



Community-Based Organizations

Description

Partnerships with community development organizations enable local health departments (LHDs) to better access communities that have not been historically engaged within their programming. These partnerships can serve as opportunities for LHDs to engage with the organization's constituency to provide services and collect data that may have otherwise been difficult to attain without resource-sharing. This is especially helpful in rural or frontier-based LHDs that have limited resources, spread-out constituencies, and face a complex set of health disparities in their communities. Through this relationship, partnerships between LHDs and community-based organizations, including community development organizations, are seen as a partial mediator, reducing the disparities on service provision among urban, suburban, rural, and frontier LHDs.

Benefits

- CBO partnerships allow for a direct focus on work that addresses the social determinants of health (SDOH) and health equity; these are areas that LHDs have traditionally had challenges in acquiring direct funding.
- Through partnerships with community development organizations, LHDs are able to gain better reach for their initiatives, collaborate with partners to develop programs that utilize new funding sources, and continue to move initiatives upstream to promote long-term cost-effectiveness.
- Organizationally, CBOs are much nimbler than the government structure of LHDs. There is less bureaucracy to work through and they are able and willing to act much quicker in implementing programs. Likewise, if timelines or services need to be altered, a CBO may be more agile in implementing needed changes quickly.
- Working at the community level, CBOs have passion and excitement around the work and especially in trying new ideas.
- Because of their relationships in the community, CBOs can help shift power towards community members through direct interactions and engagements. This is especially beneficial to LHDs, which may have trouble navigating mistrust.
- Building a network of partners allows for co-design of programs and allows CBOs to have access to funding opportunities that may not have been available or have been unaware of.
- The CBO/LHD relationship itself is crucial to the work in public health. By its nature, it acts as an extension of the public health system and of the workforce.

Challenges

- Particularly in work that involves addressing the social determinants of health or health equity, there may be different levels of conceptual and practical understanding of these topics and how it translates to program planning and implementation. The LHD may need to take on a role of educator as more CBOs are engaged as partners.

November 2021

- CBOs vary a great deal in their administrative capacity. Some of the fiscal structures that are needed to apply for certain opportunities don't yet exist and will take support to build up. This means that there may be some emerging CBOs that are not yet positioned to act as a partner to the LHD, though they have the desire and the community connections.
- Reporting requirements and measures may mean that work with community organizations are measured the same way, even if it may not make sense to individual communities. Different communities have different levels of resources and standard measurement means that that lower-resourced CBOs are measured against higher-resourced CBOs, which could potentially affect future funding decisions.

Considerations and Recommendations

- Commitment of LHD staff and resources is essential. Given the time that the partnerships require to develop, if the commitment isn't there, it may end up doing more harm than good.
- Flexibility in the nature of the partnership and the work is crucial and should be allowed to evolve over time as circumstances and understanding deepen and change.
- Working with CBOs require a strong vision and focused goals around what the LHD is trying to achieve in the communities and the public health system. Thoughtful consideration around the role of CBOs in achieving that vision will lead to the identification of key partners and cultivating those relationships.
- Transparency and communication are core components of a strong relationship with CBOs. The LHD should lay out the vision and core values around the work they're doing. If an issue is raised from the community, the LHD should be clear about when that issue is elevated and what the outcome is. Being true to core values will guide decisionmaking, and while every decision may not please all partners, it provides clear justification.



Cook County Department of Public Health, IL

Working with Community-Based Organizations as a Strategy to Elevate Community Voice

The Cook County Department of Public Health (CCDPH), the state-certified health authority for most of suburban Cook County, Illinois comprises 127 municipalities and nearly 2.5 million residents, and is well regarded for its engagement with community-based organizations (CBOs) to promote health and advance health and racial equity. Given its geopolitically complex jurisdiction, establishing and sustaining meaningful partnerships is integral. Over the last two decades, CCDPH has cultivated and evolved its relationships and collaborations with CBOs, recognizing that they are essential organizations within the public health system to address social (e.g., housing) and structural (systemic racism) determinants of health. More recently, CCDPH is working with CBOs in a way designed to share power and elevate community voices, which are two core values that are shaping how the department engages with CBOs. Towards advancing a collective power building approach for ongoing collaboration for thriving communities in suburban Cook County, CCDPH has employed the following key strategies.

Building organizational and community capacity for sustainable change.

CCDPH has implemented various programs and initiatives that have invested in communities of color where a majority of the populations have lived experiences of inequities, and provided resources and supports that build knowledge, skills, and self-efficacy in advancing programs, policy, systems, and environmental changes that promote health and advance health equity. Examples include Model Communities funded as part of a federal program, Communities Putting Prevention to

Work (2010–2012) and the [Healthy HotSpot](#) initiative funded as part of federal program, Partnerships to Improve Community Health (2014–2017). Based on lessons learned throughout the years, CCDPH has worked to strengthen its engagement of grassroots, local CBOs.

In 2020, to support contact tracing and overall COVID-19 response, the department funded 42 CBOs to conduct outreach and education; expand programs and services that supported individuals and families with quarantine and isolation; addressed social and economic impacts of COVID-19; and organized community-wide testing. As part of this effort, CCDPH collaborated with Proviso Partners for Health (PP4H), a multi-sector community coalition that promotes racial and economic opportunity through policy systems and environmental change, to support CBOs in cultivating behaviors, processes and systems that, over time, result in sustainable improvement in health, well-being, and equity. PP4H used the Robert Wood Johnson Foundation’s Community of Solutions framework, which includes knowledge and skill-building in the areas of Leading from Within, Leading Together, Leading for Outcomes, Leading for Sustainability, and Leading for Equity. Building organizational and community capacity, whether through knowledge, skills, partnerships, and resources of CBOs is imperative, as they are catalysts for changing policies, programs, and practices necessary for advancing health and racial equity.

Creating systems and structures for “tri-directional” communication and trust building.

Establishing strong, trusting relationships with CBOs who serve populations and communities with lived experiences of inequities is one way to elevate community voices and extend trust within communities in such a geopolitically complex jurisdiction. To accomplish this, CCDPH has integrated CBOs and community leaders as part of the department’s community engagement team. As team members, the representatives help to set the strategic direction and serve as a check and balance as decisions are being made.

CBOs, which are community champions, act as the eyes and ears on the ground and know first-hand community experiences. Understanding this, CCDPH is nurturing a tri-directional connection between the agency, the CBOs and community (residents and workers). This

dynamic recognizes the reciprocal relationship whereby CCDPH can provide timely, accurate health-related information and CBOs can share in real time invaluable insights into community needs, assets, and priorities. In 2020, CCDPH with support from PP4H created Regional Learning and Action Networks to facilitate this exchange, providing a forum for CBOs to build relationships; learn from one another; leverage resources for sustainable action; and serve as a response structure for the dissemination of critical information to priority populations and communities. While the Networks have been an essential element of the COVID response, CCDPH hopes to expand the focus to addressing broader public health issues and anticipates other sustainable solutions and outcomes.

Shifting power through both processes and outcomes.

Related to structures and systems, authentic community engagement whereby community voices are at the decision-making table addresses power imbalances. Whenever CCDPH works with CBOs, the department is implementing co-design as a process and tool for engagement to gather input and feedback, to build relationships, and develop culturally appropriate materials. For example, a subgroup of the CBOs awarded funding to support contact tracing (mentioned above) collaborated with CCDPH to co-design the Regional Learning and Action Network purpose, structure, and activities. The results of intentional processes that shift power and support co-creation lend themselves to shared decision-making leading to increased buy-in and trust. Operating in this manner is a culture shift for CCDPH, and one that will take time and effort.

There are a number of facilitators necessary to cultivate meaningful, strategic partnerships with CBOs:

- **Leadership.** Strong leadership that values meaningful, strategic partnerships with CBOs and understands how they can extend capacity for the public health system is at the core. This level of support drives decisionmaking and resources that align with strategies to create and sustain meaningful, strategic partnerships with CBOs. As relationships with communities begin to materialize, laying out the vision and core values is essential, as this can help guide community interactions. It also means to be able to have hard conversations, because if those core values are laid

out, it should change how decisions are made. The health department also has to take a hard look at itself and not just identify values to put on paper, but ensure that they are values they are willing to put into practice. The combinations of vision and values helps to ensure focus and prioritize key issues while also giving the team a framework for action and accountability.

- **Community engagement principles.** Community has to be at the center of this approach. Applying principles that are at the heart of public health in an authentic way can lead to elevated community voices, increased trust with CBOs and the community, and shifts in power that are needed and required to advance health and racial equity. CCDPH's relationship with worker centers is a prime example of how mutually beneficial, strategic relationships can start small and turn into something powerful.
- **Commitment, transparency and openness to learning and growth.** While it may seem obvious, another strong driver is commitment to the community. Community members take notice when commitment is authentic and lasting, which is a must in order to develop the relationships with CBOs which themselves take time. The focus of the commitment must be on the relationships and not the money to fund programs, which comes and goes. The CBO relationship may start off one way and must be allowed to evolve as other opportunities present themselves. For example, CCDPH's relationship with local schools started off small and over time, other opportunities have come up that nurtured the relationships so that it evolved to a place that feels very open and comfortable, something that has been essential to the COVID-19 response. A benefit of the patience and commitment that is required in partnership building is the value that community members feel when they are able to reap the rewards. Being explicit about what CCDPH can do and cannot to support community has been well received by CBOs.

Simultaneously, CCDPH has faced several challenges in working with CBOs:

- **Government systems.** Government systems do not always align with the advancement of health equity. For example, the process to identify and award CBOs with funding is challenging and tends to gravitate towards CBOs with higher capacity (e.g., able to write grants). Due to differences in resources between CBOs, it is unfair to require the same process for funding and measure the work of CBOs in the same way. This is an important consideration so that local health departments do not leave behind CBOs with lower capacity who are also able to reach and serve populations and communities most burdened by inequities.
- **Differences in organizational culture.** There are also some significant cultural differences between CBOs and governmental public health. Local health departments are not nimble and the government systems are very different from the one in which many CBOs operate. CCDPH found that while they wanted to plan and be clear about a strategy, CBOs were ready to move tactically. While CCDPH was pushed to move more quickly, the department was not able to maximize its power and partnerships to support the work of the respective CBOs. Co-creating a process that brings together entities with different organizational cultures and finds common ground is critical for success (e.g., vision, operating principles, short term activities, etc.).
- **Competing priorities.** What funding sources support and what community priorities are can be at odds with one another. CCDPH funded 42 organizations to support contact tracing and other mitigation approaches, including testing, in late 2020. Community priorities changed quickly, focusing on the COVID-19 vaccine, as soon as one became available. While CCDPH continued to work with the CBOs on the primary purpose of the funding, the department also pivoted to ensure immediate community priorities and needs were addressed. The ability to be flexible and adaptable cultivates relationships with CBOs in a way that will inevitably engender trust.

Taking action on building and sustaining CBO relations in a way that elevates community voice, shifts power

and addresses structural racism is not quick, easy work. It requires patience, commitment, intention, vision, and leadership. CCDPH has shown how the CBO/LHD relationships is crucial to extending the public health system and building the workforce to better address these complex issues.



Austin Public Health, TX

Building the Capacity of CBOs to Better Meet Community Needs

Austin Public Health aims to address issues within the community by directly supporting those that work in the community. They do this by building the capacity of community-based organizations to allow them to work effectively as partners to address issues related to housing insecurity and homelessness. While the health department does provide a handful of services and programs that use direct staff, their preferred approach is to determine what kinds of services are needed and then work with local non-profits to contract out the work.

The LHD/CBO work is multi-faceted and can be looked at along a continuum. For example, the LHD works with several outreach teams, made up of community health paramedics, police officers, and local behavioral health providers, among others. They also contract with a non-profit to run homeless shelters, which are owned but not operated by the city. Using prevention dollars, the health department also supports a collaborative, Best Single Source Plus, run by a lead agency that provides rental assistance and case management services, all of which is outsourced to CBOs. The health department also funds the Rapid Rehousing program, which received over \$10 million that needed to be pushed out the door quickly, although it was a challenge to find a nonprofit who could take on so much new work. Ultimately, a portion of this money was able to be allocated

to community organizations, but several million was also allocated to LHD in-house social workers who work with people coming through the community court, almost all of whom are homeless.

Ultimately, the goal is to always try to push as much money as possible out into the community itself. The biggest growth area for the health department has been in funding services and permanent supporting housing, the long-term case management and behavioral health services for very vulnerable people. Traditionally, funding that supported the continuum of care came from HUD and not the city, but the city recognized that problems around housing and the chronically homeless were continuing to grow and required funding supplementation, which has been growing steadily over the years.

There are several benefits to prioritizing CBOs as the organizations to fund to take on community programs. A major benefit of contracting out to CBOs is that they can leverage funds in ways that the health department, as a governmental agency, can't. Another benefit is the unique relationships that CBOs have in the community. It can increase a community's confidence in the quality of services, while governmental agencies continue to be viewed with suspicion. The relationships between the CBOs and community members means that there's a diversity of viewpoints that also gets integrated into overall planning. All of this is encapsulated within a contractual relationship, where there is also accountability and expectations around performance.

Strategic investment and organizational capacity building are key strategies implemented by the health department to better serve housing instability needs in Austin.

Implementing an intentional funding strategy.

In terms of available funds, there was a modest general fund and over the past decade the city has increased its investments for housing services, case management, and other programs, including \$6.5 million in FY 2021 to put towards services such as permanent housing, case management, and behavioral health. In addition, the Homelessness Advisory Council approved a spending framework for American Rescue Plan dollars, a total allocation was \$195 million, \$100 million of which is dedicated to homelessness. Austin Public Health looked at their spending portfolio and saw that most of the

funding was going to crises instead of investing in longer-term solutions for homelessness. So, the question became how to devise and implement a strategy that addresses both short- and long-term needs of residents facing housing issues.

The health department recognized that it was more efficient to contract with CBOs, particularly when combined with their ability to attract private funds. In devising an investment strategy, the LHD has taken an iterative approach, starting with modest sums of money and types of services that small organizations are going to be able to implement. Using small pots of money made it possible to build a cadre of contacts. Within the cadre, some organizations emerged as high performers, while others dropped off. Since the amount of money is small, problems don't become too large even if a partner doesn't meet expectations and it became an opportunity to learn and grow. Over time, the contracts and services increased. There is a historical question around how this outsourcing model initially developed, particularly because it is so pervasive. One theory is that being in an environment that prefers small government, it may be more comfortable to have a budget to contract out rather than having a large government staff.



The Ending Community Homeless Coalition (ECHO) is partially funded by the health department and is a prime example of providers coming together to address the continuum of care and push the system forward in using evidence-based practices through contractual relationships. Traditionally, the ECHO infrastructure is that it acts as a local HUD continuum of care lead agency to receive HUD money directly and act as a decision-making body. While providing several services to the community through city support, the coalition is also cognizant of who is in the room, who needs to be in the room, and barriers of entry when it comes to different kinds of services. The coalition has been intentional about moving beyond the existing strong relationships that are critical to the work and long-time service provider by being smart about reducing barriers and broadening the circle of engagement beyond the contractual pieces. To do this, ECHO has reconfigured its leadership board

around HUD funding to include approximately 25% of individuals with lived experience of homelessness. This ensures that the stakeholders aren't just the providers, but that there's a much broader community investment. Organizations that haven't previously been engaged now have much more of an appetite for engagement due to the increased diversity. This can make processes messier, but it also aligns with the coalition's value of participatory processes. Some of the efficiency is lost when you have the governments at the control center or providing services themselves, but the value of having a community-driven process is more valuable.

Building the organizational capacity of CBOs.

When addressing housing in Austin, both the health and housing departments fund different facets of the work. The housing department focuses on brick and mortar structures, while the health department focuses on services, much of which becomes an expansion of CBOs. As part of the overall investment and growth strategy, capacity building comes into play, because many CBOs are not well capitalized. So, instead of being able to go straight to a provider with a request to take on a large new project, such as reimbursement, the health department needs to ensure that the organization is in a position to be able to take it on. Ultimately, the health department looks for the organizations that have the ability to take on complex problems and then helps them along the way.

Because contracting out frequent pots of money across a variety of services is the typical approach, it's necessary to ensure that certain supports are in place. For example, reporting is a huge part of the contracting process, both for the CBO and for the health department, which is typically using either federal or public funds. Having the appropriate administrative systems in place can be overwhelming for small agencies. The consideration for the health department is how to begin building relationships with some of these agencies in a way that isn't high risk to either party. It's unfair to overload them with requirements if they don't have the resources to respond. One way that the city has been able to address some of these challenges was over the last couple of years, paying for organizational assessments and providing technical assistance to organizations that wanted to grow. Currently, the team is in the process of buying access to bulk training for nonprofits on some of the

capacity building areas of need. The health department also funds ECHO to provide training to homeless non-profits, which is mostly around statutory issues, how to participate in the homeless management information system (a large database), and compliance issues.

The internal capacity building of CBOs is critical to this work. As a health department looking to outsource service provider work, if the expectation is for CBOs to come with the administrative infrastructure and sophistication needed, the result is the same organizations will repeatedly apply, because there will only be a few that managed to get to that capacity level. It's not reasonable to think about going deeper into a community without some intentional work and in some cases, funding to help the organizations who are entering that space. The tradeoff is that ultimately the community will get better services, providers will be more connected to the communities they serve, and the LHD will be able to spend less as a government entity.

In terms of providing technical assistance to emerging non-profits, capacity building needs can go from macro to micro-level issues. The ones who are just starting out with very basic organizational infrastructure may need help creating a board. Or there may be a more sophisticated agency that doesn't have the data or accounting system that's suited to the work. There is also an issue of the skill sets and technical expertise needed to do the work of the agenda. For example, an agency may come in and say that they want to do permanent supportive housing services and perhaps the city is going to fund it, but HUD will also likely fund it at some point. So, there's a host of regulatory impacts around how HUD defines permanent supportive housing, as well as what evidence-based practices are allowed and not allowed in

the space. Aside from the regulatory pieces, also having an eye on the field for evolving evidence-based practices is important when seeking funding, particularly if an agency proposed a practice that has been shown to have undesirable outcomes.

A key challenge to many of the emerging non-profits is their ability to implement the technical assistance and training that they receive. There's a balance of providing capacity building such as education and training while also acknowledging that some organizations are going to need working capital so that they can implement the technical assistance. This is less comfortable because performance is uncertain, and so the investment ROI may not be good. However, this risk is necessary in helping to grow the number of nonprofits that the health departments must work with. This was a critical step in risk mitigation, as many nonprofits have a desire to expand, but must do so without being, or even being perceived as being, irresponsible with dollars received. Austin Public Health has not yet implemented this strategy, but it is part of the three-year vision of growing the system by investing millions of dollars in capacity building.

By investing in CBOs as primary service providers, Austin Public Health has created a space that allows new organizations to be considered who may previously had been passed over. Because the health department is able to offer services and support, new providers are able to step up and in some cases, have had excellent outcomes. Because they have an investment strategy in place that focuses on contracts, the LHD is able to take a more aggressive approach in recruiting new providers due the amount of money set aside. Ultimately, the approach has benefitted all of those involved — the community, the partners, and the health department.

This project was supported by the Center for State, Tribal, Local, and Territorial Support and (CSTLTS) within the Centers for Disease Control and Prevention (CDC) under grant number 6 NU38OT000306-03-01, Strengthening Public Health Systems and Services through National Partnerships to Improve and Protect the Nation's Health. This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by CDC or the U.S. Government.



The mission of the National Association of County and City Health Officials (NACCHO) is to improve the health of communities by strengthening and advocating for local health departments.

1201 Eye Street, NW 4th Floor Washington, DC 20005

P 202.783.5550 F 202.783.1583

© 2021. National Association of County and City Health Officials