The Impact of COVID-19 on Our Grantee Partner Community
The Impact of COVID-19 on Evaluation

From Our President’s Desk:
Becoming An Equity Funder: What You Can Expect From Healthcare
Georgia Foundation
The 2020 Joseph D. Greene Community Service Award Recipients

The Two Georgias Initiative Coalitions and Their Pandemic Experiences

The 2020 Health Equity Award Recipient

The 2020 Joseph D. Greene Community Service Award Recipients
In 2008, Healthcare Georgia’s Board of Directors introduced Achieving Health Equity as the organization’s vision. This new vision enabled the Foundation to broaden its understanding and approach to health disparities, basic human needs, and the social determinants of health among the state’s vulnerable populations. This new and more comprehensive understanding of health equity created a natural pathway for redefining the Foundation’s vision in 2018 to: Health Equity in Georgia, where all people attain their fullest potential for health and well-being. Ten years after establishing a vision for health equity, Healthcare Georgia Foundation began its transformation as a health equity funder with the commitment and expertise of our Board of Directors, our staff, and state and national partners.

Only two years later, no one could have predicted the upheaval and how imperative it would be to accelerate the transformation to a healthy equity funder with such powerful urgency. The COVID-19 pandemic, racial injustice, political polarization, the devaluation of science and a growing economic divide have become the unfortunate bedrock for our nation and for the state of Georgia.

While we are still at the beginning of this journey and have much to learn and do, these unstable times have invited much dialogue as the Board and staff address paramount questions and confirm our commitment to health equity for all.

What should our grantees, partners and Georgia’s vulnerable communities expect from Healthcare Georgia Foundation as we fulfill our social contract and commitment to health equity? What will it mean to align our intentions with our funding? Our philanthropic response to the events of 2020 provides a glimpse of how we are applying an equity lens to our work. Although there is no playbook and no evidence-based practice to guide us, why we do what we do is anchored in our unwavering commitment to diversity, equity and inclusion and observed in the Foundation’s recent and future actions:

- Intensifying efforts to distribute grant resources and technical support benefitting persons of color, vulnerable populations and low-income communities
- Increasing emphasis and outreach on grantees who represent minority-owned and managed organizations
- Assuring equitable if not disproportionate allocation of resources to health nonprofits serving minority populations
- Relaxing (simplifying) grantmaking policies and procedures with input from grantees
- Expanding efforts directed to diversity and inclusion in our grantmaking
- Shifting our attention upstream to the social determinants of health of which racism is the most prevalent and powerful
- Using our voice to address unjust policies affecting persons of color and vulnerable populations
- Establishing evaluation metrics that assess equity
- Insisting on decision-making informed by disaggregated data
- Leveraging partnerships, alliances and collaboratives that are committed to health equity
- Committing to greater diversity in Foundation Board and staff
- Building an organizational culture reflecting an equity lens
- Recognizing and promoting exemplary models of equity leadership
- Uplifting the stories of promising approaches to equity and social justice

Healthcare Georgia Foundation has moved from rhetoric to action. We have chosen a better future. In the spirit of accountability and transparency, the actions described here represent a starting point in our journey- undertaken at a pace with a long-term cadence. It is with resolve and humility that we seek your partnership and look forward to our shared pursuit of a more equitable Georgia.
few months ago, when COVID-19 went from an epidemic to a pandemic, I reached out to a grantee to see how they were doing in light of the situation. This organization provides uninsured individuals with free primary and specialty healthcare with an emphasis on care for patients with chronic conditions, serving as a medical home to over 850 people. The Executive Director told me they had to cancel their largest fundraising event of the year that supports most of their administrative costs. The ED continued noting they are doing their very best to provide services via telemedicine and carry out the grant objectives outlined in their grant agreement, logic model, and evaluation plan.

As Healthcare Georgia Foundation’s internal evaluation manager, of course I had already thought about how our recently awarded grantees were going to meet their grant objectives this year due to the life-changing virus. But I truly wanted to know how their organization, staff and volunteers were doing – mentally, physically, emotionally. Almost all the nonprofits the Foundation works with provide direct care and services to individuals, where the 6-foot rule can’t apply, or at least didn’t up until this point. The last thing these nonprofits are thinking about is if they are implementing programs according to their logic model, asking appropriate evaluation questions, or measuring the right indicators. They can’t focus on the metrics and data that I look for in their progress or final reports. And that’s okay. That’s good enough.

We know, based on the case statements that were submitted, our grantees will do a “good enough” evaluation. Good enough should not be interpreted as meaning “merely good” or as implying mediocrity; it has to do with making rational and defensible choices. The “good enough” approach is a way to drive ongoing improvement and achieve excellence by progressively meeting, challenging, and raising responses to difficult problems, as opposed to driving towards an illusion of perfection (*Groundwater-Smith, 2011, p 12). Peter Rossi calls it a “good enough” rule when the evaluator should choose the strongest possible design after having taken into account the potential importance of the results, the practicality and feasibility of each design, and the probability that the design chosen will produce useful and credible results.

Michael Quinn Patton, an evaluation guru, suggests that some data to support quick decisions when they are made is better than data that are too little and too late. Most of the time decision-making isn’t about yes or no, “This places ‘rigor’ in the context of crisis conditions, acknowledging uncertainty, emergence and urgency.” Healthcare Georgia Foundation is learning to adapt and be flexible. We are changing our grantmaking, relaxing our reporting requirements, and not asking for evaluation plans, logic models, or 10% of their budget towards evaluation. Our grantees are also learning, adapting, and showing up with at least a sense of the decision that seems most supported by the information they have at hand.

The Foundation trusts that at this time our grantees and their internal or external evaluators will do what’s best for their programs and interventions. The evaluation may not be perfect – it could be messy and there might be inconsistent data, but that’s good enough. These organizations are saving lives, serving the most vulnerable populations, and putting their own lives at risk. Let’s not forget that during this pandemic and these uncertain times, we are all human – it’s okay to be scared, have anxiety, and we should be easy on ourselves as we all go through this together. What we are all doing to survive and thrive is not only good enough, but it is more than enough.

Our team at the Emory Prevention Research Center currently serves as the evaluator for The Two Georgias Initiative, Healthcare Georgia Foundation’s place-based rural health equity initiative. We support the 11 coalitions’ local evaluation work and are conducting an evaluation that looks across the coalitions to measure the initiative’s overall impact.

In March 2020, as the nation shut down in response to the COVID-19 pandemic, we began hearing stories from the coalitions about how their work was being impacted. Coalition meetings were moved from in-person gatherings to online. Events and activities were canceled. Priorities shifted to focus on meeting residents’ most urgent needs. It was clear that community health programs and coalition work would be dramatically affected for the foreseeable future.

The pandemic has been devastating to public health, our economy, and our way of life, but it also presents opportunities. Prior to the pandemic, we had planned a special evaluation study, but had not yet settled on a topic. Once the scale of the pandemic became known, we decided to focus our special evaluation on the coalitions’ ability to respond to COVID-19. Doing so is consistent with our evaluation plan and allows our work to remain relevant. Our central question asks, “In what ways did strengthened community capacity from The Two Georgias Initiative facilitate community response to COVID-19, if at all?” We think that the coalitions are better positioned to respond to the needs created by the pandemic because of their work and the relationships they have built over several years as a part of The Two Georgias Initiative. Because this is a health equity initiative, we also want to know if some groups are disproportionately affected and how the coalitions work to minimize disparities created or exacerbated by this crisis.

Our evaluation work has been impacted in other ways as well. We have worked with community partners to ensure that they are able to document all of the activities and other aspects of their work that have been delayed or canceled because of the pandemic. We have postponed all of our planned in-person data collection and visits to our partners until their activities resume and it is safe to return. We are taking advantage of this time to get caught up organizing and analyzing the data we do have and making the most of those findings. Because many of our community partners are located in rural areas throughout Georgia, we are accustomed to using technology to communicate with them from a distance. We continue to email, talk on the phone, hold webinars, and use screen-sharing services. The newest tool in our distance-based communication repertoire is the frequent use of Zoom meetings (with the video on!) that allow us to connect in a meaningful way.

We know that our community partners are doing their best to implement pieces of their programs and support residents’ needs in spite of the challenges brought upon by COVID-19. That’s who they are. It’s what they do. More than three months in, with social and physical distancing a part of our new normal, we will do our best to support them so they can have the best outcomes possible when we eventually reach the other side of this pandemic.
The Foundation would like to express our gratitude to each of our grantee partners who graciously gave us their time for the following interviews. Thank you for sharing your stories with us via phone conversations, video conferences, and emails. These interviews have been edited for length and/or clarity.

To learn about Healthcare Georgia Foundation's COVID-19 crisis response work, please visit www.healthcaregeorgia.org/covid-19-crisis-relief-funding/

We want to hear from you: how has COVID-19 impacted your life? To share your story with the Foundation, please click the button below:

Share your COVID-19 Experience
An Interview With *EmpowerHealth* Cohort Two Participant: Suzanne Shaffer, MS

Ascensa Health at St. Jude’s Recovery Center

*How has COVID-19 affected your work at Ascensa Health at St. Jude Recovery Center?*

In response to the COVID-19 pandemic, we have made many adjustments to our programs and services to continue serving clients and providing essential services. Many of our administrative and non-essential staff are working remotely, and all direct services staff remain onsite.

The agency is currently operating residential treatment, the medication Assisted treatment (MAT) program, onsite healthcare services, recovery residences, and individual and family counseling services. Clients receive meals, shelter and other basic needs in addition to treatment services.

We have begun slowly admitting new clients to our residential programs. The agency is doing onsite testing for potential clients and implementing measures to minimize risk and prevent the spread of the virus. All precautions are being taken to ensure the safety of clients and staff, including increased sanitizing procedures and social distancing. All employees and clients are required to wear masks, and every employee must complete a health screening upon entering work to ensure that they have no symptoms of COVID-19.

*How have your day-to-day operations changed since the pandemic began?*

The agency has put measures in place to protect clients and staff during the pandemic. We have acquired sufficient PPE for all clients and staff. It is mandatory that all client’s and staff wear masks at all times and practice social distancing. Staff are screened upon arrival each day for potential COVID-19 symptoms. The agency continues to be closed to visitors.

We have purchased laptops and software to keep staff connected, whether they are onsite or offsite. Interviews as well as staff and Board meetings are conducted by teleconference.
Overall, how have your patients handled these shifts in normal operations at the Center?

I can't say we were really popular when we made masks mandatory and required social distancing. But it has kept our clients safe and I think they have gained a certain respect for all the precautions we put in place to protect them. None of our residential clients have become ill. Our staff are outstanding and committed to our client’s health and safety. The clients over time have adapted to the changes that have been made.

Have you all experienced any bright spots or moments of hope during those difficult times?

We have shown an increase in length of stay for our residential clients. Several clients have completed our program and moved to one of our recovery residences or to permanent housing.

We have been able to keep all of our FT staff employed. Staff have demonstrated flexibility and resiliency which allowed services to continue and clients to remain in a therapeutic environment for their recovery. Staff project a sense of calm which transfers to clients, promoting their overall wellbeing.

We experienced a moment of hope when a mother in our Family Care Program delivered a healthy baby.

WHAT WE DO

Based in Metro Atlanta, Ascensia Health at St. Jude’s Recovery Center provides behavioral health care for addiction and co-occurring mental health disorders that sustains recovery and returns individuals to their families and communities. Our programs and services are based on the belief that addiction is a disease. We focus on treating the whole person and we support people over a lifetime of recovery.

WHO WE SERVE

Open to anyone seeking treatment for addiction and co-occurring mental health disorders, Ascensia Health at St. Jude’s Recovery Center serves approximately 1,500 individuals per year. Most people who come to Ascensia Health at St. Jude’s Recovery Center are low-income men and women, veterans and families with children. Many are experiencing homelessness, do not have health insurance, or cannot afford life-saving treatment.
What was the experience like for the Center at the beginning of the COVID-19 pandemic?

I guess it was like it was for everyone else – a complete stunner. ‘Pivot’ has kind of been my word throughout this whole process – I probably used the word ‘pivot’ in March more than any other time in my life! Initially, our first phase was really just looking at our clinical procedures and making sure that we had enhanced patient safety procedures in place as it related to temperature checks and doing screenings over the phone for risk factors or symptoms. It’s just like any other facility, but particularly in a clinic where you’re already trying to modify plans to reduce exposure. Then, all of a sudden, we are in a city building, and of course the city of Atlanta buildings closed around March 16th — so we had to pivot again and say, “We can’t do in-person care, so how do we then make sure that we’re in communication with all of our patients and make them understand that now we don’t have access to the building? How can we be in that COVID-19 mode?” We scrapped that and immediately went into Phase 2, which was really converting everything into telephone encounters, and then rapidly researching for the planning and implementation of telemedicine.

We already had been anticipating doing that – in our strategic plan, we probably put around September 2021 that we would be doing telehealth, so obviously we accelerated it. Around a month in, we implemented a telehealth platform. We do women’s healthcare through paid staff, and then we do primary care and chronic disease management through volunteer providers, so we’ve been really kind of getting everybody up to speed. Right now I’m happy to say that around 13 of our 19 active volunteer healthcare professionals are up and running, and they are actually still engaged with us even amidst the pandemic. I always tell people that telemedicine is a wonderful strategy to compliment in-person services, but to be used exclusively in the long term it’s not possible. We are, of course, unable to do pap tests and clinical breast exams, and all that care that needs to happen within a clinical environment. But in terms of the management of chronic diseases, being able to do those telehealth visits has become critically important, so it’s a nice option to be able to still provide continuity of care, and to continue engaging our volunteers, who – many of them – are of the demographic where they’re more susceptible to the virus anyway, so that keeps our patients and our workforce safer by being able to do telemedicine and to be within the safety and comforts of their home.

Do you think that any of your takeaways from your time in the EmpowerHealth program at Healthcare Georgia Foundation might have helped you be more agile during this time?

With our EmpowerHealth grant, we were focused on having communications, fundraising, diversifying funding and we had some strategies around the board. I think the key thing is that communications already had to be at the forefront. When you’re doing remote work, you have to have communication touchpoints. As an example, I’ve been communicating more frequently with the board about what’s going
on. The first thing that had to happen was the cancelling of a fundraising event which was scheduled at the end of March. These were critical conversations that needed to happen that, in regular day-to-day without a pandemic, things were slower, you were waiting for a board meeting or waiting for a committee meeting to have these conversations. But when you’re in crisis mode, you’re having a whole lot of conversations where you’re talking more with the staff and talking more with the board. The board committees have met a lot more frequently, obviously, with the fundraising committee now having to totally change how do we do events in this new normal. There is increased and very clear communication now about ‘this is our plan’. It’s so important in crisis communications. In nonprofits, I don’t have a crisis management team, but it’s about how you communicate a steady plan and calmness in the midst of chaos. Keeping people very steady and focused on the mission that we are here to do our mission, we are here to make sure that staff are safe, that patients are safe, and we’re going to take care of each other, making sure that they are communicating to the staff to take care of yourself and to take some time for yourself because this is a very hard time.

When I think about EmpowerHealth, I think about this notion of succinct communications about what is our story, who we’re about, and now delivering that message in the midst of a pandemic and being very clear about how you communicate with the board, staff, your patients, stakeholders, funders, and the public about what you’re doing. Being aware of it is very helpful. From a fundraising standpoint, having to shift events, but also being clear about what are some opportunities for us. One of the opportunities that we saw was, while there were funding announcements that were coming out related to COVID-19 funding, we were really thinking about, ok well we know we want to do telehealth, so that’s important, but we really began to expand that view of that, and what would that look like. So, while we were always a sort of facilitator of resources and linking people to resources, we were never necessarily ones that actually gave out resources. What we began to think about and envision was: there is a space for us to do this because we are a trusted care-based organization. We work with so many women and families, so we began to do that type of resource work. How do you talk about health without talking about stabilizing households? Because when the household isn’t stable, that is related to health.

It’s important for nonprofits to understand really who they are, having a great sense of what you uniquely offer to the community, and then how you leverage that to engage partners, engage donors, funders and implement purposeful work that cannot mission creep at all; but that can fill needed gaps during these challenging times. It’s been exciting, and it’s always good to have the opportunity to participate in things like the EmpowerHealth cohort where you are thinking at that 50,000 ft view about who you are as an organization, and about the infrastructure of the organization. It is helpful in times like this to change your mindset to have things that you can draw from, and I think it is easier to pivot when you’re looking at things more strategically and you have a broader sense of your organization and what your organization has to offer.
How has COVID-19 impacted the work that you all do at Georgians for a Healthy Future? A lot of your activity is related to community outreach and coalition building, so how has it affected you all?

It’s both impacted how we do what we do, and then also, of course, the issues about which we advocate. Two of the primary things that we do are consumer education and outreach, and coalition building. Our coalition building work has largely and smoothly transitioned to online – as advocates, we frequently are convening groups from different parts of the state or within different offices, so we have done phone and (less often) video calls, but now have moved to mostly video calls with our coalitions.

With consumer outreach, that’s probably where the biggest shift has been, and we’re doing a lot of learning – mostly around what platforms are user friendly, accessible, and work for the folks that we’re trying to reach. We’ve had our first Facebook Live event in April – we had never done one of those before – about a new report we released about Medicaid expansion. There’s been a lot of experimentation and trying to get up to speed on what platforms are available, and how they can be best used to reach the most people and the right populations of people.

What are some of the biggest struggles that you all have had with COVID-19, whether it’s the way that you change the way that you work, or how it impacts the policies that you watch?

It’s definitely impacted the actual issues we’re working on, and the way that we work internally. On the issues, because we’re a healthcare advocacy organization, many of our issues remain relevant and there’s an added urgency to them in this moment. For example, Medicaid expansion is perhaps more needed now than it has been in the past because so many folks are losing their job-based health insurance as a result of the pandemic. And, of course, lots of low-income folks don’t have access to regular healthcare without insurance. It’s important, during the spread of COVID, for everyone to have coverage. That issue has definitely become more urgent in the face of a pandemic and in the face of great job losses.

In addition to that, of course, we’ve had to get up to speed on what the state has been doing to respond to COVID, and then what else is needed and the policy implications of that. We’ve had to develop a whole new policy platform that we didn’t have before, and had to do it super quickly. Many of our partner groups have had the same learning curve, and so we’ve all tried to do it together as much as possible. We rely on coalition building all the time, but it’s definitely forced our coalitions to really come together and do collective work in this moment, which maybe is a bright spot of all this.

Internally, our team made a relatively smooth transition to home-based work. We already did, as needed, work from home days for everyone, so we had some practice. Because we’re a small team, we’re relatively nimble, so I think that made things a little bit easier. All of a sudden, there are different logistics to worry about; like do we have the right technology subscriptions? Are our computers backing up remotely when they’re not in the office with our server? As a manager, I’m both trying to balance the stress and emotions that come with a pandemic, and now, the racial justice movement – especially as the white leader of a team.
of primarily people of color. Trying to balance that with the urgency of the work has meant that some of our timelines move around, maybe more than they would've before the pandemic. That means that maybe we set up our meetings a little differently, or just have to rework deliverables altogether for some projects. It’s taken some adjustment. Our team stays connected via Google Chat each day and we hold a weekly staff meeting; we try to inject some non-work things into both of those, so we’re both staying personally connected and as well as connected to the work.

_Do you have any lessons learned of what you all have seen and experienced during this time? Do you have any takeaways, either positive (obviously, there’s a lot of negative) or otherwise?_

It’s almost hard to know, because there’s not been time to sit down and process all of it. Again, I think that the work through partnerships and being in coalition with people and with other groups that have shared values has been a reinforced learning for us. It’s something we’ve always valued but has been especially critical to the little successes we’ve seen over the last couple of months. I think balancing the humanness of our work with the current political realities (something we always have to contend with in some way in our advocacy efforts) has been an especially tough thing to do right now, so we’re learning what that balance is from moment to moment.

_How has your time with EmpowerHealth influenced or impacted Georgians for a Health Future’s response to COVID-19?_

In a few ways – one is that we’ve really been looking for the spaces where we can add value at this moment. That’s definitely something that was a takeaway from Empowerhealth: without duplicating services or missions, how can we add value in this space where there maybe is already are a lot of work being done? There’s a ton of work right now on minimizing state budget cuts, but we feel like we can add value by highlighting a few specific ways that budget cuts would hurt health, and then specific ways that revenue changes could actually improve health in Georgia. We’re trying to find spaces where we can really contribute to a larger goal, but can also add specific value. The other way that EmpowerHealth has helped us in this moment is how we think about the different forms of capital that GHF has; our programmatic capital (the existing programs and systems that we have in place); our financial capital; and then our human capital (being our staff and our board and the relationships that we all hold). That was something I learned through EmpowerHealth, and that I’m continuing to think about as we’re navigating our way through this and looking forward to what do the next six months or year hold. I’m trying to make sure we have the supports in place so that we have sufficient capital in each of those areas. As GHF’s primary fundraiser, I frequently think about our financial capital, but I’m trying to spend time developing and supporting each of the other two areas of capital.
Community Helping Place has several amazing programs, from a free clinic to the food pantry, emergency assistance, and even more than that. How has the COVID-19 pandemic affected this wide range of work that you all do every day? Have you had to shift focus to specific programs or anything like that?

Yes! Right off the bat, I’ll say that I’m an optimist and I always look at the bright side. It was really hard for me in January and February of this year to feel the urgency of this – it wasn’t real to me yet. I know the day that it became real to me was Friday the 13th of March, it really sticks out in my mind. We were having a staff meeting that day and it turned into a pandemic response staff meeting, like, “Oh wow, this is on our front door and there’s nothing we can do to stop it and we need to make some accommodations right now.”

On the flip side of that, we have a thrift store here at Community Helping Place that is responsible for about 30 – 40% of our revenue to make our programs operate. We need to be making close to $1,000 a day at the thrift store to really make our budget work and help the number of people that we want to help. There was an immediate threat to our financial security because we were faced with closing the thrift store. The week leading up to March 13th, our sales had gone as low as $27 in one day - that isn’t even worth turning the lights on and opening the store.

Trucks are coming in and out, we have 60 or 70 volunteers down here. We just had an audit of our food pantry and we have almost 700 individual families who come to the food pantry. We didn’t want to cut off people’s food supply! Especially at a time when everything else is in pandemonium. We are in a food desert here in Dahlonega anyway – the only supermarket we have is a Walmart, and that’s it.

That was in March, and we ended up closing everything except the food pantry through the end of March, all of April, and a portion of May. At the clinic, we have two paid staff who took their regular hours and did telehealth appointments. They still refilled prescriptions for people who have chronic conditions like diabetes and heart disease, and people who needed blood pressure medications still got their meds. It was a miracle, but a church and a local business also helped us deliver food to our homebound clinic patients who could not leave their home to get groceries.

What was it like to see the community come together and support each other? Was it a bright spot and moment of hope?

Very much so. It was heartwarming – I’ve told people that we just saw a miracle here. It was like people saw that we were about to struggle and said they wouldn’t let us struggle. We had a bunch of older folks in this community who gave us their stimulus checks – just gave them to us. Like I said, the rotary club was amazing, and we had people doing little, online fundraisers for us, like they would donate their birthday to our cause – they all just got us through. It was unbelievable, just really great. It was almost like a blessing in disguise because it showed us what the community could do when they come together.
Let’s look to the future a little bit: have you and your staff talked about what the next couple of months might look like? As you said, we’re all kind of on the tail end of this wave and going into another wave of the pandemic.

I think if we’re forced to close to the store again, we’ve learned how to tread without water, and if we had to close the clinic again, I think it will go the telehealth direction – which is the wave of the future anyway. We’re getting ourselves set up for a facility that doesn’t always require people to come to that facility, like with food pantry deliveries and things. I feel like having gone through that first wave, if we have to do it again, we have a plan now. We know what we have to do to keep the doors open.

I did want to touch on Community Helping Place and its involvement with #LumpkinMatters and the Two Georgias Initiative. Do you think that your involvement with The Two Georgias helped your organization throughout this era or might help you in the next phase?

Oh yes. I felt like they were really gracious to us and flexible. I came on a year ago and basically rewrote the budget. They were so good and so kind. Javier, Lisa, Samantha, everybody – gave me a lot of technical help and Catherine Liemohn was great too. That gave me the courage to say, “Is it ok if we spend this money a little bit differently?” When you write a grant, you’re basing it on what you need right then, but in 2-3 years, things can really change. It’s like it’s a living document, it changes as you go. Being able to have the flexibility to change that was already great, and then when we got around to April and the grant was due for the next cycle, we were right in the middle of COVID-19, writing all these grants and trying to get emergency help. I was a little nervous that their expectations of me would be more than I could meet, but they were great. They said, “Let us help you get ZOOM, let us help you transition some of this money and use it in different ways.”

We decided that since we weren’t having an in-person May event, we instead purchased a no contract phone and set up an emergency hotline so that people could still access those resources but without a resource there. Now when they call this 24 hour number, there’s a volunteer operator who answers the phone and who is trained to ask what their biggest need is at this time; is it food, is it housing, is it transportation? Let’s get you hooked up with the right resources. That has really taken off, and they’re having 3 or 4 calls a day, 7 days a week and responding to those calls. We partner with Family Connections and the school system to really get that number out to the community, and I feel like it’s picking up as we go along.

This pandemic is changing the way we use those funds, and I think it will change it in the next year just because it’s a natural thing. I kept continuing to ask what the Foundation’s goals were, and I want to align myself with that. But I felt like as long as we’re still helping people who are food insecure, helping people who don’t have access to proper healthcare – as long as I’m helping people change their life, we’re using that money in a way that we can be proud of and the Foundation can trust us, and we can be accountable to them. I think it’s all working out.
What has the pandemic experience been like for you all?

We were ground zero for COVID-19 - actually, I believe the first case in Georgia came through our health system. We were very involved. I actually ended up being called in to help the Department of Public Health for two or three days while they didn’t have a Public Information Officer. This (situation) was so unknown to most people, that I really got to learn a lot about what was happening from the inside out. I was only there for two and a half days – it seemed like a month, I think, because of so many things that were going on. By the time I got back to work, we were closing up the office and shutting down, and not knowing how long that would be. Would it be just a week? Who knew!

We quickly moved to getting everyone equipped and went through a process of making sure everyone had access to everything they needed, because health navigation is a large part of what we do. So for our patients, obviously, it was critical for us to not miss a beat in that process – not knowing if we were going to be able to continue the cancer screenings that we provide, or if everything was going on hold.

That first week was probably a little hectic for everybody, I think we were all in shock, honestly, at what was going on as well. But within a week to ten days, our team was able to transition everything that we do from the office to a home environment, a shelter in place environment. We were able to continue to be in contact with our patients and with our clients. We turned our ‘Prevent Type 2 Diabetes’ program into a virtual program almost overnight. Those programs continued as they were. We adapted very quickly, and I think that just speaks volumes to the flexibility and passion, I think, that our team has for the work that we do.

Had you all previously used any telehealth or was this a brand new method that you had to implement overnight?

We were doing our work on the phone anyway – the only contact we had with patients was for them to come by and get their prep for a colonoscopy, or for patient assistance, which is where we give gas cards for cancer patients and cancer screening patients who need help in getting to their appointments. Those are the only contacts that we really had. We’ve all experienced telehealth because our physicians were using that, and are still using that here. We didn’t really implement telehealth from a medical standpoint (at Horizons). I think the Type 2 Diabetes classes were more along those lines because they were done virtually. A lot of patients in rural Georgia don’t have internet, and don’t have a computer or a smartphone. The challenge there was trying to connect them to a place that they could go to do their visit online, or just trying to figure out how we could help them. It’s a different situation in rural Georgia for telehealth – it’s a challenge, and it’s something we’ve thought about as an organization, just in conversations and dreaming about the future, of what can our impact be on that. I think telehealth is going to boom because of this, and it makes so much sense. If we can get our part of the state able to participate in that, it would be of great value. I think we would really be able to improve the health among our uninsured and underinsured.
What was it like in those early days where there was so much media attention on Albany, and everything was hitting at once? What was that like to navigate?

I think the worst part was just not knowing. It came in such a fast way through a couple of funerals, and spread so quickly, that it caught everybody completely off guard. It also got in your head – all of a sudden, you go from a busy office, a busy community, all kinds of things going on to being in confinement.

The other thing has been the craziness of all these shelves being empty. We didn’t feel safe in opening back up because we couldn’t get enough supplies to clean the office. We’re meticulous about that kind of thing—like you don’t use a copier without wiping it down, etc. We have a Proctor & Gamble plant here that makes a lot of those cleaning products, but there’s still a shortage all over the country, probably. That’s just another reason to say let’s hold up, let’s wait and see if this is a second wave or if right now people in other parts of the state getting what we had three months ago, and they’ll get a handle on it too. We’re going to continue to do what I think is in the best interest of our team and our patients: keep it running, keep it going well, but stay away from each other.

Is there anything else you’d like to add about what Early Cares has been doing during this time?

I do have a couple of notes about what we were able to do with our funds in Blakely that I think has made a huge different for that community.

The first thing we did, was we knew that there was a need for food, utilities, rent, and those sorts of things. We got onto that with C-Hope Ministries, who are one of our partners in Early Cares. After that was completed, where we helped 75 families, we asked if there was another need. The churches were opening back up, and we decided the best thing we could do was to get the no contact infrared thermometers, and we bought thermometers to give to churches. That, I think, was extremely helpful for those organizations, especially now. Early County has had its own wave of COVID-19. We wanted to help in the prevention, not only getting over it, but helping with their financial situations of these families. There’s a real need for housing in that community, and we’re working on that as well.

It just takes a lot longer to have impact in larger cities, so it’s encouraging I think for our team to be able to see some of their projects realized and the impact that they’re having through Early Cares on the community. That keeps you going. They have been taking the pride of ownership of this initiative, and it speaks well to that community. It also makes you realize how you can have a big impact in a community where people know people. It’s fun to be a part of that, and to hopefully be able to take that and turn it over to them at the end of this and see them flourish.
Hancock County was in the news for a larger outbreak that occurred – what was that like? Being at the epicenter of a COVID-19 outbreak?

CH: It was eye-opening, to say the least. It was a lesson learned for our health district and maybe even state DPH. Even before we started making moves two weeks beforehand, we were hinting that they may would want to take a different route with notifying the people about what was going on. Things were moving slow until we started to make headlines! Since then, they did a direct mail campaign that informed local citizens about weekly testing at the local health department; most did not know that the health department was doing testing one day a week (now two). It was just an eye-opening experience for people to be more transparent about what’s going on.

Along those same lines, being in a more rural area, do you have any specific observations (like the roll out of testing) of what it’s been like on that rural level?

CH: In addition to program coordinator role, I take calls from the COVID-19 hotline in our public health district. I got a lot of calls from people in Hancock, and the biggest issue for them was having transportation to come and get testing -- back in April and May, Hancock was only testing one day a week. That was a big issue, because maybe a certain person was only getting tested for that one day. It was hard for them to make a schedule to come and get tested. Of course, the Broadband and the Internet problem prolonged a lot of things. I know up until the news articles and things started to come out, that’s when our public health district decided to do a direct mail piece about COVID-19 testing at the health department. That’s how a lot of people found out, because they’re not on Facebook and the public health district website every day looking at availability to know about testing. That was one thing that came out of it and has progressed into Hancock doing testing twice a week now.

Did DPH in that area use telemedicine or telehealth in any way?

CH: Telemedicine and telehealth are not really happening on in the health department, but we are working on that piece, because broadband is an issue and it’s a very big issue at the health department because of the location. But we are in contact with the Georgia Rural Health Association associated with Mercer University down in Macon and the field representative for Hancock County is sending us tools/contacts to get us partnered with telemedicine and telehealth resources to help throughout the area. Not much has been done right now with the Broadband issues, but we’re working on it.
Let’s talk about your involvement with The Two Georgias Initiative. Has that maybe helped in any way as you all navigate the pandemic?

CH: It’s helped us a lot because we are so in tune with the other recipients of this grant. With the monthly calls with the North Georgia recipients, and also our email newsletter with the whole Two Georgias group, they always forward us new information, and we can kind of feed off each other with what everyone is doing in their own individual communities. For instance, last month, there was a food distribution giveaway that they were doing down in Cook county, and they gave us the opportunity to sign up for it, but unfortunately it was already filled up before we got our chance. But it was details like that that let us know we can have the opportunity to have that happen in Hancock because we are in the middle of a food desert that has only have one grocery store with a limited stock.

Mrs. Annie Ingram, what has it been like navigating the COVID-19 pandemic and keeping up with all of the work that you all do?

AI: Sometimes it gets very stressful; sometimes it’s the best that we can do to do whatever we have to do. For me, being at home has been a little stressful. But with Chambreé’s help and the other ladies that are there, I think we’ve navigated it pretty thoroughly. With their help, the job has been really great, and everything has been getting done that we were trying to get done. Maybe at a slower pace, but with the same enthusiasm and the same energy and the same thoroughness to get it done.
Jennifer and Zoe, how are you both doing in the midst of the COVID-19 pandemic, and how is your team doing?

ZM: We are doing well - we're all very tired at this point, because the food distribution projects that we have taken on have been an awful lot of hard work. But we've had a remarkable team of partners and volunteers that have hung in there with us throughout this process, and it takes a strong team to make it through a crisis.

What do you think has been the biggest operational change at Cook County Family Connection over the past few months?

ZM: We closed our offices like most folks did back toward the end of March, and paused our collaborative meetings where we have between 40 and 45 people at every meeting - we have a really strong, diverse partnership. But now instead of working with our partners in large group meetings, we are working with partners individually and in small groups through a variety of processes. We've been using a lot of social media, email blasts, personal phone calls, conference calls and Zoom meetings, just the same as everyone else is doing. Some of our work is even done through sidewalk and driveway discussions where we drive to a partner's home and meet outside for that face-to-face interaction from a safe distance. We've been trying to find new ways of keeping the partnership pulled together and folks included in what we're doing. We've been really impressed with the success of our Facebook page. We had used that for quite a while, as a means to share what we are doing and to share resources and connections. Typically we had been having a readership of about 3,500 people per month on our Facebook page, but during the pandemic that number has jumped to around 9,000 readers a month. We have been excited by that because it's evolved into a great way to share out links to other services and to keep people engaged in what we're doing.

Your team has been doing a lot of food distribution work during the pandemic - can you tell us more about that?

ZM: The SOGA Charitable Fund contacted us within the first week of the shutdown and wanted to know if they gave us a very generous donation, if we would be willing to coordinate emergency food work. And we said, absolutely, we'd be honored to take it on. So they gave us an amazing donation to get that started and we began with free food tables-- five different locations where we put a table outside the door of different businesses in different parts of the community and kept those tables stocked so that the general public could walk up and take whatever they needed off of the tables.

Then we started doing our Manna Monday food drops and have done one of those every Monday morning since the first week of April, and we have at least 150 households that drive through every Monday morning. So our team members go out and pick up fresh produce, and we purchase canned foods through Second Harvest, and we buy from bakeries in this area. We also have a large hog farm that's located in a neighboring county that started making donations of pork products to us. We distributed over 100,000 pounds of food to several hundred families thanks to generous donations from SOGA Charitable Fund and the Community Foundation of South Georgia.

We're also still providing food for about 80 senior citizens who right now are shut-in and home bound. We have buses through a partnership with South Georgia Area Aging Council who provide the buses and the drivers. We load all of the produce and canned goods on the buses, then they deliver out to those 80 senior citizens. We were recently contacted...
by a donor-advised fund of the Atlanta Jewish Foundation with a substantial donation for us to focus on feeding children. So we've been using that donation to also make what we call Big Brown Bags. They’re just simply large brown grocery bags packed with about 20 pounds of assorted food items and healthy snacks, and things to help children get through the week. We deliver out about a hundred of those every week, and we'll continue to do that through August when the children get ready to go back to school. We also receive funding through The Deal Center for Early Language and Literacy, so in those Big Brown Bags we include an assortment of storybooks, art activity books, coloring books, and educational materials that help children keep reading and staying engaged in the learning process over the summer.

How have you seen your nearby community come together during this really difficult time?

ZM: We've been really fortunate because we have such strong committed partners. Of course our collaborative has been in existence for almost 25 years now, so it's a good, strong, well established partnership. We've been really fortunate that a lot of those partners, regardless of the risks involved, have been willing to step up and volunteer to do this work.

JL: We also have had several faith-based organizations reach out to us because they have seen on social media and in our newspaper what we’re doing as far as trying to improve food access within the county. So they actually have called and said to us— we would like to bring a trailer filled with meat products and water, paper products, fresh vegetables and other supplies. That’s been a real blessing to the people in our community. And it’s been encouraging to see that, because of media coverage and word of mouth, people are actually reaching out to us, willing to come and participate because they see what a positive impact is being made.

Do you think your involvement with the Two Georgia’s Initiative has helped you all deal with these COVID-19 challenges and changes in direction?

ZM: Healthcare Georgia Foundation has been tremendously important in helping us look at everything we do through that lens of health equity. The pandemic has created a situation where so many of the inequities that were already existing have now risen to the surface. So not only our partners, but also our community leaders, are beginning to see some of the disparities that were existing before that have now just been magnified because of the pandemic. So it gives us an opportunity to begin looking at things that need to be addressed on a deeper level, and Healthcare Georgia Foundation is so supportive and instrumental in this process.

"Your efforts to help families in Cook County are beyond amazing. How wonderful it is to read your newsletters and to see how much you are doing to make a difference. It actually dawned on me that we have not had as many patients from Cook County that have identified with any social needs, especially food. I truly believe that is because of all the work Cook County Family Connection and partners are doing in their community. Thank you so much for all that you are doing...Especially in these hard times!"

–A Letter of Thanks to Cook County Family Connection from a Community Health Navigator at Tift Regional Medical/Southwell
On August 7th, 2020, Healthcare Georgia Foundation proudly announced the establishment of the Health Equity Award, and celebrated the accomplishments of its inaugural recipient, the Partnership for Southern Equity. This annual award is bestowed upon an organization who best exemplifies the values and principles of health equity.

Founded in 2008, the Partnership for Southern Equity has proven to be a force of nature in the pursuit of equity not only for residents of Atlanta, but for all of Georgia. The energy and passion that fuels this organization forward in its mission can also be found individually among its members; from those who hold leadership positions, and all the way through to its volunteers. Throughout its journey thus far, PSE continues to radiate an undeniable charisma that naturally draws interest and engagement from the communities in which it serves.

To learn more about the Partnership for Southern Equity and the change they're bringing to the American South, please watch the video below:
Due to the COVID-19 pandemic, the Foundation’s biennial Connections 2020 conference was postponed and ultimately rescheduled for March 28—29, 2022. This meant our traditional presentations for the Joseph D. Greene Community Service Award had to transitioned to an online recognition of the achievements of these individuals and collaborative on April 27, 2020.

Congratulations to the 2020 Recipients of the Joseph D. Greene Community Service Award!

Sheila Weidman-Farley
Chris 180

Dr. Heval Mohamed Kelli
Grace Village Medical Clinic

Beth Shaifer
Skyland Trail

Dr. Beverly Deaderick Taylor
Community Advanced Practice Nurses, Inc.

Darrell Sabbs
Concerned Youth of Albany, Men on the Move, and The Prevention Research Center at Morehouse School of Medicine

Healthy Savannah (Collaborative Recipient)
Paula Kreissler, Executive Director

To learn more about each of the 2020 Joseph D. Green Community Service Award Recipients, please click the button below: