RAPID-CYCLE RESEARCH

Findings from the Industrial Areas Foundation Northwest

CONTEXT

Relational community organizing enables community members to become leaders in their own right, recognizing the individual as well as collective power that they can hold. This approach empowers community members as experts in their own communities' needs and can be embedded within health care to advance health equity. Using data from interviews and Ripple Effects Mapping with community members, organizers, and organizational partners from three different relational organizing projects in Missoula, Mont., Portland, Ore., and Spokane, Wash., this rapid-cycle research evaluated the impact of relational organizing on community response to the COVID-19 pandemic.

RESEARCH QUESTIONS

- In what ways might community organizing provide a mechanism for centering the needs of communities and community-based organizations in cross-sector alignment efforts for improving health?
- How do community-organizing strategies impact what emerges within the core elements of the Cross-Sector Alignment Theory of Change?
 - What role can community-organizing efforts play in support of cross-sectoral alignment at a time when factors such as the COVID-19 pandemic and mass uprisings create pressure and a sense of urgency or crisis?

KEY FINDINGS

Relational organizing was able to rapidly engage communities in crisis response.

Existing relational organizing projects quickly stepped into aspects of service delivery (monitoring people for COVID-19 symptoms, providing emergency food or childcare), deeply engaging community members throughout the pandemic. These largely volunteer, community-powered responses were structurally embedded in or adjacent to health care and public health programs through the organizing relationships, which was a factor in their success, and yielded information about community health priorities that health and other service partners may not have otherwise had.

Relational organizing has a long time horizon.

It was the existing organizing relationships that enabled those projects, their various partners, and community members to mobilize quickly. New relationships were also built with community members, as the pandemic context made many people recognize the importance of mutual aid and hyperlocal networks of support. In contrast, it was challenging to establish new relationships with health and public health partners often strained to their limits by the pandemic. An implication is that building relationships before a crisis will have far-reaching effects for the ability to mobilize when crisis hits.

Relational organizing skills are effective for building trust and sharing power with community members and for creating space for dialogue with organizational partners.



Relational organizing brings more and richer community voices into the process of setting shared goals and metrics for community health and helps create conditions where community members are more likely to be included as genuine partners in shaping local responses. Relational organizing enhances people's skills and facilitates changes in existing norms around how organizations and people relate to each other, share power, and identify priorities. These skills and changed contexts enable community members to raise their voices more effectively, and more collectively, about the health and social issues that matter to them.

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