Learning Objectives

• The spectrum of community organizing
• Understanding our roles
• Traditional methods and workable alternatives
• Key concepts
• Skills and principles for community building practice
• Partnerships between local health departments and communities
• Tools for practice
• Workshopping for practice
“The ultimate task of community organizing is to mobilize disenfranchised people to advocate on their own behalf in relationship to some power structure in order to achieve needed changes.”

– Loretta Pyles
“A key to successful organizing often rests with timing and the presence of a catalytic event that increases receptivity to change”

“One should never do things for people that they can do for themselves”

- Saul Alinsky
COMMUNITY ORGANIZING

The process by which community groups are helped to identify common problems or change targets, mobilize resources, and develop and implement strategies to reach their collective goals.

- Strategic Framework
- Coined in the late 1800s by American social workers in reference to coordinating services for newly arrived immigrants and the poor
- Empowerment
- Shifting power dynamics/shift inequities

COMMUNITY BUILDING

Community members who engage together to build community capacity rather than “fixing problems” through the application of specific and externally driven strategies.

- Orientation to the community
- Empowerment and power dynamics not inherent
- Often interchangeable
### Continuum of Community Organizing

*Instead of helping the poor, help the poor help themselves – Saul Alinsky*

<table>
<thead>
<tr>
<th>Do-Gooder</th>
<th>Social Service Work</th>
<th>Advocacy</th>
<th>Activism</th>
</tr>
</thead>
<tbody>
<tr>
<td>Seeking consensus as a way of ensuring the voice of the poor is included</td>
<td>Using conflict as a way of developing power</td>
<td>Working inside the system</td>
<td>Working outside the system</td>
</tr>
<tr>
<td>Working inside the system</td>
<td>Dispersed model of organization</td>
<td>The organization defines the issues</td>
<td>Local people define the issues</td>
</tr>
<tr>
<td>Centralized model of organization</td>
<td>An informal approach to learning and leadership development</td>
<td>A formalized approach to learning and leadership development</td>
<td>Working on local issues</td>
</tr>
<tr>
<td>Working on local issues</td>
<td>Working on structural issues</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
To Advocate or Not To Advocate

That is the Question
HEALTH POLICY 101

NON-PROFIT

• To maintain 501c3 status an agency cannot have a substantial part of its activities influence legislation (e.g. lobbying)

• No direct lobbying of congress, state or local governing bodies

• Cannot contact or urge public to contact representatives for the purpose of proposing, supporting or opposing legislation

• Some lobbying activity is okay
  • IRS tools to measure lobbying efforts

• Organizations can conduct educational meetings, prepare and distribute educational materials, or consider public policy issues in an educational manner

FEDERALLY FUNDED EMPLOYEES

• Byrd Amendment placed lobbying restrictions on all federally funded agencies (1989)

• No direct lobbying of congress, state or local governing bodies

• Cannot contact or urge public to contact for the purpose of proposing, supporting or opposing legislation

• Can act as a private citizen (e.g. off the clock)

• Must inform your superiors, a disclosure form might be necessary

• Must identify as a federally funded employee, but state you are doing this on your own accord

• Can always educate and provide content expertise

• Can provide operational support (e.g. facilitation, strategic planning, coalition building, data)
What kind of advocacy are you ready for?

Which “hat” will you wear for health equity?

- My government employee hat
- My personal, non-work hat

Advocating for health equity as an organization requires change, inside and out. Dig into HealthEquityGuide.org to find your own starting point!

Does your work officially forbid you from publicly doing advocacy in your personal time?

- No
- Not Sure
- Yes
Our Roles in Collective Action

Champions / Key Leaders

External Change Agents

Internal Change Agents

Community Organizer(s)

Spokespeople

Expertise

Affected community

Assets/Supporters

“Three people are better than no people.” – Fannie Lou Hamer
Role of the Community Organizer

- Nourish
- Encourage
- Assist
- Enable
- Support
- Stimulate
- Unleash strengths within people
- Illuminate the strengths available to people in their own environments
- Promote equity and justice
- Empower
- Encourage participation

Arnstein’s (1969) Ladder of Participation

- Citizen Control
- Delegated Power
- Partnership
- Placation
- Consultation
- Informing
- Therapy
- Social Services

Citizen Power

Tokenism

Non-participation
Traditional Methods to Workable Alternatives

- Fragmentation → Holistic approaches
- Limited information → Effective & accessible communication
- Duplication of efforts → Coordination
- Competition → Cooperation
- Crisis orientation → Prevention
- Lack of connection with affected communities → Citizen driven
- Blaming the victim/ignoring social determinants → Healthy communities approach
- Lack of cultural competence → Culturally relevant approaches
- Focus on deficits → Focus on assets
- Excessive professionalism → Integrate formal & informal helping networks
- Loss of spiritual purpose → Aligning our goals and our process
Key Concepts

- Critical Consciousness
- Empowerment
- Community Capacity
- Issue Selection
- Participation
- Relevance
CRITICAL CONSCIOUSNESS AND THE SELF-AWARE ORGANIZER

• “The personal is political”
• Analysis of how the issue, power dynamics, community, etc. apply to:
  • You, the individual
  • The community impacted

• What is the collective identity?
  • Common boundaries
  • Common interests
  • Common values
  • Common language of success and needed outcomes
EMPOWERMENT

- Enabling people/communities to take control over their lives and environments
- If this is missing, community organizing is not taking place
- Focus on removing barriers and transforming power relations
- Outcomes include increased sense of community, civic engagement, actual changes in policies, transformed conditions, increased resources, reduced inequities

COMMUNITY CAPACITY

Multiple Dimensions: Active participation, leadership, rich support networks, skills and resources, critical reflection, sense of community, understanding of history, articulation of values, access to power

- Contingent on:
  - Community Competence
  - Social Capital
  - Leadership Development
ISSUE SELECTION

- A good issue is winnable, simple, specific, unite members of the group and involve the community in a meaningful way in achieving problem resolution
- Affects many people
- Builds up a community
- Can be part of a larger plan or strategy
- Identify power brokers, allies, and resisters in choosing an issue

PARTICIPATION/RELEVANCE

- Start where the people are – Issue needs to be identified by the community and not an outside organization
- More likely to be successful in the change process
- Fosters community ownership
- Improves perceived control, empowerment, coping capacity, health behaviors and health status
- Use assessment methodology (e.g. secondary data, focus groups, town halls, surveys)
Operating Principles

• Focus on real work
• Keep it simple
• Act
• Build from good, expect better, make great
• Seek what unifies
• Do it when people are ready
• Design spaces where community can happen
• Find and cultivate informal leaders
• Learn how to host good gatherings
• Acknowledge people’s contributions
• Involve the whole person
• Celebrate
Toolbox

Community Organizing

“The organizer must bring people together in such a way as to create mutual trust, interdependence, broadly based membership, and diversified leadership.” - Kahn
GENERAL RESOURCES

- Community Tool Box
- Racial Equity Tools
- HealthyCity
- HealthEquityGuide.org
- Public Health Awakened
- A Practitioner’s Guide for Advancing Health Equity (CDC)
- Human Impact Partners
- Training for Change
- Together We Will
GENERAL RESOURCES

- Form a core group
- Identify an issue
- Identify a mission and goals
  - External
  - Internal
- Identify allies
- Identify opposition
- Develop a blueprint or strategy
  - Identify tools (e.g. demonstrations, meetings w/ elected officials, press conferences, op-ed pieces)
- Decided concrete activities
- Timeline

- Recruit people
  - Tabling
  - Flyers
  - Promotion/Speaking Events/Outreach
  - Surveying/Canvassing
  - Snowball recruitment
- Keep people engaged
  - Regular contact
  - Onboarding newcomers
  - Act more, meet less
  - Keep time demands modest
  - Do it in twos
  - Embed social time and activities
  - Skills training
  - Generate consensus
- Identify needed materials
- Assessment/Evaluation
Preparing for Social Change Exercise

• Groups 4-5 people
• Each group will get a BDR on a certain health issue
• Four pieces of flip chart paper
• Go through prompts on worksheet
• Brainstorm four concepts of community organizing in reference to BDR
  • Critical Consciousness
  • Community Capacity/Issue Selection
  • Participation/Relevance
  • Empowerment
• Report out to class
The Healthy Neighborhoods Project
Contra Costa County

- Pilot in Pittsburg, CA
- Deep pockets of poverty
- Composed primarily people of color
- Replicated in five additional neighborhoods lead by local health departments
- Long history of failed efforts
- Mistrust between the department and the community
PITFALLS OF GOVERNMENT AGENCIES

• Do not address a real community-identified need
• No understanding the basic mistrust people have for government
• Not taking a cultural humility approach

LACK OF UNDERSTANDING

• Community leaders are already tapped for other categorical programs (e.g. exhausting resources)
• Constant focus on community deficits reinforcing and undermining community self-esteem
• Residents never see tangible results. Any consequential funding/resources tend to support outside professionals
• Consistently supporting the same CBOs, which might not have the track record of engaging residents at a grassroots level
The Healthy Neighborhoods Project
Contra Costa County

- Worked with the community to identify needs
- Helped develop a resident-driven action plan addressing local issues and concerns
- Hired & trained a project coordinator, six resident community organizers, 120 neighborhood health advocates who made up neighborhood action teams
- Established hiring criteria: Had to live in the neighborhood, reflect the diversity of the community, have a sincere interest improving their community, commit to at least one year.
- Training: Community organizing, asset mapping, participatory evaluation, team building.
- Assessment of strengths and skill sets
- Technical Assistance through biweekly in-service sessions
- Direct leadership training to create a paradigm shift

Asset-based Community Development (ABCD)

- Communities drive the development process by identifying and mobilizing existing assets
- Partnerships will be improved and longer-term health and social outcomes more easily achieve in low-income communities of color when:

1. Residents are engaged in and driving community development
2. Critical public health capacities of government staff are increased particularly with respect to cultural humility
3. Public agencies and their staffs undergo cultural and systems change
CHALLENGES WORKING WITH COMMUNITY

- Being cognizant of not creating the “outsider within” mentality
- Ambassadors in dual roles doing more work than others
- Not leaning into the uncomfortable tension
- Brokering the community

CHALLENGES WORKING WITH HEALTH DEPARTMENT

- Braided funding streams to support activities leading to turf issues
- Some preferred working with agencies/institutions or subcontracting efforts to CBOs
- Categorical mindset
- Bureaucratic obstacles (e.g. wages for nontraditional employees, incentives for food, child care, translation, etc.)
- Meeting the community where they were at (e.g. flexibility with normal working hours)
Program Successes

- Installation of speed bumps
- Removal of tobacco billboard targeting youth
- Gave a $100,000 grant for job skills training
- Created a mural capturing residents’ vision of what a healthy community should look like painted by forty youth under the direction of a local artist
- Increased evening and weekend bus services, police patrols, street lighting and trash pickup
- Funding for youth sports programs
- Established computer classes

- Residents served on a regional Partnership for Health Advisory board and an environmental health advisory board
- Worked with the department to develop new community health indicators that better reflected the concerns of local residents
- Changed attitudes within the department itself, placing more value on cross-disciplinary, strengths-based project approaches
- Evaluation indicated changes in perceptions of residents in relation to ability to influence their lives, their community control over decisions, etc.
- Later replicated other places like Berkeley and Alameda Counties
Advocacy + Action for Health Equity
THANK YOU

- https://www.unr.edu/public-health/our-centers/nvphtc

Melanie Flores, MSW
+1 (775) 784-1802
melanief@unr.edu
References


