



Strengthening Partnerships Between Funding Organizations and Community-Based Organizations

A Qualitative Research Study

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Introduction

King County is the largest county in Washington state and home to many hospitals, research centers, community clinics, and nonprofit organizations providing support for birthing people. In 2019, there were 25,032 births in King County.¹ King County represents about 29% of births in Washington state.¹ Maternal mortality is defined as the death of a pregnant person during pregnancy or within one year of the end of pregnancy from a pregnancy complication.² Although maternal mortality rates in Washington state are lower than the national average, these rates have remained unchanged since the 1990s.³ Additionally, disparities in maternal outcomes have remained persistent. In 2016, the Washington State Department of Health estimated that Black birthing people were 2 times more likely to experience maternal mortality while Indigenous birthing people were 9 times more likely to experience maternal mortality in comparison to White birthing people.³ Most alarmingly, about 60% of these deaths are preventable.³ Factors that can improve the inequity in maternal outcomes include increased access to healthcare, improving continuity of care, increased social and structural support, and more culturally appropriate care.³ Community-based organizations (CBOs) serve to uplift and support diverse communities by addressing gaps in social and economic support and decreasing barriers to accessing necessary resources.

When a person finds out that they are pregnant, an important decision to make is around establishing prenatal health care. For some pregnant people, this choice is easy with access to the numerous hospitals, clinics, private doctors, midwives, and doulas in King County. However, for other pregnant people, this choice is not as simple. People may have concerns about their ability to afford medical care. Major hospital systems are also less likely to be accommodating for a pregnant person needing to bring their other children to healthcare visits. Additionally, major hospitals have more limited expertise to support a culturally and linguistically diverse pregnant person's family which further complicates the decision to establish prenatal care. For pregnant people with easy access to choose their healthcare, they may also have reliable access to resources to care for themselves and their families through pregnancy. This can include consistent access to safe housing, social support, and nourishing food. Contrastingly, other pregnant people may need additional connections to other social services to provide

comprehensive support to care for their families. This gap between health and social services is where CBOs blossom. The mission of these CBOs is to improve pregnancy and birth outcomes by addressing inequity in accessing necessary services. CBOs provide culturally relevant health and social services, regardless of a pregnant person's ability to pay. The changing landscape of pregnancy and parenting in King County can lead to a shift to a more integrated system where medical systems and community organizations can work together to provide care to pregnant people.

There are several CBOs in King County that focus on maternal health. Organizations that support people going through pregnancy provide support through services like birth education, fertility support, prenatal care, birth support, lactation, and postpartum care. Additionally, organizations that support new parents provide services such as telephone hotlines to connect people to social services, basic needs (such as food and housing), health assessments, and COVID-19 isolation support. CBOs are nonprofit organizations that depend on financial support from multiple sources. Most commonly, CBOs are funded through government contracts, private donors, fee-based programs, and grants from funding organizations.

The Pacific Hospital Preservation and Development Authority (PHPDA) is an organization focused on improving health equity by decreasing disparities in accessing healthcare and improving health outcomes. The PHPD partners with many CBOs to jointly work towards this goal. The PHPDA provides major grants to address health system failures and increase delivery in culturally relevant care. In addition, there are nimble grants for shorter-term projects including capacity building, technology, and planning. To strengthen their partnerships with the community, the PHPDA is interested in identifying additional ways they can provide support to CBOs.

The purpose of this research study was to identify intervention points where the PHPDA can support CBOs in maternal health. The first objective was contextualizing the experience of pregnancy, birth, and parenting in King County. The second objective was describing areas of disconnect between what funding organizations provide and the community needs that CBOs must meet. The last objective was to identify intervention points related to the grant application and reporting process.

Methods

A qualitative study design using semi-structured interviews for data collection was used to investigate these research objectives. The study population included CBOs that were either present or past grant recipients from the PHPDA involved in pregnancy, birth, and parenting. A total of 8 organizations were contacted. Participants were identified from referrals received during introductory meetings with the selected CBOs.

Interviews were conducted over 4 months in 2021. Interviews were held virtually, recorded, and then transcribed. Before an interview, participants were informed of the nature of this study, how the information from their interview would be used, and assured that anonymity and privacy will be protected. Verbal consent was received from each participant. Transcripts of interviews were coded using both deductive and inductive methods. Some examples of deductive codes are community needs, services offered, grant requirements, and funding restrictions. A few examples of inductive codes that emerged through the transcripts are collaboration, community privacy, and social determinants of health. Codes were then analyzed to identify common themes providing insight into the research objectives. An IRB request was submitted to the University of Washington Human Subjects Division. The UW HSD determined that this study qualifies for an IRB exemption.

Results

Contextualizing the experience of pregnancy, birth, and parenting in King County

Access to healthcare

One common theme mentioned was having consistent access to healthcare is critical for the health of pregnant people. While improvements to accessing healthcare have occurred, pregnant people still face significant barriers. For example, the COVID-19 pandemic required CBOs providing prenatal and postpartum healthcare to move to telehealth appointments. Although this removed the barrier of having to coordinate going to the clinic in person, many pregnant people in King County lack technology (like laptops or smartphones) and the internet to attend virtual appointments. CBOs must then find a workaround to ensure that families can

access healthcare. Resultantly, the healthcare providers at these CBOs must do double the work to provide care that is not covered by grant funding.

“Many of them do not have even a smartphone to access telemedicine. We are doing double visits sometimes where the midwife will actually go to their house and collect the information that they need in-person and then also talk to them on the phone. We have had to become really creative on the ways that we can fill in a lot of the gaps that are happening and what we are not funded for. We just have to take the loss as an organization.”

Another barrier that pregnant people face is transportation to medical appointments. Many pregnant people have other children they need to care for. This means that the person must either find childcare for the duration of the appointment or bring their children along to the visit. Additionally, some prenatal care facilities will cancel an appointment if additional children are present or if the patient is even slightly late. CBOs want to reduce the amount of harm to pregnant people and will pay for transportation to clinics that they know and trust regardless of the fee.

“Transportation is a big issue. Many of our families cannot take themselves and all their children on a bus to come down to the clinic or to get ultrasounds. There have been many times this year that we have had to call for Lyft rides to pick up a client in South King County and drive them up to North King County for their ultrasound appointment. We are paying \$80 one way for some clients to get care. Those were some of the things that we just did not know to ask for help with when we go for funding.”

When asked how CBOs cover these extra costs many participants answered that administrative staff reduced their paychecks or pay for these services out of pocket. Having this extra financial burden makes it even more challenging to provide maternal health services.

The necessity of culturally relevant care

Many participants expressed the desire to connect more pregnant people to culturally relevant care. This includes investing in mentoring staff members who are of the community and represent the cultural and linguistic diversity of King County. A participant mentioned that

attending education classes is not the most effective way of providing support and education. Ideally, a peer mentor who has experienced what the patient is going through is best.

“A peer, a mentor, or a peer counselor. Someone who is sitting there like, ‘I have walked this walk. I have had my baby in the Neonatal Intensive Care Unit (NICU). I have had two kids at home, and I have done this. I am here for you while you are doing this.’ This is so much more impactful and meaningful than pulling in healthcare providers and asking who can spend time today working on this.”

Increased investment in supporting and expanding staff is needed to increase community representation in CBO staffing. About one in three people speak a language other than English at home, and this population is rapidly increasing.⁴

Families need more comprehensive support

Another important point to understanding the experience of pregnancy, birth, and parenting in King County is that families need more comprehensive and holistic support. When a pregnant person seeks prenatal services, their provider should expand beyond limiting their assessment only to clinical pregnancy symptoms. Healthy babies come from healthy pregnant people who are properly nourished, have safe housing, and consistent support during this period of increased stress. Families need social services, assistance navigating health services, groceries, clothes, and diapers. Additionally, families need support for sibling care while caring for their newborns. The participants work on connecting families to these resources, but more investment is needed.

“We will provide care regardless of the financial situation that the family is in, regardless of their ability to pay. People are struggling and up against a lot of stress.”

“They do not have resources that a lot of families have. And they want to be great at what they are trying to be great at, which is their life and pregnancy and parenting.”

Improving health equity requires providing extra support to communities to improve health outcomes. The best way is through viewing a person not just as their pregnancy, but holistically in the context of their entire life. This presents an opportunity for expanded

investment in meeting people's social and ecological needs and supporting the staff members that work at CBOs.

Describing areas of disconnect between what funding organizations provide and what CBOs need to support the community

Unexpected emerging needs

Another common theme that participants mentioned was the disconnect between what funding organizations perceive that the community needs and the services that a grant supports CBOs to provide. Many grants support programs for one year, and the grant contract lists the specifics about what services and programs that the grant money can be used for. Situations for families in the community can change quickly meaning that pivoting to focus on other areas of care may be necessary. This is exemplified by the COVID-19 pandemic. For example, before the pandemic the most frequently sought service at one organization was child developmental screening. Now the greatest need is to fulfill basic needs. CBOs are creative at pivoting to ensure that families' needs are met. However, the process of amending a grant contract to support this change can be challenging.

"We cannot go back to the funders and say, 'you know what we have discovered, we need to add on all of these elements.' They will say, 'okay, we need to know everything.' We have to go through basically a whole other application process with them. I think that emerging needs could be met by saying, 'we trust that you are watchful and present in the community. What you see as emerging is emerging, and we are flexible and adaptive to respond to those moments.'"

Community organizations are excellent at being responsive to the community and adapting to challenging situations even if there is no pre-established funding. Simplifying the process to amend grants facilitates CBOs to meet the needs of the community efficiently.

Investment in organization staff

People who are involved in nonprofit work are involved in "heart work" meaning that they are driven by their passion, lived experiences, and desire to change the community. Participants interviewed stated that this is the hardest work they have done during their careers. Grants are most likely to fund specific programs with a small percentage allotted for overhead

and staff salaries. CBOs operate from grant paycheck to grant paycheck with any loss being covered by reducing staff salaries. It is common for most nonprofit workers to have side jobs to earn enough money to support themselves and their families. Several participants mentioned that being well cared for and confident funding for staff will enhance their ability to support the community.

“I wish funders would be like, ‘pay yourselves first’ so you can step out in strength and health and feel confident that you are going to go spend your time and you are well taken care of.”

“Usually when we are asking for funding, it is very narrow. They will only fund the program, but they do not take into account that we are going to have to find a program manager, and they usually do not fund for administrative costs that are in there. We have to either take time from another program manager to help manage this new funding source. The other thing that most funders do not do is pay for us to keep our lights on or to stay in the neighborhood that we are trying to serve.”

A way to invest in organization staff is to provide more unrestricted funding.

“Something that keeps coming up from me is just this need for unrestricted operating funds. And that is often money to hire additional staff or basic operating costs. Again, it is not as glamorous for funders to provide money for that sort of thing. But again, it is what organizations need the most.”

Strengthening the foundation that organization staff has positions them for greater success in the community.

Decreasing the divide between larger and smaller organizations

Many organizations in King County focus on maternal health. This results in Black, Indigenous, and People of Color (BIPOC) organizations competing against one another for the same grants. In addition, smaller BIPOC organizations do not have access to the same resources as larger nonprofits. For example, United Way has multiple full-time staff members writing grants, managing grants, managing programs, and enhancing service delivery. In contrast, a

smaller organization may have three people filling all of these roles. Resultantly, larger organizations can outcompete smaller organizations for grant money leading to inequity.

“If you are a two or three-person run shop, you do not have the capacity to spend. You just do not have the time to spend on these applications. And so, what happens is that well-resourced, well-staffed organizations are the ones that will apply for these opportunities time and time again because they have the staff time and the capacity to do it. And in that way, these really burdensome applications really foster inequity in the field. That is what I wish funders would know.”

Another factor that drives the divide between larger and smaller organizations is reimbursable grants. Participants mentioned that many grants from the local or state government are reimbursable. This means that the CBO must financially support the new program upfront and invoice the funder later. Larger organizations have the money to put up start-up costs while most smaller organizations cannot.

“We are seeing a lot of grants come through that are reimbursable and they are usually not the huge grants, but they are too big for small organizations to front \$10,000-\$20,000 or \$50,000. It is super frustrating to be that completely misunderstood. We had to lay out 10 grand for a grant and it almost sunk us financially because they did not reimburse us for six weeks after they said they would.”

A strong partnership between funders and CBOs happens with trust. Trust that the CBOs have the expertise to deliver the services the community needs and to address emerging needs as they happen. Additional trust that funders will support their end of the grant. Understanding the perspective of how CBOs feel misunderstood by funding organizations is key to strengthening partnerships.

Points of interventions in the grant application and reporting process

Significance of questions to paint an accurate picture

The last theme that participants mentioned was how changes in the grant application and reporting process can reduce the burden on smaller CBOs in accessing funding. Participants

mentioned that many grant applications are narrow and specific requiring the organization to mold themselves to fit within the application question. Instead of showing the funder how their program shines and the far-reaching impact, they can only shine a light on the narrow portion that will secure the funding.

“We totally flatten who we are to fit into the grant application process. And that is a shame because funders are missing opportunities to see what is really happening and really remarkable things are happening. They only get to see a sliver. Everyone is always careful like, ‘do not give them too much information. Do not tell them anything they are not asking for.’ I just think the questions they ask are often the wrong questions, they are not asking, what would you do if you could do? The best grants we have partaken in asked that question.”

The narrow scope of many grant applications also creates tension between organizations needing funding and creating a program that may be outside of their direct focus. Funding organizations can have a specific issue they want to focus on. However, a CBO may apply for this grant, even if it is outside of their scope, because of their need for funding to sustain their other programs.

“I wish funding organizations would also understand that there is this like push and pull between should we take dollars to do something that is slightly outside of our scope so we can have some additional funding? Or the balance of having to turn down funding or not wanting to turn down funding, but also wanting to stay in your lane. We call this mission creep, which is when you start expanding beyond your mission, you are creeping beyond its boundaries.”

Collaboration between funding organizations and CBOs on amending application questions presents an opportunity to understand the innovative ways that CBOs are supporting the community and align funding with what the community says needs prioritization.

Simplified applications and reporting

Participants mentioned that a way to make the grant applying and reporting process easier is to simplify the number of questions that are asked. Some grant applications require information that is too time-consuming for smaller organizations to gather. For example, one

participant mentioned a grant that required four years-worth of financial information which does not necessarily indicate why the organization should receive the grant.

“Another point is that I think sometimes these grant applications foster inequity by being so complicated and so time-consuming and so burdensome that many smaller organizations will just choose not to do it.”

A recommendation for addressing the inequity between the amount of funding that larger and smaller organizations can apply for is by making the work invested in the application proportional to the funding received. CBOs want to be able to demonstrate how they would impact the community if they received the grant. However, the application may require information that takes away too much time from the CBO’s mission to compile.

“The primary thing to let funders know is to simplify these applications. Questions to include are what are the outcomes, what is the body of work, what is the project you are intending to do, or what is the program you are asking for support for, and what is your intended impact? Asking for financial documentation is totally appropriate. Funders have this perception that all these extraneous things need to be included. I think that these are things that are not necessary and just create a lot of inefficiencies.”

Participants mentioned that a way to simplify the reporting process is through collaboration. Most times the reporting requirements are prespecified in the grant contract. If funding organizations and CBOs can collaborate on what to report on, this can decrease inefficiency.

“I think it would be really neat if you could get a contract with what the services are, and just say like, ‘reporting requirements will be determined together in the first like five months of the grant,’ depending on how long it is. But to do some iterative work back together and co-create what that reporting is going to be.”

“It is very typical that you might have one program and it is funded by multiple sources. It is challenging if you are running one program, but your four funders of the program have drastically different reporting guidelines. It would be awesome to say, ‘Hey we already track X, Y, and Z. We would love to report those to you because we are already tracking and systematically measuring those things for these other grants.’”

Simplifying the application and reporting requirements while being open to iterative collaboration not only decreases barriers on smaller CBOs but also allows more insight into what is important to the community.

Protecting the community from harmful data collection

Several participants also mentioned concerns that they have around the data collection requirements for reporting. One concern is the priority of protecting patient privacy while grants require demographic information to be reported.

“I would like to see some barriers removed around reporting. What are you using this reporting for? Why are you pulling my patients’ demographics? As a HIPAA provider, I really want to protect our clients as much as possible.”

“Everybody knows data is something to build off the backs of people who are the subjects of your data. It is rare that the data is used to build something that serves the community and does not just abuse it more.”

Another concern that participants mentioned is integrity. Resources should be provided to families regardless of their demographics. Participants do not feel it is right to require personal information before receiving services.

“It is super predatory to be like, ‘if you want this, you have to give us that.’ It should be like, ‘we would like to give you this and we would like to learn more.’”

Overall, there is a desire to make it simpler for smaller organizations to be awarded grants given the resources that larger grant organizations have. A salient idea is for more

collaboration and shared decision-making between funding organizations, CBOs, and families in the community.

Discussion

In summary, the participants in this research study provided enriching information describing the experience of pregnancy, birth, and parenting in King County while providing recommendations to strengthen relationships with funding organizations. Pregnant people are under a lot of stress and face significant barriers that have been further exacerbated by the COVID-19 pandemic. Measures to protect pregnant people and their family members from contracting COVID-19 mean disconnection from family and friends who are the typical support systems during this time. Fortunately, with the shift towards virtual care organizations can foster a sense of community by connecting pregnant people. However, this shift towards virtual care also raises extra challenges for some pregnant people. Families who do not have smartphones or the internet are unable to participate traditionally in telehealth appointments. Organizations must find creative ways to meet this need. In addition, community organizations understand the lives of families in the community and therefore prioritize expanded access to culturally relevant care. The participants recognize that the best support to pregnant people is through a peer mentor who reflects the family and has walked along the same path through pregnancy, birth, and parenting. Expanding access to culturally relevant care increases the number of people who feel empowered and accepted. Additionally, there is a critical need for comprehensive support. Improving maternal health outcomes depends on caring for pregnant people holistically. Pregnancy is a special stage in life, but caring for life means accessing nourishing foods, safe housing, and transportation to health care. There needs to be increased investment in connecting pregnant people with the social and health resources that they require. Addressing challenges with access to health care and social resources reduces disparities in maternal health outcomes.

Recommendations on strengthening the relationship between funding organizations and CBOs need to be grounded in the community. The first recommendation is to create a space for listening sessions with pregnant people and their families. These sessions will provide insight into what the community prioritizes and what they want to learn about themselves. These discoveries can inform what demographic and health data will be collected as a part of grant

reporting. The second recommendation is for funding organizations to uplift CBOs to consistently be in a position of strength to support the community and allow abundance to bloom. Increasing the amount of unrestricted funding provided in grants strengthens CBOs. Providing money for staff salaries, operating, and administrative costs provides the community organizations with the freedom to focus on providing services to the community. The third recommendation is to provide more support in the grant application process. Funding organizations can collaborate with CBOs to determine the most important questions to ask and the best way to phrase them. Grant application questions could ask more open-ended questions to allow community organizations to demonstrate their innovation. This will lead to the work needed for grant applications being proportional to the grant award and reduce the inequity between larger and smaller community organizations. Additionally, funding organizations can also identify community volunteers to assist CBOs in the grant writing process to strengthen applications. A fourth recommendation is for funders to assign a coach to the community organizations to assist during the duration of the grant period. This coach has the decision-making power to make amendments to grants allowing CBOs to pivot and respond to emerging community needs quickly. This coach can also provide expertise on data collection, budgeting, and financial reporting to reduce the burden on the community organization staff. A final recommendation is a co-creation opportunity to develop reporting requirements with the community organization to maximize efficiency between multiple grant awards. Collaboration and co-creation between families, CBOs, and funding organizations is a strategy to ultimately address disparities in maternal health outcomes. Another point of collaboration that funding organizations can facilitate is between different community organizations. In King County, many of the maternal health organizations are focused on similar populations in similar geographic locations. Fostering an opportunity for collaboration allows for sharing of stories of success and areas of frustration. Organizations can provide tips and guidance to others about securing additional funding and working around barriers that they all face. Collaboration and co-creation are ways to ensure that the wealth of knowledge from the community is uplifted and integrated.

In conclusion, the findings of this research study can provide insight into how to strengthen partnerships between funding and community organizations. A deeper understanding of the barriers that organizations face operationally opens a place for collaboration to flourish. Increased collaboration can also provide more clarity into the best way to support families in the

community. Funding organizations providing additional resources decreases the inequity between larger and smaller community organizations. A stronger partnership enables community organizations to serve from a place of strength and breeds increased abundance between BIPOC organizations. Co-creation between funding organizations, CBOs, and community members is a necessary step for effectively addressing health disparities and improving maternal health outcomes in King County.

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