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FROM PARTICIPATION TO POWER

A Framework for Strengthening Community Influence and Improving Community Health



A Collaborative White Paper by the Institute for the Advancement of Community Health and LiveWell Greenville

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The Institute for the Advancement of Community Health at Furman University is committed to improving community health through education, research, and collaboration. By partnering with organizations such as LiveWell Greenville, healthcare systems, public agencies, and community leaders, IACH helps design, implement, and evaluate initiatives that address the many factors influencing health. Together with its partners, IACH translates research into action, strengthens community capacity, and advances evidence-informed strategies that create healthier, more equitable communities.

LiveWell GREENVILLE

LiveWell Greenville is a nonprofit backbone organization working to improve health and well-being across Greenville County. Through three coalitions — Food Security, Active Living, and Community Engagement — LiveWell brings together neighbors and partners to tackle shared challenges that no single group can solve alone. Learn more at LiveWellGreenville.org.

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Community Power as the Operationalization of Equity

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We acknowledge and thank the community members, youth, organizational leaders, public officials, and other stakeholders who participated in focus groups, interviews, listening sessions, and conversations that informed this work. Their voices, experiences, and vision are the foundation of this paper. We hope these findings honor their contributions and support continued efforts to strengthen meaningful community participation, build community power, and create decision-making processes that are more transparent, equitable, and responsive.

Disclosure Statement

This white paper is intended to provide applied, public-facing insight into the role of community power in advancing health equity in South Carolina, with a particular focus on Greenville County. It draws on community-engaged research, including qualitative data from focus groups and stakeholder interviews, as well as existing literature on Community-Based Participatory Research (CBPR) and power dynamics in public health.

The purpose of this paper is to share early insights, conceptual framing, and practice-relevant implications while protecting future peer-reviewed publication. As such, detailed analytic procedures, full results, and comprehensive methodological documentation are not presented here but will be disseminated through academic manuscripts.

Executive Summary

Health inequities in South Carolina are often described as gaps in access to care, resources, or opportunity. These inequities are real, but they are not random. They reflect long-standing patterns in how decisions are made, who has influence in those decisions, and whose needs are prioritized. From slavery and segregation to present-day policy choices, systems across housing, education, health, and economic investment have developed in ways that advantage some communities while leaving others out. Although these systems have changed over time, the structures that shape decision-making and resource allocation continue to influence health and opportunity today.

In Greenville County, these dynamics remain visible despite sustained growth. Communities of color continue to experience higher rates of chronic disease, fewer economic opportunities, and lower access to quality schools and neighborhood resources. Community members consistently describe challenges not only with the outcomes of decisions, but with the processes used to make them. Residents shared experiences of decisions being made without clear communication, community-identified priorities going unaddressed, and engagement efforts where input was collected but not reflected in final outcomes. These experiences suggest that advancing health equity requires attention not only to what decisions are made, but also to who participates in making them and how community voices influence the final result.

This paper is grounded in a simple premise: community power is built through meaningful community participation. Participation is more than attending meetings or receiving information. It is the ability of residents to influence priorities, shape decisions, and hold institutions accountable for how resources are allocated and policies are implemented. Community power becomes visible when community priorities influence investments, project timelines reflect community needs, and organizations demonstrate how community input shaped the decisions they made.

Meaningful participation, however, does not happen automatically. It requires intentional infrastructure that creates the conditions for people to engage. Trusted relationships, language accessibility, transparent communication, childcare, transportation, flexible opportunities for engagement, and clear expectations about how community input will be used all contribute to meaningful participation. Equally important, people must feel respected, valued, and safe to share their perspectives. Without these conditions, participation risks becoming symbolic rather than influential, limiting opportunities for communities to shape the systems that affect their lives.

Drawing on conversations with community members and stakeholders in Greenville County, with implications for communities across South Carolina, this paper examines how power operates within local decision-making processes and identifies the conditions that strengthen meaningful participation and community influence. The findings underscore that building community power is a shared responsibility requiring collective action among residents, community-based organizations, public agencies, healthcare systems, philanthropic partners, academic institutions, and other community leaders. Strengthening community participation is not simply about increasing engagement; it is about creating transparent, accountable, and inclusive decision-making processes where community voices consistently influence action. By investing in these conditions, organizations can strengthen community power and help build healthier, more equitable communities across South Carolina.

Core Premise

Community power is built through meaningful community participation — the ability of residents to influence priorities, shape decisions, and hold institutions accountable.

Introduction and Rationale

To understand current patterns of health inequity, it is important to consider how systems in South Carolina have developed over time. As one of the original thirteen colonies, South Carolina built its early economy on enslaved labor and established legal structures that enforced racial hierarchy (Jordan, 1968; Foner, 1988). Although these systems changed in form over time, they did not disappear. Policies across housing, education, healthcare, and political participation continued to shape who had access to opportunity, where resources were invested, and which communities benefited from public and private investment (Gamble, 1995).

The consequences of these historical decisions remain visible today. Differences in health outcomes, economic opportunity, and access to essential resources are not isolated disparities but connected outcomes of long-term patterns of investment and exclusion (Washington, 2006; Gamble, 1995; Burke, 2010; Pulido, 2016). In Greenville County, these inequities persist despite sustained growth. Communities of color continue to experience higher rates of chronic disease and lower life expectancy, while disparities in education, income, housing, transportation, and food access continue to shape health and opportunity (Pulido, 2016; Bailey et al., 2017).

Efforts to address these inequities have often focused on expanding services, increasing resources, or creating new programs. While these approaches are important, they do not necessarily change the decision-making processes that determine how priorities are established, resources are allocated, or whose perspectives influence policy and practice. When those underlying processes remain unchanged, longstanding inequities are likely to persist.

Across conversations with community members and stakeholders, a consistent message emerged: people are not disengaged because they lack interest or concern for their communities. Rather, they are navigating systems where opportunities to influence decisions are often limited, unclear, or disconnected from meaningful action. These experiences suggest that improving health equity requires more than addressing community needs alone. It also requires understanding how decisions are made, who participates in those decisions, and what conditions allow community voices to meaningfully influence outcomes. This paper explores those questions by examining the relationship between community participation, community power, and decision-making across local systems.

Project Overview and Methods

Project Overview

The Equity in Public Health Initiative (EPHI) was developed to better understand how systems in Greenville County shape health and opportunity, particularly among low-income Black and Hispanic communities. From the outset, the goal was not only to document health inequities, but also to understand how those inequities are produced and experienced within local systems and decision-making processes.

Early listening sessions revealed a consistent concern. Community members described feeling disconnected from local decision-making, not because they lacked interest in participating, but because the processes themselves were difficult to access and often did not lead to visible change. Residents shared examples of neighborhood priorities that remained unaddressed despite repeated efforts to raise them, as well as decisions that affected their communities being made without meaningful community involvement. These conversations suggested that understanding health inequities required looking beyond outcomes to examine how decisions are made and who has the opportunity to influence them

In response, the focus of the initiative expanded from identifying community needs to examining decision-making itself. Focus groups and interviews were conducted with community members and stakeholders to better understand how people experience local decision-making processes, what factors support or hinder participation, and how community voices can more effectively influence decisions. While this work began in Greenville County, the consistency of these experiences suggests that many of these dynamics are not unique to one community but reflect broader patterns that exist across South Carolina.

Methods

This work draws on focus groups and interviews conducted with community members and stakeholders across Greenville County as part of the Equity in Public Health Initiative. Community members, including adults and youth, shared their experiences with local systems, decision-making, and engagement. Stakeholders, including elected officials, government staff, and community leaders, provided perspectives on how decisions are made and what constraints exist within those processes.

The purpose of these conversations was to understand experience, not just outcomes. Discussions focused on how people engage with systems, what barriers they encounter, and how decision-making processes function in practice. Patterns were identified across conversations to understand how power operates within these processes. This work was also informed by existing research on community engagement and public systems.

Conceptual Framework or Approach

This work is grounded in the premise that health and equity outcomes are shaped not only by what decisions are made, but also by who has the opportunity to influence those decisions. Community-Based Participatory Research (CBPR) provides the foundation for this perspective by recognizing community members as partners in generating knowledge and shaping action rather than as passive participants (Israel et al., 2010; Israel et al., 2012; Wallerstein et al., 2018). CBPR emphasizes that people with lived experience bring essential knowledge to understanding community priorities, identifying solutions, and creating more equitable systems.

Building on this foundation, this paper focuses on community power as the collective ability of communities to influence the decisions, policies, and allocation of resources that affect their lives. From this perspective, participation is important not simply because people are present, but because it creates opportunities for communities to exercise influence within decision-making processes. To better understand how influence is created or constrained, this work draws on the concepts of visible, hidden, and invisible power. Visible power refers to formal decision-making processes such as policies, budgets, governance structures, and public meetings.

Hidden power shapes who participates in those processes, which issues receive attention, and whose knowledge is viewed as credible. Invisible power influences beliefs, expectations, and social norms that affect whether people believe participation is worthwhile or whether change is possible. Together, these dimensions illustrate that power extends beyond formal authority and operates throughout the entire decision-making process.

Using this framework allows the findings to be interpreted not simply as barriers to participation, but as examples of how power operates within local systems. It provides a way to examine where influence is created, where it is constrained, and where opportunities exist to strengthen community power in support of more equitable decision-making.

Visible Power

Formal decision-making processes such as policies, budgets, governance structures, and public meetings.

Hidden Power

Shapes who participates in decision-making, which issues receive attention, and whose knowledge is viewed as credible.

Invisible Power

Influences beliefs, expectations, and social norms that affect whether people believe change is possible.

Key Observations and Early Insights

Across conversations, a consistent pattern emerged. Community members were acutely aware of how decisions were made and recognized when those decisions did not reflect their priorities or lived experiences. Differences in how resources were distributed were often described not simply as gaps, but as indicators of whose needs were being prioritized. Participants pointed to visible differences in investment across neighborhoods, including infrastructure, housing, and public services, reinforcing the perception that local decision-making was not aligned with community priorities. As one participant observed,

> ***"It's great to see the city investing in parks and sidewalks, but why do they only seem to appear in wealthier areas?"***

Another described unequal treatment in housing improvements, noting, "They cleaned the houses where the nice people with money lived... For mobile homes, we had to do it ourselves."

Participants also described barriers that limited their ability to influence decisions. Opportunities to engage were often difficult to identify, scheduled at times that conflicted with work and family responsibilities, or dependent on information that was not readily available. Stakeholders similarly acknowledged that transportation, childcare, work schedules, and other practical realities often prevented residents from participating. Even when people were able to engage, many questioned whether their involvement would influence outcomes. As one participant reflected,

> ***"What's the point of me speaking with my voice if nothing's going to change?"***

These experiences contributed to frustration and mistrust, not because people were unwilling to participate, but because they rarely saw clear evidence that their participation resulted in action.

Language accessibility also emerged as a significant factor shaping participation. Participants described challenges when public information, meetings, or engagement opportunities were not available in their preferred language, limiting their ability to fully engage in decision-making processes. Within the EPHI, intentional efforts to bring together Black and Hispanic communities and prioritize language accessibility helped create more inclusive opportunities for participation. These experiences demonstrate that language justice is not simply about communication—it is fundamental to ensuring communities can meaningfully participate in decisions that affect them.

Participants also identified factors that strengthened participation. Trusted community organizations, opportunities to engage alongside neighbors, clear communication, and environments where people felt respected increased willingness to participate. Community organizations were frequently described as trusted intermediaries that connected residents with decision-makers, shared information, and created spaces where community voices could be elevated. As one participant explained,

> ***"We're here and the government is over there. They act like a bridge. That's how we reach them."***

These organizations were viewed not only as service providers but as essential partners in helping communities participate more effectively in local decision-making.

Taken together, these findings suggest that the challenge is not a lack of community interest or willingness to participate. Rather, participants consistently distinguished between being invited to participate and having the ability to influence decisions. As one community member stated,

> ***"Simply because you benefit from social programs or programs for low-income people, it does not mean that the government is listening to you."***

Across conversations, participants emphasized the importance of early engagement, transparent communication, and clear evidence that community input influenced decisions. These findings reinforce the need for decision-making processes that move beyond consultation and create meaningful opportunities for communities to shape the policies, investments, and systems that affect their lives.

Implications for Practice and Policy

Improving health equity requires more than expanding services or increasing opportunities for public input. It requires rethinking how decisions are made and creating meaningful opportunities for communities to influence the priorities, policies, and investments that shape their lives. The findings from this work suggest that organizations should move beyond consultation and embed community participation throughout decision-making processes rather than seeking input after key decisions have already been made.

Organizations can strengthen community power by examining how participation is incorporated into their own structures and practices. This may include engaging residents before priorities are established, including community members on planning and funding committees, compensating community members for their time and expertise, partnering with trusted community-based organizations, investing in language justice, and consistently communicating how community input influenced decisions. While specific approaches will vary across organizations and communities, the principle remains the same: participation should create opportunities for influence, not simply opportunities to be heard.

The findings also highlight the importance of investing in the conditions that make participation possible. Participants consistently identified trusted relationships, accessible communication, language accessibility, transportation, childcare, and welcoming environments as factors that supported engagement. Organizations should view these not as optional supports, but as essential components of equitable decision-making. Creating these conditions broadens participation and helps ensure that decision-making reflects the experiences and priorities of those most affected.

Finally, building community power requires collective action. No single organization can create equitable systems alone. Public agencies, healthcare systems, nonprofit organizations, philanthropy, academic institutions, community-based organizations, and residents all have a role in strengthening participation and sharing decision-making authority. Working collaboratively can help build trust, reduce barriers to participation, coordinate resources, and reinforce community leadership across systems.

Ultimately, the findings suggest that the central challenge is not whether communities are willing to participate, but whether institutions are willing to create decision-making processes where participation meaningfully influences outcomes. When organizations intentionally share influence, demonstrate transparency, and act on community priorities, they strengthen community power and create a stronger foundation for advancing health equity.

What's Next

This work represents an important step toward understanding how community participation, decision-making, and community power shape health equity in South Carolina. As this work continues, future efforts will explore how these dynamics vary across communities, identify promising approaches for strengthening community influence, and examine how organizations can create more equitable and responsive decision-making processes.

While there is no single approach to building community power, the findings presented in this paper offer an opportunity for organizations to reflect on how decisions are made and whose voices influence them. We encourage organizations to consider the following questions:

1. Who participates in our decision-making processes, and who is missing?
2. At what stage are community members invited to participate?
3. How do participants know their input influenced decisions?
4. What barriers might prevent people from participating, and how are we addressing them?
5. How can we work alongside other organizations to strengthen community participation and community power across our region?

Advancing Health Equity

Advancing health equity requires more than individual programs or organizational initiatives. It requires institutions that are willing to share influence, invest in meaningful community participation, and work collaboratively with residents and community partners. By examining decision-making processes, strengthening relationships, and acting on community priorities, organizations can help build the community power needed to create healthier and more equitable communities across South Carolina.

References

Bailey, Z. D., Krieger, N., Agénor, M., Graves, J., Linos, N., & Bassett, M. T. (2017). Structural racism and health inequities in the USA: Evidence and interventions. The Lancet, 389(10077), 1453–1463.

Burke, M. (2010). No One Can Deny the Fact: Debating the Desegregation of South Carolina's Public Schools. In Climbing Jacob's Ladder: The Enduring Legacy of African American Education (pp. 115–132). Teachers College Press.

Foner, E. (1988). Reconstruction: America's Unfinished Revolution, 1863–1877. Harper & Row.

Gamble, V. N. (1995). Making a Place for Ourselves: The Black Hospital Movement, 1920–1945. Oxford University Press.

Israel, B. A., Coombe, C. M., Cheezum, R. R., Schulz, A. J., McGranaghan, R. J., Lichtenstein, R., Reyes, A. G., Clement, J., & Burris, A. (2010). Community-based participatory research: a capacity-building approach for policy advocacy aimed at eliminating health disparities. American Journal of Public Health, 100(11), 2094–2102.

Israel, B. A., Eng, E., Schulz, A. J., & Parker, E. A. (Eds.). (2012). Methods for Community-Based Participatory Research for Health (2nd ed.). Jossey-Bass.

Jordan, W. D. (1968). White Over Black: American Attitudes Toward the Negro, 1550–1812. UNC Press.

Pulido, L. (2016). Flint, environmental racism, and racial capitalism. Capitalism Nature Socialism, 27(3), 1–16.

Wallerstein, N., Duran, B., Oetzel, J. G., & Minkler, M. (Eds.). (2018). Community-Based Participatory Research for Health: Advancing Social and Health Equity (3rd ed.). Jossey-Bass.

Washington, H. A. (2006). Medical Apartheid: The Dark History of Medical Experimentation on Black Americans from Colonial Times to the Present. Doubleday.

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