



Partnering with community-organizing groups: Practice brief

This practice brief focuses on how the Canadian public health community can partner with community-organizing groups to take action on the determinants of health and advance health equity. It outlines how public health can contribute to community-led efforts and campaigns aimed at addressing the root causes of health inequities.

The [2025 Core Competencies for Public Health in Canada](#) recognize that building power among those facing inequities is a critical role public health must play. They include two related competencies: “Support community organizing as an advocacy strategy that brings people together to realize public health goals” and “Support the principles of self-determination and build power with communities experiencing oppression when planning public health programs, services and actions.”^{1(p11-12)} This practice brief builds on other National Collaborating Centre for Determinants of Health (NCCDH) resources, including

[Let's Talk: Community organizing](#),² [Let's Talk: Redistributing power to advance health equity](#),³ [Let's Talk: Community engagement for health equity](#),⁴ [Public Health Speaks: Public health's role in community organizing](#)⁵ and several episodes of the [Mind the Disruption](#) podcast.⁶

“Centring communities as experts and partners and focusing on fostering community power can help move past short-lived mobilization to more systematic and long-term community-centred resilience building efforts.”

Dr. Theresa Tam, Chief Public Health Officer of Canada^{7(p54)}

Why Support Community Organizing?

The field of community organizing is grounded in building the power of those facing inequities. In this section, we review terms and concepts related to power and organizing, and tie those to population and public health.

The **structural determinants of health** are:

1) the written and unwritten rules that create, maintain, or eliminate durable and hierarchical patterns of advantage among socially constructed groups in the conditions that affect health, and 2) the manifestation of power relations in that people and groups with more power based on current social structures work —implicitly and explicitly—to maintain their advantage by reinforcing or modifying these rules.^{8(p351)}

Power is:

the ability to achieve a purpose, such as advancing health equity. There are many types of power (e.g., political, economic, expert, institutional, community, and worker power) and many ways of conceiving of power (e.g., power over, power to, power with, and power within).⁹

There is a reciprocal relationship between society's written and unwritten rules and power: those with more power set the rules, and the rules determine who has power. Advancing structural change and health equity therefore requires **redistributing power**, which means both building and breaking power.¹⁰ Communities facing inequities must build their power to change society's written and unwritten rules and thereby improve conditions in their communities. And the power of those working to maintain the status quo — or to deepen health inequities — must be limited.

Community organizing is an approach to building the power of communities facing inequities. Community organizing can be described as:

the processes by which people who have a common identity or purpose unite to build relationships, identify shared issues, collectively analyze those issues to

understand structural injustices, develop collective goals based on that analysis, and implement strategies and tactics to reach those goals including: developing leadership skills, activating members for direct action and campaigning, expanding group membership, and building power among the group and broader community to influence decisions, set agendas, and shift worldviews.^{11(p3)}

To learn more about concepts central to community organizing and tools used by community organizers, please refer to [*Let's Talk: Community organizing*](#).² Use its discussion questions to facilitate conversations with your team to strengthen understanding and support for community-organizing efforts.

Thinking critically

Who are members of community-organizing groups?

Early initiatives that first labelled themselves as community organizing, in the late 1800s in the United States, focused on immigrants and populations living with low income in urban centres. Since then, organizing around the world has centred these populations as well as others fighting for justice: racialized populations, including Black, Indigenous and Latinx peoples; the 2SLGBTQIA+ community; people with disabilities; religious minorities; people facing environmental injustices; people living in the intersections of these identities; and more. In other words, organizers build a base of people most impacted by a particular injustice.

Members of community-organizing groups are typically people facing health inequities who are fighting to change the social and structural determinants of health.

Community-organizing groups “engage residents of communities most impacted by structural oppression in setting an agenda toward changing systems to create and sustain healthy communities.”^{12(p7)} Public health has often labelled these communities as “hard to reach,” but this phrase reflects public health’s lack of relationships in these communities. Building deeper, more respectful relationships with organizing groups can create pathways for shared understanding and collective action on health equity.

Communities not facing inequities can also come together to advocate for or against change. These communities can organize alongside those facing inequities to fight for justice, but they can also work to increase inequity. Examples of the latter include groups of homeowners in neighbourhoods opposing change (so-called NIMBY — “not in my backyard” — groups) and right-wing populist movements. While these groups may employ some of the same methods of community organizing, such as direct action, they typically do not foster critical consciousness among their members or develop a deeper understanding of the root causes of structural injustices. These groups often focus more on mobilization, encouraging people to act in response to an analysis provided by grassroots leaders (i.e., community and organizational leaders with influence and power).

What issues do community-organizing groups focus on?

Community organizers work with their members to publicly articulate the problems they face and identify solutions that address those problems. They then run campaigns to advance those solutions.

Table 1 lists some key social and structural determinants of health and examples of community-organizing groups in Canada that are working to address them.

What strengths do community-organizing groups bring?

Community-organizing groups contribute distinct strengths to health equity work, including:

Lived expertise: Members have direct experience with the issues their group addresses, giving them deep insight into the challenges and needs within their communities.

Leadership: Strong organizing groups make decisions collectively — democratically — and invest in developing members’ leadership capacity so they can authentically represent their communities.

Community trust: Organizing leaders are embedded in networks of trust, enabling them to share information effectively and mobilize others.

Strategic relationships: Organizing groups often have connections with elected officials, media and community institutions, and can use these relationships to amplify their efforts.

Collective power: Through organized people power, these groups are well positioned to advocate for meaningful, community-led change.

TABLE 1: COMMUNITY-ORGANIZING GROUPS IN CANADA BY ISSUE

ISSUE	EXAMPLES OF ORGANIZING GROUPS
Precarious employment and working conditions	Decent Work and Health Network , Gig Workers United , Warehouse Workers Centre , Workers’ Action Centre , Justice for Workers , Worker Solidarity Network
Housing	ACORN Canada , Brique par Brique , Vancouver Tenants Union
Immigration and migrant work	Filipinos Rising , Gabriela , Migrant Rights Network , Migrant Workers Alliance for Change , Migrante Canada , No One Is Illegal
Disability	Disability Justice Network of Ontario , Disability Without Poverty
Climate change	350 Canada , Climate Justice Toronto , Indigenous Climate Action
Indigenous rights	Idle No More , Wet’suwet’en Nation
Sex work	Butterfly , Sex Worker Action Network
Harm reduction	Vancouver Area Network of Drug Users , Toronto Harm Reduction Alliance
Racial justice	Black Lives Matter Canada , Showing Up for Racial Justice Toronto
Food justice	Black Creek Food Justice Network , FoodShare

When public health builds deep, trusting relationships with community-organizing groups, it creates opportunities for shared learning, resource sharing and collective efforts to advance health equity.

What are potential challenges when partnering with community-organizing groups?

A recent rapid review of the peer-reviewed literature on community organizing and public health identified three key areas where challenges often arise in partnerships between public health and organizers:

Administrative challenges: These may include limited funding, schedule-related issues, unclear roles and responsibilities, and staffing constraints.

Differences in approaches: Partners may differ in values and expectations, communication styles, and the language they use.

The demands of community organizing: These include the need to authentically represent a community, the intensity of organizing leading to exhaustion and emotional impacts, and the struggle to achieve sufficient power to advance change.¹¹

Cross-cutting approaches for partnering with community-organizing groups

Building community power is central to community-organizing work.² Given this, organizers will be asking themselves how a partnership with public health will help them build their community's power. Community power building, therefore, must also be central in the approaches public health takes in these partnerships. Public health practitioners in government, academic and non-profit settings will need to consider their resources and skills — including their data and evidence, research processes, programs, policy advocacy, communication platforms, relationships and funding — with this in mind.

The three faces of power is a framework for understanding power that is helpful when considering the resources and skills public health has access to.¹³ The NCCDH's *Let's Talk: Redistributing power to advance health equity* describes each of these faces in more detail and offers examples of actions related to each face that can build community power.³ In "Theory in action: Public health and community power building for health equity," Heller et al. present case examples of public health practitioners in government, academic and non-profit settings in the United States implementing actions related to each face to build community power.¹⁴

Table 2 describes the three faces of power and provides examples of public health approaches related to each face.

TABLE 2: FACES OF POWER AND CORRESPONDING PUBLIC HEALTH APPROACHES

FACE	DESCRIPTION ¹⁴	EXAMPLES OF PUBLIC HEALTH APPROACHES
Visible	Exercising influence in the political or public arena and among formal decision-making bodies to achieve a particular outcome	<ul style="list-style-type: none"> Providing data and evidence to decision-makers Advocacy and lobbying Informing community-organizing partners about upcoming decisions and supporting their engagement in the decision-making process
Hidden	Organizing the decision-making environment, including who can access decision-making and what issues are being considered by decision-making bodies	<ul style="list-style-type: none"> Coalition building Community health improvement planning that builds awareness of unaddressed issues in the community
Invisible	Shaping information, beliefs and world views about social issues	<ul style="list-style-type: none"> Public health communications that intentionally use narratives to shift world views Public health programming and services that focus on social and structural change rather than individual behaviour

Public health roles to support community organizing

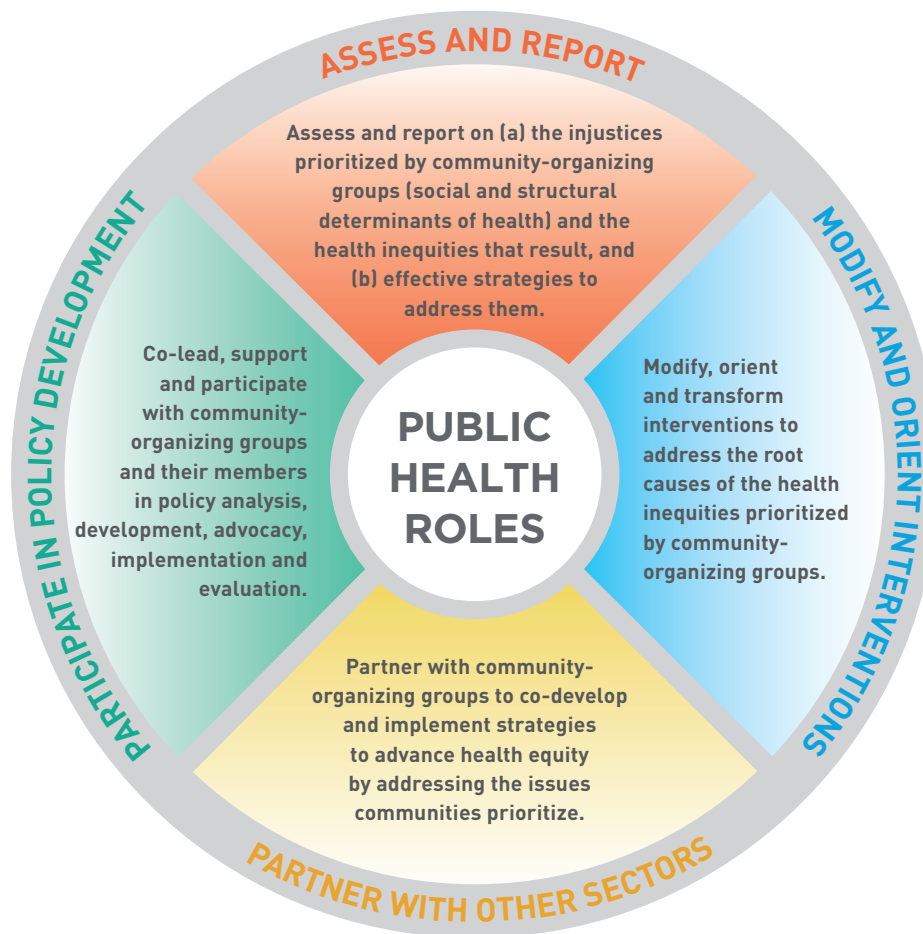
This section describes specific roles, corresponding actions and real-world examples of how the public health community can partner with community-organizing groups in practice.

Based on the well-established public health roles for health equity framework, Figure 1 outlines four roles for public

health action with community-organizing partners.¹⁵ This is followed by actions and real-world examples related to each role, including actions based on the recent [rapid review](#) referenced above.¹¹

Practitioners, programs and organizations can use these roles to help identify gaps, set priorities and make decisions for how to begin or deepen their action with community-organizing partners.

FIGURE 1: PUBLIC HEALTH ROLES FOR SUPPORTING COMMUNITY ORGANIZING



PARTNER WITH OTHER SECTORS

Partner with community-organizing groups to co-develop and implement strategies to advance health equity by addressing the issues communities prioritize.

- Build long-term, trusting relationships with community-organizing groups, beyond partnership on a particular project.
- Develop an understanding of the problems members of organizing groups face and act to support members in addressing those problems, achieving their goals and building their power.
- Use your positionality to intentionally build relationships with others who also support an equity agenda — other agencies, decision-makers, the media, etc. — and share those relationships with the organizing groups.
- Bring organizing groups and their members into spaces you have access to but that they do not, for example, by convening cross-sector tables with organizers to support their goals.

Building relationships and trust takes time and intentional effort. To build relationships that move beyond the transactional: spend time having one-on-one relational meetings with organizers at which you both share your backgrounds and motivations, attend member meetings of the organizing group to learn about its work and goals and to offer support, and take actions that demonstrate your commitment to addressing the issues its members are concerned about.

EXAMPLE

Vancouver Coastal Health – Public Health partners with organizing groups to preserve climate policy

Vancouver Coastal Health – Public Health (VCH Public Health) engaged multiple community partners, including community-organizing groups such as [For Our Kids](#), [Babies for Climate Action](#) and [Women Transforming Cities](#), in collaborative advocacy. Their efforts focused on the public health benefits of maintaining a key component of the City of Vancouver’s Climate Emergency Action Plan — the ban on methane gas for space and water heating in new buildings. Drawing on its Chief Medical Health Officer’s 2023 report, *Protecting population health in a climate emergency*, VCH Public Health made a series of presentations to share evidence and recommendations with its community partners. This “soft advocacy” approach leveraged broad public opposition to the proposed regulatory rollback and used the opportunity to elevate an evidence-based public health position into the debate. VCH Public Health also mobilized findings from the 2023 report to directly advise City Council against amending the existing by-law that put the methane gas ban into effect. The City maintained the ban — a victory for the public’s health.

ASSESS AND REPORT

Assess and report on (a) the injustices prioritized by community-organizing groups (social and structural determinants of health) and the health inequities that result, and (b) effective strategies to address them.

- Partner with organizing groups to conduct research on issues important to them, using methods such as health impact assessment or community-based participatory research. Provide funding and other resources to ensure organizing groups and their members can participate meaningfully.
- Work with organizing groups to collect new data — through interviews, focus groups and/or surveys — on issues they prioritize, and analyze the findings together with group members.
- Analyze data and evidence to inform the work of community organizers, including identifying local problems and evidence-based solutions.
- Develop reports using data to reframe issues communities face as health issues and shift narratives to focus on structural problems and solutions. Partner with organizing groups to share reports and data broadly, including with community members.

EXAMPLE

Migrante Manitoba and the Institute for Global Public Health at the University of Manitoba partner to research barriers to health care for temporary foreign workers¹⁶

Migrante Manitoba is part of a national network of community-organizing groups working to promote migrants' rights and dignity against all forms of discrimination. Migrante Manitoba conducted a province-wide needs assessment, which revealed that COVID-19 vaccine uptake among temporary foreign workers (TFWs) was limited by knowledge gaps and lack of service options. It then partnered with the Institute for Global Public Health — a research institute focused on advancing global health equity through interdisciplinary, community-engaged and policy-relevant research — to conduct interviews with TFWs who were in Migrante's network and employed in a variety of sectors. The research found that TFWs who experienced reduced hours or job loss during COVID-19 struggled to meet their basic needs and faced food insecurity. It also found that lack of information, long work hours, lack of transportation and lack of provincial health insurance cards were barriers to accessing health care. The organizations involved were then able to conduct health outreach activities tailored to the needs of TFWs.

PARTICIPATE IN POLICY DEVELOPMENT

Co-lead, support and participate with community-organizing groups and their members in policy analysis, development, advocacy, implementation and evaluation.

- Support community-organizing groups as they develop a policy agenda (e.g., identifying policy windows and levers, applying a health equity lens, providing data).
- Provide community-organizing groups with data and analysis to support their policy change goals.
- Conduct advocacy in support of the policy change goals of community-organizing groups, including through an inside-outside strategy.

Using an inside-outside strategy can expand influence on policy change. Public health practitioners' actions to advance policy change can be limited depending on their place of employment. For example, public health agencies have restrictions on lobbying. Practitioners working with community organizers must understand these limitations and still do what they can to advance policy change. This can include using an inside-outside strategy, in which public health practitioners play the roles they can (as described in this practice brief) and, simultaneously, coordinate with community organizers, whose roles can include pressuring decision-makers and engaging in non-violent direct action.¹⁷

EXAMPLE

Santa Barbara County Public Health Department and CAUSE partner to support farm workers

Starting in 2018, the Santa Barbara County Public Health Department (SBCPHD) and the Central Coast Alliance for a Sustainable Economy (CAUSE) intentionally set out to develop a partnership,¹⁸ with SBCPHD committing to support a campaign led by CAUSE's farm worker members to ensure they had access to drinking water and toilets in the fields. They built their relationship by meeting regularly, having meals together, deepening their understanding of each other's sector and working together. SBCPHD supported CAUSE's campaign, for example, by conducting a survey of work sites to document issues with access to drinking water and toilets, and by convening a table that included the county agriculture department, growers and organizing groups to discuss and address the issues. The trusting relationships formed were crucial when COVID-19 hit a year later: SBCPHD and CAUSE worked together to pass policies that saved the lives of migrant farm workers living in congregate housing, including a "first-of-its-kind Health Officer Order on safety in farmworker housing."^{19(p5166)}

"Invest in the time and create space to build a rock-solid trusting relationship before you start the work. I am intentional about what I want to accomplish, I make sure the expectations, hopes, and dreams are clear, and then I use that as a guide when things get rough."

Van Do-Reynoso, Public Health Director, SBCPHD²⁰

MODIFY AND ORIENT INTERVENTIONS

Modify, orient and transform interventions to address the root causes of the health inequities prioritized by community-organizing groups.

- Invite community-organizing groups and their members to help shape public health interventions and services, ensuring the design and delivery of those interventions and services reflect the needs and lived experience and expertise of members.
- Model power sharing by giving the members of community-organizing groups meaningful decision-making power in the design and delivery of public health programs and services.
- Provide sustained funding to organizing groups and/or hire organizers to use organizing as a public health intervention, for example, to reduce social isolation and build community capacity.
- In collaboration with organizing groups, work to develop and implement more structural interventions.

Structural interventions shift power by targeting the root causes of health inequities. Public health interventions can target health outcomes (e.g., immunizations); health behaviours (e.g., diet); and/or the social and structural determinants of health. Interventions into the social determinants (e.g., providing shelter to someone who is unhoused or building affordable housing) address conditions that shape daily life. In contrast, structural determinants (e.g., changing laws about land ownership to give community members more control than developers, or changing the belief that housing is naturally a commodity to be owned, bought and sold privately) aim to shift power relations and transform the systems that produce inequity.⁸

EXAMPLE

Parkdale Queen West Community Health Centre organizes nail technicians²¹

When the Parkdale Queen West Community Health Centre (CHC) observed recurring respiratory and skin conditions among nail technicians, health promoters held a focus group and roundtable discussion to better understand the issues nail technicians were facing. These efforts led to the launch of the CHC's Nail Salon Workers Project (NSWP), which hired a community organizer and later supported the creation of the Nail Technician Network (NTN). The NSWP conducts worker engagement and organizing, education and training, advocacy, research, and network building. The NTN was created by nail technicians as a forum to organize and take action together. While these both faced setbacks during COVID-19, their earlier impacts include issue identification; demonstration of need and impact; identification of solutions and necessary funding to achieve change; sustained advocacy and partner meetings at the municipal, provincial and federal levels with tangible outcomes; and creation of a strong, active and growing network of agencies and partners researching and advocating for issues affecting nail technicians and nail salon owners.

Questions to guide action

1. Which populations face significant health inequities in your jurisdiction? Are there community-organizing groups working with those populations or in those communities?

If so:

- What social and structural determinants of health are they working on?
- How can you develop and deepen relationships with them?
- What are your personal and professional motivations for partnering with them? What are your organization's motivations?
- What roles described in this practice brief can you play in their work?
- What roles can you invite community organizers to play in your work?

If not: How can you support the start of community organizing with those populations or in those communities?

2. Which health inequities and social and structural determinants of health is your public health agency working on? Are there community-organizing groups working on those issues?

If so:

- How can you develop and deepen relationships with them?
- What are your personal and professional motivations for partnering with them? What are your organization's motivations?
- What roles described in this practice brief can you play in their work?
- What roles can you invite community organizers to play in your work?

If not: How can you support the start of community organizing around those issues?

3. How can you and your organization recognize, support and build on community organizers' strengths in ways that are equitable and non-extractive?

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CONTACT INFORMATION

National Collaborating Centre
for Determinants of Health
St. Francis Xavier University
Antigonish, NS B2G 2W5
nccdh@stfx.ca
www.nccdh.ca

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* Family Nurse Practitioner, Rise Community Health Centre, community organizer and former Knowledge Translation Specialist, NCCDH

** Associate Professor, École de santé publique, Université de Montréal

*** Knowledge Translation & Communications Lead, Health Promotion & Public Policy, Vancouver Coastal Health – Public Health