Greensboro Community Report

2024

A COMMUNITY-BASED ORGANIZATIONAL LANDSCAPE

photo: M Fletcher

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Cover photo: Mike Micciche

Dale Hall, New Hope Community Development Group,
Cottage Grove Neighborhood Association

Welcome

Central to a healthy Greensboro is engaging, partnering, and centering the expertise, knowledge, and insights of the communities who are most directly and disproportionately affected by health disparities to drive solutions. This report, which was created with support from Cone Health Foundation, emerged from a series of interviews and community conversations which began in 2022 and continue today. This is a preliminary step in ongoing efforts to share community-based data that can be tracked over time to help us as a collective Greensboro community refine and reshape our work and our advocacy strategies.

BY COMMUNITY AND FOR COMMUNITY

Greensboro's community-based organizations (CBOs) are full of visionary, hard working, and compassionate people eager to collaborate on upstream ways of addressing the social drivers of health. They are joined by equally committed people in our public agencies, academic institutions, and philanthropy. By coming together and embracing a collaborative approach, we have the opportunity to create positive change that none of us could do alone.

This report is designed to lay a foundational understanding of the current landscape of community-based organizations working to address health disparities and health inequities. This "point-in-time" view of the local context is a baseline for understanding the experience of local CBOs. The goals of this report are three-fold:

1. Learn from CBOs about their goals, needs, reflections, and priorities to identify community gaps and opportunities in funding;
2. Identify and elevate key issues and opportunities in the health equity nonprofit space in Greensboro; and
3. Guide philanthropic and public strategies to be transformative and effective in meeting community needs.

> **"To do this work well, we have to be willing to show up differently, and to work differently."**

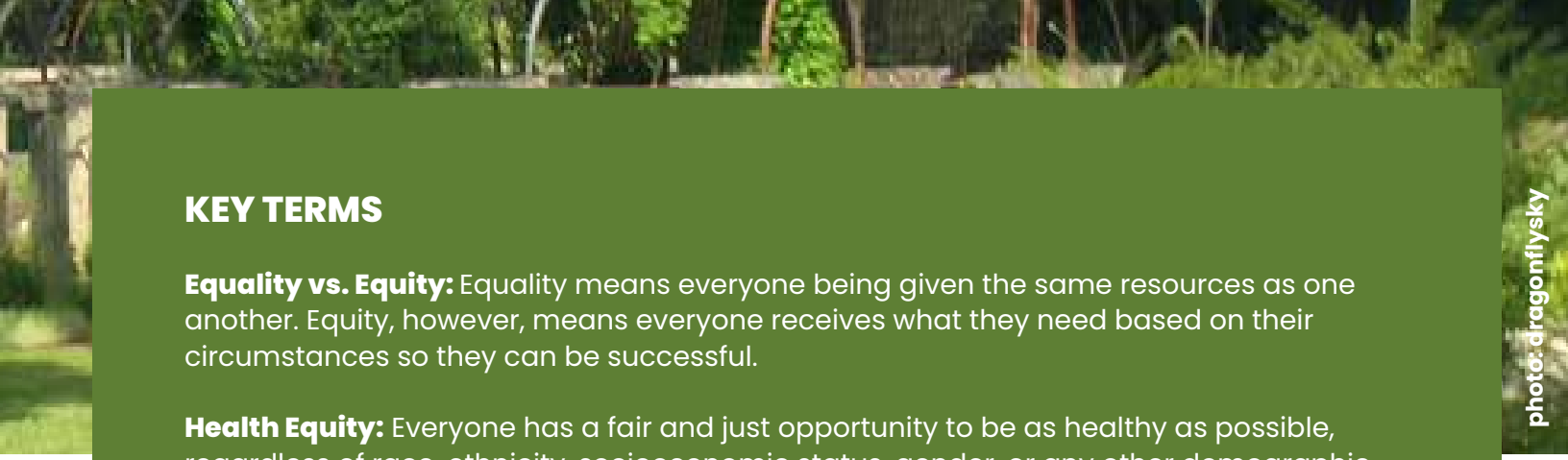

photo: dragonflysky

KEY TERMS

Equality vs. Equity: Equality means everyone being given the same resources as one another. Equity, however, means everyone receives what they need based on their circumstances so they can be successful.

Health Equity: Everyone has a fair and just opportunity to be as healthy as possible, regardless of race, ethnicity, socioeconomic status, gender, or any other demographic or characteristic.

Racial Equity: The end state where all people have unconstrained opportunities to live lives of dignity and well-being, regardless of color, race or ethnicity. Systems, policies, practices, culture, and mindsets actively support and reinforce these outcomes.

Social Drivers of Health (SDOH): The conditions in which people live, learn, work and play that influence their health and well-being. These can include healthy food, education, safe and healthy housing, and economic mobility, among others.

Health Disparities[1]: Differences in health outcomes that are linked to social, economic, and/or environmental disadvantage. Health disparities adversely affect groups of people who have systematically experienced challenges based on their racial or ethnic group; religion; socioeconomic status; gender; age; mental health; cognitive, sensory, or physical disability; sexual orientation or gender identity; geographic location; or other characteristics historically linked to discrimination or exclusion.

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[1] Adapted from "Healthy People 2030" from the Office of Disease Prevention and Health Promotion, U.S. Department of Health and Human Services.

THE WISDOM OF COMMUNITY

Cone Health Foundation believes in the wisdom of community members to identify and solve their own problems. Guided by that ethos, in 2022 the Foundation incorporated community input to guide its evolved strategy direction. In response to and in conjunction with this community feedback, the Foundation identified five priority social drivers of health: access to health care, healthy food, education, safe and healthy housing, and economic mobility.

During those community conversations, one strong request emerged from community members: to better understand the current landscape around social drivers of health and to find more collaborative opportunities to work together in these five sectors. This report is a response to these conversations, and parallels Cone Health Foundation's broadened funding of systemic policy and advocacy work alongside direct services and programs.

HOW THE REPORT WAS CREATED

This report is the culmination of two main data collection efforts, facilitated by Pyramid Communications, a national research, strategy, and communications firm, and supported by researchers at UNC Greensboro.

First, a group of organizations operating in Greensboro were invited to complete an online survey that asked about demographic information and characteristics of the organizations. Survey respondents ranged from executive directors to program managers to community coordinators. In total, 96 nonprofit organizations completed the survey, including many small grassroots organizations, and their responses are reflected throughout this report. (As this report focuses on CBOs, these findings exclude survey responses from public and for-profit organizations.)

In January 2024, about a month after the survey closed, Cone Health Foundation hosted an in-person event in Greensboro called "Partnering for Health Equity," where survey respondents were invited to connect with one another and dive deeper into questions and conversations around collaboration, the role of funders, and goals related to health equity. Sixty-six organizations were represented at the event.

At the community convening, our research partners also conducted seven one-on-one interviews with attendees. These conversations were an opportunity to ask more specific questions around community-based efforts to solve identified needs and add more nuanced context around organizational operations.

Pat MacFoy, New Hope Community Development Group; Pany Mounsamlouath, Greensboro Housing Coalition

WHY FOCUS ON COMMUNITY-BASED ORGANIZATIONS?

Community-based organizations (CBOs) lie at the heart of communities, functioning as connectors and providing needed services and programs to all people. By definition, CBOs are driven and operated by the community they serve. They are of community, for community. Ultimately, CBOs are the catalyst and key players in achieving health equity and closing gaps and disparities in outcomes.

By focusing on CBOs, the inaugural Greensboro Community Report honors and elevates the inherent knowledge, wisdom, and expertise that community members hold about their communities. They know what resources they need to solve challenges, and they have the capabilities to do so. They have established relationships, connections, and trust within their communities, so they operate with fluidity and efficacy in a way people external to communities cannot.

By understanding CBOs and their capacities, needs, and visions, the broader community and funders can better understand how we can all engage in collective action toward health equity.

This report outlines the current landscape of CBOs in Greensboro; it explores their positionalities in service provision, the environments in which they operate, and the constraints and opportunities they identify as they carry out their missions.

> **"Readiness comes when you have relationship. When we know each other we're willing to work together, but relationships and revelations take time."**

Carl Vierling, Greater High Point Food Alliance

Health Equity in Greensboro

Health is more than just access to care, and care is more than visits to the doctor. Health extends beyond caring for our physical bodies to encompass our emotional, social, and spiritual lives. Cone Health Foundation's five identified social drivers of health – access to health care, healthy food, education, safe and healthy housing, and economic mobility – meet these various needs and address non-clinical or "upstream" factors that play a role in people's wellbeing. Research shows that up to 80% of a person's health outcomes depends on these non-medical services.[2]

OUR CALL TO ACTION: COMMUNITY-WIDE COLLABORATION TO ACHIEVE HEALTH EQUITY

By working in partnership with stakeholders across our community, we can focus on addressing the root causes and bolstering supportive policies to achieve equity in Greensboro, Guilford County, and beyond. Data-driven insights are central to identifying the areas of greatest need and implementing effective interventions that will guide our mission of achieving health equity.

Currently, people of different ethnic and racial backgrounds, socioeconomic circumstances, education levels, and gender identities have differing outcomes in various health indicators because of deliberate policy choices that limit their access to any number of social drivers that bolster and support health. Such policies include redlining that limited the neighborhoods where people of color were able to buy or rent homes; discriminatory lending practices that resulted in drastically higher interest rates or mortgage denials for Black families; ongoing challenges to bodily autonomy; lack of appropriate educational supports for students; the lack of a standard living wage; and an underinvestment in public transportation options, to name a few.

[2] Manatt, Phelps, and Phillips, LLC. February 1, 2019. Robert Wood Johnson Foundation. "Medicaid's Role in Addressing Social Determinants of Health." https://www.rwjf.org/en/insights/our-research/2019/02/medicaid-s-role-in-addressing-social-determinants-of-health.html#:~:text=Often%20referred%20to%20as%20%E2%80%9Csocial,services%20not%20covered%20by%20Medicaid.

These policy choices are rooted in oppressive systems that benefit those at the top and burden those at the bottom. Health equity seeks to challenge this dynamic by ensuring everyone has a fair and just opportunity to be as healthy as possible. Health equity will only be realized when there is an equitable distribution of and access to quality health care, resources, and opportunities for every person, regardless of their personal identities or circumstances. To achieve equity, we need to invest in the community-identified and community-driven solutions identified by those directly impacted by disparities in health.

ABOUT GREENSBORO

Greensboro, North Carolina is the county seat of Guilford County, located in the northern half of the state. With a population just over 300,000 people (as of 2022), Greensboro is the third most populous city in the state. Greensboro's population is about 43% Black, 40% white, 9% Hispanic/Latinx, 4% Asian, and 0.5% American Indian or Alaska Native.[3] Currently, 15.6% of Greensboro residents speak a language other than English at home.

Estimates of primary racial and ethnic demographics of the population

Race & Ethnicity	Greensboro	North Carolina[4]
Black	43%	20%
White	40%	62%
Asian	4%	3%
American Indian/Alaska Native	0.5%	1.1%
Hispanic/Latinx	9%	11%[5]

Recent projections estimate that North Carolina will be the 7th most populous state in 2030, with people from other nations contributing to a portion of that population growth. By 2050, populations of color are expected to increase in the state, and projected to make up 48% of the state's population.[6]

[3] https://data.census.gov/table/ACSDP1Y2022.DP05?g=160XX00US3728000
[4] https://data.census.gov/table/ACSDP1Y2022.DP05?g=040XX00US37
[5] https://www.osbm.nc.gov/blog/2023/05/01/hispanic-population-fastest-growing-population-north-carolina"
[6] Office of State Budget and Management. "NC to Become 7th Most Populated State in Early 2030s."

While Greensboro already is a "majority-minority" city, meaning there are more people of color than white people, this data suggests the proportion of people of color will continue to grow. The projected population growth underscores the need and central importance of CBOs.

Economic indicators help illustrate the broader landscape in which CBOs are operating. While the median household income in Greensboro is about $11,000 less than the overall median in the state, rent and unemployment numbers are similar between the two.

Selected economic estimates of the population

	Greensboro	North Carolina
Median Household Income (2022 dollars)	$55,051	$66,186
Median Gross Rent (2022 dollars)	$1,048	$1,093
Unemployment Rate (March 2024)[7]	4%	3.5%

For more in-depth resources and discussion around economic equity in North Carolina, check out the **NC Equity Dashboard** from the Labor and Economic Analysis Division (LEAD) at the N.C. Department of Commerce.

Jean Workman, Every Baby Guilford; Eli Saavedra, Guilford County Division of Public Health; Susan Cox, One Step Further

[7] Bureau of Labor Statistics

INDICATORS IN GREENSBORO

Health inequities and disparities are the result of systemic policies that exclude groups of people from accessing care or needs based on specific identities. Cone Health Foundation's five priority social drivers serve as key indicators to track and ensure community efforts are serving the community and providing holistic and comprehensive supports.

The below indicators are certainly not exhaustive of what organizations can track to understand disparities and progress, but here they provide a snapshot into the ways policy decisions and community resources affect community health.

Selected indicators related to Cone Health's 5 priority sectors

Sector	Indicator	Greensboro[8]	North Carolina[9]
Health Access	Persons without health insurance, under age 65	10.6%	9.3%
Healthy Food[10]	Food insecurity rate amongst children (<18 years) in Guilford County in 2021	17.8%	15.4%
Education	High School graduate or higher (age 25+)	90.1%	90.2%
Safe & Healthy Housing[11]	% of population considered "housing-burdened" (pay 30% or more of household income on housing)	32%	28%
Economic Mobility	Persons in poverty	18.1%	12.8%

[8] U.S. Census Bureau QuickFacts, "https://www.census.gov/quickfacts/fact/table/greensborocitynorthcarolina/PST045219"

[9] https://data.census.gov/profile/North_Carolina?g=040XX00US37

[10] https://map.feedingamerica.org/county/2018/child/north-carolina/county/guilford

[11] North Carolina Housing Coalition, https://nchousing.org/county-fact-sheets/

CURRENT PROGRAMS AND SERVICES IN GREENSBORO

CBOs in Greensboro are working to improve on these indicators through their various programs and services. The organizations reflected throughout this report engage with communities in many ways to help advance health equity. When asked to identify their most effective programs to date, organizations highlighted efforts around providing direct services, life and job skills offerings, embedding services in existing programs and locations, and providing material resources like food and bikes.

Types of programs and services identified as most effective by CBOs

- Embedding clinics and services in existing programs and locations
- Case management and connecting people to other programs and services
- Life skills classes (e.g., computer literacy, leadership development, parenting classes, language learning)
- Job skills and readiness trainings
- Mental health care services and supports
- Providing direct services and materials (i.e., food banks, providing personal items, providing bikes, etc.)

Student, Black Suit Initiative; Sandra Boren, retired Cone Health Foundation team member

Who Is Doing this Work?

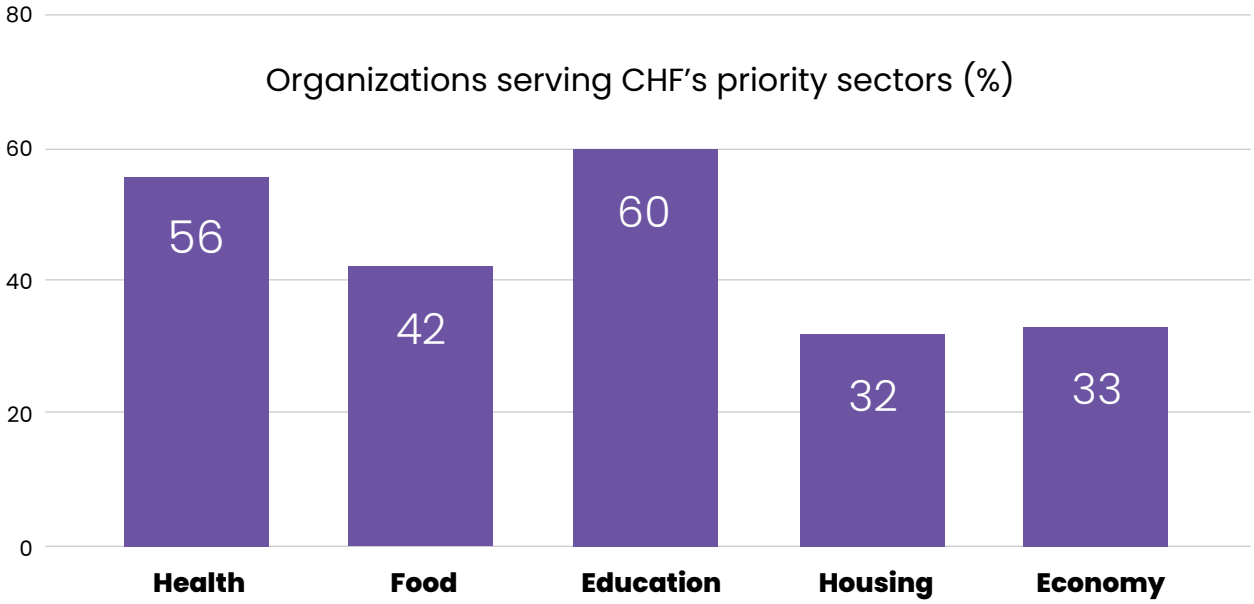
The organizations represented in this report are the entities that are working day after day to address health inequities and disparities. The work they do helps move key outcomes and indicators like those outlined above to eliminate disparities within the social drivers of health.

The majority of these organizations represent at least one of Cone Health Foundation's five priority sectors: access to health care, healthy food, education, safe and healthy housing, and economic mobility.

> **"Our focus is on economic mobility through advocacy, connections, career and professional development. We know this is just one piece of the puzzle."**

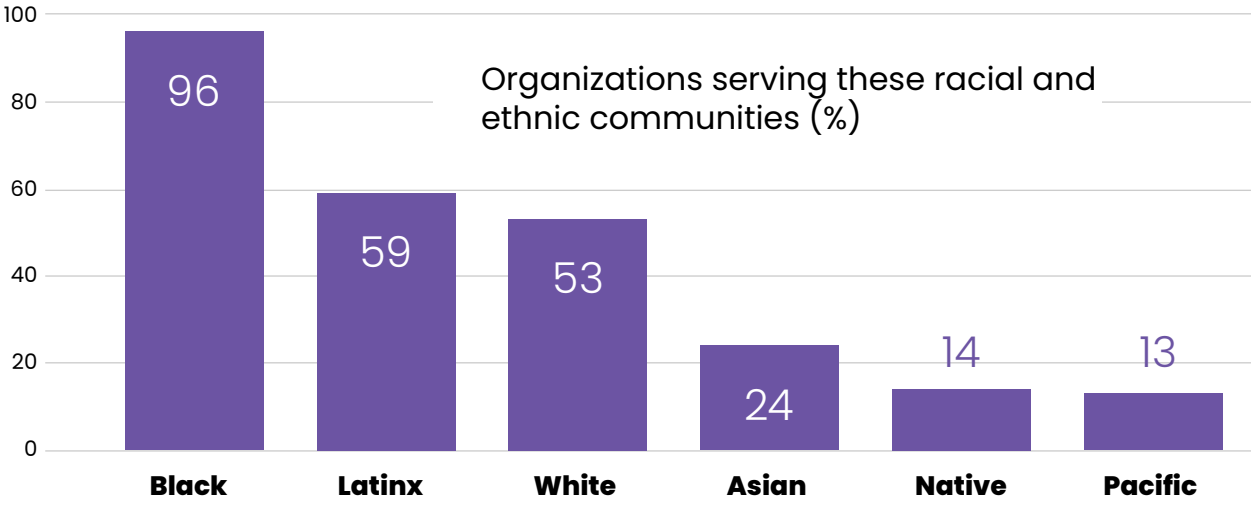
Sixty percent of organizations said they aligned with the education sector, followed by health access (56%), healthy food (42%), economic mobility (33%), and safe and healthy housing (32%). Respondents could choose multiple sectors or select "other," so percentages do not add up to 100. Sixty-seven percent of organizations identified multiplied sectors in which they operate. Survey respondents who selected "other" included those engaging in work around case management, the criminal justice system, spiritual formation, and transportation, among others.

A note about the data:
The data collected sought to get a foundational understanding of the landscape of CBOs operating in Greensboro. The organizations represented in the data and the in-person event are not a representative sample of all those working to address health equity, nor are they exhaustive of the types of organizations and services that support health outcomes. While governmental agencies completed the survey, this report focuses on the opportunities and capacities of CBOs. Therefore, the results and analysis only include organizations that self-identified as non-profits.



COMMUNITIES SERVED: WHAT WE LEARNED

Nearly all organizations (96%) said they primarily serve Black communities. (Organizations could select multiple communities, so percentages do not add up to 100.)



WHAT THIS MEANS

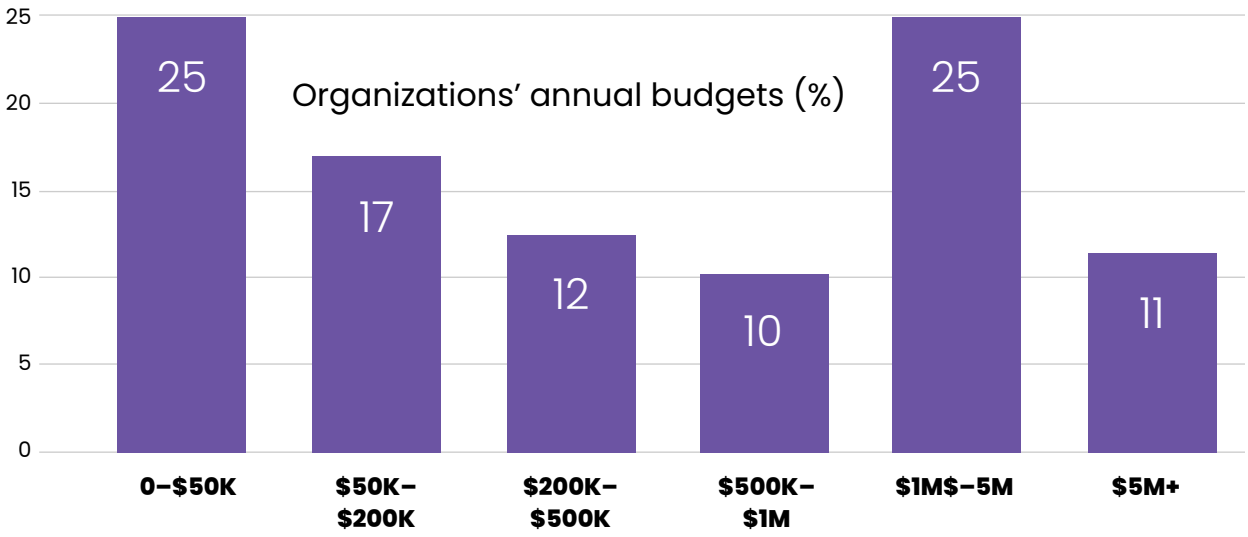
Black communities have historically been under-resourced and underserved, so the role of these organizations is filling a gap that has long been created by exclusionary funding and resourcing practices. Equity asks if we are serving and resourcing populations that are usually underserved; these CBOs are filling this gap.

However, most organizations said they do not feel the communities they serve are adequately represented in publicly available data (about 2/3 say they are not, and 1/3 say they are). This lack of representation in publicly available data means there are likely still gaps in understanding service needs, as community strengths and disparities may not be apparent in data that is not representative. While under-servicing and under-resourcing is partly a symptom of systemic oppression that excludes non-dominant populations, it is also a symptom of not having enough data to identify the gaps in services.

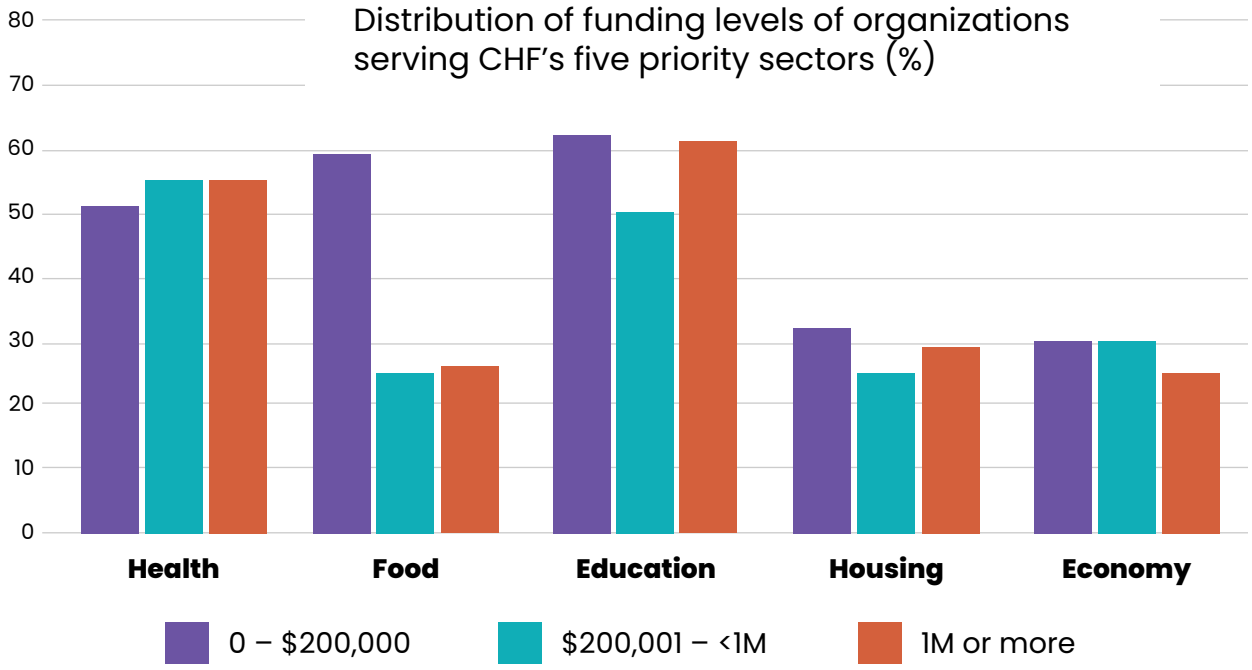
> **"We cannot work on health equity without disaggregated data. And then we need an evaluator to point out where we have inequities."**

BUDGET: WHAT WE LEARNED

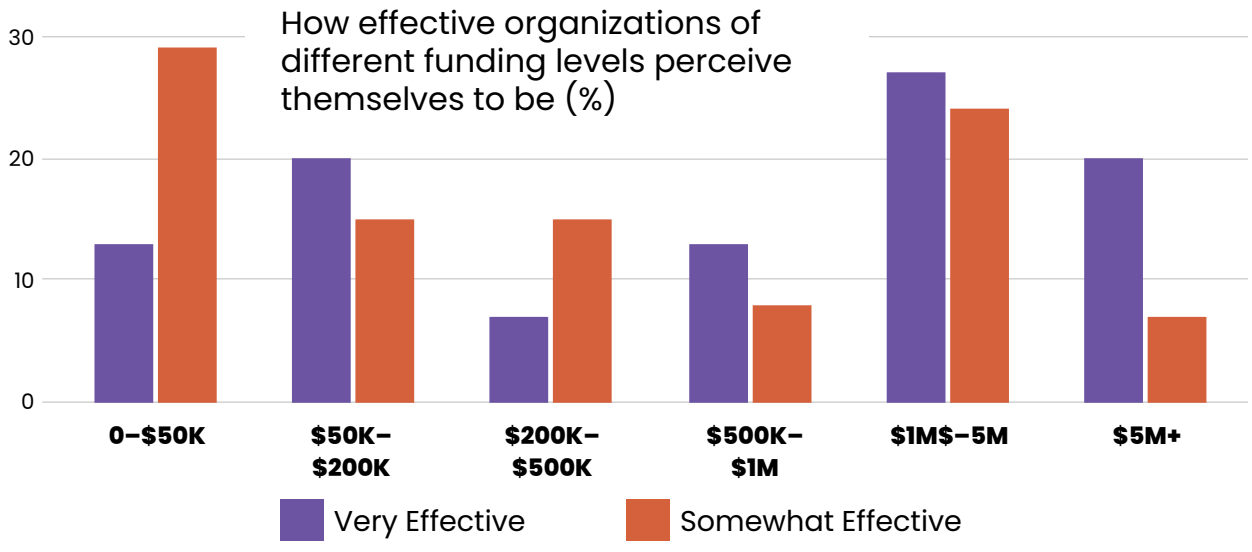
Organizations' annual budgets ranged from less than $50,000 a year to more than $5 million a year.



A more nuanced look at organizations' annual budgets emerges when we look at budgets by sector. More organizations working in the education and health sectors had higher budgets (exceeding $1 million). The healthy food sector appears to have a higher number of organizations operating at lower budgets, while organizational budgets in the other four sectors appear to be more evenly distributed.



Further, a higher percentage of organizations who said they were "very effective" in achieving health equities had budgets exceeding $1 million, while the highest share of organizations who said they are "somewhat effective" in achieving health equities had budgets less than $50,000.



WHAT THIS MEANS

An organization's budget can serve as a proxy to understanding their capacity – the more budget an organization has, they may have more capacity to engage in operational and programmatic activities, hire staff, and provide services to communities.

The varying funding levels of these organizations also suggest broader gaps in funding for specific sectors; organizations serving the housing and economic mobility sectors reported having the lowest budgets overall.

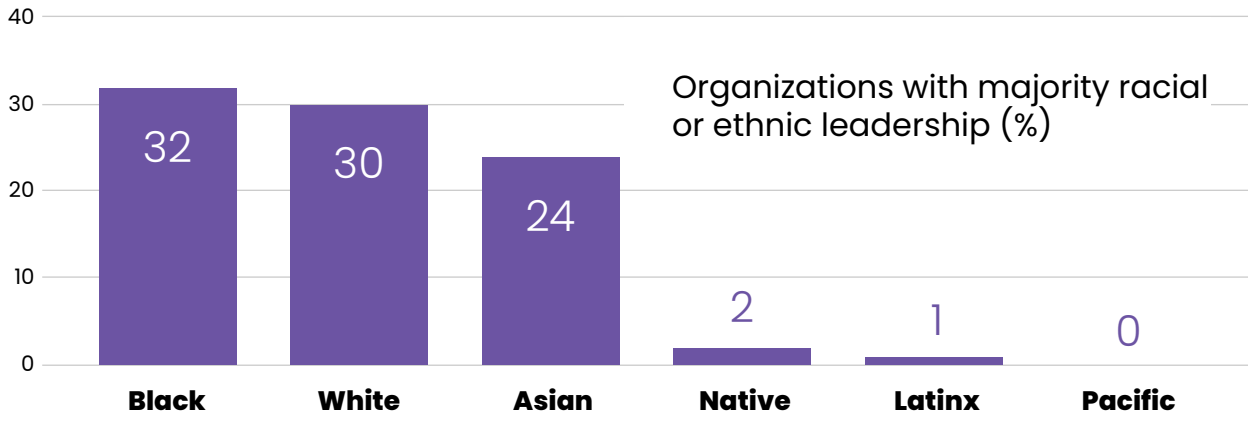
Further, the data suggests a tie between overall budget and how effective organizations are in achieving their aims. Among organizations surveyed here, those with higher budgets tended to believe they were more effective than those with smaller budgets.

LEADERSHIP: WHAT WE LEARNED

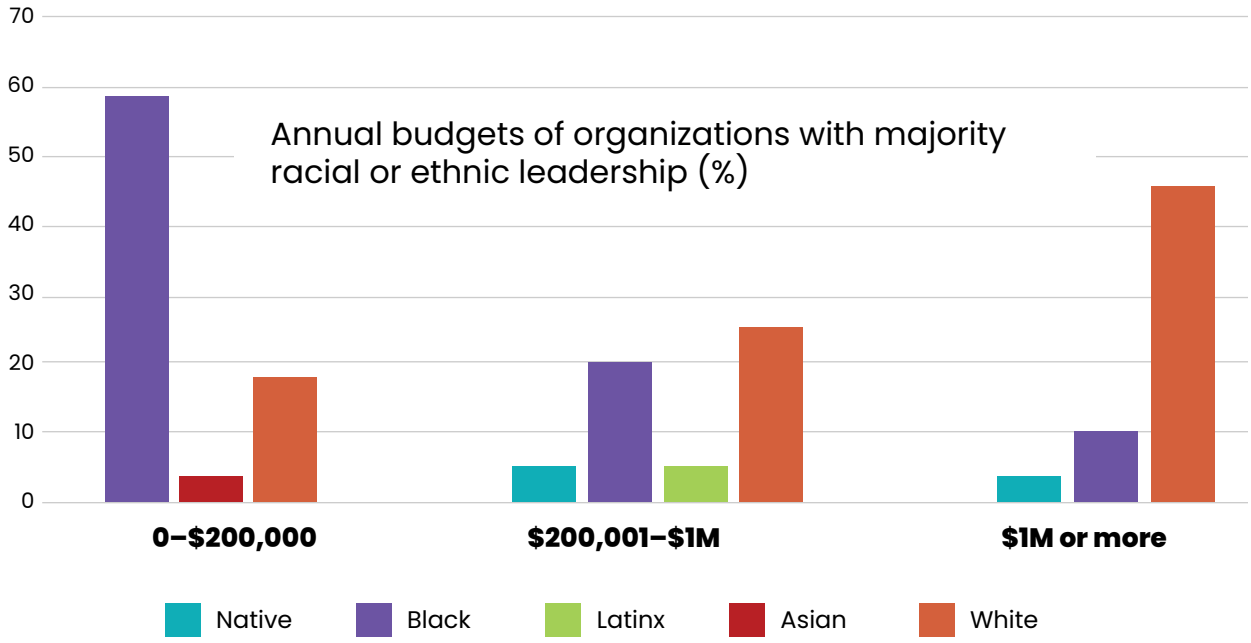
Organizations were considered to have majority racial or ethnic leadership if at least 60% of those individuals were of a specific racial or ethnic group. The survey asked about the composition of leadership and the board to present a broader picture of organizational leadership as a whole, as opposed to the identity of an individual person at the helm.

Thirty-two percent of organizations reported that the majority of their senior leaders and board are Black; 30% reported this majority is white, and 24% reported this majority is Asian. Just 2 percent had 60% or more Native leaders, and 1% had Latinx leaders.

No organizations had senior leaders who were majority (60%+) Pacific Islander. The highest reported percentage of Pacific Islander representation on a board was 8%.



The data illustrates a stark disparity of funding levels when looking at the annual budgets of organizations based on the racial and ethnic composition of their leadership and board. The highest share of organizations with white leadership (45%) have budgets exceeding $1 million. Conversely, organizations where the majority of leadership is Black have a higher percentage of budgets less than $200K.



Relatedly, CBOs vary in the amount of time they spend applying for grants and their win rates, particularly when we look at racial and ethnic composition of leadership. Organizations with BIPOC leadership, which tended to be those with smaller budgets, appeared to spend fewer hours per year applying for grants than organizations with majority white leadership. Submitting fewer grant applications means there are fewer opportunities to receive those grants, resulting in less funding overall.

Majority Composition of CBO Leadership (60%)	Hours Spent on Proposals/Year (Average)	Grants Submited/Year (Average)	Grants Awarded/Year (%)
Black	156	8	43
White	529	22	56

WHAT THIS MEANS

This budget disparity between organizations with majority Black leaders and those with majority white leaders suggests organizations may not have equitable access to resources. While smaller budgets can be indicative of a number of factors (such as how long an organization has been operating, staff and volunteer size, and implicit racial biases in grantmaking and funding processes), the extremity of this difference spotlights how under-resourcing specific communities and populations persists, even with explicit commitments aiming to address such inequities.

As there were no organizations with majority Pacific Islander leadership and extremely few organizations with majority Native and Latinx leaders, the survey results indicate a potential gap in services to these communities. This disparity also highlights an opportunity to engage more organizations led by and serving these populations as part of the collaborative ecosystem of Greensboro CBOs.

Conducting additional research that considers the length of time an organization has been operating could provide nuance and insight into budget patterns and capacity, as well.

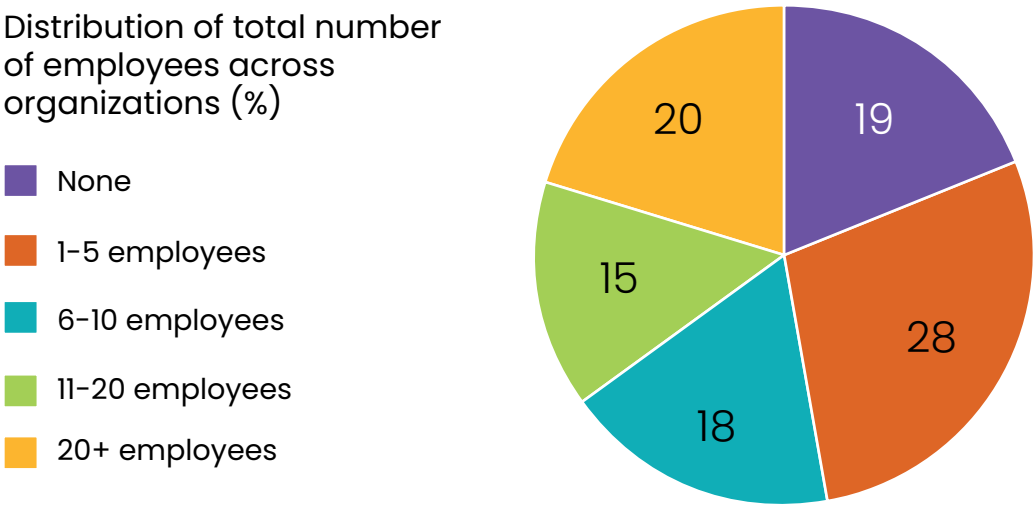
Jade Spratling, The Poetry Cafe

STAFF & VOLUNTEERS: WHAT WE LEARNED

CBOs are run by people; staff and volunteers are the most critical resource at CBOs. Without people doing the work, no work gets done.

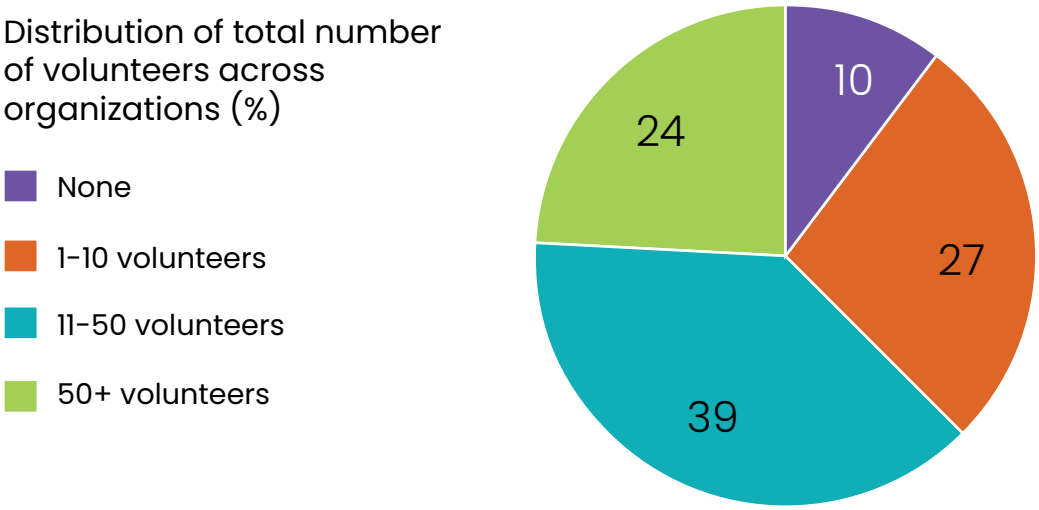
Organizations reported a generally equal distribution of numbers of employees. Those with no employees are fully volunteer-run.

Distribution of total number of employees across organizations (%)



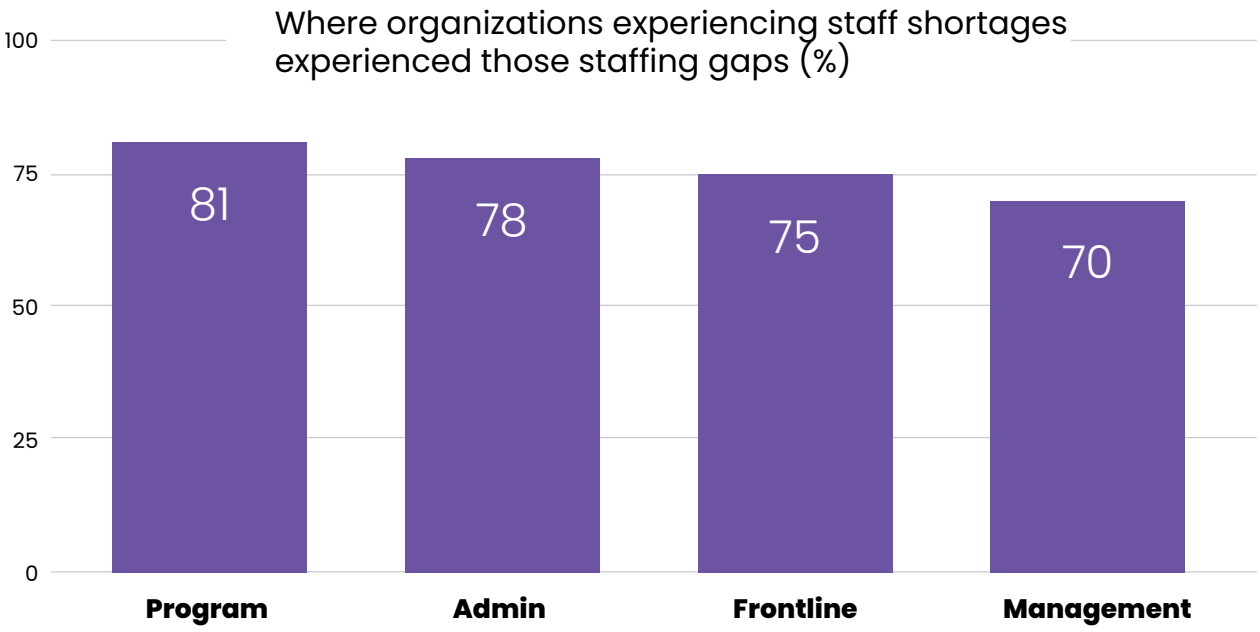
There was more variation in organizations' reliance on volunteer power to conduct their work. Nearly 4 in 10 said they have between 11 and 50 volunteers. Just 1 in 10 said they have no volunteers.

Distribution of total number of volunteers across organizations (%)

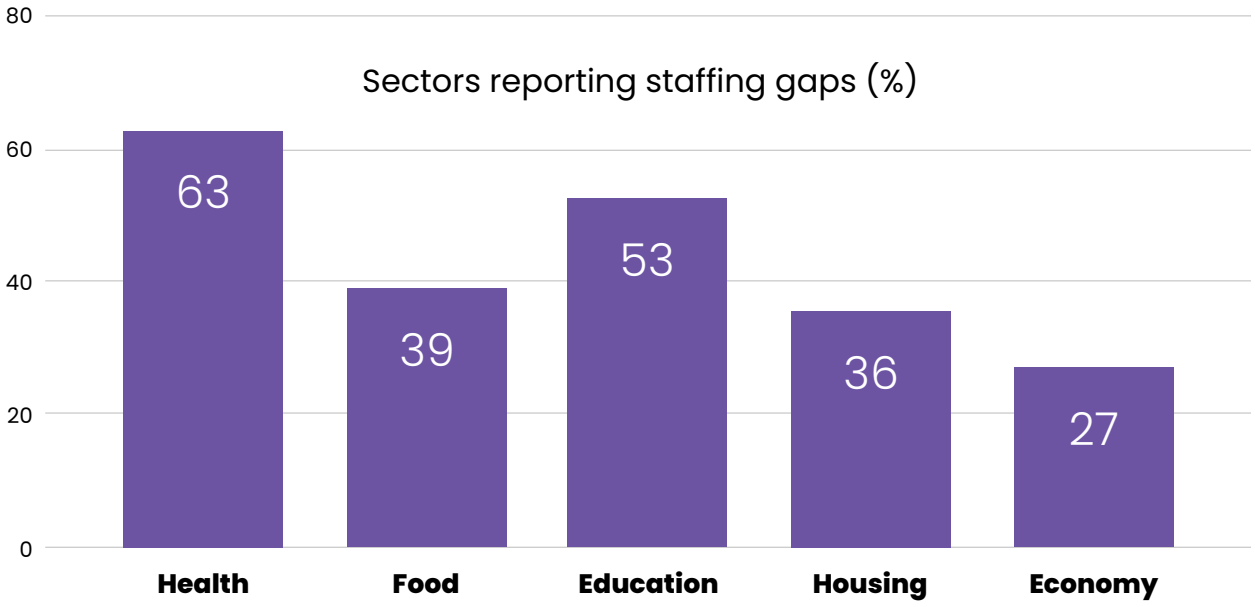


While staff and volunteers are the ultimate power behind organizations, 63% of organizations indicated they had experienced gaps in staffing that substantially affected their operations, such as providing programs and services.

Staffing gaps appeared across all staff levels at organizations: 81% of organizations who faced staffing gaps experienced them among program staff, 78% experienced them among administrative staff; 75% among frontline staff, and 70% among managerial staff.



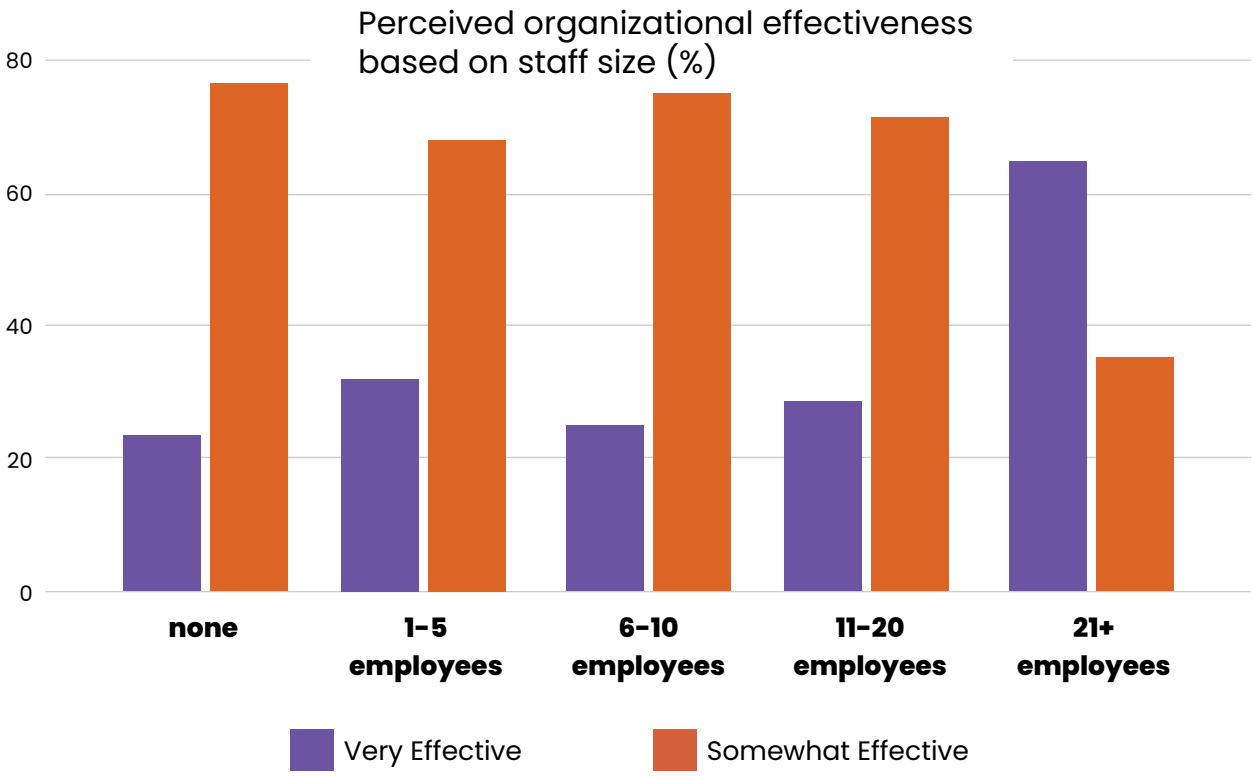
However, when we look at the organizations who reported staffing shortages by sectors served, we can see those staffing shortages appear to be concentrated in organizations working in health access (6 in 10 experienced gaps) and education (5 in 10).



Further, when asked what specific resources, skill sets, or tools organizations would need related to operations and administration or to programmatic functions, the most commonly identified resource was additional staff.

CBO-Identified Needs for Operations & Administration Staff	CBO-Identified Needs for Programmatic Staff
• Grantwriters and development staff • Marketing and communication staff (social media, etc.) • Administrative staff • Volunteer coordinators	• Clinical staff (licensed staff) • Providers who are people of color • Interpreters and translation services (bilingual staff members) • Connector/community engagement staff • Case managers and health/community outreach educators

In fact, organizations with the most employees were more likely to indicate that they are "very effective" at reducing health inequities.



WHAT THIS MEANS

Organizations need additional staff to be able to carry out their work. Much of this need for staff is concentrated in the administrative and program provider roles, which reflects the areas where organizations experienced gaps in staffing in the past year. The need for administrative staff also hints at a catch-22 in the funding process – CBOs said funders will require specific financial reporting, but organizations don't always have the staff to pull those reports so they end up not applying for those opportunities.

Currently, many organizations' people capacity is heavily supplemented by volunteer hours. While volunteering is a powerful way for individuals to contribute to and embed in communities, volunteer hours are not always steady nor is it always sustainable for ongoing services.

The health and education sectors in Greensboro follow national trends and patterns related to staffing shortages. Across the country, organizations providing direct services, case management, and "essential workers", such as healthcare providers and educators, have experienced staffing gaps related to burnout and low pay, respectively, in recent years.[12, 13]

Some organizations are thinking about longer-term solutions to supplement the staffing gaps they are experiencing, including developing a student pipeline to grow a longer-term pool of staff. They mentioned opportunities to place students in health-related internships or by more explicitly embedding aspects of the social drivers of health in internship and capstone projects. There are ongoing opportunities to think strategically about how to sustain a workforce.

Phillip Marsh, GSOLAB Community Foundation; Josephus Thompson III, The Poetry Cafe

[12] https://www.forbes.com/sites/forbesbusinesscouncil/2023/12/29/navigating-the-healthcare-staffing-crisis-a-treatment-plan-for-workforce-stability/?sh=4e85932eb0b2

[13] https://nces.ed.gov/whatsnew/press_releases/10_17_2023.asp

Advocacy and Policy

Health equity work requires a multi-angle approach to make change. In addition to programmatic services, organizations are engaging in advocacy and policy efforts and looking to change the material conditions of communities at higher levels. The following is a sampling of advocacy areas of focus identified by the CBOs.

Sector	Advocacy and Policy Priorities
Access to Care	• Greater access to health coverage • Sexual and reproductive health
Healthy Food	• Changes to SNAP benefits where increasing income means decreasing benefits (creating a benefits "slope" instead of a benefits "cliff") • Free meals for every student • Changes to limits on bags on public transportation
Education	• Funding for education • Supports in schools (teacher protections, reversing anti-LGBTQ policies, book bans, bathroom bans)
Safe & Healthy Housing	• Access to shared housing • Safe and affordable housing
Economic Mobility	• Transportation to services • Public benefits access and reforms • Employment security • Livable wages

A common thread of these advocacy priorities is access to resources, many of which are upstream health indicators and social drivers of health (i.e., transportation supports, access to housing options, job security), with a focus on financial and physical security. The intersections of these advocacy areas highlight the comprehensive and holistic approach to understanding health, one that factors in the various supports that keep people well outside of a clinical care setting.

> **"I think we're very effective at building trusting relationships with people directly impacted by systemic inequities in access to safe, healthy housing, food sources, and health care. Where we want to be able to grow is in our ability to be involved in advocating together so that we all feel like agents who can impact the policies that create the conditions our people live in."**

Justin Krick and Becky Hunt, Family Service of the Piedmont; Tamica Hughes, Level Up Parenting

The Collaborative Landscape

Beyond their individual missions, these CBOs create and exist in a broader collaborative ecosystem of organizations in Greensboro working to address health disparities and achieve health equity. Just as the five priority social drivers of health intersect and build upon one another to improve health, so do these CBOs. Collaboration across organizations and across sectors is critical to have the highest impact and serve communities in a meaningful and effective way.

> **"While the work we do is highly effective, we realize that there is more intentional work that can be done through collaboration and strategic partnerships."**

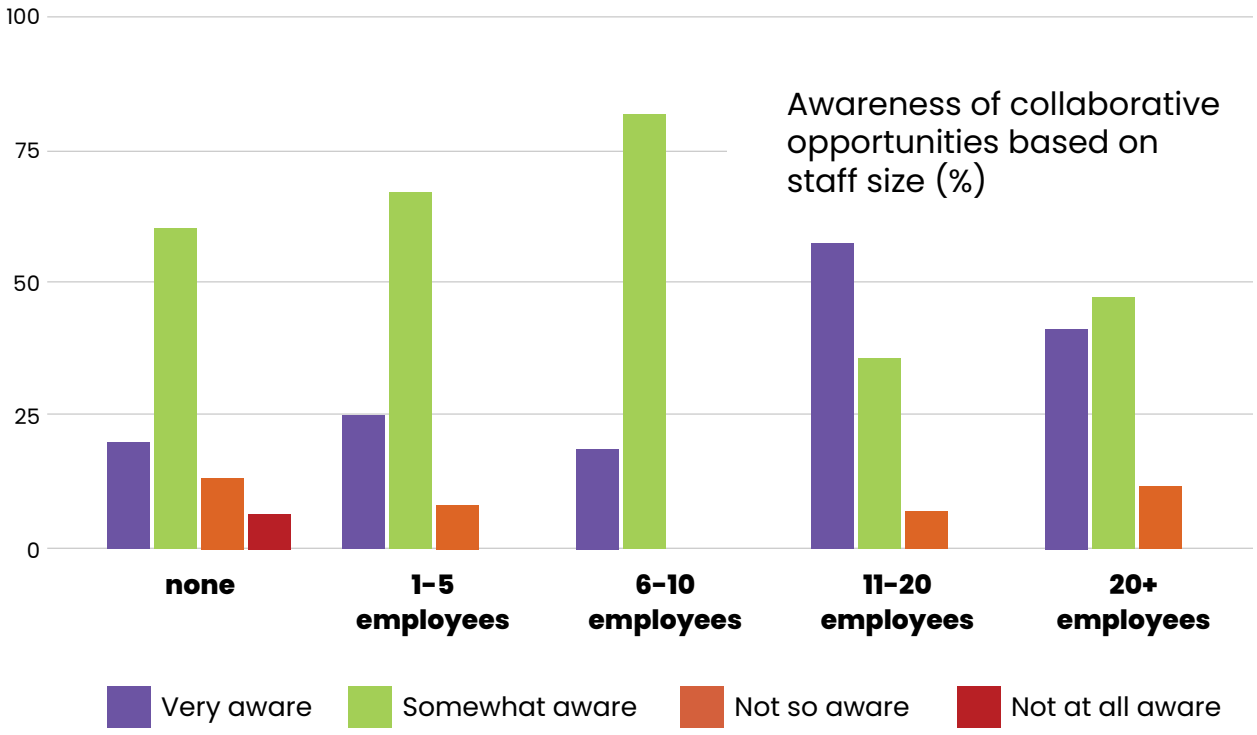
THE CURRENT STATE OF COLLABORATION

By and large, organizations are tapped into collaborative opportunities – 90% of organizations said they are at least somewhat aware of those opportunities. Further, there are a number of collaborations and collaborators that multiple CBOs specifically identified as opportunities.

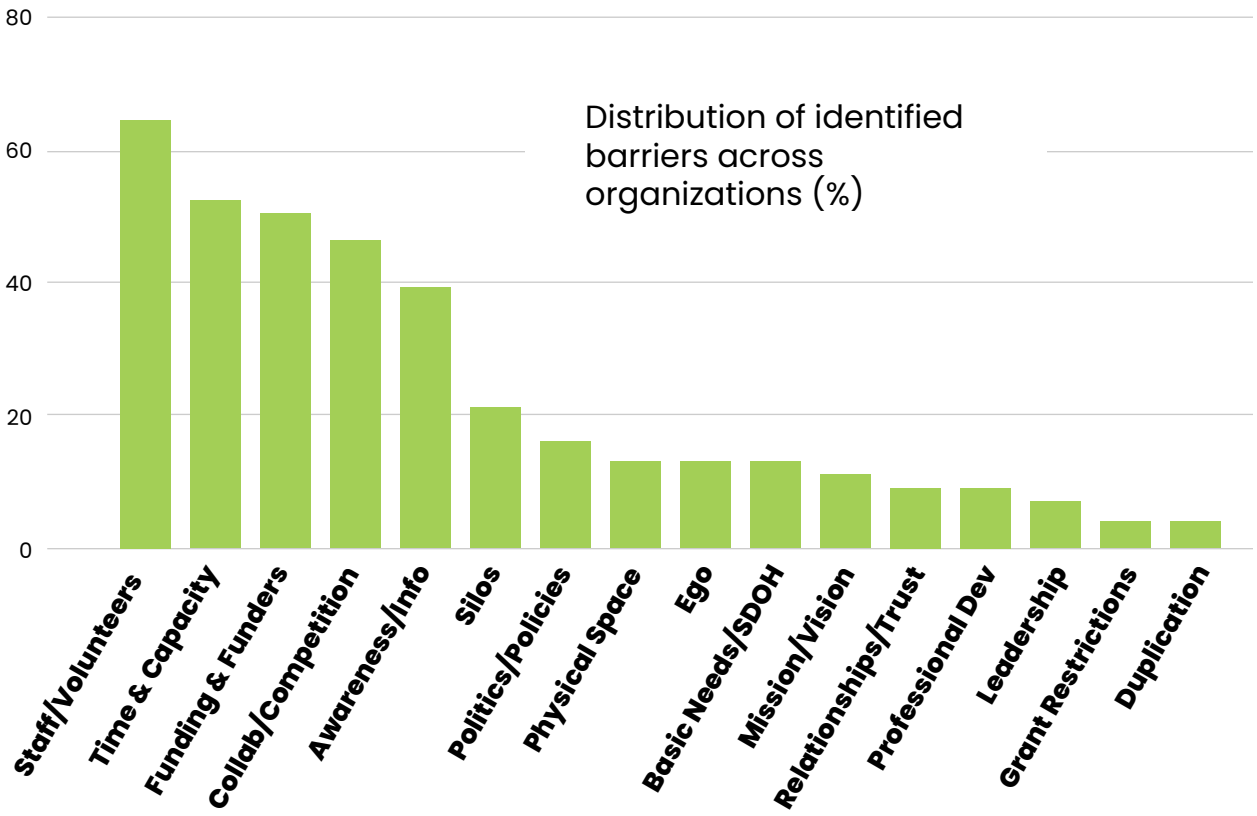
Sector	Collaborators Mentioned Multiple Times
Access to Care	• Cone Health • Cone Health Foundation • Family Justice Center • Guilford County Health Department
Healthy Food	• A Simple Gesture • Backpack Beginnings • Healthy Harvest
Education	• Children and Families First • Cone Health • Greensboro Parks & Recreation • Guilford County Schools • NC A&T State University • Ready for School, Ready for Life
Safe & Healthy Housing	• City of Greensboro • Cone Health • Guilford County DSS • Housing Consultants Group • Interactive Resource Center (IRC) • Partners Ending Homelessness
Economic Mobility	• New Hope Community Development Group/ Baptist Church

Larger organizations tended to be more aware of collaborative opportunities, suggesting that additional staff capacity to focus and engage externally is a critical component of collaborative work. The staff capacity issue is highlighted by the fact that the only organizations who said they were not at all aware of collaborative opportunities are those with 0 employees.

> **"It's good to bring different people together, people with different perspectives, but there are barriers around coordination and integration. We need more community capacity building to do collaboration well."**



While the desire and need for collaboration is strong, the key barrier CBOs identified to engaging with other organizations in this manner is staff and volunteer capacity.



> **"[Collaboration] works for us because we don't compete. How we collaborate is by doing what we do best and letting others do what they do best."**

All sectors had the same top five barriers (with 1 being the most frequently identified barrier and 5 being the 5th most identified barrier), indicating the challenge of collaboration exists in the structure of the CBO ecosystem. The most commonly named barrier to collaboration across sectors was having adequate staff and volunteers numbers.

Barrier	Health	Education	Housing	Food	Economy
Funding & Funders	1	2	3	2	1
Staff/Volunteers	2	1	1	1	1
Collaboration/Competition	3	5	2	5	3
Awareness/Info	4	4	5	3	2
Time & Capacity	5	3	4	4	4

Staff/Volunteer: Every sector except for access to health said staff/volunteer capacity was their main barrier to collaboration (it was the second top barrier for health). When organizations face staffing gaps and shortages, the priority often shifts to frontline programmatic offerings and direct service, limiting their time and capacity to engage in bigger picture thinking with peer organizations.

Funding/Funders: Organizations identified funding barriers (i.e., restricted funding) or strict reporting requirements that limits their ability to pay for their time spent engaging in collaborative opportunities, or spending so much time applying for grants just to keep operations going. CBOs mentioned seeking flexible funding that provides the latitude to engage in collaborative and supportive ways.

> **"The key is not doing everything. The key is not having everything in-house. The key is having a phone and knowing who to call."**

Collaboration/Competition: Relatedly, CBOs outlined the scarcity mindset in which they often operate, particularly as many organizations are going after the same grants. Multiple organizations expressed a desire for "consistent" and "non-competitive" funding, highlighting the dynamic that all these organizations are often competing for the same pool of resources.

Awareness/Information: CBOs mentioned a lack of awareness of various opportunities and information that could aid in collaborative efforts. Many felt like other organizations don't know or understand what they do, suggesting awareness of their own organizations by others limits these partnerships.

Time and Capacity: CBOs experience constraints around the time they can spend and the capacity they have to engage in such collaborative opportunities. Many mentioned a desire for more multi-year funding opportunities so they can spend less time applying for grants and more time making useful connections with other organizations.

> **"We need to focus on how we avoid duplication of services, we need more collaboration."**

Cone Health Foundation Team, National MLK Day of Service

The Stated Needs of Community-Based Organizations

As depicted throughout this landscape report, CBOs are functioning under varying circumstances – varied budgets, staff sizes, communities served, and resources to engage in their work. One unifying factor of all these CBOs is their commitment and education to advancing health equity in Greensboro. An integral part of centering and honoring the knowledge and wisdom of community members and CBOs is to listen and respond to the requests they make that will better enable them to carry out their critical missions. These are the specific requests CBOs have identified:

STAFF TRAINING AND SUPPORT

Many organizations indicated a desire for training and professional development opportunities related to health equity and collaborative practices. There is a strong desire for supports to weave diversity, equity, and inclusion training into leadership and staff requirements. Some organizations also identified wanting more fluency in DEI frameworks specifically so they can better respond to funding opportunities. Additionally, organizations expressed a need for more supports to offer their staff who are on the frontlines of serving community. They specifically mentioned a need for mental health supports, as well as wanting to pay higher wages and be able to provide staff with health coverage.

INFRASTRUCTURE

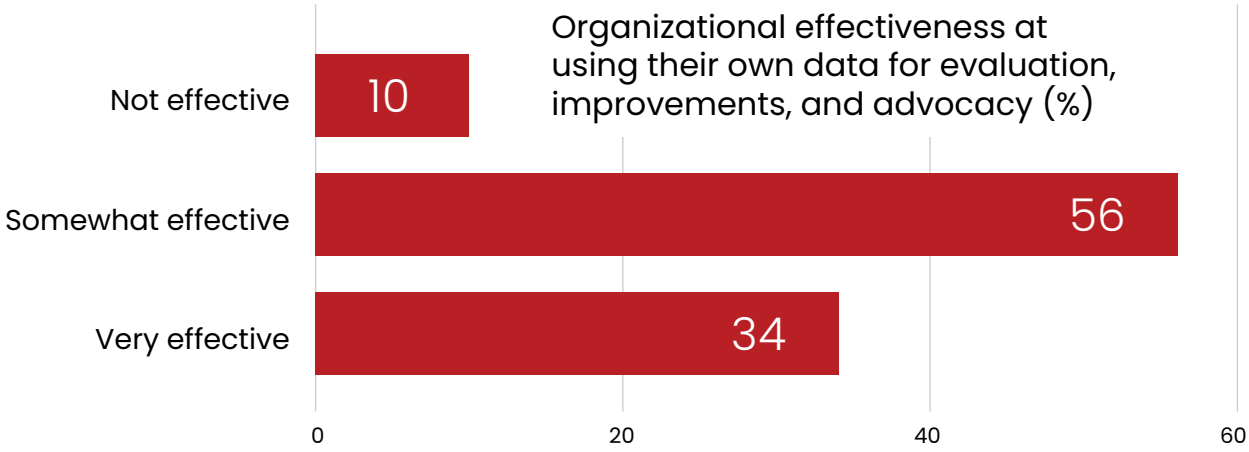
Organizations identified specific hardware and software needs that would better enable them to carry out their work. On the physical side, many CBOs said they need a brick-and-mortar space (or an improved physical space) to host events, gather community, expand services, and serve different accessibility needs of potential clients. Other physical requests included computers, medical equipment, and transportation.

On the software side, organizations expressed a need for improved databases, customer relationship management systems to better track donations, electronic health records, and website development support.

Notably, organizations highlighted the need for a centralized listserv or network that holds information about other resources and organizations in Greensboro, including potential funding opportunities. By streamlining this information in one place, CBOs said they can better connect and explore collaborative opportunities.

TECHNICAL ASSISTANCE

More than half of CBOs said they were "somewhat effective" at using their organizational data for program evaluation, improvements, and advocacy. Several identified the desire for more evaluation support or technical assistance (TA) so they can better collect data and show the impacts and advances they are making. They also said TA related to data sharing practices could support their collaborative efforts in engaging with other organizations in the Greensboro ecosystem.



FUNDING

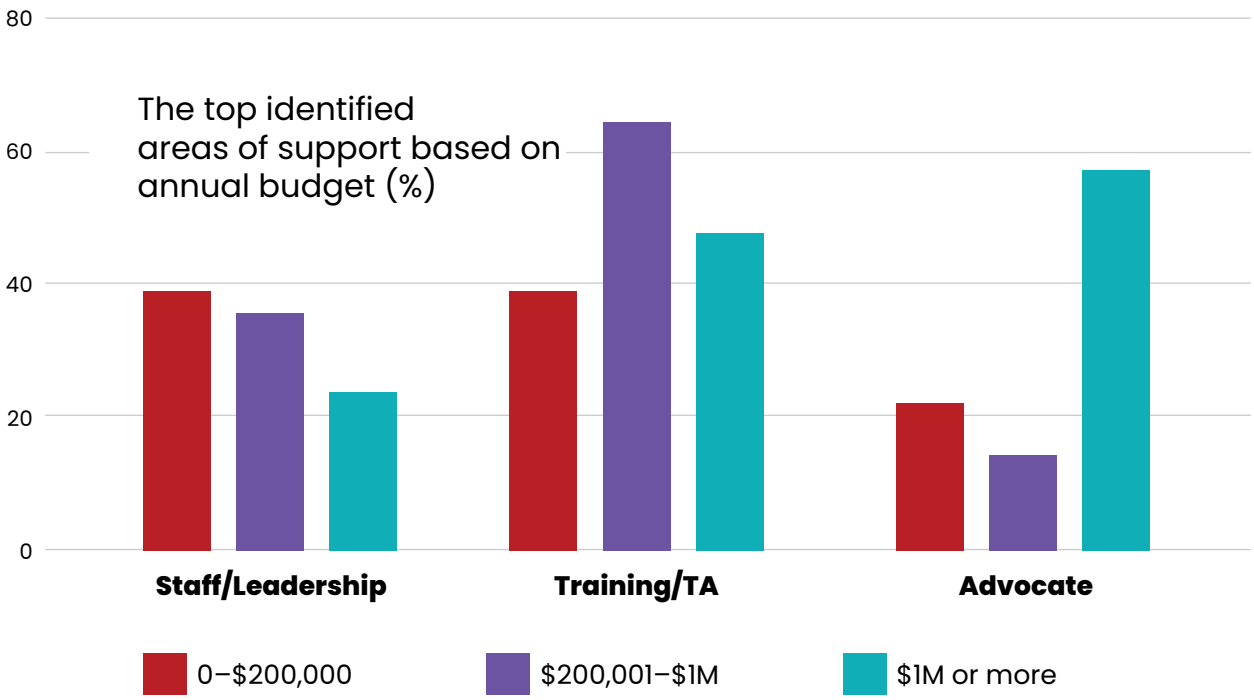
While the need and desire for more funding is not new, organizations identified multiple specific funding needs that would enhance their ability to conduct their work, including paying for:

- Market rate salaries to enhance staff quality of life and reduce staff turnover;
- Administrative support, particularly if funders have specific reporting requirements;
- Overhead costs, renovations, and repairs to keep programs up and running;
- Scholarships/funding for people to attend racial equity workshops and professional development opportunities; and
- Consistent (i.e., multi-year, general operating support) grants to reduce administrative burden.

> **"How do we reach the people we serve? It takes a lot of time, many of us are volunteering. How would it look if we could pay people to help?"**

THE TAKEAWAY

All of these identified needs speak to the central challenge of organizational capacity. When looking at the top areas of desired support by budget size, we can see how capacity constraints can direct the types of activities an organization engages in. The highest share of organizations seeking support in advocacy work were those with budgets exceeding $1 million, suggesting that they are able to focus on these border policy and system level changes because they have the capacity, time, and staff to do so. Conversely, organizations with smaller budgets identified staff and training/TA as their main areas of desired support, suggesting they need more hands on deck on the frontlines.



Opportunities for Exploration

The Greensboro community's needs are varied and complex, with capacity building of CBOs a top priority, based on these research findings. To meet these needs and advance health equity in our community, we all need to lean in with determination, grit, and creative solutions. The following are areas for collective future exploration:

CONTINUE TO SHARE DATA-DRIVEN INSIGHTS

Providing stakeholders across Greensboro with a shared, data-driven perspective on the current state of health equity — from identifying populations of greatest need to understanding existing and emergent issues – will continue to shape new strategies to implement. We can coordinate our work and increase our impact by looking across the key social drivers of access to health care, education, healthy food, safe and healthy housing, and economic mobility.

BRING PEOPLE TOGETHER TO COLLABORATE

We heard loud and clear that CBOs and their partners want to continue the dialogue which took place at this year's "Partnering for Health Equity" event. This ongoing conversation could take place through a series of community events, both intersectional and sectoral, to discuss creative solutions to address disparities and advance health equity. There is also the possibility of smaller affinity groups working on specific issues.

CONSIDER NEW WAYS TO SOLVE OLD PROBLEMS

The primary issue raised by CBOs is the need to increase their capacity. In a world of limited human and financial resources, we have an opportunity to embrace creative ways to accomplish this goal. For example, a centralized "back office" for CBOs could provide accounting, legal, human resource, grant writing, and information technology services. Or a team of technical assistance providers could offer customized support to individual organizations in their areas of greatest need.

ADVOCATE FOR SHARED POLICY PRIORITIES

From greater access to health coverage to changes in SNAP benefits and access to safe and affordable housing, Greensboro's CBOs and their partners share a number of advocacy priorities. Uniting to support shared policy priorities amplifies the diverse voices of our community, leading to more inclusive and effective policy outcomes.

ALIGN PHILANTHROPIC AND PUBLIC SECTOR FUNDING

Different community funders, whether from the philanthropic or public sectors, have different funding priorities. That said, we can maximize efficiencies and the overall impact of investments through alignment and coordination of funding for CBOs. We also have an opportunity to look at responsive forms of funding — from emergency grants to impact investing to catalyst funding — all designed to meet community needs with agility. Additionally, the funding community has a role to play in addressing inequities within organizations, which includes funding but also leadership.

> **"When I think about change and transformation, you need real community buy-in. The synergy of change has to make sense to the people in the space for people to latch onto it, make it their own, and act on it."**

Sharon D. Morrison, MSPH, PhD, UNCG; Andrew Young, Montagnard Dega Association (MDA)

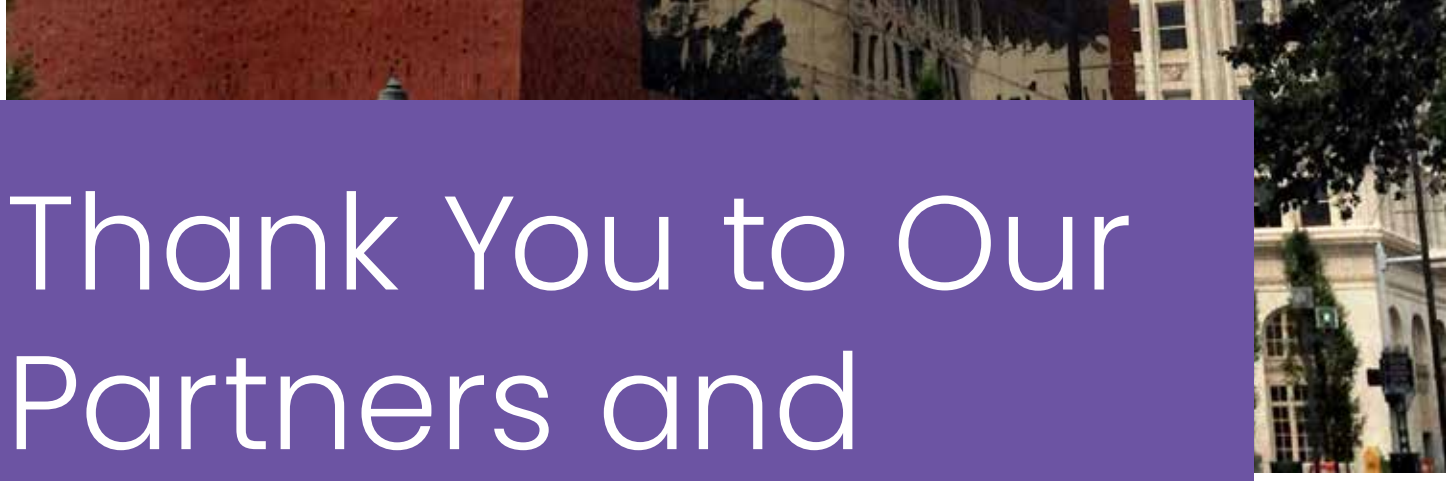

photo: bobistraveling

Achieving Health Equity

This work requires an enormous collaborative effort. It requires the diligence of CBOs and those working at the grassroots level to continue showing up for community members. It requires funders and grantmakers to think expansively and creatively about how to make investments that will have the most positive impact. It requires policymakers to identify opportunities for progress and then use the tools at their disposal to advocate for positive changes. And it requires all people and communities to find their role and commit to making these changes.

This report was an exploration of what CBOs have identified as their needs and opportunities as they engage with community members in service of health equity. The next steps we take collectively – those that honor the wisdom of community and fully embody the ethos of collaboration – can set us on a path toward health equity and a world in which every person has the fair and just opportunity to be as healthy as possible, no matter who they are.

Roz Fulton, Community Theatre of Greensboro



Thank You to Our Partners and Participants

The creation of the Greensboro Community Report was a collaborative effort, drawing from the experiences and expertise of contributors from different backgrounds.

COMMUNITY PARTNERS

Thank you to all the organizations who participated in the survey and attended the Partnering for Health Equity event – your reflections, knowledge, and community efforts are deeply appreciated.

- A Different View Equine Center
- A Simple Gesture
- Abundant Life Health & Healing Ministry
- Action Greensboro
- Afro Agriculture
- Alcohol Drug Services (ADS)
- AmeriHealth Caritas of North Carolina
- BackPack Beginnings
- Beyond Sports NC
- Black Child Development Institute of Greensboro
- Bold 2 B U Community
- Building Stronger Neighborhoods
- Carolina Aging Alliance
- Central Carolina Health Network
- Change the Nations Church
- Children and Families First
- City Help of the Triad
- City of Greensboro
- Classy Ladiez 4Sure SC
- Combat Female Veterans Families United
- Community Bike Shop at Barber Park
- Community Housing Solutions of Guilford, Inc.
- Community Theatre of Greensboro
- Cone Health Congregational and Community Nurse Program
- Cone Health Center for Health Equity
- Congolese Community of the Piedmont Triad & Surroundings
- Corporation of Guardianship

- Cottage Grove Neighborhood Association
- The Congregational Social Work Education Initiative
- DevCon Resources
- Disability Advocacy Center
- Empowering Communities From Within
- FaithAction International
- Family Service of the Piedmont
- Family Support Network of Central Carolina
- GCDHHS, DPH - Every Baby Guilford Program
- GCS Community Engagement
- Girl Talk International
- Greater High Point Food Alliance
- Greensboro Children's Developmental Services Agency
- Greensboro Farmers Market, Inc.
- Greensboro Housing Coalition
- Greensboro Municipal FCU
- Greensboro Police Department
- Greensboro YMCA
- GSOlab Foundation
- Guilford Community Care Network
- Guilford County Cooperative Extension
- Guilford County Department of Social Services
- Guilford County Division of Public Health
- Guilford County Family Justice Center
- Guilford County Health Department
- Guilford County Partnership for Children
- Guilford County Schools
- Guilford Education Alliance
- Guilford Green Foundation & LGBTQ Center
- Guilford Nonprofit Consortium
- GuilfordWorks
- Helping Hands USA
- Jalloh's Upright Services of North Carolina
- Journey Adult Day Center
- Kellin Foundation
- Legal Aid of North Carolina
- Level Up Parenting
- Mental Health Associates of the Triad
- Montagnard/Asian Community Disparities Research Network
- Mustard Seed Community Health
- NAMI Guilford
- NC AIDS Action Network
- NC Justice Center
- New Arrivals Institute
- New Hope Community Development Group, Inc.
- North Carolina A&T State University
- North Carolina African Services Coalition, Inc.
- North Carolina for Community and Justice
- OASNA
- One Step Further, Inc.
- Operation Xcel
- OPERATION: SEED, INC.
- Organization to Provide Equal Access to Technology
- Other Voices
- Partners Ending Homelessness
- Peace of H.O.P.E Foundation Inc.
- Piedmont Blues Preservation Society
- Piedmont Health Services and Sickle Cell Agency
- Planned Parenthood South Atlantic
- Reading Connections
- Ready for School, Ready for Life
- Rosa Foundation
- Royal Expressions Contemporary Ballet
- Second Harvest Food Bank of NWNC

- Senior Resources of Guilford
- shift_ed
- Sisters Network Greensboro NC
- Southeast Greensboro Coalition/ Rankin Elementary School
- St. Phillip Garden of Peace
- St. Matthews UMC
- StepupGreensboro
- The Black Suit Initiative
- The Historic Magnolia House
- The LEEdership Institute
- The Nussbaum Center for Entrepreneurship
- The Partnership Project/Greensboro Health Disparities Collaborative
- The Servant Center
- The Volunteer Center of the Triad
- Transit Alliance of the Piedmont
- Triad Black Faith Leaders & Black Farmers Network
- Triad Health Project
- TSR Kids
- Turning Everything Around
- United Way of Greater Greensboro
- Welfare Reform Liaison Project, Inc.
- YMCA of Greensboro

COMMUNITY RESEARCHERS

Sandra Echeverria, PhD, MPH, and Graduate Research Assistant Eugenia Camacho-Fernandez, MPH were instrumental in data cleaning, coding, and analysis, helping lay the foundation for the findings of this report. Dr. Echeverria is an Associate Professor in Public Health Education at the University of North Carolina, Greensboro.

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