



COVID-19 Response, Recovery, and Resiliency Initiative

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

Through the COVID-19 Response, Recovery, and Resiliency Initiative (COVID-19 Initiative), Cook County Department of Public Health (CCDPH) and community-based organizations (CBOs) are working together to increase access to culturally and linguistically tailored programs and services, distribute resources more equitably, and strengthen communities to prevent and control the spread of COVID-19 and lessen the impact of the pandemic, especially for priority communities and populations.

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 report reflects evaluation activities for the period of April 2023 to June 2023, which included qualitative and quantitative data analysis of monthly performance monitoring reports; confidential listening sessions with three participant groups consisting of CCDPH staff, CBOs, and TA partners; and subsequent discussions garnering participant feedback. Findings and supporting quotes from these listening sessions are presented below. Throughout the COVID-19 Initiative, CBOs, CCDPH, and partners learn about and participate in evaluation activities to broaden and deepen impact and garner additional support and resources.

Supports Provided to CBOs through the COVID-19 Initiative



Funding: CCDPH awarded \$7.4 million in funding to 39 CBOs to support the implementation of [strategies](#)¹ to prevent and control the spread of COVID-19, lessen the impact of the pandemic, and advance racial and health equity.



Technical Assistance: Through the COVID-19 Initiative, CBOs receive technical assistance (TA) from CCDPH staff and other providers. They also participate in the Regional Learning and Action Network (RLAN), strategy-specific opportunities, and training on topics such as community engagement and sustainability.



Relationship Building: With these supports, CBOs build relationships with one another, undergo communal learning, and are empowered to share knowledge, resources, and stories.

What Was Found



While all participant groups could describe and agree on some elements of the COVID-19 Initiative's purpose, there was not yet a unified or holistic vision.

- Sustainability, resource and information sharing, coalition building, partnerships, and collaboration were recognized as important components of the COVID-19 Initiative.

"I think [BHC is] really pushing for partnership between organizations and creating these opportunities for networking and working together. So how do we make the community healthier by working together?"

- The original intent of the initiative was to build community power for racial and health equity; however, some participants noted that this vision was not being realized.
- Most participant groups stressed the importance of engaging in visioning and trust-building prior to the start of the initiative and now recommend reconvening all partners to discuss vision, in addition to changing systems for racial and health equity and promoting community power building.
- CBOs noted that authentically working together to establish co-owned structures and networks can lead to the sustainability of their work, and ultimately to achieving shared goals and desired health outcomes at all levels of the health environment.

“I don’t necessarily feel too connected with a shared vision or the work as such, and also share the feeling a little bit of being siloed.”

“I would just say it would be useful to maybe have a refresher over what are the main goals as a BHC group that we’re trying to achieve. I know for our program specifically, we’ve got our goals and our objectives. If we meet that, then we’re successful. But what does that mean in terms of impact on the community or the overall?”



All participant groups want to build and sustain personal and organizational relationships with one another to create alignment and coordination toward shared goals.

- CBOs emphasized that to effectively engage their communities and advance their work, they must also establish trust, community, and partnerships amongst themselves.
- TA providers and CBOs want more relationship-building opportunities to advance the goals of the initiative, including structured opportunities to build organizational relationships (e.g., RLAN), more casual networking opportunities to build personal relationships (e.g., longer

introductions during Zoom meetings, etc.), and additional opportunities to collaborate (e.g., planning joint events or referring clients to one another’s services). Increased relationships and opportunities to connect could enable CBOs to better understand one another’s scopes of work and aligned activities, determine opportunities to leverage services, identify best practices, and collaborate to create a more comprehensive network of services and offerings across suburban Cook County.

“[There are] some amazing organizations here, and many of us have never really gotten to know each other. We have so many people going to do outreach for our own different projects. Can you imagine if we all were well informed about all the work that we’re all doing, and not missing an opportunity to connect others to the work that others are doing?”



CBOs perceive themselves as members of their communities and deeply value community participation to guide their work.

“And I think that’s the important thing is getting to know, through conversation and through physical contact, who is in your community and what sort of things they’re looking for. Because now will be the time to start looking forward.”

- Many of the CBOs saw community engagement as integral to their overall work both as a part of and independent of this initiative.
- CBOs highlighted their lived experience and focus on equity in their work, which fostered their ability to relate to and understand community members on a deeper level, build trust, and avoid top-down approaches.

- CBOs said they need more sustainable, long-term commitments to community engagement and relationship building from all partners, as well as additional acknowledgment of their expertise and support of their efforts in the communities they serve. Measures of success should reflect the richness of this expertise and extend beyond the standard performance reporting.

“But, what is the level of commitment to those that want to see success, to build healthy communities, to those of us that are putting ourselves out there to build that healthy community? Because we have to not only do the work, because we committed to do it, and because it’s our mission, and it was what drives all of us, but what is our commitment to make sure our organizations are healthy enough to sustain the work, and we as individuals are healthy enough to see it through?”



While there are opportunities to increase alignment of trainings and TA to address CBOs’ needs, CBOs are currently putting skills from existing trainings and TA opportunities into practice.

- Training approaches are enhancing the knowledge and skills of CBO staff and volunteers to better adapt to the evolving needs of their communities (e.g., navigating evolving COVID-19 guidance or utilizing newly gained health literacy skills during outreach activities).
- Coaching sessions on organizational capacity building have helped CBOs operationalize goals, identify resources, and improve organizational performance.

- The process for identifying CBO needs was not standardized across TA providers. Delivery of TA also varied across the initiative: some TA was strategy-specific while some focused on overarching concepts like racial equity; some TA was offered through ongoing opportunities while other TA occurred during a single session.
- Some CBOs shared that their limited staffing inhibited their ability to consistently participate in training sessions and TA activities. CBOs mentioned that training support should be more clearly aligned with their respective organization’s needs and staff roles within their organization.

“The other aspect of BHC is the organizational sustainability...we’ve been working on some internal policies around racial equity...But that has been something that has been growing and developing through our coaching sessions through BHC. And yeah, I think we’ve learned a lot from these groups.”

“...I have done some of the training sessions too, where I feel like it’s not really geared toward my perspective, even though it might be somewhat useful. It’s not always geared toward what I’m trying to achieve in my role.”



CBOs continue to increase 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 **632** doses of the COVID-19 vaccine.
- **Resource Distribution:** CBOs distributed nearly **257,000** units of resources, including: meals and food boxes (**225,808**), personal protective equipment such as masks and gloves (**12,417**), and COVID-19 tests (**10,071**).

- **Community Outreach:** CBOs engaged with almost **35,000** individuals in their communities through many outreach channels, including, but not limited to, one-to-one conversations (**5,898**), in-person meetings or events (**17,847**), and door-knocking/community canvassing (**10,369**). CBO outreach covered several topics. Of the over **80,000** messages distributed by CBOs, over **40,000** messages included COVID-19 health information (**41,988**).

- **Trainings:** CBOs provided trainings, programs and/or workshops with specific learning objectives to more than **300** attendees, many of whom were youth. CBOs attended **7** training sessions, many of which sought to strengthen the skills and capabilities of community health workers and other CBO staff.

- **Referrals:** CBOs referred **16,708** individuals to resources and services. Most of these referrals were for nutritional assistance programs (**14,254**), but additional referrals were made, including those for mental health services and resources (**829**) and housing and shelter (**115**).

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.

Opportunities for Improvement

- Establish a shared definition, approach, and collective vision for community engagement across CCDPH and the broader local public health system, CBOs, and communities to facilitate measurement of activities, outcomes, and impact; establish best practices; and amplify the story of community engagement in suburban Cook County.
- Support more opportunities for networking during and beyond the grant period by fostering deeper interpersonal relationships among CBOs. Examples include providing more time for networking during CBO meetings and hosting RLAN meetings by region. Additionally, provide more structure and support for coordination, and expand tri-directional engagement between CCDPH, CBOs, and communities.
- Effectively engage CBOs early and often to understand their needs and wishes around planning and implementation priorities of initiatives like the COVID-19 Response, Recovery, and Resiliency Initiative, while recognizing CBOs' limited capacity.



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Suggested Citation

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References

1. Cook County Health. Building Healthy Communities (BHC): COVID-19 Recovery, Resiliency and Recovery in Suburban Cook County. Request for Proposal RFP# H22-0027. April 2022. https://cookcountyhealth.org/wp-content/uploads/H22-0027_0_RFP_BHC-in-SCC-final-with-all-attachments.pdf
2. COVID-19 Response, Recovery, and Resiliency Initiative: October 2022 – March 2023 Report. Cook County Department of Public Health, Forest Park, IL. August 2023. https://p3rc.uic.edu/wp-content/uploads/sites/561/2023/11/COVID-19-Response-Recovery-and-Resiliency_October-22-to-March-2022-Report_CCDPH_08_23.pdf