COVID Community Partnership project 2021–2022: Phase 4 interim report

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Executive summary

The COVID Community Partnership (CCP) project launched in May 2020 to address disparities in COVID-19 related health outcomes among under-resourced communities in Utah. The CCP project employs community health workers (CHWs) from diverse communities throughout the state by partnering with community-based organizations (CBOs) and local health departments (LHDs) to incorporate CHWs into the COVID-19 emergency response.

Strategies and key findings

Outcomes reported Phase 1 (May 2020) through Phase 4 interim (March 2022) unless specified otherwise.

1. Partnerships to reach diverse communities
   - Partnered with 21 CBOs and all 13 of Utah's LHDs
2. Building CHW capacity
   - Onboarded 156 CHWs in Phase 4 interim
   - Provided 161 CCP check-in calls
   - Mental health support included 6 types of groups, 94 self-care sessions, and 4 trainings
3. Access to testing and vaccines
   - 57,005 referrals to testing
   - 72,007 referrals to vaccine clinics
   - Hosted 850 vaccine sites hosted; supported 1,326 vaccine sites
4. Addressing social needs
   - 27,298 individuals referred to CCP CHW for follow-up
   - Top 3 needs: Housing, food, utilities
   - 11,352 individuals referred to resources
5. Community outreach and education
   - 10,259,936 reached in online and in person outreach efforts
6. Understanding community experiences
   - Qualitative data included (see page 14)

Introduction

The COVID Community Partnership (CCP) project was established in May 2020 by the *Department of Health & Human Services (DHHS) Office of Health Equity (OHE) in response to the impact the coronavirus pandemic had on Utah's communities who experience health disparities. The CCP project focused on slowing the spread of COVID-19 across the state. Community health workers (CHWs) were identified as a necessary component in this public health response to mitigate the spread and effects of COVID-19 on communities who were at a higher risk of poor health outcomes.

CHWs were employed in both community-based organizations (CBOs) and local health departments (LHDs) to provide education, prevention, as well as access to testing, vaccines, and resources for the communities they serve. The CCP project's focus on collaborative efforts to address community needs related to COVID-19 helped mitigate the spread of COVID-19 throughout the state of Utah. Phase 4 continues CCP efforts with a focus on building the capacity of CBOs and CHWs through training and fostering collaboration with LHDs.

Since its formation, the CCP project has been operationalized in four phases:

Phase 1: May 2020–August 2020 (see report)
Phase 2: September 2020–December 2020 (see report)
Phase 3: February 2021–July 2021 (see report)
Phase 4: August 2021–June 2023

CCP project strategies

The COVID Community Partnership (CCP) project has six key strategies. Their individual and collective impacts are displayed through data presented throughout the report, with further descriptions and details included.

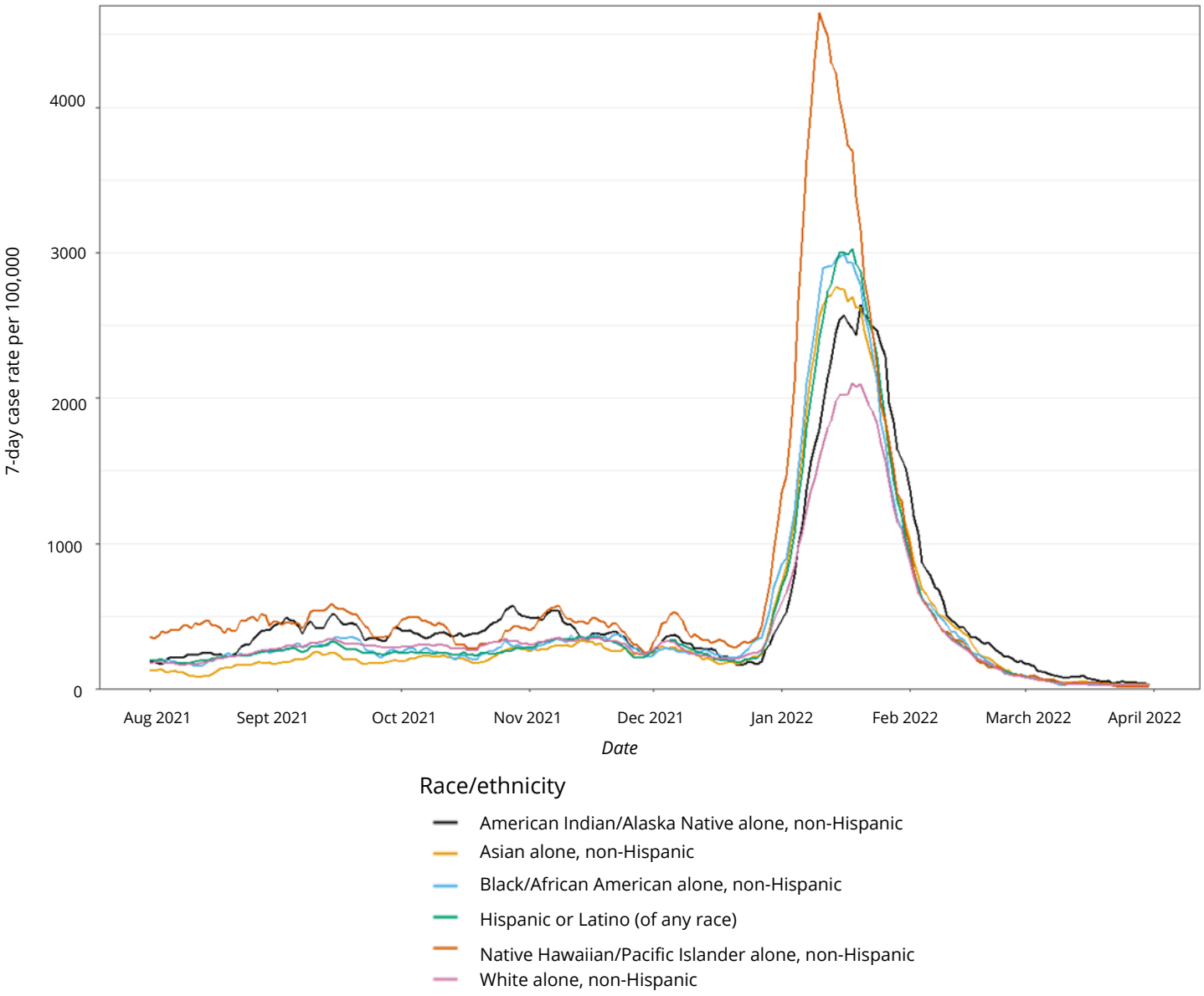
1. Partnerships to reach diverse communities
2. Building CHW capacity
3. Access to testing and vaccines
4. Addressing social needs
5. Community outreach and education
6. Understanding community experiences

*Formerly known as the Utah Department of Health Office of Health Disparities.

Utah COVID-19 case data

Graph 1 shows the 7-day rolling case rate per 100,000 by race and ethnicity from August 1, 2021 through March 31, 2022. Cases spiked sharply through January and February 2022. During this time frame, nearly all COVID cases were due to the COVID-19 Omicron variant,[1] which was more transmissible and able to spread through the community, even through those who were fully vaccinated.[2] People who are Native Hawaiian/Pacific Islander saw a particularly high spike in cases during this time, followed by people who are Black/African American, Hispanic/Latino, Asian, and American Indian/Alaska Native.

Graph 1. Utah COVID-19 7-day rolling case rate per 100,000 by race/ethnicity, August 1, 2021–March 31, 2022



1. Utah Department of Health. (n.d.). COVID-19 Data: Testing and Variants. Coronavirus.utah.gov. https://coronavirus.utah.gov/case-counts/
2. CDC. (2022). Omicron Variant: What You Need to Know. CDC.gov. https://www.cdc.gov/coronavirus/2019-ncov/variants/omicron-variant.html

Utah COVID-19 vaccination data

Those who were vaccinated against COVID-19 were less likely to be infected, be hospitalized, and die due to the virus[3] Table 1 shows vaccination rates by race/ethnicity. COVID-19 vaccines were authorized in December 2020, and by March 2022 Utah overall was 61.6% fully vaccinated. People who are Asian had the highest vaccination percentage (75.4% fully vaccinated), followed by people who are American Indian/Alaska Native (66.7%), and people who are White (60.8%). People who are Black/African American were 59.4% fully vaccinated while people who are Native Hawaiian/Pacific Islander were 57.5% fully vaccinated. Nearly half of people who are Hispanic/Latino were fully vaccinated.

Vaccine booster doses were authorized in October 2021.As of March 3, 2022, 40.2% of people who are Asian were boosted, followed by 29.5% of people who are White and 28.8% of people who are American Indian/Alaska Native. Lower booster dose uptake was seen in people who are Black/African American (21.0%), people who are Native Hawaiian/Pacific Islander (18.8%), and people who are Hispanic/Latino (17.9%).

In comparison to all Utahns, some communities have lower rates of vaccination and booster doses, including people who are Black/African American, Native Hawaiian/Pacific Islander, and Hispanic/Latino. Continued vaccination outreach and promotion of booster doses is essential to retain protection against COVID-19, particularly among high-risk individuals. CHWs are instrumental in this continued vaccination outreach with their communities, through combatting vaccine misinformation and identifying barriers. Ongoing barrier identification is essential in order to address them, including help to find vaccination appointments outside working hours and navigating language and technology barriers to find accurate information about vaccines. [4]

Table 1. Utah vaccination and booster rates by race/ethnicity, August 1, 2021–March 31, 2022

Race/ethnicity*	% of Utahns fully vaccinated	% of Utahns received a booster
All Utahns	61.6	27.7
American Indian/Alaska Native	66.7	28.8
Asian	75.4	40.2
Black/African American	59.4	21.0
Hispanic/Latino	51.5	17.9
Native Hawaiian/Pacific Islander	57.4	18.8
White	60.8	29.5

Data source: DHHS COVID-19 surveillance data
The denominator of % of Utahns fully vaccinated and % of Utahns received a booster is all Utahns and Utahns who were eligible for COVID-19 vaccination.
Note: Race is race alone, non-Hispanic and Hispanic/Latino is of any race.

COVID-19 vaccine surveillance data demonstrate some groups continue to lag behind in vaccination and booster uptake. These health disparities highlight the ongoing importance of the CCP project to address barriers to vaccination experienced by these communities.

3. Utah Department of Health. (n.d.). COVID-19 Data: Risk Factors. Coronavirus.utah.gov. https://coronavirus.utah.gov/case-counts/
4. Utah Department of Health Office of Health Disparities (2021). COVID-19 Vaccine Hesitancy or Access Barriers: Understanding Utah's Racial and Ethnic Minority Communities' Attitudes to Inform an Effective Approach. Salt Lake City, UT: Utah Department of Health.

Utah COVID-19 hospitalization & death data

Table 2 displays the rates of COVID-19 hospitalizations and deaths reported between August 1, 2021 and March 31, 2022. By March 2022, 15,140 hospitalizations and 2,074 deaths were recorded in the state of Utah. Hospitalization rates were highest among people who are American Indian/Alaska Native (45.2 per 1,000 cases) and those who are Native Hawaiian/Pacific Islander (56.6 per 1,000 cases). When it comes to the case fatality rate, people who are American Indian/Alaska Native had the highest case fatality rate (9.0 per 1,000 cases) followed by people who are Native Hawaiian/Pacific Islander (6.0 per 1,000 cases).

Table 2. Utah COVID-19 hospitalization and death rates by race/ethnicity, August 1, 2021–March 31, 2022

Race/ethnicity*	% of total Utah population	Hospitalizations	Hospitalization rate/1,000 cases	Deaths	Case fatality rate/1,000 cases
All Utahns	-	15,140	30.6	2,074	4.2
American Indian/Alaska Native	0.93	252	45.2	50	9.0
Asian	2.54	219	17.0	20	1.6
Black/African American	1.17	214	32.9	22	3.4
Hispanic/Latino	14.51	2,147	27.9	182	2.4
Native Hawaiian/Pacific Islander	1.03	453	56.6	48	6.0
White	77.61	11,415	31.5	1,656	4.6

Data source: DHHS COVID-19 surveillance data
Note: Race is race alone, non-Hispanic and Hispanic/Latino is of any race.

This interim report shares the outcomes of Phase 4 from August 2021 to March 2022, as well as a summary of results and outcomes of Phases 1–3.

Strategy #1: Partnerships

During implementation of Phase 4, additional community-based organizations (CBOs) were contracted to employ CHWs, which increased CBO partnerships from 16 to 21. In addition, partnerships with all 13 of Utah's local health departments (LHDs) were maintained. Maintaining and developing additional partnerships were intentional to increase reach to under-resourced communities across the state of Utah.

LHD partners

1. Bear River
2. Central
3. Davis
4. Salt Lake
5. San Juan
6. Summit
7. Tooele
8. TriCounty
9. Utah
10. Wasatch
11. Weber-Morgan
12. Southeast
13. Southwest

Throughout CCP, contracted CBOs and LHDs mobilized partnerships within their communities to increase reach. Many partnerships formed were vaccine-specific as organizations collaborated within their communities to focus on increasing vaccination rates.

CBO partners

1. Alliance Community Services
2. Centro Hispano
3. Comunidad Materna en Utah
4. Community Building Community
5. Children's Service Society
6. International Rescue Committee
7. Latino Behavioral Health
8. OCA - Asian Pacific American Advocates*
9. Project Success
10. Somali Community Self-Management Agency
11. Urban Indian Center of Salt Lake
12. Utah Health and Human Rights
13. Utah Pacific Islander Health Coalition

Starting in Phase 4:

14. Best of Africa Cultural Group
15. Cache Refugee Community Connection
16. Moab Valley Multicultural Center
17. Open Doors
18. Pacific Island Knowledge 2 Action + Utah Pride Center
19. People's Health Clinic
20. Utah Navajo Health Systems
21. Utah Parent Center

*Contracted through December 2021.

From Phase 1 through March 2022 of CCP (Phase 4 interim), there were a total of

4,134 new partnerships

formed by CCP contracted CBOs and LHDs.

Partnership highlights:

- Central and TriCounty LHDs partnered with their local food pantries. TriCounty's food pantry reached out to their local health department about individuals in need, while the food pantries in Central connected with grocery stores to access healthy food. CHWs distributed food during the pantry's off-hours.
- Pacific Island Knowledge to Action worked with an apartment complex management team to help those in housing crisis access rental assistance on behalf of tenants.

Strategy #2: Building CHW capacity

The CCP project built CHW capacity through ongoing training and support from the DHHS OHE, including onboarding, consistent check-in calls, and mental health support.

Onboarding

CHWs are onboarded in a uniform training as they join the CCP project. Onboarding training includes information about COVID-19 infection, COVID-19 testing, public health protocols, and project processes and procedures. Throughout Phases 1-3, 144 CHWs were fully onboarded.

At the initiation of Phase 4 in August 2021, the onboarding training was updated to focus on the COVID-19 vaccine. Newly-partnered CHWs were onboarded, and continuing CHWs were re-onboarded.

A total of 156 CHWs were onboarded onto the CCP project through the Phase 4 interim.

Check-in calls

Regular check-in calls with training and other activities provided the opportunity to build the capacity of CCP CHWs, a space to network with others, and allowed the OHE to learn from the communities CCP CHWs served.

Thirty-two check-in calls were provided in the Phase 4 interim, with an average attendance of 38 CHWs. Between Phase 1 and March 2022 of Phase 4, there were 161 check-in calls provided with an average attendance of 40 CHWs.

Mental health support

Mental health resources and training were provided to CHWs to adequately support them in their frontline positions. This mental health support provided through Phase 4 of the project consisted of:

Support groups: 6 types

- CHW support groups
  - English: 25; Spanish: 20
- Self-care "Community Circle" groups
  - English: 3; Spanish: 3
- Grief groups: 8
- Community engagement groups: 2

Groups are provided by our CCP partner Latino Behavioral Health, as well as University of Utah Caring Connections.

Self-care sessions: 94

Mental health training: 4

Training included:

- Question, persuade, and refer or QPR
- How to support clients in getting mental healthcare (2)
- Recognize common mental health symptoms and provide brief crisis management techniques for clients in distress

Strategy #3: Access to testing and the vaccine

COVID-19 testing efforts

The increased access to COVID-19 testing provided by the CCP project was vital in the effort to address health disparities faced by Utah's under-resourced communities.

During Phases 1–2, the CCP project focused on communities with limited access to testing. Through partnerships with the University of Utah's Wellness Bus and the Utah Department of Health's Mobile Testing Team, the CCP project created barriers-free testing and safely integrated CHWs into these testing sites.

In Phase 3, the CCP project shifted focus from offering barriers-free testing to referrals to established community testing sites.

Throughout Phase 4 interim, CHWs referred 19,875 individuals to testing sites near them.
Through Phases 1–4, CCP CHWs made more than 57,005 referrals to COVID-19 testing sites.

COVID-19 vaccine efforts

Beginning in Phase 3 and throughout the Phase 4 interim, the CCP project incorporated activities and strategies to increase community access and capacity to the COVID-19 vaccine among target communities across the state.

Vaccine outreach activities which involved CCP CHS included:

Host a vaccine clinic site

CBOs and LHDs hosted vaccine sites at locations accessible to underserved communities.
CCP partner organizations hosted 850 vaccine clinics.

Support a vaccine clinic site

CBOs and LHDs conducted outreach and provided assistance onsite at vaccine clinics.
CCP-contracted organizations supported 1,326 vaccine clinics.

Assist onsite at vaccine clinics

CHWs attended vaccine clinics to provide culturally appropriate information, answer questions, and help community members feel comfortable with the vaccination process.
A total of 1,441 CHWs assisted vaccine clinics onsite.

Refer individuals to vaccine clinics

CHWs referred community members to accessible vaccine site locations.
CHWs referred 72,007 individuals to vaccine clinics.

Strategy #3: Access to testing and the vaccine

Mobile COVID-19 vaccine clinics

In Phase 4, the CCP project coordinated with the UDOH Immunization Program and Nomi Health to create an easier pathway for CCP organizations to host mobile vaccine clinics. Nomi Health provided vans and staff dedicated to CCP and traveled statewide for these events.

CCP partners were able to host vaccination events or combine clinics with other events to meet communities in trusted and accessible locations for vaccination.

Twelve CBO and 1 LHD partners used the vans to host vaccine events at locations accessible to under-resourced communities.

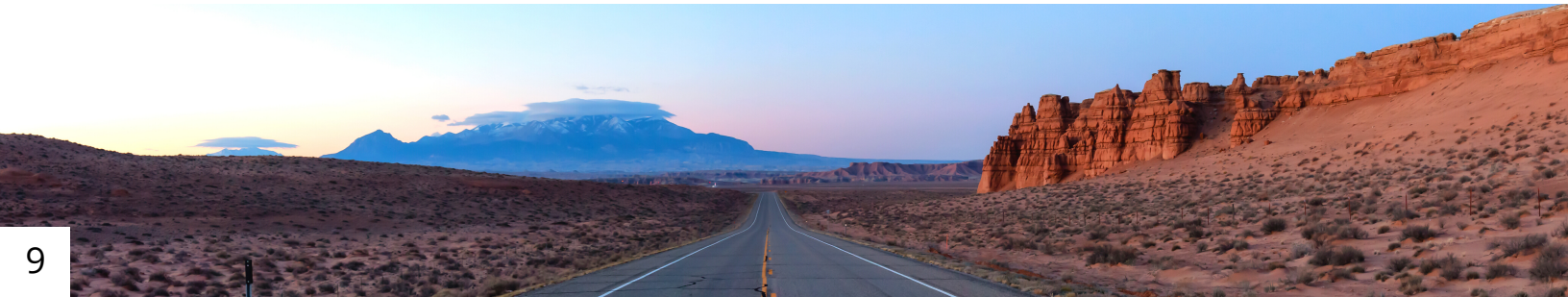
CCP-contracted organizations hosted 39 vaccine clinics between November 2021 and March 2022.

There were 1,152 total doses administered at these events, with 181 adult first or second doses, 203 pediatric doses, and 695 booster doses.

Clinic locations included: CBO sites, community health centers, churches, schools, restaurants, community centers, and cultural supermarkets.

Clinics were combined with other events such as resource fairs, holiday and religious events, and cultural celebrations.

CHWs are trusted in their communities, including those populations who are most vulnerable to COVID-19 some of whom lack trust in vaccines. CHWs on-site help bridge the gap between vaccination staff and community members.



Strategy #4: Addressing social needs

On-site social determinants of health (SDOH) screening

During Phases 1–2, the CCP project integrated CHWs from 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.

Between May 2020 and December 2020, CBO CHWs conducted 6,303 pre-test SDOH screenings on-site. Of the individuals screened onsite, 37% (2,328) consented for a CHW follow-up for assistance with one or more needs.

The primary social needs identified at TWB and MTT included assistance with: Food, housing, employment, prescriptions, and technology.

Follow-up social determinants of health screening

Beginning in Phase 3 (February 2021), the CCP project centralized the referral process in order for CBOs and LHDs to receive referrals from the contact tracing process. Individuals who indicated they needed help were assigned to a CCP CHW for follow-up.

During follow-up, CHWs conducted comprehensive post-test SDOH screenings, provided referrals to resources, and educated individuals on isolation, quarantine, and the COVID-19 vaccine. This follow-up process concluded in March 2022, as the state of Utah transitioned to a steady state response.

Question asked in the case investigation process:

"We have Community Health Workers on staff who may be able to link you to resources for urgent needs to help you isolate or quarantine (such as food, rent, utilities). If you do not have other means for help, they will try their best to find resources but we cannot guarantee resources are available. Is this something you feel that you need at this time?"

Strategy #4: Addressing social needs

Follow-up social determinants of health screening

Number of individuals referred to a CCP CHW for follow-up:

Phase 4: 10,127

Phases 1–4: 27,298

CHWs completed 10,629* SDOH screenings in Phases 1-4.

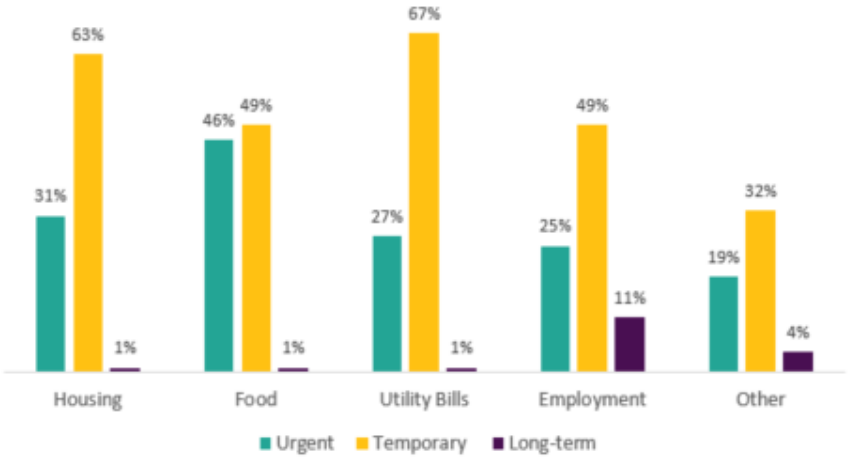
Of households who completed a post-test SDOH screening 4,769 (49%) had social needs.

*Does not include LHD data for Phases 1-2

Of individuals with social needs in Phases 1–4:

- 33% identified the need as urgent
- 56% identified the need as temporary
- 3% identified the need as long-term

Graph 2. Rank by frequently reported top need, Phases 1–4



Most frequently reported top 3 needs by race/ethnicity in Phase 4:

Housing, Food, Utilities	• Hispanic/Latino • Non-Hispanic • Black/African American • Native Hawaiian/Pacific Islander • White or Caucasian
Housing & Food, Utilities, Employment	• American Indian/Alaska Native
Housing, Food, Other Needs	• Asian

In Phase 4, CHWs provided COVID-19 vaccine education to 66.5% of individuals who identified one or more social needs.

CHWs provided public health protocol or vaccine education to a total of 3,689 individuals in Phases 1–4.

Strategy #4: Addressing social needs

Referring to resources

CHWs referred individuals to resources to assist with basic needs and help them adhere to quarantine and isolation protocols to mitigate the spread of COVID-19 among communities experiencing health disparities.

Number of referrals made to community resources by CCP CHWs:

Phase 4: 2,916

Phases 1–4: 11,352

The social needs with the highest number of referrals in Phase 4 included housing (5,109), food (3,225), and utility bills (1,230).

Housing, food, and utility bills remained the most prevalent needs throughout Phases 1–4 of the CCP project.

The top reasons reported by CHWs on why individuals were not successfully connected to resources for Phase 4 include:

1. Person did not respond to follow-up (136)
2. Other reasons* (74)
3. Person decided not to use the resource at this time (55)

*Other reasons include: Resource expired or was no longer available, person was unable to access documents needed for resource, and person receives assistance from another source.

CHWs followed up with individuals 5 to 7 days after a referral to resources to see if they were able to successfully connect and utilize the resource provided. Of referrals made to resources in Phase 4, 78.5% (2,288) of individuals successfully connected to and used the resource provided.

Strategy #5: Outreach and education

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

In Phase 4 interim, the estimated reach of outreach efforts was 3,918,906. In Phases 1–4, the total estimated reach of CCP partners to individuals was 10,259,936.

These outreach efforts were provided in 36 languages.

In September 2021, Alliance Community Services (ACS) hosted a 3-day testing clinic outside the Eccles Theater in Salt Lake City. The clinic was designed to prevent the spread of COVID-19 at a concert event specifically for people who were Hispanic/Latino. The ACS team tested nearly 300 individuals. One person tested positive for COVID-19.

This event promoted COVID-19 safety protocols and was recognized for its impact by the Salt Lake County Mayor.

The Utah Pacific Islander Health Coalition was creative in promoting mask wearing and celebrating safety at a drive-through high school graduation event.

CCP outreach highlights in phase 4

- International Rescue Committee conducted motivational interviews with their clients about the COVID-19 vaccine to share information about safety and efficacy, as well as learn their concerns and discuss self-care.
- Summit LHD successfully launched a holiday campaign, "The Snotty List," reminding businesses and community members to stay healthy during the holiday season.
- Urban Indian Center of Salt Lake adapted to conduct drive-through "Elders Corner" to reach the elders in the community to provide resources, education, and discuss concerns.
- Moab Valley Multicultural Center engaged the local radio station to advertise their organization's services and encourage vaccination and testing.
- The Utah County LHD updated their UCHD website page to include a link where individuals could request help to connect to resources, with a boosted Facebook post to this link. That effort resulted in many community members filling out the request form. Individuals from other counties were connected to resources within their respective geographic districts and connected to CHWs who were closer to them.

Strategy #6: Understanding community experiences

Community member stories

CCP CHWs shared their community members' stories throughout this interim of Phase 4. Three stories from CHWs in different settings are shared below, depicting community members' experiences accessing the COVID-19 vaccine and navigating needed resources during this pandemic. These stories showcase the barriers Utah's under-resourced communities face, as well as the positive impact CHWs have on families who need assistance navigating this process.

"One of our community members was in ICU after testing positive for COVID-19, and she almost died! After getting better, we had a conversation with her and talked about the importance of regular checkups (since she has medical insurance, but she has not been using it much). After our conversation, she decided to get a checkup where she learned that she [has] diabetes and that contributed to her sickness. Now knowing that she has diabetes, she is watching what she eats and exercises more."

"This client was struggling to get this month's rent paid off; if she didn't, she would get evicted. By missing three weeks of work due to COVID-19, being hospitalized, and losing a family member to COVID-19, she lost income and couldn't afford to pay the bill. I was able to refer her to a resource that can help her out, and they did just that—they helped her with her [rent] . . . I did a follow-up with the client to see if the landlord received the payment. And this was her response back to me:

"By the help of you the landlord got the payment for this month rent and it's fully paid for. Thanks to you I didn't have worry about getting evicted. Thank you so much for all your help and kindness through this tough time our family has been going through. We greatly appreciate it! I hope you'll be able to continue to help families like ours!"

"During our [organization's] last vaccine event, the attendance was very low. However, our CHWs notice[d] that one particular community member, who refuse[d] to get vaccinated in the past, was one of the few that actually stopped at our event and received a COVID-19 vaccine. [This] story shows that providing information about the safety and benefits of the COVID-19 vaccine is still important. Community members who received misinformation about the vaccine in the past can still change their minds. The work of our CHWs promoting the safety of the COVID-19 vaccine does not go unnoticed. Our community members trust the information provided by CHWs . . . we cannot give up disseminating accurate information regarding COVID-19 vaccines."

CCP next steps

CCP project moving forward—remainder of Phase 4

The fourth phase of CCP project runs through June 2023 and will continue to address the lasting impacts of the of COVID-19 pandemic in Utah's under-resourced communities. The main goals are to continue to adapt to community needs as they are identified, continue to link underserved populations to COVID-19 vaccines and low-barriers testing, and assist those who need help through quarantine and isolation with needed resources.

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

List of tables & graphs

Acronyms used

DHHS = Utah Department of Health and Human Services
OHE = Office of Health Equity
CCP = COVID Community Partnership
CHW = Community Health Worker
CBO = Community-Based Organization
LHD = Local Health Department
AUCH = Association for Utah Health
SDOH = Social Determinants of Health