COVID Community Partnership Project 2020: Expanding the Capacity of Community Health Workers (CHWs) into COVID-19 Response Efforts

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EXECUTIVE SUMMARY

The COVID Community Partnership (CCP) project aims to address disparities in COVID-19 related health outcomes among racial/ethnic minority communities in Utah. The CCP project partnered with testing sites to increase accessibility to testing in underserved communities. The project also utilized community health workers (CHWs) from diverse communities by partnering with community-based organizations (CBOs), local health departments (LHDs), and the Association for Utah Community Health (AUCH) to incorporate CHWs into the COVID-19 emergency response.

CCP CHWs were referred individuals who indicated needing assistance with basic needs at partner testing sites or during the case investigation process. CHWs followed up with referred individuals to provide education and conduct a comprehensive social determinants of health (SDOH) screening to identify areas of need. CHWs connected individuals to resources to help with basic needs, assist with adherence to public health protocols, and ultimately reduce the spread of COVID-19 among vulnerable populations.

Strategies and Key Findings

1. Partnerships to Reach Diverse Communities

- Number of partnerships: 31
- Number of cultures reached: 60
- Language capacity (# spoken): 28

2. Increasing CHW Capacity

- Total trainings provided to CHWs:
  - (Onboarding [1] + UPHA CHW Sections [16] + Weekly Check-in [62]) = 79 trainings
- Average number Training Attendance of CHWs:
  - Onboarding: 112
  - UPHA CHW Section: 28
  - Weekly Check-in: 40

3. Reducing Barriers to Testing

- Total testing sites in target communities: 150
- Number of CHWs at testing sites: 140
- Number of referrals CBO/CHWs made to testing sites: 9,782
- Total individuals tested: 13,875
- Increased access in target communities:
  - Hispanics accounted for 37.3% of those tested at the University of Utah Wellness Bus (TWB), compared to only 12.7% statewide
  - At TWB, Hispanics accounted for 50.0% of positive tests, compared to 22.3% statewide

4. Addressing Needs

- Onsite SDOH screenings: 6,277
- Individuals referred to CCP CHW for follow-up: 10,653
- Number reporting one or more social need: 8,123
- Top 3 needs: Housing, food, utilities
- Total referred to resources: 7,064

5. Community Outreach

- Estimated reach of outreach activities: 2,915,785
- Top outreach methods: social media, communication campaigns, mass communication

INTRODUCTION

On January 30, 2020, the World Health Organization (WHO) declared the coronavirus pandemic a global public health emergency of international concern. Utah's response to COVID-19 began in early March 2020. The Utah Department of Health (UDOH) Office of Health Disparities (OHD) moved quickly to establish a response. Community health workers (CHWs) were identified as a necessary component in the public health response to the pandemic to help mitigate the spread and effects of COVID-19 on underserved and underrepresented communities, particularly racial/ethnic minority communities in Utah. The OHD and partners immediately mobilized to create the COVID Community Partnership (CCP) project, focused on slowing the spread of COVID-19 in underrepresented and underserved communities across Utah.

The CCP project was initially established to support community-based organizations (CBOs) in mobilizing their CHW workforce between May and September 2020 to provide education, prevention, testing, and access to resources for underserved and underrepresented communities. The CCP project's focus on collaborative efforts to address community needs related to COVID-19 helped address the spread of COVID-19 among racial/ethnic minority communities across Utah. This work has expanded partnerships and created new pathways for reaching communities and assessing needs through culturally appropriate methods.

The CCP project was scheduled to end in September 2020, however, OHD was granted expansion funding to extend programming through December 2020. The extension of the CCP project was necessary as the COVID-19 pandemic continued to exacerbate disparities in health outcomes related to COVID-19 among racial/ethnic minority communities in Utah. Focused testing and prevention were imperative in slowing the transmission of COVID-19 among these vulnerable populations.

ADAPTING FOR EXTENSION

As OHD prepared for the CCP project to extend through the remainder of 2020, processes were adapted in order to fulfill a key goal of the project extension: to increase and diversify CHW capacity. Several areas were examined in order to ensure modified project processes resulted in increased effectiveness across multiple areas.

CHW Team Expansion

- CHW capacity among the 11 CBOs increased from 19 CHW positions to 26 positions.
- CHW capacity was incorporated into 12 of Utah's 13 local health departments (LHDs) for a total of 40 CHW positions.
- The Association for Utah Community Health (AUCH) provided capacity for six CHW positions.
- Additional contracts with four CBOs provided public health initiative support, resource connection, as well as community outreach for prevention, education, and awareness.

OHD Team Expansion

- Additional OHD staff were hired to provide support to the CHWs and the expansion of testing sites, including 3.75 FTE office staff and 2.5 FTE testing team staff.

Connecting More Individuals to Community Resources and Wrap Around Funding

- From May to September, 21.89% (278 / 1,270) of referred CCP participants were connected to resources by our CBO CHWs. Between October and December, this effort increased to 33.95% (258 / 760) participants being connected to resources by our CBO CHWs.
- The process of CHWs accessing wrap-around funding was adjusted to be more effective.

Reference page 25-26 for more information on connecting individuals to resources.

Increased Testing Sites

- Additional testing sites through Utah Public Health Lab (UPHL) were incorporated into the project for CBOs to host their own testing sites and reach more community members within Utah's racial/ethnic minority groups.

Reference page 16 for more information on UPHL testing sites.

Additional CHW Support

- An emphasis on mental health support was initiated to provide increased support to CHWs and staff. Weekly self-care sessions and support groups facilitated in both English and Spanish were provided.

Reference page 9 for more information on this support.

CCP PROJECT STRATEGIES

These are the 5 pillars of the CCP project. Their individual and collective impacts are displayed through data collected throughout the report.

1. Partnerships to Reach Diverse Communities

Through collaboration with 16 contracted CBOs and 12 LHDs, the CCP project implemented strategies through CHW outreach and intervention in target communities.

2. Building CHW Capacity

The CHWs received ongoing training and assistance as needed to increase CHW capacity to effectively deliver education and support to community members.

3. Barriers-Free Testing

Testing site locations were strategically selected to reach Utah's racial and ethnic minority groups and reduce barriers to testing access. Barriers-free testing is essential as accessibility to testing is limited in underserved communities.

4. Addressing Needs

Social determinants of health (SDOH) screenings were conducted with every project participant to identify social needs. Identification of social needs is imperative to successfully connect them to needed community resources.

5. Community Outreach

CBOs and LHDs provided outreach and education on COVID-19 to community members through a variety of formats and settings. Education is an important component in supporting participants' ability to adhere to public health guidance, and ultimately to mitigate the spread of COVID-19 in underserved communities.

STRATEGY #1: PARTNERSHIPS

Community-Based Organizations

The OHD contracted 11 CBOs in May 2020 and added four new grantees for 26 full-time CHW positions in September 2020, totaling 88 CHWs for the CCP project throughout December 2020. Partnerships with these CBOs were strategically selected to increase reach to target populations of racial/ethnic communities in Utah.

The 11 contracted CBOs:

- **Alliance Community Services**
- **Centro Hispano**
- **Community Building Community**
- **Comunidades Unidas**
- **Holy Cross Ministries**
- **International Rescue Committee**
- **OCA - Asian Pacific American Advocates**
- **Project Success**
- **Somali Community Self-Management Agency**
- **Urban Indian Center of Salt Lake**
- **Utah Pacific Islander Health Coalition**

4 Additional CBOs:

- **Children's Service Society**
- **Comunidad Materna en Utah**
- **Latino Behavioral Health**
- **Utah Health and Human Rights**

CBOs have capacity and reach in 26 different languages.
*CBOs also have access to translation and interpretation services for other languages.

The CBOs' target populations include **six different minority communities**: people who identify as Hispanic/Latino, people who are refugees and asylees, people who are Black/African American, people who are Asian, people who are Pacific Islander/Native Hawaiian, and people who are American Indian/Alaskan Native. In reaching these racial/ethnic communities, **more than 60 cultures were also reached**.

Through these contracted partnerships, the CCP project was able to provide extensive and diverse reach into underserved and underrepresented communities, particularly racial and ethnic minorities in Utah.

STRATEGY #1: PARTNERSHIPS

In September 2020, the OHD contracted 12 Local Health Departments (LHDs) and the Association for Utah Community Health (AUCH) for a total of 46 full-time CHW positions working for the CCP project through December 2020.

Association for Utah Community Health (AUCH)

AUCH Health Centers:

- **Midtown Community Health Center in Ogden, Weber County**
- **Mountainlands Community Health Center in Provo, Utah County**
- **Family Healthcare in St. George, Washington County**

AUCH was contracted for six full-time CHW positions with eight total AUCH CHWs. AUCH Health Centers are located in and serve medically underserved communities. The OHD partnership with AUCH was strategically chosen to leverage CHWs specifically for the COVID-19 response into AUCH health centers, reaching three key areas in the state.

Local Health Departments (LHDs)

12 LHDs were contracted for 40 full-time CHW positions. The LHDs' target populations are statewide to include those who live in rural areas, have less access to testing, and provide resources and support to community members.

LHDs have capacity and reach in six different languages, including:
English, French, Portuguese, Samoan, Spanish, Tigrinya
*LHDs also have access to translation and interpretation services for other languages.

The 12 contracted LHDs are:

- **Bear River**
- **Central**
- **Davis**
- **Salt Lake**
- **San Juan**
- **Southeast**
- **Summit**
- **Tooele**
- **TriCounty**
- **Utah**
- **Wasatch**
- **Weber-Morgan**

Through these contracted partnerships, the OHD was able to provide extensive and diverse reach into underserved and underrepresented communities, particularly racial and ethnic minorities in Utah.

Total language capacity by CHWs and staff from CBOs, LHDs, and AUCH: **28**

STRATEGY #2: BUILDING CHW CAPACITY

CHWs were provided ongoing support from the OHD through weekly updates, education, and training. This ongoing support included initial CHW onboarding training; bi-monthly Utah Public Health Association (UPHA) CHW section training; and weekly check-in calls with the OHD support staff.

CHW Training on COVID-19 Updates

To enhance CHW knowledge and education about COVID-19, the OHD planned extensively for ongoing training and support. The OHD provided weekly check-in calls that included ongoing training, question and answer sessions, and updates on the COVID-19 pandemic and related science. The CHWs built their COVID-19 foundation through the onboarding training provided by the Environment, Policy & Improved Clinical Care (EPICC) team and the OHD, and were provided fundamental knowledge on COVID-19 including history, necessary science, and how to slow the spread of COVID-19 in communities. The CHWs were also provided ongoing training through the UPHA CHW section bi-monthly training and various trainings provided during the weekly check-in calls, continuing to build upon their COVID-19 foundational knowledge. These educational trainings provided an opportunity to build the capacity of the CHWs.

The trainings focused on COVID-19 specific topics, including: quarantine and isolation; testing; masks resources; resources for those who face healthcare barriers; motivation for community members; resource mapping and advocacy; self-care; and overall public health and medical education.

The onboarding training was offered to CBOs and CHWs as a two-day training, held on May 12-13 and June 5 and 11. **More than 50 CBO staff and CHWs attended.** The training was also provided to all CHWs who joined after the initial training. The training included information about the project partners, the project model, project processes, and CHW COVID-19 basic and Utah-specific training. The CHWs were asked to complete a pre-and post-test to evaluate knowledge acquisition and training effectiveness. Key takeaways included: confusion about household pets spreading the virus; symptoms of the virus such as sore throat; and confusion about social distancing, quarantine, and isolation although understanding has improved.

The UPHA CHW section training sessions were provided bi-monthly to CHWs, and **averaged 28 CHWs attendance**. These training sections demonstrated increased capacity reported by CHWs from June to December 2020. **Ninety-five percent** of those who attended indicated an **increase in education, knowledge, and skills** due to the material shared.

STRATEGY #2: BUILDING CHW CAPACITY

Regarding the CHW onboarding training: 112 CHWs completed the post-test; 99% (111) of those met the minimum score of 10/13; 31.4% (33/105) CHWs had an increased score in the final test compared with the pre-test; 57.1% (60/105) had no change in their score, and 21.7% (13/60) received a perfect score in both the pre-test and post-test. Twelve (10.7%) CHWs received a lower score on the post-test than on the pre-test.

Table 1. Total CHW Training Education Impact, May-December 2020.

CHW Training Opportunity	Attendance (average)	Increased in Education (% of CHWs impacted)
CHW Onboarding	112*	29%
UPHA CHW Section bi-monthly Trainings	28	95%**

Footnotes:
*Six of these CHWs took the post-test only and not the pre-test and one CHW did not leave an identifier to match with a pre-test.
**Total number of CHWs through all 16 trainings from June-December 2020 indicating they gained confidence from a UPHA CHW section training session, divided by the total attendance (356/376). CHWs are counted more than once.

Throughout the project, the OHD provided weekly check-in calls for CHWs and staff to improve best practices and expand education for the COVID-19 response effort. These weekly calls were provided separately for CBOs, LHDs, and AUCH, and included ongoing training and resource sharing that could be immediately shared in the form of information to underrepresented and underserved communities. Training and resources focused on rental/housing assistance, food assistance and distribution, education about COVID-19, State of Emergency guidelines trainings, conducting the SDOH screening, contacting participants, and updates to the coronavirus.utah.gov website and transmission index. Weekly check-ins provided CHWs with increased support and guidance on how to best help community members and improve solidarity between all CHWs.

CBO Weekly Check-in Calls from May to December 2020:

- **Total calls offered: 62**
- **Average CHW attendance: 40**

LHD Weekly Check-in Calls from September to December 2020:

- **Total calls offered: 11**
- **Average CHW attendance: 33**

AUCH Weekly Check-in Calls from October to December 2020:

- **Total calls offered: 7**
- **Average CHW attendance: 9**

Between May and December 2020, the weekly check-in calls provided 149 CHWs and staff with information about public health resources including: training about the COVID-19 Transmission Index; the coronavirus.utah.gov updates; free masks for diverse communities intiative; rental/housing assistance; food delivery programs; resources for the holidays, AUCH Discretionary Funds, and the UDOH business and school manuals.

STRATEGY #2: BUILDING CHW CAPACITY

Impact of Information and Trainings on CHWs

The OHD ensured CHW education, knowledge, and implementation through extensive focus on COVID-19 ongoing education and training. Onboarding training, the UPHA CHW section training, and weekly check-in calls had a positive impact on the CHWs' self-efficacy in their roles and tasks. The OHD ensured surveillance of capacity growth in knowledge and skills through weekly surveys, monthly reports, and individual check-ins with each CBO throughout the project.

The CHWs were asked the most valuable thing they learned while working with the CCP project.

"Lo mas valioso que aprendi es a continuar siendo empaticos, abogar por las personas y saber que no estamos solos que somos un gran equipo para obtener conocimientos sobrse la prevencion y recursos sobre el COVID."

Translation: "The most valuable thing I learned is to continue to be empathetic, advocate for people and know that we are not alone, we are a great team to obtain knowledge about prevention and resources about COVID."

"I learned that this project is really helping our community. I often feel like I call people and I close cases and that's it. However, I've had multiple people contact me after I have closed their cases to ask me questions or ask for additional help with resources. This makes me really happy because I can see that we ARE making a difference in other's lives. Although sometimes it can be overwhelming ([e]specially working two other jobs) I could not imagine not being able to help out our community."

The CHWs were also asked what impact the CCP project had on their lives.

"I have really enjoyed being in the loop of what is going on in regards to COVID-19 in the state of Utah. It has really helped me to not feel scared, but to feel prepared and know how to keep my family safe."

" I[t] has help[ed] me feel more aware of how big is the lack of knowledge about COVID-19[.] Most people don't take the time to get educated or they don't think COVID is that bad. A lot of people feel like it [is] time to get back to normal so they are just doing their normal routines."

In order to provide adequate mental health support to the CHWs in these emotionally taxing positions, self-care education was provided in weekly check-in calls. Support groups for the CHWs were facilitated by the University of Utah Caring Connections program and Latino Behavioral Health each week in both English and Spanish.

Total Support Groups provided: 22 (12 in English, 10 in Spanish)
Total Self-Care Sessions: 14

STRATEGY #3: BARRIERS-FREE TESTING

Barriers-free testing was a necessary component to the CCP project. Access to testing in underserved and underrepresented communities was a barrier faced by Utah's racial and ethnic minority groups. Perceptions about testing cost, employment hours, and transportation were additional barriers.

The CCP project partnered with the **University of Utah's Wellness Bus (TWB)** to provide no cost testing, no symptoms required to test, and availability in targeted neighborhoods.

The CHWs were safely integrated into the testing process as trusted community members, and provided a familiar presence at testing sites. Interpreters were available to assist limited-English proficient individuals.

Referrals to Testing

As communities reached out to CCP CHWs, they were referred to TWB and other sites for testing.

CCP CBOs/CHWs made more than **6,300** referrals to TWB testing and more than **3,300** to other testing sites between May and December 2020.

LHDs made **79** testing site referrals, and four additional community-based organization partners made **29** testing site referrals from September to December 2020.

The three AUCH health centers partnered with the CCP project tested **8,582** individuals from September to December 2020.

Table 2. CCP CBO CHWs Referrals to Testing Sites, May-December 2020.

	May*	June	July	Aug	Sept	Oct	Nov	Dec	Total
# of people referred to **TWB**	250	1,007	1,197	319	599	633	883	1,478	6,366
# of people referred to **UPHL**	---	---	---	---	---	57	79	123	259
# of people referred to **other testing sites**	14	231	597	392	408	219	676	566	3,103
Total	264	1,238	1,794	711	1,007	909	1,638	2,167	9,782

*Incomplete reporting
Data from CBO Activities Monthly report

Other Testing Sites Referred to: Utah Partners for Health Midvale Health Clinic, Intermountain Healthcare clinics, Midvalley Community Health Center, Salt Lake County testing sites, University of Utah clinics, Urban Indian Center of Salt Lake testing, Midtown Clinic, Our Lady of Lourdes Catholic Church in Magna, Redwood Clinic, IHC Taylorsville Clinic, Midtown Clinic in Ogden, St. Mark's Hospital, Walgreens, TestUtah.

CCP Testing Partner:
The University of Utah Health Wellness Bus (TWB)

In partnership with TWB, CCP developed processes to safely integrate CHWs into testing. **CHWs attended 140 (93%) of the 150 testing sites from May to December 2020.**

CCP CBOs and TWB also worked with partners to sponsor or host **16** sites outside of the regular testing sites. The following CBOs hosted sites: Alliance Community Services, Centro Hispano, Comunidades Unidas, OCA-Asian Pacific American Advocates Utah, Project Success, Somali Community Self-Management Agency, Utah Pacific Islander Health Coalition, and Urban Indian Center of Salt Lake.

TWB tested more than **13,000** individuals, with more than **4,000** individuals being tested at the Utah State Fairpark.

Table 3. TWB Testing, May-December 2020.

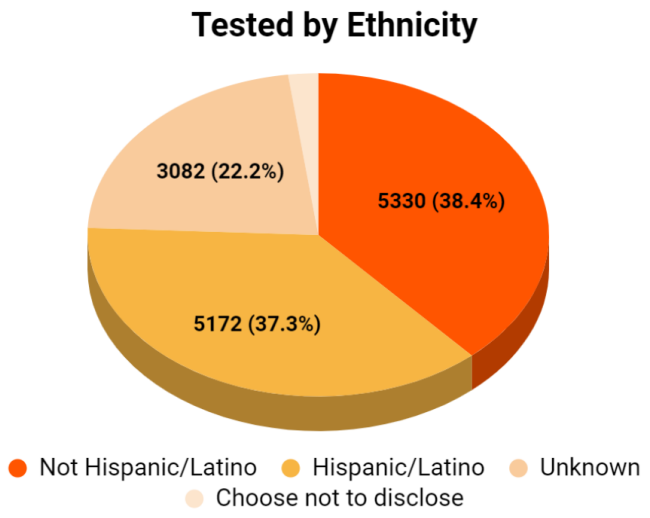
Location/City	Total # of sites	Total # of testing
Centennial Park (West Valley City)	23	1,844
Central Park Community Center (South Salt Lake)	24	1,756
Grangers/LDS Stake Center (West Valley City)	10	560
Kearns Rec Center (Kearns)	12	1,212
Sorenson Multicultural/Unity Center (Glendale)	27	1,822
Utah Pride Center (Salt Lake City)	5	636
Utah State Fairpark (Salt Lake City)	**33**	**4,231**
Hosted Sites	16	1,814
Total	**150**	**13,875**

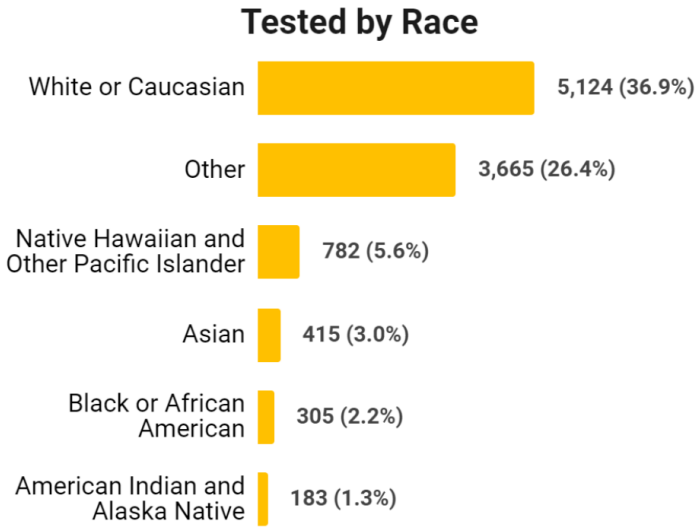
Data from the Wellness Bus COVID Testing.

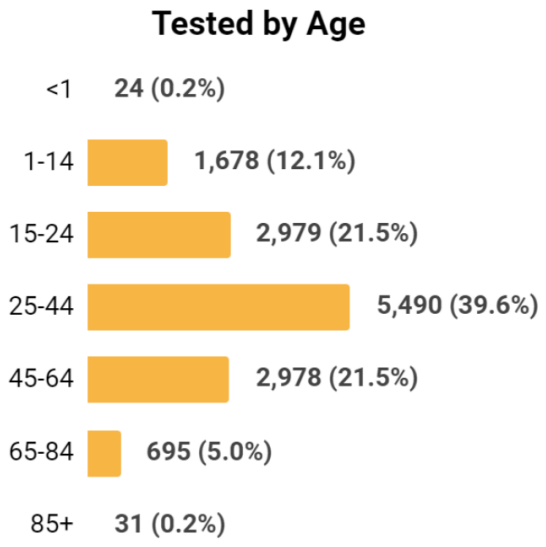
Hosted Sites: Calvary Baptist Church, Centro Civico Mexicano, Church, Comunidades Unidas, Hartland Center, Second Baptist Church, Sorenson Unity Center, South Franklin Community Center, Urban Indian Center, Utah Cultural Celebration Center, Utah State Fairpark, Guadalupe School, and Victor's Event Center.

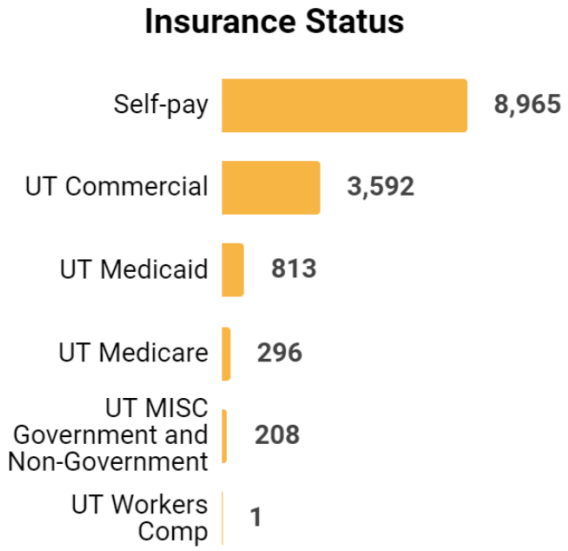
Demographics of CCP Participants (TWB)

Among the 13,875 individuals tested for the CCP project between May and December 2020, about 37.3% were people who identified as **Hispanic/Latino.** Participants who identified as **Native Hawaiian and Other Pacific Islander** (5.6%) are the most common racial minority groups tested at the Wellness Bus. The predominant age group was **25-44 years old** (39.6%), followed by the 15-24 (21.5%) age group, and the 45-64 (21.5%) category. The most common insurance status for the CCP participants was **self-pay** (64.6%). The great majority of participants (87.6%) were from **Salt Lake County**. Approximately 68.3% of the participants spoke **English**, and about 29% of participants spoke Spanish.

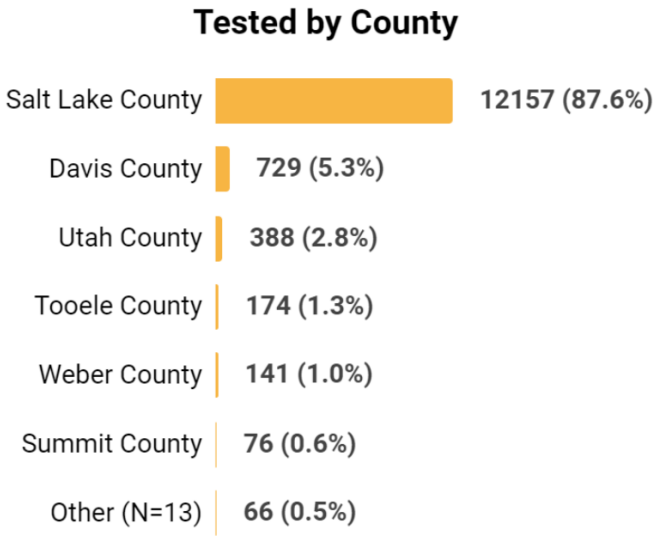


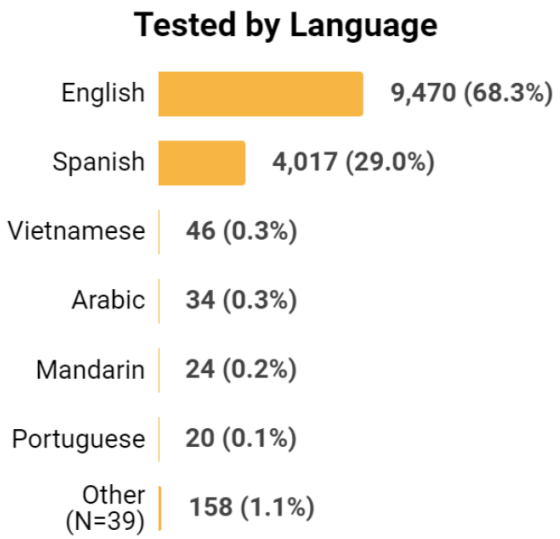






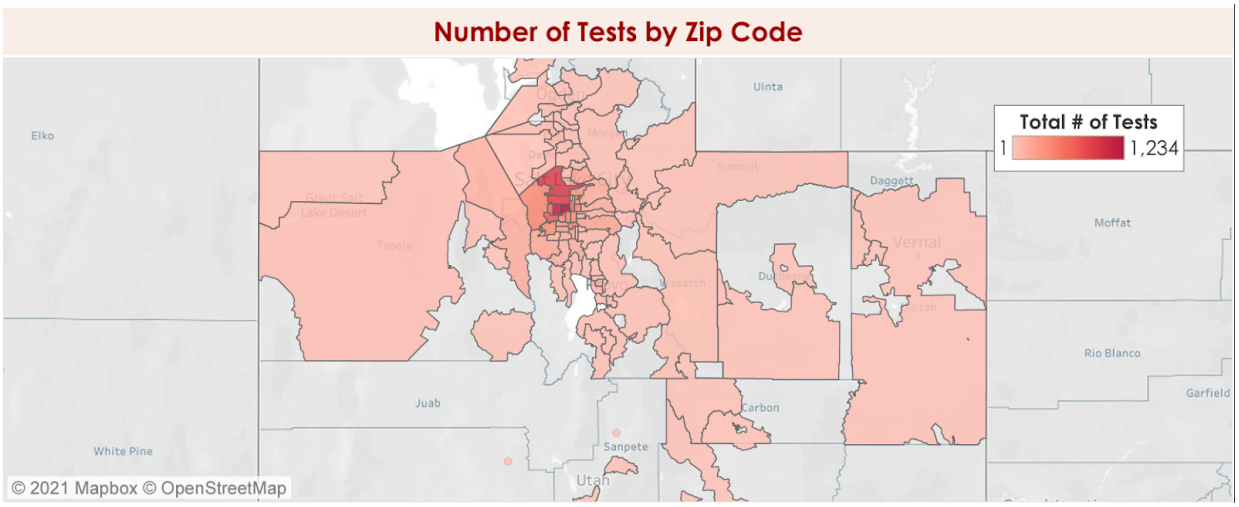
STRATEGY #3: BARRIERS-FREE TESTING





Other Counties:
Box Elder, Cache, Carbon, Duchesne, Emery, Millard, Morgan, San Juan, Sanpete, Sevier, Uintah, Wasatch, Washington, and counties in other states.

Other Languages:
Belgian, Bosnian, Burmese, Cambodian, Cantonese, Eastern Krahn, Esperanto,Farsi, French, Hmong, Indonesian, Italian, Japanese, Karen, Kazakh, Kinyarwanda, Korean, Kurdish, Laotian, Marshallese, Navajo, Nepali, Pashto, Romanian, Russian, Samoan, Sangho, Sign Language, Somali, Sudanese, Swahili, Tagalog, Tamil, Thai, Tibetan, Tongan, Turkish, Urdu, and other.



*Last updated 1/5/2021. Created by Decision Support, University of Utah

Community Tested by Location (TWB)

From May to December 2020, the **Utah State Fairpark** testing site accounted for a large number of total available sites (**33/150**) as well as accounted for the majority of participants tested (**4,231/13,875**).

Overall, **hosted sites** served the largest portions of the targeted communities, especially for American Indian/Alaska Native **(33.9%)**, Black/African American **(33.1%)**, and Asian **(26.3%)**. However, the largest number of Native Hawaiian/Pacific Islander **(19.4%)** were tested at the **Utah State Fairpark** in Salt Lake City . The largest portions of Hispanic/Latino **(26.2%)** were also tested at **Utah State Fairpark.**

Table 4. Number of Each Community Tested by Location, May-December 2020.

Location/Type	Hispanic	Non-Hispanic	American Indian /Alaska Native	Asian	Black/African American	Native Hawaiian /Pacific Islander	White
Centennial Park (West Valley City)	802 (15.5%)	528 (9.9%)	13 (7.1%)	37 (8.9%)	18 (5.9%)	125 (16.0%)	578 (11.3%)
Central Park Community Center (South Salt Lake)	647 (12.5%)	660 (12.4%)	20 (10.9%)	63 (15.2%)	30 (9.8%)	95 (12.2%)	629 (12.3%)
Grangers/LDS Stake Center (West Valley City)	185 (3.6%)	230 (4.3%)	**	21 (5.1%)	**	85 (10.9%)	159 (3.1%)
Kearns Rec Center (Kearns)	570 (11.0%)	399 (7.5%)	**	24 (5.8%)	22 (7.2%)	83 (10.6%)	430 (8.4%)
Sorenson Multicultural/ Unity Center (Glendale)	668 (12.9%)	653 (12.3%)	32 (17.5%)	66 (15.9%)	36 (11.8%)	128 (16.4%)	580 (11.3%)
Utah Pride Center (Salt Lake City)	219 (4.2%)	257 (4.8%)	**	15 (3.6%)	17 (5.6%)	34 (4.4%)	234 (4.6%)
Utah State Fairpark (Salt Lake City)	**1,355 (26.2%)**	1,893 (35.5%)	41 (22.4%)	80 (19.3%)	74 (24.3%)	**152 (19.4%)**	1,891 (36.9%)
Hosted Sites	726 (14.0%)	710 (13.3%)	**62 (33.9%)**	**109 (26.3%)**	**101 (33.1%)**	80 (10.2%)	623 (12.2%)
Total	5,172	5,330	183	415	305	782	5,124

* Not all sites were available during all months.
**Data suppressed to maintain confidentiality.
Data from the Wellness Bus COVID Testing.

Community Testing Reach (TWB)

Table 5. Percent of Individuals Tested by TWB by Community, May-December 2020 Compared to April-May 2020 Baseline.

Testing Rates*	Apr 3- May 8 Baseline	May-Sept	Oct	Nov	Dec	Total
Hispanic	34.2%	41.5%	33.8%	33.7%	29.8%	37.3%
Non-Hispanic	33.3%	35.1%	35.9%	42.7%	46.8%	38.4%
American Indian/ Alaska Native	0.9%	1.7%	0.6%	0.8%	1.2%	1.3%
Asian	1.9%	3.8%	2.8%	1.4%	2.5%	3.0%
Black/African American	2.2%	2.7%	1.5%	1.6%	1.9%	2.2%
Native Hawaiian/ Pacific Islander	10.3%	6.8%	6.3%	3.9%	3.6%	5.6%
White or Caucasian	30.6%	33.1%	33.4%	44.0%	43.6%	36.9%
# of Total Testing	696	7,185	1,778	3,106	1,806	13,875

Data from the Wellness Bus COVID Testing.

Before the CCP project, TWB served seven (7) languages among 696 participants with more than 71% speaking English and 27% speaking Spanish.

Since the CCP project, TWB has served **45 languages among 13,875 participants with 68% speaking English and 29% speaking Spanish.**

CCP Testing Partner:
The Utah Public Health Laboratory (UPHL)

From September to December 2020, the UPHL has tested **534** individuals at **18** total sites, with **18%** of individuals testing positive. About **15%** of individuals consented for a CHW follow-up for assistance with social needs.

Most of the participants **(145/534)** were tested at the **Enola Gay Hangar** in Wendover. The Enola Gay Hangar also accounted for a large portion of UPHL's hosted testing sites (**4/18**).

Table 6. The UPHL Testing, September-December 2020.

Location	# of Sites	# of Consented Participants	# of Positive Tests	# of Tests
Cache County Event Center (Logan)	1	5	11	35 (7%)
Church of Jesus Christ of Latter-day Saints Stake Center (Provo)	3	22	14	114 (21%)
Enola Gay Hangar (Wendover)	**4**	18	43	**145 (27%)**
Open Arms (Salt Lake City)	2	1	0	22 (4%)
Peak Ice Arena (Provo)	1	1	6	18 (3%)
Scera Park Pool (Orem)	3	16	15	144 (27%)
South Franklin C. Center (Provo)	2	5	4	28 (5%)
Tongan United Methodist Church (West Valley City)	2	11	1	28 (5%)
Total	**18**	**79 (15%)**	**94 (18%)**	**534**

Data from the UPHL COVID Testing

Reaching Utah's Racial and Ethnic Minority Groups

The CCP project was vital to address disparities faced by Utah's most underserved populations during this pandemic. The CCP project's targeted focus on vulnerable communities created a more expansive reach into racial and ethnic minority communities, when compared with the reach of the state of Utah's overall COVID-19 testing efforts.

Utah Overall Testing

The CCP project testing at TWB has reached more racial/ethnic minority communities compared to all tests conducted in Utah statewide. Of the 13,875 individuals tested at the TWB, people who were **Hispanic** accounted for the largest portion of the target communities **(37.3%)**. TWB also served more racial minority groups than Utah overall, including people who identify as **American Indian/Alaska Native** (1.3%), **Asian** (3.0%)**, Black or African American** (2.2%), and **Native Hawaiian or Pacific Islander** (5.6%).

Table 7. Utah COVID-19 Testing, May-December 2020.

	TWB Total Tests	Salt Lake County Total Tests*	Utah Overall Total Tests*
Hispanic	5,172 (**37.3%**)	166,751 (16.4%)	329,272 (12.7%)
Non-Hispanic	5,330 (38.4%)	710,692 (69.9%)	1,895,500 (73.0%)
American Indian/Alaska Native	183 (**1.3%**)	7,889 (0.8%)	30,018 (1.2%)
Asian	415 (**3.0%**)	28,751 (2.8%)	48,527 (1.9%)
Black/African American	305 (**2.2%**)	22,245 (2.2%)	39,358 (1.5%)
Native Hawaiian/Pacific Islander	782 (**5.6%**)	22,972 (2.3%)	40,766 (1.6%)
White alone, not Hispanic/Latino	3,399 (24.5%)	639,221 (62.8%)	1,772,670 (68.3%)
# of Total Testing	13,875	1,017,098	2,596,325

*Data pulled: 1/8/2021
*Data from Utah COVID-19 Surveillance Total Tests Data, 2021-01-08.
Note: This calculates the total number of tests. This does not account for people being tested multiple times.

Percent of Positive Tests

From May to December 2020, the number of positive tests at TWB (**24.2%**) was more than double positive testing in Salt Lake County (**11.2%**) and Utah overall (**11.6%**). The percentage of positive testing through CCP COVID-19 testing was also much higher than the baseline (**13.5%**), TWB data reached before the CCP project that was used to compare increased reach within racial/ethnic minority groups.

Table 8. Percent of Positive Tests, May-December 2020 Compared to April-May 2020 Baseline.

	Apr 3- May 8 Baseline	May	June	July	Aug	Sept	Oct	Nov	Dec	Total (May-Dec)
% positive TWB	**13.5%**	8.3%	16.7%	15.5%	13.8%	15.2%	24.2%	26.0%	23.2%	**24.2%**
% positive Salt Lake County*	-	6.2%	9.6%	8.9%	6.7%	8.3%	11.4%	15.2%	12.9%	**11.2%**
% positive Utah overall*	-	4.9%	8.5%	8.6%	6.8%	9.1%	11.1%	14.9%	14.5%	**11.6%**

*Data pulled: 1/8/2021
*Data from Utah COVID-19 Surveillance Total Tests Data, 2021-01-08

Note: This calculates the number of positive tests out of the total number of tests per month. This does not account for people tested multiple times and is calculated differently than the "Person/Person" method used on the state public dashboard. Please see https://www.cdc.gov/coronavirus/2019-ncov/lab/resources/calculating-percent-positivity.html for more information on different methods of calculating percent positivity.

Percent of Positive Tests by Race/Ethnicity

The percentage of positive tests of racial/ethnic minority groups at the Wellness Bus was **higher** when compared with the rest of the state of Utah, especially for people who identify as **Hispanic** (50.0%), **Black or African American** (1.5%), and **Native Hawaiian or Pacific Islander** (4.4%).

Of the racial/ethnic minority groups being tested, percent positivity for people who identify as **Hispanic (25.9%)**, and **Black or African American (13.4%)** was higher than the Utah overall as well.

Table 9. Percent Testing Positive, May-December 2020.

Percent Testing Positive	**TWB Testing**	Utah Overall Testing**
Hispanic	**50.0% of positive tests (1,341/2,680)*** **25.9% of Hispanics tested positive (1,341/5,172)***	22.3% of positive tests (67,025/299,974) 20.4% of Hispanics tested positive (67,025/329,272)
Non-Hispanic	24.2% of positive tests (649/2,680) 12.2% of Non-Hispanics tested positive (649/5,330)	67.6% of positive tests (202,751/299,974) 10.7% of Non-Hispanics tested positive (202,751/1,895,500)
American Indian/ Alaska Native	0.7% of positive tests (20/2,680) 10.9% of AI/AN tested positive (20/183)	1.5% of positive tests (4,517/299,974) 15.0% of AI/AN tested positive (4,517/30,018)
Asian	1.6% of positive tests (42/2,680) 10.1% of Asians tested positive (42/415)	1.9% of positive tests (5,822/299,974) 12.0% of Asians tested positive (5,822/48,527)
Black/ African American	**1.5% of positive tests (41/2,680)** **13.4% of B/AA tested positive (41/305)**	1.4% of positive tests (4,160/299,974) 10.6% of B/AA tested positive (4,160/39,358)
Native Hawaiian/ Pacific Islander	**4.4% of positive tests (117/2,680)** 15.0% of NHPI tested positive (117/782)	2.7% of positive tests (7,977/299,974) 19.6% of NHPI tested positive (7,977/40,766)
White alone, not Hispanic or Latino	14.1% of positive tests (379/2,680) 7.4% of Whites tested positive (379/3,399)	61.3% of positive tests (183,759/299,974) 10.4% of Whites tested positive (172,759/1,772,670)

*Note: "% of positive tests" defined as of the positive tests how many percent are R/E; "% of R/E tested" defined as of the R/E being tested how many percent are positive
**Data pulled: 1/8/2021
**Data from Utah COVID-19 Surveillance: Total Tests data, 2021-01-08.

Note: The percent positivity here uses "Test over test" method. This does not account for people tested multiple times and is calculated differently than the "Person/Person" method used on the state public dashboard. Please see https://www.cdc.gov/coronavirus/2019-ncov/lab/resources/calculating-percent-positivity.html for more information on different methods of calculating percent positivity.

STRATEGY #4: ADDRESSING NEEDS

Onsite Social Determinants of Health (SDOH) Screening

The CCP project integrated CHWs from community-based organizations (CBOs) into the barriers-free testing process to conduct onsite social determinants of health (SDOH) pre-test screenings to assess and identify needs within communities. During the pre-test SDOH screening, CHWs assessed individuals for social needs and gained an understanding of community social needs. Consent for follow-up and contact information was collected from individuals who indicated they needed assistance in meeting one or more of these needs.

Between May and December, CBO CHWs conducted 6,303 pre-test SDOH screenings onsite. Of the individuals screened onsite, **37% (2,328)** consented for a CHW follow-up for assistance with one or more needs.

CBO CHWs followed-up with consenting participants within one week of testing and conducted a post-test SDOH screening. They also provided education on isolation and quarantine.

Participants were asked if they needed help with any of the following needs. The SDOH pre-test screening conducted onsite was less extensive than the SDOH post-test screening, which was conducted after participants were referred to a CHW.

SDOH Pre-Test Screening	SDOH Post-Test Screening
• Paying for or getting food • Paying for or having a place to live • Help with lost wages or help looking for work • Paying for or getting medicine or prescriptions • Help with accessing a computer, phone, or internet connection • Any other needs	• Paying for or getting food • Paying for or having a place to live • Paying for utilities bills like electricity or water • Help with lost wages or help looking for work • Transportation to do the things you need to do • Paying for health visits or other health care • Paying for or getting medicine or prescriptions • Getting mental health services • Feeling safe at home

Comparison of needs asked about in SDOH pre-test (onsite) screening and needs asked about in SDOH (follow-up) post-test screening.

STRATEGY #4: ADDRESSING NEEDS

Onsite Social Determinants of Health (SDOH) Screening

Social Needs Identified at Testing with The Wellness Bus (TWB) and the Utah Public Health Lab (UPHL)

There were many households screened for social needs with the SDOH pre-test at TWB and UPHL.

- Households who needed help with social needs: 981 (15.63%)
- Households who needed help with social needs ONLY if the person tested positive: 1,678 (26.73%)
- Households who did NOT need help with social needs: 3,618 (57.64%)

The average household size of participants screened for SDOH was four (4) individuals per household and households ranged from one to sixteen people in size.
Between May and June, 43% of those tested were tested with other household members. This dropped to 32% by December.

Total Households Screened Onsite:
6,277

The primary social needs identified by households included assistance with food, housing, employment, prescriptions, and technology. Some social needs were contingent on only needing assistance if they tested positive for COVID-19. The number of households screened with social needs and social needs if the person tests positive are separated by need in the table below.

Table 10. Number of Households Screened with Social Needs, May-December 2020.

Social Need	Households who needed help with social needs	Households who needed help with social needs ONLY if the person tested positive	All
Food	469 (35%)	839 (38%)	1,308 (37%)
Housing	448 (33%)	700 (31%)	1,148 (32%)
Employment	413 (31%)	565 (25%)	978 (27%)
Prescriptions+	191 (14%)	248 (11%)	439 (12%)
Technology*	166 (12%)	64 (3%)	230 (6%)
Total^	1,345	2,231	3,576

+The question about help with paying for or getting medicine or prescriptions was not asked in May.
*Help with accessing a computer, phone, or Internet connection
^Numbers will not sum to total because households could select all that apply.

STRATEGY #4: ADDRESSING NEEDS

Follow-Up Social Determinants of Health Screening

CCP contracted partners implemented unique processes to identify and refer individuals affected by COVID-19 to a CHW for assistance.

Community-Based Organizations

Participants who consented for a follow-up at testing sites were assigned to a CHW for a three-week case period within contracted community-based organizations (CBOs). Participants were assigned to CBOs based on need, language capacity, cultural norms, and CBO capacity.

Association for Utah Community Health (AUCH)

Positive cases who were tested at one of the three contracted AUCH community clinics located in Weber, Utah, and Washington counties were asked if they needed assistance from a CHW for help with basic needs. Individuals who responded "yes" were referred to a CHW for post-testing follow-up.

Local Health Departments (LHDs)

Within the UDOH, the OHD and CHW Liaison worked with the Disease Control and Prevention (DCP) Informatics Program to incorporate a basic needs question into the case investigation process. The question asked individuals being contacted by a contact tracer if they needed assistance from a CHW to connect them to resources for basic needs to help with isolation and quarantine. Individuals who responded "yes" to this question, were referred to a CHW for follow-up.

STRATEGY #4: ADDRESSING NEEDS

Follow-Up Social Determinants of Health Screening

During follow-up, CHWs conducted comprehensive post-test SDOH screenings, provided referrals to resources, and educated participants on isolation and quarantine.

Total number of individuals assigned to a CCP CHW for follow-up: **10,653**

Community-Based Organizations

Of participants who consented for follow-up:

- 2,025 were assigned to a CBO for a CHW follow-up
- 1,307 completed a post-test SDOH screening

Of participant households who completed a post-test SDOH screening:

- **562 (28%) had social needs**
- 713 (35%) had no needs at the time
- 749 (37%) needs were unknown

On average, households reported needing help with at least one (1) social need. However, households reported needing help with anywhere from one (1) to eight (8) social needs.

Of households who had social needs:

- **377 (70%) had 1-2 social needs**
- 135 (25%) had 3-4 social needs
- 27 (5%) had 5+ social needs

Table 11. Top Three Social Needs by Community, May-December 2020.

Hispanic/Latino (N = 301)*	1. Housing (193) 2. Food (156) 3. Utilities (128)
Non-Hispanic (N = 129)	1. Housing (79) 2. Food (78) 3. Utilities (40)
American Indian/ Alaska Native (N = <5)	1. Any Other Need (<5) 2. Work (<5)
Asian (N = 23)	1. Housing (14) 2. Food (13) 3. Any Other Need (8)
Black/African American (N = 25)	1. Housing (19) 2. Food (18) 3. Any Other Need (7)
Native Hawaiian/ Pacific Islander (N = 20)	1. Food (12) 2. Housing or Utilities (11) 2. Work (7)
White or Caucasian (N=155)	1. Housing (100) 2. Food (76) 3. Utilities (64)
White, Non-Hispanic (N=51)	1. Housing (30) 2. Food (28) 3. Utilities (22)

CBO overall top three social needs identified in the post-test SDOH screening were:
1. Housing (364)
2. Food (284)
3. Utilities (212)

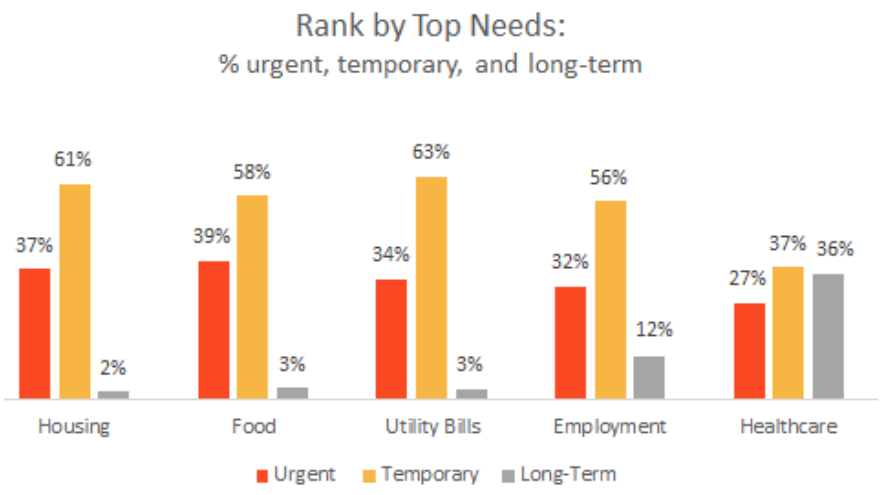
STRATEGY #4: ADDRESSING NEEDS

Follow-Up Social Determinants of Health Screening

Community-Based Organizations

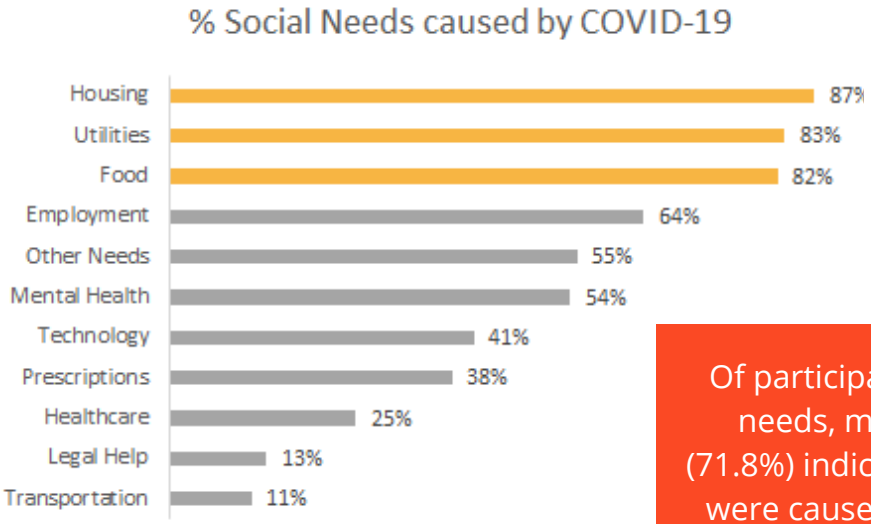
During the post-test SDOH screening, CHWs identified specific needs, ranked the needs as: urgent (24-72 hours), temporary (1 week-3 months), or long-term (ongoing);
and ascertained if the needs were caused by COVID-19.

Most needs were identified as temporary, but many individuals identified urgent social needs.



Of participants with social needs:

- 30.7% identified the need as urgent
- 49.5% indentified the need as temporary
- 7% identified the need as long-term



Of participants with social needs, more than half (71.8%) indicated their needs were caused by COVID-19.

COVID-19 Protocols Education

The CCP project aimed to mitigate spread of COVID-19 by connecting participants with resources, as well as providing education to support them in adhering to public health guidance. CHWs provided education about COVID-19 public health protocols, answered any questions from participants, and sent educational materials electronically.

CBO CHWs provided education to **38.9% (481) of participants** who identified one or more social need(s).

STRATEGY #4: ADDRESSING NEEDS

Follow-Up Social Determinants of Health Screening

Association for Utah Community Health (AUCH)

Of individuals who tested positive at partnered AUCH health centers, **2,192 were referred to an AUCH CHW for follow-up.**

- Number referred by health center
  - Mountainlands (Provo): 399
  - Midtown (Ogden): 1,002
  - Family (St. George): 791

174 individuals reported having one or more social need(s).

- Number reporting need(s) by health center:
  - Mountainlands (Provo): 102
  - Midtown (Ogden): 58
  - Family (St. George): 14

AUCH top three social needs identified in the post SDOH screening were:
1. Housing (34.7%)
2. Food (16.5%)
3. Utilities (11.7%)

Local Health Departments (LHDs)

Of individuals who tested positive in each LHD's jurisdiction, **6,436 were referred to an LHD CHW for follow-up** from a contact tracer after reporting having one or more social need(s).

- Number of individuals referred to resources by LHD:
  - Bear River: 212
  - Central: 68
  - Davis: 1,345
  - Salt Lake: 3,122
  - San Juan: 65
  - Summit: 181
  - Tooele: 20
  - TriCounty: 151
  - Utah: 1,231
  - Wasatch: 121
  - Weber-Morgan: 871

*Not including Southeast LHD

LHD top three social needs identified each month:
1. Housing (26%)
2. Food (26%)
3. Utilities (11.4%)

STRATEGY #4: ADDRESSING NEEDS

Referring to Resources

Total number of individuals referred to resources: **7,064**

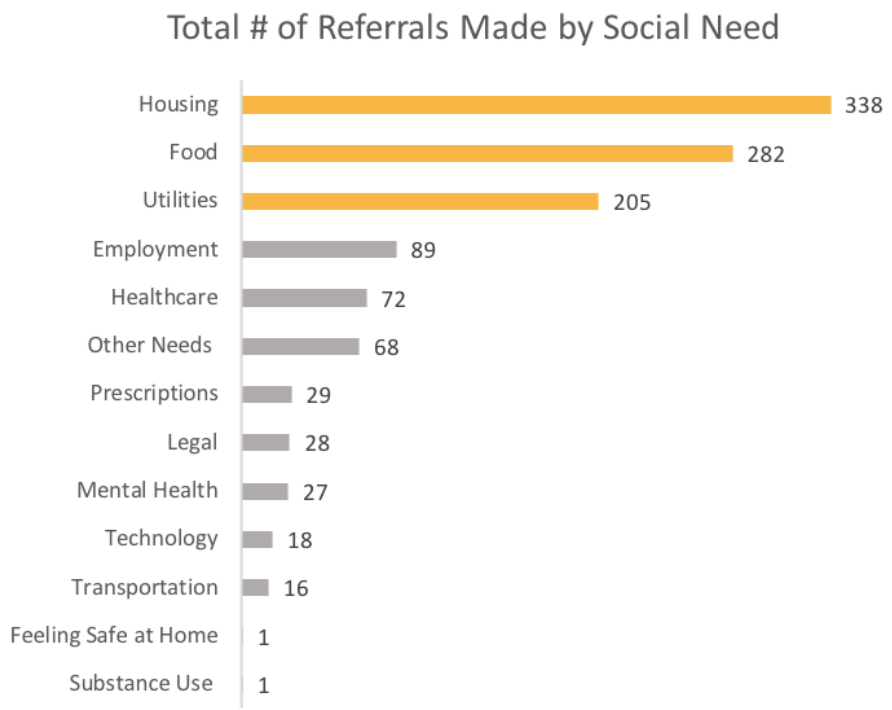
Accessible wrap-around funding was made accessible for CHWs through AUCH discretionary funds to apply for and meet participants' urgent needs.

After post-test SDOH screenings were conducted by the CHW in follow-up to identify and better understand social needs, CHWs connected participants and their households to resources and provided referrals to resources based on identified needs. The purpose of this strategy was to help participants meet their basic needs, enabling them to follow quarantine and isolation guidelines and reduce the spread of COVID-19.

Community-Based Organizations

Between May and December 2020, CBOs referred a total of **536 participants** to community organizations and resources to address identified social need(s).

Many participants were referred to more than one resource (total # of referrals does not sum to total of clients).



All social needs are complex and referrals to access resources vary depending on each participant's unique needs.
Resources with varied referral options include:

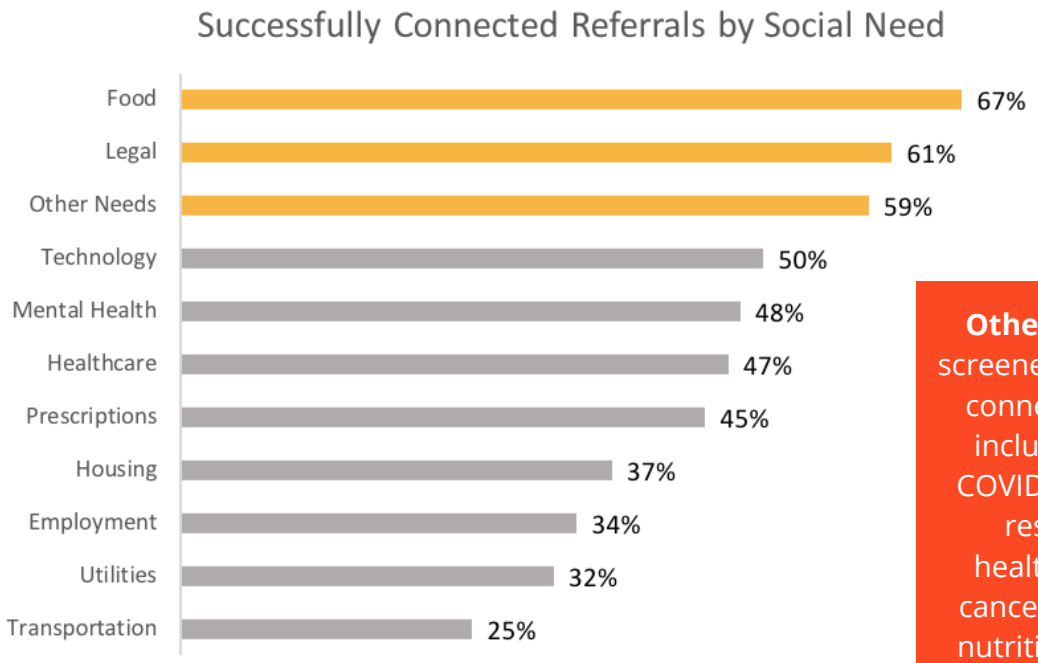
- Housing: Temporary or long-term rental assistance/subsidy; Temporary mortgage assistance; Shelter provision to quarantine or isolate; Emergency shelter for homelessness or domestic violence; Assistance paying for deposit post-eviction
- Food: Temporary or long-term food assistance; Grocery delivery; Gardening programs for self-sustainability
- Healthcare: Free / low-cost healthcare visits and clinics; Hospital bill assistance; Health insurance enrollment

STRATEGY #4: ADDRESSING NEEDS

Referring to Resources

Community-Based Organizations

CHWs followed up with clients to determine who was successfully connected to resources after referral within the three-week case time period. CHWs were able to connect clients to services for food, legal advice and other needs a majority of the time.



Other Needs that were not screened for but were provided connection to resources for include: hygiene products; COVID information; disability resources; specialized healthcare treatments e.g. cancer screenings; furniture; nutrition; financial education assistance, and more.

Local Health Departments (LHDs)

2,381 individuals were referred to a resource by an LHD CHW after follow-up.

- Number of individuals connected to resources by LHD:
  - Bear River: 114
  - Central: 45
  - Davis: 510
  - Salt Lake: 2,734
  - San Juan: 51
  - Summit: 125
  - Tooele: 5
  - TriCounty: 151
  - Utah: 519
  - Wasatch: 78
  - Weber-Morgan: 482

*Not including Southeast LHD

STRATEGY #4: ADDRESSING NEEDS

Referring to Resources

Association for Utah Community Health (AUCH)

Of individuals referred to AUCH CHWs for follow-up, **92 referrals to community resources were made.**

- Number referred to resources by health center:
  - Mountainlands (Provo): 77
  - Midtown (Ogden): 6
  - Family (St. George): 9
- Of individuals referred to resources:
  - 33 (35.9%) were successfully connected
  - 22 (23.9%) were not connected*
  - 3 (3.3%) were still connecting**

Limitations with Resource Connection

Some participants were not determined successfully connected to a resource following a referral. CBO CHWs attempted to catalogue why participants were not connected to a resource post-referral at time of case closure. However, there were limitations with this data collection in being able to determine these gaps in resource connection accurately. Identified reasons for unsuccessful connection are listed below.

**Top 3 Reasons Not Connected:

- Application was still processing with organization when CHW closed the case
- Participant had not yet completed application process when CHW closed the case
- Participant did not respond to CHW to confirm resource was connected

*Other reasons for resources not being connected or considered still connecting include: Participant decided not to access services at this time; CHW could not find services for this specific resource; Participant did not qualify for the organization's services; CHW did not follow up with participant to confirm services were given; Organization did not respond to participant or CHW; Participant did not have documentation to complete application; Language barriers were presented to participants accessing assistance.

STRATEGY #5: COMMUNITY OUTREACH

CCP partners provided outreach and education regarding COVID-19 in order to raise awareness and answer questions from community members.

Total estimated reach through outreach education efforts from May to December 2020: **2,915,785**

Topics covered include: COVID-19 Testing Sites and Locations, How to use a Mask, Social Distancing, Quarantine and Isolation, COVID-19 Housing Resources, COVID-19 Financial Coaching, COVID-19 Workers Safety and Rights, Free PPE Resources, Staying Active while 6-feet Apart, Importance of Handwashing, COVID-19 Updates, Voter Registration, 2020 Census, and Flu Shots, COVID-19 Vaccination

Types of Outreach Activities:

Social media: Facebook, Instagram, Twitter, LinkedIn, YouTube posts in multiple languages
Mass communication: Flyers, billboards, WhatsApp, mass emails, Webchat, board group texts, GroupMe
Small group/family education: Family gatherings, support groups, virtual community gatherings/classes, virtual meeting with church leaders, virtual discussion with youth council, Utah Black Roundtable discussions
Communication campaigns, publications, broadcasts: Telemundo interview, La Bala Magazine, 801 Radio Samoa Sailimalo Interview, Radio PSA 102.3 FM, webcasts/live streams, Salt Lake Tribune article, UDMA Newsletter, Virtual Town Hall
Other outreach activities: Testing site outreach, mask giveaways, help line, testing site bag giveaways

CHWs made referrals through utilization of original community partnerships, including:

- Department of Workforce Services
- Utah Community Action
- Salt Lake County
- GOMB Changing the Curve Initiative
- UDOH Vulnerable Populations Taskforce
- UDOH Surveillance Team
- Language Mission Team
- UDOH Refugee Health Program
- Multicultural Commission COVID-19
- University of Utah College of Nursing
- Utah Neighborhood Partners

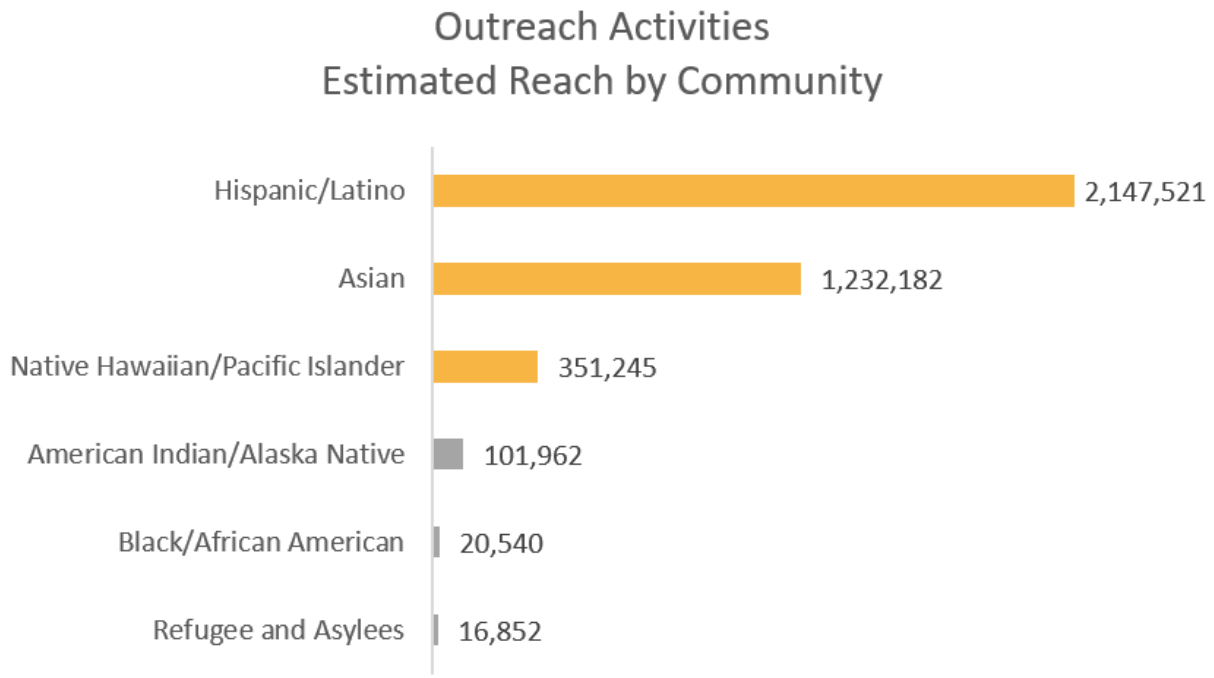
Partnerships

CBOs also reported new partnerships they made each month, with a total of **300 new partnerships** formed from May to December 2020.

STRATEGY #5: COMMUNITY OUTREACH

The CBOs engaged in more than **12,000** outreach activities between May and December 2020, with an estimated reach of more than **2,600,000**.

Outreach communication was delivered in more than 49 different languages. The top outreach methods throughout all communities were social media, communication campaigns, and mass communication.



Data from CBOs have been grouped by community. Hispanic/Latino is represented by Alliance Community Services, Centro Hispano, Community Building Community, Comunidades Unidas and Holy Cross Ministries; Asian is represented by OCA - Asian Pacific American Advocates; Pacific Islander & Native Hawaiian is represented by Utah Pacific Islander Coalition; American Indian is represented by Urban Indian Center of Salt Lake; Refugee & Asylee is represented by International Rescue Committee and Somali Community Self-Management Agency; and Black/African American is represented by Project Success.

The LHDs also engaged in outreach activities from September to December 2020, with an estimated reach of **315,785**.

Utah's diverse communities faced many barriers between May and December 2020. The CCP project was able to identify and further understand the intersection and compounding of barriers by having CHWs integrated into the COVID-19 response within the communities they served throughout the pandemic. These primary barriers prevented individuals from having all of their primary and basic needs met. However, CBOs were also able to identify actions communities took over these few months in response to the pandemic.

Community Challenges and COVID-19 Public Health Guidance

The OHD conducted a survey with participants to identify the main challenges individuals and communities faced with regard to following public health guidance with isolation and quarantine between May and November 2020.

The biggest barriers all communities faced are listed in order of prevalence:

- *Other home barrier.*
- I didn't have a different bathroom.
- I was the only person who could take care of my children or other people.
- I had to get food and supplies.
- I wanted to go outside.
- I am an essential employee.
- I couldn't work from home in my kind of job.
- I felt fine.
- I tested negative and didn't think I needed to go into quarantine.
- *Other work barrier.*
- I had to work to pay my bills or keep my benefits.

COMMUNITY CHALLENGES FROM COVID-19

Each month between May and December 2020, CBOs identified what barriers their communities faced during the COVID-19 pandemic. CBOs also identified what their communities were doing to adapt to COVID-19, highlighting the resiliency Utah's most underserved populations have. Common themes are grouped below by how frequently CBOs identified these actions in their communities.

Barriers Presented in Communities

May – July 2020	Language / Cultural Barriers	**Not Understanding or Believing Public Health Protocol**	**Paying for Rent, Food & Basic Needs**	Reduced or No Employment
August – October 2020	**Not Accessing Community Resources**	**Not Understanding or Believing Public Health Protocol**	**Paying for Rent, Food & Basic Needs**	Concern with Rising Case Count
November – December 2020	**Not Accessing Community Resources**	Holiday Season Group Gatherings	Isolated / Mental Health Issues	COVID Vaccine Concerns / Misinformation

Actions Taken to Cope with Pandemic

May – July 2020	**Wearing Face Masks**	Social Distancing / Hosting Activities Outdoors	Support From Community Members	Staying at Home
August – October 2020	**Wearing Face Masks**	Accessing Community Resources	Accessing the Flu Vaccine	Quarantining / Isolating as Needed
November – December 2020	Meeting with Groups Virtually	Listening to Correct Public Health Protocol	Willingness to Get COVID Vaccine	Combining Households for Cost

PARTICIPANT STORIES

CHWs from the CBOs, LHDs, and AUCH shared stories and experiences from their participants during the CCP project. These stories show the positive impact that CHWs had on families who needed help accessing resources. These stories from Utah's diverse communities increased awareness of the different barriers that have been exacerbated by COVID-19 and represent the difficult nature of this pandemic. In an attempt to understand the barriers our at-risk communities faced, general findings and considerations were identified below with story quotes representing each theme shared below.

People's needs were complex.

- By identifying and determining at-risk populations' needs through the lens of Social Determinants of Health, many families' and individuals' needs became present or exacerbated by the pandemic. Many of the diverse needs of families and individuals included accessing financial aid, accessible healthcare, and even grocery services.

> "He tested positive for Covid before he needed to start his [chemotherapy] for cancer. He was unable to pay rent and other bills. He also needs some help with medical bills for his cancer treatment. I was able to apply for discretionary funds so he can pay some of his bills and he can continue with his cancer treatment. He has been able to receive help for his treatment and he has being able to isolate and he did not have to worry about paying his bills and he could just focus on his cancer treatment."

Families were at risk of losing their homes.

- For families and households that are at-risk for COVID-19 due to multigenerational households, or compromised health, accessing an isolation shelter was difficult. Family dynamics also had impacts on housing situations. Several participant stories revolved around the need for rental and mortgage assistance. Many families' and individuals' primary concern was centered around keeping their homes and having shelter. More stories revealed families in unique housing situations were impacted by familial structures.

> "Participant was in quarantine 3 times because of being exposed to Covid through coworkers. Was positive for COVID-19 the third time and was unable to work and thus did not get paid. Lost her manufactured home because she wasn't able to pay for that month's rent and did not have money to pay her bills or food. Had to live in a shelter for a month with her children. The participant's children were affected by this emotionally after living through this traumatic experience and have had to go to therapy now and also the participant. Participant was referred to rental assistance, bill assistance, food banks, and food distribution through our organization. Participant is slowly getting back to her normal life and working and is now in a stable housing with her children."

PARTICIPANT STORIES

Families became food insecure.

- Families and individuals were threatened with food insecurity after reduced wages, and affording groceries became a significant burden during this pandemic. An inability to purchase food during quarantine and isolation was an additional barrier for many families and individuals contracting COVID.

"My client needed someone to talk to as well as food assistance. My client was going through some tough times during COVID, she couldn't work due to her catching the virus and her work didn't pay for the days she was being isolated, luckily she was able to pay rent but food was something she was worried about. I helped her with those resources [and] then we stayed on the phone talking about how hard these times are and she was able to express all her concerns and you could tell that she had felt relieved from it."

Unemployment created and further aggravated barriers during the pandemic.

- Families and individuals were discouraged in applying for and gaining assistance from resources due to constant denial and inaccessibility (language barrier, geographic location, etc.).

"The participant contracted COVID-19. A couple weeks after he recovered from COVID-19, he began to have heart issues. He had to have emergency heart surgery. He was given unemployment but then had to give it back as he received a letter stating that due to his inability to work, he did not qualify. The participant had an eviction notice placed on his door for the month of December. We were able to obtain rental assistance and food for him during this month and are in the process of helping him find affordable housing. The problem was that they had COVID-19, emergency heart surgery, and was in the process of being evicted. We were able to get him rental assistance and food. We are in the process of connecting him with affordable housing. His rent was paid for the month of December but he is still dealing with all of the other issues."

CCP PROJECT EXTENSION 2021

In December 2020, the OHD was able to extend the CCP project with funding from the Intermountain Foundation through June 2021. The extension of the CCP project is necessary as the COVID-19 pandemic continues to affect Utah communities. The main goals of the next phase will be to adapt to community needs as they are identified, as well as continue to link underserved populations to barriers-free testing, assist those who need help through quarantine and isolation with needed resources, and establish a new focus on helping communities understand and access COVID-19 vaccines.

As addressing COVID-19 continues to shift toward vaccines, the CCP project emphasis will include preparing CHWs and CCP partners through COVID-19 vaccine training sessions, education and information for communities, and assisting with vaccination clinics throughout the state. The extension of the CCP project allows for the continuation of services targeting underserved and underrepresented communities, particularly racial/ethnic minorities through the COVID-19 pandemic. Partnerships with TWB and the UPHL have provided access to testing through barrier-free measures to communities hit hardest by the virus. As resources are often difficult to access due to technological, language, and geographic barriers, CHWs acting as advocates for their communities as trusted sources of assistance and information continues to be essential. With partnerships from LHDs and AUCH, the project has increased the ability for CHWs to support communities who have fewer options for resources, particularly those in rural areas, and will be vital during the COVID-19 vaccine distribution process.

As COVID-19 continues to affect communities across Utah, the CCP project will continue to support CBOs, LHDs, and other organizations to provide advocacy, support, funding, and assistance to CHWs. This support will help communities withstand the effects of dealing with this pandemic and propel us toward recovery.

APPENDIX

Commonly Used Terms

Health Disparities: A type of difference in health that is closely linked with social or economic disadvantage. Health disparities negatively affect groups of people who have systematically experienced greater social or economic obstacles to health. These obstacles stem from characteristics historically linked to discrimination or exclusion such as race or ethnicity, religion, socioeconomic status, gender, mental health, sexual orientation, or geographic location.

Social Determinants of Health: Conditions in which people are born, grow, live, work and age, including the health system. These circumstances are shaped by the distribution of money, power and resources at global, national and local levels, which are themselves influenced by policy choices. The social determinants of health are mostly responsible for health inequities - the unfair and avoidable differences in health status seen within and between countries.

Definition of Acronyms

UDOH = Utah Department of Health
OHD = Office of Health Disparities
CCP = COVID Community Partnership
CHW = Community Health Worker
CBO = Community-Based Organization
LHD = Local Health Department
AUCH = Association for Utah Health
UPHA = Utah Public Health Association
TWB = The University of Utah Wellness Bus
UPHL = Utah Public Health Laboratory
SDOH = Social Determinants of Health

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