Legislative Report 2022

State of Utah
Office of Health Equity
December 2022

To: Health and Human Services Committee
From: Dulce Díez, director, DHHS Office of Health Equity
Subject: Legislative Report 2022

Purpose

Utah Code Title 26, Chapter 7, Section 2. Annually report to the Legislature on activities and accomplishments.

Executive summary

Major accomplishments in 2022.

- Established community health workers and health equity teams in Utah's 13 local health departments. Provided technical assistance and training to those teams.
- Developed and implemented a Building Organizational Capacity to Advance Health Equity (BOCA—HE) baseline assessment among 11 local health departments and three DHHS operational units.
- Onboarded 68 community health workers (CHWs) onto the COVID Communities Partnership project for a total number of 160 CHWs.
- Provided 34 trainings to community partners about COVID-19 and other infectious diseases, resources, and self-care.
- Coordinated 52 COVID-19 mobile vaccine clinics with 12 different community partners
  - Administered 1,188 COVID-19 vaccine doses.
- Referred 45,816 individuals to community resources to respond to their social needs
- Delivered 93 food boxes (monthly supply) of locally-sourced food to households in isolation.
- Provided COVID-19 PPE to community partners from state supply: 16,700 masks and 4,240 hand sanitizers.
- Assisted Midvale Community Building Community Clinic to obtain vaccine cold storage and enrollment as a Vaccines for Children (VFC) and COVID-19 vaccine provider.

- Assessed 17 websites for accessibility, including the 13 local health departments and DHHS programs.
- Provided biometric screenings, nutritional counseling, and mental health support to 172 women from Salt Lake, Utah, Davis, and Weber counties.
- Published reports:
  - COVID-19 health disparities in Utah 2020–2021 report
    - Race/ethnicity profile
    - Tribal affiliation profile
  - COVID Communities Partnership Phase IV
  - The Utah Health Improvement Index
  - Guidelines for the Collection of Race and Ethnicity
    - Implementation Guide
  - Utah Language Data Report
  - COVID-19 Surveillance by Race/Ethnicity and Local Health District (Biweekly report)
  - Maternal Mortality and Mobility among Utah R/E minority Women

Projects

1. **COVID Community Partnership Project**

- *Purpose:* 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.
- *List of partners:* 21 Community-Based Organizations
  - CBOs urban serving: Alliance Community Services, Best of Africa, Cache Refugee & Immigrant Connection, Centro Hispano, Children's Service Society, Comunidad Materna en Utah, International Rescue Committee, Latino Behavioral Health, Midvale Community Building Community, Open Doors, Pacific Islander Action 2 Knowledge, Project Success Coalition, Somali Community Self-Management Agency, Salt Lake American Refugee Services, Urban Indian Center of Salt Lake, Utah Health & Human Rights, Utah Pacific Islander Health Coalition, Utah Parent Center, Utah Pride Center
  - CBOs rural serving: Moab Valley Multicultural Center, People's Health Clinic, Utah Navajo Health System
  - All 13 local health departments: Bear River, Central, Davis, Salt Lake, San Juan, Southeast, Southwest, Summit, Tooele, Tri-County, Utah, Wasatch, Weber-Morgan

- *Target populations:* Under-resourced communities who experience health disparities exacerbated by the pandemic, including racial/ethnic minority communities, individuals who have disabilities, LGBTQI+ communities, rural areas, and more
- *Activities implemented during the reporting period*: Implementation of 6 strategies, including:
    - Partnership development support to reach diverse communities
    - Consistent training and resources to build **CHW capacity**
    - Access to **testing and vaccines support**
    - Referrals to community resources to address **social needs**
    - Supporting **community outreach** and education support
    - Collect community member stories and monitor surveillance data to better understand **community experiences**
- *Findings and recommendations:*
    - Findings show the top 3 needs of Utah's under-resourced communities continue to be housing, food, and utilities
    - Recommendations include: ensure funding remains available to provide community resources, as the pandemic continues to exacerbate these needs
        - Additional recommendations include linking under-resourced communities to COVID-19 vaccines and low-barriers testing as we continue to see COVID-19 spread of transmission; as well as acknowledgment that CHWs provide an important key for Utah's most under-resourced communities in identification, reach and connection to needed resources
    - Published report on July 2022: CCP Phase 4 Interim report—https://healthequity.utah.gov/wp-content/uploads/CCP-Phase-4-Interim-Report-7.19.22.pdf
    - Technical assistance (TA) provided:
        - Ongoing monthly office hours with multiple requests from both community-based organization and local health department partners
            - Primary TA topics include: navigating specific community resources, COVID-19 and vaccine guidance, technical assistance with project resources, best practices on outreach, and more
        - Assist Midvale CBC to obtain vaccine cold storage and enrollment as a VFC and COVID-19 vaccine provider
        - Provide COVID-19 PPE to community partners from state supply: 16,700 masks and 4,240 hand sanitizers

2. **Building public health infrastructure to advance health equity**
   - *Purpose*: To address COVID-19 health disparities among populations at high-risk and underserved, including racial and ethnic minority populations and rural communities
   - *Partners*: DHHS Office of Primary Care and Rural Health, DHHS Office of American Indian and Alaska Native Health and Family Services, DHHS Office of Public Health Assessment, University of Utah Division of Public Health, 13 local health departments, Utah Association of Local Health Departments, Utah Public Health Association Community Health Worker section, Dove Center, Holy Cross Ministries, Latino Behavioral Health Services, Moab Free Health Clinic, People's Health Clinic, Pacific Island Knowledge 2 Action Resources, Southern Utah University, REDiHealth, Accountable Care Organizations, tribal governments, Urban Indian Organization, Utah State University Institute for Disability, Research, Policy, and Practice, Utah Department of Technology Services
   - *Target populations:* Underserved/underrepresented populations disproportionately affected by COVID-19
   - *Activities implemented during the reporting period*
     - Build organizational capacity assessment: voluntary baseline assessment to assess organizational capacity of the local health departments in relation to health equity, including accessibility. Developed by DHHS Office of Health Equity, DHHS Disability and Health Program, University of Utah Division of Public Health, and Utah State University Institute for Disability, Research, and Practice. Centered around the Health Equity Strategic Practices Framework: build internal infrastructure, work across agencies, foster community partnerships, expand the narrative of what creates health
   - *Major accomplishments during the reporting period*
     - Created health equity teams at each of the 13 local health departments
     - LHD Health Equity teams retreat fall 2022
     - Utah Chapter of the Society for Public Health Education 2022 Annual Conference presentation
   - *Findings and recommendations:*
     - Recommend health equity tools be developed to help local health departments build capacity and infrastructure to advance health equity
   - *Trainings/number of people trained*:
     - Five LHD COVID-19 disparities workgroups, 273 total attendees
     - Technical assistance provided to LHDs:
       - 70% of all technical assistance requests were from rural local health departments and 30% were from urban local health departments
       - OHE coordinated 35 data technical assistance requests, which included how to improve data collection with a health equity mindset, how to advise programs to

report to funders when collecting more granular data for race and ethnicity, questions on the new guidelines on race and ethnicity, and creation of an internal employee survey.

- OHE coordinated 34 infrastructure technical assistance requests, which included focus group facilitation and evaluation, job descriptions for postings, CHW skills training, data gathering and reporting, health equity trainings, health equity conferences, Canvas navigation and support, and accessibility for health department websites. identifying LHD staff training needs, health equity training for staff, building community health worker (CHW) capacity, and resources for language interpretation.
- OHE coordinated 33 technical assistance requests for partnerships, which included connecting with populations experiencing disparities and community-based organizations within their jurisdiction, a request to create an online community resources landing page, conducting community needs assessment and focus groups, Medicaid assistance for the Marshallese community, assistance in connecting with the Pacific Islander community, assistance in connecting with immigrant Peruvian communities to provide needed services, forming an LGBTQ+ community coalition, and community flyer creation for mental health services.
- OHE coordinated and attended 10 on-site visits with local health departments
- OHE held 54 individual LHD virtual meetings

3. **<u>Wraparound services:</u>**
   - *Purpose:* Coordinate wraparound services with funded partners to support individuals/households in isolation who are experiencing social needs, such as housing and food insecurity.
   - *List of partners*: Association for Utah Community Health (AUCH), Farmers Feeding Utah
   - *Target populations:* Under-resourced communities who are impacted by COVID-19 and experiencing social needs
   - *Activities implemented during the reporting period*
     - Wraparound funding (administered through AUCH): provides funding to CBO and LHD CHWs for wraparound services such as mortgage/rental, utilities, transportation, and food assistance to COVID-19-impacted individuals. The wraparound services address barriers to quarantine and isolation. This funding is intended to serve individuals from underserved and underrepresented communities.
     - Iso-crate (administered through Farmers Feeding Utah): food delivery service for individuals/households who have tested positive for COVID-19 and are in isolation. Food

boxes are sourced with food from local farmers. This funding is intended to serve individuals from under-resourced communities.

- *Major accomplishments during the reporting period*
    - A total of $551,813 (12/1/21 to 11/30/22) used to help community members who experience social needs with wraparound services.
    - Iso-crate delivered a total of 93 orders of locally-sourced food to households in isolation.
- *Findings and recommendations*
    - AUCH assistance was applied to rent, mortgage, and utilities
    - Continue to provide availability and access to resources to address basic needs for Utah residents affected by COVID-19

4. <u>Detection and mitigation of COVID-19 in homeless services</u>

- *Purpose*: Coordinate the detection and mitigation of COVID-19 in homeless service sites and other congregate living facilities throughout the state by performing isolation, contract tracing, and sanitation practices.
- *Partners*: Office of Homeless Services (OHS), Weber-Morgan Health Department, Tooele County Health Department
- *Target populations:* Individuals experiencing homelessness and other congregate living facilities
- *Activities implemented during the reporting period*
    - Regular COVID-19 screening and diagnostic testing for homeless service sites, clients, and homeless service staff.
    - Establish and support processes to share data with health departments, homeless services providers, and relevant public health agencies with the purpose of responding to cases and outbreaks.
    - Respond to outbreaks in homeless shelters and other congregate living facilities.
    - Purchase test kits, PPE, and provide training for proper use.
    - Support sanitation and infection disease prevention measures in encampments.
    - OHS received 14 applications across the state. The coordinator will coordinate with those areas to build infrastructure, talk about funding, and help coordinate strategies in those areas. After the review committee submitted their scores DWS OHS awarded funds based on the highest review score. This resulted in 12 organizations receiving funding and 9 organizations receiving their full requested amount.
    - Several organizations will provide hotel/motel vouchers for quarantine, testing, and vaccinations. Specifically, for the first time, OHS will partner with a school district to provide COVID-19 vaccinations to children.

- COVID-19 updates and prevention guidance were provided to homeless service providers at the Local Homeless Council Statewide Learning Exchange quarterly meetings and biweekly meetings of Salt Lake County homeless service providers.

- *Major accomplishments during the reporting period*
  - OHS hired a COVID-19 mitigation coordinator.
  - Work continues on ongoing COVID testing based on symptoms and volunteer testing to prevent the spread of COVID-19.
  - $556,515 was distributed to Bear River, Central, Davis, Salt Lake, San Juan, Southwest, Summit, Utah County, and Wasatch local health departments to help detect and mitigate the spread of COVID-19.
  - OHS worked with several organizations to provide hotel/motel vouchers for quarantining, testing, and vaccinations.
  - OHS will partner with the school district to provide COVID-19 vaccinations to children. Contract negotiations are currently underway.

5. <u>Serve as the disparities branch of Utah's COVID-19 response</u>

- *Purpose:* Coordinate access to testing, vaccines, and novel therapeutics for underserved and high risk populations and collaborate with the Refugee Health Program for services for refugee populations in Utah. Continue the COVID-19 Community Partnership with community health workers (CHW) to assist individuals gain access to community resources and wraparound funding.
- *List of partners:* COVID Community Partnership (CCP) partners (see CCP project description above), UPHA CHW section
- *Target populations*—underserved populations and populations vulnerable to COVID-19 in Utah

6. <u>Website assessment for accessibility</u> (WebAIM)

- *Purpose*: Website assessment for accessibility for people with cognitive disabilities followed by technical consultation and training provided to local and state health department staff and contractors aimed at improving website accessibility of COVID-19 and related information for individuals with disabilities.
  - The WebAIM project provided:
    - Site evaluations for 17 local health departments
    - Technical consultation for 5 local health departments: Bear River, Toole, Tri-County, Utah County and Southeast
    - One virtual workshop and training sessions provided to 20 individuals who were interested in more technical assistance

7. **The Embrace Project Study**

- *Purpose:* The Embrace Project Study (Embrace) is a community-based participatory research study focused on addressing maternal mortality and morbidity and diabetes disparities among people who are Native Hawaiian and Pacific Islanders. This study includes women from racial and ethnic minority backgrounds who are in their childbearing years (18–44). Women involved in the study identify as Native Hawaiian and Pacific Islander, Hispanic and Latina, Black and African American, and refugee and new American women. Embrace partners with the University of Utah Health's Wellness Bus (TWB) who provided culturally relevant and grounded education, and biometric screenings for chronic disease testing in key neighborhoods in Salt Lake County. For the project, TWB expanded to Utah and Weber counties to provide chronic disease testing and services on Fridays. Embrace focuses on mental health and self-care that is culturally grounded in Native Hawaiian and Pacific Islander heritage and the cultural arts.
- *Partners:*
  - The Wellness Bus, University of Utah Health
  - University of Utah Health Obstetrics and Gynecology
  - Comunidad Materna en Utah
  -National Tongan American Society
  - Project Success Coalition
  - Utah Muslim Civic League
  - Utah Pacific Islander Health Coalition
  - Child and Family Empowerment Services

- *Target populations:*
  Women between the ages of 18–44 years old who identify as Native Hawaiian or Pacific Islander, Black or African American, Hispanic or Latina, and refugee or new American who live in Salt Lake, Utah, Davis, and Weber counties. A total of 149 women received preventive services (diabetes and heart disease screenings), nutritional, and mental health coaching.
- *Major accomplishments during the reporting period:*
  During this reporting period, Embrace accomplished the following activities:
  - A total of 172 women from Salt Lake, Utah, Davis, and Weber counties received biometric screenings, nutritional counseling, and mental health support
  - A Maternal Mental Health month press conference for Governor's office
  - Provided a state presentation at the Utah Public Health Association conference
  - Provided a regional presentation at the Colorado Public Health Association Culture of Data conference
  - Provided a presentation for the Association for Maternal and Child Health Programs (AMCHP) Annual conference (national)

- Offered a poster presentation at the Utah Academy of Nutrition and Dietetics Annual meeting
- Provided a presentation at Utah Community Research and Ethics Conference
- KSL News article https://www.ksl.com/article/50407426/we-have-to-do-better-policymakers-advocates-call-for-better-support-of-maternal-mental-health-

8. **Health equity data analysis (HEDA)**
   - *Purpose:* The DHHS Office of Health Equity (OHE) in collaboration with the University of Utah Division of Population Health and other operational units in DHHS continues to work on a Health Equity Data Analyses (HEDA) project focused on COVID-19 and contributing factors to inform system changes. The purpose of this project is to identify and understand COVID-19 health disparities among population groups in Utah. A variety of data sources will be combined to identify and contextualize COVID-19 disparities and inequities among population groups. The results of this project are intended to inform improvements to policies and practices to address COVID-19 inequities and prepare for future public health emergencies.
   - *List of partners*
     - University of Utah Division of Public Health
     - DHHS Office of Health Promotion and Prevention
     - DHHS Office of Research and Evaluation
     - DHHS Office of American Indian and Alaska Native Health and Family Services
     - DHHS Refugee Health/TB Control Program
     - DHHS Disabilities and Health Program
     - DHHS Immunization Program
     - DHHS Office of Primary Care and Rural Health
     - DHHS COVID-19 Surveillance Team
   - *Target population*—Public health, healthcare, and social services stakeholders including local health departments (LHDs), county facilities and programs, healthcare systems and providers, other governmental service providers, community-based organizations, and non-governmental service providers

9. **COVID-19 health disparities and social and structural determinants of health (SSDOH) survey**
   - *Purpose:* The DHHS Office of Health Equity (OHE) in collaboration with the University of Utah created and began implementation of a survey to increase data collection in Utah on structural and social determinants of health which impact COVID-19 infections and outcomes to better understand racial and ethnic minority and rural populations' experiences when they access COVID-19 information and services.

- *List of partners:*
  - University of Utah Division of Public Health
  - DHHS Office of Research and Evaluation
- *Target populations:* Adult population (18 years of age or older) currently living in Utah.
- *Activities implemented during the reporting period:*
  - Survey creation
  - Survey sampling and data collection methodology development
  - Survey implementation
- *Major accomplishments during the reporting period:*
  - A comprehensive survey on structural and social determinants of health
  - Increased capacity for a new method of data collection with a mail push-to-web with a telephone follow-up survey
  - Nearly 2,000 surveys were completed online (1,850) with 477 additional which were partially completed. The total goal we hoped to achieve was 3,000 survey responses (2,000 from DHHS with an additional 1,000 from the University of Utah).
  - Eighty additional surveys were completed via phone followup.

10. <u>Demographic data collection standardization</u>

- *Purpose:* The DHHS Office of Health Equity (OHE) has embarked on an ambitious project to standardize the collection of demographic data across the Utah Department of Health and Human Services, and across health and public health systems in Utah. Uniform data collection improves data integrity and quality so relevant and reliable data is available for decision-making purposes. Standards enhance the ability to report, track, and identify opportunities to address health disparities.
- *Major accomplishments during the reporting period:*
  The DHHS OHE worked in collaboration with the University of Utah, Intermountain Healthcare, DHHS programs, and community partners to create guidelines to collect race/ethnicity and sexual orientation/gender identity data. Still to come are guidelines to collect language, disability, and geographic data. This guidance is recommended for use across all Utah state agencies, organizations who receive state funding, local health departments, healthcare organizations, other local government agencies, and all other organizations who work across the state of Utah.
  Activities which occurred during the reporting period to advance the creation of data collection guidelines include:
  - Draft guidelines were created for race/ethnicity and sexual orientation/gender identity data
  - Obtained and incorporated input from community partners on the draft guidelines

- The guidance document was published
- The document was disseminated
- Technical assistance was provided about the guidance document
- We requested for a DHHS-wide effort to standardize demographic data collection and reporting throughout more than 1,000 different DHHS data collection systems

Data reports

1. Utah Health Improvement Index (HII)

- *Description of the report*: The Utah Health Improvement Index (HII) uses geographic and socioeconomic indicators to understand how health disparities can be addressed. It includes nine indicators that describe social determinants of health across 99 small areas such as demographics, socio-economic deprivation, economic inequality, resource availability, and opportunity structure.
  The Utah HII provides insights to guide the actions of local officials, health departments, social services agencies, healthcare systems, and community-based organizations to advance health equity. Informed decisions to foster and improve the health status of Utahns, especially in underserved and under-resourced communities, elevates the health of Utah residents overall.
- *Link to report*
  https://healthequity.utah.gov/wp-content/uploads/Utah-HII-2022-Update.pdf

2. Guidelines for data collection on race and ethnicity

- *Description of the report*: The Utah Department of Health and Human Services (DHHS) Office of Health Equity (OHE) promotes a set of uniform data collection standards for race and ethnicity information conducted by, sponsored by, or reportable to DHHS.
  A set of standards promotes consistent and comparable data collection on race and ethnicity across the state of Utah. This aligns with national culturally and linguistically appropriate services (CLAS) standards that promote accurate and reliable demographic data collection.[1] Uniform data collection improves data integrity and quality so relevant and reliable data is available for decision-making purposes. Standards enhance the ability to report, track, and identify opportunities to address racial and ethnic health disparities. To promote uniform and consistent race and ethnicity data collection this guidance is recommended for use across all Utah state agencies, organizations who receive state funding, local health departments, healthcare organizations, other local government agencies, and all other organizations who work across the state of Utah.
- Link to report: https://healthequity.utah.gov/wp-content/uploads/RE_Data-Collection-Guidelines-1.pdf

3. Implementation guide for data collection on race and ethnicity

- *Description of the report* This implementation guide is designed to facilitate implementation of race and ethnicity data collection standards for Utah. It should be used along with the ***Guidelines for data collection on race and ethnicity*****.** This guide covers best practices for designing data collection instruments to capture race and ethnicity information and how to explain confidentiality, privacy, and purpose of race and ethnicity data collection to respondents.
  The information contained in this report is intended to assist DHHS, local health departments (LHDs), county facilities and programs, health systems and providers, other governmental service providers, community-based organizations, and non-governmental service providers in implementation of race and ethnicity data collection.
- *Link to report*: https://healthequity.utah.gov/wp-content/uploads/Implementation-Guide.pdf

4. October 2022 Health Status Update—Guidelines for data collection on race and ethnicity in Utah

- *Description of the article:* The Utah Department of Health and Human Services (DHHS) Office of Health Equity (OHE) published the Guidelines for data collection on race and ethnicity. These guidelines provide a set of state-specific standards to promote consistent and comparable data collection on race and ethnicity throughout Utah. Uniform data collection improves data integrity and quality so relevant and reliable data is available for decision-making. Standards enhance the ability to report, track, and identify opportunities to address racial and ethnic health disparities.
  DHHS OHE promotes 6 standards for race and ethnicity data collection. These standards were created with a balance of adherence to federal guidelines while implementing adaptations for Utah. Substantial consideration was given to how to best represent the racial and ethnic minority populations of Utah and to center their diverse identities in data collection efforts.
  A summary of the 6 race and ethnicity data collection standards are as follows:
  1. Self-identification: an individual identifies their own race and ethnicity
  2. Minimum categories: the minimum race categories are American Indian/Alaska Native, Asian/Asian American, Black/African American, Native Hawaiian/Pacific Islander, and White. The minimum ethnicity categories are Hispanic/Latino/a/x* and not Hispanic/Latino/a/x.
  3. Question format: Race and ethnicity data should be collected in a combined format, which presents the 6 minimum race and ethnicity categories together.

4. Multi-racial heritage: Respondents should be offered the option to select one or more races to identify their multi-racial heritage. Recommended instructions which accompany the race/ethnicity question include "mark all that apply" and "select all that apply." There is no “multi-racial” category.
5. Additional granularity: collecting additional granularity in race and ethnicity data is encouraged where it is supported by sample size and the additional detail can be aggregated back to the 6 minimum categories.
6. Write-in option of “other:” an optional write-in category option of “some other race/ethnicity” or "other" can be added to surveys with an open-ended request to specify. This respondent-specified race must then be coded to the minimum race/ethnicity categories before results are reported.

The information contained in this report is intended to inform the executive director’s office, legislators/policymakers, health professionals, local health department staff (health officers, health educators, nursing directors, and public information officers), DHHS Health Advisory Council, Health Data Committee, IBIS PH Indicator owners and editors, IBIS-PH data stewards, IBIS-PH Community of Practice members around the country, DHHS Office of Health Promotion and Prevention’s SEED group (Surveillance, Epidemiology, Evaluation and Data), Utah Medical Association, and Health Communications (HCOMM) committees, and other interested stakeholders.

- *Link to report*: https://ibis.health.utah.gov/ibisph-view/pdf/opha/publication/hsu/2022/10_SIDS_RacEth.pdf#HSU2

5. A snapshot of current racial and ethnic health disparities in Utah

- *Description of the report* This project is a summary of the numerous health disparities experienced by racial and ethnic health minority populations in Utah. The **2021 Utah Health Status by Race and Ethnicity** report published data collected on health indicators from 2015 to 2019 and showed racial and ethnic minority populations’ health was worse compared with the Utah population overall for the majority of indicators. Two tables summarize racial and ethnic health disparities and show, among other things, that one or more racial and ethnic minority populations experienced statistically significant health disparities in 44 out of 74 health indicators reported in 2021. Utah has made important commitments toward health equity advancements, but improved outcomes take dedicated effort and time. Working to reduce health disparities and advance health equity is core to the mission of the Utah Department of Health and Human Services (DHHS) Office of Health Equity (OHE).
- *Link to report*: https://healthequity.utah.gov/wp-content/uploads/A-snapshot-of-current-racial-and-ethnic-health-disparities-in-Utah.pdf

6. **December 2021 Health Status Update: Racial and ethnic health disparities in Utah pre-COVID-19: data from 2015–2019**
   - *Description of the article:* COVID-19 exacerbated health disparities in Utah. The most recent documentation on racial and ethnic health disparities in Utah prior to the start of the COVID-19 pandemic is reported in the publication Utah Health Status by Race and Ethnicity 2021. Racial and ethnic health disparities exist when one or more racial and ethnic minority populations experience worse health outcomes when compared with the Utah population overall. The data in this report, from 2019 and prior, demonstrate the extent of racial and ethnic health disparities in Utah prior to the COVID-19 pandemic.

     Identifying health disparity trends and gaps through disaggregated population-based data combined with complementary contextual data is a fundamental step to address, reduce, and ultimately eliminate health disparities. Health equity is the principle underlying the commitment to reduce and, ultimately, eliminate health disparities by addressing its determinants. Pursuit of health equity means to strive for the highest possible standard of health for all people with special attention to the needs of those communities with greatest exposure to health disparities. This is crucial now more than ever as COVID-19's impact on health disparities in Utah continues to unfold.

     The information contained in this report is intended to inform the executive director's office, legislators/policymakers, health professionals, local health department staff (health officers, health educators, nursing directors, and public information officers), DHHS Health Advisory Council, Health Data Committee, IBIS PH Indicator owners and editors, IBIS-PH data stewards, IBIS-PH Community of Practice members around the country, DHHS Office of Health Promotion and Prevention's SEED group (Surveillance, Epidemiology, Evaluation and Data), Utah Medical Association, and Health Communications (HCOMM) dommittees, and other interested stakeholders.
   - *Link to article*: https://ibis.health.utah.gov/ibisph-view/pdf/opha/publication/hsu/2021/12_RacEthDisparities.pdf#HSU

7. **Utah language data report**
   - *Description of the report*: Effective and meaningful communication is essential to the success of Utah's service provision and initiatives in public health, medical care, human services, and wider governmental services. Language data helps decision-makers understand the linguistic diversity of Utah's population, helps plan to provide language services, and helps develop responsive policies on language rights. DHHS OHE produced a language data report in 2016, which heavily informed COVID-19 response language

services. This is an update to that report, for which internal and external stakeholders have made several requests.

The information contained in this report is intended to assist DHHS, local health departments (LHDs), county facilities and programs, and Utah's health and other governmental service providers in implementation of effective language access services to meet the needs of limited English proficient (LEP) patients and clients. It informs the language access plan, language-translation-related services, and program activities.

- *Link to report*: https://healthequity.utah.gov/wp-content/uploads/Language-data-report.pdf

8. COVID-19 health disparities in Utah 2020–2021 report

- *Description of the report*: This report informs stakeholders on the state of COVID-19 disparities in Utah from 2020–2021. DHHS OHE explores COVID-19 health disparities by race/ethnicity, gender, age, population density, Utah Health Improvement Index (HII) classification, tribal affiliation, refugee status, and disability status. Additional profiles to look at other subgroups may be added to this report at a later date. Identification of health disparities through disaggregated population-based data is vital and fundamental to better understand, identify, and address health disparities.

  This report also serves as a starting point for DHHS OHE to focus analyses on COVID-19 and contributing factors and later examine the societal, environmental, and policy-driven factors that contribute to or detract from population health. Health disparities due to COVID-19 occur as a result of many underlying factors such as crowded living conditions, jobs in essential work settings without an option to telework, no annual and/or sick leave, no access or limited access to health insurance, and significant travel time to testing and vaccination sites. All these factors shed light on the need to better understand health disparities in order to eliminate them and advance health equity in Utah.
- *Link to report*: https://healthequity.utah.gov/wp-content/uploads/COVID-19-Disparities-Base-Report.pdf

9. Race/ethnicity profile of the COVID-19 health disparities in Utah 2020–2021 report

- *Description of the report:* This profile reports the state of Utah COVID-19 surveillance data between March 2020 to December 2021. COVID-19 indicators such as case rates, hospitalization rates, mortality rates, and cumulative vaccination percentages were used to identify COVID-19 disparities. The rates/percentages of all COVID-19 indicators are compared to the respective Utah overall indicator rates/percentages.

American Indian/Alaska Native, Hispanic/Latino, and Native Hawaiian and Pacific Islander populations experienced higher COVID-19 case rates, hospitalization rates, and mortality rates when compared with respective Utah overall rates between 2020–2021. Also, Hispanic/Latino, and Native Hawaiian and Pacific Islander populations reported lower first dose and fully vaccinated cumulative percentages when compared with Utah overall vaccination percentages.

It is crucial to identify COVID-19 racial and ethnic health disparities to inform COVID-19 response efforts and future public health emergency efforts so these responses are inclusive, accessible, and effective for all Utahns. A comprehensive approach to address racial and ethnic health disparities must include individual, community and place–based, and system–based interventions which are strategic and culturally and linguistically responsive. As COVID-19 health disparities persist, all Utahns remain at risk.

- *Link to profile—* https://healthequity.utah.gov/wp-content/uploads/Race-ethnicity-profile.pdf

10. Tribal affiliation profile for the COVID-19 health disparities in Utah 2020–2021 report

- *Description of the report:* It compiles COVID-19 surveillance data in Utah by tribal affiliation between March 27, 2020 and December 31, 2021. Unlike other profiles in this report, health disparity identification by tribal affiliation status was not possible because of the limitations regarding data collection. The Utah Department of Health and Human Services (DHHS) Office of American Indian and Alaska Native Health and Family Services (IHFS), in collaboration with DHHS Office of Health Equity (OHE), created this profile.
  Of the 7,188 cases who identified as American Indian/Alaska Native (AI/AN) reported by December 31, 2021, fewer than half were asked about tribal affiliation. The infrequent collection of tribal affiliation data was seen across jurisdictions and throughout the pandemic. Due to this, only a limited picture of the COVID-19 burden among tribally affiliated persons can be produced. Data and visualizations in this report provide an opportunity to understand the scenario of COVID-19 among the tribally affiliated population in Utah.
- *Link to report* - https://healthequity.utah.gov/wp-content/uploads/Tribal-affiliation-profile__COVID-19-Health-Disparities__October-11.pdf

11. Race/ethnicity by local health departments (LHD's) bi-weekly report

- *Description of the report* To document the COVID-19 surveillance data by race/ethnicity for all the local health departments (LHDs) in Utah. This report is published bi-weekly on Thursday to inform the local health departments and general public on the status of

COVID-19 indicators such as case rates, hospitalization rates, mortality rates, and cumulative vaccinated percentages.

- *Link to report*— https://s3.us-west-2.amazonaws.com/gov-utah-healthequity-03-02-2022-bucket/documents/covid-data-by-race-ethnicity-per-lhd-weekly-report.pdf

12. A Utah health disparities profile: maternal mortality and morbidity among Utah minority women

- *Description of the report*: To document and report racial and ethnic health disparities in maternal mortality and morbidity. Disparities in maternal mortality and morbidity may signal differences in communities' individual and general health and experience with public health, healthcare, and social systems. The report is meant to inform stakeholders' efforts to serve individuals, families, and communities more effectively to address these disparities.
- *Link to report*— - https://healthequity.utah.gov/wp-content/uploads/2022/02/UtahHealthDisparitiesProfileMaternalMortalityMorbidity2021.pdf

13. Moving Forward in 2023

- *Description of the report*: This is a series of five data reports that provide in-depth analysis of health trends over approximately 20 years for five racial and ethnic minority populations in Utah. A novel methodology was developed to identify health disparities. These reports allow stakeholders to be better informed about racial and ethnic health disparities in Utah. They provide more than just a snapshot of health disparities. They show how health disparities have changed—for better or for worse—over time. This knowledge is essential to the success of Utah's service provision and initiatives in public health, medical care, human services, and wider governmental services. A Moving Forward series was previously published in 2016. The Moving Forward in 2023 reports build on that information. They will be published in January 2023. The information contained in these reports are intended to assist government agencies, non-governmental organizations, and the general public to gain a longitudinal understanding of racial and ethnic health disparities in Utah.

Media and communication efforts

OHE media and communications efforts during this reporting period consisted of the following:

- **OHE website** (healthequity.utah.gov)
  - *Description*

        - DHHS OHE launched its new website April 7, 2022. Development began in December 2021 in collaboration with the Utah Department of Technology Services (DTS). The new website was deemed necessary to effectively and efficiently store the office's ever-growing library of products in an appealing and user-friendly format.
    - *Target audiences*
        - Internal stakeholders, external stakeholders (local health departments, other state and local agencies, community-based organizations, academia, general public, etc.)
    - *Activities implemented*
        - Began development of website with DTS (December 2021)
        - Decided on layout, content organization, and translation function
        - Imported existing content to WordPress
        - Draft of website ready (March 2022)
        - Website launched (April 7, 2022)
        - Website undergoes accessibility test (April 2022)
        - Installed digital concierge tool (November 2022)
    - *Successes*
        - April 7, 2022: website launched
        - May 2022: website received 1,000th visitor
        - October 2022: all 50 U.S. states have visited the website at least once
        - November 2022: website received 5,000th visitor

- **<u>OHE monthly newsletter</u>**
    - *Description*
        - The OHE monthly newsletter is an outreach tool to provide local health departments, community-based organization leaders, and DHHS employees with information on the office's activities for the previous month. Activities include announcements of new reports, project updates, conference appearances, site visits with LHDs and CBOs, COVID-19 vaccine events, grant applications, and more.
    - *Target audiences*
        - DHHS employees, local health departments, and community-based organization leaders (approximately 800 email accounts in the listserv).
    - *Successes*
        - 40% open rate average for newsletters

Workgroups/committees/councils led by OHE

1. **Health Equity Data Advisory group**

   Purpose: To seek expertise outside of DHHS OHE on our data-related projects by gaining perspective, experience, feedback, and advice from others.

2. **COVID-19 Health Disparities workgroup**

   Purpose: To convene internal and external partners to coordinate COVID-19 response activities

3. **LHD COVID-19 Disparities workgroup**

   Purpose: To coordinate activities for those at local health departments who work on activities related to reaching underserved/underrepresented populations, health equity, and addressing COVID-19 disparities.)

4. **Health Equity workgroup**

   Purpose: To build health equity capacity department-wide; DHHS internal workgroup

5. **Health Disparities Advisory council**

   Purpose: To advise and recommend OHE about activities and projects; external stakeholders' group.

Workgroups/committees/councils in which one staff participates

1. **Get Healthy Utah board**

   Purpose: The mission of Get Healthy Utah is to create a culture of health through engaging multi-sector stakeholders, building partnerships, providing resources, and connecting efforts that support healthy eating and active living. Board members of Get Healthy Utah meet regularly to advise and support staff.

2. **Community health needs assessment (CHNA) collaborative**

   Purpose: The CHNA collaborative is a group of public health professionals and stakeholders from state and local health departments, healthcare, and other health systems who meet to direct and coordinate Utah's community health needs assessments (CHNA). These CHNA engage community stakeholders to understand community needs and priorities and inform public health efforts in Utah.

3. **COVID-19 surveillance team**

   Purpose: Epidemiologists from different operational units within DHHS meet every month to discuss updates on the state of Utah COVID-19 response. This monthly meeting is also used as a platform to discuss any COVID-19 research related questions or concerns.

4. **Well Woman coalition**

   Purpose: The Well Woman coalition is a diverse group of stakeholders who provide information, education, and resources to encourage women to engage in routine

preventive care; and work with healthcare systems and providers to ensure routine preventive care is provided and is evidence-based, comprehensive, equitable, and patient-centered. The aim of the group is to create a culture and environment where women prioritize and have access to routine preventive care, see themselves as equal partners in their care, and receive whole-person, patient-centered care at every visit.

5. **Utah Women and Leadership Project**

   Purpose: The mission of the Utah Women & Leadership Project is to strengthen the impact of Utah girls and women. We serve Utah and its residents by 1) producing relevant, trustworthy, and applicable research; 2) creating and gathering valuable resources; and 3) convening trainings and events that inform, inspire, and ignite growth and change for all Utahns.

6. **Utah Oral Health Coalition**

   Purpose: Utah's Oral Health Coalition is a diverse group of stakeholders who meet to leverage public and private partnerships to eliminate oral health disparities in Utah through education, prevention, and access.

7. **Utah Newborn Safe Haven Advisory Board**

   Purpose: The Utah Newborn Safe Haven Advisory Board meets regularly to advise on the promotion of the Safe Haven Law wherein birth parents in Utah may anonymously give up custody of their newborn child.

8. **Intermountain Health Care (IHC) EDIA Council**

   Purpose: To advise IHC on EDIA related activities, to educate about OHE projects, and to connect public health and healthcare.

9. **Utah Disability Advisory committee**

   Purpose: To address the health disparities and health equity strategies for people who have disabilities, including developing a needs assessment.

10. **DHHS Policy committee** (co-chair)

    Purpose: To review the policies for the new DHHS

11. **DHHS Governance Executive group—Health Equity** (co-chair)

    Purpose: To integrate health equity practices and processes within the public health system

12. **DHHS Steering committee** (merger)

    Purpose: To coordinate activities related to the merge of UDOH and DHS

13. **DHHS Executive Leadership team**

14. **DHHS EDIA council** (Co-chair)

    Purpose: Build internal infrastructure to address equity, diversity, inclusion, and accessibility education and needs across the department

15. **State Health Assessment workgroup**

Purpose: To provide data and insights that help with priority setting, establishing improvement strategies and plans, program planning, policy efforts, funding applications, etc.

16. DHHS Language Access workgroup

Purpose: To build internal infrastructure to address language access needs of the populations served

17. DHHS Public Health Re-accreditation Steering committee

Purpose: To document health equity related activities needed for DHHS to maintain public health accreditation.

End of Legislative report 2022