COMMUNITY CHANGE

POWERING HEALTH JUSTICE

A BLUEPRINT FOR WINNING HEALTH JUSTICE IN AMERICA



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COMMUNITY CHANGE

Why Community Change is offering this Blueprint

Dear friends and partners,

We created this Blueprint for people already building power to advance health justice and for those ready to join them. That includes community organizers, grassroots and state partners, birth workers, community health workers, people turning their experiences with care into action, and allies who want to build power alongside them.

This blueprint is not a complete map of every healthcare issue. Instead, it's a practical framework for learning, organizing, and building the power we need to achieve health justice. We intend to revisit it periodically to incorporate lessons from our own application of these ideas, input from close allies, and insights from the broader health justice organizing ecosystem.

Powering Health Justice is a joint learning and strategy effort funded by the Robert Wood Johnson Foundation and led by Community Change, in partnership with Grassroots Solutions, Cornell University researchers, grassroots partners, and the people who participated in Ideas Labs and convenings. Our partners did more than react to a finished strategy. Their experiences, ideas, and contributions helped shape the strategy itself.

What we learned reinforced our commitment to building the power needed to achieve health justice. Community Change will continue to support local campaign tests, share research and organizing tools, and connect partners across states so that we can learn from one another and build power together.

We invite you to use this Blueprint in whatever way is most useful for your work. You can read it from start to finish, or go straight to the section that speaks most directly to what you are working on. Each part answers a simple question: What did we learn? Why does that matter for power building? What should organizers test next?

We hope this Blueprint is useful as a resource, and as an invitation to keep learning, experimenting, and organizing together.

In Solidarity,

Jennifer Wells and Seft Hunter

PART ONE

The Problem: Unequal Power Shapes Health Outcomes

People across the United States struggle to access healthcare they can physically or financially access, trust, and that fully responds to their needs. These failures fall hardest on communities that have been pushed to the margins for generations:

- Black, Latine, and Indigenous
- People in poverty or with low incomes
- Immigrants
- Disabled people
- LGBTQ+ people
- Pregnant and birthing people
- Rural communities

> The health system is a business. **It is not moral.** It is not trying to care for people; it is just trying to get more money out of you.
>
> Ideas Lab Participant

The crises our communities are experiencing are not isolated problems. Racism, sexism, poverty, corporate concentration, and the drive for profit all shape healthcare today. As one Ideas Lab participant put it, "The health system is a business. It is not moral. It is not trying to care for people; it is just trying to get more money out of you." Together, these forces decide where care is available, whose pain is believed, who goes into debt, and who gets a voice in their own care.

In many ways, these challenges are downstream from public policy decisions made at all levels of government–decisions that have minimized or even erased the interests of marginalized people. Those decisions are often opaque to ordinary people. What is even less visible are the key decisions made by hospital systems, insurers, corporate owners, and other institutions that do great harm to the health outcomes of marginalized people.



2026 Health Equity Convening in Baltimore, Maryland

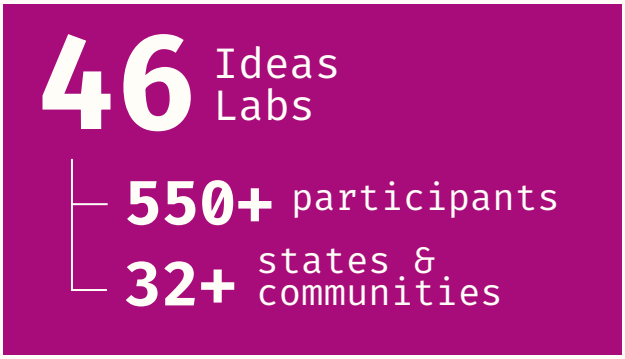
There is reason for hope. Our communities also hold knowledge, relationships, and leadership that can change the healthcare system that has harmed them. Achieving health justice will require systemic change that only powerful movements of ordinary people can win. Even more encouraging is that this energy to organize a new future for healthcare already exists. The task ahead is to organize it and convert that energy into real power rooted in the people the system harms most.

This blueprint is a guide to achieving health justice by growing the power of impacted people. Many groups are already doing important work, but we need far more organized power to achieve meaningful change. The challenge now is to connect, deepen, and grow that work without erasing local leadership or forcing every state into the same template.

How we learned

Our work drew from several kinds of knowledge. Each offered a different view of the system and the organizing field:

We held 46 Ideas Labs with more than 550 people across 32 states and communities. The labs brought people together to share personal experience, identify root systemic causes, and put forward bold ideas for change. They helped us understand both what people think and where there may be energy to act.



We developed 15 state assessments in close collaboration with diverse grassroots partners. The assessments were developed in close collaboration with grassroots partners. They examined local conditions, political opportunities, organizing capacity, and the work already underway.

We conducted narrative research with Cornell University to test how people understand health justice issues and which stories may increase interest in collective action.

We tested early conclusions in conversations and convenings with organizers, service providers, birth workers, researchers, and national allies.

These sources show recurring patterns, important differences between communities, and power-building strategies organizers can test in real campaigns. In the months ahead, we will continue to publish our methods and learnings so partners can assess the evidence for themselves.

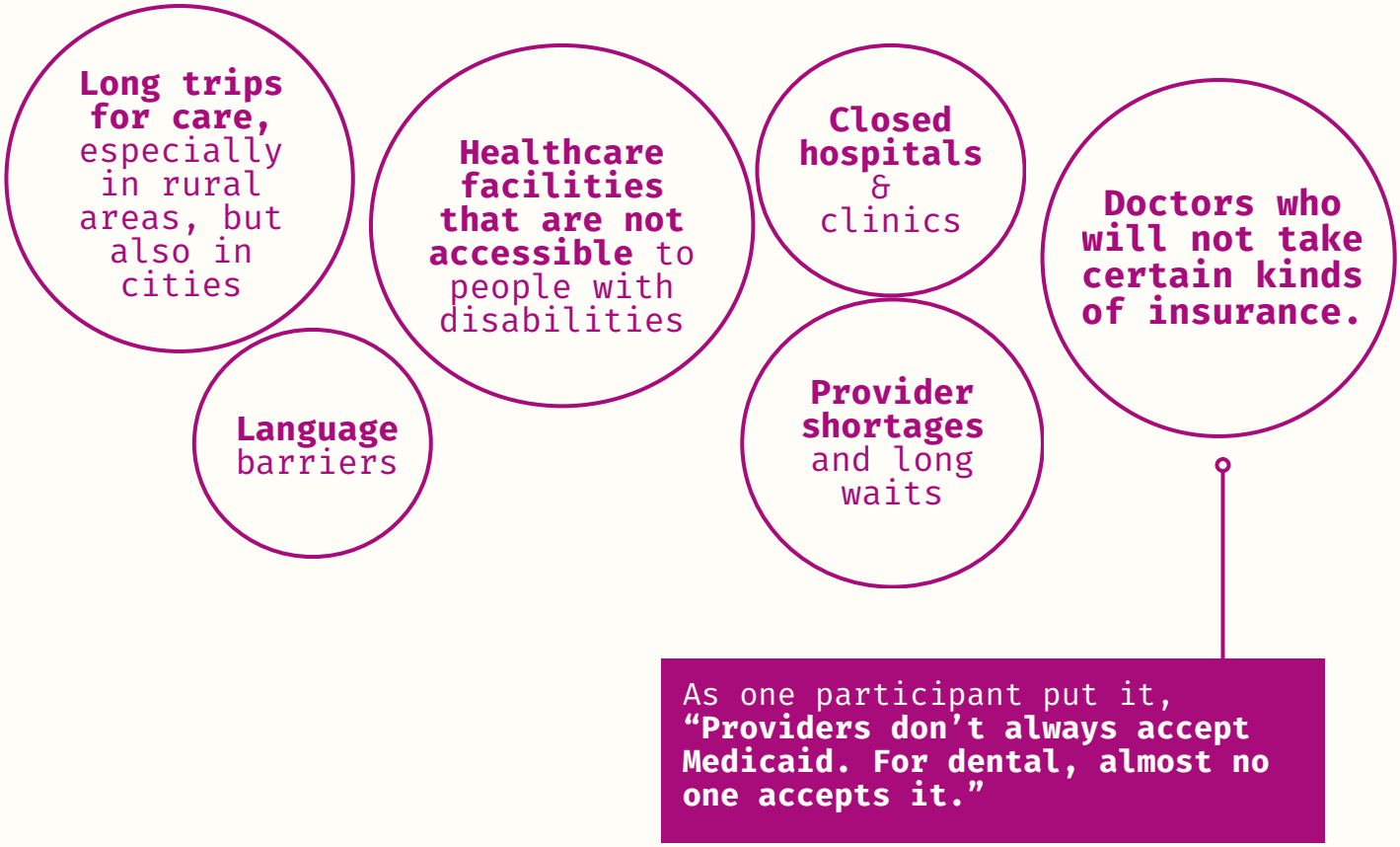
PART TWO

What Communities Told Us About the Current Healthcare System and their Vision for Change

Across the Ideas Labs, people described a system that often prioritizes money, rules, and institutional convenience over the well-being of the people it's supposed to serve. The care people need is often not close by. It costs too much, and people may not even know what it will cost until the bill arrives. Having insurance does not guarantee access to the right care. People often feel that providers do not listen to them or take their concerns seriously. And communities have too little power over the hospitals, health systems, and other institutions that shape their healthcare.

Care is hard to reach

Access means more than having an insurance card. People described issues with:



As one participant put it, **"Providers don't always accept Medicaid. For dental, almost no one accepts it."**



Film screening of the documentary "Allowed to Birth" in Birmingham, Alabama.

Cost and debt shape whether people seek care

People spoke about premiums, drug prices, surprise bills, collections, and the fear of taking on debt. In an Ideas Lab focused on medical debt, one participant described how unpredictable costs are: “Insurance is not transparent on what they will cover and next thing you know you have debt.” The threat or reality of medical debt is not only a financial problem, but it also keeps people from seeking care in the first place.

Participants understood the high cost of care and debt as a product of a system dominated by financial interests: One that does not deliver high-quality care or put wellness first. In one Lab, after participants shared their ideas for transforming the system to provide more preventive care, we asked them to explain why such common-sense ideas were not already the norm. They all agreed emphatically: The system does not invest in preventive care because prevention does not generate enough profit.

Idea Lab Participants all agreed emphatically: The system does not invest in preventive care **because prevention does not generate enough profit.**

Race and gender influence dignity, trust, and safety

Across care settings, participants described how anti-Blackness, racism, sexism, and bias pervade the healthcare system. Providers dismissed people's pain; high-quality care was concentrated in certain locations; and people were treated differently because of their race, gender, income, insurance, disability, language, or immigration status. As one participant explained, "It's statistically proven that Black and brown patients have shorter visit times; their symptoms get dismissed more easily."

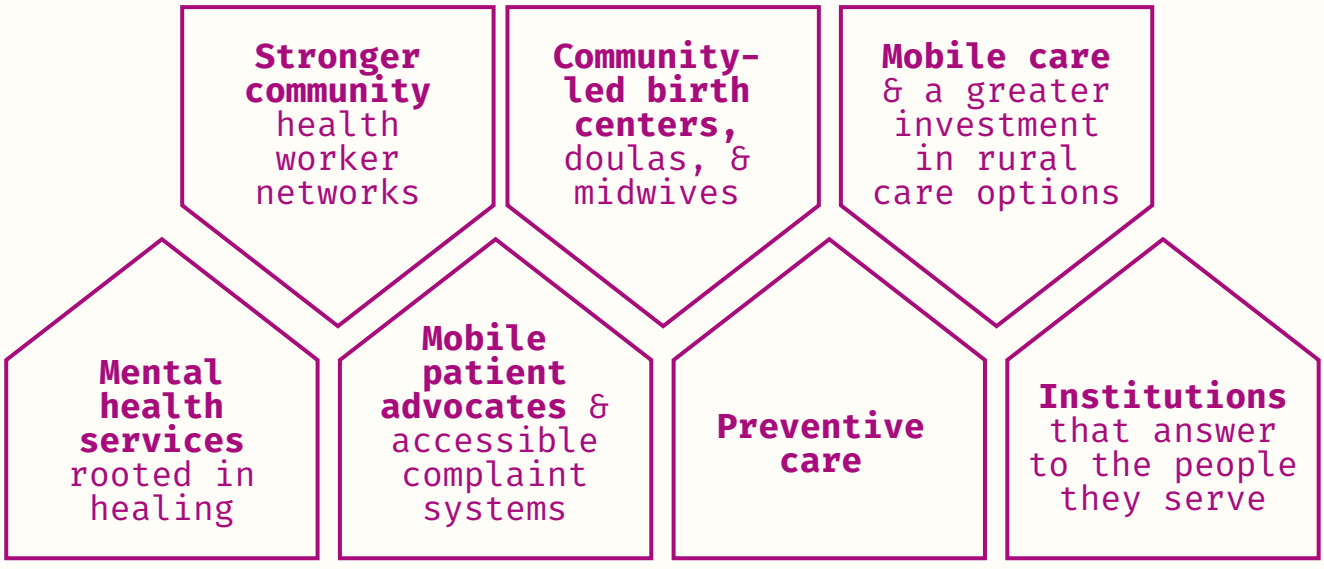
These harms are personal, but they are not only about individual bias. Policies, payment systems, staffing, and institutional power all reproduce them. This is not just disrespect. It is discrimination that costs lives. As one participant put it plainly: "A Black woman almost died in childbirth in a good suburban Southern California hospital because her concerns weren't listened to."

> "It's statistically proven that **Black and brown patients have shorter visit times**; their symptoms get dismissed more easily."
>
> Ideas Lab Participant

Participants called for care rooted in community

Communities differed in their experiences, needs, and local conditions. Across those differences, however, we heard broad support for care that is rooted in community and shaped by the people it serves.

Participants offered solutions, calling for:



As one participant said, “Community health workers, doulas, and advocates are essential; they help you take care of yourself when the system fails you.” Another named the deeper problem: “The moral compass is money. It's not humanity or the person or anything like that.”

People are recognizing the growing power of owners and investors driven by financial returns over decisions about care–what researchers call financialization. That recognition is fueling a vision for an alternative: a healthcare system rooted in community values, in which people have far more power in their relationship with providers and the institutions responsible for organizing and delivering care.



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PART THREE

What We Learned About the Organizing Field

The health justice field includes strong organizers, advocates, service providers, researchers, workers, and community leaders. However, their work is often separated by issue, role, geography, and funding. That separation makes it harder to build enough organized people who can take sustained action together.

Organizing and service delivery can strengthen each other

Power-building groups bring campaign skills, political strategy, and experience in moving decision-makers. Direct service groups–clinics, doula collectives, community health worker networks, and mutual aid groups–bring deep relationships with the communities they serve. They see system failures every day. As one participant said, "Mutual aid is part of taking care of oneself. You can't do it alone."

> "Mutual aid is part of taking care of oneself. **You can't do it alone."**
>
> **Ideas** Lab Participant

Neither role replaces the other. The opportunity is to connect them: service delivery can open doors to leadership and organizing. Organizing can win the resources and authority that make community-centered care possible.



A Powering Health Justice film screening with Central Florida Jobs with Justice.

We must shape care delivery system—not just improve insurance coverage

Defending and expanding access to health insurance through Medicaid, Medicare, and other public insurance programs is essential work. But on its own, better insurance does not deliver health justice for many marginalized groups. To achieve health justice, we must target the institutions and decision-makers that shape the delivery system itself, including hospital boards, insurance executives, corporate owners, and public agencies. The goals are to influence the cost, quality, and location of care, and shift the balance of power among providers, systems, and health consumers.

Insurance companies also play a central role in shaping these outcomes. But organizers were clear that they need a sharper analysis of the power held by healthcare providers, especially large corporations, and how that power shapes decisions, care, and accountability.

The issues that are generating the most heat in our base are **tied to people's direct experience** with health care delivery systems.

There is another reason to expand the scope beyond insurance companies. The issues that are generating the most heat in our base are tied to people's direct experience with health care delivery systems: access and availability, cost, quality of service, dignity and trust, underinvestment in preventative care, and lack of ownership and control over health care institutions. All of these are grounded in race, gender, and class structures, and in the rampant financialization of the healthcare system.

In other words, while people care about access to public insurance, it is not the issue that is "top of mind" in most base communities. If we want to organize unorganized people, grow our movement, and grow our power, our campaigns increasingly need to focus on the actors at the point of delivery creating the most anger and energy to fight back.



2026 Health Equity Convening in Baltimore, Maryland.

Local strategy must reflect local conditions

Rural distance, hospital ownership, state revenue rules, ballot laws, immigration enforcement, Medicaid policy, and organizing capacity all vary widely. As one participant in a rural community put it, "Rural areas are high-quality care deserts." A national strategy should help local work gain greater visibility, not force it into a single template.

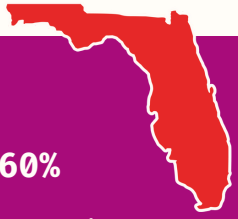
Our assessments across these and other states made one thing plain: There is no one-size-fits-all campaign template. For example:

Montana



Montana is defined by geography. When rural hospitals close, people drive hours for care, a reality organizers with the People's Food Sovereignty coalition are organizing around directly.

Florida



Florida requires 60% to pass a ballot initiative, and organizers with Central Florida Jobs with Justice are still finding ways to fight.

Colorado



Colorado has political momentum but is locked in by TABOR, a constitutional revenue cap. The Colorado Cross-Disability Coalition is among the partners navigating that constraint.

Wisconsin



Wisconsin must take on for-profit healthcare institutions. Campaigns led by the MBGNHE are finding creative ways to provide care to the most socially and economically at-risk residents.

Mississippi



Mississippi faces some of the field's most difficult conditions. Groups like IAJE are still building the durable organizing infrastructure needed to win.

Indiana



Indiana must turn Medicaid defense into offense. Organizers with Hoosier Action are doing this work through mass base-building.

What connects these places is not a shared political landscape. It is a shared analysis: the same corporate forces are extracting from every one of them. Local strategy has to travel.

The South also deserves special attention. Black-led, immigrant-led, youth-led, and rural organizing there has often been under-resourced. Even so, organizers there continue to find creative models to address state and local priorities under difficult conditions.



A Powering Health Justice film screening with Central Florida Jobs with Justice.

The field needs strong, lasting infrastructure

Partners called for:

- **Long-term funding**
- **Cross-state** coordination
- **Research on health-system** ownership and finance
- **Strategic campaign** training
- **Leadership development**
- **Storytelling** and messaging tools
- **Support improving** organizational resilience

As one participant observed, “Federally qualified health clinics are bearing the brunt of filling the gaps that the traditional system has created for marginalized communities.” This infrastructure should strengthen programs and campaigns, not compete with them.

PART FOUR

How We Identify Power-Building Opportunities

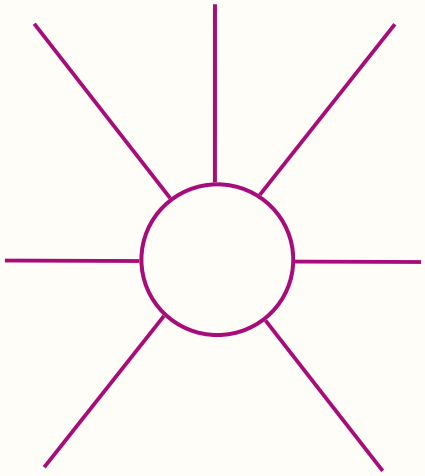
These findings point to a central organizing challenge: No organization can work on all the issues at once. An issue can be important without being ready to organize at scale. So we asked: Which issues could bring more people into action, develop community leaders, and build transformative power?

We used the following criteria to identify promising organizing opportunities that organizers can also use to test other issues:

Connection to root causes.
Can people connect their experience to racism, sexism, economic inequality, or the drive for profit, without losing the human story?

Urgency.
Is this a problem people are experiencing now and want to act on?

A group ready to organize.
Is there a group already taking action, with opportunities to build leadership and bring more people in?



A clear target.
Is there a decision-maker or institution that organized people can hold accountable?

A path to spread.
Can lessons or wins travel across communities, while still leaving room for local adaptation?

A concrete demand and measurable wins.
Can people explain what they want in plain language, and see whether they won it?

Room to build power.
Can the campaign bring in new people, develop leaders, and leave behind stronger organizations?

No organizing opportunity will meet every test in every place. That is fine. The purpose of a campaign test is to learn whether this issue can organize people, develop leaders, move a target, and connect a local win to a wider campaign.

Storytelling and messaging belong in campaign strategy, not off to the side. Stories can help people connect a private struggle to a public cause, see a decision maker, and imagine taking action together. Organizers should test how they tell these stories with the people they hope to organize–not save the story for after the campaign is already designed.

Three Pathways Worth Testing

We found three pathways that appear especially promising: Birth justice, community-controlled care, and health system accountability.

Community Change is not presenting these pathways as finished national priorities. We are offering them as evidence-informed opportunities that organizers and partners can test in different places. They are not three competing agendas. They ask the same questions: Who is keeping us from getting the care we need, and how can we build the power necessary to force them to deliver the care we deserve?

PATHWAY ONE
Birth Justice

Why it matters

Birth justice brings several injustices into one deeply human experience. It shows how racism, gender injustice, access, trust, and community control shape care. As one participant put it, “Even Black women with more income are experiencing poor maternal healthcare outcomes.”

Power-building opportunity

Birth workers and families can point to clear problems and clear targets, from hospital access rules to Medicaid coverage to state licensing. In many places, birth workers are already leading this work without any formal organization behind them. Our responsibility is to build a base and campaign infrastructure around leadership that already exists, not to create it from scratch. These campaigns can also develop leaders among people who may not consider themselves health advocates.



Film screening of the documentary "Allowed to Birth" in Birmingham, Alabama.

Possible demands

- **Fair payment** and access for doulas and midwives
- **Fourth trimester support** in the months after birth, including home visits and mental health follow-up
- **Culturally competent** care
- **Community-led** birth centers
- **Enforceable hospital practices** that protect birthing people

The right demand depends on local law, local institutions, and what families and birth workers are ready to organize around. As one participant said, "Expand access to community-based doulas, midwives, and healers, especially from the communities they serve."

Birth justice is being built right now. In Alabama, Mississippi, West Virginia, and Tennessee, organizers are working to secure hospital access for community doulas and to open community-led birth centers. In Oregon, partners are naming a third of the state's counties as maternity care deserts for undocumented birthing people, and framing that as a health justice fight, not just an access problem. In North Carolina, partners like the Black Women's Health Collective, Action NC, and other grassroots networks are building the field-level infrastructure that future campaigns need.

Questions and theories to test

- **Which people** are ready to organize?
- **Which institution** controls the decision?
- **What demand** could build sustainable leadership?
- **How does this connect** to Black health, public insurance, rural hospital access, reproductive freedom, mental health, and the financial pressures closing maternity services?

PATHWAY TWO
Community-Controlled Care



Why It Matters

This pathway starts from a question people raised again and again: What would care look like if communities had real authority to redesign care systems and hold those systems accountable? People want more than access to care. They want a voice and control over it. As one participant put it, "Redefine what health and healing mean: Shift away from the clinical, Western-only model of care. Recognize and support healing justice, ancestral wisdom, spiritual health, and non-traditional forms of care."

Power-building opportunity

Organizing has to be at the center of this work. A program can meet urgent needs; an organizing strategy does more. It develops leaders, builds a base, and changes who controls resources and decisions. At the same time, there is also a need and opportunity to connect power-building organizations with direct service providers, healthcare providers, researchers, and others in order to grow a system grounded in–and controlled by–the community.

Possible Models

- **Community health worker** and promotora networks
- **Community-led clinics** and birth centers
- **Mobile rural care**
- **Healing hubs**
- **Governing structures** with real decision-making authority

Questions and theories to test

- **Can a trusted local organization** or group reach people who could become an organized base?
- **Would the demand shift** real authority or resources, not just deliver a service?
- **Can people build something that lasts** beyond one grant or campaign?

PATHWAY THREE
Health System Accountability



Why It Matters

To achieve health justice, we need to hold accountable the institutions that set prices, close services, deny care, create and collect debt, and decide how community resources get used. As one participant added, "It's all for profit. Everyone is on a hustle. Doctors are paid to push a particular drug. Patients are prioritized based on how much profit they can generate."

Power-building opportunity

There is no one-size-fits-all health system accountability campaign. These campaigns will be shaped by local conditions in response to local demands. Targets may include nonprofit or for-profit hospital systems, insurance companies, corporate owners, private equity firms, or public agencies. Who owns these institutions and how they are organized matters–but harmful practices are not limited to one ownership model. The same harmful profit-seeking tactics are being used across a wide variety of ownership structures.

> "It's all for profit. Everyone is on a hustle. Doctors are paid to push a particular drug. **Patients are prioritized based on how much profit they can generate."**
>
> Ideas Lab Participant

Strong accountability campaigns start by identifying a specific harm we want to mitigate, training organizers to identify the targets making decisions that lead to that harm, understanding those institutions' strengths and weaknesses, and identifying possible solutions–policy or otherwise.

Possible demands

- **Medical debt relief** and limits on collections
- **Transparent ownership**, pricing, staffing, and executive pay
- **Enforceable community-benefit** standards
- **Protection** for essential services
- **Fair** complaint systems
- **Community-elected medical oversight** teams with the authority to monitor hospitals, insurers, and drug companies for unethical or predatory practices

Questions and theories to test

- **What state and local policies** can protect healthcare consumers from specific profit-seeking tactics?
- **What public campaigns** can target bad actors, educate the broader public about the harmful profit-seeking tactics, and drive wedges between more responsible health systems and campaign targets?
- **Can lessons from community benefit agreement campaigns** be scaled up to force targeted bad actors not only to agree to stop harmful tactics, but also to make additional commitments that translate into better care and accountability to the surrounding community?
- **How do we account for the threat of a wave** of hospital closures or service shutdowns–and the way those disruptions may advantage deep-pocketed investors who already have a foothold in the industry?
- **Can medical debt campaigns win policies t**hat eliminate existing debt while also changing health system practices that push people into debt in the first place?



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PART FIVE

Connections to Existing Health Justice Work

As one participant said, "The system is very disconnected…different kinds of care you need are in different places. [It's] not holistic."

These three pathways are not the only opportunities to organize. Our Ideas Labs, state assessments, and partner conversations also pointed to rural health, mental health, harm reduction, administrative burden, disability justice, and immigrant health. Opportunities also exist in the ongoing fights to protect and expand public health coverage and other essential parts of the healthcare safety net.

New organizing opportunities should strengthen existing work, not compete with it. Medicaid outreach can identify people hurt by hospital closures, debt, or denied care. A birth justice campaign can strengthen Black health organizing and rural access work. A hospital accountability campaign can expose the growing power of financial goals and investors in health care while winning concrete protections. Mental health and harm-reduction organizing can connect trusted community care to fights over funding, policing, and institutional control.



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What Organizers and Partners Can Do

This Blueprint offers hypotheses to test, not a national script. The next step is to learn through disciplined state and local action.

- **Choose organizing opportunities with local leaders.** Use the criteria in this Blueprint, local power mapping, and conversations with people directly affected.
- **Run focused campaign tests.** Define the base, target, demand, leadership, and learning goals before launching. Track whether the work brings in new people and leaves a stronger organization behind.
- **Bring different kinds of partners together when it strengthens the strategy.** That can include organizers, service providers, birth workers, community health workers, researchers, labor, policy groups, and public health institutions.
- **Connect defense and offense:** protect Medicaid and other social safety-net programs, while using those fights to build organized power around delivery, debt, dignity, and control.
- **Share learning across states.** Create ongoing spaces, sometimes called communities of practice, where local organizers and people with technical knowledge can solve problems together, compare results, and adapt useful tools. Organize cross-state learning tables around each pathway. A win in Ohio should be usable in Indiana the next week. A campaign template from Florida should reach Mississippi organizers before they build the same thing from scratch.
- **Prioritize places and communities that have been denied resources and political power.** That includes Black-led, immigrant-led, Indigenous-led, youth-led, disability-led, LGBTQ+-led, and rural organizing, including in the South, without treating communities as testing sites for outside strategies.



A Powering Health Justice film screening with Central Florida Jobs with Justice.

What Community Change Will Do

Community Change is committing to put this learning into action. We will:

- **Support local campaigns** that test the three power-building pathways
- **Share** research, lessons, and organizing tools
- **Connect partners across states** to support shared learning and co-strategizing
- **Help partners test** narratives and messaging
- **Document lessons,** including where our early ideas turn out to be wrong
- **Strengthen leadership development**
- **Build the infrastructure campaigns need**, including research, policy support, strategic communications, campaign training, organizing technology, and support for long-term, flexible resources
- **Revise this Blueprint** based on what we learn together.

What We Need to Continue Learning Together

This work depends on honest, shared learning. For every campaign test, we want to know:

- **Did the issue inspire people** not already in our base to take action or join an organization?
- **Did the campaign develop** leaders and deepen the organization?
- **Was the target clear,** and did organized pressure succeed in impacting the target?
- **Did the work achieve more racial justice?**
- **Which lessons are transferable** across geographies?

We learned that people carry both anger about the current system and ideas for something better. The opportunity now is to turn that knowledge into organized power. That means bringing people together, developing leaders, moving decision-makers, and changing the institutions that shape health. This work will not start from zero. Organizers, birth workers, community health workers, service providers, researchers, and advocates are already building pieces of it. The task now is to connect those pieces, test new organizing opportunities, learn honestly, and build a health justice movement strong enough to win.

We invite organizers and partners to use this Blueprint, challenge it, and help us strengthen it through practice.

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