

# Spotlighting Community Organizations' Pandemic Pivots: How Cleveland Continued to Serve its Vulnerable Populations During COVID-19

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## **ABSTRACT**

The shutdowns associated with the COVID-19 pandemic had immediate effects on nonprofit organizations, disrupting their abilities to provide resources to the vulnerable populations they serve, and leaving many residents without supports they needed. In Cleveland, Ohio, a community-based research network developed a series of publicly available podcast interview spotlights with local nonprofits during the shutdown to describe how they had shifted to continue to meet their communities' needs. The organizations shared experiences of adaptation and innovation, collaborative efforts, and community engagement strategies tailored to community members' emotional responses to the pandemic and needs. The organizations' abilities to stay resilient at a difficult time highlight the importance of staying connected to the populations served and could inform nonprofits' strategies and perspectives in navigating unprecedented challenges. The experiences documented in this research may be a useful resource for nonprofit leaders, policymakers, and researchers seeking effective strategies to enhance organizational resilience when serving the community in times of crisis.

**Key words:** community organizations; pandemic; nonprofits; COVID-19; health disparities

## **Background/ Introduction**

Non-profit organizations provide important societal services in which people work together towards common goals including community development, economic growth, and supporting populations vulnerable to health, social, and/or economic conditions.<sup>1,2</sup> Although “stay-at-home” orders issued in response to the spread of the coronavirus (COVID) benefitted public health, the shuttering of businesses, social service agencies, and critical community services disrupted nonprofit organizations’ service delivery.<sup>3,4</sup> Many community residents were left without access to essential supports; organizations’ ability to provide resources to the vulnerable populations they served also suffered. In Cleveland, where nearly one-third of residents live in poverty, losing major resources during a global pandemic had the potential to be catastrophic.<sup>5-7</sup> During the pandemic, nonprofits experienced a severe decrease in charitable donations, an income source on which they rely, creating additional stress for many organizations, especially organizations serving socially and economically disadvantaged people.<sup>1,8-12</sup> In Ohio, 28% of nonprofits were not providing services during the pandemic, about half provided services at reduced capacity and others adjusted their programming.<sup>9,11,13</sup> This study addresses a gap in our knowledge by looking not just at survey data about how local community-based organizations navigated and adapted to the challenges posed by the pandemic, as the extant literature has done, but focusing on organizations’ unique perspectives and experiences. Understanding the challenges health-focused community organizations faced, how they adapted, and what they learned are all crucial for responding to future crises, ensuring the most underserved populations are not left behind.

## **Context & Partnership**

The Center for Health Equity, Engagement, Education, and Research (CHEEER) has been active in the Greater Cleveland area for the last 12 years working with community organizations addressing health disparities and supporting academic/community partnerships, including through a formal program, the Community Research Scholars Initiative (CRSI)<sup>14</sup> and the Community Based Research Network (CBRN). Table 1 describes the purpose and structure of CHEEER, CRSI, and the CBRN, and their interrelationships.

[INSERT TABLE 1 ABOUT HERE]

The CBRN evolved from the CRSI program and was founded on the principle that community organizations have many strengths and that coming together to hear their voices and experiences is important. The CBRN is co-chaired by CRSI Scholars, community members trained in research. The co-chairs set agendas, select speakers and topics, and guide decision-making on publication and conference presentation topics. Input for future meeting agendas is requested from the whole group at every meeting and via email. On average, the meetings have about 30 participants, most of whom work with health-focused organizations in the community.

The CRSI Scholars recognized that community organizations and academics alike often need more information about engaging in research partnerships. They thus organized the CBRN as a space in which to encourage local organizations to seek advice about how to handle requests from research partners (potential or active), and for academic partners to request guidance on designing studies that align with community engagement principles. The CBRN meetings are structured to include community and/or academic partners providing short presentations on their work and asking CBRN members for feedback. The CBRN thus actively contributes to building research capacity on an ongoing basis, extending support to any organization or academic partner in need. The CBRN has evolved into a dynamic collaborative platform for connecting, sharing

experiences, brainstorming about opportunities and obstacles in community-engaged research, training others, facilitating collaborations on grant initiatives, presentations, and publications, strategizing about dissemination, and during COVID, supporting organizations' resilience.

### **Rationale for the Spotlights**

Before the pandemic, the CBRN meetings were held in person and when the pandemic began, the meetings moved to Zoom as the CBRN's leaders recognized it was important to continue to keep CBRN members connected. The CBRN's leaders also changed the CBRN's focus to become responsive to what community-based organizations were experiencing during the pandemic, examine strategies organizations were using to continue to engage with their local communities, and what lessons could be learned from those experiences to inform and inspire other community organizations making similar adjustments.

The outlet the CBRN chose to share information quickly was a series of "Community Spotlights" intended to be included in an existing podcast series. The Spotlights were intended to focus on informing the community about how Cleveland's community organizations were resilient in the face of the pandemic and continued to serve the community.

### **Methods**

Applied rapid qualitative analysis, a technique for quickly coding and analyzing data for rapid communication and effecting change was an ideal method for approaching this study due to the community focus and need for sharing information in real-time.<sup>15</sup>

### **Sample**

Community organizations were selected through purposeful sampling. Inclusion criteria included being a Cleveland-based community organization active in the CBRN (many of which were involved in CRSI), and willingness to answer all questions. A contact person from each

organization (its representative in the CBRN) was asked to participate. Fifteen organizations were approached, and 13 organizations participated (two did not participate due to scheduling constraints). Community organization interviewees were the organization's executive director for some organizations and others, a mid-level service provider. Ten organizations' data are discussed here; three organizations were excluded because responses were incomplete and/or because the interview did not follow the interview guide. Seven of the 10 participating organizations were either part of the CRSI or were new organizations to which CRSI Scholars had moved. The participating organizations, their missions, and populations served are listed in Table 2. The interviews were not originally conducted for research purposes and are posted on a website freely available to the public. The project was submitted to MetroHealth Institutional Review Board and determined to be exempt. This decision is consistent with federal guidelines on secondary data analysis.<sup>16</sup>

[INSERT TABLE 2 ABOUT HERE]

**Interview Guide.** The interview questions were developed from discussions at monthly CBRN meetings which CRSI Scholars co-chair. The topics and issues covered in the interview guide were those raised by community members during the first virtual meetings after the pandemic began. The CBRN community partners saw the Spotlight series as a way to engage virtually and highlight the ways our partners responded to the pandemic. The community partners actively developed the interview guide, writing questions they deemed most relevant to the community based on their experiences in their community work.

The interview's 15 semi-structured questions explored community organizations' service models during the pandemic (see Table 3). The first three questions asked interviewees to share their organizations' missions, populations served, and service foci pre-pandemic. The next nine

questions asked how the organization adapted to the pandemic, including internal responses, programmatic changes, and community engagement. The final three questions explored available volunteer opportunities, any messages the organization wanted to communicate to community members, and any other information the organization wanted to share.

[INSERT TABLE 3 ABOUT HERE]

**Procedure.** The interviews were conducted and recorded on Zoom between April 2020 and December 2021. A CHEER staff member with extensive experience working with community organizations—and who was the executive director of a nonprofit herself—conducted all interviews, each lasting 20-60 minutes. The interviews were posted on CHEEER’s website, in both podcast and video (YouTube) formats.

**Data Analysis Approach.** Rapid analysis allowed us to quickly move from conducting the interviews, and posting them, to coding and synthesizing the information to shape CBRN discussions. Coders were given an overview of the rapid qualitative technique and templates onto which they recorded their codes. Coders were randomly assigned to interviews, and independently reviewed each interview twice, entering their observations and question summaries while listening to and watching the videos. No interviews were transcribed.<sup>15</sup> Two different coders coded each interview. CHEEER staff created the codebook and initial coding strategies which were reviewed by the CBRN’s co-chairs. A total of 97 codes across the 10 interviews were grouped into nine general larger categories (Community Engagement; Future Programming; Pre-Pandemic Services; Service and Programming Changes; Pandemic Response; Mission; Partnerships; Population Served). After coding was complete, an external evaluator reviewed the codes and entered them into Atlas.ti, checking the codes for reliability and resolving discrepancies by consulting the audio interview (in only two cases), adding codes as



necessary, and eventually deriving themes from the codes. Qualitative analysis trustworthiness was established through analyst triangulation in which we used multiple coders (seven total), peer debriefing, member checks (the Spotlight participants reviewed and provided feedback about the findings and interpretation), and an audit trail review.<sup>17</sup>

**Role of Community Partners.** The community partners (including but not limited to CRSI Scholars) urged that the Spotlight interviews be conducted and that this manuscript be written to share their experiences. The community partners felt that the information learned reflected important perspectives about organizations' experiences and should be shared with a larger audience. While the Spotlight interviews were being conducted and promoted, they were also regularly discussed at the monthly CBRN meetings. Updates regarding the interview coding and the manuscript's development were shared and feedback was invited. The community partners helped to draft, review, and edit this manuscript.

## Results

### Internal Responses, Organizational Pivots, & New Opportunities

Table 4 reflects the organizations' pre-pandemic services and pandemic shifts. Internal shifts reflected changed communication protocols focusing on safety. When possible and/or appropriate for their organization and/or staff, organizations were able to continue offering services as usual while others shifted portions of services online or changed their delivery method to avoid in-person contact. Organizations that had previously offered congregate meals shifted to home delivery and/or organized meal pickups to keep people safe. One organization reported eliminating physical offices, which reduced overhead and allowed them to dedicate more dollars to their mission. Other organizations said they were able to bring their staff together

in a new way by instituting game nights and daily board updates to ease staff anxiety. For some, staff worked from home, and others continued going to their offices. Organizations continued outreach efforts, especially those serving unhoused persons, however, this was not possible for organizations for whom hands-on engagement was necessary (e.g., massage).

[INSERT TABLE 4 ABOUT HERE]

The shifts also created new opportunities. Organizations formed outreach groups with open discussions to address community members' concerns about how the pandemic might affect them, especially for clients who were dealing with a specific disease and had an underlying condition putting them at higher risk for severe effects if they were to contract COVID. Organizations also reported engaging in new partnerships; three organizations collaborated, creating alternatives to congregant shelters for unhoused persons, and another partnered with local restaurants for food delivery. Generally, the organizations believed some changes would be maintained depending on the pandemic's evolution and their organization's resources. The organizations also focused on teaching older people to use technology. Organizations' abilities to be resilient during pandemic challenges were manifest through their continued focus on their missions while making appropriate service delivery shifts.

[INSERT TABLE 3 ABOUT HERE]

### **Community Emotional Responses**

The organizations reported their communities had mixed feelings about the pandemic and its effects. Some said their communities were worried and afraid, unsure what to believe given rampant misinformation about COVID. Other community members felt the pandemic disconnected them from the organization and others in general and some were optimistic about maintaining connections virtually. The organizations said their communities were curious about

how the pandemic might affect them. The organization serving breast cancer patients said their community feared not receiving the gold standard of care due to healthcare system overload.

Three organizations said their communities already suffered from significant trauma and COVID worsened it by making it difficult or impossible to gather for funerals.

Organizations reported their clients were lonelier and more anxious, which increased mental health struggles. The LGBTQ+ community was mentioned as feeling especially isolated, feelings exacerbated by social distancing guidelines. One organization said racism against the Asian community was a particular concern, because some blamed them for the pandemic, with older Asian women feeling especially vulnerable.

### **Community Engagement**

Organizations were eager for community members to know they cared, were hopeful, and wanted to give a sense of empowerment and encouragement, highlighting that the organization was still focused on its mission. The organizations acknowledged that many people in their communities were struggling, and they wanted them to know they weren't alone. One participant sent a greeting to their community, saying "We are in this together, you are never far from our thoughts. We are here for you; don't be afraid to reach out." Young people were encouraged to continue attending school. The organizations demonstrated resilience by continuing to engage their populations via Zoom or phone but also recognizing limitations with connecting with their community virtually; especially serving children and older people, due to the digital divide (i.e., having internet access or savvy). Similarly, outreach to persons experiencing homelessness was maintained, even while devising congregate shelter alternatives. Organizations launched virtual book clubs for discussing racial and social injustices, recorded short videos, delivered food, and spaced clinic appointments. Collaborations included coordinating and supporting mass

vaccination, fighting misinformation by distributing accurate information, and providing translation services.

### **Discussion**

Cleveland's community organizations exhibited remarkable resilience during the pandemic, leveraging existing trust and relationships with the communities they served to navigate unprecedented challenges. The internal shifts and service delivery pivots the organizations made not only ensured the continuity of essential services but also provided new avenues for community engagement.<sup>18</sup> Despite facing hurdles such as misinformation and mistrust related to the pandemic, the organizations demonstrated adaptability, innovation, and a strong commitment to community-centered engagement at an uncertain time.<sup>18</sup>

Adaptation to internal processes, service delivery methods, and physical infrastructures was necessary for everyone during the pandemic.<sup>19</sup> However, the organizations adapted beyond mere operational changes; their responses included a sensitivity to the diverse emotional responses they observed in their communities evoked by the pandemic.<sup>11</sup> By tailoring their approaches to address their communities' and staff members' unique needs and challenges, including heightened loneliness and social isolation, these organizations attempted to mitigate the adverse effects of the pandemic on community well-being.<sup>20,21</sup>

Our findings are consistent with research that technology played a pivotal role during the pandemic, facilitating information dissemination and communication in the absence of physical gatherings.<sup>2,12,22</sup> However, it is essential to acknowledge that technology was not universally effective, particularly for segments of the population facing digital divides.<sup>11</sup> Hence, flexibility, creativity, and sensitivity were necessary for devising inclusive strategies that met the needs of both staff and community members.

Community organizations in Cleveland seized opportunities for collaboration and explored sustainable adaptations beyond the pandemic. By forming new partnerships, engaging in community discussions, and innovating service delivery models, these organizations not only enhanced their resilience but also potentially improved community health outcomes by continuing to address the social determinants of health.<sup>24,25</sup>

The collaborative efforts CHEEER facilitated to develop the Spotlights underscore the value of shared experiences and collective learning. By leveraging existing networks and resources, the organizations continued their outreach, transcending individual organizational boundaries. The resilience Cleveland's community organizations exhibited amidst the pandemic underscores the importance of community-centered engagement, adaptability, and collaboration in navigating crises effectively. Moving forward, prioritizing sustainability and fostering partnerships will be crucial in enhancing the nonprofits' resilience and ensuring community well-being in the face of future challenges.<sup>1,9,13</sup>

### **Limitations**

The study's limitations include the organizations' selection because of their involvement in the CBRN. These organizations had an interest in and are actively engaged in research activities with a coordinating academic partner, so they may not be representative of other nonprofit organizations. Also, the organizations were in a place in which they were willing and able to participate in the podcasts; more stressed organizations might not be represented here. Finally, we reported on experiences reported by mid and higher-level staff at well-known community organizations in the Cleveland area, but it is equally important to understand the experiences of non-profits' lower-level administrators, staff, and clients during the pandemic.<sup>19</sup> We also did not ask about the extent to which lower staff members were involved in decision-

making around pandemic pivots nor how the pandemic affected workers' commitment, which have been important in past research.<sup>19</sup>

## **Implications**

Although we cannot claim our findings are widely generalizable given the small sample, we believe our findings are transferable to other contexts. The organizations represented in these data cover a range of organizations and service populations in a major city. While Cleveland has many issues specific to its context, we believe the diversity of populations served could apply to other mid-sized cities and urban areas. This study's insights from long-term community organization partners in an academic/community research network shed light on their responses and perspectives during the pandemic and offer valuable viewpoints for nonprofit leaders, policymakers, funders, and researchers seeking to enhance community organizations' resilience in serving vulnerable populations during crises. Beyond understanding the financial and operational impacts on non-profit sectors, our research expands knowledge by highlighting how these organizations remained dedicated to their missions and innovated to serve their communities. Understanding the specific challenges and opportunities organizations experience may help them and others to plan effectively for the future.

The Spotlight interview findings have already influenced program development and shaping initiatives at MetroHealth and local universities. For instance, the lessons learned informed the Institute for Hope's outreach program for homebound older adults, connecting with them with phone calls rather than online. The study underscores the importance of understanding community needs during crises, supporting community resilience, informing future efforts for tailored responses considering emotions, technological opportunities and limitations, and collaborative approaches. Effective community responses to crises require a nuanced

understanding of the diverse emotional, informational, and logistical challenges faced by different segments of the population and to inform tailored responses that consider the opportunities and limitations of technology and the importance of collaborations. Community organizations are uniquely poised to address these issues.

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## Tables

Table 1.

*Context: Leading Entities, their Purpose and Structure*

<b>Entity</b>	<b>Purpose</b>	<b>Structure</b>
Center for Health Equity, Engagement, Education, and Research (CHEEER)	<ul style="list-style-type: none"> <li>• Addresses health disparities in Greater Cleveland</li> <li>• Fosters community research efforts and supports academic/community partnerships</li> </ul>	<ul style="list-style-type: none"> <li>• Designed and implemented CRSI to build research capacity among health-focused community organizations</li> <li>• Provides staff support for the CBRN</li> <li>• Coordinated Spotlight data collection and coding</li> </ul>
Community Research Scholars Initiative (CRSI)	Training program to increase research capacity at health-focused community organizations	<ul style="list-style-type: none"> <li>• 12 employees at community organizations trained 2012-2016<sup>14</sup></li> <li>• More than 90% of program graduates remain engaged with research</li> <li>• CRSI Scholars co-chair the CBRN with support from CHEEER staff</li> <li>• Developed the BRACE toolkit for facilitating research academic/community partnerships<sup>26,27</sup></li> </ul>
Community Based Research Network (CBRN)	<ul style="list-style-type: none"> <li>• Founded to empower community organizations and foster equitable partnerships.</li> <li>• Developed Spotlight interviews</li> </ul>	<ul style="list-style-type: none"> <li>• Operating for 10 years</li> <li>• Developed from CRSI</li> <li>• Open to anyone interested in community engaged research</li> <li>• Monthly meetings (1.5 hours) focus on knowledge-building and networking</li> <li>• Inclusive structure with clear communication channels and balanced power dynamics</li> <li>• Community partners receive stipends for participation. Co-chairs receive additional compensation for leadership roles</li> <li>• Functions as a community of practice for community-engaged researchers</li> <li>• Offers support, guidance, and resources for community and academic partners engaged in research</li> </ul>

Table 2.

*Organizations, Missions, and Populations Served*

<b>Organization Name</b>	<b>Mission</b>	<b>Population Served</b>
Asian Services in Action (ASIA)	Serve, support, empower, and advocate, provide access to culturally and linguistically appropriate information, health, and social services to allow people to prosper and flourish.	Asian Americans and Pacific Islanders (AAPI) immigrants and refugees
FrontLine Services	Provide resources for people experiencing trauma, prevent suicide, combat homelessness, resolve behavioral health crises,	“Most vulnerable,” people experiencing trauma
Greater Cleveland Foodbank	Ensure families and communities have access to nutritious food.	Six counties
LGBTQ+ Center	Advocate, support, educate and celebrate the diverse LGBTQ+ community.	LGBTQ+ community in Greater Cleveland
Massage Practice Based Research Network of Ohio	Improve access to, conduct research on, and educate the public about massage therapy.	Licensed massage therapists, healthcare providers, policymakers
Neighborhood Leadership Institute	Develop grassroots leaders to improve the quality of life for neighborhood residents.	Greater Cleveland area
Northeast Ohio Coalition for the Homeless (NEOCH)	Eliminate the root causes of homelessness through organizing, advocacy, education, and outreach.	Persons experiencing housing instability or homelessness
Susan G. Komen Foundation	Invests in research to prevent and cure breast cancer.	Those affected by breast cancer
University Settlement	Provide residents who face trauma and crises with resources	Residents of Slavic Village
West Side Community House	Transforming community lives, empower, inspire, cultivate spirit of neighbor caring for one another	Whole life span, from birth to elderly

Table 3

*Interview Questions and Domains*

<b>Spotlight Interview Question</b>	<b>Domain the Question Represented</b>
1. What is your organization’s mission? 2. What populations do you serve? 3. What services did you offer pre-pandemic?	Services Offered
4. How has your organization responded internally to the COVID-19 pandemic? 5. Have you developed critical planning and communications protocols?	Organizational Response to COVID-19
6. How has programming shifted due to the pandemic? 7. What services have you had to offer due to the pandemic? 8. Any new or surprise partnerships? 9. How do you see future programming and/or services changing in the near future? What has stuck?	Programming Shifts
10. How do you communicate and facilitate programming during the pandemic? 11. How do you engage with community members during the pandemic? 12. How are your community members feeling about the pandemic?	Programming/Communication in Pandemic
13. What volunteer opportunities do you have available? 14. What messages would you want to give to your community? 15. What else would you like to share?	Other

Table 4.

*Pre-pandemic services and pandemic adjustments*

<b>Pre-Pandemic</b>	<b>Adjustments</b>
<p><b>ASIA</b></p> <ul style="list-style-type: none"> <li>• Provided culturally and linguistically appropriate services and resources (e.g., health clinic, counseling, legal services, interpreting and translation services) for AAPI populations of all ages in Northeast Ohio</li> </ul>	<ul style="list-style-type: none"> <li>• Eliminated home visits, many services delivered over the phone or via teleconference.</li> <li>• No face-to face programming, staff conducted wellness calls, assisted students with online assignments and school issues.</li> <li>• Staff delivered supplies (e.g., food, PPE) to homes.</li> <li>• Increased social media presence.</li> </ul>
<p><b>Frontline Services</b></p> <ul style="list-style-type: none"> <li>• Provides range of services for children and adults who have experienced trauma (e.g., children who have witnessed violence or have incarcerated parents, traumatic loss, emergency housing and street outreach, permanent housing support, jail diversion, policy co-response, mobile crisis response)</li> </ul>	<ul style="list-style-type: none"> <li>• Continued to see people in person, at office and worked from home, personal spaces, and outdoors to comply with social distancing. Telehealth if it worked for the person/family.</li> </ul>
<p><b>Greater Cleveland Foodbank</b></p> <ul style="list-style-type: none"> <li>• Providing nutritious food and non-food items to 1,000+ partner agencies (e.g., pantries, shelters, on-site meal providers, school-based food programs, senior programs, summer meals, food medicine programs)</li> </ul>	<ul style="list-style-type: none"> <li>• More delivery services due to pandemic, incorporated a mobile food truck to reach more people.</li> <li>• Increased drive-thru food distributions.</li> </ul>
<p><b>LGBTQ+ Center</b></p> <ul style="list-style-type: none"> <li>• Variety of programs for LGBTQ+ community youth and adults (e.g., STI &amp; PrEP education, testing, screening, health care referrals, wellness, therapy, communal hot meals, leadership development, art therapy)</li> </ul>	<ul style="list-style-type: none"> <li>• Volunteers and workers doing outreach identifying people who need assistance, helping people get necessities, groceries.</li> <li>• Shifting programs to virtual platforms.</li> </ul>
<p><b>Massage Network of Ohio</b></p> <ul style="list-style-type: none"> <li>• Research-effects of massage, kids connecting to their bodies</li> </ul>	<ul style="list-style-type: none"> <li>• Taking temperatures and wearing masks, increased cleaning standards</li> </ul>
<p><b>Neighborhood Leadership Institute</b></p> <ul style="list-style-type: none"> <li>• Variety of programs for youth and adults in communities (health, engagement, leadership youth mentoring, parenting, evening school programming)</li> </ul>	<ul style="list-style-type: none"> <li>• Utilizing webinars and social media.</li> <li>• Relied on navigators with pre-established social media presence for outreach.</li> </ul>

<p><b>NEOCH</b></p> <ul style="list-style-type: none"> <li>• Advocated, organized, education, street outreach to move people from homeless to permanent housing, supports (e.g., crisis support, government document, housing assistance)</li> </ul>	<ul style="list-style-type: none"> <li>• Collaboration to reduce COVID exposure through non-congregant housing, getting people tested.</li> </ul>
<p><b>Susan G. Komen</b></p> <ul style="list-style-type: none"> <li>• Breast cancer information, support, counseling, education</li> </ul>	<ul style="list-style-type: none"> <li>• Marketing campaign in local newspapers to reach older persons not using technology to make people aware of resources.</li> <li>• Patient navigation program.</li> <li>• Online conference, webinar for managing stress and anxiety.</li> </ul>
<p><b>University Settlement</b></p> <ul style="list-style-type: none"> <li>• Variety of community programs for youth, families, seniors (e.g., pantry services, school services, summer camps)</li> </ul>	<ul style="list-style-type: none"> <li>• Worked at 80% capacity with alternate methods (phone calls, virtual supports, food/supplies delivered to homes).</li> </ul>
<p><b>West Side Community House</b></p> <ul style="list-style-type: none"> <li>• Providing variety of services to youth and families (e.g., meals to elderly and people over 50 with disabilities, sisterhood programs, educational programs, financial literacy, domestic violence therapy, referrals)</li> <li>• Social interaction through daily activities</li> </ul>	<ul style="list-style-type: none"> <li>• Remote and online platforms for populations for whom appropriate</li> <li>• Meal pickup or delivery for those without transportation.</li> </ul>