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# How a housing advocacy coalition adds health: A culture of claims-making

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ABSTRACT

Organizations that pursue health advocacy often tackle other issues too. How do these multi-issue organizations articulate and combine health with other issues? We examine how a Los Angeles coalition focused primarily on housing took up health in its 2008–2011 campaign against a residential development. Participant observation and archival data reveal that cultural context influenced how the coalition made claims about health, in two ways. First, advocates shared two major symbolic categories, which oriented the great bulk of their appeals regarding health. Second, advocates crafted rhetorical appeals that reflected their shared sense of social identity and obligation as spokespersons for a distinctive kind of community. These two kinds of cultural context influenced advocates' claims in public, formal settings as well more internal communication. These distinct, cultural influences on claims-making create challenges for socioeconomically diverse coalitions collaborating on health problems.



This paper investigates how an advocacy coalition in Los Angeles incorporated health into its work. Pseudonymously named ISLA (Inquilinos del Sur de Los Angeles/Tenants of South Los Angeles) and initiated in 2008, the coalition advocated for housing opportunities in working-class, plurality Latino neighborhoods. We focus on one ISLA campaign that challenged plans for developing an upscale apartment complex, the Manchester, which involved partial demolition of a hospital in an ISLA neighborhood. ISLA-member organizations had monitored the slow-moving Manchester development for over two years, and were busy with a larger anti-gentrification campaign when the Manchester's threat to the hospital "came out of nowhere, and we *had* to fight it," as a staff-person put it. Hurriedly, ISLA organized local residents, planned with allies, and attended public hearings, just as a wrecking ball leveled part of the hospital. A conference on the right to health ended with a rally at the Manchester site, described by an ISLA leader as "the epicenter" of an "attempt to trump health rights with arrogant housing rights." Soon after, ISLA won a revised plan for the Manchester, providing reduced-rent apartments and a new, low-cost medical clinic inside the Manchester development.

While the health implications of a hospital demolition may seem obvious, parties might pitch "health" and "housing" differently: Some Manchester neighbors, low-income parents with long commutes, said the loss of local hospital services hit hard. Yet some Spanish-speaking construction workers at public hearings on the Manchester wore t-shirts saying "Yes to jobs, private investment, affordable housing." One ISLA leader said she felt the wrecking ball in her stomach. Others decried luxury developments. This study analyzes how ISLA constructed health claims and combined them with its primary, continual focus on housing.

ISLA is a case in a larger, multi-method study, begun in 2007, of how two inter-organizational coalitions construct housing and urban development as public problems. ISLA and the other coalition represent different ways of articulating issues and building constituencies. Below we describe case settings and methods relevant to this paper. The Manchester campaign enabled us to analyze how local social activists would add health to their issue docket, in light of recent discussions about the place of health in multi-issue advocacy. Most residents at campaign meetings and events were low-to-moderate income Latinos. Organizational leaders and staff were college-educated and ethnically diverse. The most active ISLA organizations in the Manchester campaign were a tenant advocacy group, a community development corporation that also trained health educators for ISLA's neighborhoods, a labor development nonprofit, a nonprofit community land trust, and a local church.

## 1. Health issues in hybrid advocacy organizations

ISLA's attention to multiple issues, housing *and* health, makes

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ISLA an example of what scholars call a "hybrid" advocacy organization. Studies illustrate that much health advocacy occurs in hybrid organizations, whether identified as such or not, with advocates pursuing health alongside other issues (Banaszak-Holl et al., 2010; Popay et al., 2008). For instance, health-focused social movements engage organizations not principally focused on health (Epstein, 2010), and public health practitioners generate partnerships with community activist coalitions (Wolfson and Parries, 2010).

We propose one reason why multi-issue organizations sponsor much health advocacy is that policy makers have been highlighting environmental and nonmedical factors shaping health outcomes alongside the conventional biomedical approach (Blas et al., 2008). This "social determinants" approach, manifest in new research and outreach programs instituted by the World Health Organization (Blas et al., 2008), the American Cancer Society (Reid, 2004), and the US's National Cancer Institute (Zavestoski et al., 2004), has helped circulate health issues across a multi-institutional field (Banaszak-Holl et al., 2010, p. 7; Armstrong and Bernstein, 2008). Diverse civil society organizations, some previously uninvolved in health, are publicizing their constituents' health concerns (Blas et al., 2008) by partnering with health organizations, foundations, or state institutions (Gilson et al., 2007). Although there is to our knowledge no macro-organizational level analysis – something similar to organizational ecology – which systematically explains the causal mechanisms in the proliferation of health concerns across civil society (cf. Minkoff, 2002), this literature suggests that a shift in health policy fields has affected related fields of health philanthropy and social advocacy (Fligstein and McAdam, 2012). Mandates and recommendations by key health institutions to engage civil society organizations (Blas et al., 2008; Gilson et al., 2007) are re-orienting 1) the priorities of funders to accommodate local health-related programming, and 2) the knowledge and tactical repertoires of social change activists (Brown and Zavestoski, 2004; Schneider et al., 2008; Zavestoski et al., 2004). Further, since the 1970s, funding opportunities for community-based organizations to incorporate health-related programming have increased exponentially (Balassiano and Chandler, 2010; Wolfson and Parries, 2010).

Taken together, these studies suggest that advocacy organizations not involved in health take up health issues partly because institutional mandates encourage and reward the effort (see AbouAssi, 2013). Studies of advocacy organizations suggest the same when investigating why advocates in general take on multi-issue dockets. They find issue hybridity is advantageous, not a threat to clarity of mission. Hybridity gives advocacy groups the chance to tap new expertise, new resources for programming, and new pools of potential members (Heaney and Rojas, 2014). Hybridity also facilitates inter-organizational networking (Jung et al., 2014; Mayer et al., 2010).

## 2. How hybrid organizations add health issues: the "framing" approach

While studies of shifts in health programming and hybrid organizations help us understand *why* a housing coalition like ISLA added health issues, we ask *how* ISLA articulated health alongside housing. It is a pressing puzzle because health, like any issue, has multiple potential conceptual associations (Banaszak-Holl et al., 2010). Advocates can make varied kinds of claims about health grievances. When hybrid advocacy scholarship does posit *how* advocates articulate different issues together (Goss and Heaney, 2010; Heaney and Rojas, 2014; Jung et al., 2014; Mayer et al., 2010; Zavestoski et al., 2004) usually borrow an approach from social movement scholarship that investigates "strategic framing" (see McAdam et al., 1996). Their idea, in short, is that advocates construct claims strategically to attract supporters and deflect opponents. Sometimes activists do "frame bridging"—strategically combining ideologically congruent, separate issues to build constituencies (Snow and Benford, 1988; Snow et al., 1986). Activists' strategic creativity, informed by their sense of audiences and opponents, drives framing (Fligstein and McAdam, 2012).

This approach helpfully highlights that advocates may frame an issue like health differently with different practical consequences. Yet scholars inside and outside the framing perspective alike call for more research on how activists put meanings together to create new appeals (Williams, 2004; Williams and Benford, 2000). Research on claims-making by hybrid organizations generally treats an entire social movement or groups of social movements with archival data or interviews after the fact, which, by themselves, do not help us conceptualize the claims-constructing process closely (Goss and Heaney, 2010; Mayer et al., 2010). Scholars also call for more attention to cultural contexts that limit as well as enable activists' preliminary sense of what is an appropriate frame (Polletta and Ho, 2006; Snow, 2008; Williams, 2004). Recently, the framing perspective has suggested that advocates' frames come from a "discursive field" shared by organizations that address a given social issue (Snow, 2008). The discursive field concept has not, however, been applied to multi-issue organizations. In short, we still need an account of how hybrid organizations develop claims about "health" from a broader universe of possibilities, and how cultural contexts enable and constrain that work. Then we will better understand *how* advocates respond to the increasing resources for attention to health.

## 3. Claims in cultural contexts

We address these gaps in current research by treating the *how* of claims-making as a cultural phenomenon. "Claims" are demands, criticisms, or declarative statements that actors deem as public concerns (Koopmans and Statham, 1999). We investigate "culture" as a set of enabling and constraining contexts, like the two conceptualized here, that shape how people communicate in a public arena. Investigating these enables us to address gaps in our understanding of how hybrid advocates make claims about health.

### 3.1. Discursive field

First, we expand framing scholars' recent suggestion (Snow, 2008) that a *discursive field* may offer the larger symbolic context for claims-makers. Spillman's treatment of the concept is a common reference point (Bail, 2012; Steinberg, 1999). Spillman writes (Spillman, 1995, pp. 140–141), "A discursive field … consists of the categories which make things mean, and not the meanings themselves." In this view, advocates construct problems such as housing or health using master categories of rhetorical appeal—justice, for example—which orient a field. Snow's somewhat different perspective affirms the discursive field concept while emphasizing actors' leeway for creative interpretation (Snow, 2008, p. 9). The power of a discursive field, for Spillman, is that it enables and constrains how advocates *and* their opponents make claims about some issue. Claimants who articulate issues relevant to a field without utilizing any of the master categories others in the field normally expect violate "felicity's condition" (Spillman, 1995, p. 141) – they sound strange, hard to decipher. Our research determined if and how a discursive field constrained ISLA claims.

### 3.2. Style

Second, we investigate how advocates articulate claims with the

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