

From Philanthropy to the Front Lines

Partnering to deliver change during global crises

A man is screened for COVID-19 as part of the drive-up testings provided by People's Center Clinics & Services in Minneapolis.



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A New Era for Corporate Philanthropy

An overdue need to address social and health inequities has collided with compounding global crises, forcing businesses to reevaluate their values.

BY PAURVI BHATT

This year's global crises unearthed a new chapter in the long-running history of inequities in health, social disparities, and racial injustice. The disproportionate effects of COVID-19 on the health and economic stability of marginalized communities elevate the need for intentional focus on social justice and equity worldwide. Underserved populations experience greater disparities in every social arena, from health care to education.

These issues galvanized a global movement to confront our divides and reshape our future. Most importantly, this movement accelerated commitments to address inequalities to deliver lasting change.

In response to this urgency, communities call for renewed focus on local action that brings together partners across sectors to deliver meaningful change for the many populations that continue to be left behind. But what will this really mean? How can we act so this chapter of change doesn't fall to rhetoric? These questions are reverberating across the private sector, with 79 percent of CEOs reporting in a survey that they have had to reevaluate their corporate purpose as a result of COVID-19. Meanwhile, 61 percent of Americans surveyed in June 2020 believe that any corporate action or policy enacted to advance racial equity means nothing without accountability measures in place.

The call to action we face today requires a reexamination of how businesses engage in society and how they will exceed employee expectations to address pressing issues. It also amplifies the expectation that corporate

philanthropy fully reflects our values—ensuring disparities in our communities are genuinely considered and addressed across stakeholders, decisions, and results.

As a leader of a corporate philanthropy, I experience this moment of reckoning from a unique perspective. And, as the first woman of color and first Asian to lead the Medtronic Foundation, I'm also the daughter of immigrants to the United States. I was influenced by the "independence generation" of India, the generation that shaped a massive, fledgling

democracy that continues to evolve, despite the residual effects of colonial rule. Like many leaders, these influences and identities affect my perspective in listening and engaging in an equitable response to the issues we face today. Like me, many of my colleagues in corporate philanthropy and global health are compelled to reflect: Are we truly considering how

systems in our societies are driving our divisions? Are we tapping into the full potential of corporate philanthropy to deliver social impact that achieves real change? And specifically, are we as leaders taking the time to appreciate our own history, our role and influence, and how we need to evolve as stewards of resources in this time?

We often say global change requires local action. Yet this moment compels every one of us to be bold and do more than communicate a call to action. It requires us to act with intention and attention. It requires us to act with courage, momentum, and integrity—qualities nonprofit partners on the front lines of the community demonstrate every day. They've shown us that now is the time for



Paurvi Bhatt



corporate philanthropy to innovate beyond the traditional components we are so used to deploying: siloed areas of charitable giving, employee volunteerism, and transactional grantmaking. Now, more than ever, we need a new approach—one that brings these unique assets together to leverage even greater and more equitable change.

At the Medtronic Foundation, we are working hard to listen first, reexamine what impact truly means, and bring the full power of our financial resources, Medtronic employees, and collective voice to make the greatest difference to those in need. For us, "impact" means deepening our investments by bringing all our assets to partnerships that are anchored in addressing local needs. This is a hallmark of



our model—staying focused on the outcomes that drive measurable change in communities.

START BY LISTENING

In this supplement, we offer an insider's view, not only from the Medtronic Foundation but also our partners, on how to support communities affected by the clash of COVID-19 with extant social injustices. We offer diverse perspectives and firsthand insights on how to attain solutions, solidarity, and measurable impact to social inequities and the pandemic response.

The inequities embedded in our day-to-day lives are now clear. By unleashing the collective action of corporate philanthropy, on-the-ground community and health system partnerships, and the powerful voices of the underserved,

we can bring a more empathetic perspective to deliver significant social change.

Our legacy as leaders, organizations, partners, and citizens will be shaped on how we examine our past, act today, and set the course for the future. Many of us come to this work with a never-ending belief in progress. Making that progress happen will require a courageous reframing of the systems that deliver change. Corporate philanthropy and community partnerships are important vehicles of change, but the crises before us today call for executing against our missions in a different manner—through closer partnerships, deeper engagement of communities, detailed measurement, and plans driven by those on the ground who genuinely know the communities they serve.

Medtronic employees participate in a food packing event for SEWA-AIFW, a nonprofit committed to family wellness in Minnesota.

History will mark 2020 as a turning point in the global effort to achieve better health for the underserved and greater equality for Black, indigenous, and people of color (BIPOC) communities. The first chapter has been written. The rest will depend on how we move together to create lasting change. As active members of the social change community, we are eager to learn and make meaningful progress together—with you. ●

Paurvi Bhatt is president of the Medtronic Foundation and vice president of philanthropy for Medtronic, where she oversees a multicountry and multimillion-dollar global strategic philanthropy portfolio to improve health outcomes for underserved people.

Managing Through Crisis

Six lessons on how corporate philanthropies can strengthen community connection and communications.

BY ALLISON FRAILICH & LIZ LUND

Those who work in philanthropy are likely familiar with crisis response and management. But when we in the sector are also directly affected by that crisis while working to respond to it, the fullness of the impact comes into even greater focus. When COVID-19 first emerged in China in the final months of 2019, the Medtronic Foundation rapidly responded to immediate needs on the ground. We did our best to prepare clear and quick communications and assess where we could provide the greatest support. But as COVID-19 crossed borders, the pandemic raised the stakes for communities, first responders, and philanthropists worldwide.

Unfortunately, just as we started to adjust to life in a COVID-19 world, we were faced with more shattering news. George Floyd was killed by police in our hometown of Minneapolis, Minnesota. Communities were left reeling, not only from Floyd's death, but also from the police killing of Breonna Taylor in Kentucky, and of Ahmaud Arbery in Georgia. These tragedies forced a nationwide reckoning, and the city we love—as well as cities and towns across America—had to face an important reality: We allowed racism to go unchecked, while many of our own neighbors suffered. As protesters marched in the streets, we realized we had a responsibility—as leaders in our community and as those driving global change—to do more.

The community members and health workers most affected by these events have been on the front lines, entrenched in fighting global and national emergencies on two fronts. In this article, we share an inside look at what it is like to experience a crisis while attempting to deliver critical communications and on-the-ground support to communities locally and globally.

ACTING QUICKLY

As a foundation, our focus is on improving

health for the underserved and supporting communities where Medtronic employees live. COVID-19 and systemic racism are affecting many of these same communities, and we felt a responsibility to help them chart a path forward. Communities wanted to be heard and people hungered for information and support. Outreach and humility in listening and learning quickly rose to the top of our responses.

As community needs—from food and shelter to cleaning supplies and protective

equipment—increased exponentially, it became apparent that we had to implement a strategy that addressed these needs on a number of fronts. The Medtronic Foundation made a conscious decision to extend greater support to nonprofit organizations providing for basic needs, in addition to help ensure small business resilience and to provide general operating support for nonprofit organizations serving people of color who are hardest hit by both COVID-19 and systemic racism.

To do this, we partnered with our colleagues in local cities around the country and globally to better understand which nonprofit partners are cornerstones in their community. We also engaged national partners like the United Way and Feeding America to inform us about the needs their affiliates were seeing. All of this information helped us to formulate a plan to address the needs with precision and urgency.

Many of the Medtronic Foundation's long-term partners required emergency support to continue to provide their core services, in



addition to addressing new, immediate challenges in their communities. For example, the Minneapolis-based social services organization Pillsbury United Communities recognized the urgency to support basic services like emergency income and food distribution, as well as a new need to provide education on COVID-19 prevention measures like social distancing. At the same time, the nonprofit's revenues dropped as face-to-face programs were put on hold, and contributions from individuals and corporations slowed. Another Medtronic Foundation partner, Comunidades Latinas Unidas En Servicio (CLUES), a St. Paul, Minnesota-based nonprofit supporting underserved Latino families, needed rapid support in setting up Spanish-language hotlines for clients affected by the pandemic, along with bilingual telehealth options and case management.

While corporate philanthropies can target funding in ways that support the goals of frontline organizations, they don't have the

People's Center leads COVID-19 testing at a community center in Minneapolis, Minnesota.



same on-the-ground experience within these communities that nonprofits themselves have. Therefore, it has been important for us to partner with leaders in the communities we support to identify gaps and provide support.

Using existing relationships, the Medtronic Foundation identified nonprofit partners that could help us target our dollars to the

Corporate philanthropy plays an important role in ensuring communities manage through the storms and reach the underserved.

underserved populations who needed funding most, significantly reducing our usual six-to-nine-month grantmaking process down to just six weeks. For example, in Boulder, Colorado, we partnered with the Boulder Community Foundation to assess needs in the area and identify the groups that were in the best position to provide solutions.

In total, the Medtronic Foundation was able to support 40 new nonprofit partners in 2020. Our partners led the way in mobilizing local support and relief efforts. Since the pandemic began, we've helped more than 1.4 million people in the United States find food and shelter, and we've helped our partners distribute 24 million pounds of food. We also connected Medtronic employees to hundreds of volunteer opportunities that allowed them to give back in their own communities in ways that were meaningful to them.

LESSONS FROM THE GROUND

From the Medtronic Foundation's on-the-ground response, we identified six actions essential for philanthropies to consider as they respond to crises.

Be visible | Leaders need to be seen and be ready to listen. Don't wait until you have all the answers—when a crisis occurs, people need immediate help and philanthropies must rise to the challenge. Your involvement and response will be critical to maintain the trust you have earned both with long-time nonprofit partners and the communities you serve. That means acting quickly to support organizations on the ground and communicating your response just as rapidly as it is happening, so people know and understand

exactly what actions you are taking and how they can help.

Be clear, direct, and thorough | A crisis is not the time for lengthy key messages. Instead, look for ways to simplify your message, communicate it clearly, and speak from the heart. Marketing experts often talk about user experience, and at no time is there such a requirement to focus on how "end users" experience your communications than during a crisis. Those end users and your audience may vary from employees to social justice and global health leaders. Balance clarity and speed while staying true to your mission and goals.

Be aware of differing experiences | People react differently in crisis. When it comes to COVID-19, some people are eager to make charitable contributions or find a way to volunteer, while others are facing new financial hardships due to changes in the economy or directly experiencing COVID-19, either personally or through a loved one. According to Pew Research Center survey in March 2020, "nearly 9 in 10 US adults say their personal life has changed at least a little bit as a result of the coronavirus outbreak, with 44 percent saying their life has changed in a major way." In your communications and community response, be considerate of these varying experiences and ensure actions are inclusive of a wide spectrum of situations and emotions.

Be nimble while maintaining commitments | Organizations around the world have shifted their activities online, and that includes volunteering. For philanthropies and nonprofits looking for ways to engage volunteers, consider ways to make the experience easier, such as a one-stop resource on your website or a "virtual volunteer power hour" to engage many volunteers at the same time. Opportunities like these allow you to meet the pace of change in these times and stay true to who you are.

Be a good community steward | No single organization can address these crises alone. Corporate philanthropy plays an important role in ensuring communities manage through the storms and reach the underserved. Philanthropies can provide tools, resources, and skills to rapidly respond. But no one is more prepared and equipped to respond than the nonprofits on the front lines who serve their communities every day.

Be sure that your focus on community is not only evident in your approach to partnerships

and programming, but also in your approach to internal and external storytelling. Create a sense of community and shared experience among your audiences, and adapt your communications to lift up the ways in which people embrace collective action at a global and local scale. For example, through a virtual meeting, we were able to bring the stories of our non-profit partners to Medtronic employees in an inspirational way. Medtronic employees have a personal stake, and close-to-home experience, with the crises we're facing today. This meeting allowed them to learn how our investments are directly reaching community organizations, explore how to play a part in our efforts, and most importantly, listen to the stories of the real heroes who are reaching the underserved.

Be thoughtful about your long-term impact | For philanthropies moving quickly, ensure that programs you support will create a long-term effect on the people you serve. Things shouldn't return to normal after a global crisis like COVID-19. Rather, we have an opportunity to build safe, strong, equitable, diverse, resilient, and inclusive communities. Those on the front lines must overcome the challenges before us, but our global community also must grow stronger in the days ahead. Even in the midst of a crisis, ensure specific outcomes are in place to measure short-term impact and that nonprofit organizations you partner with are equipped to continue to provide results in the future.

HOW CRISIS SHAPES US

The way an organization leads and reflects its values in its response to crises is a litmus test of its core mission and can build or shatter trust. In one moment, all the hard work you put in day-to-day to advance your objectives can dissolve. Our personal experiences while in the midst of crisis changed our approach to communications and community engagement, and it gave a deeper perspective on what really matters. It is because of those experiences that the Medtronic Foundation was able to create a response that will shape our reputation, and most importantly, our ability to drive meaningful change long into the future. ●

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Bringing Health Care into Communities

Community health workers at the front lines of the pandemic are providing essential care for underserved populations.

BY AHMED SOUGUEH & JOKHO FARAH

From balconies in New York City to the National Assembly in Kenya; across Spain, Italy, Turkey, Singapore, India, and many other nations around the world—some of the most inspiring images from the pandemic have shown leaders, celebrities, and everyday people clapping, ringing cowbells, and banging on pots to recognize and give gratitude to the health workers on the front lines of the COVID-19 response.

This global acknowledgment was heartening to see, considering that frontline health workers too often go unrecognized. Yet, they are playing a critical role in caring for those communities most effected by the pandemic, while at the same time risking their own lives. Especially in underserved communities, frontline workers like community health workers (CHWs) are helping vulnerable patients to reduce their risks by understanding symptoms and seeking testing and treatment early.

In the United States, the need for such support is greater for people who live in communities of color, which have been disproportionately exposed to the virus and are more likely than people in white communities to not receive care they need or to experience severe disease or death. According to the Centers for Disease Control and Prevention (CDC), Black Americans are 2.1 times more likely to die of COVID-19 and 4.7 times more likely to be hospitalized than white people. Hispanic Americans have a 4.6 times greater risk of hospitalization and 1.1 times greater risk of death than white people as well.

When the coronavirus hit the United States in early 2020, health officials in Minneapolis, Minnesota—including the clinical staff at the People's Center, a Federally Qualified Health Center (FQHC)—had concerns about the potential for the virus to spread in the city's Cedar-Riverside neighborhood. This area is home to the largest Somali population in the world outside of East Africa, and it includes

many refugees who live in public housing. In fact, one high-rise building in the neighborhood has more than 4,000 residents, making social distancing a challenge and placing residents at higher risk of exposure.

But even with higher risk of contracting COVID-19 in their densely populated neighborhood, People's Center staff discovered many residents didn't want to get tested. Based on their experiences with health care in Somalia, staff found some local residents weren't used to seeing a doctor for preventive care. In Somalia, they would only see a doctor on rare occasions, and only when they could afford it. Instead, people typically would rely on their community's support and home remedies. Some feared they couldn't afford to see a doctor or, if they did test positive, they would be taken to the hospital against their wishes and separated from family. Others were afraid to see a doctor due to fear of being mistreated.

Social and cultural barriers like these aren't unique to Minneapolis and its Somali American residents. Across the world, some of the most important factors contributing to poor health are rooted in social determinants of health, including the cost and affordability of care, language barriers, lack of experience with health systems, transportation needs, child-care, safety, and other social issues. Traditional health systems are often ill-equipped to address these barriers. So, now more than ever, CHWs are playing a significant role in bridging these gaps and helping underserved people access the healthcare they need.

SURMOUNTING BARRIERS TO BETTER HEALTH

For Minneapolis' Somali American community, mental health needs have created a significant barrier to better overall health. Many patients carry scars from their experiences in Somalia that have only been exacerbated since the pandemic and its economic effects began.

The country was formed in 1960 from former British and Italian colonies, but it collapsed into civil war in 1991 when the military regime of then-President Jaalle Mohamed Siad Barre was overthrown.

In Somalia, mental health isn't a widely recognized health condition, even though it affects a significant portion of the population. The World Health Organization estimates that one in three Somalis is affected by some type of mental illness. That compares to one in five US adults who live with a mental illness, according to the National Institutes of Health. And a study of adolescent Somali refugees

on a basis just to have a chance to socialize. The clinical staff checks her blood pressure and asks her if she's keeping up with her medication, but rarely is there a medical issue. After chatting for an hour or two with the staff, she'll say goodbye, and the staff knows they'll see her again in a few days. Even during the pandemic, CHWs continue to visit with her, using masks and appropriate precautions. Like a lack of exercise or unhealthy eating habits, loneliness caused by social isolation is considered to be a significant health risk.

Similarly, another People's Center patient is working to lower his high blood pressure and

program "Project CARE" (Community Action to Reach Empowerment) that aims to help more people manage diabetes and improve their cardiovascular health. Additional CHWs make regular home visits to build trusting relationships with their patients so we can identify concerns early and maintain a focus on better health. CHWs also bring tools and support directly to patients, with in-home blood pressure and blood sugar checks, wellness classes in the community, regular exercise sessions, and healthy cooking demonstrations.

The People's Center is also working to reduce the incidence of COVID-19 in the local community by contacting more people in South Minneapolis and encouraging them to feel comfortable seeking COVID-19 testing. The center is bringing testing closer to where they live to reduce potential access barriers by establishing mobile testing units in public housing buildings within South Minneapolis. The project was coordinated with support from several Medtronic employee volunteers who have expertise in managing complex projects, such as bringing new medical devices from research and development to market. Anyone in the neighborhood can access testing just steps from their homes at mobile People's Center testing sites. People's Center staff also provide education and tips on social distancing, wearing masks, and isolating for those who have symptoms so they can avoid spreading the virus. The goal is to build greater trust within the community, so People's Center staff can identify and end outbreaks quickly before they take hold in the neighborhood.



Patients participate in a culturally inclusive prenatal care model that integrates prenatal visits with mindfulness therapies and more.

resettled in the United States found a history of trauma and acculturation challenges directly diminishes well-being. At the People's Center, many of the patients treated have never heard of post-traumatic stress disorder (PTSD), and far fewer know it can be treated. Left untreated, mental health conditions like PTSD can affect other areas of a patient's health. The patient may forget to take their medication regularly, visit their clinic for a checkup, or steadily manage chronic conditions.

When patients arrive at People's Center with mental health concerns, it's the staff's goal to meet these needs alongside the patient's other health needs. For example, an elderly patient visits the clinic on a weekly

manage his glucose levels to avoid diabetes, but high rent and financial challenges have led to anxiety and depression. The CHWs learned he wasn't able to afford his rent, which increased his risk for serious health issues. When our CHW identified these health challenges, the People's Center was able to connect him with a local case manager, who helped him find a more affordable apartment and access rent support programs that could help him bridge his financial gaps without fear of being evicted. With rent and financial support, he was able to focus on his health again. He started on a path to better health by resuming his diabetes and blood pressure medications and better managing his anxiety and depression.

In partnership with the Medtronic Foundation, the People's Center is extending its reach into the community with a new pro-

BUILDING CAPACITY THROUGH TRUST

Successful CHW-led programs often rely on building trust and having a deep understanding of the local community's needs, culture, and history. When the COVID-19 pandemic required the People's Center to move many medical visits online to slow the spread of infections, our CHWs discovered that patients didn't trust virtual care or consider it a "real" doctor's visit. Many thought they had to see the doctor in person, and they would often arrive at the clinic at the time they were supposed to sign on to the virtual-care platform. Some thought online care would be substandard if they didn't sit face-to-face with their doctor and leave the clinic with a prescription after the visit. The People's Center CHWs guided patients through the process, from making a virtual appointment to accessing the technology on their personal devices to meeting with their

doctor and determining a treatment plan. They also ensured patients had the right technology and were comfortable using it on a regular basis for their health-care needs. Ultimately, with help from CHWs and more experience with telehealth, patients understood that meeting with a doctor online could help them address their health needs without risking exposure to COVID-19 during an in-person visit.

CHWs who are also members of the local community can bring a deep understanding of issues like these and quickly build trust with patients. They can help learn about health-care options and treatments that they might not have heard of or could even fear. For patients who are immigrants, CHWs can help translate differences in health systems, such as how to navigate them, how to make appointments, and what to expect during a visit. And when a patient's symptoms or concerns are difficult to diagnose, CHWs are trained to ask more questions, probing further to understand the root of a problem and identify the right support services—at the clinic or in the community—to address challenges and concerns. They are a tremendous asset to confronting and addressing racial disparities in COVID-19 infection and recovery.

SERVING THOSE WHO SERVE US

In communities large and small, some of the same people who have experienced higher infection rates are often frontline workers—those our communities rely on to serve us in grocery stores, restaurants, packing plants, farms, childcare, home care, or other critical operations that have remained open throughout the pandemic. These are the people who have taken significant risks to keep essential parts of our economies open.

CHWs are often shoulder-to-shoulder with these other frontline workers, yet they may be underappreciated and undervalued as they help their communities manage risks and reduce the spread of the virus. While the global and national debate about health workers accelerates, rarely are CHWs explicitly referenced. They should be. As much as ever, they deserve our support as we work to overcome this global pandemic. ●

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Tapping the Power of Virtual Volunteers

As the pandemic forces everyone to work remotely, employees are taking their activism and volunteerism online.

BY SYLVIA BARTLEY & EMILY LAUER-BADER

The crises of 2020, including the COVID-19 pandemic and the racial injustices it has magnified, have required employers to rise to the challenge by not only adapting to a virtual work environment, but also responding to the increased demand from employees to connect and give back to their communities.

In recent years, employees have increasingly raised the bar as to what they expect of their employers. More employees, especially Millennial and Generation Z workers, now call for workplace-based social activism. A 2018 MetLife survey found that 76 percent of American employees expect their companies to make a difference in the local community. In fact, three out of four working Americans polled in 2019 by JUST Capital say they would choose to work for the more just company, even if it paid less. Business leaders can no longer sit on the sidelines when social crises arise. Employees expect companies to act and to provide opportunities for them to get involved, too.

This year's circumstances have only increased that sentiment. A growing number of people and corporations are calling for lasting systemic change inside and outside of work. Millions of protesters have taken to the streets to demand action. Millions more are creating changes big and small in their own communities, from removing racist monuments to running for political office. For example, a record number of Black women are running for public office this year, and at least 122 Black or multiracial Black women filed to run in the 2020 election cycle, according to the Center for American Women and Politics. Dozens of cities across America—from Appleton, Wisconsin, to Dayton, Ohio, to Memphis, Tennessee—have declared racism a public health crisis. Such actions have shown that individuals can make a significant difference in their communities. People can change the course of the COVID-19 pandemic, as well

as the pandemic of social inequities that has been brought to light.

MOBILIZING IN TIMES OF CRISIS

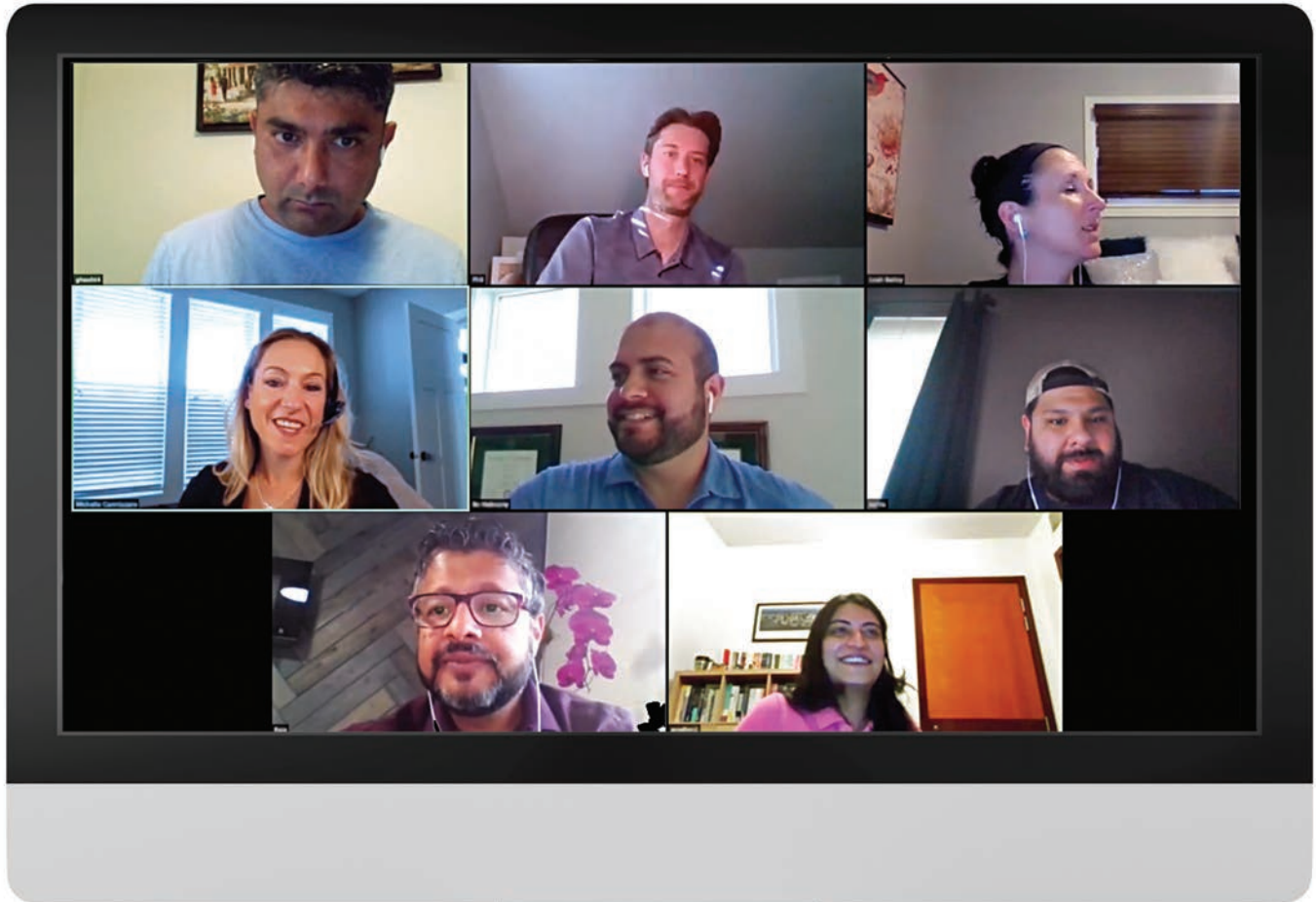
The optimism is real, but meaningful progress won't be easy. The coronavirus pandemic has changed the way the global community lives, works, and socializes. It has also changed how people volunteer.

Since the pandemic began, organizations around the world have transitioned their in-person volunteer activities to virtual volunteering as they respond and address health disparities in communities. One of those groups is Project HOPE, a leading global health and humanitarian relief organization that works to empower health-care workers to save lives. From the early days of the outbreak, Project HOPE was on the front lines in Wuhan, China, and its response efforts quickly ramped up globally as the outbreak became a pandemic.

From the start, training health-care workers and equipping them to triage and treat COVID-19 patients was one of the organization's most pressing needs. In partnership with health and medical experts from Brown University, Project HOPE created a live remote training program, which allowed hospitals in Wuhan to rapidly bolster the number of frontline workers available to care for thousands of patients that were quickly filling hospitals and surge centers.

When the virus spread outside of China, Project HOPE knew the need for frontline workers grew exponentially. In response, Project HOPE partnered with the Medtronic Foundation and the community development social enterprise PYXERA Global to train a virtual cadre of Medtronic employees with previous clinical experience to deliver training to hospitals and clinics around the world.

Working remotely, Medtronic volunteers helped mobilize more frontline health-care workers. Since the project kick-off in June 2020, Medtronic volunteers have completed



During a virtual volunteer power hour, Medtronic employees wrote letters, signed letters, and purchased items for families in need.

three trainings with assistance or co-leads from Project HOPE. Two trainings were hosted by Health and Education for All (HAEFA) in Bangladesh and one by the EMS training academy in the US Virgin Islands. Close to 150 participants from government ministries, medical college faculties, and staff from emergency agencies, clinics, and hospitals joined the training. In Bangladesh, an additional 175 medical professionals have been credentialed as a result of the train-the-trainer model.

“Within Medtronic, many employees read, research, and learn about COVID-19 as a part of their day job. It is our moral duty to share this knowledge and expertise with as many people as possible,” Medtronic volunteer Santosh Agarwal says, reflecting upon what led him to volunteer with Project HOPE.

The program has been so successful that it now serves as a pilot for virtual volunteering around the globe. It is truly demonstrating

the power of volunteers in helping to address some of the most urgent needs the global community faces as it cares for those affected by the coronavirus.

FOUR APPROACHES TO GIVING BACK

Medtronic volunteers have been eager to help their communities during the pandemic, and they aren't alone. A 2020 Fidelity Charitable survey found 79 percent of people expect to give as much or more to charitable causes this year as they have in the past, and nearly half (43 percent) plan to volunteer as much or more than they have previously.

To respond to the increased desire to give, the Medtronic Foundation pivoted its in-person volunteer opportunities to virtual volunteering, which allowed volunteers to support important causes—like making masks, transcribing documents, or helping a museum move its collection online—all done by phone,

mail, internet, and/or video chat. The transformation was guided by four approaches:

Unleash the internal force for change by making it personal. | To create a transformative volunteer experience, the Medtronic Foundation began by training volunteer leaders called Community Impact Champions (CICs). More than 379 employees in 44 countries volunteered for this leadership role. Their mission is to engage employees in volunteer activities and leverage the power of storytelling to relate volunteer activities to the true impact and meaning of their volunteer activity. For example, some CICs shared stories of personal experiences during video calls with volunteers and encouraged others to do the same. During a letter-writing activity for the elderly, one CIC spoke to the isolation her mother was feeling in a nursing facility and how a letter from a loved one, or even a stranger, could truly change the course of their day or even the next weeks.

Offer virtual volunteer opportunities. | The Medtronic Foundation knew that people wanted to give, but they didn't understand how they could safely volunteer during the pandemic.

In response, the foundation empowered its employees with thousands of global options to volunteer virtually via the Volunteer Match integration on Medtronic Foundation's Volunteer and Giving website. Volunteer Match is a third-party website that helps volunteers search for opportunities that fit their interests and needs. The search tool was easily integrated into the Medtronic Foundation's website, providing easy access to opportunities nonprofits around the world have listed. From sewing masks and tutoring children in need to collecting food donations for families in crisis, employees can give back in meaningful ways. Also, employees can find opportunities to contribute to the COVID-19 response or to participate in social justice causes in their own neighborhood or around the world.

Because the Medtronic Foundation's operational headquarters is in Minneapolis, Minnesota, the organization felt an immediate need to take action following the killing of George Floyd in the city. The Medtronic Foundation's team worked with its own African Descent Network, alongside local nonprofits, to determine how best to serve its community. It organized a Volunteer "Power" Hour for Medtronic employees around the world to volunteer for an hour anytime during a specified day to support social justice organizations, such as Amnesty International, the American Civil Liberties Union, and many others. Volunteers wrote letters, signed online petitions, and purchased items for families and children in need. On that day, some employees also read through 5,000 racial covenants and legal clauses embedded in property deeds that were used to bar people who were not white from owning or occupying property in Minneapolis. The goal was to show how these covenants were inculcated in the physical landscape to expose structural racism in the community and to serve as a foundation for conversations and fact-based policymaking.

The response was incredible—more than 2,700 employees from 44 countries logged more than 4,000 volunteer hours in just one day.

Enable volunteers to put their skills to use. | Employees with health-care experience wanted to put their clinical skills to use to help people in need. Opportunities like the Medtronic Foundation's partnership with Project HOPE, as well as partnerships with the American Heart Association and local community health clinic HealthFinders Collaborative, enabled virtual

skills-based volunteer opportunities to be offered for Medtronic volunteers to support patients and frontline health-care workers.

These types of volunteer projects aren't new to Medtronic employees. The Medtronic Foundation offers the company's employees year-round opportunities to collaborate with others to address global health challenges by putting their unique skills—from marketing to engineering—to work. For example, in India, a team of volunteers helped HeartRescue India—part of a global program working to reduce the risk of death from sudden cardiac arrest and severe heart attacks—with its business plan, including opportunities to expand services and better integrate with the nation's health system. In rural Minnesota, a volunteer team spent several weeks helping HealthFinders Collaborative to enhance their quality of care and efficiency by streamlining the organization's processes and data systems. These projects are often some of the most successful engagements because they not only provide financial resources but also provide on-the-ground support to ensure partnerships are both successful and sustainable.

Recognize both big and small acts that make a difference. | As employees navigate crises that hit close to home, their commitment to volunteering can take many shapes and forms. Just as employees and companies adapt ways of working to life in a global pandemic, they must also adapt ways of giving and embrace different models that meet the shared goal of helping the community. Not all employees have the capacity to get involved in larger volunteer projects as they manage the stresses in their own lives. Acts of kindness can often have as significant an impact as formal volunteering. So, the Medtronic Foundation recognized the 825 hours Medtronic employees spent on acts of kindness, like purchasing groceries for an elderly neighbor, reading books to a student learning virtually, or mowing the lawn for a friend in need. And, it continues to encourage employees to help their communities through activities like these.

THE VALUE OF VOLUNTEERING

Those who give back to society often are changed as much as the people they serve. According to Medtronic senior clinical research specialist and volunteer Keith Holloman, volunteering improves quality of life not just for those receiving the benefit, but also for those who give.

"Volunteering provides an inner satisfaction that cannot be quantified," he says. "It

allows you to connect with your local community in ways you may not have."

Prior to the pandemic, Holloman volunteered with organizations including the Twin Cities Urban League, Somali charter school Ubah Medical Academy, and the Minneapolis Parks Foundation. Since the crises of 2020 began, he's deepened his commitment to addressing disparities disproportionately affecting people of color, including health, education, economic, and housing. Holloman is committed to help close racial disparities that place people of color at greater risk of poor health outcomes. "The events leading up to the killing of George Floyd only highlighted those needs," he explains.

He's also passionate about using his skills while giving back and has supported several Medtronic projects developing health-care solutions for underserved people in Ghana and Kenya, as well as Medtronic's African Descent Network.

"Organizations wanting to engage volunteers should understand the passions of their members and identify opportunities that resonate and align with those passions," he suggested. "Provide people with as much information as possible about your organization, your mission, and the outcomes you have achieved, so they understand how their efforts will make a difference for the communities you serve."

LASTING CHANGE DEMANDS ACTION

Employees like Holloman demonstrate that the power to address and ultimately end these crises isn't just in the hands of political leaders—it's in all our hands. Since the coronavirus first appeared, people have been eager to help those in need, even when they can't do it in person. Through mobilizing volunteers to help where they are needed most, employers have the opportunity to change the course of the pandemic and determine what the lasting effect on our communities will be while at the same time engaging and motivating their own employees. Together, companies can leverage the skills and actions of their teams to create the lasting positive change society desperately needs. ●

Sylvia Bartley is senior director of the Medtronic Foundation, where she leads employee volunteer engagement efforts for more than 90,000 Medtronic employees globally, as well as disaster relief and patient empowerment programs.

Emily Lauer-Bader is director of corporate partnership at Project HOPE where she develops partnerships with the private sector to advance Project HOPE's global health and emergency response programming around the world through strategic investments, employee engagement, and marketing campaigns.

Equity Starts with Learning

The Medtronic Foundation's Learning Community brings together nonprofits across three continents to build collective knowledge and advance patient-centered health improvements in underserved communities.

BY JESSICA DALY & THE MEDTRONIC FOUNDATION LEARNING COMMUNITY

The health, economic, and social justice crises of 2020 are reshaping the future of both community and social services. The coronavirus pandemic has touched every corner of the world. For the global health community, it has redefined how care is delivered to high-risk communities, how we define risk, and how we address the power structures and root causes that create risk, vulnerability, and inequity.

Since the pandemic reached the United States, people of color have experienced

disproportionately higher rates of hospitalizations and deaths. According to data from the US Centers for Disease Control and Prevention, Black Americans have a 2.6 times higher rate of cases, 4.7 times higher rate of hospitalization, and 2.1 times higher rate of deaths from COVID-19 than white Americans. Hispanic Americans have a 2.8 times greater rate of infections, 4.6 times greater rate of hospitalizations, and 1.1 times greater rate of deaths than white Americans.

The Medtronic Foundation aims to improve the health of underserved populations. But real change happens not because of funders. Real, sustained change is the result of the nonprofit organizations that transform financing to

bridge communities and clinical care delivery in ways that address patients as people.

To take advantage of that collective knowledge and deep expertise, the Medtronic Foundation joined with its partners who are addressing health disparities from around the world to create a Learning Community, in which members share insights and best practices, exchange resources, and discuss lessons learned. Collective learning happens through regular insights from those on the ground and by actively working to break down the funder-recipient paradigm, putting a premium on partnerships.

In conversation with members of our Learning Community, here is a glimpse at what the Medtronic Foundation discovered about how nonprofits are adjusting to the crises of 2020, through the lens of health equity:

COVID-19 and social distancing measures have transformed how care is delivered and how nonprofits operate. When you reflect on 2020, what are some of the pivotal changes you implemented in real time to be responsive to the reality of what your communities faced?

ANN MARJORIE MBULE
mothers2mothers

Our program is focused on preventing mother-to-child transmission of HIV, by pro-

A Prerna health coach screens a patient for hypertension and diabetes, pre-COVID-19, in Bangalore, India.



viding education and support for pregnant women and new mothers living with the virus. During the COVID-19 pandemic, we've found that timely, accurate health-care information has been more difficult to access in communities we serve across sub-Saharan Africa, leaving many uncertain about COVID-19's symptoms, how it spreads, and how best to protect themselves. This is a stark reminder of the early days of the HIV pandemic that devastated many African communities. We have also seen disruptions to HIV, maternal health, and broader health services—which could have significant consequences.

Against this backdrop, mothers2mothers (m2m) developed our Virtual Mentor Mother Platform (VMMP), an interactive tool run on the messaging platform WhatsApp that enables users to access vital health information and service referrals on COVID-19 and other health topics from a trusted source. While we had planned to develop a similar tool in the coming years, the coronavirus spurred us to act faster. VMMP contains COVID-19 education and prevention messages, in addition to information on HIV prevention and treatment, maternal health, early childhood development, and noncommunicable diseases—all translated into 30 languages.

GREG MANN

Grameen PrimaCare

Our program, Grameen Promotoras, champions health justice by providing essential

health, social, and emotional support to low-income women entrepreneurs that Grameen America supports, most of whom are Latinx. Our members also have been disproportionately impacted by COVID-19, especially in the Bronx, New York, served by Grameen Promotoras' community health workers. We pivoted to digital care with relative ease. Each day, these workers, or promotoras, proactively call their program members to check on their health and well-being, sharing resources and referral information. The promotoras are also readily available by phone or text to provide timely advice to their members when they are in need. Most notably, through their virtual outreach, the promotoras were able to ascertain the need for glucometers for members living with diabetes and subsequently provided these devices to those in need.

KARISSA MORENO

Center for Well-Being

Our organization is a federally qualified health center in Sonoma County, California. We serve a predominantly low-income and Latinx population, many of whom struggled to access basic resources such as food, housing, and childcare. Sonoma County has been hard hit by recent floods, fires, and now a global pandemic. Once the shelter-in-place order was announced, we quickly pivoted from meeting with patients in person to telehealth services. Within 24 hours we were providing virtual medical nutrition therapy visits for residents struggling with the

effects of diabetes, hypertension, obesity, and other chronic diseases. This has been critical support for a population that suffers disproportionately from health disparities and lack of access to resources, and who are at greater risk of developing complications if they are infected with COVID-19.

ANNE STAKE

Medtronic Labs

In 2019, Medtronic Labs, a public benefit corporation, launched Prerna in Bangalore, India—a comprehensive health-care delivery model for people living with, or at risk for, Type II diabetes, hypertension, and other comorbid diseases. The model integrates social and clinical interventions in a group-based setting, close to home. Our evidence and experience to date has shown that application of the group model in patients who are already connected with each other has increased effectiveness. With the emergence of the coronavirus, we quickly shifted our model to remote services, with contactless medication delivery and noncommunicable disease testing, telehealth, and e-gathering. Via health-coach moderated virtual support groups, patients share stories with each other, while receiving continued guidance on the management of their condition.

In our Learning Community, we've often discussed the role of community health workers (CHWs) in underserved patients, especially



JESSICA DALY is director of global health for the Medtronic Foundation, where she focuses on building strategic alliances with governments, nonprofits, associations, and other foundations to improve public health outcomes.



CHARLIE MANDILE is the executive director of HealthFinders Collaborative, a community health center focused on engaging communities in their own health, and innovating to align systems and communities to support health and well-being.



GREG MANN is the executive director of Grameen PrimaCare, a nonprofit organization that provides underserved women from low-income immigrant communities with a health promotion and empowerment program that utilizes a community health worker model to create healthier lives.



ANN MARJORIE MBULE is the senior program lead for mothers2mothers (m2m), where she focuses on program design, innovation and quality assurance/quality improvement across all m2m programs.

those with chronic conditions who are at highest risk for COVID-19, to have routine and customized access to care. How do CHWs ensure health disparities aren't widening as we pivot the way health services are delivered?

CHARLIE MANDILE

HealthFinders

HealthFinders serves a large population of immigrant and refugee patients with chronic diseases, including diabetes and cardiovascular disease, in rural Rice County, Minnesota. In our county, nearly two-thirds of people who have contracted COVID-19 identify as Hispanic or Black. The coronavirus hit our community particularly hard because of their preexisting chronic conditions, and, for a time, we saw the fastest-growing outbreak in the United States. We deployed our unique community-driven model to proactively reach out to vulnerable patients. Our CHWs have been pivotal in this response. In addition to virtual visits, they used our care coordination technology to create watchlists that would allow them to proactively monitor both vulnerable patients with COVID-19 and people with suspected cases. Their work has included proactive calls and check-ins to ensure their patients know exactly how to seek help if they have COVID-19 symptoms.

Our ongoing trusting relationships, strong communications, and relationship building have been critical to our success during the pandemic. In addition to information, reassurance,

and guidance, our clinical teams and CHWs connect our patients to local resources such as housing assistance. We've also developed a produce delivery program to fill a critical gap in access to nutritious food. HealthFinders also prepares patients for calls they will receive from state or county contract-tracing authorities, encouraging them to answer the phone and reassuring them that these calls are simply to seek information about how the virus is spreading, not to punish people. By offering these resources and support, patients are better able to focus on their health.

CARMEN M. VÉLEZ VEGA, PHD, MSW

Puerto Rico Public Health Trust

In recent years, the communities we serve in Puerto Rico have faced several emergencies, including a major hurricane and earthquakes. Through these experiences, we've learned many important lessons that we've applied to the coronavirus pandemic, especially around the definitive relevance of social determinants of health. These factors particularly impact people in communities with limited economic resources and lack of access to health services, education, and transportation.

Many of our clients also experience racism, sexism, homophobia, and other forms of discrimination. For these people, the effects of emergencies like the pandemic are significantly more severe—exacerbating obstacles that were there before the emergency—and the support of Community Health Promotoras

is lifesaving. Promotoras bring the promise of someone who understands the language, the culture, and the significance of health. They are community members and help create linkages with resources to eliminate the obstacles to health that a client's social conditions may impose. In order to keep providing services during emergencies, we must ensure connectivity between promotoras and their patients, as well as with the wider social and health system.

MUHAMMAD MUSA, MBBS, MPH

BRAC

BRAC provides health services to people living in poverty in 11 countries across Asia and Africa. Largely, these patients are living with chronic diseases like heart disease and diabetes, which means they are also at higher risk of complications if they contract COVID-19. We've found community-based outreach is essential to sharing information about COVID-19 and dispelling dangerous myths. Relying on our network of 50,000 community health workers (CHWs) and an additional 50,000 frontline staff and volunteers, we have shared knowledge on a massive scale—in areas where telecommunications are not available—through door-to-door outreach that promotes proper protection protocols, leafleting, and the use of megaphones on motorbikes. This effort has already reached more than 100 million people. We've also distributed hygiene products to more than 1.7



KARISSA MORENO is executive director of the Center for Well-Being, where she is committed to eliminating health disparities. She addresses health and well-being through a strength-based and trauma-informed care model, which challenges inequities through innovative and evidence-based practices that advance well-being for all.



MUHAMMAD MUSA is a physician, public health expert, and the Executive Director of BRAC International, where he leads the organization's work in 10 countries in Asia and Africa.



SWAROOP NARAYANA is thematic lead for comprehensive primary health care theme at KHPT, where he focuses on conceptualizing, designing, and implementing models for the noncommunicable diseases and comprehensive primary health care in Karnataka, South India.



ANNE STAKE is the head of strategy and innovation at Medtronic LABS, where she focuses on designing, prototyping, and scaling new ventures that improve health outcomes for underserved patients across the world.

million people and personal protective equipment to 1.1 million people.

A lesson we learned from the Ebola crisis in West Africa is the importance of maintaining essential primary health services during an epidemic, which are again threatened amid COVID-19. We have exported that lesson, and our global network of 50,000 CHWs continues to reach last-mile communities with critical care for pressing health concerns like pneumonia, malaria, cholera, and tuberculosis. BRAC also continues to run health facilities, including maternity units providing vital health care to pregnant and lactating women. We have also modified our diagnostic and treatment protocols to include “no-touch” and “low-touch” approaches and rigorous preventative measures against COVID-19.

SWAROOP NARAYANA, MD

Karnataka Health Promotion Trust

The CHW program we lead in collaboration with the government of Karnataka in India has had to reconfigure its programming approach to tackle the unique challenges posed by the pandemic. During the local lockdown, we repositioned CHW-client interactions to online platforms such as WhatsApp and telephone calls to ensure uninterrupted engagement with clients. When the lockdown ended, our CHWs reestablished physical contact, using adequate precautions and personal protective equipment. We also helped CHWs educate patients on COVID-19 alongside their efforts to educate on chronic diseases. This education covered aspects like additional precautions and measures to take, mental well-being, and linkages to humanitarian aid, such as grocery kits and free medicines.

With so many resources and so much attention turned to COVID-19, what elements of health care do you believe may need greater attention during this time?

ANN MARJORIE MBULE

mothers2mothers

As our global community addresses the pandemic, my organization is working to encourage policy makers and funders to consider how technology can be integrated into health-care service delivery. We need to place greater focus on enabling people to use technologies to improve their health, for instance by prioritizing affordable internet access and digital literacy initiatives. We also need to encourage a tolerance of failure as

some of these tools are rolled out and inevitably hit bumps in the road.

SWAROOP NARAYANA, MD

Karnataka Health Promotion Trust

The coronavirus pandemic has led to disruptions of patient follow-ups and referrals. While care of COVID-19 patients is prioritized, other patients, especially those with chronic conditions, are deprived of care they need. Evidence has proven that these patients are at increased risk of developing complications due to COVID-19 and are prone to other infections.

One of our patients, a 45-year-old mother, has been treated for diabetes and hypertension for more than a decade. Recently, she was diagnosed with kidney disease requiring dialysis. She avoided treatment because of her fear of contracting COVID-19 and the high cost of medical services, which caused her health to deteriorate to the point of needing emergency surgery. Stories like these are becoming increasingly common as patients delay necessary care to avoid contracting COVID-19. CHWs can play a key role in helping patients confidently and safely seek the care they need to avoid more serious and costly health complications.

GREG MANN

Grameen PrimaCare

For Grameen Promotoras, providing emotional support and building trust have been essential elements of our program, especially during the pandemic. For example, one of our members is a low-income business owner and mother in New York City who has had an immeasurably difficult time balancing work and childcare during the pandemic. When her husband died of COVID-19, she became the sole provider for three young children. Without a support system here in the United States, she received emotional support from a promotora, who reached out regularly by phone and was able to connect her to counseling and other resources.

KARISSA MORENO

Center for Well-Being

Some of our patients have also been overwhelmed by the pandemic. For example, one of our CHWs reached out to a patient who said he was suicidal. When talking with the CHW, he described in detail how he planned to take his life. She was able to stabilize him with trauma-informed coping strategies and breathing exercises, and she performed a three-way call to safely connect him to the suicide prevention

hotline. Our CHWs are trained to use empathetic questioning, motivational interviewing, and other engagement strategies to create a space of support and safety.

MUHAMMAD MUSA, MBBS, MPH

BRAC

Simultaneous with the COVID-19 pandemic, other crises that demand urgent attention are still occurring. For example, Bangladesh shelters nearly 900,000 Rohingya refugees, and a combination of monsoons and a super-cyclone have recently left more than one-third of the nation flooded or ravaged. Those who lost their homes to extreme weather have been forced to seek refuge in crowded shelters, exacerbating the spread of COVID-19. To address these compounded crises, BRAC has been providing emergency cash support to people experiencing food insecurity, conditional cash support to repair houses, and crucial assistance including dry food, temporary shelter, and health services. BRAC is also the largest nongovernmental responder to the refugee crisis in Cox's Bazar, Bangladesh, with a multisectoral response that spans shelter, food security, health care, water, sanitation, hygiene, protection, and more amid COVID-19.

BRINGING SUSTAINABLE, PATIENT-CENTERED CARE TO MORE COMMUNITIES

Many foundations and corporate philanthropies once took for granted that reaching the underserved meant we were addressing health disparities. With our sights set on measuring specific health outcomes in aggregate, we didn't always devote the necessary attention to understanding disparities, addressing their root causes, and empowering communities to sustain patient-centered health improvements over time. Too often, we overlooked the deep legacies of inequality that are woven in the fabric of many communities around the world.

These voices from our partners demonstrate that this must change.

Our collective goal with the Learning Community is to provide an open forum for us to learn together, by elevating the voices of our nonprofit partner organizations who serve these populations and creating new and lasting solutions to the challenges our partners face on a day-to-day basis. While addressing the needs of our communities, we must carefully consider these firsthand experiences and also challenge each other on the types of voices and resources offered to those we serve. ●

Building Resiliency in Times of Crisis

Funders must shift their frameworks, expectations, and budgets to better serve nonprofits whose financial models are being tested during the coronavirus pandemic.

BY HAL BECKHAM, JESSICA DREHER & DONNA SCHECK

The health and social justice crises of 2020 have affected organizations large and small in numerous ways, but nonprofits have had more distinct challenges than most. According to a 2020 Independent Sector survey, 83 percent of nonprofits reported a drop in revenue due to canceled events, less giving, and fewer grants. At the same time, some organizations—particularly community assistance organizations, such as those providing food, housing, or health-care support—have seen an increase in the need for their services.

During these crises, the Medtronic Foundation has worked closely with its nonprofit partners to help them adjust their financing and measurement plans and set realistic goals. Because of the economic consequences of the global coronavirus pandemic, many more organizations today need general operating support, and philanthropic foundations are helping them meet these needs in greater ways than they might during better economic times. Some nonprofits are focused more on keeping their doors open than achieving specific programmatic goals, and philanthropic funders can and should work with grantees to ensure our communities don't lose important resources.

Given the significant amount of change, there are challenges to traditional financing models but also significant opportunities to think differently about solutions. Funders understand that budgets are challenged and goals have changed or have been suspended, however temporarily. Still, it is important for funders to know if and how their nonprofit partners are adapting to these challenges. Open communication and trusted partnerships go a long way in supporting these adjustments. For example, connected care models can deliver improved health outcomes, so nonprofits can establish a measurement

plan that tracks both the training and addition of community health workers to the care community and the clinical outcomes of the patients they see.

When difficult decisions need to be made, organizations should use insights from people in need, coupled with measurement results, to focus their resources on activities most important to fulfilling their mission. This may include sustaining high-quality services, as well as adjusting activities—adding new services or taking some away—to position the organization well for the future.

READJUSTING MEASUREMENT STANDARDS

Despite the sense of urgency in these uncertain times, nonprofits must apply the same rigor and planning to their work as they did before the pandemic. Many nonprofits are addressing similar questions as they did in the past, but are now revising those questions within the context of today's environment: What can be measured in terms of different outcomes? Can the data be collected in the same way as before? Does the frequency of data collection need to change? How will we know there is improvement? And, how can we explore disparities in these outcomes?

The absence of an effective public health system has exacerbated the gaps in community services and care. This lack of a system is also seen in the inadequate public sector financing of health for underserved communities around the world, including the United States. As such, private foundations and corporate philanthropy are often stepping up to fill the gap right now. Nonprofits should clarify what their communities need most, how their services must adapt to meet those needs, and how they will track outcomes that allow them to determine whether they have met the community's needs and delivered value.

MANAGING THROUGH CRITICAL TIMES

Never before has it been as crucial for nonprofits to stay the course and focus on their mission than in this time of merging global health, economic, and environmental crises. In a survey conducted by Reuters and Charity Navigator, 83 percent of the nonprofit respondents reported they are suffering financially. Yet, 50 percent of the organizations reported that they have seen an increased demand in programs. Times like these require innovation while staying true to organizational strengths, especially as nonprofits are being asked to do more with less. Now everyone, regardless of sector or organizational focus, is facing the same challenges at the same time. Some organizations have taken this unprecedented opportunity to reshape their strategy and operations.

As challenging as these times are, they offer an opportunity for nonprofits to reset their strategies and operating mechanisms in order to meet the increased demand for their services. For some groups who have been sidelined due to COVID-19, this break has offered a chance to refine the way they operate.

FINDING OPPORTUNITIES

While many nonprofits are struggling during the crises of 2020, many are also thriving. Nonprofits exist because there's a need for their support, and those needs haven't diminished. In some cases, they've grown. Remaining agile, creative, and optimistic can help nonprofits find new ways to continue to meet their constituents' needs during these challenging times.

For example, a Medtronic Foundation partner, the Center for Well-Being in Sonoma County, California, is leveraging local partnerships to expand community health worker training, as well as increase program access to youth and underserved populations. They have also found creative ways to optimize their use of space, technology, and scheduling to improve efficiencies.

This is one of countless nonprofit organizations that are working to adjust to the times, manage through them, and come out the other side as strong as ever. Foundations, corporate philanthropies, and donors have a responsibility to help them along the way, so we can collectively continue to meet the urgent needs of our communities. ●

Hal Beckham is chief financial officer for philanthropy at Medtronic and CFO of Medtronic LABS, Medtronic's social impact business unit.

Jessica Dreher is the director of strategy and analytics for the Medtronic Foundation.

Donna Scheck is the analytics program manager at the Medtronic Foundation.



The **Medtronic Foundation** partners to improve health for underserved populations, as well as supports communities where Medtronic employees live and give. We deliver sustainable solutions by investing in highly engaged nonprofit partners who share our commitment to responding to local needs, and by harnessing the philanthropic passions of Medtronic employees through volunteerism.