

# Community organizing practices in a globalizing era: Building power for health equity at the community level

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## Abstract

In the postindustrial era, global economic processes have constrained the ability of local agencies, service providers, and civic groups to respond to systemic challenges in public health. Community health psychology can benefit by focusing on interventions through mediating structures that develop innovative methods of leveraging power in the context of globalizing economic forces. Promising methods include careful analysis of power within targeted policy domains and developing strategic alliances with others, so as to exercise social power to affect policy change. The case of ISAI AH, an organizing group based in Minnesota, illustrates innovative avenues for intervention in the context of globalization.

## Keywords

community organizing, globalization, health inequities, policy domains, power

## Introduction

Community health psychology focuses on methods and approaches for psychologists to address health inequities. A specific challenge is in understanding the causes of these inequities and developing approaches to address these causes (Campbell and Murray, 2004). One distinguishing feature of community health psychology is a focus on processes and dynamics at a community level of analysis. Unfortunately, many community-based efforts in psychology and public health have reduced community-level phenomena to individual-level outcomes (Hunter et al., 2011). In contrast, an increasing number of recent studies point to the important relationship between social capital, participation, and civic

engagement on the one hand, and positive health outcomes on the other. This emphasis begins to connect individuals to collective efforts that can be mobilized to challenge the social determinants that cause poor health.

Connecting community health psychology with public health can both bolster methods of

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enhancing community involvement (Murphy and Bennett, 2004) and enhance efforts to address health inequities, particularly across race, gender, and class. Although many efforts have been made to reduce inequities, success has been limited (Wagemakers et al., 2010). Public health scholars and practitioners have come to the realization that health inequities will be most successfully addressed through interventions on the social determinants of health and community conditions such as substandard housing, poor education, under- or unemployment, poor access to healthy food, unsafe neighborhoods, and the like, which produce poor health outcomes (Braveman et al., 2011).

One community practice with relevance to addressing social determinants of health is community organizing. Organizing connects individuals to collective efforts and employs a conceptual and applied thrust focused on change and intervention targeting the conditions of communities, rather than programs or practices that adapt individuals to changing environments and conditions (Campbell and Murray, 2004; Cornish, 2004). However, processes like community organizing or other collective efforts, despite their promise, are deeply challenged by global economic processes. The transition from an industrial economy to an information or post-Fordist economy has implications for all institutions and practices in modern society. Organizing, like most institutions in society, is struggling to adapt to or confront the changes imposed by globalizing processes. Equipped with tools and constructs from the industrial era, community-based scholars and practitioners must consider how their knowledge base may be employed and utilized in the face of diverse globalizing processes, as well as how to develop new understandings for developing community health in the context of a restructured economic system.

### **Context of globalization**

Globalization is a term that is shorthand for numerous and diverse, yet interrelated,

processes. In most respects, it represents a shift away from an industrial or Fordist era in which production was anchored to place and local economies were structured around mass production and mass consumption. Globalization is often characterized by the dispersion of production to diverse geographic locales in an effort to lower costs, as well as the computing and telecommunications infrastructure that makes real-time coordination of dispersed processes possible (Castells, 2000; Harris, 2006). Globalizing processes are facilitated, however, through a constellation of mechanisms that go well beyond production and finance to include colonialism, religions, global regulatory structures, and culture (Harris, 2006). In addition, globalization is facilitated by a separate set of practices and ideologies with regard to the market system. This collection of ideas—most often termed “neoliberalism”—is represented by a promotion of free trade, individualism, and market-based mechanisms for all dimensions of social and economic life. Neoliberal policies and practices are often characterized as hegemonic, with enforcement supported by global trade and financial structures (i.e. the World Trade Organization (WTO) and the International Monetary Fund (IMF)) such that virtually all nation states have become neoliberal to some extent (Harvey, 2007).

Importantly, this process of globalization has had the effect of moving the policy-making arenas away from the local level. For example, local spending for schools, health systems, and other forms of collective consumption is legally a local decision, but increasingly these decisions are constrained by bond rating agencies who tend to discourage social spending in favor of corporate subsidies or, in the preferred vernacular, “public-private partnerships” (Hackworth, 2002). Importantly, while macro-economic forces are removing power and decision-making from local actors, these forces and constraints impinging on local actors have not manifested uniformly (Brenner and Theodore, 2002). The key implication is that local communities and regions represent buffers against

centralizing forces, and the unevenness of macroeconomic forces created by the buffering effects of local states and regions provides opportunities for resistance and change at the local level.

## Organizing and globalization

Approaches to community organizing have been greatly challenged in recent years by the processes of political economy in the context of globalization (Fisher and Kling, 1993; Geoghegan and Powell, 2008; Orr, 2007). Neoliberal ideologies in support of deregulation, displacement of the poor, dismantling the welfare state, and, generally, submitting all aspects of life to market solutions can be critically understood as individualizing risk for people while socializing risk for corporations and capital. In this political environment, critics assert that community development has veered significantly toward conservative forms of community work, such as consensus, collaborative, and community-building approaches, to the exclusion of approaches challenging injustice (DeFilippis, 2008; DeFilippis et al., 2006).

For example, the rise of community-focused efforts on volunteerism, civic service, and “giving back” (e.g. tutoring after school, volunteering at soup kitchens, and walking to raise funds to support disease cures) (McBride et al., 2006; Orr, 2007) is occurring in the context of increasing income disparity and widening disparities in other social ills. Volunteer and service responses represent an implicit view of social change that assumes and even relies on the legitimacy of existing social systems; change efforts are focused on “helping” or otherwise curing the deficits of afflicted individuals. These approaches to social change are anchored in worldviews that attribute social problems to individual shortcomings, rather than considering the influence of economic restructuring and the resulting reduction in middle class jobs or the cuts in public support for health, education, and infrastructure. Many organizing efforts

have not fully considered, analytically or practically, the influence of global economic forces on local community processes. Community organizing, then, must confront the need for accurate analysis of the way that globalizing processes are affecting local communities, as well as the need to identify effective approaches for local action juxtaposed to the scale of globalization processes (Marwell, 2007; Sites, 2003).

Compounding this need for deeper analysis, important theoretical debates exist regarding the potential of community organizing in a globalizing context. Structural theorists view community organizing, and the potential for social change via grassroots activity, as extremely limited, emphasizing instead economic determinism from the global political economy (Fisher and Kling, 1993). In such a view, the capacity of transnational corporate entities to move production processes and the hypermobility of capital are forces that render cities and citizens subservient to global economic processes.

In contrast, political process theorists view features of local and national political contexts as mediators to the influence of global economic processes. These theorists emphasize political features of various state structures and the opportunities they provide for action and protest, the variety of mobilizing structures available for facilitating collective action, and the methods used in change efforts to frame public dissatisfaction as well as the promise of collective action to redress various problems. While acknowledging the constraints of the global economy, political process theorists emphasize the substantial impact that local contexts play in filtering global processes, thus elevating the potential influence of community organizing.

Agentic theorists, yet a third perspective, emphasize the potential impacts from actions by individuals and groups at the local level, with relatively little attention to macroeconomic processes (Leitner et al., 2006; Nelson and Prilleltensky, 2004). The emphasis is on

lived experience and the daily struggles and interactions among people and organizers, as they make meaning, shape consciousness, and interpret the world and determine their actions in it. These microlevel processes are believed to be critical for making social change. Each of these theoretical perspectives raises important challenges for community organizing in a globalizing economic context, and all contribute to an understanding of challenges confronted by community organizing (Fisher and Kling, 1993; Orr, 2007).

### **Practice of community organizing**

Community organizing is generally understood as a practice that engages individuals and organizations to participate in addressing problems and concerns that confront them collectively, through the exercise of power leveraged through the coordinated mobilization of these individuals and groups. Organizing is most often place-based, but increasingly organizing has adopted cultural and identity work alongside place-based concerns (Fisher and Shragge, 2007; Orr, 2007). Of critical importance to community health psychology are the ways that organizing works to change the environments and conditions that cause social problems.

While there are many types of or approaches to organizing (e.g. community development, social action and social planning, power-based, transformative, progressive, among others (Pyles, 2009; Smock, 2004)), the most salient characteristics to differentiate community organizing in this case study are the relative emphases on participation, power, and social change. A focus on participation considers the demographic features of participants, such as social class, race, and gender; the composition of grassroots residents versus staff or agency professionals; and the degree to which those participating are driving the process, setting the agenda, and making decisions about what the issues are, the strategies employed, and who is negotiating with other powerful actors in social

and policy change efforts. Organizing approaches differ as well in how power is understood and developed. Some organizing groups conceptualize power as focused on individuals (i.e. empowering people or fostering human capital), whereas other groups emphasize organizational power (i.e. the collective capacity of a group to impact community policies and resources). Furthermore, some groups understand power as a dialectical process between the individual and organizational level of analysis (Speer and Hughey, 1995). Also critical are understandings of how to affect community change, whether through minimizing the role of conflict (Zimmerman, 1995), or holding that change over valued resources will inevitably result in tension and conflict (Speer, 2008). Change can also be conceptualized as individuals adapting to and aligning with the requirements of broader systems, or as modifying broader systems to align with the interests of individuals (Campbell and Murray, 2004).

Although these features of community organizing practice are presented in a dichotomous or categorical way, groups can more accurately be placed on a continuum of variation along numerous dimensions of organizational philosophies and practices. The goals and values of community health psychology point to the promise of organizing that is characterized by an emphasis on engaging community residents, and aiming to produce community-level change through the use of social power. The challenge is how such organizing can be successful in creating social change against a backdrop of global economic power and neoliberal ideology elevating individual responsibility and market solutions. Additionally, the question remains of how organizing might leverage power for social change on issues of health.

Recent scholarship in public health has asserted that citizen participation in direct action to address the social determinants of health (affordable housing, quality education, etc.) is required to affect change in these causes of poor health outcomes (Friel and Marmot,

2011; World Health Organization (WHO), 2012). Furthermore, an explicit call for the redistribution of power has been identified as necessary to affect change in the social determinants of health (WHO, 2012). This work links directly to community organizing.

## Relationship organizing and networks

Community organizing has often employed an understanding of the networks among residents within a community as key to building community and developing power (Straudt and Stone, 2007; Wood, 2007). A very important development in this understanding about community networks has emerged more recently in the context of global economic processes. Within this context, local communities have become relatively less powerful and less able to make decisions that shape and affect their own values and goals. To combat this loss of power in the face of neoliberal discipline (Gill, 2008), local organizing entities must develop new and creative ways to build power capable of affecting change. Key among these are the twin processes of strategic alliance formation and power analysis of policy domains.

Through the 1960s to 1990s, organizing groups rarely collaborated outside their coalitions, often acting with relative insularity (Fisher and Shragge, 2007); acting in isolation was workable, since power was deeply anchored in place, and thus more accessible. In contrast, the era of globalization requires new alignments and collaborations to leverage the power necessary to affect local conditions.

The study of interorganizational networks has not yet gained much attention within the field of community organizing, and less so in community health psychology, but it has been applied to administrative science and organizational studies, because it provides a useful way of understanding how organizations are both aided and constrained by the web of relations which tie them to other organizations (Brass et al., 2004). Interorganizational networks

tend to form in reaction to four general motives on the part of the organizations that comprise them: resource acquisition/exchange, enhancement of legitimacy, reduction of uncertainty, and the attainment of collective goals (Galaskiewicz, 1985).

To the extent that these relations of exchange and collaboration between organizations are durable over time, it becomes appropriate to think of this pattern of relations as a kind of social structure that has the ability to affect an organization's—and a network's—survival and ability to achieve goals (Perrucci and Potter, 1989; Stinchcombe, 2000). One noteworthy aspect of interorganizational networks, as compared to other sorts of social structures which impact organizations (i.e. political climate, established law, broad institutional logics, etc.), is that networks, and specifically the relations that connect them, are, in a relative sense, easily built up, pared down, or otherwise shaped to fit the needs of a particular organization at a particular time. This same observation, when applied to collectives of organizations working toward a common goal, underlies much of the interest in recent years in the building of coalitions to address public health issues. While much of the research on interorganizational networks has focused on the advantages of relationships and organizational position for single organizations within a broad network, for community organizing, the promise of building relationships with other organizations across multiple sectors is that collectively such networks represent a form of power that is very underdeveloped in most metropolitan areas.

Coupled with this emphasis on building power by expanding networks is the critical method of power analysis to delineate the salient features of a policy domain. Power analysis within the context of community organizing refers to the process of building a detailed understanding of the policy domains within which they plan to act. As Mondros and Wilson (1994) describe it, "Organizers constantly update their analyses of power in areas that

concern them, keeping abreast of who controls what, who relates to whom and why, individuals' and institutions' bases of power, and their vulnerabilities" (p. 21). Through the ongoing process of power analysis, organizers are able to build nuanced understandings of policy domains or strategic action fields (Fligstein and McAdam, 2012). Rather than focusing on simply building social capital (through bridging or bonding), the process of power analysis pushes community organizers to also take account of the positions and tactics of those entities that would oppose them in their efforts. Thus, the use of power analysis represents a qualitatively distinct and novel contribution to the practice of community health psychology in that it provides a more nuanced understanding of the interactions between all actors in a given policy domain—often revealing innovative strategies for applying one's stock of social or political capital. The importance of this practice is heightened under conditions of globalization, particularly the unevenness of macro-level processes as they filter through state and local structures, refracting upon local-level policy domains in often-unpredictable ways.

To summarize, relationship building and power analysis exist in a kind of cyclical process. The building of solidarity among like-minded actors is a key aspect of building power in its own right and also provides an important source of information for a deeper power analysis of a policy domain or strategic action field. By interacting with other organizations, organizers are able to gather crucial information that illuminates such strategic action fields, as well as the power dynamics which shape a given policy field. Thoughtful analysis of this information informs not only tactical decision-making but also the process of focused and strategic building of further relationships. Despite the change brought by globalizing forces, there nevertheless remain networks of key actors within action fields tied to place who possess the possibility for acting together to not only resist, but to create change.

## **Case study of ISIAAH**

This study describes ISIAAH, a community organizing group based in the Minneapolis–St. Paul metropolitan area with a population of 3.3 million in Minnesota, in the Northern United States. ISIAAH is a faith-based community organizing group composed of 90 different organizations. ISIAAH employs a social action approach focused on building organizational power to advance policy change at municipal, regional, and state levels. Critically, ISIAAH's organizing methodology is anchored in the laborious process of relationship building (Christens, 2010; Speer and Hughey, 1995), which is capable of producing sustained and unified action over time (Christens and Speer, 2011) to affect policy change (Speer and Christens, 2012).

ISIAAH was formed in 2000 as a blending of three smaller faith-based groups; they merged after confronting the fact that each group on its own did not have sufficient power to affect change in the metropolitan area. Importantly, in the process of confronting their lack of power, they also came to understand the very real changes to social and economic realities that were occurring in their region, although at the time they were less focused on the role of global economic restructuring in shaping their local context. In merging the three organizations into one, they also articulated a need to develop a new political analysis that moved from a local to a state focus (Swanstrom and Banks, 2009). At the time of the merging of these groups, they understood that social inequity was on the rise, particularly between urban areas and suburbs.

## **Transportation organizing**

For the sake of brevity, this description of ISIAAH's organizing process and, more critically, the incremental steps ISIAAH employed in developing a broad network of relationships across sectors and scales will not be detailed, but the group's work on the issue of transportation will be described. Our methods for

documenting this story include participant observation, organizational records, document review, and media coverage. It is worth noting, however, that anchoring the sequence of events described below was an extremely participatory process, with thousands of conversations with residents and scores of meetings with officials, experts, and other institutional actors in the community. It is critical to note that the scores of meetings were intentional and targeted, with the dual goals of building new relationships and seeking opportunities to leverage power in ways that were able to make meaningful change in the lives of residents throughout the Minneapolis–St Paul region. Most critically, an understanding of strategic action fields emerged for ISIAAH leaders as they met with officials and experts and developed a complex understanding of the interrelationship between resident needs, health, economics, and policy in relation to the proposed light rail transit system.

ISIAAH had been working on transportation issues since 2002. In the period of 2002–2003, ISIAAH was confronted with their state government's move in a neoliberal direction with the election of a new governor. By 2004, the organization was working through an organizing response to the Governor's pledge of "no new taxes." In 2005, they embarked on an effort to support a light rail line through Minneapolis–St Paul. In June 2006, the Metropolitan Council, which is the planning agency for the Twin Cities, approved the light rail transit plan for a key avenue linking Minneapolis and St Paul; this key route was called the Central Corridor. Next, the group worked with the legislature to develop funding for this plan. Over the next 2 years, transit funding for this light rail effort was supported by the state legislature, but was vetoed three times by the Governor. In their effort to develop sufficient power to affect this transportation issue, ISIAAH leaders began to discern an alignment of actors in the domain of public health who understood the importance of transportation in relation to health. Pursuing a deeper appreciation of the connection between

health and transportation led ISIAAH leaders to policy professionals who emphasized the role of transportation for community vitality—through access to grocery stores, employment, schools, and affordable neighborhoods.

Simultaneous to this discernment, ISIAAH responded to the Governor's vetoes by revisiting state legislators and pushing back against the Governor's neoliberal articulation of scarcity and limited resources. ISIAAH worked to frame an alternative narrative based on themes of hope, values, and abundance. The themes for this framing process (Pyles, 2009) emerged from leaders and clergy, and became a pivotal point at which ISIAAH leaders connected their local transportation battle to much larger trends in global economic processes and policies that elevated public austerity and corporate economic growth over human and community values. The Governor then vetoed the fourth attempt to pass this transit funding bill but, at that point—after another round of visits by ISIAAH leaders—the legislative body overrode the Governor's veto, and the legislation was passed in 2008.

This accomplishment was short lived, however. No sooner had the light rail line been approved than the planning authorities removed three stops along the planned Central Corridor. Significantly, the three stops eliminated were the three stops along the entire planned light rail line with the largest minority populations (the Twin Cities region as a whole is composed of approximately 25% people of color; neighborhoods in which those three stops were eliminated had over 50% people of color). Planning officials explained that the elimination of those three stops was based simply on cost feasibility. Specifically, authorities pointed to a federal regulation called a "cost effectiveness index" through which they calculated anticipated riders, distance traveled, and speed of transit, and determined that those three stops would undermine the project's economic feasibility (Blackwell et al., 2012).

ISIAAH's next move was to expand its circle of collaborative community groups. ISIAAH

teamed up with neighborhood groups, a bus rider collective, housing advocates, and others in a new collaborative called the “Stops for Us Coalition.” As part of their coalition work, ISIAAH worked intensively with the 20 congregations most affected by elimination of the three transit stops. In congregational meetings ranging from 10 to 3500 people, ISIAAH worked to understand not only the economic but also the social and health consequences that would result from the elimination of those stops (Blackwell et al., 2012). In addition to organizing with neighborhoods most impacted by the decision to eliminate stops, ISIAAH connected with the health and policy networks they identified through their power analysis as being key actors within the health-transportation-economic domain, or key allies in what may be termed a strategic action field.

With an expanded coalition of residents and a network of strategically identified actors in the transportation-health policy domain, ISIAAH was able to conduct and integrate sophisticated research into their work. This research and enhanced tactical understanding of policy-making allowed ISIAAH and the coalition to connect to the head of the Federal Transportation Authority, the federal congressperson (from Minnesota) chairing the Transportation and Infrastructure Committee, and, ultimately, the US Secretary of Transportation (Babler, 2011). Local transit planning officials, after first denying it, eventually acknowledged the negative health, social, and economic consequences of the elimination of these three stops. Nevertheless, local officials stuck to the elimination of these three stops, based on their economic justification of “cost effectiveness.”

ISIAAH and its coalition partners then pushed federal officials to change federal policy. As a result, federal officials did make this change, altering the way the cost effectiveness index was interpreted, and singling out the need for communities like Minneapolis–St Paul to attend to health and social consequences in transportation planning (Schrantz, 2012). Local officials then acquiesced and reinstated the

three stops in predominantly minority neighborhoods. Today, the light rail system is being built—with the inclusion of those three transit stops in the Central Corridor—and will be completed in 2014.

Continuing to leverage this network of intentionally formed relationships, ISIAAH and its grassroots allies began work with a research non-profit to undertake a health impact assessment (HIA) of the proposed rail line. The goal of conducting the HIA was to explore land use policies to prevent negative impacts of the transit line on poor and minority neighborhoods (Blackwell et al., 2012; Schrantz, 2012). This work continues, with ISIAAH and partners working to prevent foreclosures and considering ways to continue the enhancement of quality of life for residents along the corridor and throughout the region.

## **Conclusion**

Community health psychology will be advanced through the use of conceptual and practical approaches that are responsive to macroeconomic processes confronting communities today, and the particular manifestation of such global processes in distinct local contexts. Although the case presented here is in a US setting, key features of this case may be relevant across diverse global communities. First, the conceptual and practical tools described here address health inequities at the community level of analysis. The predominant tools of public health intervention in use today focus on individual-level behaviors, but have yielded little progress to date. The need for community-level interventions on policies and systems that underlie health inequities has become clear; however, the methods by which these interventions can be achieved have received much less attention.

Processes associated with globalization have further complicated the efforts to enact community-level changes. Local elected officials have seen their available resources and decision-making autonomy diminish in recent decades.



In the Central Corridor case, it was a federal policy based solely on economics that dictated where a local community could place transit stops. Similarly, the loci of control over many local processes have been redistributed across a range of global financial institutions and higher order policy arenas. Importantly, these changes have not occurred uniformly across policy domains. In the face of the changes wrought by globalization, many progressive efforts have emphasized the importance of resistance. In contrast, we have argued for an alternative to efforts targeting only resistance. While resistance is important and necessary in the face of superior power, the ISAI AH case points to the potential for change even in the face of globalizing economic pressures and neoliberal policy perspectives. This is not to unrealistically or naively assert that local groups have agency if they simply organize in sufficiently tactical ways. Rather, this case points to the possibility of community health psychology practitioners collaborating in new ways with grassroots and indigenous community organizing groups and, critically, understanding that power can be exercised in creative ways at the level of strategic action fields to push against the hegemony of neoliberal understandings of what is possible. The development of power analysis and discernment of strategic action fields operating primarily at mesosystem levels may have applicability in the Global South just as it was in the Global North case described here. Although community health psychology is active in communities throughout the world, we believe these insights can be translated in diverse contexts.

The lesson from ISAI AH is that the ability to successfully exercise power under current global political-economic conditions—to affect community-level policy and/or systems change—is founded upon two key skills: (a) the ability to accurately assess the outlines of a given strategic action field or policy arena and (b) the ability to form strategic partnerships with a wide variety of actors/organizations which have a vested interest in the particular intervention effort at hand. These skills are

critical in the context of an uneven distribution of neoliberal impacts to different policy domains. Through the ongoing process of power analysis, community organizing groups develop a detailed understanding of the actors and organizations with an active stake in a given policy, and an understanding of the relations between them. Community organizations are thus able to identify a wide range of potential strategic partners, and to avoid the most likely sources of opposition, as well as to gain a sense of the particular tactics that are most likely to be effective. As they accumulate this knowledge, organizers, community members, and their partners work together to strengthen the bonds that unite them, to devise tactical strategies, to share access to needed resources, and to enact action plans. Collaborations with community organizations offer community health psychologists a potential avenue for moving the discipline toward an exercise of power in the context of global political-economic processes.

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