES?

Two analytical frameworks

Below we describe two complementary frameworks that incorporate multiple understandings of power. They are intended to be used as tools to analyze power dynamics operating in community settings in order to strengthen the outward gaze of local empowerment initiatives on social and political change for greater equity. The frameworks have been informed by a systematic literature review (Whitehead *et al.*, 2016) and adapted from the work of others.

The *Emancipatory Power Framework* (EPF) comprises a power lens through which capabilities for collective control, and changes in these, can be understood and assessed. It draws upon the concepts of 'power within', 'power with' and 'power to' described earlier. These are adapted to the community level and reflect different collective control capabilities. We have drawn on theoretical literature on empowerment (e.g. Laverack and Wallerstein, 2001; Rifkin, 2003; Peterson and Zimmerman, 2004; Cyril *et al.*, 2016; Lindacher *et al.*, 2018). However, much of the framing in this literature is instrumental—focusing on the 'ingredients' needed to achieve more effective empowerment. Our framing is distinguished by its focus on *capabilities* (Sen, 1999) developed within and by communities to exercise greater collective control.

From a capabilities perspective, *Power Within* refers to collective capabilities internal to a community, including recognition of shared values and interests. *Power With* refers to the power emerging when a community acts with other agencies or communities to achieve common ends. *Power To* refers to collective capabilities associated with implementation of community action, including establishing structures and opportunities for collective decisions/action and the consequences of these (Box 1).

Interactions between the EPF dimensions are non-linear: development and exercise of *power to* and *power with*, initially at least, require some degree of *power within* and changes in one will feedback into others. Successful exercise of *power to* improve local conditions could enhance a community's *power within*—increasing confidence in their collective ability to change things. Conversely, a failed attempt to resist power over them by external actors may reduce a community's *power within*, although lessons learnt may increase confidence in their ability to be more effective in the future. These dimensions reflect an understanding of power as generative, expansive and 'non-dominating': emanating from relationships with others (Rowlands, 1997). As Rissel argued, however (Rissel, 1994), a zero sum concept of power, where one's loss is another's gain, applies when action is aimed at political change and (re)distribution of resources. *Power Over* has therefore been included in the EPF, recognizing communities may exercise 'zero

Box 1. Emancipatory Power Framework dimensions.

Definition	Power within: Capabilities internal to a community supporting collective control/action	Power with: Capabilities to build alliances and act with others to achieve common goals	Power to: capabilities to achieve desired ends including establishing structures, procedures and opportunities for collective decisions and actions as well as the outcomes of these.	Power over other institutions or exercise of power over a group of community members by another group

sum' power: when, for example, they seek to stop an organization from doing something perceived as negative in their neighbourhood, or when one group exercises *power over* another group within a community.

The *Limiting Power Framework* (LPF) identifies four forms of power that can restrict the collective control disadvantaged communities of interest/place can exercise over their own or others decisions and actions. The LPF is based on a typology developed by Barnett and Duvall in response to what (Barnett and Duvall, 2005) they perceived as too narrow an understanding of power in the international development field.

Compulsory power is direct and visible: it can involve physical, psychological or economic force and may be exercised legitimately to maintain 'law and order' for example, or by teachers in the interests of children/pupils. But it is also used illegitimately, e.g.: State-sanctioned police brutality against pro-democracy campaigners in Hong Kong; Federal officers arresting American citizens as they peacefully protested in support of the Black Lives Matter movement in the USA; and punitive restrictions on eligibility for welfare payments resulting in increased suicide rates in the UK (Barr *et al.*, 2015). *Institutional power* is less visible, exercised through organizational rules, procedures and norms. It can be legitimate, but often marginalizes the concerns of disadvantaged communities, controlling what information is publically available and who is involved in decision-making (Popay, 2018).

Structural power works invisibly through institutions such as the law, the labour market and education. It creates and sustains hierarchical structures of social class, gender/sexuality, race/ethnicity, etcetera, through which resources, opportunities and social status are distributed. *Productive power*, in contrast, operates through social discourses and practices. Institutions, such as the media, politics, law, medicine, and education legitimatize some forms of knowledge/discourses, while marginalizing others and, in the process, construct social identities and possible actions linked to these identities.

Using the analytical frameworks

These two framework can be used together to reveal the multiple forms of power simultaneously present and interacting in community settings. Whilst asset-based analyses highlight community strengths, they are typically local and inward focused. In contrast, analyses using the LPF are sensitive to the spatial dimensions of negative *power* within and beyond the 'local' whilst the EPF illuminates the capabilities/forms of power communities have and those they need to develop. Using these frameworks in a power analysis can therefore help in the construction of strategies and tactics for action at multiple levels in diverse contexts, including action to release existing and/or develop new capabilities communities need to exercise collective control.

Analyses of limiting power operating in community settings reveal the intersecting social structures of class, gender, race and sexuality, etc. that create and sustain inequities within and across communities. They illuminate ways in which these inequalities are compounded locally by *institutional power*, that marginalises the experiential knowledge communities have about the risks they face, and *productive power*, which creates stigmatized identities for people experiencing poverty and disadvantage, and the places in which they live. People living in poverty are typically seen as personally responsible, *choosing* to behave in ways that damage their life chances (and health) and therefore undeserving. The stigma created by this dominant discourse creates 'spoiled identities' damaging self-worth and reinforcing a sense of powerlessness in individuals and communities (Goffman, 1963). Stigma can further reduce access to employment, resources and services, intensifying the force of other forms of limiting power (Skeggs, 2004). These processes reduce the likelihood that people will recognize the structural causes of their disadvantage and weaken social bonds, undermining people's ability to work together and reproducing the inequities created by structural and productive power (Thomas, 2016, Hickman, 2018).

All understandings of power allow for the possibility of resistance. Gidden's notes that 'all forms of dependence offer some resources whereby those who are subordinate can influence the activities of their superiors' [(Giddens, 1984), p. 16]. Similarly, Foucault suggests that whilst discourse 'produces power; it … also undermines and exposes it, renders it fragile and makes it possible to thwart' [(Foucault, 1998), p. 100-1]. Revealing the operation of different forms of limiting power can help communities thwart the impact, reverse processes of social fragmentation and contribute to greater cohesion and solidarity. It can create greater awareness of alternative discourses, which construct poverty and disadvantage as structural problems arising from inequities in life chances and health damaging behaviours as ways of coping with these disadvantages.

But to resist and move beyond limiting power, communities need to have, or develop, countervailing forms of power. Using the Emacipatory Power Framework alongside the LPF can help communities identify the forms of power they already have, how these can be extended and how other forms of power can be developed. Box 2 provides examples of strategies and tactics for resisting different forms of limiting power at different levels. Examples of local acts of resistance are also described in Parts II and III of this series and in other papers from our research, including resistance to spatial stigma (Halliday *et al.*, 2020) and the role of money as mechanism to enhance collective capabilities (Townsend *et al.*, 2020).

CONCLUSION: OPERATIONALISING THE POWER FRAMEWORKS

Evidence is accumulating that initiatives which genuinely empower disadvantaged communities of interest/place can contribute to reducing inequalities by supporting collective action in pursuit of social transformation and political change. However, paradoxically as the role of governments shrink and inequalities widen, this

Box 2: Limiting Power Framework [adapted from Barnett and Duvall (2005) and Gaventa (2006)].

Forms of power	Operating through….	Forms of resistance
Compulsory power	Direct and visible exercised, for example, by formal instruments of the 'state' (e.g. army, police, government departments); and legislation.	Changes in the 'who, how and what' of policy processes locally, regionally, nationally and internationally to make them more democratic and accountable
Institutional power	Less visible, exercised through organizational rules, procedures and norms—controlling information put into the public sphere, who is involved in decision-making, etc.	Establishing/supporting new forms of leadership to influence the way political agendas are shaped and increase the visibility and legitimacy of the issues, voice and demands of disadvantaged communities/people; action for extension and protection of right to information and voice; claiming and protecting participatory spaces for community uses
Structural power	Invisible, work through systematic biases embedded in social institutions—generating and sustaining social hierarchies of class, gender, ethnicity, etc., in the distribution of resources, opportunities and social status .	Strengthening organizations and movements of disadvantaged people locally, regionally, nationally and internationally to build their collective power through social movements of resistance/opposition and movements for positive social change; these social movements can in turn effectively resist other forms of limiting power
Productive power	Invisible—operates through diffuse social discourses and practices to legitimate some forms of knowledge, while marginalizing others. Shapes the meanings of different social identities.	Actions targeting social and political culture and individual and collective understandings to transform the way people perceive themselves and those around them, their sense of individual and collective self-worth and how they envisage the future possibilities and alternatives. Challenging dominant stigmatizing discourses about and representations of people and places through innovative use of social and other media, opportunities to develop positive collective narratives about people's histories and future possibilities to develop 'narrative resilience'

outward gaze is neglected in many contemporary community initiatives. Instead, an *inward gaze* dominates, on psycho-social characteristics of communities, individual behaviours and proximal neighbourhood conditions. Whilst some view these initiatives positively, others argue that they fail to address the primary causes of inequalities and are potentially damaging communities with the least resources, who are less able to exploit whatever opportunities for positive change the initiatives offer.

In this context, there are increasing calls for health promotion/public health to re-engage with community organizing approaches that 'create the power necessary to demand and share in decision making' [(Wolff *et al.*, 2016), p. 45] and can contribute significantly to the pursuit of greater equity. The COVID-19 pandemic has brought the need for these approaches into sharp relief. It has widened social and health inequities but also galvanized communities to provide essential resources and support where public services are unable to cope or non-existent. This burden is likely to be ongoing. It will be greatest for the most disadvantaged communities and there will be mounting pressure on health promotion to strengthen the inward gaze—to focus ever more narrowly on equipping communities to use their 'assets' to manage 'shocks' like COVID-19—to adapt to, rather than transform, existing inequalities.

We have argued that if contemporary community initiatives are to achieve their potential to reduce inequities those involved must resist current processes of depoliticization and strengthen the outward gaze on structural pathways from empowerment to health equity. This requires support for disadvantaged communities to develop the capabilities—forms of power—needed to exercise collective control over decisions and actions in the pursuit of greater social justice. To achieve this, empowerment processes must actively engage with power dynamics operating in 'community' settings. We have proposed two complementary analytical frameworks to support this process. The *LPF* provides a lens through which to analyze negative forms of power. The dimensions will be familiar to many readers. However, distinguishing more clearly between them and analyzing how they work, singly and in combination, to limit a community's capabilities for collective control in particular situations/locations will result in more effective strategies for resistance and change. But used on its own the LPF will not be sufficient to strengthen the outward gaze of community initiatives. To successfully resist and move beyond limiting power communities need countervailing powers. Using the EPF can enable communities to identify and assess the forms of emancipatory power they already have and how these can be further developed.

We have applied these two frameworks in our evaluation of a major English Community empowerment initiative, the BL. These empirical findings are reported in the next two papers in this series. Part II (Ponsford *et al.*, 2020) operationalizes the EPF. It identifies a set of empirical markers derived from analysis of qualitative data and uses them to assess changes over time in forms of emancipatory power in BL communities. Part III (Powell *et al.*, 2020) uses both power frameworks and the empirical markers to analyze how forms of emancipatory and limiting power emerged and interacted over time in BL areas and how these dynamics were shaped by different types of participatory spaces. These articles demonstrate the value of using both analytical frameworks to capture positive and negative power dynamics.

Adopting the approach argued for in this article will shift work with disadvantaged communities firmly back onto the outward gaze: onto the structural drivers of social inequalities generating health inequalities. This focus is in the true spirit of the foundational values and principles of health promotion policy and practice. However, we should sound a note of caution. Local collective action alone cannot deliver the redistribution of power and resources required for sustainable reductions in social and health inequalities. This will only happen if disadvantaged communities use their emancipatory power to build alliances locally, nationally and internationally, with formal agencies and with social movements such as the international People's Health Movement (http://phmovement.org) and the Global Call to Action to End Poverty (https://gcap.global).

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