



National Collaborating Centre
for Determinants of Health

Centre de collaboration nationale
des déterminants de la santé



LET'S TALK

COMMUNITY ORGANIZING

PART OF THE LET'S TALK SERIES

INTRODUCTION

The Canadian public health community has been deepening our understanding of the structural determinants of health.¹ We're recognizing that to advance health equity, we have to change the written and unwritten rules that maintain patterns of inequities. And to do that, we need to shift the balance of power by (a) disrupting the power of those who maintain the status quo or worsen inequity, and (b) building the power of communities facing inequities so that they can change the rules and how they are applied.²

Community organizing is an effective and critical tool for building community power. Yet public health agencies and practitioners don't fully understand community organizing and how it differs from other change strategies, or how organizing helps advance health equity and benefits public health.

This Let's Talk is intended to deepen our understanding of community organizing as a strategy to advance health equity.

WHAT IS COMMUNITY ORGANIZING?

While community organizing has a rich and varied history, and there are multiple approaches to organizing, 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.³

The problems community-organizing groups focus on are what we in public health call the social and structural determinants of health:

- conditions in our communities related to housing, labour, transportation, food, access to services, safety, etc.; and
- the written and unwritten rules that create those conditions, including those related to structural racism, sexism, ableism and economic exploitation.

Community power is “the ability of communities most impacted by structural inequity to develop, sustain, and grow an organized base of people who act together through democratic structures to set agendas, shift public discourse, influence who makes decisions, and cultivate ongoing relationships of mutual accountability with decision makers that change systems and advance health equity.”^{4(p7)}

Community building is “an orientation to community through which people who identify as members engage together in building community capacity rather than ‘fixing problems’ through the application of specific and externally driven strategies.”^{5(p37)}

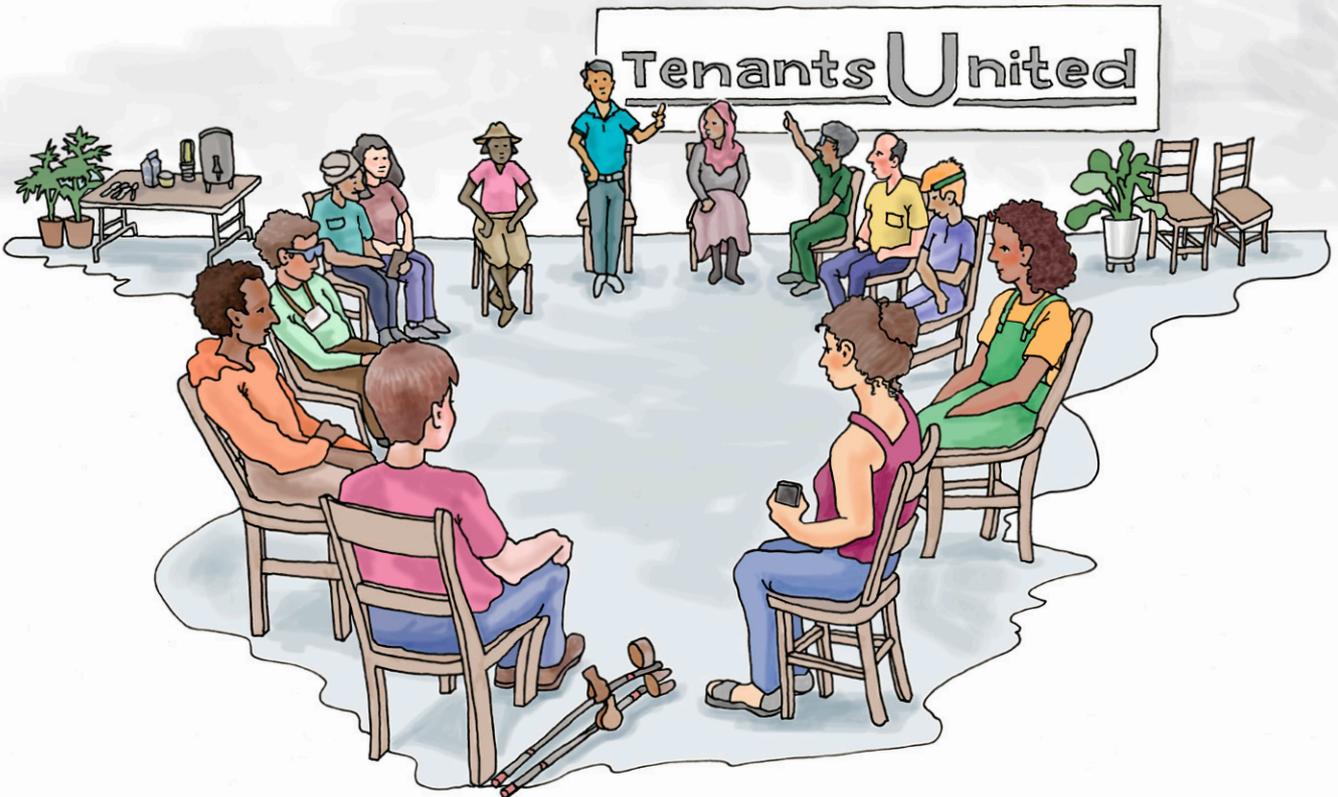


Table 1 describes concepts that are central to community organizing and community organizers' approach to making change.

TABLE 1: CENTRAL CONCEPTS IN COMMUNITY ORGANIZING^{4,5}

CONCEPT	APPLICATION <i>Through organizing, community members:</i>
Agency and power	Increase their sense of control over their own lives individually and collectively expand their power to create the changes they seek
Critical consciousness	Increase their ability to reflect critically and hold complexity through dialogue and action, including recognizing the structural roots of individual struggles and how the individual problems they face are collective struggles
Base building	Expand the number of people directly impacted by problems in their community who are in relationship with one another and involved in collective action
Community capacity	Build their capacity to identify, mobilize and solve problems in their community, and take leadership in doing so
Leadership development	Shift from private shame about the problems they face to a public stance and build their leadership to solve these problems
Issue selection	Identify specific change targets that solve their problems, unify their base and build power
Campaigns and initiatives	Make demands and take actions to advance concrete change related to the issues they select, building their power and putting their leadership skills into action
Forming an organization	Coalesce their power and make it durable through the formation of an organization driven by its base

EXAMPLES OF COMMUNITY ORGANIZING

There are many community-organizing groups across Canada. Here are a few examples and how their work links to public health.



**disability
without
poverty**

**le handicap
sans
pauvreté**

[Disability Without Poverty's](#) mission is “to build a movement that lifts People with Disabilities out of poverty in Canada by mobilizing grassroots power, working with Government and securing public support

for ending disability poverty.”⁶ Its work to ensure that the new Canada Disability Benefit lifts people with disabilities out of poverty has significant implications for the physical and mental health of those living with disabilities and their families. Learn more in this podcast episode: “[Disrupting for disability without poverty.](#)”⁷



**DECENT WORK &
HEALTH NETWORK**

The [Decent Work and Health Network](#) is “a group of health workers and trainees advocating for better health by addressing working and employment conditions in Ontario.”⁸ Its efforts, alongside the

[Workers' Action Centre](#) and [Justice for Workers](#), to pass paid sick days legislation and increase the minimum wage would improve the health of precarious workers, health care workers and many others. Read more about its work in this Equity in Action story: [Advocacy wins – Paid sick days, public support and sustainable change.](#)⁹



FILIPINOS RISING
For Inclusion and Equity to Nurture Democracy (FRIENDS)

[Filipinos Rising's](#) mission is “to foster a society where every Filipino-Canadian is heard, involved, and influential in shaping equitable and inclusive policies.”¹⁰ During COVID-19, it supported the Filipino

community and advocated for policies that would protect Filipino and other workers. Read more about its work in this case story: [Learning from Practice: Joint Action for Equity – Community-centred collaboration responds to Cargill outbreak.](#)¹¹

COMMUNITY ORGANIZING IS DIFFERENT FROM OTHER CHANGE STRATEGIES USED BY PUBLIC HEALTH

Public health uses change strategies that are similar to and overlap with the concepts of community organizing, such as community participation, engagement and capacity building. We describe those here in order to differentiate community organizing and deepen understanding of what makes it unique.

Community participation: The conference report accompanying the 1978 Declaration of Alma-Ata described community participation as:

the process by which individuals and families assume responsibility for their own health and welfare and for those of the community, and develop the capacity to contribute to their and the community's development. They come to know their own situation better and are motivated to solve their common problems. This enables them to become agents of their own development.^{12(p50)}

The 2018 Declaration of Astana called for "involvement of individuals, families, communities and civil society through their participation in the development and implementation of policies and plans that have an impact on health."^{13(p10)} These descriptions include many aspects of community organizing but are not explicit about all the components of organizing. For example, unlike community organizing, participation does not focus on agency and power, base building, and forming an organization of durable power to make structural changes.

Community engagement: In practice, public health focuses more on community engagement, which has been described as being "based on meaningful and authentic existing and ongoing relationships with communities, which is a core public health practice, allowing people who live with inequities to influence health system priorities and inform decisions about population and public health initiatives."¹⁴ Community engagement can include working with community-organizing groups, but the practice of community engagement does not include many of the elements of community organizing described above. Most notably, it lacks the emphasis on growing individual and collective power to identify and prioritize problems and solutions that reset the rules and how they are applied.

Community capacity building: Public health's community capacity building efforts, including community development, community building and community mobilization, often include community power building as a strategy.⁵ In practice, community participation and community capacity building efforts are "often externally driven and may implicitly accept the status quo."^{5(p42)} In community organizing, the locus of power is in the community and structural change is the goal.⁴

Community-based organizations and coalitions: Community-organizing groups have also been distinguished from education and service organizations; health organizations focused on policy, systems and environmental change; coalitions, councils and partnerships; policy or advocacy organizations without a membership base; resident councils; and cultural and ethnic organizations doing service provision and advocacy.¹⁵ While all these organizations fill important roles, they typically do not involve base building and/or power building, and are not necessarily driven by community members themselves.

Community-based participatory research (CBPR): CBPR is “is an orientation to research that focuses on relationships between academic and community partners, with principles of colearning,

mutual benefit, and long-term commitment and incorporates community theories, participation, and practices into the research efforts.”¹⁶[p312] Though power may be built through the CBPR process and other goals of organizing may also be advanced, those are not the primary focus of CBPR — the primary goal of CBPR is research.

Professional associations: Professional associations, like the Canadian Public Health Association, support people in a profession (e.g., through professional development and conferences) and do advocacy on issues of interest to its members, work that is oftentimes not possible for members to do in their home organizations. In this way, they serve some of the roles of community-organizing groups; however, they are often staff- and board-led, not member-led.



COMMUNITY ORGANIZING CHANGES THE SOCIAL AND STRUCTURAL DETERMINANTS OF HEALTH AND ADVANCES HEALTH EQUITY

Community organizing builds social cohesion and social capital, develops individual agency and critical consciousness, and grows collective power. When organizing takes place in communities facing inequities, each of these can lead to improved health and reduced health inequities.

Social capital and cohesion: When people who have a common identity or purpose unite, build relationships and expand group membership, they build their social capital (“features of social organizations, such as networks, norms and trust that facilitate action and cooperation for mutual benefit”^{17(p35)}) and social cohesion (“the willingness of members of a society to cooperate with each other in order to survive and prosper”^{18(p5)}) in their community. Social cohesion and capital have been a focus of public health research for decades. Social cohesion has been associated with lower rates of mortality,¹⁹ stroke,²⁰ mental health and health behaviour problems,²¹ and other adverse health outcomes. Social capital has been associated with better self-reported health and rates of mortality, cardiovascular disease, obesity and other health outcomes.²²

Individual agency and critical consciousness: Community organizing can develop individual agency and critical consciousness by developing the leadership of those in the group; activating group members and the public to participate in direct action, campaigning and resource mobilization; breaking down feelings of isolation; and co-developing a critical analysis of the issues affecting the group, deepening understanding the structural causes of injustice. Feelings of powerlessness have been associated with poor health outcomes, and increasing agency has been associated with better health outcomes.²³

Collective power: Finally, community organizing grows collective power to change the structural determinants of health when community members develop collective goals; develop and implement strategies and tactics to reach those goals; and thereby increase their ability to influence decisions, set agendas and shift dominant world views. Collective power has been associated with positive health outcomes.²³

COMMUNITY-ORGANIZING TOOLS

Community organizers use a variety of tools to achieve their goals. In Table 2, we briefly explain some of those tools. It is important that public health understand the skills, expertise and approaches that community organizers use in order to better collaborate with them.

TABLE 2: TOOLS USED IN COMMUNITY ORGANIZING^{24,25}

TOOL	DESCRIPTION
One-on-one relational meetings	A meeting between two people to understand each other and find points of connection. An organizer uses one-on-ones to understand people's frustrations, self-interests and drives as well as the people, moments and institutions that have shaped someone.
House meetings	A facilitated meeting of members and/or potential members of an organizing group. People are asked to share their self-interests and frustrations. This breaks isolation and leads to collective action, and it also serves as a way for organizers to identify leaders.
Agitation	Creating tension in a one-on-one discussion or house meeting in order to move someone to act and/or act differently (e.g., take leadership). Done well, agitation inspires someone to dig deeper and strengthen their commitment.
Research meetings	Meetings with individuals and groups that help members of community-organizing groups identify shared problems and issues, develop their power analysis and strategy, and identify with whom to form alliances.
Cutting issues	The process of identifying the specific focus of an organizing campaign (e.g., passing a higher minimum wage policy) from a larger problem (e.g., food insecurity).
Political education	The collective process of study, research, analysis and learning to develop critical consciousness among members of a community-organizing group.
Developing leaders	Understanding who among members of a community-organizing group has a following and is ready to step up their involvement, and then helping those people move into progressively bigger roles with the community-organizing group.
Power analysis	Developing an understanding of the power dynamics related to an issue.
Issue campaigns	Members of community-organizing groups implementing a set of coordinated tactics to effect change.
Non-violent direct action	Methods of protest, non-cooperation and intervention that heighten a conflict, used without the threat or use of injurious force, with the goal of effecting change. Typically, these techniques of struggle go beyond institutionalized conflict procedures like courts and voting.

THE BENEFIT OF WORKING TOGETHER: COMMUNITY ORGANIZING AND PUBLIC HEALTH

Public health has its roots in working with community organizers and activists in various social reform movements, such as housing and labour.²⁶ More recently, there is peer-reviewed literature and other documentation of public health both partnering with community-organizing groups and using community-organizing methods. A recent rapid review of the peer-reviewed literature³ found that this work had many benefits:

- *Increased public health effectiveness:* Public health was able to be more responsive to urgent community needs, and health promotion efforts were more impactful. Communities had more trust in public health initiatives and more access to health information and research findings.
- *Set or changed priorities:* Public health initiatives, research and advocacy were increasingly community- and/or equity-focused. Community-organizing groups set their priorities in response to research and other work with public health.
- *Built community capacity:* Communities facing inequities developed their leadership, critical analysis and research skills, and policy advocacy capacities.
- *Built community power:* Public health shared the power it has with communities by involving communities in research, funding and organizing, and by sharing decision-making power. Communities built their power by developing transformative narratives, working collectively and engaging in research with public health.
- *Enhanced data collection and research:* Public health research projects were more feasible, successful and equity-focused, and addressed community priorities. Participant recruitment, validity of data and findings, evaluation processes, and ethical considerations were all enhanced.
- *Won policy change:* Policy wins that promoted health equity were achieved across many social and structural determinants of health, including food security, transportation, housing, labour rights, environmental conditions, substance use and access to health insurance.
- *Increased social capital:* These partnerships built new relationships; grew the membership of community-organizing groups; built networks and coalitions; and increased the community's sense of cohesion, belonging and unity.

The 2025 Core Competencies for Public Health in Canada includes the following competency: "Support community organizing as an advocacy strategy that brings people together to realize public health goals."



CONCLUSION

Public health organizations and practitioners share with community-organizing groups working in communities facing inequities a commitment to changing social and structural determinants of health. Both public health and community organizing make important and complementary contributions to structural change, and the

effectiveness of each can be increased through partnership. By learning more about community organizing, understanding the roles public health can play to support organizing, and developing deep and trusting relationships with organizers, public health can build and use its power to advance health equity.

Do you have a practice example of working with community organizers or utilizing community organizing techniques and tools? We welcome your thoughts, ideas and stories! Email us at nccdh@stfx.ca.

REFLECTION QUESTIONS

- How do you and/or your public health organization engage with community and work to advance health equity currently? How effective is that work?
- What barriers do you and/or your public health organization face in advancing health equity? What factors contribute to effective efforts to change the social and structural determinants of health?
- How do you and/or your public health organization work to build community power to advance structural change?
- What community-organizing groups are working where you live and work? What social and structural determinants of health do they work on? How can you develop or deepen relationships with them?
- What, if any, community-organizing groups are working on the issues you are focused on? How can you develop or deepen relationships with them?

REFERENCES

1. National Collaborating Centre for Determinants of Health. Let's talk: determinants of health [Internet]. Antigonish (NS): NCCDH, St. Francis Xavier University; 2024 [cited 2025 Jan 14]. 15 p. Available from: https://nccdh.ca/images/uploads/NCCDH_Lets_Talk_Determinants_of_health_EN_FV.pdf
2. 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 2025 Jan 14]. 19 p. Available from: https://nccdh.ca/images/uploads/NCCDH_Lets_Talk_Redistributing_Power_to_Advance_Health_Equity_EN.pdf
3. Jimenez, C, Heller JC. Community organizing and public health: A rapid review. *BMC Public Health*. 2025 Feb; 25 (1):669-84. doi: 10.1186/s12889-025-21303-8.
4. Pastor M, Ito J, Wander M, Thomas AK, Moreno C, Gonzalez D, et al. A primer on community power, place, and structural change [Internet]. Los Angeles (CA): USC Dornsife Equity Research Institute; 2020 Sep [cited 2025 Jan 14]. 26 p. Available from: https://dornsife.usc.edu/eri/wp-content/uploads/sites/41/2023/01/Primer_on_Structural_Change_web_lead_local.pdf
5. Minkler M, Wallerstein N. Improving health through community organization and community building. In: Minkler M, editor. *Community organizing and community building for health and welfare*. 3rd ed. New Brunswick (NJ): Rutgers University Press; 2012. p. 37-58.
6. Disability Without Poverty. Welcome to Disability Without Poverty [Internet]. Mississauga (ON): DWP; [cited 2025 Jan 14]. [about 6 screens]. Available from: <https://www.disabilitywithoutpoverty.ca/en>
7. National Collaborating Centre for Determinants of Health. Disrupting for disability without poverty. Mind the disruption [audio on the Internet]. Antigonish (NS): NCCDH, St. Francis Xavier University; 2024 Mar 12 [cited 2025 Jan 14]. Podcast: 58 min. Available from: <https://nccdh.ca/learn/podcast/disrupting-for-disability-without-poverty>
8. Decent Work and Health Network. About us [Internet]. Toronto (ON): DWHN; [cited 2025 Jan 14]. [about 4 screens]. Available from: <https://www.decentworkandhealth.org/about>
9. National Collaborating Centre for Determinants of Health. Advocacy wins – paid sick days, public support and sustainable change. Equity in action [Internet]. Antigonish (NS): NCCDH, St. Francis Xavier University; 2022 Mar 30 [cited 2025 Jan 14]. 5 p. Available from: <https://nccdh.ca/images/uploads/NCCDH-Equity-in-Action-Advocacy-Wins-Decent-Work-EN.pdf>
10. Filipinos Rising. About Filipinos Rising [Internet]. Calgary (AB): Filipinos Rising; [cited 2025 Jan 14]. [about 4 screens]. Available from: <https://filipinosrising.ca/about-us>
11. National Collaborating Centre for Determinants of Health. Learning from practice: joint action for equity – community-centred collaboration responds to Cargill outbreak [Internet]. Antigonish (NS): NCCDH, St. Francis Xavier University; 2023 [cited 2025 Jan 14]. 12 p. Available from: https://nccdh.ca/images/uploads/NCCDH_Joint_Action_for_Equity_Cargill_EN.pdf
12. World Health Organization; United Nations Children's Fund. Primary health care: report of the International Conference on Primary Health Care, Alma-Ata, USSR, 6-12 September 1978 [Internet]. Geneva (Switzerland): WHO; 1978 [cited 2025 Jan 14]. 79 p. Available from: <https://iris.who.int/bitstream/handle/10665/39228/9241800011.pdf?sequence=1>
13. World Health Organization; United Nations Children's Fund (UNICEF). Declaration of Astana. [Internet]. Geneva (Switzerland): WHO; 2018 [cited 2025 Jan 14]. 12 p. Available from: <https://www.who.int/docs/default-source/primary-health/declaration/gcphc-declaration.pdf>
14. 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 2025 Jan 14]. Available from: <https://nccdh.ca/learn/glossary/>
15. Human Impact Partners. Building power to advance health equity: a survey of health departments about their collaborations with community power building organizations [Internet]. Oakland (CA): HIP; 2020 Sep [cited 2025 Jan 14]. 58 p. Available from: https://humanimpact.org/wp-content/uploads/2023/02/HIP_HealthDeptSurvey.pdf
16. Wallerstein NB, Duran B. Using community-based participatory research to address health disparities. *Health Promot Pract*. 2006 Jul;7(3):312-23. doi: 10.1177/1524839906289376.
17. Putnam RD, Leonardi R, Nanetti RY. *Making democracy work: civic traditions in modern Italy*. Princeton (NJ): Princeton University Press; 1993. 286 p.
18. Stanley D. What do we know about social cohesion: the research perspective of the federal government's social cohesion research network. *Can J Sociol*. 2003 Winter;28(1):5-17. doi: 10.2307/3341872.
19. Inoue S, Yorifuji T, Takao S, Doi H, Kawachi I. Social cohesion and mortality: a survival analysis of older adults in Japan. *Am J Public Health*. 2013 Dec;103(12):e60-6. doi: 10.2105/AJPH.2013.30131116.
20. Kim ES, Park N, Peterson C. Perceived neighborhood social cohesion and stroke. *Soc Sci Med*. 2013 Nov;97:49-55. doi: 10.1016/j.socscimed.2013.08.001.

21. Echeverria S, Diez-Roux AV, Shea S, Borrell LN, Jackson S. Associations of neighborhood problems and neighborhood social cohesion with mental health and health behaviors: the Multi-Ethnic Study of Atherosclerosis. *Health Place*. 2008 Dec;14(4):853–65. doi: 10.1016/j.healthplace.2008.01.004.
22. Rodgers J, Valuev AV, Hsuen Y, Subramanian SV. Social capital and physical health: an updated review of the literature for 2007–2018. *Soc Sci Med*. 2019 Sep;236:Article 112360 [12 p.]. doi: 10.1016/j.socscimed.2019.112360.
23. National Collaborating Centre for Determinants of Health. Let's talk: redistributing power to advance health equity. Supplement 1 – the evidence base for focusing on power imbalance as a root cause of health inequities [Internet]. Antigonish (NS): NCCDH, St. Francis Xavier University; 2023 [cited 2024 Jan 14]. 17 p. Available from: https://nccdh.ca/images/uploads/NCCDH_Lets-talk-power-Supplement-1_EN.pdf
24. Bobo K, Kendall J, Max S. Organizing for social change: Midwest Academy manual for activists. 3rd ed. Santa Ana (CA): Seven Locks Press; 2001. 425 p.
25. Goehl G. Fundamentals of community organizing. San Francisco (CA): Substack; 2023. 50 p.
26. Fairchild AL, Rosner D, Colgrove J, Bayer R, Fried LP. The exodus of public health: what history can tell us about the future. *Am J Public Health*. 2010 Jan;100(1):54–63. doi: 10.2105/AJPH.2009.163956.



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