National Collaborating Centre for Determinants of Health

Centre de collaboration nationale des déterminants de la santé

PUBLIC HEALTH SPEAKS

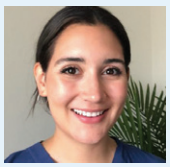
PUBLIC HEALTH'S ROLE IN COMMUNITY ORGANIZING

Community organizing plays a crucial role in health equity as it builds power in communities to address determinants of health, advocate for their needs and create sustainable solutions for their specific contexts. Partnering with community organizing groups as well as applying a community organizing approach is an innovative area for public health practice in Canada.

As such, the National Collaborating Centre for Determinants of Health convened a discussion to examine public health's role in partnering with community organizing groups, covering both the benefits and barriers of this collaboration. The interview was conducted in November 2023; it has been edited for length and clarity.

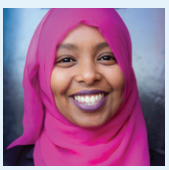
Community organizing is the process by which people who have a common identity or purpose unite to identify shared issues, develop collective goals, and implement strategies and tactics to reach those goals. Community organizing includes:

1. Building relationships among the group.
2. Co-developing critical analyses of the issues that affect the group.
3. Building the power of the group and community to influence decisions, set agendas and shift dominant world views.
4. Developing the leadership of those in the group.
5. Activating group members and the public to participate in direct action, campaigning and resource mobilization.
6. Expanding the number of group members.[1]



CAROLINA JIMENEZ
Knowledge Translation Specialist
National Collaborating Centre for Determinants of Health

JONATHAN HELLER
Visiting Scholar
National Collaborating Centre for Determinants of Health



SAMIYA ABDI
Executive Director
Black Health Education Collaborative (at time of interview)

DR. MONIKA DUTT
Medical Officer of Health
Central and Western Health, Newfoundland and Labrador (at time of interview)

PUBLIC HEALTH SPEAKS: PUBLIC HEALTH'S ROLE IN COMMUNITY ORGANIZING

Q Jonathan – Let's start by exploring your experiences with community organizing. Can you tell me about those experiences?

A Monika – I started by getting involved with Health Providers Against Poverty (HPAP) while I was doing my public health residency training in Toronto. The physicians I was working and training with were integrating their work into broader community advocacy and partnerships. They recognized the privileged place that physicians typically come from, which was a big learning piece for me that I didn't necessarily get through my public health education. Through HPAP, I got involved with the Decent Work and Health Network and then the Workers' Action Centre. I've since developed networks related to many different issues.

Another group I have gotten to know well over the last few years is the Anti-Racism Coalition of Newfoundland and Labrador. I was so thankful for that space. Public health in eastern Canada often lacks racialized people and does not necessarily represent the diversity of communities. The Anti-Racism Coalition was a rare space I was in that was focused on racialization and centring Black and Indigenous communities. I was finding ways to channel what I was hearing and learning there into my public health world, which was really valuable. I wouldn't have gotten the same kind of learning about communities if I had only been working in my public health role.

Samiya – For a very long time, I would say I lived a double life as a community organizer — the social justice warrior outside of work, and then work was this "professional" polished thing. Early on in my career there was no room for bringing community ideas into the fold. That advocacy piece was not readily available. It was only when I had a very supportive manager and leadership in one of my jobs that I was able to create space to take on health equity. Once I took on the health equity file, I saw the opportunity to align my work in public health and my social justice work. Because of this alignment I was able to utilize the public health role I was in to work with the Ministry of Health and Long-Term Care in Ontario on sociodemographic data collection, especially around COVID cases and outcomes. The Black community was very vocal about the need for race-based and sociodemographic data collection, and Black health leaders have developed a clear framework on engagement, governance, access and protection (EGAP). This allowed my health equity team to centre the community in developing the COVID data collection, analyses and reporting process, ensuring that data was not collected and reported in a way that stigmatizes and causes harm to Black and other racialized communities.

Q Carolina – In your public health role, what speaks to you about working with community organizers or using a community organizing approach?

A Samiya – People know what they need. Period. If we've learned anything from COVID, it is the benefit of truly having a community-engaged process. For example, I was part of the Canadian Muslim COVID-19 Task Force, which was a volunteer-based group of physicians, public health professionals, nurses, community leaders and religious leaders. We came together to provide education and advocacy for our community. When some community had concerns about getting vaccinated while they were fasting during Ramadan, the Task Force suggested having clinics after sunset when people broke their daily fast. When some Muslim women had voiced concerns around uncovering their shoulder in the public vaccination area, the Task Force worked with public health units to create private areas for those who needed it.

We also had a campaign where imams were on social media saying "I got my shot" and posting pictures to encourage vaccine uptake. The Task Force thought about people who have precarious or shift work and advocated

PUBLIC HEALTH SPEAKS: PUBLIC HEALTH'S ROLE IN COMMUNITY ORGANIZING

to make the vaccine available in places of worship, community centres and subway stations. The community organizing that happened on the ground allowed public health to achieve the success of higher vaccination rates.

Monika – I think working with organizers can provide public health a place where they can learn, contribute and incorporate community knowledge into their public health work. I also think about different strategies and tactics for different spaces. Public health might not be the one that's leading a protest but could instead bring community demands to different tables they have access to and help create networks and influence policy. A COVID-related example is people without a health card having challenges accessing the vaccine. Being connected to a migrant-led organizing group allowed me to amplify what the group was saying as a public health issue internally as well as externally, using an "inside-outside strategy."

Samiya – The way I frame that inside-outside piece is the advocate versus the activist, and we need both. It's the activists who break down the doors and the advocates who walk through and sit at the table so that whatever the activists are fighting for is put into policy and practice.

Often, those on the inside try to dismiss the work of activists and distance themselves from them. They say, "Those are just the people who like breaking things down." But if we don't have people who are doing that on the outside, then we cannot make change. Our systems are entrenched in such rigid ways that movement will not happen without having people who are courageous and honest enough to push past those boundaries. Community organizers are those voices. Disruption is necessary for innovation. Community organizers are the ones who can bring in new ideas and ways to disrupt the status quo in a good way.

An **inside-outside strategy** involves applying internal and external practices simultaneously to achieve a goal (e.g., health equity). Internal strategies focus on organizational commitment, capacity building and addressing power dynamics within a public health organization. External strategies involve partnerships with affected communities, who can put pressure on decision-makers in ways public health organizations cannot, and participation in social justice movements. Public health practitioners using this approach aim to create alignment and synergy for sustainable change.[2,3]

Q Jonathan – Now that we've spoken about some of the benefits, what are some of the barriers to public health partnering with community organizers?

A Monika – I think public health can and should work with community organizers but often they don't. The lack of independence of public health can be a barrier. In some settings, a local MOH [medical officer of health] is accountable to a board or a health authority/ regional structure. While leadership can sometimes be a great facilitator to developing community connections, occasionally there can be political obstacles. Typically, relationships and trust are key, and when those can be established inside institutions and with community members and organizations, you can work with people to make change.

Working in a health authority structure with responsibility for both acute care and public health can be challenging. Primary care and acute care are often an understandable and needed priority for individuals and the health care system. It can be difficult to have people see the value of work that may be long term and prevention-focused — in some ways invisible. People may know about important public health services — the vaccine clinics, the well-baby visits — but may not see the work on policies related to areas like food security and climate change as being as important.

Samiya – Sometimes, there's no intentional power sharing, and engagement is substituted with either consultation or an afterthought. The worst of it is when community has no idea what you're doing. Maybe one or two times in my career have I seen community engagement where power sharing and having equal voices at the table were intentionally designed as part of the engagement process, and community was involved from the initiation of the idea all the way to the delivery and report back. As public health leaders and practitioners, on paper, we think community engagement is a great idea, but, in practice, we're not always the best at carrying that out.

Related Resources

Let's Talk: Redistributing power to advance health equity (2023)[4]

Let's Talk: Community engagement for health equity (2021)[5]

Monika – There are barriers we put on ourselves in public health. In any position, in any space, we could be making connections with community organizers and have it be useful to the work we're doing. Even with few resources, we have that responsibility. It needs to be built into our work because, otherwise, we can end up working separately from the communities we work for.

Samiya – We use language like "hard-to-reach communities." This suggests we think engaging people in those particular communities is going to be too challenging. We might not have the resources, the hours, the knowledge. It's too complex. Right? Using that language gives us a way out, so we don't feel that we need to engage those communities. However, we need to lean on the idea that it takes time to build relationships. It's been said that "relationships move at the speed of trust." In public health, we're not built as community hubs, as centres where people can gather and feel welcomed. Where organizers can come in and share their opinions. People often don't even know our structures or how to reach out to us to share their concerns. We need to gain back trust and be more accessible to those we serve.

PUBLIC HEALTH SPEAKS: PUBLIC HEALTH'S ROLE IN COMMUNITY ORGANIZING

Q Carolina – You've naturally started speaking of some solutions to these barriers. What are other facilitators for public health working with community organizers?

A Monika – In the context of smaller communities, there are not always clear community organizations to reach out to. When mpox was becoming a concern, we were looking to check the wording around the vaccine release with community members, but we didn't have a ready list of people or groups to ask. It forced us to reach out and create connections. Even though contacts may not be as obvious as in other larger places, it helped us realize that there are people doing a lot of organizing work in the community.

Samiya – Having community engagement written into job descriptions is one solution. When this work is not written into our job descriptions, people can choose to do it or not. Leaders and practitioners who are removed from community can dissociate from the people they serve. Therefore, they will not find themselves inclined to engage communities, particularly when that is not an expectation and not part of how they're evaluated, or there's no time or resources allocated for meaningful engagement.

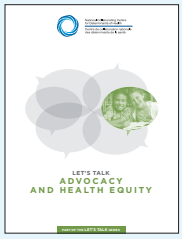
Monika – Currently, as a locum MOH with Central Zone and Halifax in Nova Scotia, I'm trying to support staff to strengthen community connections. There are already many valuable relationships that our health promotion, public health nursing and other staff hold. I'm also trying to think about it strategically. Who are we working with? Why are we working with them? What are we doing to support them and to create an ongoing relationship?

Samiya – Another point is, don't go to people only when you need them. We need to think about ways we can build relationships in advance and make sure those relationships continue prior, and beyond, our particular ask. We need to connect with people during times that are not high stress and high need. We should be connecting with them at early stages, for example, when we have an opportunity to start a program or in the strategic planning stage.

Q Jonathan – What are some of the skills and competencies that public health practitioners need to have to do this type of work?

A Samiya – We need to remember that advocacy is not political, it is public health. Particularly when we are thinking about health equity and health justice work. So my question to the field is what are the ways that we can centre advocacy, take it seriously and embody it as one of the four roles of public health?

Related Resource



Let's Talk: Advocacy and health equity (2015)[6]

Monika – We also need to understand the different facets of activism and advocacy and lead with humility, knowing we are often not the experts when it comes to lived experiences. We can learn from the organizing approach, which is more of a net or a web where different people have different roles, all of which are valued, often with fewer or no hierarchies. Depending on our goals, we need an understanding of different types of strategies, how those work, and the skills and resources that public health can bring.

Samiya – I'd add the idea of trust and respect. We need to value and respect community organizers — their knowledge of the issues, their ability to reach community members, the trust that they have built over the years are all tremendous assets. If we are not able to believe in the value, the capabilities, the skills, the knowledge and the tenacity that it takes to be an organizer, then that's a non-starter. Public health professionals need to have humility as they approach community organizers as equals and as people who sometimes have more knowledge about their communities than us.

So I would say humility, trust, respect and, last, being willing to power share. We need to have reflexivity to understand: What's my position? What are the power dynamics at play? Who is in the room and who is missing? And then building bridges — using it as an opportunity to assess our relationships and our connections to community organizers.

Monika – I think we also need to centre anti-oppression, anti-racism and decolonialization in a meaningful way, particularly knowing that public health, like most institutions, has often been shaped by harmful ideologies. We need to recognize that everything we do is shaped by our world view, which inherently means we don't know what we don't know. Unless we understand that, we can't change the systems we're part of. Lastly, I'd say we need to be constantly curious. Asking questions, expanding beyond our usual settings, ideas and people helps us to be better public health practitioners.

Q Carolina – To close today's conversation, what are your hopes for the future of public health when it comes to community organizing?

A Samiya – My hope for the future, for my public health family, is that we will be courageous enough to step into our role and responsibility to support community organizing, and that we recentre advocacy in all that we do. Getting to Maybe is a book that I read long ago that has shifted my thinking. It advocates for always assessing your power and acting from where you are, with the resources you have at this specific time and place in your life. So often, we give away our power or we are afraid to step into our power. Whatever your role is, there is a space for you to embody community organizing, to embody humility and to embody advocacy.

Monika – My hope is that public health continues to keep shifting the boundaries of how we change the structures that shape health. That's how I've tended to practise. I want us to be able to better create relationships with and take the lead from community organizers to take on hard issues and to help create changes that are needed.

I'm also grateful for how being even a small part of community organizing efforts has changed me. I learn so much about ways of thinking, ways of being, ways of supporting each other, ways of creating change. It's been huge. And I try to bring that learning into other spaces.

References

1. National Collaborating Centre for Determinants of Health. Glossary of essential health equity terms [Internet]. Antigonish (NS): NCCDH, St. Francis Xavier University; [updated 2022 Mar; cited 2024 Apr 3]. Available from: https://nccdh.ca/learn/glossary
2. Heller J, Farhang L. 14 inside and outside strategies to advance health equity [Internet]. San Francisco (CA): Medium; 2017 Jan 12 [cited 2024 Apr 3]. [about 6 screens]. Available from: https://humanimpact-hip.medium.com/14-inside-and-outside-strategies-to-advance-health-equity-89cc66b86977
3. Heller, J. Using an inside-outside strategy to build power and advance equity [Internet]. Oakland (CA): Human Impact Partners; 2015 Jan 12 [cited 2024 Apr 3]. [about 4 screens]. Available from: https://humanimpact.org/using-an-inside-outside-strategy-to-build-power-and-advance-equity
4. National Collaborating Centre for Determinants of Health. Let's talk: redistributing power to advance health equity [Internet]. Antigonish (NS): NCCDH, St. Francis Xavier University; 2023 [cited 2024 Apr 3]. 19 p. Available from: https://nccdh.ca/images/uploads/NCCDH_Lets_Talk_Redistributing_Power_to_Advance_Health_Equity_EN.pdf
5. National Collaborating Centre for Determinants of Health. Let's talk: community engagement for health equity [Internet]. Antigonish (NS): NCCDH, St. Francis Xavier University; 2021 [cited 2024 Apr 3]. 13 p. Available from: https://nccdh.ca/images/uploads/comments/Lets-Talk-Community-Engagement-EN.pdf
6. National Collaborating Centre for Determinants of Health. Let's talk: advocacy and health equity [Internet]. Antigonish (NS): NCCDH, St. Francis Xavier University; 2015 [cited 2024 Apr 3]. 6 p. Available from: https://nccdh.ca/images/uploads/comments/Advocacy_EN.pdf

CONTACT INFORMATION

National Collaborating Centre
for Determinants of Health
St. Francis Xavier University
Antigonish, NS B2G 2W5
(902) 867-6133
nccdh@stfx.ca
www.nccdh.ca
Twitter: @NCCDH_CCNDS

ACKNOWLEDGEMENTS

Prepared by Carolina Jimenez, Knowledge Translation Specialist, and Jonathan Heller, Visiting Scholar, at the National Collaborating Centre for Determinants of Health. Special thanks to Samiya Abdi and Dr. Monika Dutt, and to our internal reviewer Dr. Claire Betker, Scientific Director.

The National Collaborating Centre for Determinants of Health is hosted by St. Francis Xavier University. We are located in Mi'kma'ki, the ancestral and unceded territory of the Mi'kmaq people.

Please cite information contained in the document as follows: National Collaborating Centre for Determinants of Health. (2024). *Public Health Speaks: Public health's role in community organizing.* Antigonish, NS: NCCDH, St. Francis Xavier University.

ISBN: 978-1-998022-43-4

Production of this document has been made possible through a financial contribution from the Public Health Agency of Canada through funding for the National Collaborating Centre for Determinants of Health. The views expressed herein do not necessarily represent the views of the Public Health Agency of Canada.

This document is available electronically at nccdh.ca.

La version française est également disponible au www.ccnds.ca sous le titre *La santé publique a la parole : Le rôle de la santé publique dans l'organisation communautaire.*