



ARPA PROPOSAL

Office of Health Equity Salt Lake County Health Department

The Health Equity ARPA request takes lessons learned from the COVID-19 pandemic and integrates those lessons throughout SLCoHD. Specific communities in our county suffered greater health and economic consequences due to the COVID-19 pandemic. We propose using ARPA funds to focus resources on building resiliency in these communities as a step toward achieving greater health equity in Salt Lake County.

COVID-19 highlighted the critical need for public health to authentically engage community members and community-based organizations (CBOs) to improve health outcomes. For the first time in its history, Salt Lake County Health Department (SLCoHD) supported a workforce—Community Health Workers (CHWs)—from the exact communities we were serving. This helped Salt Lake County move the needle toward greater health equity, where all residents have a fair and just opportunity to be healthy.

Expanding CHW efforts beyond COVID, while adopting health equity work and strategies departmentwide, is an opportunity Salt Lake County cannot afford to overlook.

Now is the time to heed lessons of the past two years by listening to community needs, investing in a dynamic workforce of CHWs, and prioritizing social determinants of health (SDOH). The SDOH include safe neighborhoods, job opportunities, education, and access to clean air and drinking water, as well as nutritious food and physical activity opportunities.

For maximum impact, this proposal includes activities at the individual, community, and societal level that are founded on best-practice and evidenced-based interventions, and that we will administer strategically to ensure sustainability.

SLCoHD's priority is planning for the sustainability of this work. First, we will assign one CHW to each of SLCoHD's four divisions to determine where and how CHWs can be of maximum benefit. We will also be looking at all the ways we do business and how we can better serve our under-resourced communities. This may include repurposing existing resources and/or seeking additional grant funding. Addressing the needs of our most under-resourced communities is one of the main reasons the SLCoHD exists—and we can do this better, more efficiently and effectively, by incorporating CHWs and CBOs into our standard practices. The Health Equity ARPA request provides the resources to determine how the incorporation should happen in the long run.

INTERVENTION

Health Equity Programs and Services

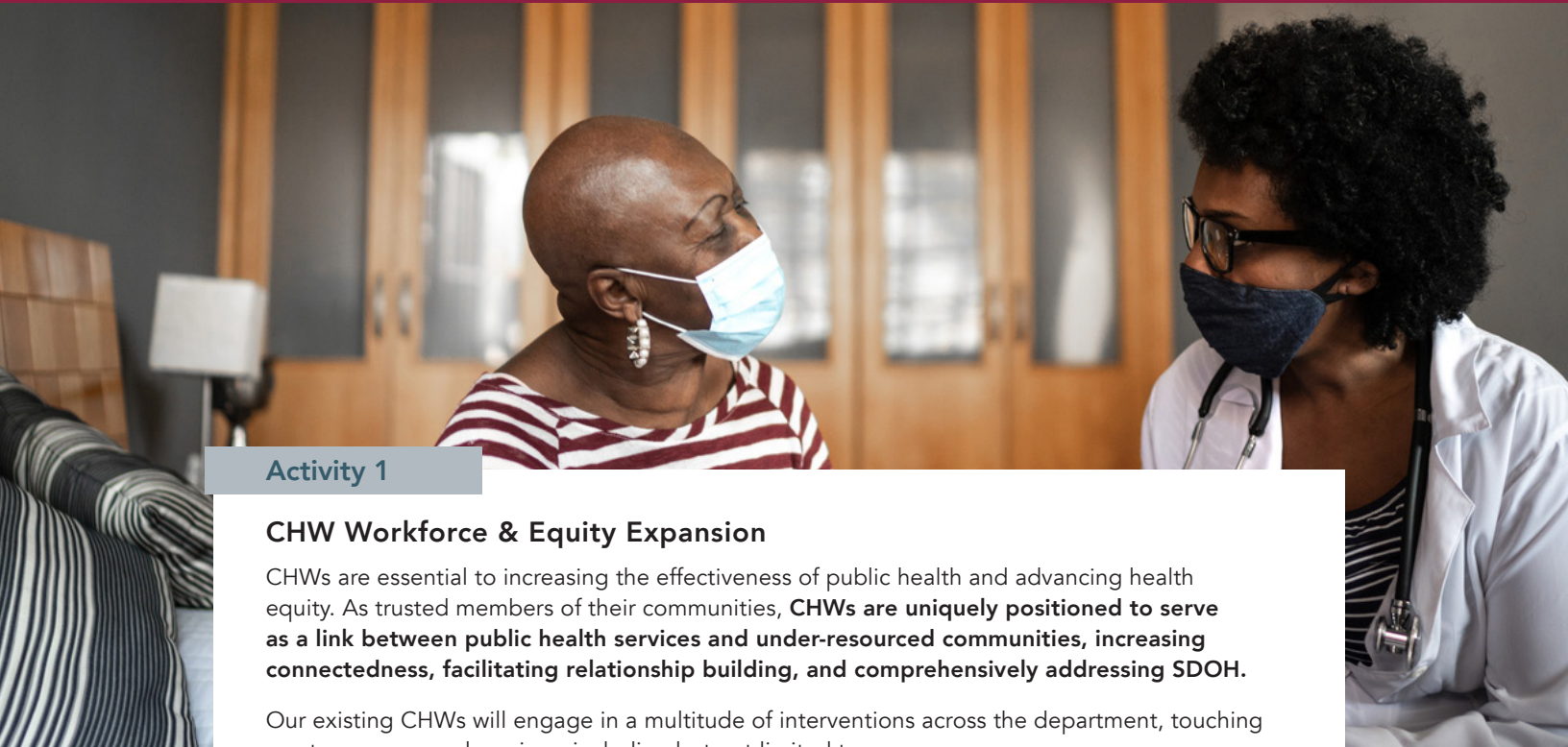
The newly formed Health Equity Bureau is currently supported by state and federal grants, with existing CHWs being funded through 2022, and the remainder of the bureau staff funded through June 2023. It sits within the Population Health Division, which includes data specialists (epidemiology and informatics) and intervention specialists (emergency preparedness and health equity). Health equity is part of the feedback loop with the data specialists to ensure that our public health programs and services are appropriate and effective in our most vulnerable communities.

To advance health equity, SLCoHD must transform work internally, together with communities, and alongside other government agencies. This will involve disrupting the status quo, committing resources, fostering partnerships, and prioritizing a workforce and policies that facilitate upstream change to the social determinants of health (SDOH).



The connections CHWs make within communities is a new resource at SLCoHD that—if given, time, flexibility, and funding—will reap dramatic impacts on social determinants of health and the way the community navigates programs and services within our county.

ACTIVITIES



Activity 1

CHW Workforce & Equity Expansion

CHWs are essential to increasing the effectiveness of public health and advancing health equity. As trusted members of their communities, **CHWs are uniquely positioned to serve as a link between public health services and under-resourced communities, increasing connectedness, facilitating relationship building, and comprehensively addressing SDOH.**

Our existing CHWs will engage in a multitude of interventions across the department, touching most programs and services, including but not limited to:

- WIC
- Immunizations
- Chronic and Infectious Disease
- Environmental Health
- Clinical Services

Since September 2020, county residents have sent CHWs directly employed by the county or funded through CBO partnerships over 8,000 referrals for support. These requests include everything from assistance with food, rent, and utilities, to connections to medical care. These funds will additionally support scholarships to provide 76 county residents with access to CHW training and development. CHWs are cost-effective components of targeted interventions and programs. This activity includes complementary requests to ensure CHW success, such as costs for training, computers, education supplies, incentives for clients, etc.

Each of the four new CHWs will be assigned to the SLCoHD's four divisions: Environmental Health, Community Health, Population Health, and Clinical Services. The division CHWs will immerse themselves in the division's work, analyzing the potential for CHW impact, and recommending how CHWs should be integrated into SLCoHD's practice long-term.

Activity 2

Policy Analyst

Public health policy has shown to be a critical intervention in addressing health disparities and providing measurable improvements in population health. A policy analyst will focus exclusively on assessing and adapting policies and procedures that will allow SLCoHD to tailor needs to fit our organization, programs, systems, and community. This could include assessments of HR hiring and retention practices, accessibility of department services, and cultural and linguistic appropriateness of communication materials to provide recommendations on reducing barriers that impede equitable practices.

ACTIVITIES

Activity 3

Community Engagement and Investment

By maintaining CBO funding, SLCoHD is investing in community trust, engagement, and connection. A lesson learned from COVID-19 is that public health work does not only have to be provided by our agency—SDOH are cross-jurisdictional. The initial funding that CBOs have received through COVID-19 and ARPA funding is allowing these organizations to grow and further influence their communities. We can fund CBOs to provide a variety of services including mental health care, vaccine clinics, direct outreach to increase medical services, and community interventions on topics such as suicide and domestic violence prevention. This activity includes complementary requests to ensure success and accountability, including costs for assessments and surveys.

Activity 4

Health Equity Communication

A comprehensive media strategy capitalizes on the synergy of an organization's communications tools, including health equity approaches. Expanding reach within priority areas of Salt Lake County will help foster engagement and increase connection to resources to improve health, increasing influence and impact on SDOH. Expanding SLCoHD's reach by investing in additional digital, social, and grassroots communication and marketing outlets will help grow sustainable audiences from priority ZIP codes.



OUTCOMES AND INDICATORS

Outcome

The goal of this intervention is to connect communities at higher risk of adverse health issues to wraparound services, improving SDOH and impacting overall community wellbeing.

Indicators

Individual:

- Number of residents linked to resources
- Enrollment and utilization of maternal child health programs such as WIC, targeted case management (TCM), and Nurse-Family Partnership (NFP)
- Increase in child immunizations
- Number of individuals that receive and learn how to properly use a car seat
- Medical insurance enrollment
- Referrals to support resources, e.g., food assistance, housing and utility assistance, economic opportunities

Community:

- Improved trust and utilization score determined by the "Trust and Utilization Surveys" conducted with CBOs annually
- Number of community outreach events
- Improved acceptability and accessibility of health information
- Number of CBOs that offer trainings such as QPR (suicide prevention)
- Increase in awareness of SLCoHD program

County:

- Increased CHW workforce
- Increased healthcare access
- Increased health communication
- Increase applicants from under-resourced communities applying for SLCoHD positions
- Increase in number of hits, followers, likes, and shares within priority ZIP codes



REQUEST

Health Equity Bureau	2022	2023	2024	Total
CHWs (8 existing)	\$ -	\$650,009.00	\$650,009.00	\$1,300,018.00
CHWs (4 new)	\$325,004.00	\$325,004.00	\$325,004.00	\$975,012.00
Policy Analyst	\$ -	\$58,625.00	\$117,250.00	\$175,875.00
Bureau Manager	\$ -	\$67,187.00	\$134,374.00	\$201,561.00
Health Supervisor	\$ -	\$58,625.00	\$117,250.00	\$175,875.00
	\$325,004.00	\$1,159,450.00	\$1,343,887.00	\$2,828,341.00
Operations	2022	2023	2024	Total
CBOs	\$533,333.00	\$533,333.00	\$533,334.00	\$1,600,000.00
Media Campaigns	\$50,000.00	\$100,000.00	\$100,000.00	\$250,000.00
Assessment	\$ -	\$ -	\$75,000.00	\$75,000.00
Survey	\$ -	\$ -	\$50,000.00	\$50,000.00
Scholarships	\$127,650.00	\$127,650.00	\$127,650.00	\$382,950.00
Training	\$ -	\$31,304.00	\$62,609.00	\$93,913.00
Incentives	\$45,000.00	\$45,000.00	\$45,000.00	\$135,000.00
Education Supplies	\$6,900.00	\$6,900.00	\$6,900.00	\$20,700.00
Computers	\$6,000.00	\$ -	\$ -	\$6,000.00
Cubicles	\$24,000.00	\$ -	\$ -	\$24,000.00
	\$792,883.00	\$844,187.00	\$1,000,493.00	\$2,637,563.00
Contingency (20%)	\$223,577.40	\$400,727.40	\$468,876.00	\$1,093,180.80
	\$1,341,464.40	\$2,404,364.40	\$2,813,256.00	\$6,559,084.80