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A LETTER FROM THE PRESIDENT

The past 18 months have not been easy. We have been busy from managing remote learning for children to fending for the health and the safety of ourselves and our families. We lost shifts and jobs because of closures. We’ve provided care to aging parents, mourned loved ones who’ve died from COVID-19, and faced anxiety, stress, and more. The fallout from the COVID-19 pandemic continues to impact women and communities of color at higher rates than other populations, and when added to systemic gender and racial inequity, the result was disastrous for far too many. “Getting back to normal” can’t be our end goal. Instead, Chicago Foundation for Women (CFW) is reimagining what recovery looks like – a true SHEcovery™ – focused on amplifying women’s voices, advocating for women’s needs more fervently than ever, and ultimately ensuring women emerge from the She session stronger than before.

Women and especially Women of Color, have been plagued by unequal pay, low-wage jobs, inadequate access to comprehensive and unbiased health care, and the burden of unpaid caretaking for their children and families. This report examines how these challenges were exacerbated in the face of the pandemic. More importantly, it illuminates existing gaps where CFW is focusing resources, time, and energy to bring about a brighter outlook for all women, girls, trans, and gender nonbinary individuals.

What we do now and in the years following the COVID-19 pandemic, locally, nationally, and globally will define what our collective future looks like, so we’d better make our actions count. To see real sweeping change, we must prioritize the needs of women. Ultimately, we have two choices: to keep doing the same things and expect different outcomes, OR, take this opportunity to reset what “indivisible, with liberty and justice for all” can really look like here in the U.S.

The start of a robust, lasting SHEcovery™ is within sight for Chicago and beyond. Getting there will require profound investments in women and girls and a disciplined concentration on policy and systems change. CFW calls on the Chicago community – our policymakers, our business leaders, our philanthropists – to join us in listening to Black, Latinx, and Indigenous womxn across Chicago, and wield our shared privilege and power in support of Getting Women Back to Work; Addressing the Eviction Crisis; Caring for Our Caregivers; and Demanding an Antiracist Healthcare System.

Through SHEcovery™, we have a chance to make racial and gender equity part of the solution. This effort simply cannot wait. The time to act is NOW. Join us.
EXECUTIVE SUMMARY

For far too long women have been kept at a disadvantage in an inequitable system. The COVID-19 pandemic not only magnified the unequal treatment of women, particularly Women of Color, but it walked back decades of progress.

This report takes a hard look at national and local research findings on the impact that COVID-19 had on women, providing a context for action through the SHEcovery™ initiative. The priority areas that are at the center of this work are the focus of this report:

- Get Women Back to Work
- Address the Eviction Crisis
- Care for our Caregivers
- Demand an Antiracist Healthcare System

Chicago Foundation for Women is committed to progressive action, armed with this SHEcovery™ roadmap, which was built to create equitable systems that support women and Women of Color. It is possible to resolve community problems that affect women and girls with proper funding and targeted strategies.

It’s important to point out that while the compiled research speaks mostly to the impact on women and Women of Color, the Chicago Foundation for Women places an emphasis on ALL women, including the transgender and non-binary populations, which were unduly underrepresented in our research.
Get Women Back to Work

Women were undoubtedly the hardest hit by the pandemic, as evidenced by national employment statistics. Women lost work as a result of either closure in industries where women were over-represented in the workforce (such as low-wage hospitality, retail, or caregiving industries) or were forced to make the difficult decision of leaving the workforce to care for families; becoming teachers to remote-learning children and caregivers to ill or elderly family members.
While many of the inequities plaguing women during the pandemic are nothing new, COVID-19 served to exacerbate these issues and, in many cases, dialed back hard-fought progress made toward gender and racial parity.

In the month of January 2021 alone, 275,000 women left the workforce. This means that they are no longer working or seeking employment. Furthermore, 40% of this national demographic had been out of work for at least six months, most of them exhausting federal and state financial assistance. Given this, the total number of women who have left the workforce since the onset of the COVID-19 pandemic reached 2.3 million in January of this year. This leaves women’s labor force participation rate at 57.2% as of April 2021, the lowest it has been since 1988 and -0.2% lower than in March. On the other hand, men 20 years old and older have a labor force participation rate of 69.8% (+12.6% higher than women) as of April 2021. Research indicates that women lost over 5.4 million jobs during the first ten months of the pandemic, with higher rates being experienced by Women of Color. Women lost nearly 1 million more jobs than men, and account for 55% of total jobs lost. This reality created a severe ripple effect, triggering increased stress, financial insecurity, and gender-based violence at home.

The National Commission on COVID-19 and Criminal Justice found that in the U.S., domestic violence incidents increased 8.1% after the imposition of shelter-in-place orders. In Illinois, the Illinois Domestic Violence Hotline received a 16% increase in calls over the previous year, with text messages also skyrocketing to 936 in 2020 compared to 37 the year prior.

One reason why women experienced severe job loss during the pandemic is that they continue to be overrepresented in occupations and sectors that were hit the hardest in terms of COVID-19 infection as well as closures (e.g., accommodations/hospitality, food service, arts, recreation, and public administration). In addition to those pushed out of the workforce, 1 in 4 women is considering leaving the workforce or downsizing their careers voluntarily, versus 1 in 5 men.

National unemployment data from January 2021 indicates that Latinas had the highest unemployment rate (8.8%), followed by Black women (8.5%), Asian women (7.9%), and white women at 5.5%. Locally, the Chicago Metro area showed a substantial decline in the workforce from February 2020 to February 2021, with a total of 394,300 jobs lost.
Arise Chicago is the leading organization focused on worker education, organizing, and systems change. When workers started getting sick and dying from COVID-19, Arise shifted to address the massive need for information and helped save lives through training and educating thousands of workers on protecting themselves and demanding safer conditions in the workplace. In Chicago, the workers suffering the most have been low-wage, Spanish-speaking, immigrant workers, working in precarious and unsafe jobs, with little to no health protections; the same predominant demographics of its membership base. In 2020, Arise provided resources and support to workers at 3,300 workplaces to protect their health and save lives. In response to members’ financial crises, due to job loss or inability to work due to members or their families contracting COVID-19, Arise established a ‘Member COVID Fund’ to provide immediate financial support, preventing evictions and covering basic needs.

Arise also worked to improve government response and sits on Mayor Lightfoot’s Protecting Workers Working Group. Together with its partners at Shriver Center of Poverty Law, they have made several recommendations to improve worker protections. In response, the Mayor proposed, and the City Council passed, a Vaccine Anti-Retaliation Ordinance granting several protections to all Chicago workers – including independent contractors – making it easier to receive the life-saving COVID-19 vaccine. The only way to fully recover from this pandemic is by ensuring the vaccine is easily accessible to all Chicagoans.

With the business community’s increased focus on reopening and adapting to a ‘new normal’ of living and working during a pandemic, it’s imperative to remember that low-wage immigrant women workers never stopped working during the heightened chaos and litany of unknowns of the pandemic. In fact, these workers maintained operations across the country and kept the rest of society safe and functioning with life-saving services, including delivering groceries, providing home care, or continuing meat production. Thus, increased health and safety interventions in the workplace are critical for lowering COVID-19 cases and deaths. Low-wage immigrant workers are especially vulnerable as they continue to provide much-needed services. The crisis of unsafe workplaces has been exacerbated by the added layers of federal government failure, along with structural racism and sexism that restrict access to quality healthcare and other critical resources. With workplaces as the pandemic epicenter, the workplace and worker protections must be the focus of COVID-19 response and vaccination efforts.
SHECOVERY™ ACTIONS

Women have historically bore the brunt of workforce and workplace inequalities, but the pandemic has greatly inflamed them. Chicago Foundation for Women is stepping up its efforts to ensure an equitable recovery by identifying, uplifting, funding, advocating for, and supporting nonprofits, grassroots organizations, and legislation focused on:

- Increasing investments toward education and training for women workers in order to increase wages and opportunities to work in high-demand and/or emerging sectors.
- Helping make quality childcare accessible and universally available.
- Advocating for the federal minimum wage increase to $15.00/hour, eliminating the sub-minimum wage for tipped workers, and adjusting for inflation annually.
- Supporting the American Rescue Plan’s implementation, which includes dollars for unemployment insurance, stimulus checks, state and local government support, school re-openings, and more.
- Advocating for paid sick and family medical leave for all Illinoisans; passing legislation that provides at least seven days of paid sick leave and 12 weeks of paid medical leave to employees regardless of firm size, sector, and hours worked per week.
- Ensuring enforcement of the Fair Workweek Ordinance in Chicago: workers must get two weeks’ notice of their schedules and compensate them for last-minute changes.

PHOTO - YWCA EVANSTON AND NORTH SHORE

With workplaces as the pandemic epicenter, the workplace and worker protections must be the focus

ARISE CHICAGO
Before the COVID-19 pandemic, Chicago’s low-income renters and households of color were already experiencing high levels of housing insecurity. As the employment crisis worsened for women and people of color, rent payments were delayed, revealing an ominous threat of eviction to an already distressed population.

Address the Eviction Crisis
Pre-existing disparities in race and socioeconomic status affected housing realities for renters and homeowners during the pandemic; women and people of color were among the most negatively affected. In a 2020 study regarding the association of poor housing conditions with COVID-19 incidence and mortality across U.S. counties, it was found that counties with a higher percentage of households with poor housing conditions (e.g., overcrowding, high housing cost, incomplete kitchen facilities, or incomplete plumbing facilities) had a higher incidence of, and mortality associated with, COVID-19.\textsuperscript{13}

The looming threat of eviction is an added strain to an already distressed population experiencing housing insecurity. The lifting of federal eviction moratoriums will impact approximately 21,000 Chicago households as they could be evicted from their homes. In its September 2020 Inclusionary Housing Task Force Staff Report, Chicago’s Department of Housing reported a "citywide shortage of nearly 120,000 affordable homes" before the pandemic. The city noted that the existing "affordable housing crisis has become even more acute in the post-COVID-19 world."\textsuperscript{14} Once evicted, the risk of homelessness only increases. Nationally, the COVID-19 Eviction Defense Project estimated that at least 25% of U.S. renters could be pushed out of apartments, impacting up to 23 million Americans. Black women would be at the apex of this crisis, as they have been twice as likely to be behind on rent as white renters during the pandemic, putting them at risk for homelessness in its wake.\textsuperscript{15} In Chicago, at least 32% of households are headed by single women.\textsuperscript{16} Nationally, 52.5% of Black households are headed by women, which means that the likelihood of women bearing the brunt of eviction risk is high across the nation and within Chicago.\textsuperscript{17}

Eviction data tells us that 1 in 5 Black women are evicted, compared with 1 in 15 white women. The pandemic has only intensified this issue, given...
that Black (and Latina) women have seen the most significant drop in their employment-to-population ratios since February 2020. Black women, in particular, seeing jobs come back at a rate that is 1.5 times slower than that of white women, putting them in the precarious position where they are more than likely to face eviction due to inability to pay rent. 

More than anything, COVID-19 has substantially and rapidly increased the need seen across communities.

The COVID-19 pandemic has only further emphasized the importance of safe and stable housing. While public health guidance and government orders called for “sheltering-at-home,” thousands of Chicago residents did not have a place to call home. Furthermore, shelters that serve people experiencing homelessness did not always have room for all participants to social distance. The population All Chicago serves was already vulnerable, but the public health crisis exacerbated the problems and put them at further risk, creating a significant challenge for All Chicago and its many partner agencies across the city and state.

More than anything, COVID-19 has substantially and rapidly increased the need seen across communities. To meet this growing and changing need, All Chicago rose to the occasion, increasing its support through existing programs and thinking innovatively to help solve emerging problems.

As the lead agency for Chicago’s Continuum of Care, All Chicago is the backbone for the citywide response to homelessness. All Chicago leads 43 partner agencies through a year-round research, evaluation, planning, and federal funding application process. All Chicago secured over $79 million in federal funds for 143 projects addressing homelessness in Chicago this year. Through the creation and piloting of the Expedited Housing Initiative, All Chicago worked with partners and landlords across the city to move residents into safe and stable housing more quickly, helping over 1,000 residents thus far.

For All Chicago, the pandemic provided an opportunity to adopt new technology and workflows that increase efficiencies and help reach more people in need than ever before.
Chicago Foundation for Women is increasing efforts to ensure an equitable recovery by identifying, uplifting, funding, advocating for, and supporting nonprofits, grassroots organizations, and legislation focused on:

- Supporting legislation that will increase rental assistance
- Advocating to reinstate the federal eviction moratorium
- Supporting the sealing of COVID-19 related evictions, so renters have a clean rental record
- Working with partners to protect and expand affordable housing
- Supporting and organizing low-income renters, such as those at the Jane Addams Senior Caucus (JASC) and the ROOTS (Renter’s Organizing Ourselves To Stay) initiative at Communities United, to develop strategies to prevent displacement of low-income families across Chicago. A key focus is to preserve existing affordable housing and build a preservation pipeline for additional affordable housing units.

While responding to the immediate needs of our core members, we continued to develop grassroots leadership to advance survivor-led solutions to ensure that pandemic responses addressed both the mental health needs and the growing housing insecurity that families faced immediately after the stay at home orders.

JENNIFER ARWADE
Communities United
Care for Our Caregivers

Caregiving responsibilities have landed squarely on women throughout the pandemic. This fact has resulted in a cascade of crises such as job loss, added responsibilities such as homeschooling, caring for those sick with COVID-19, aging parents, and those at greater risk during the pandemic. The increase in caregiving responsibilities often found women with no time or energy to engage in critical acts of self-care. Without help supporting wage losses and managing family care, effects will further oppress women in Chicago.
Caregiving responsibilities fell on working mothers who left jobs due to increased childcare needs and daycare closures. A 2021 survey of working mothers implemented by The University of Illinois Urbana-Champaign shows that pre-pandemic, 24% of Illinois child-care-aged children participated in a daycare center or a State-recognized family home; this is including 34% of children ages five and younger. Furthermore, survey results indicate that 60% of working parents do not receive outside help when it comes to childcare. During the pandemic, 13% of working parents resigned or reduced their work hours due to a lack of childcare.20

For those already caring for someone under 18, more than one in ten now say they have additional caregiving responsibilities as a result of the pandemic due to school closures. Income loss and intensifying childcare responsibilities during the pandemic also called on many young women, ages 22 and younger, to take on jobs and sometimes simultaneously care for family members. Research also shows that 27% of women reported an increase in challenges associated with mental illness, compared to only 10% of men. Women mention skyrocketing unpaid care burdens as a source of stress, in addition to anxiety regarding livelihoods, food access, and health care.21

In addition to juggling new, increased home and work responsibilities, many women went without pay. Almost half (47%) of working mothers said they took unpaid sick leave because their child’s school or daycare was closed. This rose to 65% among low-income mothers and 70% among those working part-time jobs.22

27% of women reported an increase in challenges associated with mental illness, compared to only 10% of men.
Building an Equitable SHEcovery

Healing to Action (HTA) works to end gender-based violence by building the leadership and collective power of the communities most impacted. Domestic violence incidents increased dramatically during the ongoing pandemic, as survivors were confined to their homes with abusive partners, unable to access crucial resources like support networks, social services, and external income.

Over 75% of COVID-19 deaths in Chicago have been Black and Latinx residents, creating a collective trauma in HTA's leadership base that will have long-term effects. The global pandemic has resulted in extensive damage to leaders’ mental and physical well-being and eroded their already weak economic and social safety nets. Leaders are experiencing unprecedented levels of stress and exhaustion. They have fallen ill; lost loved ones, work and housing, navigated childcare and eldercare crises; and experienced increased violence and police presence in their communities in response to the racial justice uprisings. These cumulative pressures make it incredibly difficult for HTA leaders to heal and sustain their work in the fight to end gender-based violence. Nevertheless, HTA leaders have voiced their desire to continue to uplift and build up their communities.

To support its leaders, HTA adapted to the challenges presented by COVID-19 by moving from primarily offline organizing to virtual meetings and actions, opening a technology fund to support leaders’ ability to stay connected with HTA and their broader communities. Furthermore, the adaptations the pandemic required were an opportunity to make HTA's programs more accessible. HTA's program ‘Healing Generations,’ focused on educating survivors about the root causes of sexual violence and how to transform their communities’ responses, was offered simultaneously in English, Spanish, Korean, and American Sign Language. Participants with disabilities were able to participate fully in sessions by using assistive technologies provided by HTA. Staff consulted resources on online education and worked collaboratively with guest facilitators to adapt and tailor in-person modules into participatory online experiences. These efforts yielded extremely high participation rates in program meetings, enabling HTA to build a more powerful and effective network of leaders with diverse identities, abilities, and experiences. Programming included virtual crisis intervention support in collaboration with rape crisis and domestic violence partner organizations. These adaptations allowed HTA to support and organize its leaders, deepening its capacity to practice disability and language justice in the long term.
As research shows, caretaking impacts many aspects of a woman’s life, especially when there are no supports in place. Much work needs to be done. Chicago Foundation for Women is stepping up its efforts to ensure an equitable recovery by identifying, uplifting, funding, advocating for, and supporting nonprofits, grassroots organizations, and legislation focused on:

- Advocating for expanding and improving Medicare and Medicaid to cover a larger percentage of home and community-based services (HCBS).
- Supporting the Child Care for Working Families Act and the Universal Child Care and Learning Act ensuring that all families can access safe, affordable, high-quality, and convenient childcare.²³²⁴
- Advocating for increased public funding to serve culturally and linguistically competent care options, home-based care, and care during non-standard hours.
- Investing in new and innovative technology to support domestic workers or increasing subsidies and tax incentives for home childcare providers.
- Supporting policies to ensure care jobs are good jobs, enabling to grow the sector to meet the demand, including:
  - A National, Domestic Worker Bill of Rights, making sure caregivers have a living wage with benefits, a pathway to higher wages, predictable and flexible scheduling practices, portable benefits, and bargaining power to raise standards for all workers.²⁵
  - Supporting the training, financial compensation, and health assistance to family members who care for children, people with disabilities, and aging relatives, including the Social Security Caregiver Credit Act, which would allow family caregivers to receive Social Security credit for serving as caregivers of dependent relatives for up to five years of care provision.

Survivors who lost their jobs and healthcare were forced to rely on abusive partners for their financial survival.

Sheerine Alemzadeh
Healing to Action
Demand an Anti-Racist Healthcare System

There is evidence that Black, Indigenous, and People of Color (BIPOC) neighborhoods with a low life expectancy have greater challenges accessing healthcare in general. COVID-19 exacerbated this problem by adding challenges in maternal care, reproductive care, and cancer care, where health workers and facilities prioritized COVID-19 cases and many treatments and care such as gynecologist visits, breast cancer screenings and treatment, and prenatal care either were considered elected procedures and thus delayed, postponed and/or decreased.
Recent research on life expectancy in American urban areas indicates that cities with deep history and greater degrees of racial and ethnic segregation often have alarming disparities in life expectancies across urban neighborhoods in public health studies. For instance, there is a 30-year difference in life expectancy between individuals living in the predominantly Black neighborhoods of the South Side of Chicago and the predominantly white Streeterville residents, just nine miles North. In Chicago, the difference in life expectancy between neighborhoods is on average 30.1 years, the largest life expectancy gap across 500 U.S. cities. Given that neighborhoods with higher life expectancies tend to have greater access to quality health care, increased educational attainment, and higher income, it’s important to note how healthcare and its relevant social determinants (e.g., racism, discrimination, violence, access to care, safe housing, etc.) were exacerbated by the pandemic. In fact, the city of Chicago’s Mayor Lightfoot recently declared racism as a public health crisis in Chicago.

Prior to COVID-19, implicit bias in women’s healthcare was an existing issue. Studies have shown that women are too often ignored within the healthcare system, blocking them from receiving the care they desperately need.

During the pandemic, this reality worsened, particularly for Women of Color. One story highlights a Black woman being sent home from a health care facility with symptoms not deemed serious enough for testing; the woman eventually died from COVID-19 at home. BIPOC children have also been unduly affected. The CDC released data saying that BIPOC children are 78% more at risk than their white peers to be infected by COVID-19. Federal statistics in September 2020 indicate that Hispanic, Black, and Native American children were dying of COVID-19 at much higher rates than their white peers. Of those dead due to COVID-19, more than 75% of them were identified as BIPOC children.

Reproductive justice and the need to safeguard a woman’s right to have a healthy pregnancy, safe childbirth, and a thriving infant, in addition to all the needed preventative and supportive healthcare, has never been more needed than now. According to the Illinois Department of Public Health’s 2021 Maternal Morbidity and Mortality Report, Black women were about three times as likely to die from a pregnancy-related condition as white women. 83% of the pregnancy-related deaths were potentially preventable. Fears about COVID-19 transmission, social distancing requirements, and diversion of
resources to COVID-19 responses forced healthcare workers to rethink protocols around gynecology and women’s health. For example, low-risk women in prenatal care were encouraged to perform more routinized monitoring independently (e.g., checking blood pressure, monitoring and counting kicks from home). In the U.S., where routine prenatal care consists of 12-14 visits throughout a normal pregnancy, some maternal care workers report that the number of in-person visits were reduced to 5 and combined services such as ultrasound, lab testing, and physical exams into a single visit. Furthermore, people are relying on telehealth for additional check-ins. During the pandemic, global prenatal care research indicates that cancellation of prenatal appointments was associated with increased odds of clinically elevated depression symptoms and clinically elevated anxiety.

In terms of preventative care, researchers found that breast cancer screenings dramatically decreased from 2019 to 2020. Pre-pandemic an average of 13.6 mammograms per 1,000 women were performed per month, whereas in May 2020, that average drastically dropped 92% to 1.1 mammograms per 1,000 women. Given that early diagnosis of cancer dramatically increases the chances of a successful treatment, decreases in preventive cancer screenings can cost lives in years to come.

Chicago Women’s Health Center (CWHC) facilitates the empowerment of women, trans people, and young people by providing healthcare and health education in a respectful environment where people pay what they can afford. COVID-19’s need for social distancing directly challenged CWHC’s compassionate, collaborative, and comprehensive approach to healthcare services and education.

By quickly transitioning into telehealth and teletherapy sessions, CWHC remained connected to its most vulnerable clients. Even after the pandemic, this transition will help all clients overcome barriers to access like transportation, child care, and time off work. 80% of CWHC’s current counseling clients would prefer or strongly consider teletherapy even after the pandemic.

CWHC adapted its sexual health education for young people to focus on social-emotional content to address the dramatic increase in anxiety, self-harm, and suicidality disclosures. While already part of the curriculum, the focus on social-emotional content (body image, self-esteem, communication of boundaries, and healthy relationships) created a better understanding and foundation for supporting students through challenging circumstances, changes to learning contexts, and increased time at home and online, today and into the future.
Chicago Foundation for Women is ramping up its efforts to ensure an equitable recovery by identifying, uplifting, funding, advocating for, and supporting nonprofits, grassroots organizations, and legislation focused on:

- Working toward dismantling the systems of structural racism and implicit bias that are preventing Chicago's Black and Brown communities from accessing the COVID-19 vaccine.
- Advocating to protect and support comprehensive sexual and reproductive health benefits in all forms of insurance coverage, including ensuring health plans have robust coverage for contraceptives, pregnancy management, and abortion.
- Supporting the full implementation of the Reproductive Health Act (H.B. 40).
- Investing in the expansion of access to quality mental health and substance abuse support, particularly for women and families on Chicago’s South and West sides.
- Advocating at the federal level for the codification of the tenets of Roe V. Wade and fully fund Title X.

“...

I really appreciate [telehealth therapy] during this time, as I live with someone who is immunocompromised. Thankful for the level of care and accessibility.

CLIENT
Chicago Women's Health Center
The impacts of COVID-19 will be felt for years to come. Chicago Foundation for Women is committed, as it has been for the last 36 years, to ensuring women and girls have the opportunity to thrive in safe, just, and healthy communities. This report underscores the importance of investing, advocating, and supporting work across sectors, which has been at the core of Chicago Foundation for Women’s work since its inception. Whether it’s grantmaking, capacity building, advocacy, and programming, exacting change takes all of us. It’s essential to call out that this report also spotlights the deficiency and inadequacy of research and data related to the pandemic’s impact on trans and gender nonbinary individuals. We know that trans and gender nonbinary people were impacted in various ways, and Chicago Foundation for Women is centering their experiences as part of its continued work.

Not only did COVID-19 bring to the surface new challenges that we are just beginning to see, like long-term health complications and the future of the workplace, it also highlighted long-standing inequities across race and gender. Gains in workforce participation, healthcare, and housing access were quickly dismantled and eradicated by this fast-moving virus. It’s not enough to work towards reestablishing those gains lost. We must work toward achieving our most aspirational tomorrow—a tomorrow where race and gender equity are attained.

As a trusted and proven partner, Chicago Foundation for Women looks to expand its targeted investments in community-led organizations and advocate for policies that will make a difference in the lives of all women and girls and their families. An equitable recovery is attainable if those most impacted, particularly Women of Color, are centered and heard.

When she recovers, we recover. Join the movement—visit www.shecovery.com and support an equitable SHEcovery™.
Womxn is used as an alternative spelling of women, which is inclusive of women, girls, trans, and gender nonbinary individuals.


Special thanks to the Lawyers’ Committee for Better Housing for this recommendation. Read more here: https://cutt.ly/oWiP9Ba.


23 https://cutt.ly/rWiPWIL.


26 BIPOC: Black, Indigenous, and People of Color (BIPOC) is a term used to center the experiences of Black, Indigenous, and People of Color utilizing people-first language. The term Indigenous is inclusive of people who identify as American Indians or Native Americans, First Nations, Native Alaskans or Alaska Natives. The term People of Color is inclusive of people who don't identify as white.


28 https://cutt.ly/aWiP4fN.


37 https://cutt.ly/hWiP75D.


