

This update to the Community and Economic Development Association (CEDA) Community Assessment was completed in May 2020 in response to the COVID-19 global pandemic.

I. Background

This Community Assessment Update is in response to a global health pandemic that has not only affected every community in the United States but has also led to the most significant economic disruption since the Great Depression. This assessment is an initial effort to capture some of the emerging needs in the community as well as to forecast how those needs may evolve over the coming weeks and months.

In December 2019, the novel coronavirus disease of 2019 (COVID-19) was discovered to be the causative agent for acute respiratory and flu-like symptoms and began infecting increasing numbers of people in the Wuhan Province of China. The first case in the United States was confirmed by the Centers for Disease Control and Prevention on January 22, 2020. Despite efforts to contain the virus, by March 11, 2020, the World Health Organization declared COVID-19 a global pandemic. By March 17, 2020, all 50 US States had confirmed cases of the virus.

Because of the highly contagious nature of COVID-19, the alarmingly high rate of fatalities associated with it and the lack of a vaccine or treatment, the only effective way to prevent mass illness is through restricted travel, physical distancing, frequent hand washing, coughing in elbows, not touching the face, and staying at home. By mid-March 2020, with the virus clearly past the stage of effective isolation and contact tracing, local, state and federal public health officials recommend extreme measures to minimize a public health catastrophe: mass quarantine, physical distancing, and a virtual lockdown of all public gatherings and economic activity.

While all types of people are getting sick from the disease, older adults and people of any age who experience serious underlying medical conditions, many which are more prevalent in African American communities, and, to some extent, Latinx and Native American communities, are at increased risk for severe symptoms from COVID-19. Persons of color, immigrants, and women are also disproportionately impacted by underlying health conditions linked to poverty, face discrimination in medical care, and are more likely to work jobs that require them to leave their homes. Also, persons with disabilities or chronic conditions are more vulnerable to COVID-19 due to their inability to thoroughly isolate themselves (need for hands-on care), physical impairments, environmental barriers, or interrupted services. The following additional populations experience differential exposure and extensive corresponding implications as a result of the pandemic: frontline workers, persons experiencing homelessness, gig-economy workers, low-income communities under quarantine, especially in urban settings, rural communities, tribal communities, incarcerated persons and returning citizens. Children, families, individuals, and Community Action Agency staff may experience heightened stress, anxiety, and trauma as a result of the COVID-19 crisis. Loss of income, growing childcare needs,

heightened food insecurity, housing and energy instability, lack of access to transportation, lack of basic supplies, and increased domestic violence are growing factors as the crisis unfolds.

Because of the urgent and widespread needs affecting all sectors of the community, this Community Assessment update is intended to provide some initial information to describe the scope of this crisis on our community and to support the many different responses that will be required to address emerging, evolving needs. It is likely that as needs evolve, some of those needs will not be captured in this update and therefore some necessary community responses may not connect to the needs identified in this document.

The *community* assessed in this document, related to the below information, is defined as the following: Suburban Cook County, Illinois (all of Cook County except the City of Chicago).

The needs assessed will inform services to those affected by the crisis. It is significant to note that Congressional action will permit FY20 and special supplemental CSBG funding to serve families at or below 200% of the federal poverty level (as defined by [the US Census Bureau](#)). Specific programs or strategies will target the demographic groups most affected. Given persons of color are being disproportionately affected by both the health crisis and by the resulting economic disruption, an equity lens must be used to view current and emergent needs related to this crisis.

The following table illustrates how the 200% eligibility standard will expand the number of Suburban Cook County residents eligible for services.

Age group	# below 125% (CSBG standard)	# below 200% (updated CARES standard)
Under 6	30561	59137
6-11	39921	70473
12-17	35942	68872
18-24	28628	52787
25-34	35643	70501
35-44	38082	78260
45-54	28434	57148
55-64	32456	61707
65-74	23331	45586
75+	22523	51430
ALL	315,521	615,901

The data in this table come from the US Census 2018 ACS- 1yr estimates and do not reflect the subsequent impact of the pandemic that has reduced incomes of residents across the community. This assessment will discuss other evidence of those impacts which have and will drive many thousands more households below the income threshold of 200% of poverty.

II. Local public health response

- The first COVID-19 case in Cook County was identified on January 24 in a Chicago area resident.¹
- On March 9, 2020 Illinois Governor JB Pritzker issued a Gubernatorial Disaster Proclamation declaring all counties in the State of Illinois as a disaster area.
- On March 13, 2020 Illinois Governor JB Pritzker issued an executive order cancelling all public and private gatherings of 1,000 or more people, and closed the state Thompson Center in Chicago to the public.

¹ Cook County Department of Public Health <https://www.cookcountypublichealth.org/communicable-diseases/covid-19/>

- Also on March 13, the Governor ordered the closing of all schools, pre-K through 12th grade effective March 17, 2020.
- On March 16, the governor ordered closure of all bars and restaurants in the state except for carryout purchases, and prohibited public and private gatherings over 50 people.
- On March 20, the governor issued a statewide Stay-At-Home Order for all but essential activities effective through April 7. On April 1, he extended the restrictions for another 30 days.
- On April 17, the state ordered that schools would remain closed for the rest of the school year. The death toll in Illinois surpassed 1,000.
- On April 23, the governor extended the stay-at-home order through the end of May.
- As a result of this unprecedented public health crisis, CEDA is updating its Community Assessment because there is currently a significant impact on the community, and a number of short-, intermediate- and longer-term impacts are expected.

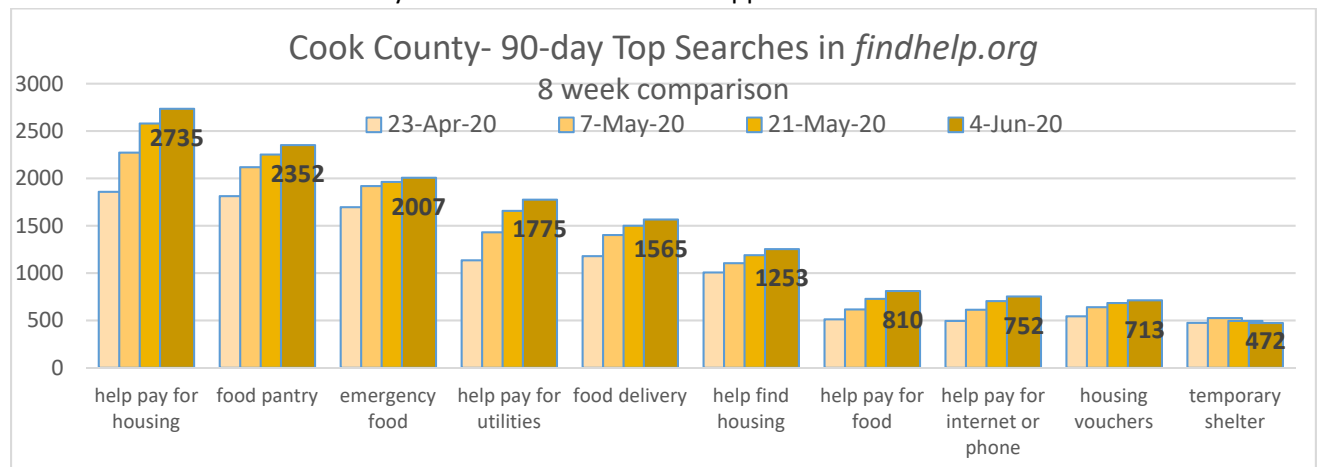
III. Immediate impacts on the community

The immediate impacts of COVID-19 have been felt across all sectors of society. In particular, some of the greatest impacts relevant to the Community Action Network have been in the areas of health, education, employment, human services provision, and community resources. In this service area, vulnerability is highest in many zip codes spread across the county (see COVID Vulnerability Footprint map on following page). Additional populations where evidence has shown high vulnerability for health, social, and economic impacts include:

- African American communities; Hispanic/Latinx communities; Low wage workers; and Single-parent households

In the initial weeks of the quarantine lockdown and stay-at-home order, CEDA worked quickly to assess the impact of COVID-19 in Suburban Cook County. Between April 7 and April 20, CEDA sent out a survey to approximately 700 local partners and service providers to learn how the pandemic was affecting their customers and their organizations. The results of the survey helped to inform this assessment. The top needs observed by frontline organizations were for **food**, for **financial assistance**, and for **rent assistance**. A summary of the data from 105 respondents can be found in Appendix 1.

Also informing this assessment is data from program analytics provided by Aunt Bertha *findhelp.org*, a public searchable information and referral platform for social services. The chart below shows how searches for **housing payment** assistance, **food**, and **utility** assistance have accelerated during the COVID-19 crisis. Additional analysis of this data is found in Appendix 2.



The following outlines the variety of impacts to the local community thus far:

- **Health impacts:**

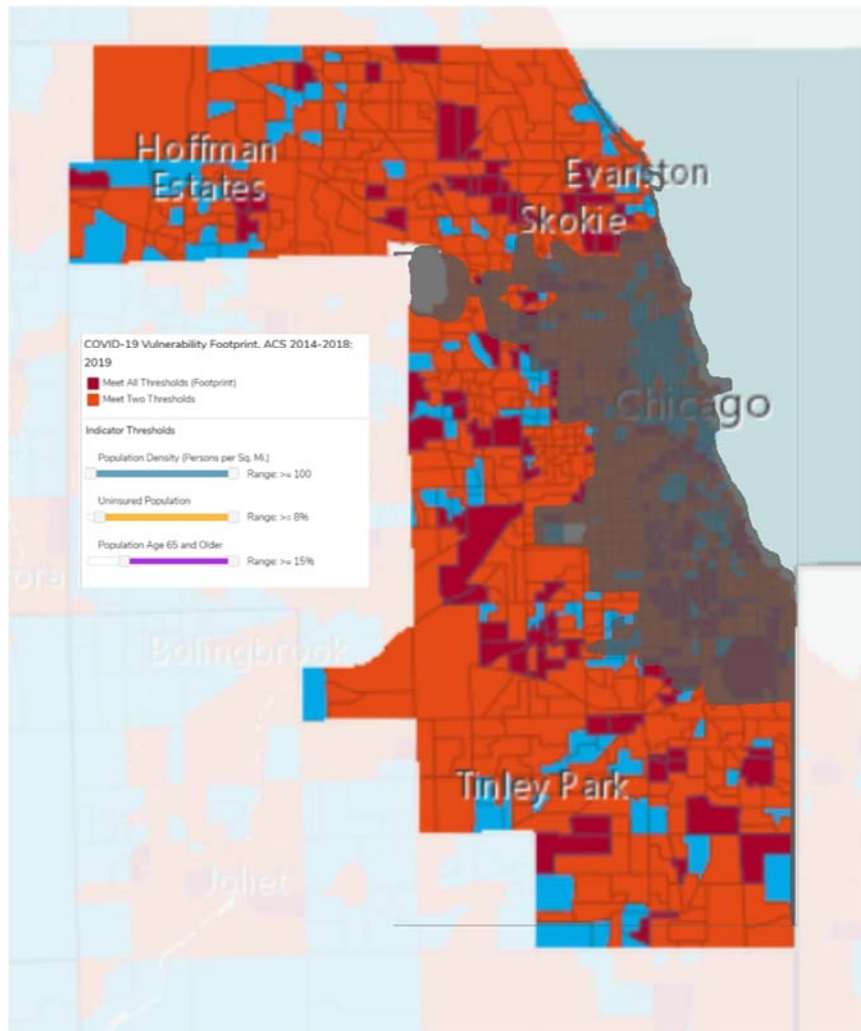
- By April 16, 2020 the confirmed COVID-19 cases reported by Illinois Department of Public Health was 7445, with 308 deaths. 37% of Illinois COVID cases are in Suburban Cook County.
- When COVID-19 began to spread in Cook County, the infection rate among African Americans in Suburban Cook County was 350% higher than the infection rate among Non-Hispanic White suburbanites².
- By April 23, 1,795 Illinoisans had died from COVID-19³
- By May 14, the infection rate among Hispanics in suburban Cook County (1.15 per 1,000) had surpassed that of African Americans (1.00 per 1,000); while infection remained much lower among non-Hispanic White suburbanites (0.35 per 1,000).⁴
- May 14, 2020: Illinois has 87,938 confirmed COVID-19 cases, 58,457 (66%) of which were in Cook County; and 3,928 Illinois deaths, of which 2,675 were Cook County residents (68%). By this time, Cook County had the largest number of COVID cases of any county in America.⁵
- As of June 2, 2020 Suburban Cook had 32,940 confirmed cases. 1,581 residents of Suburban Cook County had died as a result of COVID-19.
- Severe shortages in personal protective equipment (PPE) during the first two months of the crisis increased the risk of infection for many healthcare workers and first responders. Social service staff and volunteers struggled to find masks, gloves and disinfectant that health officials said were necessary to slow the progress of the pandemic. PPE shortages contributed to a greater sense of fear and anxiety among the public.
- Individuals over 60, especially those with underlying health conditions have been shown to be at particular risk for severe health implications from COVID-19. Low-income senior citizens are placed in a position of greater fragility and isolation by the lockdown. Senior centers and other congregate meal sites are closed, limiting access to nutritious meals and social supports. Low-income seniors lack money for prescriptions and lack transportation to get food and medicine.
- The map below shows census tracts in Suburban Cook County with multiple risk factors: higher density populations, higher rates of uninsured, and higher rates of residents age 65 and older. Communities with these risk factors can be found throughout CEDA's community assessment area.

² Cook County Department of Public Health COVID-19 Surveillance Data: <https://ccdphcd.shinyapps.io/covid19/>, April 16, 2020.

³ Patch Illinois Local News <https://patch.com/illinois/across-il/illinois-coronavirus-update-april-23-35-108-cases-1-565-deaths>

⁴ Cook County Department of Public Health COVID-19 Surveillance Data: <https://ccdphcd.shinyapps.io/covid19/>, May 14, 2020.

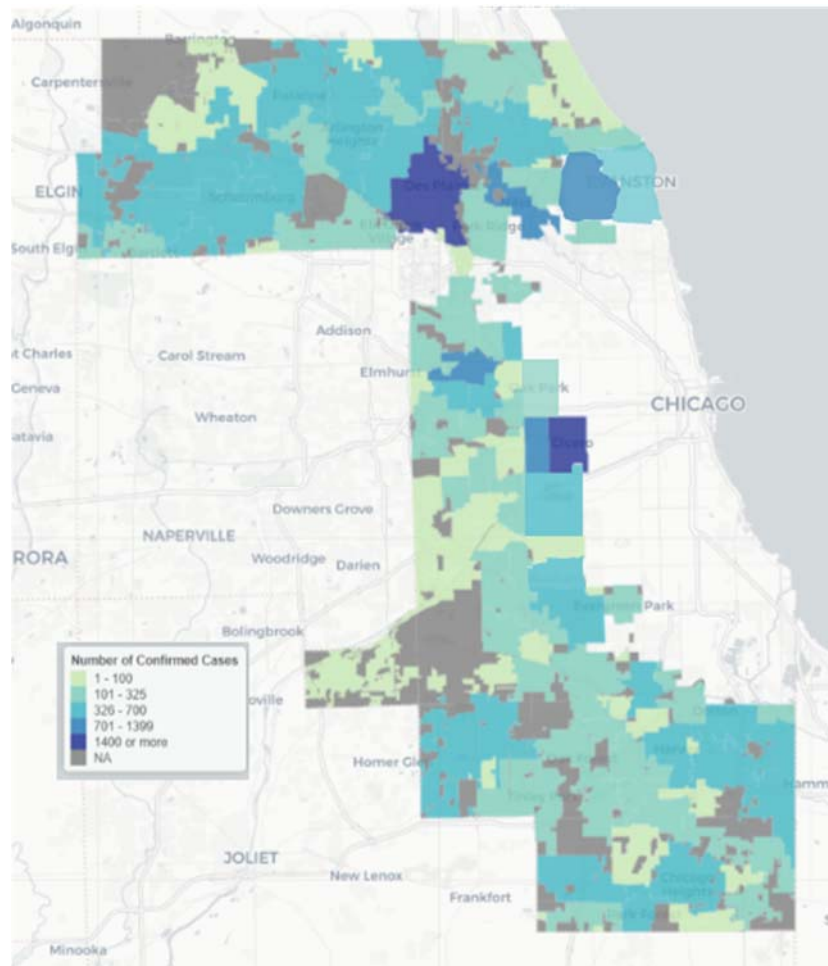
⁵ Johns Hopkins Coronavirus Resource Center <https://coronavirus.jhu.edu/map.html>, May 14, 2020



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- The characteristics mapped above are not the only risk factors that health officials have discovered during the course of the pandemic. COVID-19 in Cook County initially hit African American communities particularly hard. It has since shown very high incidence rates among Latinx communities. Nursing homes and group residential facilities across the county have suffered alarming COVID-19 outbreaks. The map below shows locations of municipalities by the number of confirmed cases as of May 28, 2020.

⁶ CARES Engagement Network COVID-19 Tools & Resources: <https://engagementnetwork.org/covid-19/>, COVID-19 Vulnerability Footprint: https://engagementnetwork.org/map-room/?action=tool_map&tool=cvf



- Cicero, Des Plaines, and Berwyn had the highest *number* of cases: Cicero: 2544; Des Plaines: 1406; Berwyn: 1130.
- Cook County suburbs vary in size, so the number of cases does not tell the whole story. Incidence rates (number of cases per 1,000 residents) are very high in some of the smaller towns. A table of all confirmed cases and rates per 1,000 residents for all Cook County suburbs can be found in Appendix 3.
 - Melrose Park, Stone Park, Burnham, and Cicero had the highest *rates of infection*— all with infection rates above 30 cases per 1,000 residents.
- Community health resources have been stretched thin as resources devoted to those sick with COVID-19 will limit resources available to others.
 - All hospitals in the area suspended elective procedures at the onset of the pandemic in order to prepare capacity for COVID patients. Residents found themselves postponing or foregoing needed healthcare.
 - Many medical offices reduced their hours and health care officials asked the public to avoid using emergency rooms in order to limit public exposure.

⁷ Cook County Department of Public Health COVID-19 Surveillance Data: <https://ccdphcd.shinyapps.io/covid19/>, May 29, 2020.

- Nutrition for school-aged children previously accessing free/reduced breakfast, lunch, and snacks is impacted as many are now removed from that food source due to school closures.
 - CEDA customers expressed household food shortages because of increased need to feed their school-aged children who are now at home all day.
- Sudden loss of income has left thousands of households with increased food insecurity.
 - Help with food was the primary need heard by service providers during the first weeks of the lockdown.⁸
 - Officials from Thornton Township, which operates one of the largest food pantries in the South Suburbs, told CEDA that the number of households using their weekly pantry jumped from an average of 400-500 before the crisis, up to 2100 in mid-April.
 - 21% of Chicago Metropolitan Area households that lost employment income after the stay-at-home order reported that sometimes or often in the last 7 days, they did not have enough to eat. Prior to the pandemic, only 10% of the population was in this circumstance.⁹
- **Employment impacts:**
 - Individuals in the health care field are at high-risk of exposure to COVID-19 and are under tremendous stress due to additional work hours and challenging work conditions. In particular many of those workers with close, frequent contact with vulnerable individuals are lower-wage individuals.
 - Cook County has had to deal with a large number of COVID cases and hospitalizations.
 - Shortages in the supplies of medical grade personal protective equipment (PPE) was sometimes a problem for workers.
 - Individuals in many sectors of the economy – but particularly the service sector, the retail sectors, gig economy, and others most affected by quarantine policies – are currently experiencing sudden and unexpected unemployment. Some are unaware of resources available to them and their families as they are experiencing unemployment for the first time.
 - More than 400,000 people filed for unemployment in Cook County during March and April 2020. The number of new claims in the month of April was more than 15 times the monthly average for all of 2019. It was an increase of 1595% over the prior April.¹⁰
 - Job loss has been felt most acutely by low-wage workers and parents. 48% of all Chicago Metropolitan households experienced loss of employment income after the lockdown. In households with children, that number was 53%. Among workers ages 18-24, 67% had employment income loss. Workers with less than

⁸ Appendix 1, CEDA Partner Survey Responses.

⁹ U.S. Census Bureau Household Pulse Survey, Week 3. Food Tables 2a and 2b.

¹⁰ Illinois Department of Employment Security, IDES, Monthly RS-101 report, https://www2.illinois.gov/ides/Imi/Unemployment%20Insurance%20UI%20Program%20Data/County_Claims.xlsx May 29, 2020

a high school education reported that 78% experienced loss of employment income.¹¹

- Job loss was more common for Latinx households. 58% of Latinx households in Chicago Metropolitan Area reported loss in employment income, compared to 48% among Blacks and 44% among non-Hispanic Whites.¹²

- Educational impacts:

- Closings of public schools in the Community Assessment area are having an immediate impact on children's education. Children with less access to resources (broadband internet, computers/tablets, technology expertise, language barriers, etc.) are most at-risk for suffering learning loss during a potentially protracted period of school closure.
- On March 13, the Governor ordered the closing of all schools, pre-K through 12th grade effective March 17, 2020. On April 17, the state ordered that schools would remain closed for the rest of the school year.
- Narrative reports suggest that 30 to 40 percent of students have not had consistent and sustained connection with their classroom since remote learning was implemented. Data is not readily available from all 140 school districts in Suburban Cook County. Under-resourced communities are likely to have significantly weaker student engagement.
- Education and community-based partners across the assessment area informed CEDA that there is unmet need among low-income families for computers and internet access that they need to allow their students the opportunity to engage in remote learning.¹³
- Caregivers of school-age children must secure day care arrangements for their children or sacrifice employment to care for their children. These same caregivers are also expected to be primary teachers for their children during the period of the closure. Parents with limited resources face numerous challenges as a result of this situation.
 - In the Chicago Metropolitan Area, 53% of households with children reported loss of employment income since quarantine began, as compared to 48% of the general population.¹⁴

- Impacts on human services provision:

- Services to vulnerable populations are being curtailed or drastically changed. Some service providers such as Senior Centers, Head Start and Childcare Centers, and Domestic Violence shelters are not operating, leaving gaps in services to the community. Other service providers have had to alter their service provision in significant ways – closing their offices to public, communicating with customers only via telephone and internet, suspending all home visits -- leaving some family needs unmet. Finally, for those service providers continuing to operate, the changed circumstances have required significant, immediate adaptations that will require additional resources to support over a longer period of time:

¹¹ U.S. Census Bureau Household Pulse Survey, Week 3. Employment Table 1

¹² *ibid*

¹³ Appendix 1, CEDA Partner Survey Responses.

¹⁴ U.S. Census Bureau Household Pulse Survey, Week 3. Employment Table 1.

- Organizations struggle with lack of computer and phone equipment for staff to work remotely.
- Smaller providers do not have technology experts on staff to help them develop their capacity for remote work.
- Organizations needed to provide extra staff training in order to adjust their work to unfamiliar platforms and processes.
- **Community resource impacts:**
 - The impacts of COVID-19 on community resources are numerous and include a reduction in the availability of resources (access to group activities, commercial services), a scarcity of some resources (health care, food and emergency supplies) and/or needs for resources that have not previously been required in this community in any significant capacity.
 - Libraries, parks field houses are closed in the assessment area, as are churches, mosques, and synagogues leaving residents without community resources and supports.
 - School closures affect not just the students, but entire communities. Immigrant communities are particularly impacted because the neighborhood school provides a critical connection to social, health, and human services for immigrant families.
 - The broad impacts of COVID-19 on this community have created an even more urgent need for coordination and collaboration of resources among the public sector, the public health sector, first responders, educators, the business community, the faith community and many others. CEDA plays an important role convening organizations, people and resources to support families.
 - CEDA is an active member in the Northeastern Illinois Community Organization Active in Disasters (COAD) which works to coordinate disaster response and recovery efforts in Cook, DuPage, Lake, and Will Counties. The group has been able to share information and coordinate between county and municipal health and emergency management departments, and private organizations such as Red Cross, Salvation Army, and local community and faith-based organizations.
 - CEDA and other providers have needed to become more intentional and deliberate about sharing timely information about needs and services. New contacts and communication channels have been established across multiple sectors. This requires a great deal of time and effort. Sudden closures of offices have added to communication challenges.

IV. Anticipated near- and long-term impacts

The needs above are already established through initial data and anecdotal reports from customers, staff, board members and community stakeholders. Based on these already-observed events, it is likely that there will be near-term (1-3 months) and longer-term (greater than 3 months) impacts that that require immediate planning. A partial, but not complete, list of the anticipated impacts includes:

- **Widening educational gaps**

Local providers and education advocates predicted that closing classrooms and moving to online learning would further disadvantage the children of low-income and communities of color. Recent studies are providing data that supports those fears. “When all of the impacts are taken into account, the average student could fall seven months behind academically, while black and Hispanic students could experience even greater learning losses, equivalent to 10 months for black children and nine months for Latinos, according to an analysis from McKinsey & Company, the consulting group.”¹⁵

Low and moderate income college students will have greater challenges continuing or resuming their education than will more affluent students. The result will be not only a wider education gap, but also lingering school debt that does not result in completed degrees.

- **Prolonged service disruptions**

The disruptions in service delivery to customers are expected to continue for a substantial time. This is likely to lead to ancillary challenges for customers that may become long-term issues.

- Until widespread immunity is achieved, social distancing will need to be honored. Many providers will be limiting in-person access that people are used to. People will need continued support in navigating the service network. This will include technology support and help overcoming transportation barriers.

- **Prolonged employment issues**

Sudden layoffs and other employment disruptions are being addressed by emergency response measures; however, it is anticipated that long-term recovery efforts will be required to help customers reconnect to the workforce, particularly those for whom employment assistance has not previously been required.

- Local media reports and information from customer conversations inform CEDA that many small businesses may never reopen after the pandemic. We anticipate a large number of displaced workers will need assistance in transitioning into new roles in the workforce as the region and the nation move into recovery.
- Affordable childcare options will be reduced by COVID-19. Some centers may not be able to stay open due to economic factors. A radio interview with a childcare center owner in a low-income Suburban Cook County community revealed that “new regulations around class sizes will drastically reduce the number of children who can attend her day care — which means a loss of income coupled with the additional costs for supplying her staff with personal protective equipment (PPE) like masks.”¹⁶ Home-based caregivers that watch children for their families and neighborhood also lost business during the lockdown. Many working parents face fewer options and greater fears over childcare as the economy reopens.

¹⁵ Goldstein, Dana. “Research Shows Students Falling Months Behind During Virus Disruptions”. New York Times, June 5, 2020

¹⁶ Eng, Monica, Izii, Carter. “Child Care Providers Can Go Back to Work Now-Some Say It’s Not That Simple”. WBEZ Curious City, June 4, 2020.

“So as parents return to work, there will be fewer available day-care slots and probably higher tuition rates. Decisions will have to be made about the safety risks associated with sending young children into less-controlled environments where social distancing is not possible... And the collapse of the system is likely to be particularly devastating for women’s employment.”¹⁷

- Economic recovery will be a slow process for many communities. Workers will need financial assistance over many months.

- **Prolonged housing instability**

Widespread loss of employment income during the lockdown is leaving households unable to pay their rent or mortgage. Requests for rent assistance were a top issue seen by CEDA partners across the county in the first weeks of the lockdown.¹⁸

In the Chicago Metropolitan Area, 42% of mortgage holders and 59% of renters experienced a loss in employment income since the lockdown began.¹⁹

- Of the impacted mortgage holders, 12% reported they did not pay their last mortgage payment and another 8% had their mortgage deferred. 23% had little or no confidence in their ability to make next month’s payment.²⁰
- Among the impacted renters, who make up well over half of all tenants in the region, 24% did not pay their last month’s rent and another 15% had their rent deferred. 42% report little or no confidence in their ability to pay next month’s rent.²¹

Although moratoriums on evictions were enacted by the state during the lockdown, those will have an expiration date. The rent will eventually come due, figuratively and literally, for thousands of families across suburban Cook County. It is reasonable to expect a large number of people losing their housing when they are unable to pay overdue and deferred rent and mortgage payments.

- **Prolonged agency capacity issues**

Policies limiting in-person staff/customer interactions may be in place for an extended period of time and agencies will need to maintain remote work and remote customer-interaction infrastructure to be responsive to these needs in a more sustainable capacity.

- Additional staff are needed to prescreen and route customers requesting services.
- Building sustained capacity for remote work will require additional IT support staff, software, and hardware.
- Additional planning efforts are needed to put long-term contingency plans into place in a more thoughtful and systematic way than was possible during the onset of the crisis.

¹⁷ Becker, Amanda. “The pandemic upended child care. It could be devastating for women.” The Washington Post, May20, 2020.

¹⁸Appendix 1, CEDA Partner Survey Responses.

¹⁹ U.S. Census Bureau Household Pulse Survey, Week 3. Housing Tables 1a and 1b

²⁰ U.S. Census Bureau Household Pulse Survey, Week 3. Housing Table 1a and 2a

²¹ U.S. Census Bureau Household Pulse Survey, Week 3. Housing Tables 2a and 2b

- [Prolonged community resource/coordination issues](#)

The short-term community coordination needs cited in this Assessment are presumed to continue into the long-term. Current conditions may persist for an extended period; recovery efforts will require coordination; ongoing community preparedness to guard against a future outbreak will also require ongoing convening and new community readiness strategies based on what is shown to be effective during the current crisis.

- As mentioned above, CEDA is an active member in the Northeastern Illinois Community Organization Active in Disasters (COAD) which works to coordinate disaster response and recovery efforts in Cook, DuPage, Lake, and Will Counties. The group is able to keep informed and coordinate between county and municipal health and emergency management departments, and private organizations such as Red Cross, Salvation Army, and local community and faith-based organizations. These coordination efforts will need to continue to be vital to a regional recovery.
- Provider networks across Suburban Cook County rely on CEDA as an important partner. CEDA's role will be increasingly critical in ensuring widespread information about resources and access to services. Only with active, ongoing involvement in such networks will we be able to identify and close service gaps while reducing duplication of efforts.

V. [Addressing Equity Implications](#)

Though immediate data may not yet be easily obtained regarding the demographics of those most impacted by the COVID-19 epidemic, previous Community Assessments, as well as countless government and academic studies have established that structural racism, xenophobia, sexism, stigmatization and othering persist – and are often exacerbated – in times of crisis. Community Action recognizes the obligation to ensure that the barriers of structural race, gender, and other inequities are addressed during this time of crisis and beyond. Therefore, it is with this lens that communities are invited to use the equity lens and the question, “why”, to understand the specific needs of the diverse populations served.

- The Black and Brown communities of suburban Cook County are severely impacted by the Coronavirus pandemic. African Americans and Hispanics have the highest infection rates that are 3 or 4 times higher than those of non-Hispanic white suburbanites. The global health community is still trying to learn how the virus affects people. However, local health officials are in agreement that the negative impacts to Cook County minority communities is due to chronic inequities in health care. The pandemic has shined a spotlight on the gross inequities in healthcare, employment, education, and opportunity that have accompanied the historic pattern of racial and economic housing segregation in Cook County. Realization is growing, not only among health and social service professionals, but also among the public at large, that these inequities must be addressed.
- CEDA has been doing in-depth work in Harvey, a high poverty community, convening its primarily African American residents in focus groups and planning sessions to understand and combat barriers to economic mobility. The work uses a lens of racial equity and a practice of deep democracy to be sure that the voice of the low-income

residents leads the decision-making. As the nation moves into recovery, this model should be rolled out to engage other Suburban Cook County communities to work together to combat systemic inequities.

VI. Conclusion

The Coronavirus hit Cook County very hard. The number of COVID-19 infections, hospitalizations, and deaths have been among the highest in the nation. Drastic steps were needed to curtail the spread of the disease which resulted in families and communities locked down and struggling to survive.

Tens of thousands of households in Suburban Cook County have experienced loss of employment income. Low-wage workers and communities of color are the hardest hit, suffering more dire consequences in both health and economic impact. Whereas affluent residents were able to shelter-in-place in safety and comfort and many high-wage workers transitioned to work from home, most low-wage workers could not. Senior citizens, at greatest risk for illness and death from the virus, were isolated at home, often without the means to purchase or collect food and medicine. Communities of poverty and disinvestment found gaping holes in their safety-net. The security and stability of these communities, which has always been fragile, has been weakened to an even greater degree by the pandemic.

The immediate needs in CEDA's assessment area have been for food assistance, help paying for housing (rent assistance), and financial help for paying utility bills and other monthly expenses. With the state system overwhelmed by new unemployment claims, and Employment Security offices closed, people could not get the benefits they needed to replace their lost income. Households are experiencing extreme financial desperation.

Many of the jobs that vanished when the lockdown began will never return, as many small businesses will be unable to survive the mandated closures that have lasted nearly 3 months. Workers displaced from these lost jobs will need continued financial support. Significant numbers of workers will need assistance transitioning into other jobs. This will require new training and more career counseling and guidance by CEDA and other workforce partners.

Closing schools and the transition to remote and e-learning will widen the education gap between affluent and low-income students. Many low-income households do not have the laptops or tablets students need for e-learning. When parents need to work outside the home, they are not able to support and supervise their student.

Coordination of services in Suburban Cook County is more important than ever. CEDA's role as convener across this disjointed and divided service area is critical. Extra effort is needed in this function.

The long-term impact of COVID-19 on our communities is still unknown. Communities that were under-resourced before the pandemic will need all hands on deck to aid in recovery. CEDA's core philosophy is that leadership in low-income communities needs to come from residents with low incomes. Additional initiatives and resources will be needed to develop and support these leaders in the rebuilding of their communities.

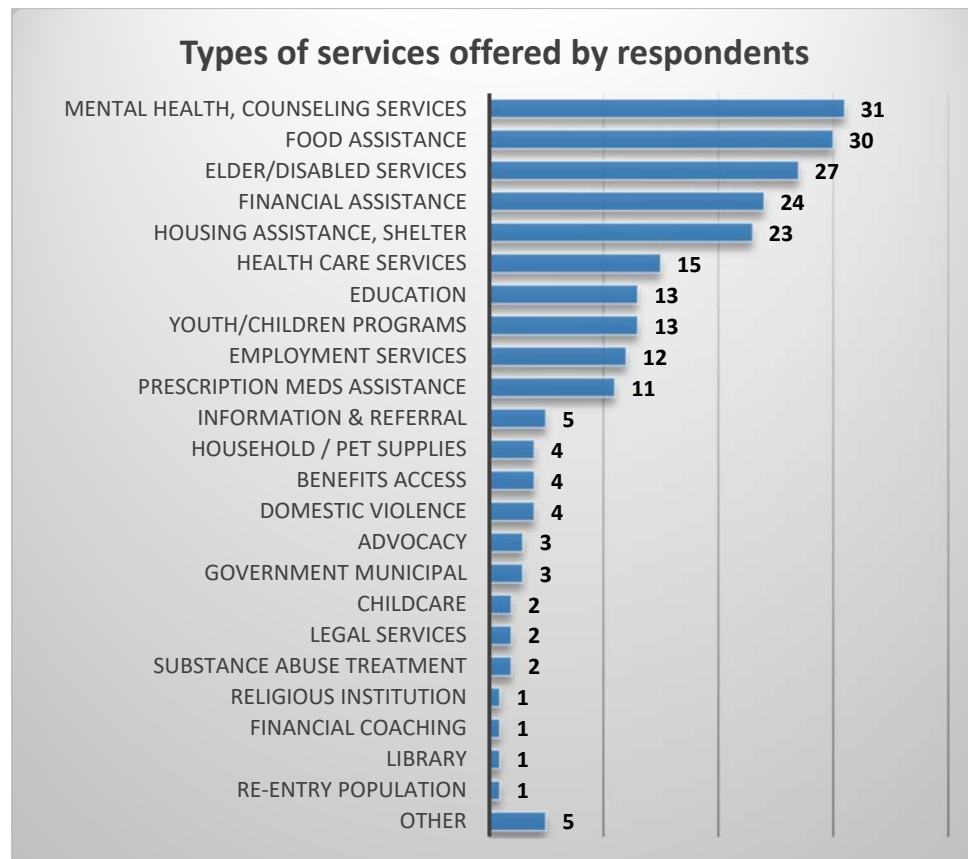
Appendix 1: Partner Survey Results

Background

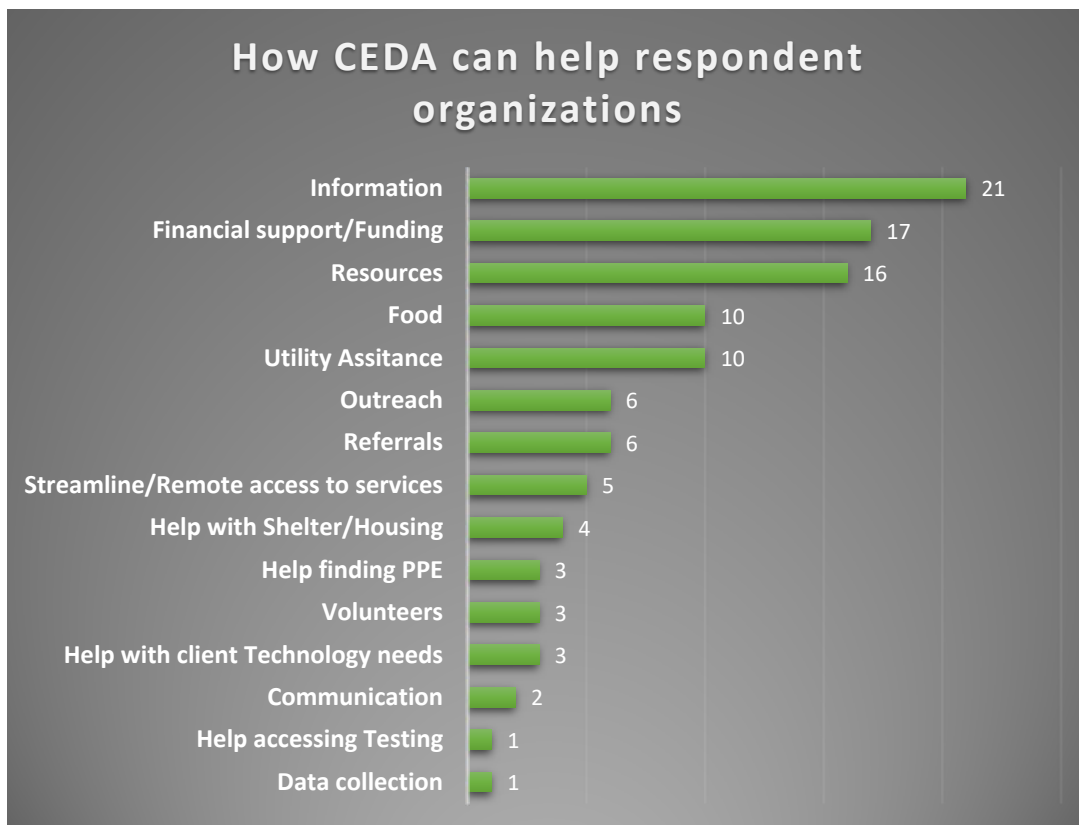
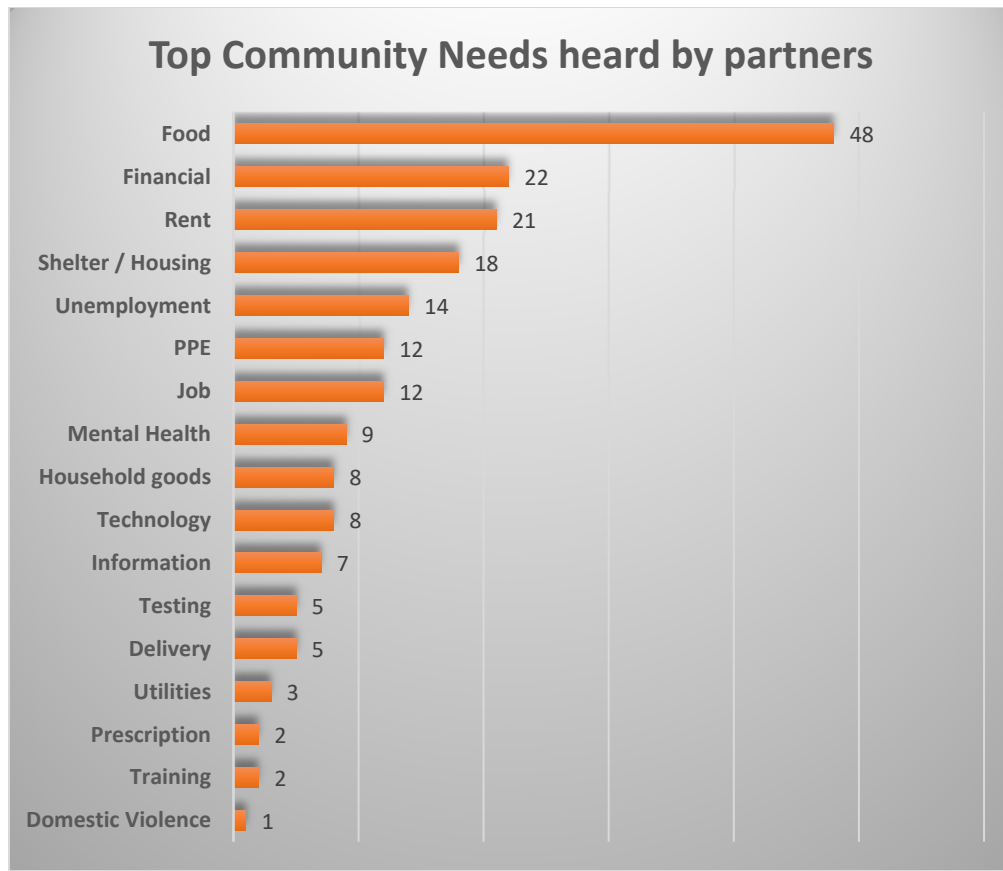
Between April 7 and April 20, CEDA sent out a survey to approximately 700 local partners and service providers. The survey contained 10 questions and could be completed in about 5 minutes.

1. Organization information: Company Address City/Town State ZIP/Postal Code
2. Primary Contact: Name Email Phone Number
3. Primary Services provided by organization
 - Food assistance Elder/disabled services Household / pet supplies
 - Housing assistance, shelter Health care services Prescription meds assistance
 - Financial assistance Mental health, counseling services Other (please specify)
4. Provide descriptions or additional information about your services. (optional)
5. What modifications or changes have you made in response to COVID-19?
6. Are you providing new or different services for COVID-19 impact? Describe or give an example.
7. Who are you able to serve? (Geography, income, age, etc.)
8. How can people access your services?
 - Telephone Email Website URL Other/additional (describe process)
9. What are the top needs you are hearing from your customers and community as a result of COVID-19?
10. How can CEDA best support you and your organization at this time?

107 organizations responded: one respondent was out of county, one operates only in a Chicago neighborhood. The other 105 organizations provide services in Suburban Cook County. The results of the survey are summarized in the charts below. Text responses to Questions 9 and 10 can be found at the end of this document.



Appendix 1: Partner Survey Results



Appendix 1: Partner Survey Results

9. What are the top needs you are hearing from your customers and community as a result of COVID-19?

Top Needs from Customers and Community
-Shelter (motel/hotel) and more staff resources - More permanent housing options - More prevention resources needed - More street outreach resources needed - Food and supplies are needed for staff at member organizations and for people they serve
Filing for Unemployment, Food, educational/training needs.
PPE, food
Job, food, unemployment benefits
They need access to technology and internet.
Rent and housing Food
Families are struggling with financial stress and work responsibilities while they are trying to educate their children at home. We created programs in response to these stressors.
mental health
Continues support and assistance with SNAP, Medicaid, BAA, information and assistance referrals, home meal delivery wellness checks (benefits)
1. Shelter and housing 2. Covid-19 testing 3. Masks, sanitizing wipes, hand sanitizer and gloves (PPE)
Rental/Deposit assistance, utility assistance, help getting signed up for unemployment benefits
Testing and food
Unemployment assistance Mental health and wellbeing Social services Activities for kids and families
Accessibility of food, financial support due to loss of jobs, mental health support for anxiety and depression
PPE for seniors and their caregivers
Food, paper and cleaning products (household items)
Financial needs and mental health concerns
They need guidance on how to manage their money as well as resources in the community to get them through the financial hardship. Many have lost jobs, need assistance with unemployment, finding health care, and some need assistance with finding resources when you do not have a social security number. Many resources require you to have a social but many clients don't causing them to feel a harsher financial burden.
The top needs are definitely food and financial assistance. We can help with both and every person is screened to determine what benefits they can qualify for.
Accessing unemployment information; job seeker services
Need for access to technology in order to work from home.
Concern about scheduling required school physicals and sports or job physicals.
Housing, rental assistance, employment services (job)
Housing and food
Mental Health, Domestic Violence, food and rental support
Requesting help to find employment (job) and assistance with filing for unemployment claims.
financial resources and continued access to mental health services
housing resources, food resources, jobs
PPE, increase in use of Food Pantry, unemployment claims up
PPE, toilet paper (household), food
Food and rent.
Need information and where to find PPE
Families losing their jobs, in need of food and shelter (Housing), can't pay their bills....rent/mortgage.
WIC coupons, WiFi, and needing tablets so the kids can complete school work.

Appendix 1: Partner Survey Results

Top Needs from Customers and Community
food, and rental assistance
Managing and monetizing social media.
Financial assistance Food assistance Food delivery
Need for PPE, food and homelessness prevention (housing)
Food and cash, diapers, formula and wipes, some need for children's books and art supplies.(household)
Housing, access to appropriate health care and testing
Groceries (food) and shelter (housing).
Increased need for shelter (emergency or rental) Food and personal care items. Prescription payment assistance.
Rental Assistance
DCFS management has not responded to my emails regarding DCFS youth in care being tested for COVID-19. (testing)
Equipment to complete class work, Computes Laptop etc (technology)
As much information as possible
Testing and release from custody. Financial support for youth/families.
There is a dire need in the disability community for PPE, such as FDA approved medical masks. 1) Personal Assistants, who support folks with disabilities living in the community, are considered essential workers; yet, they have not been provided PPE, which makes everyone involved at risk. 2) People who need to go into the community are having difficult times accessing PPE 3) There are a number of reports that nursing home staff are not following health precautions because either they don't have the necessary equipment or are just choosing not to follow guidelines.
Rent, mortgage assistance, food assistance, motel or hotel stay.
job loss, financial assistance
Rent help is needed because so many people are out of work.
Toilet paper,(household) masks, cleaning agents/supplies, hand sanitizer for those who are homeless. (PPE) Again for the homeless population who hang around out of the agency, they can't take our groceries, because you need a frig, a stove, a can opener, etc. So just quicker easier snacks/foods that can be filling and attainable quicker. For example sandwiches, granola bars, nuts, bottles of water, etc.
rent assistance and utilities
The majority of the calls we receive are for meals.
Senior food assistance delivery General food assistance
Financial support
Technology Food PPE
Our Seniors with underlying chronic illness are fearful of not being able to have their health timely managed by their PCP due to no contact and long wait for appointment scheduling.
Some are facing homelessness (housing), some are in need of (technology) computers, laptops, or tablets so that their children can access the eLearning that districts have prepared for them
Access to protective gear. PPE
Financial Support to sustain business with utilities, rent, phone.
Cabin fever (mental health)
Lack of food.
Assistance with rent, mortgage and utilities including water and to include people that may have already gotten help through HMIS or LIHEAP
access to groceries (Food) and sanitizing/disinfectant supplies (household)
Access to medical care, how to deal with anxiety/fear of the virus (mental health)
Food and Bill Assistance (financial)

Appendix 1: Partner Survey Results

Top Needs from Customers and Community
Basic needs that are in short supply at many stores -diapers, wipes. Short-term financial support to cover immediate needs. Rental assistance or short-term assistance paying for a hotel until unemployment benefits kick in. Many have either have no income or have significantly reduced income due to shelter in place orders.
Employment and training (job)
Shelter need that we are not able to provide for the time being. ((housing)
Access to food and personal products (household) presents as the greatest need.
Internet access at home (technology), food insecurity, financial needs for rent and other necessities
Food assistance Financial assistance
Employment (job) filing for unemployment insurance
Increase access to healthcare.
They need help navigating food/prescription delivery. They are anxious about paying their bills and they need financial assistance. They are worried about having enough food. They are anxious about obtaining supplies like masks, gloves,(PPE) hand sanitizer and disinfecting products. They cannot get through the unemployment online application completely and are frustrated and anxious.
information
Being Alone, Fear (mental health)
Financial assistance, assistance filing for unemployment, assistance filing for SNAP and Medicaid
Students need (financial) help to pay rent, and other bills. They are in need of food.
Housing for people are homeless and food insecurity
Diapers, wipes, (household) housing, financial assistance, gift cards for food
financial assistance for rent and food resources
rent assistance and food assistance
Food assistance, assistance with delivery and pick up of groceries, assistance ordering food online.
Information, Food and financial resources.
housing especially for COVID positive people
Single room occupancies, either free or reduced, via existing hotels, or converted buildings. Food for people who no longer have work. A system for renters and landlords to have rent/mortgages forgiven or forebeared.
food access, internet service (technology)
Food, rental assistance, utility assistance
access to LIHEAP services for fear of high utility bills on May 1st
We are conducting a survey and would like helping getting that out to a broader audience
Food- Meals/groceries
Food
unemployment benefits, food, financial assistance

Appendix 1: Partner Survey Results































10. How can CEDA best support you and your organization at this time?

How can CEDA best support you and your organization at this time
financial support
Our member organizations need more financial resources to respond to this crisis. Ultimately, we need more permanent shelter, outreach, prevention, and permanent housing options for our clients.
Providing any type of emergency services for those in need. Shelter, Food, gas gift cards, healthcare.
By providing age-appropriate tablets and internet to families. (technology)
Offer housing assistance. Continue LIHEAP.
We have created PopUp SCIENCE at Home kits, which are created in alignment with the Next Generation Science Standards to be disburse weekly with school lunches and at Homewood Science Center. The kits are free for families and provide fun hands-on free STEM activities. We urgently need financial support to continue and expand this new innovative program for families in the south suburbs.
client who are experiencing financial issues
We are grateful for your assistance through the Family Services and Community Engagement program.
Information: What resources do you have available and how can clients access help?
We would love to get information on "best practices" from other agencies and other programs that are being implemented. (Why reinvent the wheel if its already made)
Keep us up to date on available social network services.
continue to provide us with information about your services
Help us secure PPE (masks and gloves) for clients and their families. Continue to advocate for remote options for applications and income/asset verification. Continue to streamline processes.
Resources and referral information.
Keep sending out resources that you know that can assist our residents.
Send us resources to best guide our clients and provide some type of relief for them. Let CEDA clients know the programs we have available for them to help them manage money during this financial crisis.
Most of our residents are still calling about Liheap and Hardship assistance. Once the organization is up and running again, it will be very beneficial to our residents.
provide access to referral information (email; phone #)
Assistance with technology for our clients, and job opportunities.
Promote our facilities and medical services to your constituents. (outreach, referrals)
support continuum of care agency, Connection for the Homeless and ESG grants, misc. emergency assistance, rent/deposits,(shelter) dental, car repairs, utility bills, etc.
Referrals of clients in need of services
Provide information on the current services available through CEDA and how to make the referrals.
allow over the phone applications (streamline)
Our pantries have doubled the past month for clients. We need support purchasing food. Rental assistance is also high right now. (funding)
Let us know about any resources that are available to residents in need
By finding resources to help these families during this difficult time.
Our organization has been greatly impacted in light of COVID-19. We are a non -profit organization whose funding has been completely halted due to this national pandemic. Our main source of funding stems from government official agencies, these agencies have since halted all payments putting GEC in a dilemma.
Help with anything from question 9. (resources, information)
Share resources and support for moving through this time period
Financial support or food donations. We are receiving produce funded by CEDA.
Additional weeks of produce to support the increase in pantry demand in our community. (food)
CEDA can assist the DCFS intact families we service.

Appendix 1: Partner Survey Results

How can CEDA best support you and your organization at this time
Resources for parents
As I mentioned, I am helping lead efforts to allocate and distribute PPE to PA's and consumers in Cook County. If you know anyone who is selling PPE or making it (i.e. fabric masks ideally with filters, 3D printer items) please have them e-mail me at kmeskin@progresscil.org or call me at (443) 934-4226. Thank you.
Donations will be very helpful at this time, especially gas card, motel stay.
any linkages to be able to provide temporary relief to the community (financial assistance and/or food)
Once remote LIHEAP is up & running, please provide us a list of sites.
Contact my executive director Carl Wolf to ask the most current need.
Continuing to provide services to those who are in need
By continuing to provide assistance for the various programs that you offer as we do refer clients to you.
Financial, Volunteers for the food pantry
We are in need of hand sanitizer, disinfectant wipes, gloves and masks for staff and clients. (PPE)
Providing preschoolers with tablets to support eLearning for families that do not have the capabilities. (technology)
Provide resources relative to safe transportation, medication drop-off
Data Collection
Monetarily, volunteers, perishable and non-perishable items. (financial)
Long conversation
Letting people know we are open/available to assist the speech and hearing impaired (outreach, referrals)
Assist parents with paying utility bills.
Provide direct financial support or referrals to places that can provide diapers, formula, wipes, etc.
more information sent via email for customers
financial support for provision of food, internet access, and covering utilities
Launch remote intake for energy assistance programs. (LIHEAP, streamline)
let us know what services our customers can access through CEDA
Support in awareness (outreach) and funding.
We know that so many people are going to need flexible financial support for their basic needs like rent, utilities and food.
Resource Listing
Allow us to assist clients with LIHEAP and ComEd Hardship
Students could contact CEDA for help to pay bills and food. (resources)
Helping with the needs are families currently need but also letting other agencies know about our emergency shelters for youth in case it's a service that is needed. (resources, outreach)
Allowing us to do electronic applications (LIHEAP, streamline)
Any kind of food or monetary (financial) assistance, or volunteers to pick up/drop off groceries to seniors/disabled/etc.
Information about when bills, disconnect, evictions, etc will resume. When can clients expect money?
Communication, identification of more partners, outreach
Advocacy for the top needs.
sharing resources
Provide rental assistance, gas cards, utility assistance.
Begin the remote LIHEAP process as soon as possible
Have open communication
share information with us so that we can share with our community

Appendix 2 - findhelp.org Top Searches

Top Searches for 90 days Between 25-Jan 24-Apr			Between 7-Feb 7-May			Between 21-Feb 21-May			Between 6-Mar 4-Jun		
24-Apr			7-May			21-May			4-Jun		
term	Searches	daily average		daily average	%change		daily average	%change since April 24		daily average	% change from April 24 data
help pay for housing	1858	20.6	2272	25.2	 22%	2580	28.7	 32%	2735	30.4	 34%
food pantry	1813	20.1	2119	23.5	 17%	2251	25.0	 21%	2352	26.1	 24%
emergency food	1695	18.8	1919	21.3	 13%	1963	21.8	 14%	2007	22.3	 16%
help pay for utilities	1134	12.6	1430	15.9	 26%	1657	18.4	 37%	1775	19.7	 39%
food delivery	1179	13.1	1401	15.6	 19%	1499	16.7	 23%	1565	17.4	 26%
help find housing	1007	11.2	1104	12.3	 10%	1189	13.2	 16%	1253	13.9	 21%
help pay for food	511	5.7	616	6.8	 21%	728	8.1	 35%	810	9.0	 41%
help pay for internet or phone	495	5.5	612	6.8	 24%	703	7.8	 34%	752	8.4	 37%
housing vouchers	544	6.0	640	7.1	 18%	683	7.6	 22%	713	7.9	 25%
temporary shelter	474	5.3	525	5.8	 11%	494	5.5	 4%	472	5.2	 0%

Source: Aunt Bertha *findhelp.org* program analytics

Appendix 3 - COVID cases and rates by Municipality as of May 28, 2020

Municipality	COVID-19 Cases	Rate per 1,000 people
Alsip	205	10.6
Bartlett	130	7.7
Bedford Park	16	27.6
Bellwood	378	19.8
Berkeley	82	15.7
Berwyn	1,130	19.9
Blue Island	440	18.6
Bridgeview	276	16.8
Broadview	162	20.4
Brookfield	146	7.7
Buffalo Grove	90	6.6
Burnham	133	31.6
Burr Ridge	12	3.1
Calumet City	521	14.1
Calumet Park	109	13.9
Chicago Heights	484	16.4
Chicago Ridge	173	12.1
Cicero	2,544	30.3
Country Club Hills	293	17.7
Countryside	44	7.5
Crestwood	101	9.2
Des Plaines	1,406	24.1
Dixmoor	18	4.9
Dolton	345	14.9
East Hazel Crest	14	9.1
Elgin	479	19.9
Elk Grove Village	272	8.2
Elmwood Park	360	14.5
Evanston	697	9.3
Evergreen Park	204	10.3
Flossmoor	75	7.9
Ford Heights	31	11.2
Forest Park	127	9.0
Franklin Park	320	17.5
Glencoe	24	2.8
Glenview	464	10.4
Glenwood	154	17.2
Golf	8	16.0
Hanover Park	425	20.6
Harvey	376	14.9
Harwood Heights	116	13.5
Hazel Crest	197	14.0
Hickory Hills	107	7.6
Hillside	137	16.8
Hinsdale	10	4.5
Hodgkins	16	8.4
Hoffman Estates	379	7.3

Municipality	COVID-19 Cases	Rate per 1,000 people
Hometown	44	10.1
Homewood	259	13.4
Indian Head Park	31	8.1
Inverness	13	1.8
Justice	122	9.4
Kenilworth	19	7.6
La Grange	167	10.7
La Grange Park	74	5.5
Lansing	340	12.0
Lemont	83	5.2
Lincolnwood	145	11.5
Lynwood	113	12.6
Lyons	157	14.6
Markham	192	15.4
Matteson	327	17.2
Maywood	450	18.7
Melrose Park	846	33.3
Merrionette Park	22	11.6
Midlothian	132	8.9
Morton Grove	251	10.8
Mount Prospect	542	10.0
Niles	698	23.4
Norridge	191	13.1
North Riverside	69	10.3
Northbrook	277	8.4
Northfield	72	13.3
Northlake	235	19.1
Oak Forest	202	7.2
Oak Lawn	676	11.9
Oak Park	284	5.5
Olympia Fields	54	10.8
Orland Hills	39	5.5
Orland Park	414	7.3
Palatine	524	7.6
Palos Heights	226	18.1
Palos Hills	223	12.8
Palos Park	43	8.9
Park Forest	417	22.3
Park Ridge	273	7.3
Phoenix	19	9.7
Posen	74	12.4
Prospect Heights	215	13.2
Richton Park	191	14.0
River Forest	48	4.3
River Grove	108	10.6
Riverdale	162	12.0
Riverside	84	9.5

Appendix 3 - COVID cases and rates by Municipality as of May 28, 2020

Municipality	COVID-19 Cases	Rate per 1,000 people
Robbins	58	10.9
Rolling Meadows	284	11.8
Roselle	23	6.2
Rosemont	50	11.9
Sauk Village	106	10.1
Schaumburg	430	5.8
Schiller Park	132	11.2
Skokie	816	12.6
South Barrington	12	2.6
South Chicago Heights	70	16.9
South Holland	358	16.3
Steger	46	11.2
Stickney Township	452	11.1
Stone Park	162	32.8
Streamwood	548	13.8
Summit	237	21.4
Thornton	16	6.8
Tinley Park	275	5.6
Westchester	190	11.4
Western Springs	41	3.2
Wheeling	667	17.7
Willow Springs	30	5.4
Wilmette	132	4.9
Winnetka	70	5.7
Worth	84	7.8

Region	COVID-19 Cases	Rate per 1,000 people
Suburban Cook County	30,096	12.6
Illinois	117,455	9.4
USA	1,735,971	5.6

Sources: Cook County Department of Public Health website, 5/29/2020; Johns Hopkins Coronavirus Resource Center website, 5/29/2020; Illinois Department of Public Health; Stickney Township Department Health Department website, 5/29/2020; City of Evanston website, 5/29/2020; Village of Oak Park website, 5/29/2020