



# Reimagining Health and Wellness:

## Building an Equitable COVID-19 Recovery With Community

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A Community Partner  
Insights Report

May 2021



# Background & Why

The year 2020 was a pivotal year in our country and our service region. A series of historical moments and events occurred simultaneously:

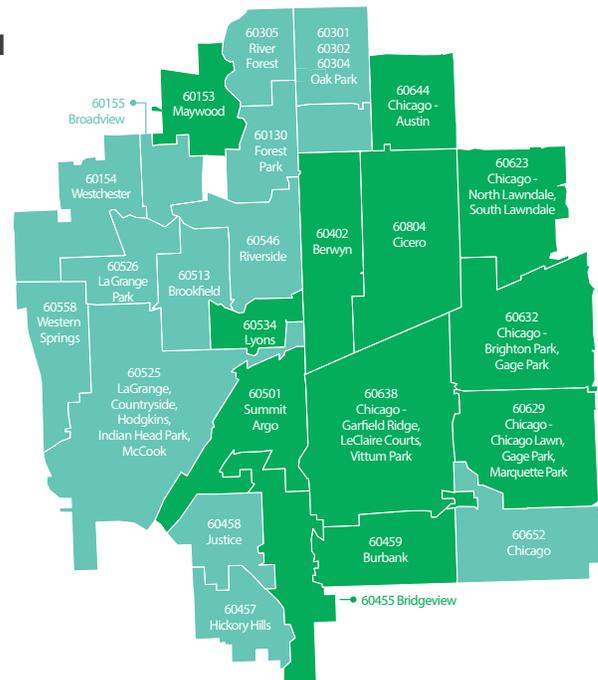
- The devastating public health crisis brought on by the COVID-19 pandemic and its long-term health and economic impacts.
- The mass mobilization across the region and country that called for racial justice and police accountability.
- The continuous challenges and operational issues that threatened an accurate, once-in-a-decade Census count.
- The intense and consequential presidential election that has massively impacted our democracy and efforts towards racial and health equity in our country and our region.

It has been a heavy year for grantee partners and residents in our region, but it has clarified our sense of purpose since we embarked on our health equity journey in 2017. Our region, particularly our Legacy & Equity area (in green in the map below), included the highest-ranked zip codes in Illinois for COVID-19 infections and mortalities, unemployment, housing insecurity, and lack of health insurance. Unfortunately, they are also the slowest to recover economically.

Last year, we focused on listening to, learning from, and collaborating with grantee partners and peer funders across our region. We advocated within local funding collaboratives in Chicago and the western Cook County suburbs to invest in hard-hit and historically disinvested communities. We lifted community voice at state-wide tables to maximize our impact in the region and mobilized the HCF COVID-19 Rapid Response Fund which provided emergency funding to organizations in our region that directly addressed critical health needs during the crisis. We also streamlined our general operating support grant application process and accelerated grant awards for current grantee partners.

**Yet, we understood that meeting this moment required much more.**

Our board challenged us to shift from rapid response to develop a plan that considered deep strategic investments in our region beyond general operating support.





# Our Goal & Path Forward

Our goal was to create a strategy that supported a responsive, bold approach that addressed our region's long-term health and wellness needs.

We knew that we wanted to invest responsibly with an eye towards systemic change and organizational capacity.

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Therefore, we turned to community and sought to understand the immediate and emergent community health and wellness needs brought on by the COVID-19 pandemic. We wanted to ensure communities hardest hit by the pandemic were at the center of our listening and synthesis.

We also kept a pulse on the broader conversation about philanthropy's role during this moment from the perspective of our community partners and our philanthropic peers. Much of what we heard reinforced our current approach and what we were planning to implement in our work. But this moment has continued to challenge us to evolve our grantmaking, our processes, and our culture.

This report summarizes our learnings from community input that has informed our strategic, long-term pandemic response and investments in our region.

**As a result, for the next three years, we plan to give out up to three times more in total grantmaking compared to our 2020 total funding. By taking this action, we plan to address the long-term recovery ahead of our communities, particularly those in our Legacy & Equity zip codes which have been impacted the most. We also plan to become a learning foundation that seeks to co-create learning strategies with grantee partners we award multi-year general operating support.**

With this report, we aim to be transparent about our process in how we center community voice in our decision-making. We encourage our partners to read about what our grantee partners and those they serve are experiencing, the challenges they anticipate, and the resiliency they have shown during the most extraordinary circumstances of recent history.



# Our Method

In January 2021, the Healthy Communities Foundation staff engaged in more than 70 direct conversations with current grantee partners, stakeholders, peer funders, and other community partners working on regional COVID-19 response efforts.

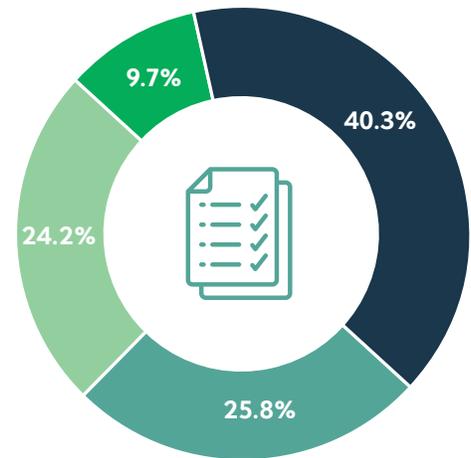
More than 90% of those conversations were with community-based organizations that have been diligently working on hyper-local efforts. This report summarizes the notes of these conversations, which were coded to lift out emergent themes specific to community and organizational needs and collaborative solutions and opportunities.

## Grantee Partner Demographic Data

*Note: Of the conversations we had with community-based organizations, only two were not with grantee partners. The demographic data reflected below are representative of our current grantee partners.*

### 1. Our Partners' Work Based on Our Grantmaking Priorities

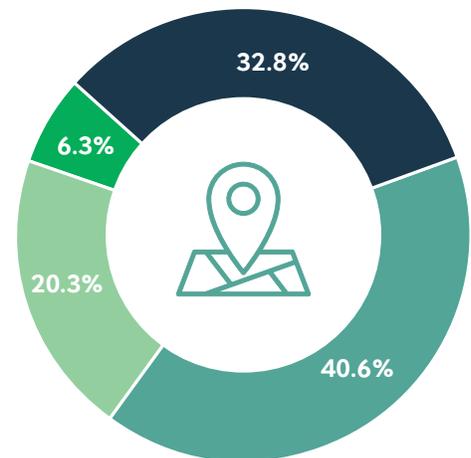
- 40.3%  
Access to Quality Health: 25
- 25.8%  
Address Social Determinants of Health: 16
- 24.2%  
Advocate for Health Justice and Policies: 15
- 9.7%  
Augment Health Data: 6



**Learn more about our grantmaking priorities.**  
[hcfdn.org/how-we-support](https://hcfdn.org/how-we-support)

### 2. Where Our Partners Work

- 32.8%  
City: 21
- 40.6%  
Suburbs: 26
- 20.3%  
HCF Regional: 13
- 6.3%  
Suburban Regional: 4



*These categorizations reflect how we identify where our partners conduct their work relative to our service region.*

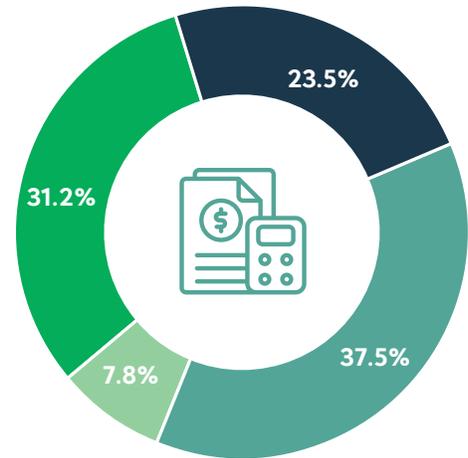


# Our Method continued

## Grantee Partner Demographic Data

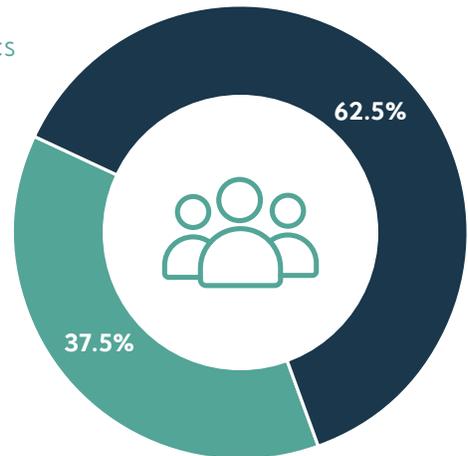
### 3. Organizational Budget Size

- 23.5%  
Under \$1M: 15
- 37.5%  
\$1M to \$4.99M: 24
- 7.8%  
\$5M to \$9.99M: 5
- 31.2%  
\$10M+: 20



### 4. Leadership Demographics

- 62.5%  
White-led: 40
- 37.5%  
BILPOC (Black, Indigenous, People of Color) Leadership: 24



We use the term “BILPOC” (pronounced “bill-pock”) as a tool to center how Black, Indigenous, and Latinx people have experienced structural racism, cultural erasure, and discrimination in our region. For us, it is a more inclusive term than “people of color,” yet, it is not without its flaws. We recognize the limitations of using this and other “umbrella” terms as they fall short in referencing the diverse racial and ethnic communities in our region. We also acknowledge how gender, racial, ethnic, and political identities are fluid, complex, and personal.

As identities and social contexts evolve, we remain committed to being in right relationship with our region’s communities. Because the use of “BILPOC” is not appropriate in all instances, we explicitly name communities when we refer to individuals or issues that affect specific groups of people. We look to current local demographic and population data to learn more about residents and refine our use of language to be as representative and inclusive as possible.



# What We Learned

## Section Table of Contents

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### HCF Regional Insights

- 7 COVID-19 Structural Inequities
- 8 Growing Mental Health Issues, Substance Abuse Among Youth, and Need for Racial/Ethnic Healing Work
- 9 Need for Equitable Access to and Information about Medical Care during the Pandemic
- 10 Need for Access to Multi-Issue Legal Aid and Housing Advocacy

### HCF Organizational Insights

- 11 COVID-19's Impact on Operations and Staff
- 12 Nonprofit and Clinical Staff Need Mental Health Services
- 13 Anticipated Budget Cuts and Long-Term Fiscal Sustainability

### Regional Strengths

- 14 Community Resilience, Creativity, and Innovation
- 15 Community Health Workers as a Crucial Strategy to Advance Health Equity
- 16 Telehealth as a Long-Term Strategy for Increased Mental and Physical Health Access

### Philanthropy Insights

- 17 Community Leader Observations About Philanthropic Practices in This Moment
- 18 Our Staff's Reflections & Questions for the Sector

To the right is a graphic representation of concepts and themes that our Program staff heard most in conversation with partners. The bigger the words are, the more frequently they were mentioned.





What We Learned

## COVID-19 Structural Inequities

### HCF Regional Insights

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- ① There was universal frustration with vaccine roll-out across our region, and in particular, we heard this more frequently among non-healthcare providers and by organizations with budget sizes under \$5M.



#### INSIGHT

Trusted community messengers did not have enough information about the vaccine to share with community residents. Confusion and misinformation impact the ability to translate clear, concise, and accurate communications into other languages if the message is constantly changing.

- ② All of our partners shared deep frustration with the efforts of the City of Chicago and suburban Cook County regarding equitable COVID-19 testing and vaccine access.
- ③ Vaccine access has been inequitable as individuals have not been able to easily get an appointment, especially in the western Cook County suburbs. The digital divide has been contributing to this as it affects who can access online scheduling portals.
- ④ There has been an inequitable burden on immigrants and Spanish-speaking residents in our region. Partners working with English language learners or non-English speakers were more likely to report frustration with vaccine roll-out.



#### INSIGHT

There is a need for advocacy at city, county, and state levels to advocate for the specific needs of older and working Spanish speakers to ensure that they can fully participate in all vaccination efforts.

# Growing Mental Health Issues, Substance Abuse Among Youth, and Need for Racial/Ethnic Healing Work

## HCF Regional Insights

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- ① Organizations in the city and western suburbs reported increases in community violence, risky behavior, and substance use, especially among young people during the pandemic.
- ② The pandemic has increased isolation, anxiety, grief, and loss associated with losing family members and loved ones to COVID-19 across all communities in our region, particularly among youth and older adults.
- ③ Social distancing, remote learning, and other factors during the pandemic have particularly impacted adolescents. Unfortunately, there has been an increase in deaths by suicide among youth in our region this past year.
- ④ Although our partners have responded with crisis support, grief counseling for loved ones, and mental health first aid trainings, there is the recognition that communities like Lyons, Summit, Argo, and Proviso could benefit from a coordinated and comprehensive approach to address this issue collectively.



### INSIGHT

The pandemic has amplified the need for continued collaboration and community leadership to address growing mental health concerns, especially for young people.

- ⑤ Leaders in Chicago have come together for Black and Brown solidarity efforts to combat community violence and maintain more peaceful neighborhoods.



### INSIGHT

While emerging work is happening in communities, it is crucial to have long-term strategies for cross-racial/ethnic solidarity building that engages multiple stakeholders and centers deep philanthropic investment in community-led efforts.

# Need for Equitable Access to and Information About Medical Care During the Pandemic

## HCF Regional Insights

- ① The rise in unemployment has led to high rates of lost health insurance coverage, and COVID-19 regulations at healthcare institutions have limited access to interpretation and translation services.
- ② In our conversations, many partners amplified the role of community health workers as a critical strategy to connect residents with up-to-date health information and resources during prolonged periods of uncertainty and change.
- ③ Many organizations are looking to include or expand community health workers as part of their service delivery.
- ④ Individuals have been delaying medical care due to fears of COVID-19 exposure at health institutions, which could erase positive gains in cancer and chronic illness treatment and care. The delay also means that providers will see more cases of advanced-stage or uncontrolled conditions, which will likely result in more preventable deaths and costly healthcare in communities.



### INSIGHT

The pandemic created an additional barrier to health access and navigation, as evidenced by the complicated testing and vaccine rollout in communities with the lowest health insurance rates and access to health institutions. It has been challenging to access COVID-19 testing or vaccine without a medical home or a health navigator/advocate who can assist with travel and/or setting appointments, among other needs.

Community health workers have been dynamic in pandemic response and have been critical to connecting communities to medical homes, testing, vaccines, and addressing social determinants of health.

# Need for Access to Multi-Issue Legal Aid and Housing Advocacy

## HCF Regional Insights

- ① Organizations based in our region with budgets under \$5M were more likely to share stories of tenants experiencing violence or abusive behavior by landlords.
- ② Organizations shared data on the increase of people requesting rental assistance—a notable pivot from requesting food assistance early in the pandemic.
- ③ The economic impact on mixed-status families, immigrants and women has been significant. During the pandemic, BILPOC women lost their jobs at a higher rate than men. Mixed-status families did not have access to the first stimulus checks and undocumented immigrants were not eligible to receive them at all.
- ④ Public Charge had not yet been defeated in court when our conversations took place, but partners who work with immigrant communities reported several examples of the continued chilling effect, fear and/or exploitation in a variety of settings:
  - Families that sought COVID-19 testing and care from hospitals while ill are receiving hospital bills for thousands of dollars that should have been covered under pandemic relief. Since families are not familiar with their rights and/or are fearful to ask questions about their bills, some have declared bankruptcy, mortgaged homes, or have taken out payday loans to pay back these bills.
  - Some landlords were conducting or threatening tenants with illegal evictions and criminal neglect of units, which made the task of staying safe from COVID-19 more difficult.



### INSIGHT

Immigration legislation is not the only issue impacting immigrants in Illinois. There is a pressing need for multi-issue legal aid that is accessible, affordable, and available in different languages. Also, there is a need for large-scale health access advocacy training for organizations interested in addressing housing, legal and financial issues.



What We Learned

## COVID-19's Impact on Operations and Staff

### HCF Organizational Insights

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“For COVID-19 response, some organizations are being paid to respond, BIPOC-led organizations are expected to volunteer.”

— DIRECT QUOTE FROM A GRANTEE PARTNER

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- ① Community-based organizations that are BILPOC-led and focus on providing quality health services were most likely to report being worried about their staff's mental health needs. Some had plans underway to implement new programming or staffing to meet emerging mental health needs.



#### INSIGHT

Many of our partners have been on the front lines and have had to bear a series of tidal waves—from the racialized impact of COVID-19 due to historical inequities to the increased calls for racial justice, among many more challenges. People are tired, leaving many to ask themselves—how do we care for our caretakers?



What We Learned

# Nonprofit and Clinical Staff Need Mental Health Services

## HCF Organizational Insights

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- ① BILPOC-led organizations were more likely to reference workforce strain and the need for more integrated health models to address mental health access. These organizations have staff who faced the pandemic's daily intensity because they live in the same communities they serve.
- ② Organizations focused on increasing access to quality health services were three times more likely to mention staff shortages and increased needs in the mental health workforce.



### INSIGHT

Partners and community members have been increasingly asking for mental health services in community settings. These services must be culturally affirming, offered in various languages, and located in community. Co-location of services, physical and mental health care, and social determinants of health navigation will be crucial in the "next normal" as we learn about the long-lasting impact of COVID-19 and move toward a holistic approach to addressing health and well-being.



### INSIGHT

Partners have identified an opportunity to expand organizational well-being policies and approaches to sustain staff, provide flexibility to navigate remote work and digital learning, and address staff mental health and wellness.

# Anticipated Budget Cuts and Long-Term Fiscal Sustainability

## HCF Organizational Insights

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- ① Across all conversations, partners mentioned budgetary concerns. Organizations with smaller budgets were more likely to share concerns about budget cuts or long-term organizational sustainability. Lower revenues due to cuts in state contracts, unpredictable individual donor streams, and private funding freezes all contributed to fiscal uncertainties.
- ② Organizations that received temporary funding increases during the pandemic were also concerned about how they could leverage that increase to build good infrastructure and accommodate any funding shortages.
- ③ BILPOC-led organizations were more likely to report increased or expansion of work made possible through one-time funding but without an increase in resources to meet the need. They expressed concerns about long-term sustainability.



### INSIGHT

It is crucial, now more than ever, to consider longer-term investments that allow anchor organizations in our region to plan and be strategic about what the “next normal” will look like.

- ④ Partners mentioned that early in the pandemic, they were waiting on foundations and other funders to provide guidance on how to utilize funding. This process often took 2–3 months.



### INSIGHT

This illustrates the benefit of awarding general operating support and employing trust-based philanthropy that provides organizations the flexibility and trust to utilize funds as needed.



What We Learned

## Community Resilience, Creativity, and Innovation

### Regional Strengths

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Partners frequently shared examples of community resilience, creativity, and innovation. Despite the intense pressure that 2020 brought, the discussions were rooted in the assets of our communities. Although partners were candid about the barriers and the immense challenges they faced and continue to confront, they led with examples of hope and resilience.

- ① General operating support grants have allowed organizations to meet the moment with stability, flexibility, or innovation—focusing on areas where they know they need it the most.
- ② Partners increasingly understand how the social determinants of health intersect and impact an individual's health outcomes.
- ③ One of the most frequently mentioned organizational strengths was our partners' new ways to collaborate and deepen relationships with other leaders during this time. Leaders shared that they are more connected to each other than ever before, and silos have begun to erode.



#### INSIGHT

Convening and building relationships with other organizations allowed partners to be agile in responding to community needs during this current crisis.

# Community Health Workers are a Crucial Strategy to Advance Health Equity

## Regional Strengths

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- ① This report has highlighted the critical role that community health workers (CHWs) play in our region as they help navigate our complicated health system, promote positive public health messages and advocate for people and their rights. Yet, it is important to emphasize that organizations from across diverse focus areas, budget size, and geography are seeing them as core components of their COVID-19 strategy.
- ② For organizations that currently do not use CHWs as part of their strategy, they are considering them to help clients navigate and advocate for themselves within different systems, including medical and hospital settings, housing, and legal and financial advocacy.



### INSIGHT

Partners who have used CHWs as a strategy are ready to invest in them on a long-term basis. However, to expand this strategy, it will be critical for Medicaid to reimburse organizations for CHWs' work.

# Telehealth as a Long-Term Strategy for Increased Mental and Physical Health Access

## Regional Strengths

- ① Telehealth's influence has been felt region-wide, even among partners who are not Federally Qualified Health Centers but offer quality health care services.
- ② While telehealth has proven to be an important strategy in delivering care during this time, partners continue to provide care via in-person visits with on-site translation and interpretation.
- ③ During our conversations, partners noted how telehealth facilitated and scaled innovations and strategies that would have previously taken them years. All organizations that referenced telehealth will continue pursuing it as a key component of their work, even after patients feel more comfortable visiting doctors' offices and other facilities.



### INSIGHT

To continue scaling telehealth, state and federal agencies must revisit permanent, equitable telehealth reimbursement policies.

- ④ Although telehealth has allowed more individuals and families to access mental and physical health services, there are still those who do not have access to broadband, digital devices or understand how to use this type of service.
- ⑤ Additionally, some individuals may face other barriers to telehealth, given privacy concerns among households experiencing higher-than-reported rates of interpersonal violence or multiple families or individuals living within one household.



### INSIGHT

For telehealth to become a more permanent strategy, efforts need to be put in place to address the digital divide. However, these efforts cannot solely address individual factors of the digital divide (i.e. increasing digital literacy or access to digital devices)—efforts must address each of these factors together to be effective.

## Community Leader Observations About Philanthropic Practices in This Moment

Throughout the pandemic, we have listened to and been a part of conversations about what philanthropy's role is and should be in this historic moment.

### What We Heard

- ① Foundations should pay out more than the minimum amount in grants (5% of total assets) as required by the US government each year.
- ② Systemic change is hindered by one-year grant cycles. Foundations need to shift their grantmaking to multi-year funding.
- ③ Philanthropy needs to direct more funding to Black, Indigenous, Latinx and People of Color organizations and communities.
- ④ Transformational philanthropy depends on trust. As foundations, we need to move at the pace of trust, a concept developed by adrienne marie brown in her book *Emergent Strategy: Shaping Worlds, Shaping Change*, and grantmaking and reporting processes need to reflect that.

## Our Staff's Reflections & Questions for the Sector

We have often reflected upon how philanthropy has caused harm to communities in the past and have sought to dismantle the traditional ways it has operated in our own work as a foundation.

As we continue to “unlearn” and evolve, there were questions that came up for us at Healthy Communities Foundation that we want to share with our philanthropic and other funder peers who are on or want to embark on a journey towards equitable, community-centered grantmaking.

- ① We have seen nonprofit organizations with no capacity support double in size as a result of the windfall of emergency funding they have received this past year. **What harm does philanthropy create with reactive funding practices?**
- ② **What are the long-term implications for a robust public health workforce when governments utilize Requests for Proposals to encourage community-based organizations to meet complex community health needs with time-limited, project-based funding?**
- ③ This pandemic was a clear example of how data lags behind what community is experiencing and the trauma that this delay creates for community. **How can philanthropy develop new best practices that center community and lived experience alongside disaggregated data?**
- ④ We need to examine and acknowledge the power dynamics that assumes leaders, communities and organizations can and will show up to funder-led collaboratives, especially during a crisis. **How can philanthropy better value the time, expertise and experience of leaders in ways that are monetary and also reshape power dynamics?**



# What We Plan To Do

Our partner conversations provided us with critical, community-informed context on the continued impact of COVID-19 in our region's communities, the local nonprofit ecosystem, and the potential short- and long-term opportunities for bold investments by Healthy Communities Foundation.

As a foundation, we know that all data requires community context.

Our conversations with partners, peers and leaders allowed for the necessary context and nuance to our analysis of public health and economic data. We are committed to equitable and responsible stewardship of our community resources and consider how we can meet communities' capacity to carry out the work in effective and sustainable ways. This practice and those we developed in 2020 (i.e., connecting with partners, having a hyper-local approach) are not new to us as they are aligned with our grantmaking principles and core values.

Using our strategic plan and theory of change as guides, we plan to continue leaning into these practices and use these insights to inform our bold approach to an equitable recovery for our region.



## AS A RESULT:

- Our Board approved to give out up to three times more in total grantmaking for the next three years compared to our 2020 total funding as a critical piece in shifting from crisis response to long-term strategic investment in our region.
- We assessed community-informed investment opportunities in progress, ready to launch, and/or need capacity and resources to scale. They represent extensive collaboration in our region and focus on the hardest-hit communities by COVID-19, racial unrest, and economic impact. Our assessment process ensured that our strategic investments could generate outcomes that are reflective of community insights and our mission, vision, and values.
- As a reflection of our value to address immediate needs while investing in long-term systems change, we plan to implement multi-year general operating support. We plan to become a learning foundation that co-creates strategies with multi-year grantee partners who have led efforts towards advancing health equity in our region.



# With Gratitude

We invite you to learn more about our 2021 response and our grantmaking approach on our website.

[hcfdn.org/  
how-we-support](https://hcfdn.org/how-we-support)

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We want to extend our gratitude to all our grantee partners, stakeholders, peer funders, and other community partners for their time and energy in helping us understand how the pandemic has deeply impacted their organizations and our region.

We invite community—across sectors—to join us in conversation, to share ideas and opportunities, and to collaborate as we continue to collectively work towards recovery.