NCHA ▶ | NORTH CAROLINA HEALTHCARE FOUNDATION

COVID-19
FILL THE GAP
Response Fund
2020 Impact Report

Overview

In April 2020, the North Carolina Healthcare Foundation (NCHF), the 501(c)3 arm of the North Carolina Healthcare Association (NCHA), launched the COVID-19 Fill the Gap Response Fund to respond to the COVID-19 pandemic in North Carolina. The fund was designed to address gaps felt by the people and places in North Carolina disproportionately affected by the pandemic.

Through the support of five (5) lead funders and dozens of smaller corporate and individual donations, the fund supported programs across all of North Carolina. An external advisory committee reviewed applications and made funding decisions.

The fund was intentional about supporting grassroots, minority-led organizations – those often unable to access philanthropic dollars – which proved one of the fund's greatest successes. We funded small organizations doing targeted work to reduce inequality and strengthen local communities across North Carolina.

Since distributing awards, the team at NCHF has worked with the Fill the Gap grantees on program adjustments and overcoming implementation challenges to address the everchanging needs caused by the pandemic. For example, one grantee needed to shift clinical care dollars to allow patients to leverage that support for chronic disease management within the first few months of executing of their grant program. The ability to shift dollars quickly and ensure positive health outcomes with little hassle has been vital to grantee success.

Applicant Overview

The fund made a concerted effort to focus on recruitment of groups often overlooked or unable to secure funding from large philanthropic partners. Through statewide outreach, the fund prioritized organizations 1) led by person(s) from underrepresented groups 2) that demonstrate a commitment to racial equity both internally and through their programs 3) are addressing domestic violence and/or trauma 4) that support Native American, American Indian, or Tribal communities 5) that experience difficulty accessing available federal and state resources and 5) that are currently embedded in rural services and networks. In addition to the organizational profile, the fund sought projects that:

1. Support underserved populations: Services for rural and/or underserved populations that are disproportionately affected by COVID-19 (e.g., uninsured, communities of color, immigrant populations, etc.)
2. Support essential frontline workers: Activities addressing the social and behavioral health needs of healthcare and other frontline workers (e.g., administrative, food service, security, facilities maintenance, cleaning, and other services to hospital or non-hospital entities) as a result of COVID-19

The fund received 370 total applications[1] over two application cycles. After initial review, grant applications were subclassified into four (4) overarching gaps spanning all six North Carolina Medicaid regions[2]: Access to care, Basic needs, Mental health, and Public Service (i.e. education, legal services, basic rights).

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1   Applicants were mapped across multiple need areas and Medicaid regions
2   Medicaid Regions for North Carolina: https://files.nc.gov/ncdhhs/medicaid/Managed-Care-Regions-and-Rollout.pdf

Need Addressed Categories	Total Applicants
Mental Health	89
Access to care	181
Basic Needs	156
Public Service (i.e. education, legal services, basic rights)	57

Total applicants in each Medicaid region	
Region 1	145
Region 2	95
Region 3	47
Region 4	85
Region 5	39
Region 6	50

34 Grants Awarded

Counties highlighted include one or more organizations receiving funds to assist underserved populations and rural communities across the state.
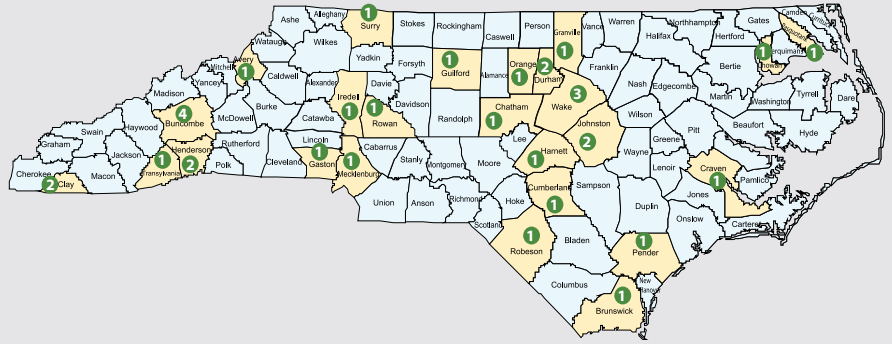
Key Lessons Learned

Over two application cycles, the fund awarded 34 grants ranging from $25,000 to $150,000 for individual organizations, and up to $250,000 for collaborative applications. Major takeaways from the grant-making period include:

- The needs of the pandemic are constantly evolving. Two rounds of initial grantmaking helped stabilize a fraction of community-based organizations in need.
- Eastern North Carolina remains the most difficult region for non-profit outreach despite poor health outcomes and high levels of poverty.
- Indigenous tribal/Native American/American Indian communities are disproportionately affected across North Carolina, and despite concerted outreach, we were unable to support as many programs serving this population as hoped. More trust-building is needed.
- While rates of domestic violence have increased since COVID-19, domestic violence organizations did not seek funding, despite outreach. In speaking with potential applicants, a main concern was a lack of certainty on how to connect with victims in a virtual setting.
- Many local organizations doing remarkable work are not well known to their health system or county partners. The fund highlights an opportunity to utilize emergent response to source innovative projects that have potential for scale.
- Despite higher grant dollar amounts for collaborative applications, most organizations applied individually, as each organization had great needs.
- The fund was project-focused, and many strong community-based organizations needed general operating support which the fund was not set up to provide. A separate dedicated funding stream is needed for general operating support.
- Grant writing and reporting burdens were a worry for many small, community-based organizations. They were unsure if they would be able to meet rigorous data requirements. The ability to lift those concerns allowed the fund to reach a much broader audience.
- Public sector support is as needed as supporting public non-profits. The ability to provide upfront liquid capital to procure Personal Protective Equipment (PPE) greatly sped up the process for various agencies.
- Structural racism has left minority-led organizations chronically underfunded, yet they are often doing the most vital work to strengthen local communities and reduce inequality. The fund emphasized outreach to minority-led organizations.
- Mental health services typically remained community-focused; mental health services across health systems remains an area of untapped opportunity, especially given the impact of the pandemic on frontline workers.
- Virtual care delivery models grew in acceptance, but only with populations that already had a trusting relationship with health systems. Building trust across populations is the key to establishing our "next normal."