

# THE CHRONICLE OF PHILANTHROPY

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## TECHNOLOGY

# Nonprofits Continue to Struggle With Technology

By *Jim Rendon*

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**Sarah (far right), a Nurse-Family Partnership nurse, meets with new parents, Darian and Salinta. During the pandemic, nurses stay connected to families by phone or video conference.**

Fenway Health, an LGBT health care organization in Boston, moved quickly this spring to set up an online platform to offer patients remote appointments. The shift to virtual care was relatively smooth, in part because the group has long integrated technology into its work. This new system helped the nonprofit expand its reach, and it is moving to make the emergency measure permanent.

“Even if Covid ends tomorrow, we will not abandon telehealth,” says Ellen LaPointe, the group’s CEO. “It is such an important and powerful tool for us that we want to not only continue it, we want to integrate it and improve and deepen how we use it.”

Unfortunately, Fenway Health’s tech savvy is still rare in the nonprofit world.

Organizations are struggling with technology during the pandemic in many of the same ways they did before the coronavirus forced them to go remote, according to a report that will be published Friday by Hopelab, a nonprofit that uses technology and design to improve the lives of young people. But now that digital technology is increasingly central to their ability to function, those gaps are more apparent and have a larger impact on how groups serve their clients and meet their missions.

According to the group’s [Nonprofit Digital Readiness Survey](#), only 26 percent of the 155 groups surveyed in May had a C-level leader responsible for technology. Prior to the Covid crisis, 72 percent of the nonprofits surveyed did not have a digital strategy. About half of those groups have created one since March.

It’s not easy for nonprofits to develop digital strategies, says Margaret Laws, CEO of Hopelab. “Bridgespan, they’re doing nonprofit strategy consulting,” she says. “There is no analog for nonprofit technology work.”

But it is increasingly important. So many of the people groups serve are tech savvy and expect to get things done through apps on their phones or on their computers.

“Going through your day-to-day life, most people are using technology. What’s been striking to us is the extent to which a lot of nonprofits are getting further and further away from the way that their consumers or users live their everyday lives because they’re not able to engage with them over the technology that they’re using,” Laws says. “It makes them less convenient, less relevant.”

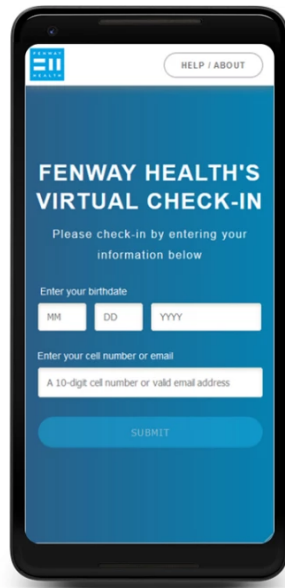
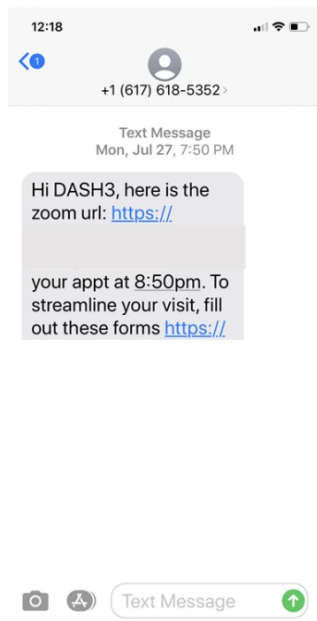
Groups far away from technology hubs like Silicon Valley are at a disadvantage, she says. “If you’re not staffed by people whose personal and professional networks include people in design and technology, there’s a good chance you just don’t even know about it,” Laws says. “I think there’s a knowledge gap.”

## Digital Connections

Nonprofits that did have digital strategy and technology leadership had an advantage during the mad scramble to provide remote services because of the pandemic, Laws says.

Fenway Heath’s technology focus isn’t new. The organization adopted electronic health records in 1997 and a virtual patient portal in 2007.

“We’ve always seen the benefit of technology,” says Ellen LaPointe, the group’s CEO. “One of my philosophies is: How can we use technology to provide better care, to free up clinicians to do the things that they need to do?”



	Not at all	Several days	More than half the days	Nearly every day
Little interest or pleasure in doing things	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeling down, depressed or hopeless	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Trouble falling or staying asleep, or sleeping too much	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Feeling tired or having little energy	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Poor appetite or overeating	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

FENWAY HEALTH

**Fenway Health's uses an electronic health system that lets patients complete questionnaires, like this one about depression, before their telehealth visits.**

When Covid hit, that paid off. The group was able to move 95 percent of its services to a telehealth system shortly after it halted in-person service this spring and sent hundreds of staff who had always worked on site home to work there.

The first priority for the group was the telehealth system to ensure that its staff could stay connected to clients. Because remote visits were not reimbursed by insurance until rules changed as a result of Covid, Fenway Health, like many other health care groups, did not have an active system for their clients.

However, several years ago, Chris Grasso, the group's associate vice president for health informatics and data services, began thinking about creating an internal telehealth system. Before the Covid crisis began she formed an internal group of staff members to start working on the idea. Fenway has several satellite offices that provide social services that affect health, like housing support, and it wanted to connect clients visiting those sites with physicians. The thinking about how to do that informed the telehealth system the organization uses now. It runs on a Zoom platform that adheres to regulations governing the sharing of medical information. Fenway Health is

reaching many more people than it expected, in part because telehealth is more convenient than traveling to an office.

Originally, Grasso thought that the Zoom platform would be a temporary stopgap until things went back to normal. But now that the group has gathered data and understands the benefits, Grasso is leading discussions on how to integrate the technology into the group's work in the future.

## Scarce Funds

Technology and the expertise required to implement and maintain it can be expensive, particularly for small groups. Even before the pandemic, for-profits spent four times as much on technology as the nonprofit world, according to the Technology Association of Grantmakers.

The dire need for technology driven by Covid is happening as organizations cope with stretched budgets and increased demand for services. Few can afford to pay for pricey new systems.

The lack of funding for technology is a deep and widespread problem for nonprofits, according to the survey. Roughly three-quarters of the nonprofits surveyed reported they didn't have funders that supported technology.

Even Fenway Health, with its long commitment to digital strategy, was turned down for a grant years ago for its telehealth system. It received support for its current effort through the Community Care Cooperative, which received \$5 million from foundations and individuals to fund telehealth initiatives in Massachusetts.

Few grant makers — even those at foundations started by tech entrepreneurs — take technology and the need for tech expertise seriously, Laws says. “You have this really perplexing situation where you have donors or philanthropists who'd never run their

business without technology who won't fund the technology aspect of a nonprofit organization because it doesn't feel like it's direct service."

Rose Community Foundation in Denver is one grant maker that is starting to take technology into account. It has already made grants for tablets and internet access for children in a local school district as a way to address technology gaps among young people who need the devices for school.

Grantees have also been clear that they need general operating support, says Benilda Samuels, the group's vice president of programs. She expects that organizations will use at least some of that money to improve their technology.

One reason why grant makers may have been resistant to making grants for technology: Decision makers lack digital expertise. Foundations' technology staff are not involved in making grants or shaping giving strategy, says Chantal Forster, executive director of the Technology Association of Grantmakers. But now that the pandemic has forced program officers and executives to rely on technology, they may be beginning to see its value for grantees, she says.

Forster's group is releasing a report on October 23 based on a recent survey of grant makers. It found that 22 percent of the grant makers provide grantees with digital tools such as Zoom and Slack licenses, and 28 percent offer technical assistance for things like two-factor authentication that allow employees to work from home securely.

"That is a new horizon for funders," Forster says. "Covid has made everybody realize their deep dependency on technology to support the mission, and that realization is what has provided this window of opportunity for funders to accelerate initiatives."

## **Client Input Is Critical**

Covid forced many nonprofits to make fast technology decisions on the assumption they were creating quick, temporary fixes. But as the pandemic has dragged on, those

fixes are becoming permanent and exposing the problems that can arise when organizations make decisions without having a clear digital strategy and leadership, says Amy Sample Ward, CEO of NTEN.

For example, when employees started to work remotely all at once, if they were not on compatible devices and systems, they may have had trouble sharing documents. Protecting nonprofit data and systems is crucial, but many groups lack a cybersecurity plan.

Ward also stresses that including clients and community members in technology decisions that affect them is crucial for success. It's an approach that worked for the Nurse-Family Partnership, a nonprofit that arranges home visits between nurses and young first-time mothers.

The organization worked with Hopelab to develop an app for nurses and the young mothers they work with to communicate and track their activity. The nurses were the ones requesting the app. Nurses and clients were consulted often to determine what they wanted and to try out early versions of the app. When mothers complained that the log-in process was cumbersome, for example, it was redesigned.

When designing and implementing new technologies, it is important to have an ongoing feedback process between the people who use the application and the technology staff who design and manage it, says Fred Dillon, Hopelab's senior director of strategy and design.





NURSE-FAMILY PARTNERSHIP

**A Nurse-Family Partnership nurse uses the Goal Mama app with her client. Visits are now remote because of the pandemic.**

One problem the group ran into: About 10 percent of the group's clients did not have smartphones. Through Verizon and another partner, Action Technologies Group, the Nurse-Family Partnership was able to get 3,800 iPhones and paid data plans to new mothers in 39 states. The phones have also helped clients with distance learning and contact with employers.

The app has become crucial during the Covid crisis. Although it's not a replacement for in-person or even telehealth visits, the app has been an effective way to bolster the mother-nurse relationship without additional contact, says Frank Daidone, Nurse-Family Partnership's CEO. Sometimes women are more forthcoming about problems through the app than they have been in person, and they stay in more regular contact with nurses — something Hopelab has found with other health-related apps it



developed. The group also added information for new mothers about how to stay safe during the pandemic.

The organization plans to continue using the app regardless of the path the pandemic and recovery takes. “Telehealth is going to be here to stay to some degree,” Daidone says. “It is a way to maintain that connection on an ongoing basis.”

The pandemic has changed the way everyone thinks about and prioritizes technology. It’s a shift that is likely to have an impact on groups for a long time, says NTEN’s Ward.

“No one can be working at home without a computer that they could take from the office, and folks need to use various tools to connect to and run their programs,” she says. “Covid has essentially proven the case for technology costs.”

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#### TECHNOLOGY



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