



COVID Community Partnership Pilot Project: Integrating Community Health Workers into COVID-19 Response Efforts

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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. Disparities in health outcomes related to COVID-19 among racial/ethnic minority communities in Utah continued to increase as the pandemic progressed. Focused testing and prevention were imperative in slowing the transmission of COVID-19 among these vulnerable populations.

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 immediately mobilized to create the COVID Community Partnerships (CCP) project, focused on slowing the spread of COVID-19 in underrepresented and underserved communities across Utah.



CCP Pilot Project Background

The CCP pilot project was established to support community-based organizations (CBOs) to mobilize their CHW workforce between May and September 2020 in order 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 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.



State legislators requested a funding allocation for the UDOH Office of Health Disparities to administer the pilot project integrating CHWs into the public health response. Lawmakers also gathered partners to support the project including the University of Utah Wellness Bus, Salt Lake County, Salt Lake City, and other state departments. The OHD utilized collaboration with other departments within the UDOH to support the project.

The CCP pilot project activities included contracts with CBOs to employ CHWs, initial and ongoing training for CHWs, CHW outreach activities for education and awareness, strategic integration of CHWs into testing processes, and connection to resources after testing. This report outlines these strategies and impacts on community levels. This data is identified and reported where applicable.

STRATEGIES FOR IMPLEMENTATION OF CCP PILOT PROJECT

The CCP pilot project's main strategies for implementation include:

Partnerships with CBOs to Reach Diverse Communities

Through collaboration with the 11 contracted CBOs, the CCP project implemented strategies through CHW outreach and intervention in target communities.

Building CHW Capacity

The CHWs receive ongoing training and support in order to increase CHW capacity to effectively deliver education and support to community members.

Barriers-Free Testing

Barriers-free testing is essential as access to testing is limited in underserved communities.

Connecting Participants to Resources

Conducting a social determinants of health (SDOH) screening is imperative in identifying participant needs to connect them to needed resources.

Community Education

Education is important to support participants' ability to adhere to public health guidance, and ultimately mitigate the spread of COVID-19 in underserved communities.

These are the pillars of the CCP project, and their individual and collective impacts are displayed through data collected. The data for implementation is provided throughout the report.



PARTNERSHIPS WITH CBOS TO REACH DIVERSE COMMUNITIES

The OHD contracted 11 CBOs for 19 1.0 FTE CHW positions, totaling to 38 CHWs working for the CCP pilot project between May and September 2020. Partnerships with these 11 CBOs were strategically selected to increase reach to target populations of racial/ethnic communities in Utah.

The 11 contracted CBOs are:

- **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**



The CBOs' target populations include **6 different minority communities**: people who are Hispanic/Latino, people who are Refugees and Asylees, people who are Black/African American, people who are Asian, people who are Pacific Islanders/Native Hawaiians, and people who are American Indians/Alaskan Natives. In reaching these racial/ethnic communities, **more than 60 subcultures were reached** as well.

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.

CBOs have capacity reach in 21 different languages, including:

Arabic, English, Hawaiian, Hindi, Ilocano, Indonesian, Kinyarwanda, Kiribati, Kirundi, Kiswahili, Marshallese, Pohnpeian, Portuguese, Russian, Samoan, Somali, Spanish, Tagalog, Tongan, Urdu, and Vietnamese.

*CBOs also have access to translation and interpretation services for other languages.

Although reach with these 11 CBOs is statewide, efforts are primarily concentrated in the following 12 counties:

Cache, Carbon, Davis, Iron, Grand, Salt Lake, Summit, Tooele, Utah, Wasatch, Washington, and Weber.

BUILDING CHW CAPACITY

CHWs were provided ongoing support by the OHD through updates, education, and training on a weekly basis. This ongoing support included provision of initial CHW onboarding training; bi-monthly Utah Public Health Association (UPHA) CHW section trainings; 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, and updates on the COVID-19 pandemic and related science. The CHWs built their COVID-19 foundation through the onboarding training provided by 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 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 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 on asymptomatic individuals and virus spread; household pets spreading the virus; symptoms of the virus such as muscle aches and decreased sense of smell and taste; and confusion about social distancing, quarantine, and isolation.

The UPHA CHW section training sessions are provided bi-monthly to CHWs, and **averaged 25 CHWs attendance.** These training sections demonstrated increased capacity reported by CHWs from June to September 2020. **83%** of those who attended indicated an **increase in education, knowledge, and skills** due to the material shared.

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; self-care; and overall public health and medical education.

BUILDING CHW CAPACITY

Regarding the CHW onboarding training: 39 CHWs completed the post-test; 38 of those met the minimum score of 10/13; 17/35 CHWs had an increased score in the final test compared with the pre-test; 14/35 had no change in their score, and 9/14 received a perfect score in both pre-test and post-test. Four (4) CHWs received a lower score on the post-test than on the pre-test.

Total CHW Training Education Impact		
CHW Training Opportunity	Attendance (average)	Increased in Education (% of CHWs impacted)
CHW Onboarding	38*	49%
UPHA CHW Section bi-monthly Trainings	25	83%**
Footnotes: *Three 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 11 trainings from June-September 2020 indicating they gained confidence from a UPHA CHW section training session, divided by the total attendance (180/216). CHWs are counted more than once.		

Throughout the project, the OHD provided weekly check-in calls for CHWs and CBO staff to improve best practices and expand education for the COVID-19 response effort. These weekly calls 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, testing site training, conducting the SDOH screening, contacting participants, and updates to the coronavirus.utah.gov website. Weekly check-ins provided CHWs with increased support and guidance on how to best help community members.

Weekly Check-in Calls from May to September 2020:

- **Total calls offered: 40**
- **Average CHW attendance: 35**

Between May and September, the weekly check-in calls provided 34 CHWs and staff with information about public health resources including: United Way 2-1-1; information about the color-coded phases from the Public Health Guidance System; the coronavirus.utah.gov testing locator and availability in different languages; the free mask provision from the state of Utah; rental/housing assistance; food delivery programs; and the UDOH business and school manuals.

BUILDING CHW CAPACITY

Impact of Information and Trainings on CHWs

The OHD assured 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 assured surveillance of capacity growth through weekly surveys, monthly reports, and individual check-ins with each CBO throughout the project. All CHWs felt confident in using the information acquired to be responsive to community needs and communicate with participants through phone/text. A majority of CHWs felt confident in their ability to follow protocol instructions, make resource referrals, educate the community, engage in virtual discussions, provide case management, conduct SDOH screening and assess needs, collect data, and safely join a testing site. The CHWs demonstrated knowledge gain on public health protocols, and ability in helping their respective communities.

When asked about the impact the CCP project had on their lives and what had been beneficial to them, the CHWs responded:

Knowledge and New Skills

"[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."

Fear of COVID Exposure

"I am learning more skills, I am receiving up to date information at all time[s] so I know the guidelines, phase changes, covid-19 info/symptoms, etc. However, it has brought more anxiety as well because I am exposing myself more to the virus than people who are not on the frontlines."

Improve Ability to Help Community

"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."

BARRIERS-FREE TESTING

Barriers-free testing is a necessary component to the CCP project. Access to testing in underserved and underrepresented communities is a barrier faced by community members. Perceptions about testing cost, employment hours, and transportation are 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 available in key neighborhoods.

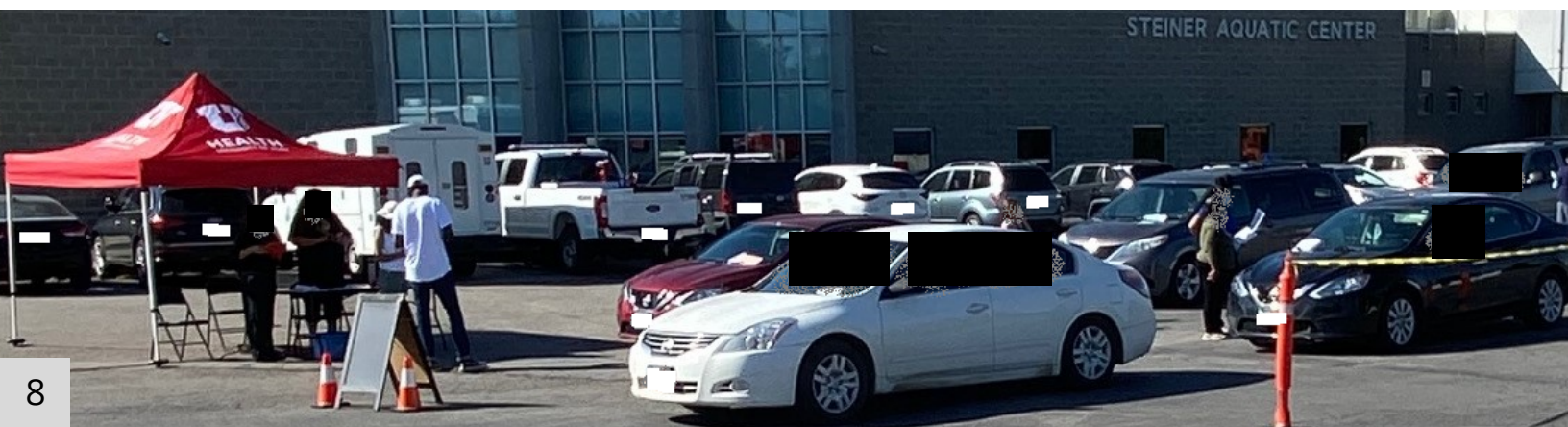
The CHWs are safely integrated into the testing process as trusted community members, and provide a familiar presence at testing sites. Interpreters are available to assist limited-English proficient individuals.

Referrals to Testing

As communities reached out to CCP CBOs and CHWs, they were referred to the University of Utah Wellness Bus and other sites for testing.

Overall, CCP CBOs/CHWs made **3,372** referrals to the University of Utah Wellness Bus (TWB) testing and **1,642** to other testing sites.

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, Utah Public Health Lab testing.



BARRIERS-FREE TESTING

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

In partnership with University of Utah's Wellness Bus (TWB), CCP developed processes to safely integrate CHWs into testing. **CHWs attended 87 (91%) of the 96 sites in May, June, July, August, and September.**

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 has tested more than 7,000 individuals, with more than 1,800 individuals tested at hosted sites.

Location/Type	Total # of sites	Total # of testing
Centennial Park (West Valley City)	18	1,242
Central Park Community Center (South Salt Lake)	19	1,187
Grangers/LDS Stake Center (West Valley City)	10	560
Kearns Rec Center (Kearns)	7	613
Sorenson Multicultural/Unity Center (Glendale)	26	1,769
Hosted Sites	16	1,814
Total	96	7,185

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

Among the 7,185 individuals tested for the CCP project between May and September, more than half of the participants (53.72%) were female. The predominant age group was 25-44 years old (39.15%), followed by the 45-64 (23.38%) age group, and 15-24 (21.24%) category. Most of the participants (41.54%) were people who were Hispanic/Latino, and 33.10% of individuals tested were people who were White or Caucasian. The great majority of participants (89.87%) were from Salt Lake County. Approximately 63.7% of the participants spoke English, and about 34.0% of participants spoke Spanish. The most common insurance status for the CCP participants was self-pay (75.28%).

Demographics of individuals tested for CCP project from May to September

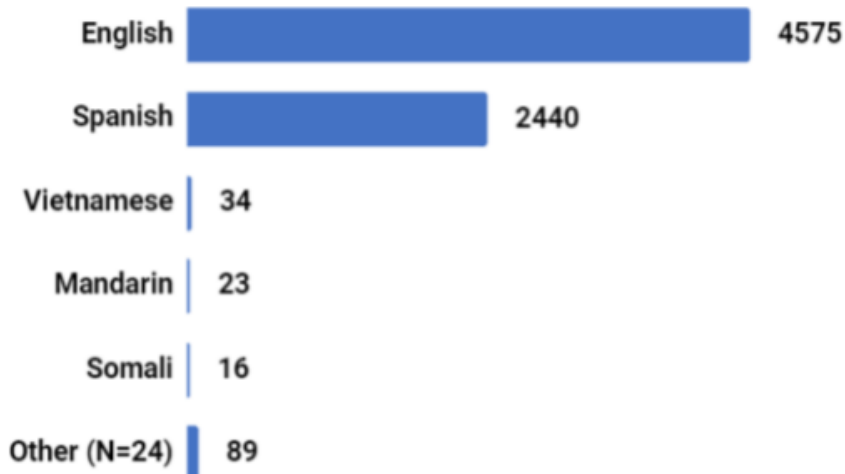
Total (N=7185)*	Number	Percentage
Gender		
Female	3,860	53.72
Male	3,178	44.23
Unknown	147	2.05
Age		
0-14 years	742	10.32
15-24 years	1,526	21.24
25-44 years	2,813	39.15
45-64 years	1,680	23.38
65-84 years	406	5.65
85+ years	18	0.25
Race/Ethnicity		
Hispanic	2,985	41.54
Non-Hispanic	2,518	35.05
American Indian/Alaska Native	125	1.74
Asian	276	3.84
Black/African American	193	2.69
Native Hawaiian/Pacific Islander	485	6.75
White or Caucasian	2,378	33.10

BARRIERS-FREE TESTING

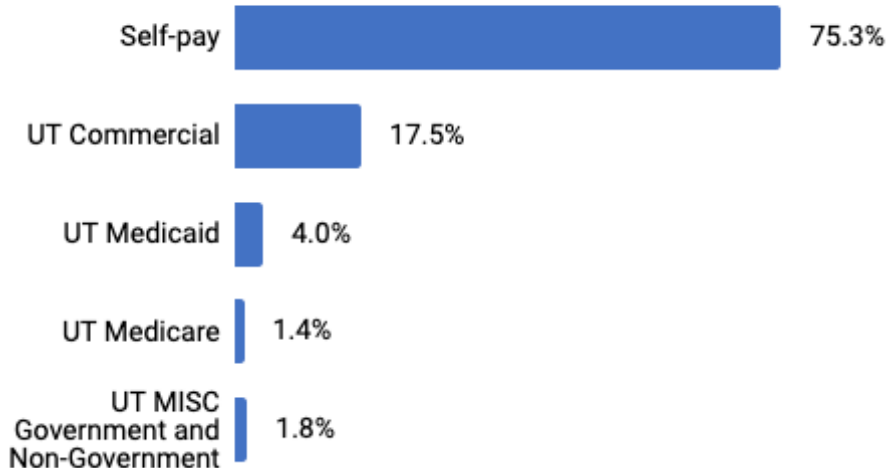
Total (N=7185)*	Number	Percentage
County		
Salt Lake County	6,457	89.87
Utah County	288	4.01
Davis County	187	2.60
Weber County	87	1.21
Tooele County	46	0.64
Other	120	1.66

Demographics of Individuals Tested for CCP project from May to September continued by county.

Tested by Language



Insurance Status



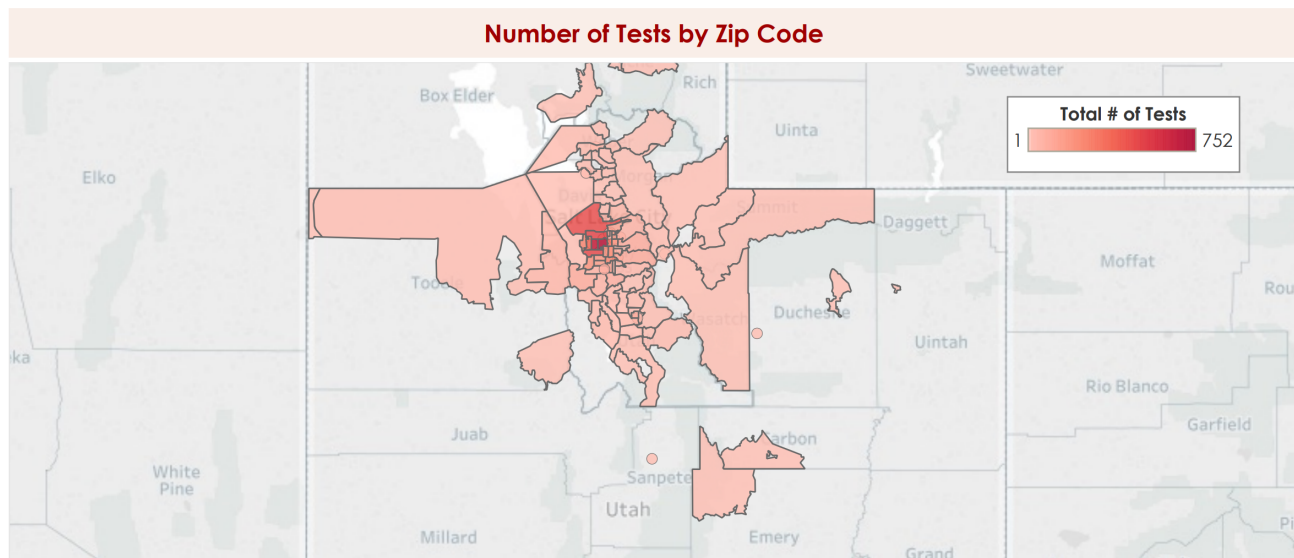
Other Counties:

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

Other Languages:

Arabic, Bosnian, Burmese, Cantonese, Eastern Krahn, Esperanto, Farsi, Hmong, Japanese, Kinyarwanda, Korean, Marshallese, Navajo, Nepali, Portuguese, Romanian, Russian, Samoan, Sudanese, Swahili, Thai, Tibetan, Tongan and other.

BARRIERS-FREE TESTING



*Created by Decision Support, University of Utah

Community Tested by Location

Between May and September, the 16 hosted sites accounted for a wide number of Utah's total 96 testing sites, as well as accounted for the majority of participants tested (1,814 out of 7,185).

Overall, hosted sites served the largest portions of the targeted communities, especially for people who are Black/African Americans (52.3%), American Indians/Alaska Natives (49.6%), and Asians (39.5%). However, the largest number of people who are Native Hawaiians/Pacific Islanders were tested at the Sorenson Multicultural/Unity Center in Glendale (26.2%). The largest number of people who are Hispanic/Latino were tested at hosted sites (24.3%), the Sorenson Multicultural/Unity Center site in Glendale (21.9%), and the Centennial Park site in West Valley City (19.5%).

Number of each community tested by location from May to September*

Location/Type	Hispanic	Non-Hispanic	American Indian /Alaska Native	Asian	Black/African American	Native Hawaiian /Pacific Islander	White
Centennial Park (West Valley City)	583 (19.5%)	339 (13.5%)	10 (8.0%)	27 (9.8%)	14 (7.3%)	86 (17.7%)	399 (16.8%)
Central Park Community Center (South Salt Lake)	488 (16.3%)	419 (16.6%)	13 (10.4%)	42 (15.2%)	23 (11.9%)	58 (12.0%)	422 (17.7%)
Grangers/LDS Stake Center (West Valley City)	185 (6.2%)	230 (9.1%)	**	21 (7.6%)	**	85 (17.5%)	159 (6.7%)
Kearns Rec Center (Kearns)	350 (11.7%)	179 (7.1%)	**	13 (4.7%)	**	49 (10.1%)	209 (8.8%)
Sorenson Multicultural/Unity Center (Glendale)	653 (21.9%)	641 (25.5%)	32 (25.6%)	64 (23.2%)	36 (18.7%)	127 (26.2%)	566 (23.8%)
Hosted Sites	726 (24.3%)	710 (28.2%)	62 (49.6%)	109 (39.5%)	101 (52.3%)	80 (16.5%)	623 (26.2%)
Total	2,985	2,518	125	276	193	485	2,378

* Not all sites were available during all months.

**Data suppressed to maintain confidentiality.

BARRIERS-FREE TESTING

Community Testing Reach

Percent of Individual Tested at TWB by community

Percent of individual tested	Apr 3- May 8 Baseline	May	June	July	August	September	Total
Hispanic	34.2%	44.0%	48.1%	37.8%	35.5%	34.2%	41.5%
Non-Hispanic	33.3%	34.9%	26.8%	39.2%	41.5%	41.8%	35.1%
American Indian/Alaska Native	0.9%	2.3%	2.3%	0.9%	1.0%	2.0%	1.7%
Asian	1.9%	5.6%	3.0%	4.5%	2.3%	3.5%	3.8%
Black/African American	2.2%	1.9%	2.7%	3.6%	2.5%	2.2%	2.7%
Native Hawaiian/Pacific Islander	10.3%	6.4%	4.8%	8.3%	11.5%	3.9%	6.8%
White or Caucasian	30.6%	34.1%	28.7%	31.4%	37.4%	42.7%	33.1%
# of total testing	696	1380	2261	1847	908	789	7185

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 **(29) languages among 7,185 participants with 64% speaking English, 34% speaking Spanish.**



SOCIAL DETERMINANTS OF HEALTH SCREENING

The CCP project integrated CHWs into the barriers-free testing process in order 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 September, CHWs conducted **2,874** pre-test SDOH screenings onsite. Of the individuals screened onsite, **48% (1,348) consented** for a CHW follow-up for assistance with one or more needs.

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.

SDOH Pre-Test Screening	SDOH Post-Test Screening
<ul style="list-style-type: none">● 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	<ul style="list-style-type: none">● Paying for or getting food● Paying for 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

Participants were asked if they need help with any of the following needs, with the SDOH post-test screening being more extensive.

Social Needs Identified at Testing with The Wellness Bus (TWB)

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

- Households who needed help with social needs: 543 (19.05%)
- Households who needed help with social needs ONLY if the person tested positive: 861 (30.21%)
- Households who did NOT need help with social needs: 1,446 (50.74%)

The average household size of participants screened for SDOH was four (4) individuals per household and households ranged from 1-18 people in size. Between May and June, 43% of those tested were tested with other household members. This dropped to 29% by September.

Total Households Screened: 2,850

The primary social needs identified by households included needing assistance with food, housing, employment, prescriptions, and technology. Some social needs were contingent on only needing assistance if they tested positive for COVID-19.

Number of households screened with social needs

Social Need	Households who needed help with social needs	Households who needed help with social needs ONLY if the person tests positive	All
Food	234 (43%)	399 (46%)	633 (45%)
Housing	248 (46%)	338 (39%)	586 (42%)
Employment	220 (41%)	245 (28%)	465 (33%)
Prescriptions+	94 (17%)	89 (10%)	183 (13%)
Technology*	114 (21%)	34 (4%)	148 (11%)
Total**	543	861	1,404

*Help with accessing a computer, phone, or Internet connection

**Numbers will not sum to total because households could select all that apply.

PARTICIPANT FOLLOW-UP

Consenting participants were assigned to CHWs for a 3-week case period within contracted community-based organizations (CBOs) based on need, language capacity, cultural norms, and CBO capacity. During follow-up, CHWs conducted comprehensive post-test SDOH screenings and provided education to participants on isolation and quarantine.

Of participants who consented for follow-up:

- **1,268** were assigned to a CBO for a CHW follow-up
- **747** completed a post-test SDOH screening

On average, households reported needing help with **at least two (2) social needs**.

However, households reported needing help with anywhere from one (1) to eight (8) social needs.

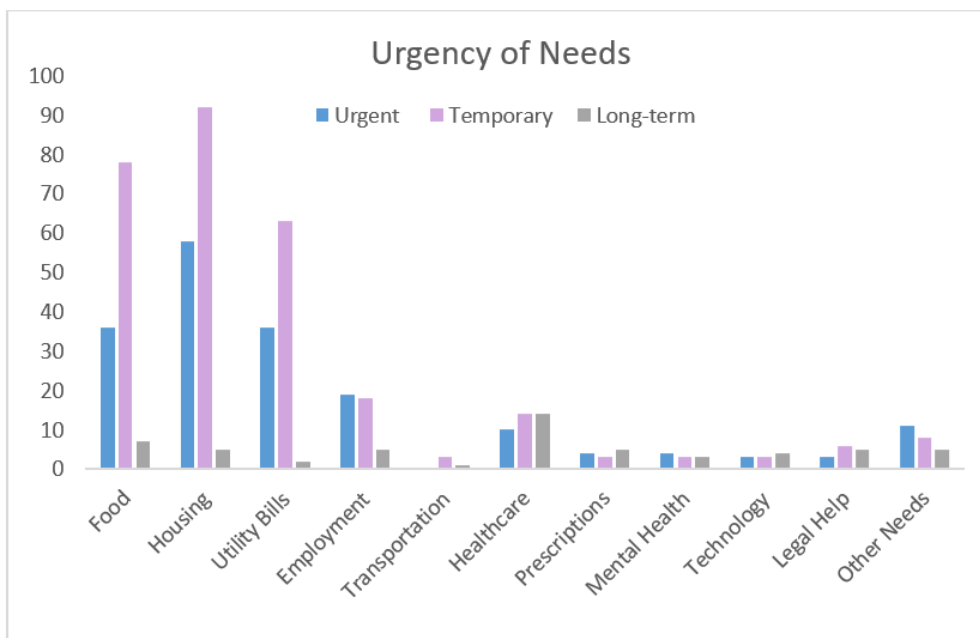
Of participant households who completed a post-test SDOH screening:

- **289 (24%) had social needs**
- 448 (38%) had no needs at the time
- 450 (38%) needs were unknown

Of households who had social needs:

- 197 (68%) had 1-2 social needs
- 72 (25%) had 3-4 social needs
- 20 (7%) had 5+ social needs

During the post-test SDOH screening, CHWs identified specific needs; whether the needs were urgent, temporary, or long-term; and if the needs were caused by COVID. Most needs were identified as temporary, but many individuals identified urgent social needs.



The overall top 3 social needs identified in the post-test SDOH screening were:

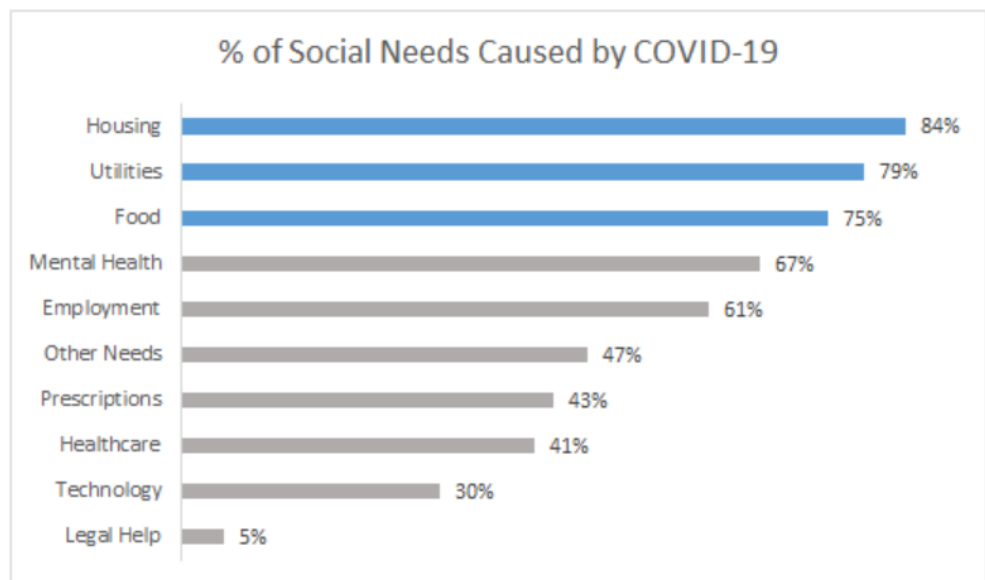
1. Housing (173)
2. Food (142)
3. Utilities (114)

PARTICIPANT FOLLOW-UP

Top Three Social Needs by Community

Hispanic/Latino (N = 172)*	1. Housing 2. Food 3. Utilities
Non-Hispanic (N = 50)	1. Food 2. Housing 3. Utilities or Any Other Need
American Indian/Alaska Native (N = <5)	1. Work or Any Other Need
Asian (N = 8)	1. Any Other Need 2. Food or Housing or Work or Legal
Black/African American (N = 15)	1. Food or Housing 2. Any Other Need 3. Work
Native Hawaiian/ Pacific Islander (N = 10)	1. Food or Housing 2. Utilities or Work or Health Care 3. Prescriptions
White or Caucasian (N=72)	1. Housing 2. Food 3. Utilities
White, Non-Hispanic (N=12)	1. Food or Utilities 2. Housing 3. Work or Health Care

Of participants with social needs, more than half (66%) indicated their need(s) was 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.

Overall, CHWs provided education to **26.8% (171) of participants** who identified one or more social need(s).

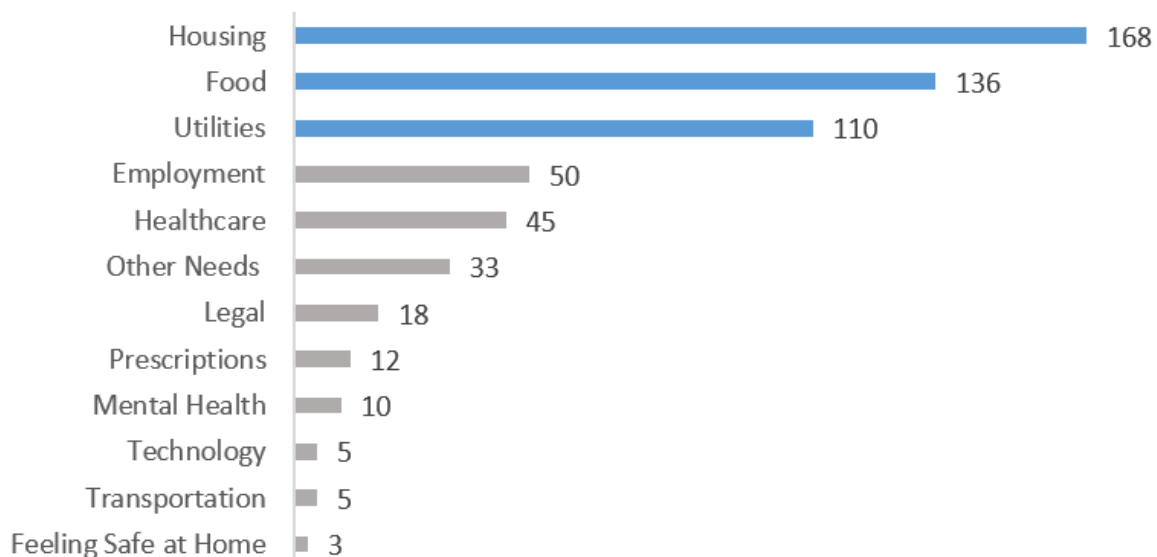
RESOURCE REFERRAL

After these 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.



Between May and September, there were a total of **278 referrals** to community organizations and resources to address identified social need(s).

Total # of Referrals Made by Social Need



RESOURCE REFERRAL

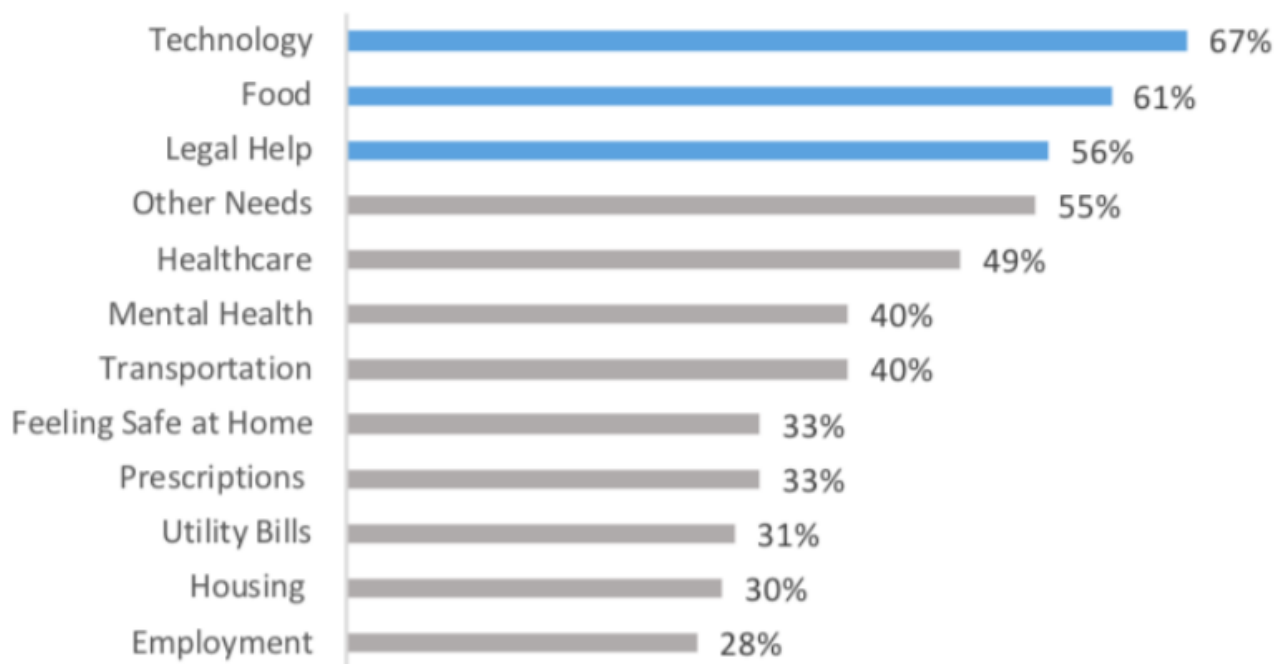
Many participants were referred to more than one resource, based on whether the participant identified more than one social need. Although substance use disorder was screened, no referrals were made for this social need.

CHWs kept track of clients that were successfully connected to resources after referral within the 3-week case time period. CHWs were able to connect clients to services for technology, food, and legal help the majority of the time, as well as services for other needs.

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

- Department of Workforce Services
- Utah Community Action
- Salt Lake County and Salt Lake County Health Department
- 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

Percentage of Successfully Connected Resources



Successful resource connection includes participants who only needed information about resources.

All social needs are complex and referrals to access resources vary depending on each participant's unique needs.

Participants' identified needs varied on the type of services needed to appropriately respond.

- *Food*: Temporary food assistance; Grocery delivery; Long-term food assistance programs; Gardening programs for self-sustainability
- *Housing*: Temporary rental assistance/subsidy; Long-term rental assistance programs; Temporary mortgage assistance; Shelter provision to quarantine or isolate; Emergency shelter for homelessness or domestic violence; Assistance paying for deposit post-eviction
- *Utilities*: Assistance paying for utility bills
- *Employment*: Unemployment insurance; Finding employment
- *Transportation*: Finding access to transportation; Assistance paying for car insurance
- *Healthcare*: Free healthcare visits; Low-cost clinics; Hospital bill assistance; Health insurance enrollment
- *Prescriptions/Medicine*: Prescription delivery; Free prescriptions; Cost assistance with prescriptions and bills
- *Mental Health*: Emotional support for mental health issues; specialized treatment for family member
- *Feeling Safe at Home*: Accessing emergency shelter services; domestic violence services
- *Substance Use Disorder*: Accessing emergency rehabilitation services
- *Technology*: Access to Wi-Fi/Internet connection; Free or affordable electronics
- *Legal*: Affordable or free legal representation for personal issues (i.e., asylum, documentation, domestic violence)
- *Other Prevalent Needs include*: Hygiene products; COVID-19 information; disability resources; medical needs; home items; and information assistance on finances and education

Limitations with Resource Referral

Connecting participants to resources presented limitations in the CCP pilot project, as CHWs did not always confirm if participants were successfully connected to appropriate services before their cases were closed. The primary reasons clients were not confirmed to be successfully connected include: their application to their resource organization was still processing when the case closed; the client did not respond to the CHW to confirm resources were connected; and the client decided not to access services at this time.

CBO COMMUNITY EDUCATION

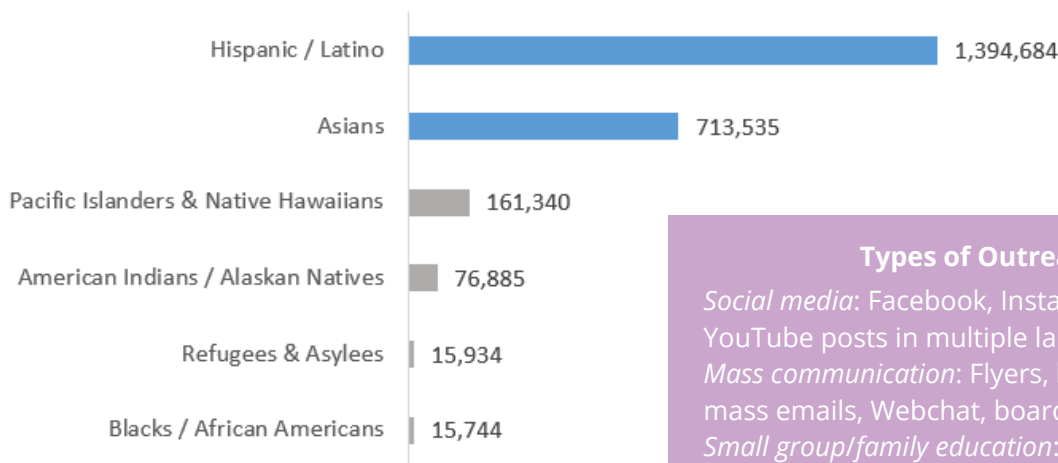
CCP CBOs/CHWs provided outreach and education regarding COVID-19 in order to raise awareness and answer questions from community members.

The CBOs engaged in **2,117** outreach activities between May and September with an estimated reach of **1,678,014**.

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.

Outreach Activities Estimated Reach by Community



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.

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

BARRIERS PRESENTED FROM COVID-19

Utah's diverse communities faced many barriers between May and September. The OHD was able to identify and further understand the intersection and compounding of barriers by having CHWs integrated into 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 have taken 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 in regard to following public health guidance with isolation and quarantine between May and September.

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

- I didn't have a separate bathroom.
- I was the only person who could take care of my children or other people.
- I couldn't work from home in my kind of job.
- I had to work to pay my bills or keep my benefits.
- I felt fine.
- I wanted to go outside.
- I didn't have a different room to stay in.
- *Other home or work barrier.*

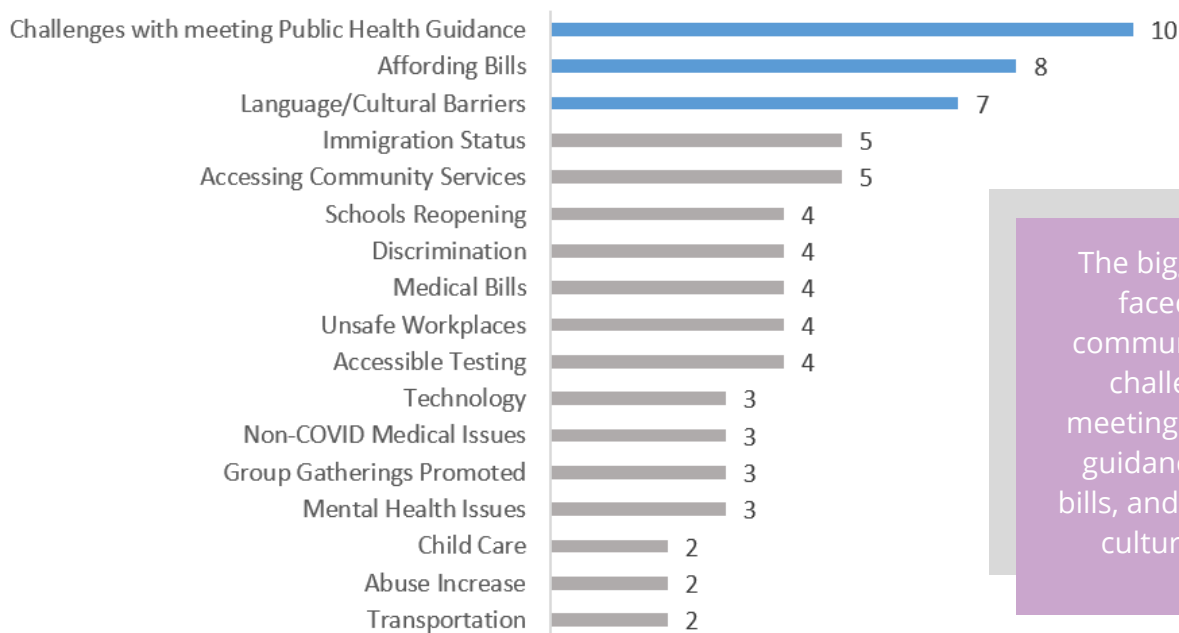


BARRIERS PRESENTED FROM COVID-19

Community Barriers and Actions Taken

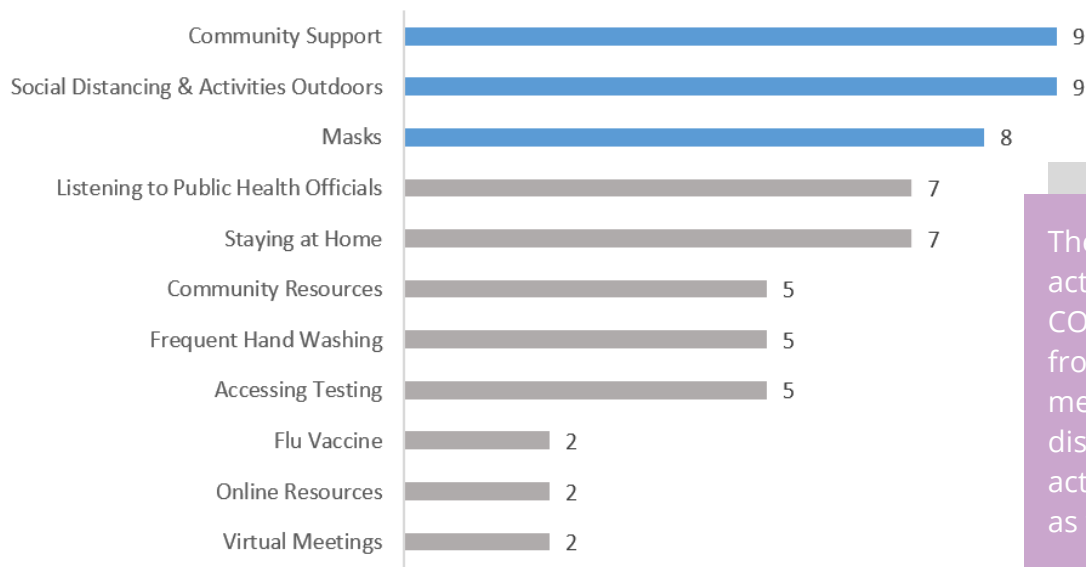
Each month between May and September, the CCP CBOs identified what barriers their communities faced. However, CBOs were also able to identify what communities were doing to adapt to COVID-19. Common themes are grouped below by how frequently CBOs identified these actions in their communities.

Barriers Faced by Community Members



The biggest barriers faced by most communities include challenges with meeting public health guidance, affording bills, and language and cultural barriers.

Community Actions Taken



The most prevalent actions taken to adapt to COVID-19 include support from community members, social distancing and hosting activities outdoors, as well as wearing masks.

OVERALL FINDINGS

Below are the important findings of the CCP project, summarizing factors vital to the project.

Summarized Key Findings

Training

Total trainings provided to CHWs:

- (Onboarding [1] + UPHA CHW Sections [9] + Weekly Check-in [40]) = 50 trainings

Average # Training Attendance of CHWs:

- Onboarding: 38
- UPHA CHW Section: 35
- Weekly Check-in: 35

Testing

- Total testing sites: 96
- # of CHWs testing sites: 87 (91%) of the 96 sites in May, June, July, August, and September
- # of referrals CBO/CHWs made to testing sites: 5,014
- Total individuals tested: 7,185

Social Needs Identified from SDOH

- Pre-test SDOH screenings conducted onsite: 2,874
 - Top 3 identified needs: Food, Housing, Employment
- Individuals consented to follow-up: 1,348 (48%)
- Post-Test SDOH screenings completed during follow-up: 747
 - Top 3 identified needs: Housing, Food, Utilities

Resource Referral

- 278 total referrals to community organizations

CBO Community Education

- 2,117 outreach activities conducted by CBOs
- Outreach activities had an estimated reach of 1,678,014



OVERALL FINDINGS

Participant Stories

CHWs from all 11 CBOs shared stories and experiences from their participants during the CCP pilot 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 and represent how difficult this pandemic has been. In an attempt to understand the barriers our at-risk communities face, general findings and considerations have been identified below with story quotes representing each theme shared below.

People's needs are 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.

"Elder recently found out that her and her son had COVID. She was angry as she felt no one cared about her, she was informed of the services our center had to offer and told she mattered. Our center helped her with one month's rent, utilities, food, and offer of counseling."

Unemployment creates and further aggravates barriers during this pandemic.

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

"Participant was on unemployment and received the extra \$600 a week. When that ended she found herself struggling to find how she was going to make her September rent...I told [the] participant I would keep following with her so that I could get her the help she needed. I worked with [the] participant and checked on her every week to see if she had been able to get connected. I would apply [for] AUCH discretionary funds because she did meet eligibility for that. Participant was very desperate and really needed the help so I reached out to AUCH and filled out an application. When the application was approved I told my participant and she was very, very grateful. She mentioned how she had lost the extra \$600 a week from unemployment and not having to worry about paying her September rent lifted a huge weight off her shoulders."

OVERALL FINDINGS

Participant Stories

Families are at risk for losing their homes.

- For families and households that are at-risk for COVID due to multigenerational households, or their health is compromised, accessing an isolation shelter was difficult. 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.

"A participant was behind on their rent and was being threatened with eviction. Her entire family of six, including herself, had been sick with COVID in July. The participant lives in Orem and there are limited resources surrounding Orem as most of the resources are centered around Salt Lake. We attempted to fill out an AUCH application for her but were told that since she was sick in July, she did not qualify. She was evicted. Outside resources were found and everyone in the organization worked to find a solution for her. With our help, and the help of another organization, she was able to secure funding for her rent through different applications."

Families have become 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.

"Single parent tested positive and did not have food. [She] was very worried because [she] did not have food and did not know what to do about it because now she was [in] isolation. Right after receiving her call [I] fill[ed] out the form and connected her to the SLC food distribution COVID-19 program...She did receive the food the very next day. She still feels the effects of the virus in her body but she is very grateful for the food she receive[d] in her time of need. I think the SLC food distribution COVID-19 program is a wonderful program who provides immediate help to the people in need."

COVID Testing is difficult to access for our vulnerable communities.

- Accessing testing locations that are free, close to where they live, and available outside work hours was difficult. This had a great impact on our vulnerable communities in Utah.

"This participant [started] experiencing symptoms but they were mild. They lost their sense of taste and smell and so they reached out to us for advice on where to get tested, quarantining guidelines, and what she can do to make sure her family is safe as well [as] lack of insurance. Fortunately we were able to refer them to the U of U Wellness bus for a free COVID-19 test. They were able to test, they tested positive, and was able to isolate themselves from the rest of the family safely."

CCP PROJECT EXTENSION AND EXPANSION

In July 2020, OHD was granted expansion funding for the CCP project to extend programming from October to December 31, 2020. The extension of the CCP pilot project was necessary as the COVID-19 pandemic continues. The main goals of the extension and expansion portion of the CCP project focuses on increasing and diversifying the CHW capacity. Among the 11 CBOs already contracted from 19 CHW positions, the expansion increases CHW capacity to 26.75 positions. In addition, incorporating CHW capacity to 12 of the 13 Local Health Departments (LHDs) for a total of 40 CHW positions, and with the Association of Utah Community Health (AUCH) giving capacity for six CHWs. The expansion also includes adding new contracts with four grantees: Latino Behavioral Health, Utah Health and Human Rights, Comunidad Materna en Utah, and Children's Service Society in order to better reach and expand into a variety of communities.

The expansion of the CCP project is necessary to continue serving underserved and underrepresented communities, particularly racial/ethnic minorities during the COVID-19 pandemic. Partnerships with the Wellness Bus and the Utah Public Health Lab have provided access to testing through barrier-free measures to communities who have been hit the hardest by the virus. Including CHWs at testing sites to advocate for community members, provide education, and conduct SDOH screenings through culturally competent methods has improved CHW knowledge and improved outcomes for community members in difficult circumstances. As resources are often difficult to access due to technological, language, and geographic barriers, CHWs acting as advocates for their communities through trusted members is essential. Expanding the reach and capabilities of CHWs to more organizations, LHDs, and AUCH increases the ability for CHWs to support communities who have less access to resources, particularly those in rural areas. As COVID-19 continues to affect communities across the state of Utah, the CCP project will continue to support CBOs, LHDs, and CHWs who are part of the project. Continuing to provide advocacy, support, funding, and assistance to CHWs is crucial for expanded support to communities.

