



COVID-19 Response, Recovery, and Resiliency Initiative

About the Covid-19 Response, Recovery, and Resiliency Initiative

Cook County Department of Public Health (CCDPH), the state-certified public health department serving approximately 2.3 million people in suburban Cook County (SCC), Illinois launched the COVID-19 Response, Recovery, and Resiliency Initiative (COVID-19 Initiative) in partnership with Cook County Health and the Cook County President's Office. **This initiative seeks to prevent and control the spread of COVID-19 and lessen the impact of the pandemic, especially for priority communities and populations.** It envisions a suburban Cook County where communities have power, capabilities, and resources for transformative change that advances racial and health equity. CCDPH awarded \$7.4 million in funding from the American Rescue Plan Act, the Centers for Disease Control and Prevention, and the Illinois Department of Public Health to 39 community-based organizations (CBOs). Through this initiative, CCDPH is working alongside CBOs to increase access to culturally and linguistically tailored programs and services, distribute resources more equitably, and strengthen communities. This initiative supports CCDPH in building healthier communities and in advancing the SCC WePlan 2025¹ vision.

Supports Provided to CBOs

Funding

CCDPH awarded funding to CBOs to support implementation of strategies² to prevent and control the spread of COVID-19, lessen the impact of the pandemic, and advance racial and health equity. These strategies include: conducting COVID-19 outreach and education; implementing a Community Health Worker model; maintaining and expanding services that address mental health, reduce food insecurity, and promote youth development; engaging communities around worker health and safety; supporting training and delivery of evidence-based chronic disease programs; increasing organizational health literacy; and strengthening organizational capacity to continue activities beyond grant funding.

Technical Assistance

Technical assistance is provided by CCDPH staff, who serve as a point of contact for all CBOs. The staff offers administrative support, programmatic information, and relationship-building opportunities. Additionally, the expertise of CCDPH and key partners, who also serve as technical assistance providers, are leveraged to support the CBOs with strategy planning or implementation. Technical assistance is often customized through resource sharing, training, and targeted problem-solving.

Cross-Cutting Trainings

CBOs have the opportunity to participate in trainings that support cross-cutting skills like strengthening community engagement, building programs that last, and effectively using digital communication and collaboration tools. These trainings help CBOs strengthen their organizational knowledge and skills for sustainability and expansion.

Regional Learning and Action Network and other Learning Collaboratives



All CBOs are encouraged to participate in the Regional Learning and Action Network, which is guided by the Community of Solutions Framework.³ Through this initiative-wide learning collaborative and other strategy-specific opportunities, CBOs build relationships with one another, undergo communal learning, and are empowered to share knowledge, resources, and stories.

EVALUATION APPROACH TO THE COVID-19 INITIATIVE

The Policy, Practice and Prevention Research Center (P3RC) at the University of Illinois Chicago School of Public Health is conducting a multi-method developmental evaluation of the COVID-19 Initiative. This evaluation seeks to understand how

Evaluation Activities

CBOs learn about and participate in evaluation activities, including interviews, focus groups, and quality improvement discussions, to broaden and deepen impact and garner additional support and resources.

community engagement and capacity-building are realized at the organizational, community, and systems levels by the initiative and CCDPH more broadly. This report reflects evaluation activities for the period of October 2022 – March 2023, which included confidential listening sessions with CCDPH staff, CBOs, and partners, and qualitative and quantitative data analysis of monthly performance monitoring reports. Listening sessions were analyzed for major themes and quality improvement opportunities. Deidentified findings were shared with participants for validation. Performance monitoring reports were submitted by CBO and CCDPH staff and then analyzed for themes, trends, and quality improvement opportunities, which were then compared and integrated with listening session findings. Deidentified statements from CBO and CCDPH listening sessions are included in this report.

What Was Found



The COVID-19 Initiative is enhancing community reach and impact.

- CBOs applied for and accepted COVID-19 Initiative grant awards because they see the value of community engagement in reaching priority communities and populations in suburban Cook County.
- CBOs expressed a desire to use the COVID-19 Initiative to coordinate activities and strengthen partnerships with CBOs and CCDPH to effectively leverage resources.

"This specific grant... was a great opportunity to enhance that engagement model and build partnerships in Cook County... to serve the community. So, we felt it was a good way of building that, and refining it, and finding some natural partnerships."

- CBO

 This initiative allows CBOs to have a greater presence in their communities and expand services across mental health, COVID-19, healthy work, health literacy, and more.



CBOs are increasing access to programs, services, and resources to prevent and control the spread of COVID-19 and lessen the health, social, and economic impact of the pandemic for priority communities and populations.

- COVID-19 Services: CBOs provided 2,842 doses of the COVID-19 vaccine. These vaccines include 293 first doses, 222 second doses, and 2,327 third doses or boosters.
- Resource Distribution: Nearly 340,000 units of resources were distributed, including meals and food boxes (288,802), personal protective equipment such as masks and gloves (19,117), and COVID-19 tests (18,790).
- Community Outreach: CBOs engaged with over 31,000 individuals in their communities (31,142) through many outreach channels, including but not limited to oneto-one conversations (21,319) and in-person meetings (9,324). CBO outreach covered several topics; of the

- over **175,000** messages distributed by CBOs, nearly **70,000** messages included COVID-19 health information **(69,632).**
- Trainings: CBOs provided 16 structured trainings with specific learning objectives to 589 attendees.
 CBOs attended 60 trainings, many of which sought to strengthen the skills of community health workers.
- Referrals: CBOs referred 73,851 individuals to resources and services. Most of these referrals were for nutritional assistance programs (71,185), but additional referrals were made, including those for housing and shelter (168) and mental health services and resources (112).

The numbers in this section reflect the most up-to-date performance monitoring data at the time of reporting. Data will be considered final at the conclusion of this initiative.



This initiative has deepened and expanded partnerships and revealed that more opportunity exists to strengthen CBO networks.

- One-on-one meetings with CCDPH staff have offered CBOs a consistent point of contact, fostering trust between CBOs and staff members, and with CCDPH more broadly.
- CBOs recognize the value of collaborating with one another and leveraging connections to partners through joint
 activities or promotion of one another's services and events.

"[Give] us an open forum to share what we're doing... and what's upcoming for us in the month, and where we might be able to find places for collaboration, or even try and find places where we may be doing very similar things, and how we can help each other out."

- CBO

- A partnership between Pillars Community Health, Age Options, Berwyn South School District, Respond Now, Summit Public Library, and Peer Services was reported to enhance program delivery and leverage shared resources.
- Other partnerships between National Kidney Foundation of Illinois, Sisters Working it Out, Live4Lali, Age Options, Access to Care, and other organizations were reported to enhance kidney health programs, naloxone training, and screenings.
- CBOs continue to recommend improvements to communication and collaboration between organizations and with CCDPH. Specifically, CBOs requested more networking spaces and opportunities to understand the work being done and to strengthen the impact of partnerships.



Administrative burden is a barrier to program delivery and community engagement.

 CBOs reported delays in working with CCDPH to finalize their budgets and receive advanced payment. Both delays were barriers to their work, and some reported that delays in payment negatively impacted their ability to hire staff to implement strategies. "We are bogged down with a lot of just administrative tasks, and we lack the tools that would make us more efficient in our work."

CCDPH Staff

- In addition to barriers in the initial launch of the grant, a no-cost extension period led to delays in finalizing grantee work plans and additional administrative burdens on CCDPH staff and CBOs.
- CCDPH staff and CBOs stated that the pressure to rapidly respond to administrative and budget requests decreased their
 ability to meaningfully engage with one another and with their communities.



There is an opportunity to build a shared understanding and strengthen the initiative's alignment with actions to advance racial and health equity.

- Racial and health equity were referenced by CCDPH staff and CBOs as anticipated outcomes of this grant; however, many
 reported that the vision created at the onset of the grant is not being realized as the grant continues.
 - "I have been trying to work out [the Initiative's] actual role in the agency. . . I understand it in, I think written form, but I'm still trying to understand how it's going to function, how it aligns with what we're trying to do."

- CCDPH Staff

• There is a perceived disconnect between the original intent of the initiative, which included a focus on racial and health equity and robust community engagement, and the reality of how the initiative is being operationalized. This disconnect, and the significant administrative requirements of the grant, left some staff feeling that their strengths and those of their colleagues were being underutilized. Early listening session data showed a lack of consensus across CCDPH and CBOs regarding the overall vision and purpose of the initiative.

 Some participants noted issues with the implementation of the initiative and its connection to health equity; notably, barriers related to language, translation, and health literacy (e.g., CBOs requested documents and resources in various languages to better meet the needs of their communities).

"[The staff working on this initiative] may kind of see the vision, but maybe not all the pieces or how they fit together. . ."

- CCDPH Staff

 Despite these barriers and disconnect, some CBOs reported an increased confidence and comfort in community engagement and ability to advance racial and health equity.

Opportunities for Improvement

While the COVID-19 Initiative supported partnerships and collaboration, direct services, particularly around COVID-19, and to some extent, a focus on community engagement and racial and health equity, there are several opportunities for improvement.

 Identify and provide additional and intentional opportunities to build and leverage relationships.

 Clarify the vision and ensure that the initiative's activities are focused and aligned.

 Solidify CCDPH's role and partnership with community and build a shared definition of and principles for community engagement. Provide increased administrative support and/or reduce administrative burdens to allow CBOs and staff to increase their focus on engaging the community.

> Ensure that communications and outreach approaches across the initiative support advancement of racial and health equity through the use of culturally- and linguistically-tailored services and materials.

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