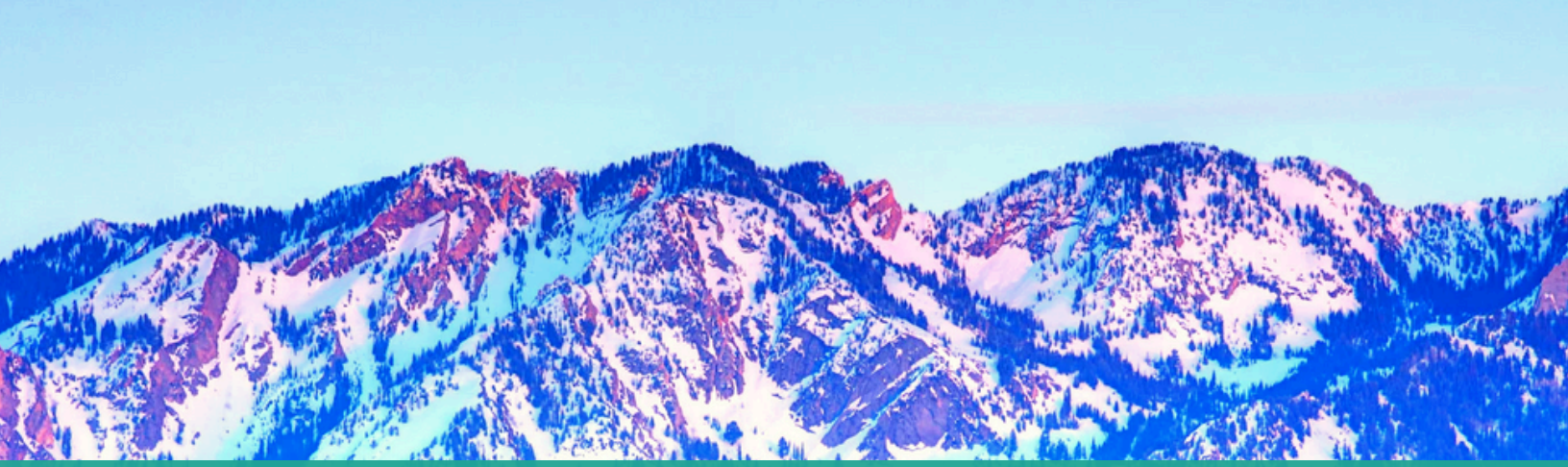

COVID Community Partnership project phase 4: Community health worker response to ongoing impacts of COVID-19

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Background

The COVID Community Partnership (CCP) project was established in May 2020 by the Utah Department of Health and Human Services (DHHS) Office of Health Equity (OHE) in response to the spread of the COVID-19 pandemic in Utah. The CCP project focused addressing health disparities exacerbated by the pandemic by mitigating the spread of COVID-19 among under-resourced communities in Utah.

> The Utah Department of Health and Human Services will advocate for, support, and serve all individuals and communities in Utah. We will ensure all Utahns have fair and equitable opportunities to live safe and healthy lives. We will achieve this through effective policy and a seamless system of services and programs.

Community health workers (CHWs) were identified as a necessary component in this public health response to reduce the spread and effects of COVID-19 on communities who were at a higher risk of poor health outcomes. The CCP project partners with community-based organizations (CBOs) and local health departments (LHDs) to employ CHWs from diverse communities and incorporate them into the COVID-19 emergency response.

The CCP project has been operationalized in 5 phases and continues to evolve and adapt to the changing state of the COVID-19 pandemic. As detailed in this report, Phase 4 of the project aimed to build CHW capacity, facilitate networking, and increase collaborative capabilities of partners. The strategies with significant outcomes are listed below, along with a timeline to see the progress and development of the CCP project.

Background

CCP project timeline

Since its formation, the COVID Community Partnership project has been operationalized in 4 phases:

Phase 1

May 2020–August 2020
CHWs identified as essential in the emergency response and the CCP project pilot was implemented with 11 CBO partners.
Read more in the Phase 1 report.

Phase 2

September 2020–December 2020
The CCP project expanded partnerships to 12 of Utah's 13 LHDs plus 4 additional CBOs.
Read more in the Phase 2 report.

Phase 3

February 2021–July 2021
The CCP project expanded partnerships to all 13 LHDs and added a focus on vaccine education and accessibility.
Read more in the Phase 3 report.

Phase 4

August 2021–June 2023
Due to the continued need for vaccine response, the CCP project was extended for an additional 2 years, the longest phase to date.
A request for proposal was put out, and partnerships expanded to 21 CBOs and all 13 of Utah's LHDs.

Phase 4
Part 1

August 2021–March 2022
Part 1 of Phase 4 continued to focus on community vaccine access and social needs. Part 1 ended with the transition from emergency response to steady state in March 2022.
Read more in the Phase 4 interim report.

Phase 4
Part 2

April 2022–June 2023
Part 2 of Phase 4 is distinguished by the transition to a steady state response with a phase out of contact tracing referrals. Part 2increased focus on CHWs and building organizational capacity.

Background

The CCP project's main strategies

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

This Phase 4 total outcomes report presents each strategy with outcomes from this phase, as well as the summary of results Phases 1–4. These are the pillars of the CCP project, and their individual and collective impacts are displayed through data collected.

Phase 4 Utah COVID-19 surveillance data

Utah entered the "steady state" phase of the COVID-19 response in March 2022. This change, followed by the end of the national Public Health Emergency in May 2023, signaled the shift away from the acute stage of the pandemic as cases, hospitalizations, and deaths from COVID-19 decreased in Utah. However, some disparities in COVID-19 outcomes persisted.

Table 1 displays the rates of COVID-19 hospitalizations and deaths reported from August 2021 to August 2023 by race/ethnicity. There were 24,321 hospitalizations and 2,704 deaths recorded in Utah during this time period. While the statewide hospitalization rate per 1,000 cases was 36.5 per 1,000 cases, rates were highest among people who are Native Hawaiian/Pacific Islander (59.2), those who are two or more races (53.2), and those who are American Indian/Alaska Native (42.2). Mortality rates per 100,000 cases were highest among people who are American Indian/Alaska Native (185.9 per 1,000 cases) followed by people who are Native Hawaiian/Pacific Islander (172.5), as compared to the statewide rate of 83.2.

Table 1. Utah COVID-19 rates of hospitalizations and deaths surveillance data, August 2021–August 2023

Race/ethnicity	Hospitalizations	Hospitalization rate/ 1,000 Cases	Deaths	Mortality rate/ 100,000 Cases
Statewide	24313	36.5	2704	83.2
American Indian/Alaska Native	346	42.2	56	185.9
Asian	359	18.9	27	32.8
Black/African American	353	38.5	25	68.3
Hispanic/Latino	3144	30.3	215	45.6
Native Hawaiian/Pacific Islander	601	59.2	58	172.5
White	18856	38.7	2186	86.7
Some other race	394	33.5	56	--
Unknown race	219	14.1	79	--

Data source: Utah COVID-19 Surveillance dashboard
Note: Race is race alone, non-Hispanic. Hispanic/Latino is of any race.

Table 2 depicts Utah's vaccination rates from August 2021 to August 2023 by race/ethnicity. In Utah, 64.1% of residents were fully vaccinated against COVID-19 and 15.7% of those had received a bivalent booster dose. The bivalent booster dose was authorized in August 2022 and was recommended to everyone 6 years and older to be considered "up to date" on COVID-19 vaccinations in April 2023.

People who are Asian had the highest uptake of the bivalent booster (24.4% up to date), followed by people who are White (16.7%) and people who are American Indian/Alaska Native (15.8%). Additionally, 15.2% of people who are Black/African American were up to date, 10.2% of people who are Hispanic/Latino were up to date, and 9.9% of people who are Native Hawaiian/Pacific Islander were up to date.

Table 2. Utah COVID-19 vaccine surveillance data, August 2021–August 2023

Race/ethnicity	People completed primary series	% completed primary series	People received bivalent booster	% received bivalent booster
Statewide	2084380	64.1	514079	15.8
American Indian/Alaska Native	20922	69.5	4783	15.9
Asian alone	66062	80.1	20086	24.4
Black/African American	24572	64.6	5774	15.2
Hispanic/Latino	259444	55.0	47888	10.2
Native Hawaiian/Pacific Islander	20680	61.5	3345	9.9
White	1591878	63.1	421994	16.7
Some other race	14555	--	1311	--
Unknown race	86267	–	8898	–

Data source: Utah COVID-19 Surveillance dashboard
Note: Race is race alone, non-Hispanic. Hispanic/Latino is of any race.

Continued vaccination outreach and education about the importance of being up to date is essential to retain protection against COVID-19 hospitalizations and deaths, particularly among high-risk individuals. CHWs hold profound knowledge and trust in their communities and can understand which outreach methods are most successful to address vaccine hesitancy and reduce barriers to access. The CCP project will continue to support CHWs with education and training to help them do this work. Promoting vaccinations through addressing vaccine hesitancy and access barriers is still a vital statewide public health effort to prevent the transmission of COVID-19.

Strategy #1: Partnerships

Through Phases 1–4 of the CCP project, the OHE worked with 21 CBOs and all 13 LHDs to reach under-resourced communities. CHWs were employed at these CBOs and LHDs to reach these communities throughout the state, as they already have trust established with their community members.

CBO partners

1. Alliance Community Services
2. Best of Africa Cultural Group
3. Cache Refugee Community Connection
4. Centro Hispano
5. Comunidad Materna en Utah
6. Community Building Community
7. Children's Service Society
8. International Rescue Committee
9. Latino Behavioral Health
10. Moab Valley Multicultural Center
11. Open Doors
12. Pacific Island Knowledge 2 Action
13. People's Health Clinic
14. Project Success
15. Somali Community Self-Management Agency
16. Urban Indian Center of Salt Lake
17. Utah Health and Human Rights
18. Utah Navajo Health Systems
19. Utah Pacific Islander Health Coalition
20. Utah Parent Center
21. Utah Pride Center

LHD partners

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

CHWs have spoken language capacity in **31 different languages** across all contracted CCP partners.

Strategy #1: Partnerships

Throughout the project, CCP partners mobilized community partnerships to increase reach to communities of focus.

> Through Phases 1–4 of the CCP project, CBOs and LHDs formed **3,469 new community partnerships.**

Types of partnerships included: government, foreign government, higher education institutions, K-12 education, student associations, coalitions, social services, local health departments, healthcare organizations, clinics, faith-based institutions, local businesses, business associations, media, civic engagement organizations, food banks, mental health services, community-based organizations, treatment centers, law enforcement, sports clubs, and tribal health systems

Project Success Coalition (PSC) strengthened existing partnerships and developed new ones to address health equity and services to their youth population. PSC's outreach with Ogden High School opened up the opportunity to establish a Community That Cares (CTC) Coalition to address substance abuse prevention utilizing this evidence-based community approach.

San Juan Public Health Department (SJPHD) collaborates with the Bluff Food Bank to respond to their community members' need in the area: food access. When the food pantry opened, only 88 people accessed its services. Now, they have 300 regular clients, with 80% identifying as Native American. They are currently creating a cookbook that includes traditional Navajo recipes and utilizes ingredients found in the food bank.

Strategy #2: Building CHW capacity

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

Onboarding

Uniform training is provided to CHWs as they join the CCP project. At the start of Phase 4 in August 2021, the onboarding training was updated to focus on the COVID-19 vaccine. Newly partnered CHWs were onboarded, while continuing CHWs were re-onboarded.

Onboarding training includes information about COVID-19 infection, COVID-19 testing, public health protocols, and project processes and procedures.

Throughout Phase 4, a total of **228 CHWs** completed the onboarding process.

Mental health support

Mental health resources and training were integrated into Phase 2 to adequately support CHWs in their frontline positions. This mental health support provided through Phase 4 consisted of:

- **120** self-care sessions
- Support groups:
  - CHW support groups: **28 total**
  - Self-care "community circle" groups
    - 13 English and 10 Spanish: **23 total**
  - 48 grief groups
- **6 mental health training sessions**, 4 in Phase 4 included:
  - Question, persuade and refer (QPR) certification
  - Crisis management techniques for clients in distress
  - How to recognize and prevent burnout
  - How to use motivational interviewing techniques with community members

Mental health support was provided through partnerships, including:

- CCP partner Latino Behavioral Health Services
- University of Utah College of Nursing, Caring Connections program
- University of Utah Department of Psychology

Strategy #2: Building CHW capacity

Check-in calls

Regular check-in calls with training and other activities provided the opportunity to build the capacity of CCP CHWs, provided a space to network with others, and allowed the OHE to learn from the communities CCP CHWs serve. Check-in calls were weekly during Phases 1–2, bi-weekly in Phase 3, and transitioned to monthly halfway through Phase 4 (see table 3).

Table 3. CCP Check-in Calls, Phases 1–4

Phases 1–3	Phase 4	Overall total
# of calls offered		
129	62	**191**

In Phase 4, CBO highlights were incorporated into check-in calls in Phase 4. These highlights gave CBOs an opportunity to share information about their services and best practices, while promoting networking and collaboration between CCP partners.

Topics covered during Phase 4 check-in calls:

- **COVID-19 updates**
  - Testing sites and home testing, quarantine and isolation guidelines, monoclonal antibody treatment, variants, long COVID
- **COVID-19 vaccine activities and updates**
  - Mobile vaccine bus, outreach, combatting misinformation
  - Booster information, school guidance
- **CCP-specific resources**
  - AUCH non-discretionary funding, Iso-crate food delivery
- **Resource navigation**
  - Healthcare and Medicaid enrollment unwinding, rental and mortgage assistance, eviction expungement, mental health, Community Action Program (CAP), 988 lifeline, COVID long-hauler
- Other topics: Mental health training, motivational interviewing

Check-in call guest trainers:

- Utah Health Policy Project
- Health Resources and Services Administration
- Utah Housing Coalition
- Utah Community Action
- Department of Workforce Services
- Association for Utah Community Health
- University of Utah Department of Psychology
- Utah State University Institute for Disability Research, Policy, and Practice
- University of Utah Health
- DHHS testing team
- Utah Community Health Worker Association (UCHWA)

Strategy #2: Building CHW capacity

Building CHW skills and knowledge

CHWs in the CCP project were given ongoing training with a focus on COVID-19 education, navigating community resources, and best practices for working with communities—with a goal to increase CHWs' overall skills and knowledge. Capacity growth in knowledge and skill areas were monitored throughout Phases 1–4.

At the conclusion of Phase 4, CHWs were asked:
"In the last year of CCP, what is the most valuable skill you gained or thing you learned from being involved in CCP?"

The top 3 responses included:
Resources, partnerships, and COVID-19 vaccine and updates

Below are quotes received from our CHWs about their involvement in the CCP project:

"Being a part of this project I gained confidence in our work, and am able to show to our partners what a doula is, and know more partners."

"I like the connection of CBOs and Local Health Departments. I have seen so many familiar faces or recognize names when meeting in the same outreach event."

"We were able to take information in a meeting a couple months ago about housing assistance and use that to help a family that was in need of emergency housing help and it was successful!"

"All of the sessions have been different and I learned different skills that benefited me in my career."

"The CCP program gives us the tools to help our people in the community. The systems sometimes are complex but each of us are doing our part to provide what is needed in the community. We are proud and grateful to have the opportunity to be part of this program."

Strategy #3: Access to testing

The CCP project provided access to barrier-free COVID-19 testing during the pandemic to address health disparities in Utah's under-resourced communities. The CCP project worked to improve access to testing options for communities with limited access to barrier-free testing.
The timeline below outlines changes to the COVID-19 testing landscape in Phase 4.

March 2022

Utah entered a steady state COVID-19 response. This included a transition away from community testing sites to healthcare settings and home test kits.

Barrier-free testing included community-based accessible COVID-19 testing with no cost, no symptoms required to access testing and home test kits.

During Phase 4, **17 CCP CBOs ordered a total of 64,507 home test kits** from DHHS to distribute within their communities.

January 2023

DHHS closed the last community testing sites in January 2023. CCP CHWs continued to focus on home test kit distribution and directing community members to healthcare settings.

April 2023

DHHS COVID-19 testing team requested feedback from CCP partners in order to develop testing strategies to maintain access to testing for those who lack access to healthcare, and those who have difficulty buying home test kits.

June 2023

DHHS COVID-19 testing team requested feedback from CCP partners in order to develop testing strategies to maintain access to testing for those who lack access to healthcare, and those who have difficulty buying home test kits.

In Phases 1–2, the CCP project partnered with the University of Utah's Wellness Bus (TWB) and the Utah Department of Health's Mobile Testing Team (MTT) to provide barrier-free testing through integration of CHWs at test sites. In Phase 3, the project transitioned away from test sites but continued testing referrals.

In Phases 1–4, CCP CHWs made more than **74,903 referrals** to COVID-19 testing sites.

Strategy #3: Access to vaccines

In Phase 4, the CCP project continued activities and strategies to increase community access to the COVID-19 vaccine among under-resourced communities throughout the state.

Vaccine clinic support

CBOs and LHDs conducted outreach for, advertised, and provided on-site assistance at vaccine clinics.

CCP partners **supported 3,636 vaccine clinics.**

Hosting vaccine clinics

CBOs and LHDs hosted one-time and ongoing vaccine clinics at locations accessible to under-served communities. Clinics were held by or in partnership with local health departments, healthcare systems, or other vaccine providers.

CCP partners **hosted 3,083 vaccine clinics.**

On-site assistance at vaccine clinics

CHWs attended vaccine clinics to provide culturally appropriate information and help community members feel comfortable with vaccination.

CCP CHWs **assisted with 2,848 on-site vaccine clinics.**

Vaccine clinic referrals

CHWs referred community members to accessible vaccine clinic locations.

CCP CHWs **referred 139,198 individuals to vaccine clinics.**

From November 2021 to April 2023, the CCP project and DHHS Immunization program worked together to provide partners an ability to request vaccine clinics in trusted and accessible locations statewide. The CHWs who were on-site at vaccine clinics built trust and provided language assistance for community members.

Through this effort, **21 CCP partners** used this resource to host **60 different vaccine clinics.**

Locations for vaccine clinics included CBO and LHD sites, community health centers, churches, schools, restaurants, and cultural supermarkets. Clinics were combined with other events such as resource fairs, holiday/religious events, and cultural celebrations.

Strategy #4: Addressing social needs

CHW referral and follow-up processes

CHWs in the CCP project conducted follow-up with individuals who indicated they needed help with basic needs. The process of how these individuals were identified and referred to CHWs adapted as the pandemic landscape changed, as seen in the timeline below.

During this follow-up, CHWs conducted comprehensive social determinant of health (SDOH) screenings to identify needs, provide referrals to resources, and educate individuals on isolation, quarantine, and the COVID-19 vaccine.

May 2020

CHWs conducted on-site SDOH screenings at barrier-free testing sites to identify individuals with social needs. These individuals were assigned to a CCP CHW for follow-up.

More information on how CHWs were integrated into barrier-free testing and on-site SDOH screenings can be found in OHE's CCP Phase 1 and CCP Phase 2 reports.

February 2021

OHE added a question to the case investigation process to ask people if they needed assistance from a CHW. Those who indicated yes were referred to a CBO or LHD for follow-up.

For more information on case investigation referrals, refer to OHE's published CCP Phase 3 and CCP Phase 4 Interim reports.

March 2022

Follow-up processes ended as the state of Utah transitioned to a steady state response. Now, CHWs at CBOs and LHDs conduct their own outreach to identify people who need follow-up.

Southeast Utah Health Department CHWs started critical efforts to meet the needs of their community members. They recognized transportation was a barrier for many people in the community. CHWs delivered home COVID tests to the local women's shelter to increase access to testing for individuals and families couldn't use drive-up testing. CHWs also worked to reach and engage different cultural communities through schools, churches, and other community centers, to increase awareness of their services and connect individuals to needed resources.

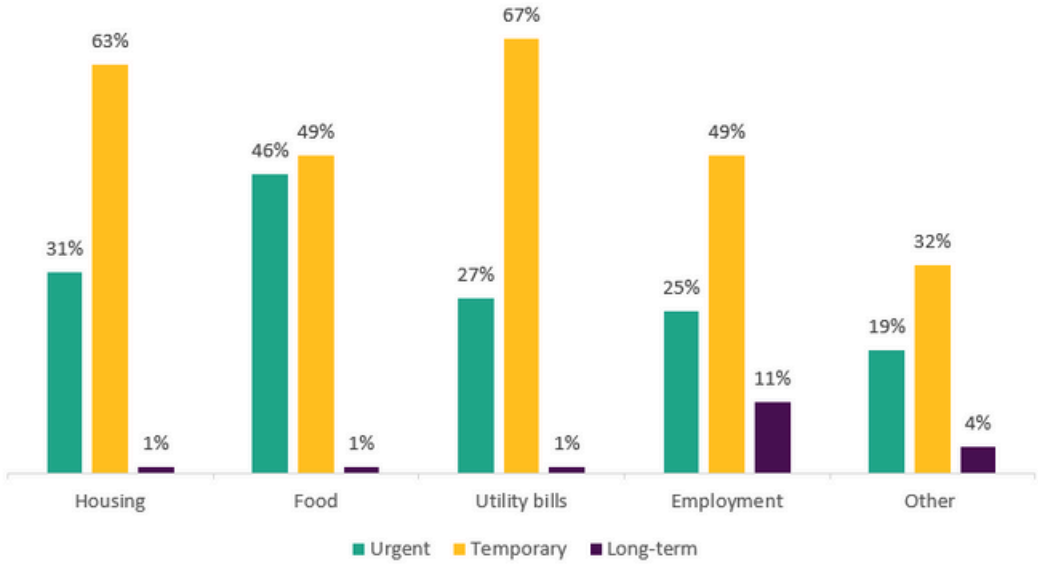
Strategy #4: Addressing social needs

CHW follow-up data

Total individuals referred to a CCP CHW for follow-up Phases 1–4*: **27,298**

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

Figure 1. Rank by frequently reported top need, Phases 1–4*



Top 3 SDOH needs of all communities in Phases 1–4* include:

1. **Housing**
2. **Food**
3. **Utility bills**

Referring to resources

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

Wrap-around funding, administered through the Association for Utah Community Health (AUCH), was available for CHWs to help people who were experiencing urgent needs apply for and help them in isolation and quarantine.

CCP CHWs referred a total of **96,002**** people to one or more resources to help with needs, in Phases 1–4.

*Includes data through March 2022, when follow-up process ended

**Data collection on resource referral changed from being assigned and analyzed by OHE to being self-reported by CCP partners in April 2022

Strategy #4: Addressing social needs

Some community members who live on the Navajo reservation and in rural areas of San Juan County require firewood to warm their homes. But, they face barriers to regularly access this resource due to a lack of transportation, funds, and COVID-19 infection. The **Utah Navajo Health Systems** (UNHS) found a creative way to respond to this unique need and coordinated with contributors to access firewood donations and even bought a chainsaw to acquire the firewood themselves. UNHS staff also responded to the transportation barrier and delivered loads of firewood to the community members' homes. One elder who lives alone near the Arizona/Utah state line had only a few pieces of wood left, before the UNHS delivery. She called them her "guardian angels" for getting her the wood.

People's Health Clinic (PHC) significantly improved access to COVID-19 vaccinations and cancer screenings which became less accessible during the pandemic, along with other healthcare needs for uninsured community members in Summit County. One client came into their clinic concerned about a mass on her breast. PHC's CHW connected her to the Utah Cancer Control program for an imaging mammogram and diagnostic testing, which unfortunately showed a malignancy. PHC's CHW referred her to a breast surgeon, where the client was able to receive a lifesaving double mastectomy and subsequent radiation therapy. The client continues on her treatment plan.

Strategy #5: Outreach and education

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

The total estimated reach through outreach education efforts in Phase 4 was 6,341,030. During all 4 phases, the total was **13,567,126**.*

*This number is not necessarily referring to the number of different individuals reached, but can instead be interpreted as the cumulative amount of impressions made. An individual can be reached more than once from different methods of outreach efforts.

Outreach methods in Phase 4:

Social media (20.83%)
Organization website (13.91%)
Schools (12.23%)
Translated materials (11.36%)
Businesses (10.87%)
Worksites (8.48%)
Other (7.57%)
Radio (5.37%)
Newspaper (4.43%)
TV (2.91%)
ADA-compliant materials (2.04%)

Throughout Phases 1–4, CCP partners translated materials into more than **54 different languages** to reach all communities through their outreach activities.

Populations reached in Phase 4:

Racial/ethnic minority communities (24.41%)
Under/uninsured (20.41%)
People experiencing homelessness (15.43%)
People with disabilities (14.02%)
Refugees (10.39%)
LGBTQIA+ (9.82%)
Other (5.51%)

Children's Service Society (CSS) successfully planned and hosted an outreach event in connection with Thanksgiving Point Museum of Curiosity. Families engaged with CSS programs and others within the broader community, attended and experienced the museum at no cost. In-person event facilitation allowed CHWs to educate and connect families to additional community resources, including COVID-19 vaccines and home-test kits.

Strategy #5: Outreach and education

CHWs play a vital role in community outreach at the **Central Utah Health Department** (CUHD). They actively engage in public events to raise awareness among community members regarding available resources. CUHD CHWs planned and hosted a "Helping Hands Resource Fair" in Sanpete County. This successful event facilitated connections to resources for hundreds of community members, including COVID-19 vaccination and testing.

Utah County Health Department (UCHD) CHWs taught a class at the South Franklin Community Center about the COVID-19 vaccine and how it could help families. One person who attended the was extremely hesitant about getting the vaccine. CHWs engaged with him and answered all of his questions during the class. Afterward, he said he had decided to get the vaccine once he heard about the benefits. UCHD CHWs helped him make an appointment.

Cache Refugee and Immigrant Connection (CRIC) organized and hosted World Refugee Day, an event to celebrate cultures designed to foster connection between the community and immigrant/refugee populations. The event was a huge success with a significant turnout from the refugee and immigrant communities. CRIC also collaborated with the Bear River Health Department to establish a no-cost COVID-19 booster clinic at the event, accessible on a first-come, first-served basis for all interested individuals.

Strategy #6: Understanding community experiences

Success stories

CCP CHWs shared their community members' stories throughout Phase 4. Some of those stories are shared below and explain Utahns' experiences in navigating community resources for several needs, accessing the COVID-19 vaccine/testing, and more. These stories showcase the barriers Utah's under-resourced communities face, as well as the positive impact CHWs had on families who need assistance navigating this process.

"[I] was providing services to a single mom and her disabled son. Her mom died very suddenly in a car accident early in November, and then she and her son got pretty severe COVID. Both mother and son have pre-existing conditions; the son a frontal lobe disorder, and the mother intracranial hypertension. Both events (mom's death and COVID) exacerbated her chronic illness, and she had to leave her job because her symptoms didn't allow her to complete necessary [work] tasks . . . We were able to connect her with rent relief, a Christmas gift sponsored by the [local] police department, and fund their travel for the son's annual treatment visit to the pediatric neurologist...I was glad to have resources available."

"I had a family who was in a very tight spot [after testing positive for COVID-19]. I placed a food order with AUCH [discretionary funds for groceries]. The food got delivered on the same day a few hours after the order was submitted. The family was so grateful for the fresh food delivered to them. One amazing thing about AUCH is that people can get fresh vegetables, fruits, and other products that they request. In my experience this is the best way to provide help with food because people obtain what they need."

"We hosted a COVID-19/flu vaccine clinic . . . we had a good turnout and even received a heart-warming note from a parent [who] brought their children: 'We attended the vaccination clinic last night and it was amazing. It was the best experience we have ever had getting vaccines . . . no tears, very little complaining. The staff was amazing and the distractions were plentiful. It was all super easy and efficient. Thank you for helping to make a very difficult thing so much easier! And thank you for all that you do!'"

Strategy #6: Understanding community experiences

"During home visits, I spend time listening to the stories and struggles of those that I serve. During holidays, we organized a fundraiser, raising up funds to pay utilities for those families and keep their homes warm. I was happy to see a smile on their faces again."

"A member of the community who has cancer and tested positive for COVID-19 was connected to resources. The client was so grateful for the resources that helped them not to worry about how they were going to pay their rent, food, or other bills that we were able to help connect to resources."

"The most impactful [interaction I've ever had with a client] is that the they asked for help [and the resource provider] did not want to help him. [According to the client], this was because they did not have an email. I have the satisfaction of having been able to help [them] create an email account and complete the rent relief application."

CHW values

OHE conducted site visits with all CCP contracted community-based organizations and LHDs throughout the state in Phase 4. At these site visits, OHE not only gained a deeper understanding of partners' efforts, but also learned about the values of CHWs. As CHWs shared their experiences and the aspects of what they value in their role, their dedication and commitment to their communities became visibly apparent. Their passion to make a positive impact on people's lives was clear in their stories, in showing resilience and empathy while facing the challenges of the pandemic. Their compassion and determination demonstrates the important role CHWs play in promoting health and fairness in their communities.

CCP moving forward

Transition to steady state

In March 2022, during Phase 4 of the CCP project, Utah entered the steady state phase of the pandemic response. Following a decline in COVID-19 cases, hospitalizations, deaths, and the expanded availability of COVID 19 vaccines and treatments, this change mirrored a shift away from emergency response in Utah. Many services public health previously provided— including COVID-19 testing, vaccination, and treatment—moved to Utah's healthcare systems. Members of the public were encouraged to use their primary care providers to access these services. Still, the Utah Department of Health and Human Services continued to provide limited testing and vaccine services for populations who lacked a primary care provider, access to the healthcare system, or insurance coverage. . The national COVID-19 Public Health Emergency (PHE) expired in May 2023, further solidifying a shift away from the acute state of the pandemic across the country. Commercialization of COVID-19 services followed the end of the PHE which puts populations who lack a primary care provider, access to the healthcare system, or insurance coverage at risk for experiencing a decrease in access to services.

CHWs have adapted their outreach focus and strategies to meet the current COVID-19 response. In a surge, they will continue to assist community members in quarantine/isolation and COVID-19 prevention. They continue to encourage community members to be up to date on their COVID-19 vaccinations, including with any new doses recommended. CHWs educate their communities about the latest COVID-19 information, how to access affordable testing/vaccination/treatment, and what an individual's risk is for COVID-19 at a given time.

CCP project extension into Phase 5

The CCP project has been able to extend into its fifth iteration with all current partners, from July 2023 through June 2024. The project's main focus will address the lasting impacts of the of COVID-19 pandemic in Utah's under-resourced communities. Specific goals of Phase 5 of the CCP project is to shift more focus onto sustainability, with aims to build partner capacity and infrastructure in order to address long-term impacts of disparities exacerbated by COVID-19, as well as be better prepared for future public health emergencies.

As COVID-19 continues to affect communities across Utah, the CCP project will continue to support CBOs, LHDs, and other organizations to provide advocacy, support, funding, and assistance to CHWs. This support aims to bolster communities against the challenges posed by the pandemic and propel Utah communities toward recovery.