




Health Professional and Community Collaboration Guide

MEDICAL SOCIETY CONSORTIUM ON CLIMATE & HEALTH



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The cover photo is from the National Medical Association's participation in the 2014 People's Climate March in New York City. The photo includes (L to R) Dr. Camille Clare, Dr. Donald Moore, and Dr. Mark Mitchell. (photo courtesy of Dr. Mark Mitchell)

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AUTHORS' FOREWORD



The authors decided to develop a tool for health professionals interested in assisting environment justice groups in achieving their goals, which were often health focused. We considered focusing on what health professionals can do to support climate justice issues, but our environmental justice colleagues suggested it could serve a broader function because the opportunities and concerns are common to community-based organizations more generally and that the document could be instructive for both health professionals and community-based organizations. So we broadened the perspective of this document to address and give examples of concerns from the viewpoint of health professional and the community-based organizations. Many of the principles in this document can be applied even more broadly to other types of non-governmental organizations and other types of professionals. We hope that this document will be helpful for you in your multidisciplinary advocacy efforts. We welcome any feedback that you may wish to provide.

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Executive Summary

Community-based organizations and health professionals both bring value, expertise, and resources to support effective advocacy for change. Working together, they can be even more effective and impactful.

Community groups can serve as a bridge or avenue of communication between community members and health professionals. Because community group leaders typically live and work in the community, they have first-hand knowledge, lived experience, and a genuine concern for the health of the community.

Health professionals have knowledge and expertise on health, and often have information and access to data that is unfamiliar to community members, as well as access to other professionals and resources that the community group may not. Doctors, nurses, pharmacists, and other health professionals are often trusted messengers.

However, due to a long history of discrimination and maltreatment, many people of color can be distrustful of health professionals, researchers and related institutions. If health professionals can earn the trust of the community, then they can provide a credible and authoritative voice both to community members and to policy makers.

In summary, health professionals and community organizations often have different, but complementary types of knowledge, relationships, and access to power. By working together, health professionals and community groups can build on each other's strengths, amplify their voice and reach, and more effectively win policies and systems change to promote health equity and environmental justice.

Before health professionals approach community-based organizations, or community-based organizations seek health professional support, each must consider what they hope to accomplish by engaging and whether a partnership can be valuable for both parties. Are there shared goals? Is collaboration likely to create better outcomes?

Health professionals might benefit from community group support:

- When a health professional or group is concerned about a health threat that is not being adequately addressed and looking for allies and advocacy support (policy research, lobbying, organizing, administrative) to help engage policy makers, especially in areas outside of traditional medical practice or where health institutions are unresponsive. Specific community-based organizations may or may not already be working in this area and be able to provide these supports. If they are not already working on it, they might become interested when they learn more about it.
- If it is easy for a CBO to address your concerns within their current efforts.
- If health professionals can add value to an advocacy campaign or discussion currently being conducted by a CBO.
- If community groups are able to act in situations where others cannot. Oftentimes health professionals, especially those working for government clinics/hospitals, are constrained by rules or regulations that limit their involvement and are not able to “advocate” for certain programs/laws/policies/etc. They need community organizations to mobilize community members to carry out public direct actions and community advocacy to raise the issue so it becomes an agenda item.

A community group may benefit from health professional support:

- When they have health concerns and want unbiased information to better understand an issue, to document and amplify health concerns, or to protect themselves from a health risk.
- When policies or legislation with health implications are under consideration by policymakers (legislators, governmental or corporate decision makers) and the expertise of health care professionals may strengthen community advocacy efforts.
- When the community group wants to validate its health concerns, confirm that information provided by industry or government is correct, respond to accusations that its own statements are incorrect, or add credibility to community health concerns.
- When policy makers are ignoring the health concerns of the community or claiming that the health experience of community residents are not consistent with science.

Once you find a community group or health professional you are interested in working with, determine whether you will complement one another. Filter and synthesize the potential partner’s objectives and priorities to ensure their goals are consistent with yours for the work you want to accomplish. Also review the tactics that the CBO proposes to use to achieve their objectives to make sure that health professionals are comfortable with them. There are many things that health professionals and CBOs can do to support each other’s efforts.

Actions health professionals can take to support community advocacy for policy and systems change include:

- Speak at community meetings and events.
- Gather sign-ons for letters or petitions.
- Help develop a health organization support letter.
- Organize a health delegation to meet with policy-makers.
- Help develop health surveys or connect to those with expertise to do so.
- Synthesize relevant health information and translate to understandable language.
- Provide health information that community groups can use in blogs or social media.
- Speak to groups about health impacts, health benefits, health risks.
- Provide context about whether the community is being disproportionately affected, if you know.
- Connect the community to local health researchers (if appropriate).
- Help to employ useful resources.
- Partner with the community group in grant development and implementation.

Actions community-based organizations can take to effectively engage health professionals in policy and systems change include:

- Share your lived experience about how exposures or policies affect you and your family's health and any ideas you have on how to solve the problems.
- Share the historical successes and failures and lessons learned (e.g. what happened to your community during the last flood).
- Identify opportunities for health professionals to present at community meetings and events.
- Identify opportunities for health professionals to testify on policy issues at public hearings.
- Identify opportunities for health professionals to speak at community events.
- Draft sign-on letters, op-eds, or talking points to make it easier for health professionals to engage with health policy.
- Offer to include health professionals in your grant applications as paid technical consultants or health educators.
- Draft statements for health professionals to be included in your press releases or on your website.
- Invite health professionals to your organization's meetings with policy-makers.
- Offer to provide community outreach for a health event.

Depending on the level of engagement required, it may be important to take the time to gain an understanding about the characteristics the health professional and community groups possess, which not only allows one to determine mutual interests, but also sets the tone for the type of relationship to be built. Gaining some perspective on mutual interests determines whether the relationship is transformational or one that is simply transactional. Both can be beneficial.

When health professionals are ready to work with a CBO they should consider how to establish trust. Some strategies to accomplish this would be to meet with the leaders of CBOs that are likely to have common interests and clearly state their intentions and their vision of the relationship. If the CBOs are receptive, a health professional can ask to attend a regular meeting of the organization to observe, or if appropriate, to briefly describe the opportunity for collaboration. It is important to understand that while the trust building process takes time, trust is essential to establishing a resilient and strong relationship with community-based organizations.

As with all organizations, health professional groups and community-based groups have strengths and weaknesses. To be successful it is helpful to recognize and to build on the strengths of each group and to address and overcome the weaknesses whenever possible.

Community-based organizations have many assets which are important for them to establish and grow their credibility and power within a community. It's important that health professionals recognize, support and, when appropriate, utilize their assets to compliment those of health professionals to achieve your common goals.

Once there is mutual agreement for community-based organizations to work with health professional groups on a project or activity, it is important to establish a clear understanding of each group's responsibilities and what resources are available. They must establish clear and open communication to maintain a positive and trusting relationship. It helps to establish regular times for each to provide updates and determine a point person from each group for communication between the groups.

Each group should also develop and discuss the process for negotiating and reporting changes to your approach, your goals, or your ability to reach those goals. It is important that the changes in requirements be communicated as soon as they are known. This gives both groups the opportunity to prepare and adjust for the impacts of the change. It is also important to have regular communication to provide progress reports, opportunities for providing ideas for project improvement, and reports of changes in the financial status of either entity. A communication plan helps establish the trust needed for effective partnership. These can be included in a scope of work with defined deliverables and expectations, which can be extremely important and helpful in maintaining the work-flow.

Our hope is that a relationship is established between health professionals and community groups, and that there are mutually beneficial reasons to work together. Not every community group or health professional is going to be the perfect match. In fact, there are cases where a relationship started but did not have the outcomes one or both groups desired. Several real-world examples are detailed in Chapter nine.

In summary, whether you are a part of a community-based organization or a health professional, make an attempt to find the value, expertise, and mutual benefits that can be found in working together to support effective advocacy for change.

Overview & Purpose of the Guide

Overview

Healthcare professionals (HP's) and community-based groups (community groups or CBO's) both have the ability to make significant beneficial change through advocacy. Each has different strengths that can complement the other to bring more power and influence than either alone.

Health professionals can be key advocates and messengers in supporting the work of community groups. They can be invaluable resources for community groups in their advocacy work, validating and bringing additional influential respected voices to an issue. They bring trusted information and perspectives to policy makers and decision makers that are focused on the health impacts of policies and programs on their constituents and communities. Framing an issue from a public health perspective can be more persuasive, especially for controversial issues.

Community groups can lend power and perspective to the advocacy of health professionals. They can report from firsthand knowledge on how residents are being affected by certain policies or lack of policies. They can bring common sense solutions based on their lived experience and create political pressure on elected and appointed officials.

The purpose of this guide is:

1. To provide information to health professionals/health professional groups and environmental justice and other community-based organizations (CBO's) on the benefits of working together.
2. To identify strategies for effective collaboration and trust-based relationships between health professional organizations and environmental justice and other community-based advocacy organizations.
3. To learn how to amplify the voice of the community or of health professionals to change the negative impact of environmental and other policies on the health of the community through authentic partnerships between community-based organizations and health professionals.
4. To identify common challenges that arise in partnerships between health professionals and community organizations.

This Guide is NOT:

1. Guidance on how to engage in Community-based Participatory Research (CBPR).
2. Guidance for public government agencies engaging with community-based organizations (CBO's).
3. A referral service.
4. A recommendation that health professionals should necessarily partner with community-based organizations for every activity.

It is our intent to provide the rationale and some recommendations in support of both health professionals and community-based organizations in their efforts to reach out and engage one another.

A number of the terms that we reference in this guide are commonly used, but may be defined differently in different contexts. We have included an appendix with the definitions as we use them in this document.

HOW DO GRASSROOTS AND GRASSTOPS ORGANIZATIONS WORK?

Grassroots vs Grasstops

Grassroots organizing is a bottom-up model that engages people in a given community as the base of political, social or economic action. Grassroots organizations use collective action from the local level to effect change at the local, regional, national, and even international level. In a grassroots organization, members are the guides and are recognized for their community knowledge, contacts, and expertise. Leaders naturally rise up and are appointed or elected by the members. Grassroots community-based organizations are generally close to the issues and are likely to have a good understanding of the intricacies of local relationships and past history.

Grasstops are designated community leaders with titles and influence at the local, state, or national level. They may have connections with the grassroots, but may not be grassroots themselves. Grasstops can be staff of CBO's or staff of other public interest groups or serve on their Boards of Directors. They may be leaders in faith-based organizations, or representatives in local or state government. They often have a large footprint within a community, as well as significant connections and greater influence with one or more decision makers. Health professionals may or may not be grasstop influencers. Many state based/regional/national organizations take the grasstops approach, depending on the grasstops individuals to represent the issues to the public and policymakers and make the case for change. On controversial issues, grasstops influencers alone may not have enough power to change policy without grassroots assistance.

¹"Community-Based Participatory Research Program (CBPR)", by National Institute on Minority Health and Health Disparities, 2018, (<https://www.nimhd.nih.gov/programs/extramural/community-based-participatory.html>)

One way community-based organizations and health professionals achieve success in policy advocacy is by combining the power of grassroots advocacy on the issue with the power, credibility, and level of influence with decision makers that can come from grasstop influencers. Grasstops development is not a replacement for the indispensable work of grassroots organizations. It is an additional tool that can be used to reach a specific audience or build political power.

Grasstops or grassroots organizational relationships may be more important depending on the policy makers you are trying to reach. Grassroots organizations, grasstops leaders, and health professionals often have relationships with policy makers. It is helpful to find out which policy makers each of these have relationships with, and whether those policy makers are interested in your issues. As you learn more about the legislators in your local municipality, district, or state, you will find out which issues they are passionate about.



Why Would Community-Based Organizations and Health Professionals Work Together?

Community-based organizations and health professionals both bring value, expertise, and resources to support effective advocacy for change. Working together, they can be more effective and impactful. The purpose of this guide is to call attention to the many benefits of collaboration between health professionals and community groups and to enhance the success of these collaborations.

Community groups can serve as a bridge between community members and health professionals. Because community group leaders typically live and work in the community, they have first-hand knowledge, experience and a genuine concern for the health of the people in their own community. Frequently, staff at community-based organizations also have a deep understanding of the cultural and ethnic populations they serve, and speak the language(s) of the surrounding community.

Community group members and staff often have historical knowledge about health threats. They may be familiar with prior efforts to address a problem and what worked or did not; be familiar with prior incidents such as toxic releases, illegal dumping, landfills, or local flooding; and be familiar with local concerns related to proposed solutions to guide more nuanced policy discussions. They may know of previous attempts to respond to a situation and what did or did not work, and why.

Community group leaders can provide health professionals with access to interested and engaged community members, especially those respected voices who are trusted, have a good reputation, and are most knowledgeable about the issues. This access may translate to the ability to reach a significant number of community members who are also voters and taxpayers and can represent themselves as such. Community-based organizations are insiders, and experts in their own lived experience.

Because of their knowledge and trusted relationship with the community, community-based organizations can oftentimes reach out to and educate other community members - including hard to reach populations - as well as encourage them to participate in new activities. Community groups can provide outreach, share information, and participate in meetings and surveys. Consider integrating these non-governmental organizations into your grants.

Another reason to work with community groups is because they have the ability to organize and mobilize groups of people. There is power in numbers. Community leaders often have access to and can influence larger numbers of community members and other community organizations to work toward a common goal. Many health professionals do not have the knowledge, skills, time and resources needed for community organizing. Many community groups and organizations have advocacy as a core part of their mission and therefore dedicate a lot of efforts for this purpose. Some non-profit organizations have limitations on the amounts and types of advocacy that they can do. A larger coalition means more partners that may not have the same limitations.

Health professionals have knowledge and expertise on health, and often have information and access to data that is unfamiliar to community members, as well as access to other professionals and resources that community groups do not. Doctors, nurses, pharmacists, and other health professionals can be seen as experts on health. However, many people of color can be distrustful of health professionals, researchers and related institutions due to a long history of discrimination, maltreatment or indifference. If health professionals can earn the trust of the community, then they can provide a credible and authoritative voice both to community members and to policy makers. Due to work and business relationships, health professionals may have access to different power structures than communities do.

In summary, health professionals and community organizations often have different, but complementary types of knowledge, relationships, and access to power. By working together, health professionals and community groups can build on each other's strengths to have a larger voice, greater reach, and more ability to address issues that have public health consequences than either working alone. When local pressure, lived experience or scientific knowledge are not sufficient to initiate change, the combination of these very well can be. As a City Councilmember told a physician colleague, "You have old ladies [from the community] telling us we should do something about things that we can't even pronounce, so it **MUST** be important!"

ESTABLISHING GOALS

Whether you are a health professional looking to partner with a community organization, or a CBO looking for health professional partners, there are a few things you should consider. You must first clarify your goals and potential strategy. What is it that you hope to accomplish by engaging a community-based organization or health professionals? What is needed to achieve success in your efforts that the professionals or the community group can help meet? Are you able to clearly state your interests? Are you prepared to make the link between your interests and that of the potential partner(s)?

There are many ways that health professionals and community groups can collaborate:

² "The Practical Implications of Affiliated 501(c)(3)s and 501(c)(4)s", by Bolder Advocacy (Alexandra Walker), 2013, (https://bolderadvocacy.org/wp-content/uploads/2012/05/The_Practical_Implications_of_Affiliated_501c3s_andc4s.pdf)

Actions health professionals can take to support community advocacy for policy and systems change include:

- Speak at community meetings and events.
- Gather sign-ons for letters or petitions.
- Help develop a health organization support letter.
- Organize a health delegation to meet with policy-makers.
- Help develop health surveys or connect to those with expertise to do so.
- Synthesize relevant health information and translate to understandable language.
- Provide health information that community groups can use in blogs or social media.
- Speak to groups about health impacts, health benefits, health risks.
- Provide context about whether the community is being disproportionately affected, if you know.
- Connect the community to local health researchers (if appropriate).
- Help to employ useful resources.
- Partner with the community group in grant development and implementation.

Community groups may want to conduct health surveys as the first solution to answering their questions. Although health surveys have value, they should not be undertaken lightly. Keep in mind that health surveys can require large investments in time, expense, and engagement with professional researchers in order to scientifically document health concerns. On the other hand, if you are looking for general guidance about the community's experience rather than definitive proof, informal health surveys may be the way to go.

Actions community-based organizations can take to effectively engage health professionals in policy and systems change include:

- Share your lived experience about how exposures or policies affect you and your family's health and any ideas you have on how to solve the problems.
- Share the historical successes and failures and lessons learned (e.g. what happened to your community during the last flood).
- Identify opportunities for health professionals to present at community meetings and events.
- Identify opportunities for health professionals to testify on policy issues at public hearings.
- Identify opportunities for health professionals to speak at community events.
- Draft sign-on letters, op-eds, or talking points to make it easier for health professionals to engage with health policy.
- Offer to include health professionals in your grant applications as paid technical consultants or health educators.
- Draft statements for health professionals to be included in your press releases or on your website.
- Invite health professionals to your organization's meetings with policy-makers.
- Offer to provide community outreach for a health event.
- Offer to distribute literature to your community or your members.

When Should Health Professionals Work With Community-Based Organizations?



Before health professionals approach community-based organizations, or community-based organizations seek health professional support, each must consider whether a partnership will be valuable for both parties, and which organization(s) might be a good fit.

Things for health professionals to consider include:

- Whether local CBOs are working on issues, for example climate, health, and equity, that are of interest to health professionals, and where health professionals can add value through knowledge, voice, and access to power.
- Whether it is easy for the CBO to address health professionals' concerns in their current efforts.
- If the health professional is concerned about a health threat that is not being adequately addressed and looking for allies and advocacy support to help engage policy makers, especially in areas outside of traditional medical practice or where health institutions are unresponsive. Specific community-based organizations may or may not already be working on the issue in this area and be able to provide these supports. Support could include policy research, lobbying, organizing, administrative and administrative support. If they are not already working on it, they might become interested when they learn more about it.
- If health professionals can add value to an advocacy campaign or discussion currently being conducted by a CBO.
- If policies or legislation of interest are being seriously considered by policymakers (legislators, governmental or corporate decision makers) that match the concerns of CBOs and expertise of the health care providers. Are the CBOs tracking those policies or legislation? It may be important that CBOs and health professionals have the same understanding and talking points on more complex and nuanced legislation.
- If community groups are able to act in situations where others cannot. Oftentimes health professionals, especially those working for government clinics/hospitals, are constrained by rules or regulations that limit their involvement and are not able to “advocate” for certain programs/laws/policies/etc. They need community organizations to mobilize community members to carry out public direct actions and community advocacy to raise the issue so it becomes an agenda item.

When Should Community-Based Organizations Work With Health Professionals?



A community group may benefit from health professional support:

- When an organization wants to better understand a health or science issue, and they want a presentation on the basics or want a more in-depth understanding of that issue
- When a CBO has public health concerns and want information, assistance in delineating and documenting concerns, independent verification of information, amplification of concerns, information on how to protect themselves and minimize risks in the short- or longer-term, or want to build their power and base of support
- When policies or legislation of interest are under consideration by policymakers (legislators, governmental or corporate decision makers) that have health implications and the expertise of health care professionals may be valuable additions to community voices for or against a policy
- When the community group is accused of making statements unsupported by health information or science
- When an organization wants to confirm the validity of the health or science information that has been provided to them, especially if it is being provided by industry representatives or their paid scientists/consultants or by agencies under sway of private interests
- When statements or documents assert information about health impacts (e.g. of an existing facility or a proposed project) that does not align with the real-world experience of community residents
- When community groups are not getting the needed attention on an issue
- When an organization wishes to add credibility and objectivity to the work it is doing, especially when dealing with more difficult or skeptical audiences.

Health professionals are bringing to the table their expertise; they should not support or sign onto letters or other documents that are not supported by facts/science. The power of the health professionals lies in their credibility and their ethical foundation. They should make decisions based on their well-founded knowledge and values. The same standards should guide community organizations.



How to Find Partners and Build Relationships

Finding Effective Partners

To find interested and effective health professional or CBO partners, it is best to start by talking with your contacts in community-based or nonprofit organizations in your area. Ask them if they know of CBO's or health professionals who may have experience working in your area of concern. If not, ask them who they think would know. You may need to repeat this until you find the appropriate partner.

Another way to find effective partners is through internet searches, searches of local or online media, asking members or leaders of local churches or community centers, or by networking with activists at City Council meetings/hearings. You can also search social media, such as Instagram, Facebook, LinkedIn, and Twitter for health professionals or community groups that are engaged in the topic or geographic location that interests you. Don't forget to list your interest in the topic in your social bios. Often larger non-profit organizations can tell you about other large organizations, small organizations, health professionals or health professional organizations that might be interested in your issue. Many states have League of Conservation Voters (LCV), NAACPs, or Sierra Club groups that may work with or be aware of many environmental and environmental justice groups in the state. They may also have experience working with health professionals who they can recommend. Your state may also have affiliates of other national environmental and health organizations such as Natural Resources Defense Council (NRDC), American Lung Association (ALA), Union of Concerned Scientists (UCS), and Climate Action Campaign (CAC). Ask them who you should talk to about your issue.

If you are a health professional looking to partner with community groups, you can also talk with smaller, community-based organizations about an issue that might affect their community to learn more about their priority issues of concern, and whether your concern is an issue that their

members are experiencing. They may be willing to work on the issue of concern to you if it is of mutual concern and they have the resources to do so.

Determining Mutual Interests

Once you find a community group or health professional you are interested in working with, determine whether you will complement one another. Filter and synthesize the potential partner's objectives and priorities to ensure their goals are consistent with yours. If you are a health professional, review the tactics that the CBO proposes to use to achieve their objectives to make sure you are comfortable with them.

Health professionals may want to familiarize themselves with the methods the community group commonly uses. For example, they may regularly conduct community or member surveys, engage in door-to-door neighborhood conversations, or conduct train-the-trainer sessions to enable their members to provide community education. If possible, adapt your proposed methodology to that of the group rather than have them change their approach, which might require more time and effort. You may also find value in polling members who attend the community meetings, rather than conducting a more formal focus group or neighborhood survey.

As you learn more about the areas of concern of the community group, determine whether there are mutual interests. This is typically done by requesting an invitation to a meeting, listening and asking questions. Be clear about who you are, if you are representing a group, what your group is, and your interests. As you learn more about the organization's needs, desires, concerns, programs, and goals, determine whether there are any commonalities to the work you are doing and how you might support your common interests, which might simply be to become an active member of their organization or to partner with them on a larger initiative.

Ask questions.

Some organizational characteristics that health professionals should consider when deciding whether to work with a local organization include:

- Is the group membership based? Who are their members?
- What is the organization's mission? Does their mission align with the demographics of the community? Are impacted people centered in the process?
- Do their members have a lot of connections within the community? Do they belong to a variety of other organizations?
- Who are their leaders? What is their leadership style?
- Are staff paid or volunteers?
- Do the staff live in the community or have strong ties to the community?
- Does the group do advocacy, or are they only providing services?
- How do they make decisions?
- Who benefits from the organization?

- What are their tactics?
- How successful have they been in previous campaigns?
- How long has the community group existed?
- Does the organization do what it says it will do? Does the organization fulfill its obligations? Does the organization deliver on their promises?
- Is the organization a rubber stamp for governmental or industry interest?

If you are part of a community groups, working to determine if certain health professionals are the people you wish to work with, some questions you should consider include:

- Does the health professional have a genuine interest in the work? What is their commitment to working with the community?
- Do the health professionals have expertise and credentials in the health area of concern?
- Do the health professionals or their group have a track record of contributing to success?
- Is the health professional or health organization well established?
- What is their reputation?
- Does the health organization include members from your area

The answers to the questions above should be considerations, but not necessarily determinative factors in whether health professionals and community groups should work together.

Learn more about their level of interest and ability to engage in addressing climate impacts and advocating for climate mitigation policies, if that is your focus. If there is not a match, don't force it. Be prepared to walk away, and leave the door open for future collaboration when the circumstances are right.

There are benefits to working with a group rather than individuals, because groups provide some level of vetting, increasing the likelihood that the people are credible and can provide more resources and support to the effort. That being said, the best way to get access to a group is oftentimes through individuals, especially group leaders who can vouch for your trustworthiness or not. It's important to maintain communications, provide information, and build trust with group leaders. The investment of time upfront will usually pay off in the long-term.

Now that you know more about the potential partner and their objectives, ensure that you provide value to one another. Although you may have a specific issue that you want to advocate for, ensure your issues focus on and highlight community needs. Perception is critical; science is also critically important. Many, especially new community-based organizations are dismissed as being non-scientific, and therefore, non-credible. The health professional's role is to provide credibility in spaces the CBO cannot.

Remember to maintain the integrity of the community group. Don't undercut their messaging or criticize them publicly. Find out what their messages are and support them if you can. If you cannot, then discuss it with the group but don't speak publicly on the issue unless, and until you reach agreement on the messaging. If it is a significant conflict, it may be better to part ways with the organization. They are there for the long haul whereas a health professional can walk away and go back to their work. Community groups remain a part of the community. Both community groups and health professionals have reputations to uphold.

Operational Methods and Tactics

Scientists and experts are typically trained that nothing is certain and their goal is to quantify the uncertainty. This is heard as emphasizing uncertainty rather than focusing on the all too real likelihood that something dangerous would occur or stating the most likely cause. Scientists often want to avoid error by speaking cautiously about potential danger and avoiding attributing causation when there is more than one cause. This can lead to opinions which seem to deny the obvious.

Over the last five years, a new approach called “attribution theory” was developed to address this methodological problem. Attribution theory has helped to overcome the denial that climate change is playing the key role in extreme weather phenomena, for example.

If scientists are striving to establish proof without a doubt, instead of acting in uncertain conditions, and on evidence from the lived experiences of the community, this can interfere with crucial common sense and immediate protections for communities that are faced with potentially damaging environmental risks. It is important to find a health professional or health expert who will emphasize what is known rather than what is unknown and is willing to emphasize the danger posed by the risk in question.

A CBO should be familiar with how a health professional talks about an issue to make sure that the health professional communicates clearly, simply, and with little ambiguity, as many health professionals also over-emphasize the scientific uncertainty. It is better to get a written statement, a letter of support, or a sign-on letter rather than an unclear verbal statement.

Once you and your group are comfortable with how specific CBOs or health professionals operate and their potential mutual interests, the next step is to build an effective relationship.

Building Relationships

When health professionals are ready to work with a CBO they should consider how to establish trust. Some strategies to accomplish this would be to meet with the leaders of CBOs that are likely to have common interests and clearly state their intentions and their vision of the relationship. If the CBOs are receptive, a health professional can ask to attend a regular meeting of the organization to observe or if appropriate, to briefly describe the opportunity for collaboration. It is important to understand that while the trust building process takes time, trust is essential to establishing a resilient and strong relationship with community-based organizations.

Once you have found a partner that you want to work with and your interests appear to be aligned, you must build a relationship prior to moving forward. If the partnership was made via a connecting group or person, there may be an element of trust due to the prior relationship. It would be an error to depend solely on another person or a group's prior relationship. Critical elements to the success of any community group engagement are respect and trust.

Are there climate related activities the community group is already engaged in? If so, allow them to tell you what they've done and how things are going. If you are new to this group, perhaps you can build a relationship by providing assistance such as speaking publicly or writing an op-ed in support of the work they have already done to bring attention to the issue and give credit to the group.

Another good strategy is to get on the email list of a local CBO, show up to their events, community meetings, etc. to start to get to know people, without imposing any kind of agenda. Showing up periodically to organizational meetings, community public events, celebrations, fundraisers, etc., can go a long way to establish your credibility. It might be helpful for you to attend workshops or activities or programs run by CBO's to find out how they operate in practice and who they engage with. It's one thing to engage over meetings and calls and exchange information, but to really understand how they work might be critical in whether you choose to move forward.

Demonstrate respect

Health professionals have health expertise. Community groups and residents have expertise and knowledge of community history, conditions, and concerns. Listen and learn from them, and accept their experiences on face value. Approach community meetings with humility. Health professionals should not act as community group leaders or representatives unless they are asked to do so.

When meetings are scheduled, don't assume meeting times and locations should be at your convenience - recognize constraints and challenges of those you seek to work with. When health professionals are able to meet community groups where they are, they are demonstrating respect.

Trust Building

It is important to understand that many organizations of color have a long history of being taken advantage of by outside groups, some of which had good intentions. A number of disadvantaged communities and the organizations that represent them have had their own negative experiences with outside groups, including groups that have:

- Tried to co-opt their agenda and focus on the outside group's issues rather than the issues of concern and relevance to the community
- Providing too little or no funding to the CBO for the work they are being asked to do, keeping most of any grant funding for the outside group
- Asking CBOs to sign onto a grant or submit a letter of commitment without allowing time

for discussion and without having been involved in the development of the grant or of the research questions that are being addressed

- Asking CBOs to only conduct outreach for a project rather than discussing other ways the CBO could be involved in a way that would provide other benefits to the CBO (e.g. provide community education, build CBO or community capacity)

If health professionals want to engage, they should consider developing transformational relationships rather than those that are transactional in nature only. Try to meet with organizational leadership of one or more organizations to find out if there is mutual interest and capacity to engage, and to begin establishing trust. If there is not currently mutual interest, do not try to force the issue, but leave the door open to future collaboration when the time is right. You may want to ask if it is alright to periodically send more information to community leaders or members, or to be added to the organization's mailing list. If there is mutual interest you may ask to be invited to an organization meeting to observe or to present if you perceive that there is a trusting relationship. Showing up to community meetings and events goes a long way toward establishing trust.

Working with Government

It is tricky to evaluate a CBO based on its relationship with governments. As CBOs strive to change policy, they most often engage with local, state, or federal government. The relationship between CBOs and government officials may be cordial and cooperative or it may be strained. Chances are there will be people in government who are supportive of the CBO's goals if not their tactics. It may be helpful to determine the status of this relationship and discuss with the CBO whether it would be helpful for you to engage with government officials with the community group, or separately. It is important to be transparent in this process and reach agreement on if, and how to approach government representatives, as well as to follow the lead of the community organization.

Governments are often limited to supporting their official policies and often cannot advocate for new approaches without going through their official policy-making and budgeting process. CBOs are not restricted to these official processes, and can advocate for new policies, and funding to implement them.

When CBOs and governments can work together, there can be other resources that they can share with each other in the process of policy development such as data and relevant community information.

Assets and Challenges of Health Professionals and Community-Based Organizations

As with all organizations, health professional groups and community-based groups have strengths and weaknesses. To be successful it is helpful to recognize and to build on the strengths of each group and to address and overcome the weaknesses.

What are the Assets of Community-Based Organizations?

Community-based organizations have many assets which are important for them to establish and grow their credibility and power within a community. It's important that health professionals recognize, support and, when appropriate, utilize their assets to compliment those of health professionals to achieve your common goals.

Some of the assets often include their:

- Credibility and personal relations with residents
- The ability to filter, vet and prioritize issues affecting the community
- Knowledge of local community political history and context (including their battles: wins, losses, ongoing campaigns)
- Knowledge of local cultures and languages and the ability to communicate with residents and to connect to issues they are facing on a personal level
- Ability to reach people in the community that other agencies and institutions cannot reach
- Knowledge about the issues, expectations, and concerns, including potential health threats to

the community

- Greater likelihood to know what is happening in the community and how policies are affecting the community
- Ability to identify new health threats affecting the community
- Ability to serve in prioritizing individual concerns and validate the complaints of individual residents
- Ability to organize and mobilize groups of people
- Ability to identify the need for and to bring relevant knowledge and resources to the community
- And often, a physical space within the community reflecting their commitment to the community

Health professionals should be aware of the political and public connections community-based organizations might have as they may be influential. Young or start-up organizations may have no relationship with public figures, or may be discredited by public officials for disrupting the status quo. As groups become more established and impactful, their relationship with public figures often changes. The most successful organizations may become influential and may be invited to participate in the decision-making process. Because of this, many established community groups have relationships with public figures, ranging from informal connections to close political, personal, or other connections. It is important to understand these relationships and to leverage them when possible.

Due to their influence and their more intimate connections, successful community-based organizations often have persuasion with their local policy makers. This political power can be a benefit for health professionals who have little or no political connections or influence. Unlike in the scientific community where health harms have to be proven beyond the benefit of a doubt, community groups can persuade politicians to act on the preponderance of evidence, even if there is still scientific uncertainty or the situation only affects a smaller number of people.

It is key that health professionals learn which of these–community resources, experiences, and relationships–the CBO has to offer, and how they can help in the current situation.

What are the Challenges To Health Professionals And Community-based Organizations Working Together?

Even though health professionals may have great ideas and the best intentions for seeking out partners to advance work on an important project, they may be surprised that potential partners are not as eager to develop a partnership as expected. This may be because of a number of barriers to working together that you may not be aware of. Some of these challenges are beyond your control, others, you can work to address. Some of these challenges may go away on their own given enough time; others are not easily addressed.

What are the Challenges of Community-Based Organizations?

Financial. Community-based organizations in chronically disinvested communities usually have no shortage of issues that they would like to address. Because of their needs and the demands of residents, they often are working on as many issues as their staffing, volunteers, and funding will allow.

Health professionals should consider the financial status of the organization with which they want to collaborate.. If you will be collaborating with a community-based organization to undertake a significant initiative, it is important to know if the CBO has the financial capacity to sustain the effort. Oftentimes, community groups are willing but don't have the funding for staff time, to update and maintain websites, or to simply provide a meal to volunteers. Frequently, what may appear to be apathy or mistrust may very well be lack of capacity that may be resolved through additional financial support.

Health professionals can support CBOs in fundraising, not only through direct contributions, but more importantly, through connections with foundations or potential major donors, participation in their fundraising events, as well as letters of support for grants that the community-based organization may be seeking. Let the organization know if you have the ability and are willing to support their fundraising efforts, as well as the options for how you are able to do this. Even testimonials about the organization or letters confirming the validity of their concerns can be used in their fundraising efforts.



In addition to funding, other concerns include lack of time, location of meetings or events, food, childcare, language access and transportation. Don't assume you know whether funding is an issue. Ask questions to find out. If there is a financial concern, consider ways to assist with fundraising efforts or supporting their donation efforts.

People. Community-based organizations are dependent on people being involved from the community and they may be primarily composed of volunteers. While this is generally a good thing because volunteers are usually passionate about the work they do, there is opportunity for volunteers to experience burnout, family needs and obligations such as childcare, providing transportation, providing meals for their family, which may limit participation, if they are not addressed by the community-based organization.

Social. Even when there is full commitment within a community group, there can sometimes be resistance. Some methods of operation or goals may not be accepted throughout the community. Be aware of the atmosphere during meetings and the attitudes of participants when action is taken. Ensure the work you are engaging in is in alignment with community priorities.

Other challenges to community group participation may include:

- Internal administrative issues such as:
 - Staffing issues
 - Current workload
 - Funding challenges
- Lack of understanding about what is being proposed and why it is important
- Skepticism about motives of the potential partner for wanting to collaborate
- Skepticism about the benefits of collaboration or the capacity of the potential partner to be effective
- Organizational competitiveness around reputation, ownership, or funding
- External political or power considerations
- History of problematic relationships with other groups
- Poor or unknown reputation of the proposed partner
- The issues may not be a high priority for the community at the time

The good news is that these challenges can often be addressed, or there may be no challenges at all. If there are challenges, don't assume that you know what they are and whether you caused them. It's impossible to know the motivations of others without being told. Don't assume the worst.

It is often easy to find out what the challenges to collaboration are simply by asking the individuals, or other people familiar with the organization or health professional. Challenges are frequently easy to address in the short or longer term with deliberate effort. The best partnerships are built on trust which can take time and effort to cultivate.



What are the Assets of Health Professionals?

Research shows that health professionals are highly trusted sources of information. As health professionals are required to have a certain level of education and training, their role brings credibility in many circles and makes them knowledgeable about a variety of health issues. A health professional also has multiple roles as a trusted professional. A health professional is not only an independent being, they are also a member of a community, a family, have friends, and they work in a variety of roles. A health professional is a member of a network of other health professionals, researchers, and academic professionals. These relationships make health professionals highly respected and give them influence. Similarly, a health professional may have more access to resources and power than other members of the community. A health professional may have different political connections and relationships than community-based organizations.

What are the Challenges faced by Health Professionals and How Working with Community Groups May Help

Health professionals have a number of challenges which may be different from those of community members and therefore both community groups and health professionals benefit greatly from working together. The two limitations most often reported by health professionals are time limitations due to work schedules and limits of their knowledge of policy change opportunities.

Challenges faced by health professional who are willing to participate in advocacy or education may include:

- Internal issues such as:
 - Current workload
 - Needing employer or organizational approval for participation (individual health professionals may be perceived as representing their employer)
- Self-perception of inadequate knowledge about the current policies and issues, even when this is not needed
- Fear that they will be called upon to lead advocacy efforts despite having inadequate knowledge
- Skepticism about the benefits of collaboration or the capacity of the potential partner to be effective
- External political or power considerations

Challenges for community organizations who wish to involve health professionals in policy advocacy may include:

- Inability to locate an appropriate health professional who is willing to engage
- Lack of understanding by the health professional about what is being proposed
- The health professional's lack of knowledge about how to advocate for policy change
- Health professionals may want to lead the advocacy efforts rather than following the lead of the community partner
- Health professionals can be perceived as outsiders if they don't live in the community, are not from a similar community, or have not established a relationship with the group
- Perceptions by health professionals or community groups that there is no need to collaborate
- The poor or unknown reputation of the proposed partner
- The health professionals may not have appropriate communication skills. They may be too technical or talk down to people. They may overstate the scientific uncertainty rather than emphasizing what is most likely or currently being observed in the community.

Many of the concerns experienced by health professionals can be identified by talking directly with the health professional or talking with groups that have previously worked with the health professional. A community group may be able to address these concerns or work around them once they know what they are.



Maintaining Relationships

Once there is mutual agreement for community-based organizations to work with health professional groups, it is important to establish a clear understanding of each group's responsibilities and what resources are available. They must establish clear and open communication to maintain a positive and trusting relationship. It helps to establish regular times for each to provide updates and determine a point person from each group for communication between the groups. Each group should also develop and discuss the process for negotiating and reporting changes to your approach, your goals, or your ability to reach those goals. It is important that any changes in approach be communicated as soon as they are known. This gives both groups the opportunity to prepare and adjust for the impacts of a change. It is also important to have regular communication to provide progress reports, share ideas for project improvement, and report changes in the financial status of either entity. A communication plan helps establish trust as the foundation of an effective partnership. These expectations can also be included in a "scope of work" with defined deliverables, activities and time frames, which can be extremely important and helpful in maintaining the work flow.

Be upfront about your goals, what resources and information you can bring and the type of relationship you are seeking. Are you trying to learn more about the issues of concern for residents in the community, what the community's priorities for action might be, and their perceptions of existing policies and programs? How might health professionals support community priorities? Are there opportunities to build greater community health and to create healthy environments?

Be realistic about what you can offer given your available resources and volunteer/staff time. Be mindful of how much you are asking of your partner. After your joint project has concluded, it is helpful to touch base periodically to maintain your relationship.

Examples of Common Situations when Community Groups and Health Professionals Work Together

Over many years of experience in working as health professionals with community groups and environmental justice organizations, we have had a few experiences when things did not work well. Below we share some of them and lessons learned.

Example #1: Quick Response to a Legislator

Scenario: Our coalition of health professionals was asked by a legislator to add our expertise and voice to an energy initiative that we were unfamiliar with, but had health and equity implications. Excited, we immediately approached a local environmental justice (EJ) community group who we knew also worked on the initiative. We presented them our ideas and a plan of action. They reacted negatively. What went wrong?

We should have involved the CBO in the beginning of our planning process and sought their input. We should have been respectful of those who were knowledgeable about and worked on the issue previously. We should have explained why and how we got involved, and the short timeline.

What we learned:

- Get well informed when engaging on a new issue.
- Learn about the landscape and the players.
- Learn the history from the community. They are living with the issue and have first-hand knowledge.
- Once you know which CBO is working on a similar issue, ask their leadership for background information on the issue.
- Ask for an invitation to join their planning or strategy meetings.
- Ask “How can we help” or “What can we do”
- Get clear understanding on roles, approach, and expectations at the beginning and reach agreement prior to moving forward.
- Don’t assume that health professionals need to take the leadership role
- We should have proposed to introduce the legislator to the community group to also serve as a resource.

Example #2: A Grant Opportunity

Scenario: Our coalition of health professionals had a grant opportunity that required a community based organization (CBO) to be listed as a partner to conduct the outreach requirements in the grant. We had worked with this community group in the past, had a good relationship, were aware of their key priorities, and felt that the new grant would be a logical fit. Since the grant was due within a few days, we made a quick call to write our community partner group into the grant and inform them during our next meeting. The community group reacted negatively. What went wrong?

Don't assume one group wants to work on the next project or activity together without asking them and getting agreement. The community group may not be ready or able to participate on such short notice. There may be other unrelated activities or issues that may prevent the community group participating. The community group may be uncomfortable with a proposal that they did not contribute to because of the amount or type of work proposed, the amount of funding proposed, or because of feeling disrespected for not being included in the process-as this is a common occurrence with community-based and environmental justice organizations.

What we learned:

- Ask community groups in advance whether they might be interested being involved in future grants around a specific issue.
- Alert them if a grant application is possible, and provide as much lead time so that they might be able to schedule around it.
- Community groups or health professional groups may not be able to participate in activities simply based on the timing.
- If there is not enough for joint development of a proposal, make sure to provide enough information so that CBOs can decide whether it is worthwhile for them to participate.
- Explain that the timeline is very short, ask if they can provide input, and assure them that if you receive the grant you will work WITH them to shape the final project.

Involving all partners as early in the grant process as possible is very helpful in preventing common mistakes. Even if they do move forward with the project, small misunderstandings can create an atmosphere of mistrust between the parties if their expectations for the project differ. Not every community group or health professional is going to be the perfect match. Don't be disappointed if the potential partner you started connecting with isn't one you decide to work with. There are others out there.

Messaging: How do you handle differences of opinion between community groups & health professionals?

The health professional or the EJ group/community group may not have enough information or correct information. It's important to seek factual information and lived experience and to share it. One should recognize that community experience oftentimes precedes the science and establishes new research questions. Ask your potential partner if they would be open to learning more about the issue or exploring research on the issue if the lived experience is different from what is described in literature. If there is a substantial disagreement on the facts, the partnership may not work.

Example #3: Non-responsive Health Organization

A community group was looking for a in-state health professional organization to support their efforts to advocate for a new state law. A national health professional group representative gave them the contact information for a local organization. They tried contacting the local representative several times with no response. What went wrong?

After several months, we contacted the national representative who contacted the organization directly. They found out that the local organization was unfamiliar with the issue and was uncomfortable with testifying or speaking to policymakers on the issue. In addition, they had limited time to engage. The national representative explained that writing a letter of support would be sufficient and extremely helpful, and that the community group was willing to draft such a letter. After getting this information, the local organization was more than happy to engage

What we learned:

- Don't assume that the local health organization is not interested or that you did something wrong.
- Be persistent.
- You may be able to other people who are familiar with the organization that you are trying to, and can contact them on your behalf to determine barriers to participation.

Example #4: A Rogue Health Professional

Scenario: A community group reached out to a physician for help on a controversial issue. The physician was very knowledgeable, willing to engage, and was an excellent speaker. The community group chose this physician as their main speaker. The community group also reached out to other health professionals, health professional organizations, and policy makers, many of whom responded negatively to the chosen speaker and to the message. What went wrong?

A representative from the community group spoke to a health professional and a policy maker with whom they had a good relationship and who were familiar with the speaker. The community group found out that the speaker lacked credibility and had a bad reputation among health professionals due to a lack of professional integrity and unresolved intrapersonal problems.

What we learned:

- Be mindful when choosing your health professional partners, especially surrounding their credentials, history, and reputation.
- When you are working on a non-traditional or controversial topic, it is not unusual to have opposition, but it is important to find out what the opposition is and why they are opposing so that you can consider whether you need to change your tactics.
- Consult multiple health professionals and trusted policy makers before deciding to align your group closely with any one health professional or health organization so you know what to expect.

Example 5: Misleading Science

There was a chromium-6 (hexavalent chromium) spill in an African American community. A number of people were exposed and had symptoms, including a six-year old from the homeless shelter next door, two elderly residents with pre-existing health problems, a 14-year old with autism, and a young adult who was substance dependent. The literature said that the levels at which they were exposed were too low to cause symptoms, therefore the health department denied that their symptoms could have been from this exposure. However the literature was based on studies done with healthy, white, young adult workers, not with high risk groups, such as children, elderly, low wealth, disabled, or people of color. These factors were not taken into account when conducting a health assessment. The experience of the community was not only plausible, but was likely given a full explanation of the circumstances.

Example 6: Symptoms from the Landfill?

A number of low-wealth residents in a primarily African American urban neighborhood were complaining for years about the landfill that was located on the other side of the highway from their homes. The landfill was an active landfill that continued to grow and grow in size as it accepted waste and trash incinerator ash from over 70 towns in three states, so that the landfill was now overshadowing the neighborhood. Residents complained about high rates of asthma, lung cancer, and other respiratory conditions; about the excessive odors; about the dust on their cars and houses that caused the paint to peel; that their pets were getting cancer; and that all of the Black men on the block closest to the landfill had died prematurely. The landfill operators announced that they wanted to expand more widely and further increase the height of the landfill.

The community consulted with a trusted public health professional who they had worked with in the past for assistance opposing the landfill expansion. After an investigation, the health professional found that the odors caused many more problems than the residents knew, but that the dust was more likely from a nearby 50-foot tall salt and sand pile than from the landfill, and the highway traffic probably contributed to the high rates of asthma and other respiratory problems that they experienced. Residents were resistant to accepting explanations for the causes of their symptoms other than the landfill.

In response, the health professional re-emphasized that their symptoms were in fact real, showed them the salt pile which was not visible from the neighborhood, explaining that it could contribute to some of their symptoms, and suggested that they focus their complaints on the odors since that was the issue that was easiest to attribute to the landfill exposure and was not in compliance with the laws and regulations.

Residents were able to give the information to environmental attorneys who filed a civil rights environmental justice complaint with the US Environmental Protection Agency (EPA) against the landfill. EPA directed the state to enforce the odor regulations against the landfill and the dust regulations against uncontrolled dust release from the salt pile to address the residents' concerns. A lesson learned was that having a trusted relationship is important in community acceptance of information that was contrary to their expectations and that expressions of understanding and confirmation of community concerns is important in maintaining that trust.

Example 7: The Value of a Letter

Attorneys for tenants in publicly subsidized housing called a health professional because after the apartment owners installed new highly insulated windows. The apartments started growing mold and mushrooms and many of the children started having asthma attacks. The attorneys asked for a letter from the doctor stating that the mold is what was triggering the asthma attacks. After a brief investigation, the health professional was able to confirm the situation and was able to write the letter. The attorneys were able to take this letter to the building operator to have them install ventilation systems in the kitchens and bathrooms to eliminate the mold and mushrooms.

Example 8: A New Environmental Justice Threat

A local physician became aware of a new temporary power plant that had been built in the south end of the city with no public notice or hearings because it was deemed an emergency after the nuclear power plant located 15 miles away had to close because of a radioactive water leak. The physician was concerned that this was another air pollution source being placed in this environmental justice community. The power plant operator then applied to extend the permit to operate from six months to two years. There was an opportunity to request a public hearing but only within 30 days.

The physician approached a north end neighborhood group that had been working on asthma issues and air pollution from facilities in the north end and asked them if they would be willing to request the hearing and oppose the extension of the permit for the power plant to operate. After some deliberation and negotiation with the south end neighborhood organization, they agreed to take the lead and work cooperatively with the south end group to oppose the power plant operating permit. After the hearings, the community groups were successful in getting the temporary power plant to be closed down and removed from the site. The community groups also worked together to form a city-wide environmental justice organization. The lesson learned is that new threats create new opportunities and that community-based organizations may be willing to try to address issues that overlap with their objectives even if it does not perfectly match their current objectives.

Example 9: Asthma

A physician in a local clinic began seeing multiple patients from a low-income housing development whose asthma was triggered by the dust being blown around in a grassless area of the front yard. The physician asked the patients to contact the housing authority to address this issue, but the housing authority was unresponsive. The physician became aware that there was a community group working with the housing development residents. The physician contacted the community group and asked them to advocate for sod to be placed in the barren areas to prevent the dust from blowing and the asthma attacks. The community group was happy to pressure the housing authority to address the issue and the housing authority responded to resolve this asthma trigger.

APPENDIX: DEFINITIONS

Community-based Organization (CBO) - A Community-based Organization refers to an organization that is driven by community residents in all aspects of its existence. This means that the majority of the governing body and staff (if there are any) consists of local residents, that the main operating offices are located in the community, and that the priority issue areas and solutions are identified and defined by residents. There is a wide variety of organizational capacities for CBOs; from a few volunteers who meet around a kitchen table, to having large offices and substantial staff support; from being focused on one block or one segment of the population to organizing hundreds of thousands of people.

In this guide, Community-based Organizations (CBO) include non-governmental organizations (NGO), environmental justice (EJ) groups, and other place-based community groups advocating for climate, health and equity concerns.

Environmental Justice (EJ) - is the fair treatment and meaningful involvement of all people, regardless of race, color, national origin, or income, with respect to the development, implementation, and enforcement of environmental laws, regulations, and policies.

Environmental Justice Community - A community that is largely composed of people of color of any income-level or low-wealth people of any race or ethnicity. These communities are most often exposed to high levels of environmental hazards. These exposures are often to multiple hazards which have cumulative health effects.

Grassroots Organizations - Grassroots organizations are primarily made up of civilians advocating a cause to spur change at local, national, or international levels. Grassroots initiatives are community-based approaches created to address localized problems. Projects backed by local organizations can quickly gain momentum on the local level because they are generally enacted by local actors.

Grasstops - Grasstops is a term used to describe an individual who has extra influence can mobilize support and has a relationship with politicians of influence. With grasstops advocacy, the focus is on getting high-profile individuals to take action in support of your cause. This form of advocacy leverages the personal and political connections of current and former leaders, celebrities and other individuals with significant social clout. In other words, the power behind grasstops advocacy comes from people's natural inclination to listen to those they perceive to have status.

Health Professionals (HPs) - can be physicians, nurses, public health professionals, or other allied health professionals individually, or even better, organizations of health professionals.

Non-governmental Organizations - A non-governmental organization (NGO) is a group that functions independently of any government. It is usually non-profit. NGOs, sometimes called civil society organizations, are established on community, national, and international levels to serve a social or political goal such as a humanitarian cause or the protection of the environment.

³ Adapted from "What is a CBO?", by National Community-Based Organization Network (NCBON), 2003, (<https://sph.umich.edu/ncbon/about/whatis.html>)

⁴ From "Environmental Justice" by EPA, 2022, (<https://www.epa.gov/environmentaljustice>)

⁵ From "How do Grassroots Organizations Work?- What and Why is it Important?", by S. Rice, 2020, (<https://diversity.social/grassroots/#0-grassroots-definition>)

⁶ From "Grassroots vs. Grasstops Advocacy: What Is the Difference?", by Capitol Canary, 2022, (<https://capitolcanary.com/grassroots-vs-grasstops-advocacy/>)

⁷ From "Non-Governmental Organization (NGO)? Definition, Example, and How it Works" by J. Folger, M. James, M. Logan, 2022, (<https://www.investopedia.com/ask/answers/13/what-is-non-government-organization.asp>)

⁸ From "Non-profit organizations", by Legal Information Institute, (https://www.law.cornell.edu/wex/non-profit_organizations)

Non-profit Organizations - A non-profit organization is a group organized for purposes other than generating profit and in which no part of the organization's income is distributed to its members, directors, or officers. Non-profit corporations are often termed "non-stock corporations." They can take the form of a corporation, an individual enterprise (for example, individual charitable contributions), unincorporated association, partnership, foundation (distinguished by its endowment by a founder, it takes the form of a trusteeship), or condominium (joint ownership of common areas by owners of adjacent individual units incorporated under state condominium acts).

As you can see, there are many different types of non-profit organizations. Some are big, some are small. They can provide services or be advocacy organizations. They can work at a community level or global level. They can include organizations such as local hospitals or local housing organizations. community-based organizations are one type of non-profit organization. It is important to identify community-based organizations as opposed to other types of non-profit organizations. This guide is focused on community-based organizations although many of the principles can be applied to many other types of organizations.





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