December 2025

From Insights to Action: Strengthening Community-Based Organizations for a Healthier Future

Pfizer Multicultural Health Equity Collective

NCHE Communities Working Together for Racial and Health Equity

NORC

Introduction

Community-based organizations (CBOs) are community-led nonprofit grassroot organizations working to help address local needs.[1] There are currently thousands of CBOs operating across the U.S., with more than 6,000 serving lower-income areas.[2]

By fostering community trust and cultural understanding, CBOs play a critical role in improving health outcomes for historically underserved and marginalized populations. They help connect local residents to broader health services, as well as non-medical needs, such as access to housing, transportation, healthy food, and employment, vital to wellbeing.

To better understand the challenges CBOs face in advancing health equity NORC at the University of Chicago, in partnership with the National Collaborative for Health Equity (NCHE) and supported by The Pfizer Multicultural Health Equity Collective (The Collective), conducted a national web-based survey of CBOs. This report presents key findings and opportunities for funders, policymakers, and partners to support their work.

As part of this study, NORC conducted a literature review to identify resources and gaps in CBO efforts. These findings informed the development of the survey, refined with further guidance from a Community Advisory Board, and were distributed to health-focused CBOs across the U.S., Puerto Rico, and tribal nations. A total of 491 CBOs responded, offering rich insights into organizational resilience, capacity and resources, and public policy engagement. During a period of rapid change, this report provides a snapshot into critical challenges CBOs face and opportunities for urgent action.

Key Objectives

1. **Identify barriers** in funding, staffing, partnerships, and engagement
2. **Provide insights** to guide equity-focused action
3. **Elevate voices** of organizations that have been marginalized

Methodology

Study Design

The study used a participatory study design, consisting of a:

Community Advisory Board (CAB): Convened 8 CBO leaders across the U.S., including Puerto Rico and tribal nations, that serve culturally and ethnically diverse populations.

Refined Survey: Co-developed domains and conducted cognitive testing to ensure survey relevance and accessibility.

Survey Content

The final survey included questions across key domains:

- Organization Demographics
- Funding & Organizational Resilience
- Capacity & Resources
- Network Engagement & Policy Influence

[1]National Community-Based Organization Network. "What is a CBO?" *University of Michigan School of Public Health,* https://sph.umich.edu/ncbon/about/whatis.html.
[2]Urban Institute. The State of Community-Based Development Organizations, 2019-2021. https://www.urban.org/research/publication/state-community-based-development-organizations-2019-2021

Methodology

CBO Identification

NORC used a non-probability sampling method to prioritize geographic regions and populations served. A total of **6,547 CBOs** were identified from the CANDID GuideStar database using the following approach:

Search Criteria

Applied search criteria filters to identify:

- Health-focused organizations
- Ethnic and racial populations served
- Geographic locations

Filter by Keywords

Used Keyword searches to identify CBOs that serve specific populations (e.g., LGBTQ+, people living with disabilities) and NAICS/NTEE codes to identify direct-service CBOs

Referral Networks

Leveraged CAB member and partner networks for referrals to participate in the survey

Recruitment

NORC invited CBOs identified across 9 U.S. Census divisions, Puerto Rico, and tribal nations to complete the web survey via postal and email outreach from June to August 2025.

Postal Outreach

Initial outreach via postal letters (English & Spanish) to a group of priority organizations in the sample frame

Email Outreach

Email invitations via Qualtrics (English & Spanish) sent to the full sample frame

Reminders

Reminder emails sent via Qualtrics on a weekly cadence to boost response rates

The results reported reflect the experiences and perspectives of those organizations that chose to participate and may not fully capture the characteristics or views of all CBOs operating in this space. While the sample includes a robust number of responses from a diverse range of CBOs across geographic regions and populations served, it was not drawn using a scientific sampling method. As such, we cannot determine the extent to which the findings are statistically representative of the broader population of CBOs nationwide.

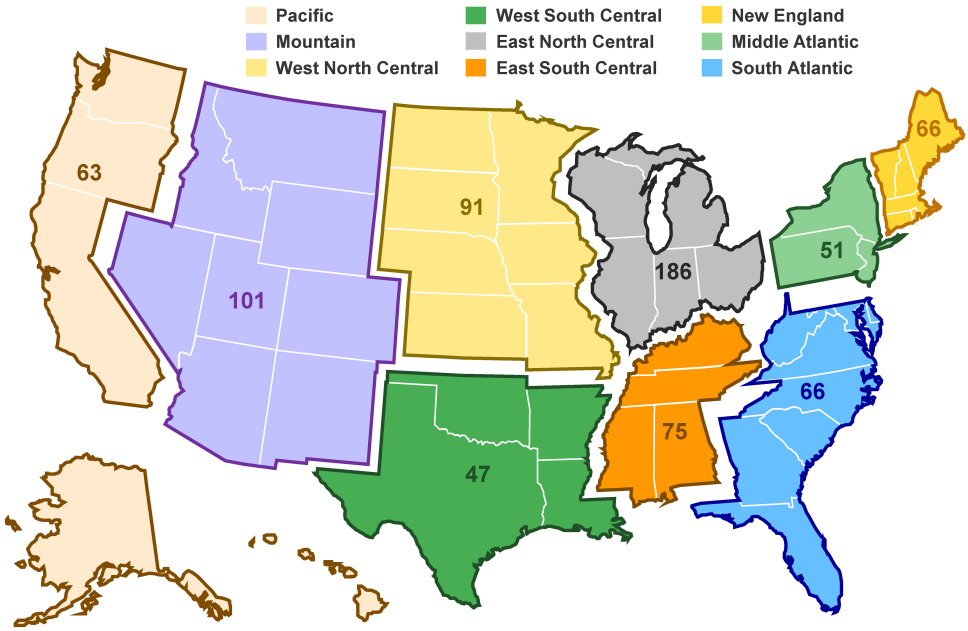
Because the sample was not randomly selected, comparisons to a nationally representative sample should be made with caution.

Nonetheless, the data provide valuable insights into the work and challenges faced by a substantial segment of the field and can inform future research and policy discussions.

Participating Organizations

Final Sample

491 CBOs responded to the survey. The map (right) illustrates the final survey sample grouped by Census division according to the state(s) they serve.** CBOs may serve states across several U.S. Census divisions.



**US Territories including Puerto Rico (17), Guam, and Virgin Islands is 19

Services Provided and Policy Work

The CBOs in this sample reflect a diverse range of organizations by staff number, organization budget, populations served, and geographies. These organizations promote health equity through direct services, advocacy, and other indirect services.

CBOs were asked about the types of direct services they provide. As seen in Figure 1, nearly three-fourths (72%) provide social and community support and healthcare services. More than one-third (35%) provide education services.

Just under half (41%) of participating CBOs also engage in policy-related efforts to promote health equity (not shown). Among CBOs engaged in policy-related efforts, the majority focus on advocacy, coalition building, and mobilizing public support (Figure 2).

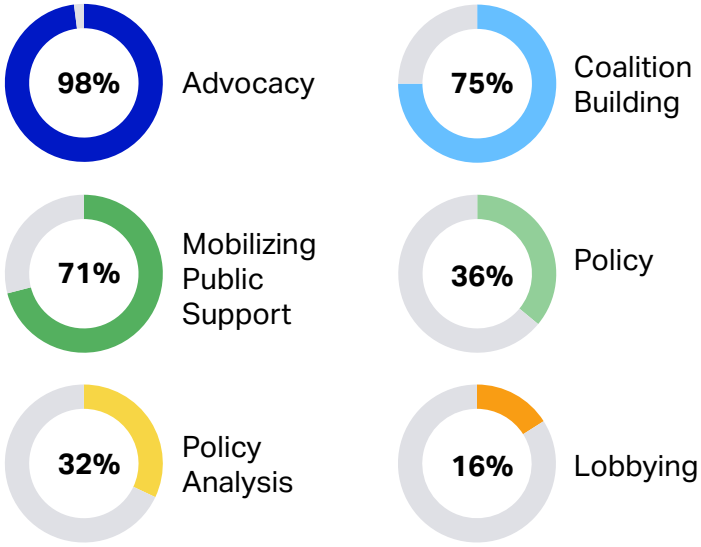
Figure 1. Services Provided

72% provide services related to social and community

69% provide services related to healthcare access and quality

35% provide services related to education access and quality

Figure 2. Policy Efforts



Participating Organizations

Figure 3. Geography Served

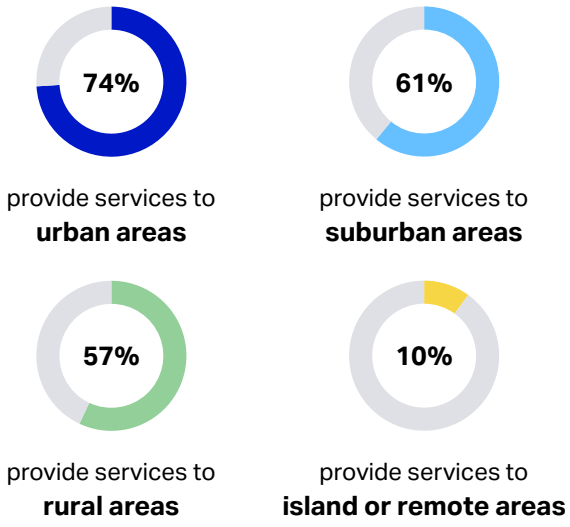


Figure 4. Race/Ethnicity Served

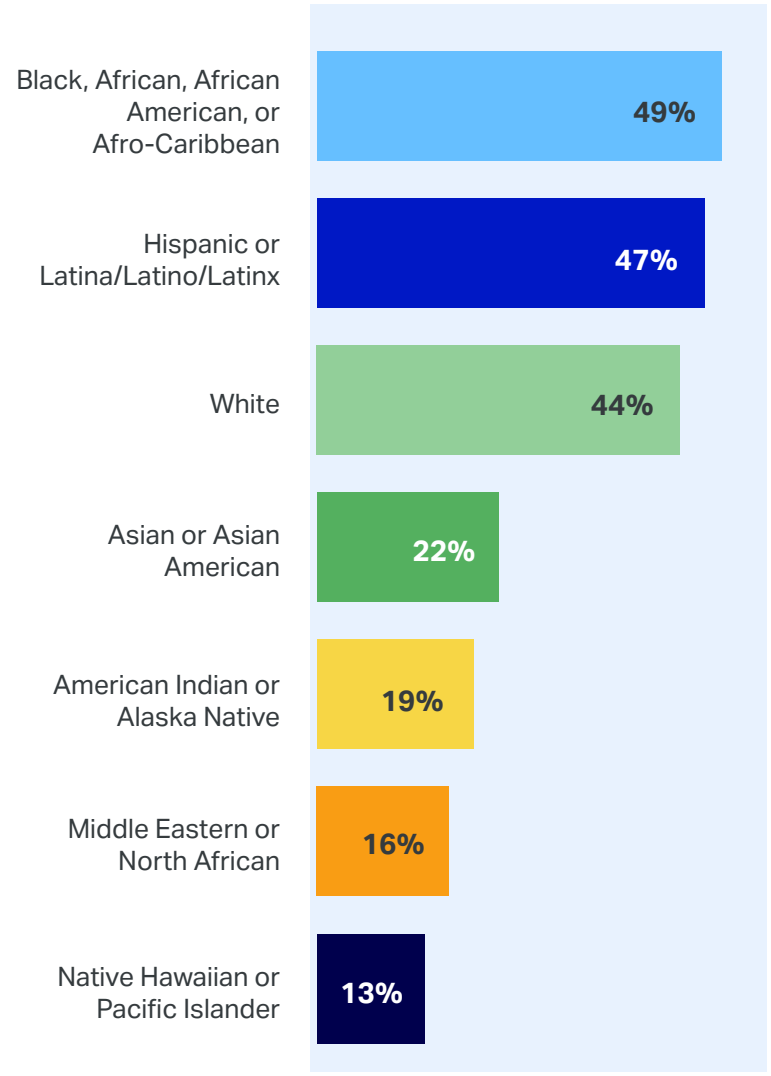
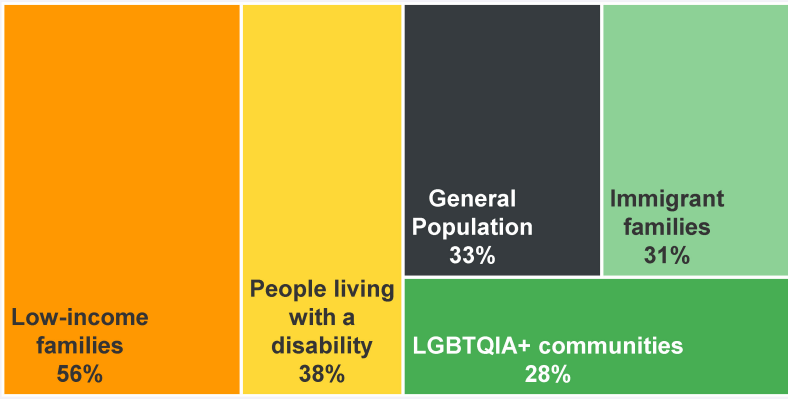


Figure 5. Other Populations Served



Populations Served

The organizations in this sample serve diverse communities, including across racial/ethnic, low-income, immigrant, and LGBTQ+ populations, and people living with disabilities. Several organizations serve multiple populations.

Participating CBOs primarily serve urban, suburban, and rural communities, with limited reach to remote areas (Figure 3).

Black, Hispanic, White, and low-income populations were the most commonly served groups among CBOs surveyed (Figures 4 and 5). Other populations identified by participating CBOs include youth, survivors of trauma, people experiencing homelessness, veterans, and people with chronic or mental illness (not shown).

Key Findings

Funding Sources and Organization Size

CBOs of varying sizes participated in the survey. For the purposes of this report, they are grouped in ranges according to their 2025 operating budgets (Figure 6). Large CBOs are defined as organizations with an operating budget over $1 million and small CBOs are defined as organizations with an operating budget under $1 million.

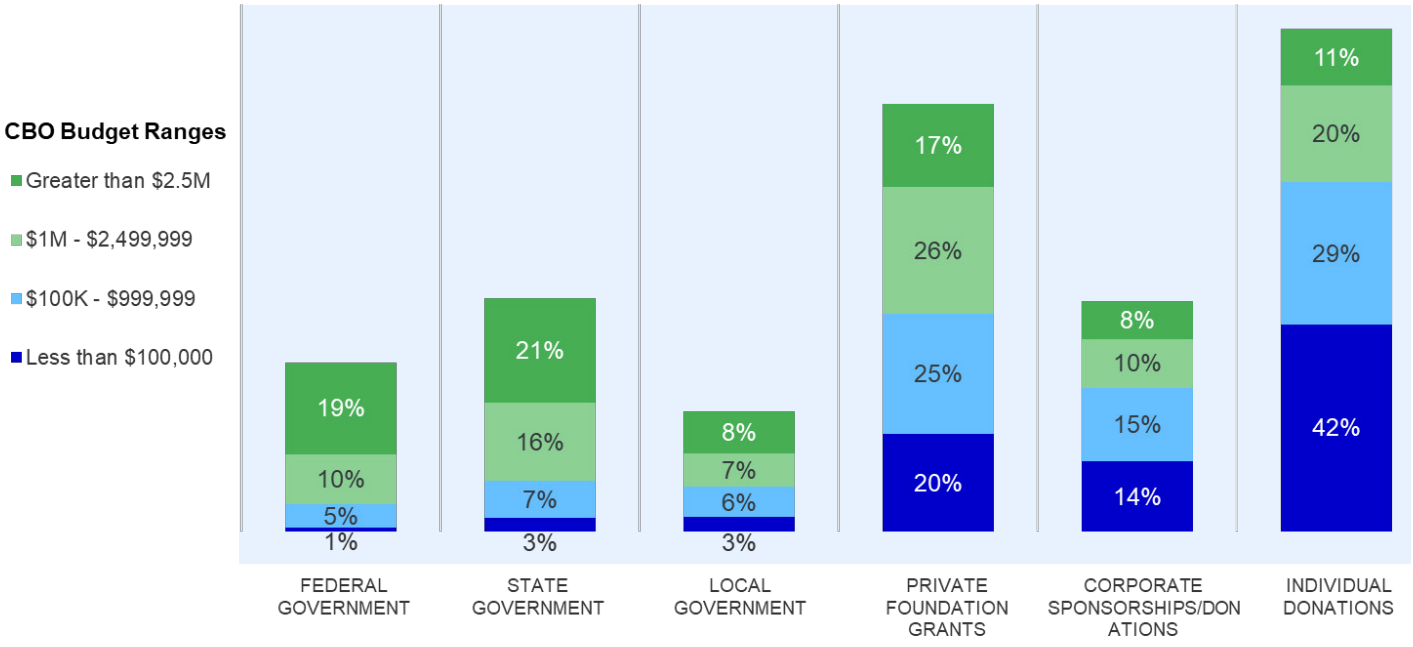
Figure 7 illustrates the average percentage of funding CBOs receive from each source. Results indicate that larger CBOs receive more funding from federal and state governments than smaller organizations, while smaller CBOs receive more funding from individual and corporate donations.

Figure 6. CBOs Represented in Each Budget Range

CBO Budget Ranges*	Percent	Frequency
Greater than $2.5M	22%	110
$1,000,000 - $2,499,999	18%	89
$100,000 - $999,999	38%	186
Less than $100,000	19%	94

Figure 7. Funding by Budget Category and Funding Source

This chart illustrates the average percentage of funding CBOs receive from each funding source.



Note *479 out of 491 CBOs reported their annual operating budget.

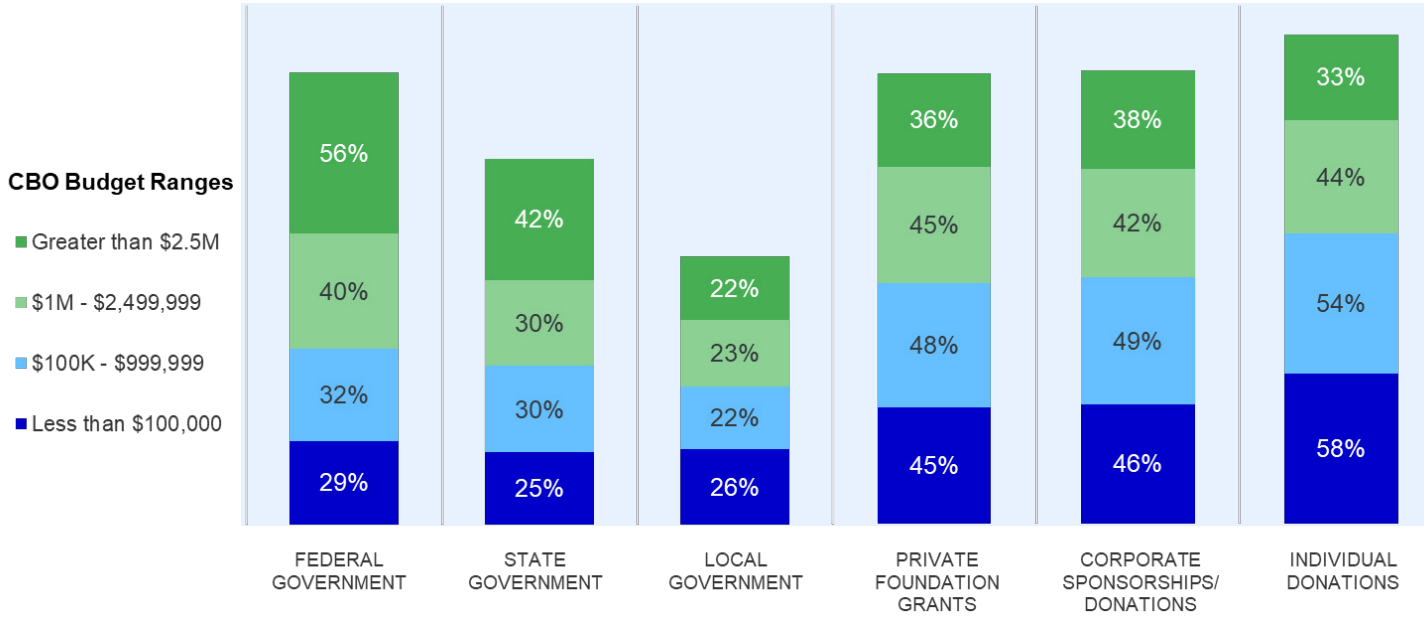
Key Findings

Impacts of Funding Cuts

Figure 8 illustrates the percentage of CBOs that reported being impacted by funding cuts. Funding sources include federal, state, local government and private, corporate, and individual donations.

Figure 8. Funding Cut Impact by Budget Category and Funding Source

This chart illustrates the percentage of CBOs that reported being impacted by funding source cuts.



The CBOs in this sample experienced varying impacts from funding cuts depending on their budget size. Large CBOs were more deeply affected by changes in government funding across all levels, particularly at the federal and state levels. In contrast, small CBOs were more likely to be impacted by changes in individual and corporate donations and foundation funding.

It is worth noting this does not imply that smaller-budget CBOs are unaffected by shifts in government funding. One likely consequence of government cuts is that larger-budget CBOs may increasingly turn to donor and foundation funding to offset reductions in government support. This shift could create a far more challenging funding environment for all CBOs, including smaller-budget CBOs that will compete with their larger-budget peers for the same funds.

Barriers to Accessing Funds

CBOs were asked to assess the extent to which specific barriers limit their ability to access funding, using a scale that ranged from "not at all" to "to a large extent." Figures 9 and 10 present only those barriers that organizations identified as affecting them "to a large extent," focusing specifically on the most significant obstacles reported.

Figure 9 illustrates the barriers most often cited by larger CBOs. Figure 10 illustrates the barriers most often cited by smaller CBOs. While CBOs face a range of challenges, both larger and smaller CBOs noted "limited access to high net-worth investors/donors" and "limited staff time to devote to fundraising efforts" as the top two barriers to access funding.

Figure 9. Barriers to Accessing Funding Investments for CBOs with a Budget of more than $1 Million

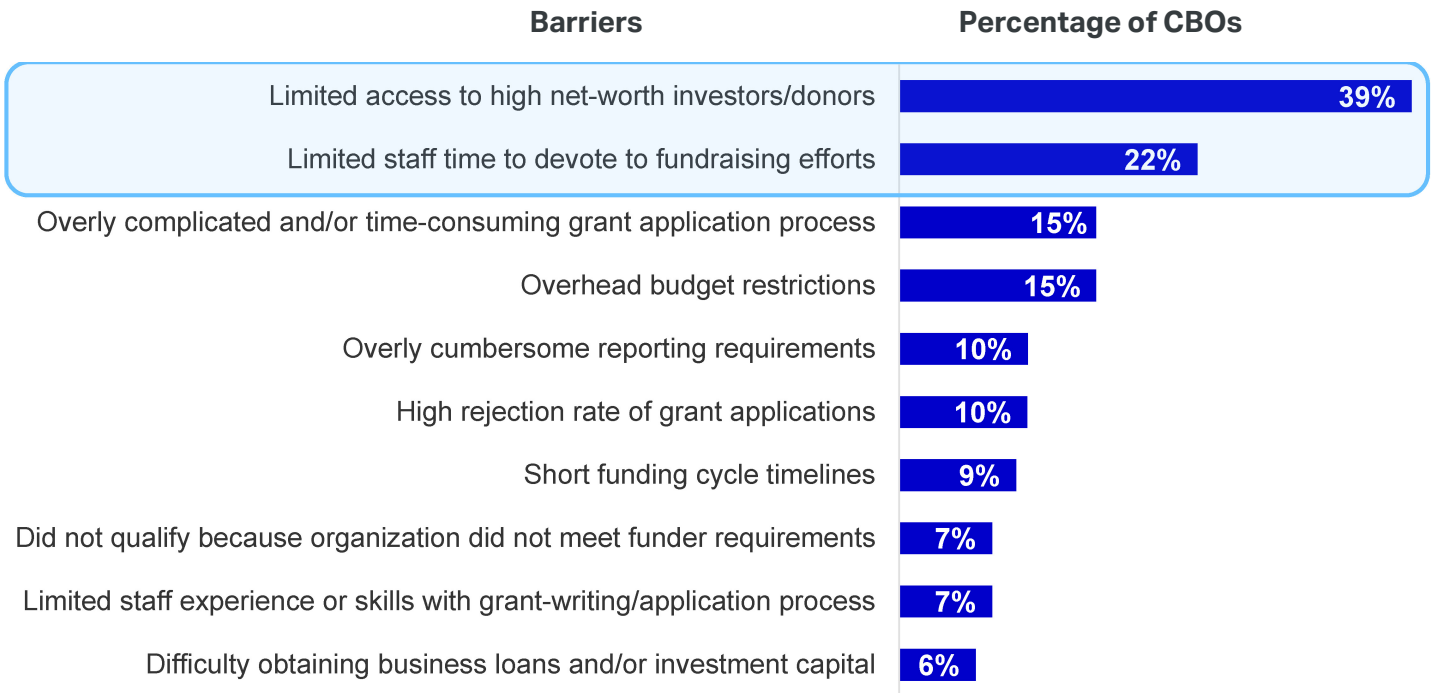
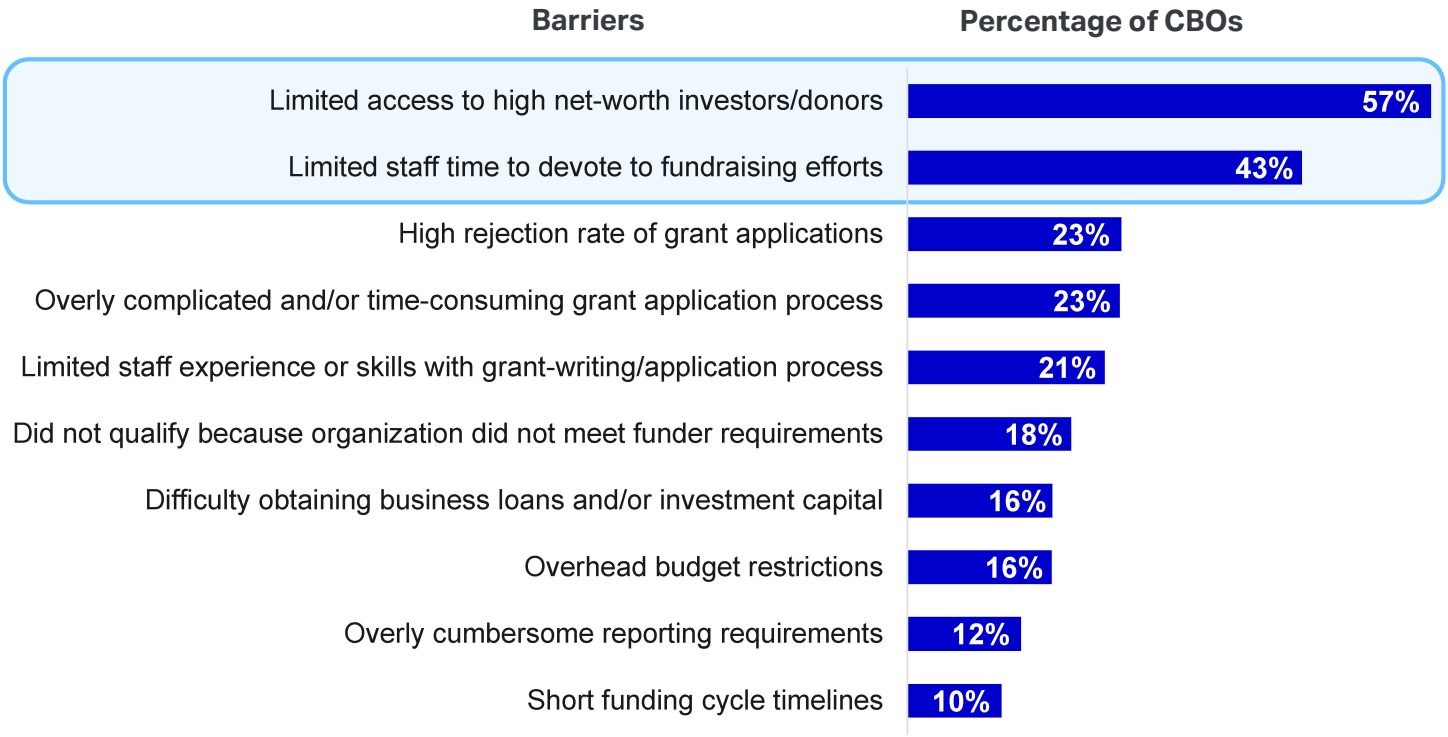


Figure 10. Barriers to Accessing Funding Investments for CBOs with a Budget of less than $1 Million



Key Findings

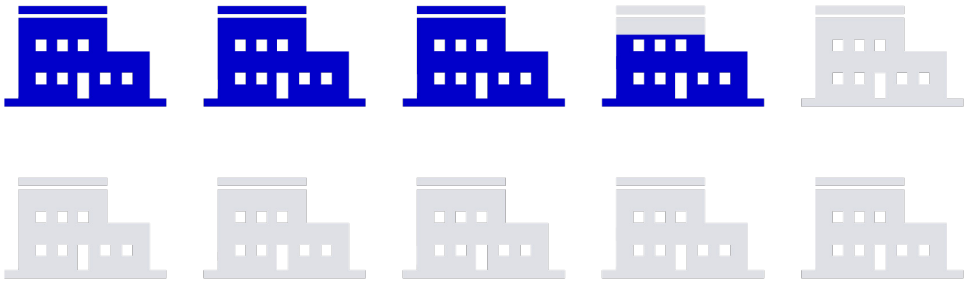
Funding Stability

CBOs were asked whether they have sufficient funds for planned programming through the next 12 months (Figure 11), as well as their confidence or concern in maintaining financial stability over the next 3–4 years (Figure 12). The survey revealed that CBOs face critical financial instability and are highly impacted by unreliable funding streams, forcing them to operate under a high degree of uncertainty.

Figure 12 displays how responses differ by budget size, highlighting a large contrast between the smallest CBOs (those with budgets under $100,000) and the largest CBOs (those with budgets over $2.5 million).

Figure 13 displays confidence and concern by all budget ranges.

Figure 11. Sustained Funding Over the Next 12 Months

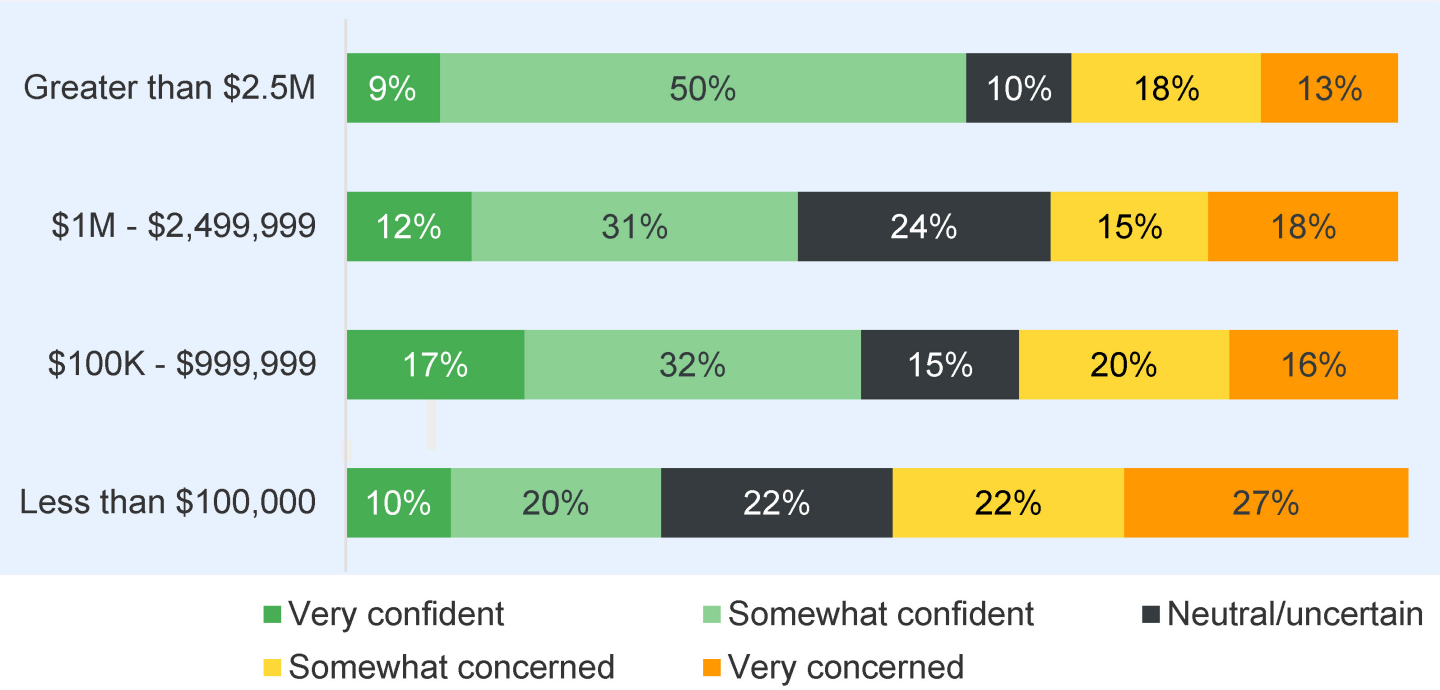


37% of participating CBOs do not have funds to cover planned programming through the next 12 months

Figure 12. Funding Confidence vs. Concern

	Somewhat or Very Concerned	Somewhat or Very Confident
ALL CBOs	**36%** of participating CBOs are **somewhat or very concerned** about their ability to maintain financial stability over the next 3-4 years	**46%** of participating CBOs are **somewhat or very confident** about their ability to maintain financial stability over the next 3-4 years
BY BUDGET	**49%** of participating CBOs **with a budget less than $100,000** are **somewhat or very concerned** about their ability to maintain financial stability over the next 3-4 years	**59%** of participating CBOs **with a budget greater than $2.5 million** are **somewhat or very confident** about their ability to maintain financial stability over the next 3-4 years

Figure 13. Funding Confidence vs Concern by Budget



Key stakeholders, including funders and government agencies, have a pivotal opportunity to shape the future of community health by investing in the long-term strength of CBOs. This means moving beyond short-term, project-based funding toward more flexible financial support that enables CBOs to maintain core operations, retain skilled staff, and plan strategically for the future.

In addition, there is a critical need to reform funding structures to ensure greater equity in access and processes, particularly for smaller and historically under-resourced CBOs. These organizations often face systemic barriers to securing and maintaining government grants, despite being deeply embedded in the communities they serve and uniquely positioned to meet the needs of local communities.

By prioritizing funding models that are inclusive, adaptable, and mission-aligned, stakeholders can help build a more resilient network of CBOs and help advance health equity.

Key Findings

Staff Capacity and Resource Needs

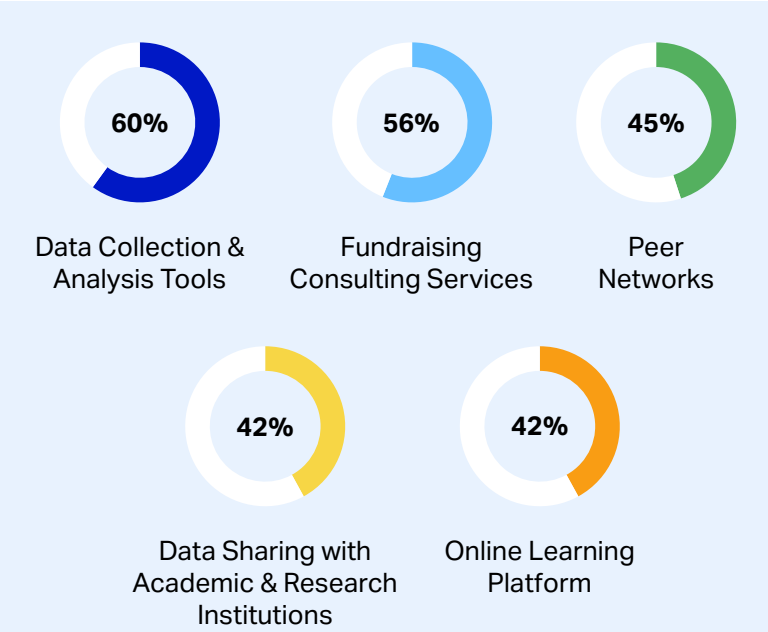
CBOs were asked to identify skills and tools that would benefit their staff and organizations. The majority highlighted the need for support in data collection and analysis, grant writing and fundraising, networking with other CBOs and academic/research institutions, and strategies for effective community engagement (Figure 14).

Nearly three-fourths (73%) of participating CBOs want tools and best practices to help collect personal testimonies from those they serve to support storytelling. 68% of CBOs identified partnership opportunities with community-based and service organizations as essential to building their capacity. More than two-thirds (68%) said grant writing and fundraising training would significantly strengthen their ability to advance health equity.

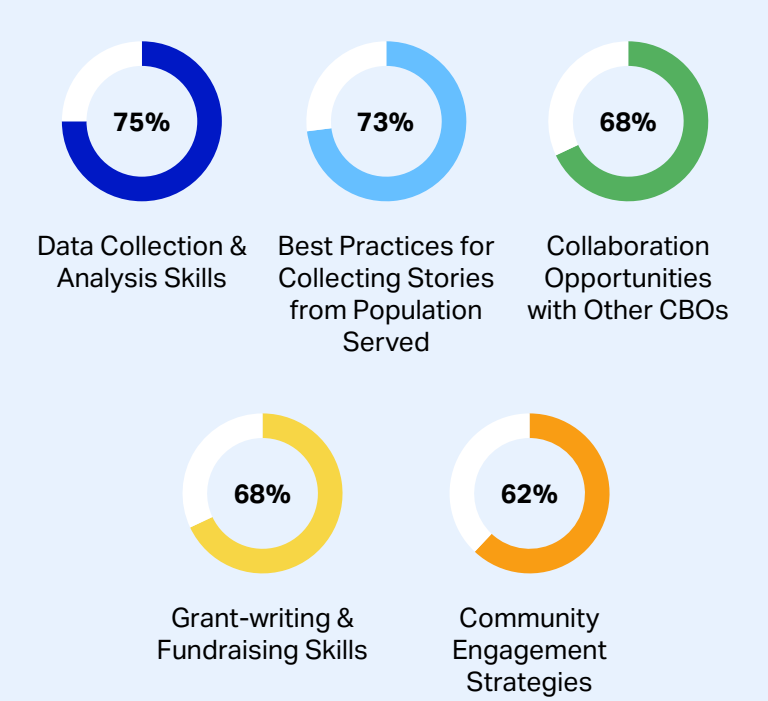
In light of funding uncertainty, CBOs are seeking practical support to help build the capacity they need to collect data, showcase their work, and effectively communicate their impact. Key stakeholders, including funders and collaborators, can help strengthen CBOs through capacity-building grants or in-kind support for grant-writing workshops, data tools, and storytelling opportunities. These tools not only help CBOs demonstrate their impact but also enhance their ability to secure funding. With 37% of CBOs facing a budget shortfall to cover planned programming in the next 12 months, many face a critical threat and must explore partnerships to enhance skills and access new resources that can support organizational growth.

Figure 14. Useful Resources and Skills

Organization Resources



Staff Development



Key Findings

Public Policy Engagement

CBOs were asked about the importance of engaging in public policy to help advance health equity. Almost all CBOs indicated that policy engagement is very or somewhat important in achieving health equity (Figure 15).

CBOs that indicated they do policy-related work were asked to identify specific activities in which they engage to influence local, state, or federal policies. Figure 16 shows the majority of these CBOs partner with other organizations and policymakers, organize community awareness events, and participate in advisory boards.

These results highlight CBOs' strategic use of relationship-building through partnerships, collaboration, and direct engagement in policymaking processes. Their involvement in formal policymaking structures and public advocacy efforts reflects a commitment to both institutional and community-level change.

Figure 15. Importance of Policy Engagement

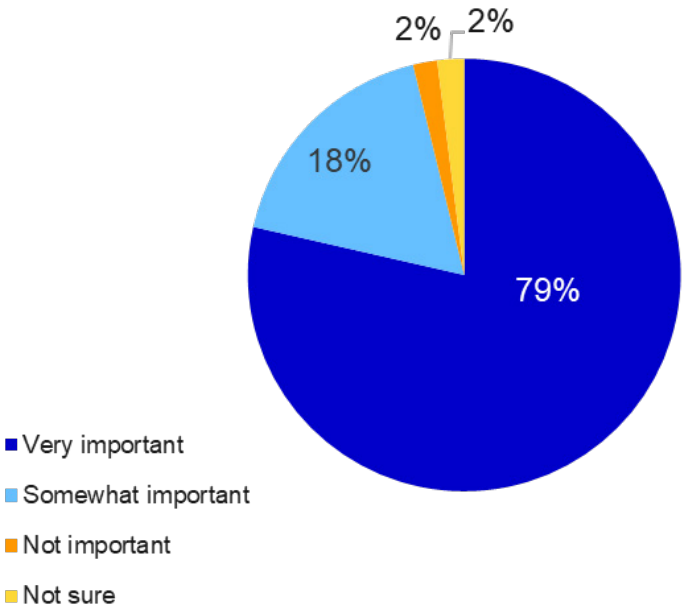
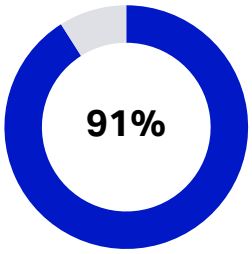
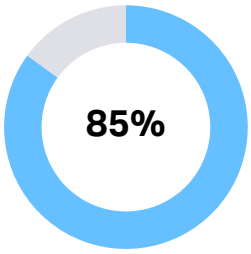


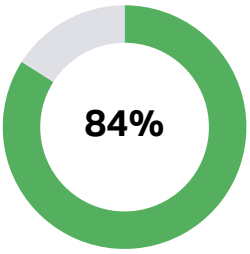
Figure 16. Activities to Influence Local, State or Federal Policies



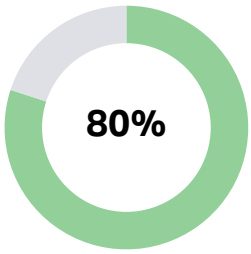
Partnering with other organizations



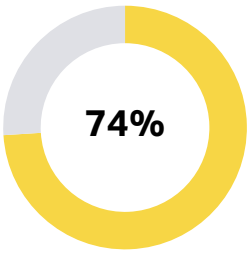
Collaborating with policymakers



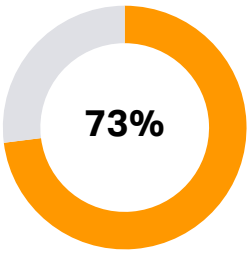
Organizing community events to raise awareness



Participating in policymaking committees or advisory boards



Providing testimony on proposed policies



Implementing advocacy campaigns

Key Findings

Policy Influence and Trust

CBOs were asked to report to what extent public policy changes at different levels of government influence their organization's strategic and programmatic priorities. Figure 17 shows that about three-fourths of participating CBOs are somewhat or greatly influenced by policy change at each level of government. Although public policy plays a major role in influencing CBO priorities, and 85% of CBOs conducting policy-related work collaborate with policymakers to influence local, state, or federal policy, only 2 out of 5 CBOs (40%) perceive that policymakers trust their input and expertise (Figure 18).

Key stakeholders, including policymakers, have a meaningful opportunity to build trust with CBOs as essential partners in shaping equitable health systems and improving health outcomes. This begins with actively engaging CBOs in policy discussions, ensuring that the lived experiences, cultural insights, and expertise of local communities are reflected in decisions that directly affect them.

Policymakers must also foster consistent, bi-directional dialogue that prioritizes transparency, mutual respect, and shared learning. This means creating spaces for ongoing dialogue, such as coalitions of community groups, and co-creating solutions that are responsive to community needs.

Figure 17. Policy Influence on CBO Priorities

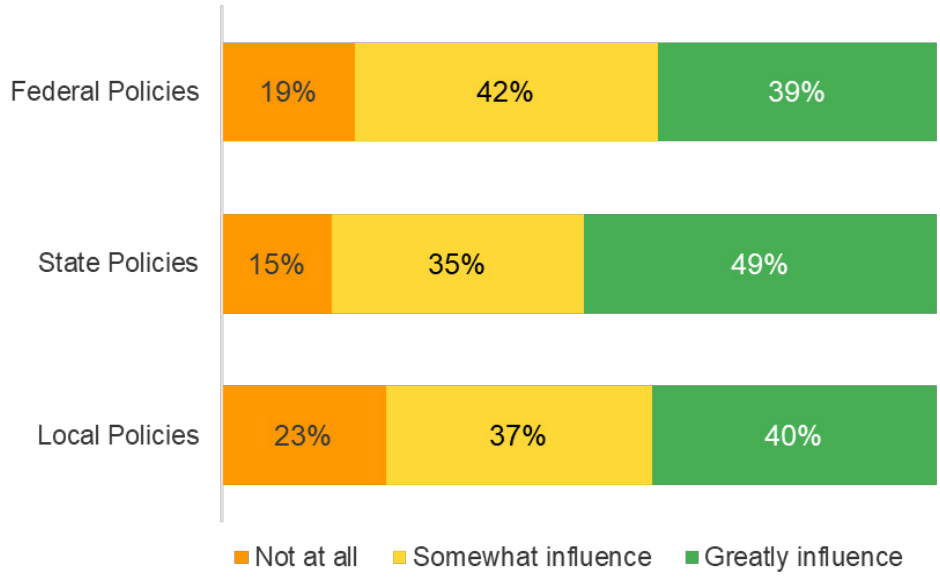
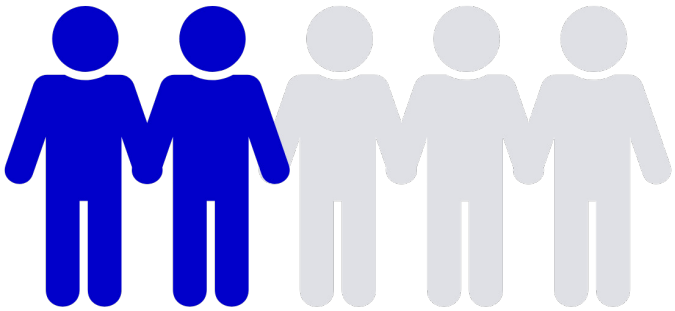


Figure 18. CBOs' Perception of Policymaker Trust



40%

of CBOs agree that policymakers trust their input and expertise

Conclusions

Across the U.S., CBOs are indispensable partners in protecting the health and wellbeing of local communities. Their deep-rooted connections to the communities they serve, particularly those historically underserved and marginalized, position them as frontline agents of change. Yet, this national survey revealed that CBOs face persistent and systemic challenges, most notably unstable funding, limited access to capital, and insufficient resources.

Key findings from this study underscore the urgent need for action:

- Funding instability threatens the sustainability of programming, with over one-third of CBOs lacking sufficient funds through the next 12 months.
- Barriers to fundraising, including limited staff time and access to high net-worth donors, are widespread across organizations of all sizes.
- Public policy engagement is a priority for most CBOs, yet only 40% feel their expertise is trusted by policymakers.

To help address these challenges and strengthen CBOs' valuable role in advancing health equity, donors, policymakers, and public health leaders have an opportunity to take action by:

- Investing in long-term, flexible funding that supports core operations, staff retention, and strategic planning.
- Reforming funding structures to ensure equitable access for smaller and under-resourced organizations.
- Supporting capacity-building initiatives, including practical support and tools for grant-writing, data collection and analysis, and storytelling to amplify community voices.
- Fostering inclusive public policy partnerships by engaging CBOs in decision-making processes and building trust through transparent, bi-directional dialogue.

Amid rapid change, these findings signal a pivotal moment to reimagine the community health landscape. Together, we can build a more resilient, inclusive system where communities have the resources they need to thrive.

Acknowledgments

The survey and report were informed by the guidance of a Community Advisory Board composed of eight CBO leaders representing a diverse range of communities, cultures, geographies, and lived experiences. Their insights helped ensure that the research remained grounded in the realities of the communities impacted by health inequities. Special thanks to Dr. Marilyn Fraser, CEO, Arthur Ashe Institute, Juliet Choi, President and CEO, Asian & Pacific Islander American Health Forum; Bethsy Morales-Reid, Vice President, Hispanic Federation, Francys Crevier, CEO, National Council on Urban Indian Health, Charmaine Ruddock, Project Director, National REACH Coalition, Dr. Clyde Glenn, President, Glenn Family Foundation, Dr. Gail Christopher, Executive Director, National Collaborative for Health Equity, and Jeffrey Caballero, Executive Director, Association of Asian Pacific Community Health Organizations for their valuable contributions

Appendix: Table of Figures by Survey Question

Figure	Survey Question
Figure 1. Services Provided	Which of the following best describes your organization's work or its programs to improve community health? Select all that apply.
Figure 2. Policy Efforts	What type(s) of policy work does your organization do? Select all that apply.
Figure 3. Geography Served	What type of geographies does your organization primarily serve? Select all that apply.
Figure 4. Race/Ethnicity Served	Which of the following populations does your organization primarily serve/reach? Select all that apply.
Figure 5. Other Populations Served	
Figure 6. CBOs Represented in Each Budget Range	What is your organization's estimated 2025 operating budget?
Figure 7. Funding by Budget Category and Funding Source	In the past 12 months, what percentage of your organization's funding came from the following sources?
Figure 8. Funding Cut Impact by Budget Category and Funding Source	In the past 12 months, has your organization been impacted by funding cuts from the following sources?
Figure 9. Barriers to Accessing Funding Investments for CBOs with a Budget of more than $1 Million	In the past 12 months, to what extent have each of the following prevented your organization from accessing funding/capital investment? The data above indicates those who selected "to a large extent."
Figure 10. Barriers to Accessing Funding Investments for CBOs with a Budget of less than $1 Million	In the past 12 months, to what extent have each of the following prevented your organization from accessing funding/capital investment? The data above indicates those who selected "to a large extent."
Figure 11. Sustained Funding Over the Next 12-Months	Please indicate whether the statement describes your organization: We have funds to cover planned programming through the next 12 months. How confident or concerned is your organization in its ability to maintain financial stability over the next 3-4 years?
Figure 12. Funding Confidence vs. Concern	
Figure 13. Funding Confidence vs. Concern by Budget	
Figure 14. Useful Resources and Skills	To what extent would each of the following tools be useful to your organization? The data indicates those who selected "to a great extent." Which of the following, if any, would be helpful for building your staff's capacity to help advance health equity? The data indicates those who selected "yes."

Appendix: Table of Figures by Survey Question (Continued)

Figure	Survey Question
Figure 15. Importance of Policy Engagement	How important do you believe policy engagement is to achieving health equity?
Figure 16. Activities to Influence Local, State, or Federal Policies	Has your organization engaged in any of the following activities to influence local, state, or federal policies to advance health equity? The data above indicates those who selected “yes."
Figure 17. Policy Influence on CBO Priorities	To what extent do policy changes at each level of government influence your organization's strategic or programmatic priorities?
Figure 18. CBOs' Perception of Policymakers Trust	Please indicate your level of agreement with each of the following statements regarding your organization's interactions with other entities: Policymakers trust our input and expertise.
Figure 19. Tribal Policy Influence on Priorities for CBOs Serving AIAN Populations	To what extent do policy changes at each level of government influence your organization's strategic or programmatic priorities? (Only CBOs that serve American Indian or Alaska Native populations.)

Pfizer
Multicultural
Health Equity
Collective

NCHE
National Collaborative
for Health Equity

NORC