

# Regional Health Connector COVID-19 Response Annual Summary Report

Survey data from 4/30/2020 through 12/18/2020

## Executive Summary

The Regional Health Connector (RHC) workforce in Colorado strives to build and improve connections between primary care, public health, and community organizations in their local regions. The RHC evaluation team wanted to understand how the work of RHCs were affected by and responded to the COVID-19 pandemic to serve community organizations and community members.

The results of this survey come from surveys of the RHC workforce in Colorado from April to December 2020. The survey asks RHCs about the observed needs in each of region, the RHC activities addressing these needs, and the impact of these activities. Below, we summarize major findings from these surveys.

- **Social determinants of health and related social needs were among the most common community and primary care issues that RHCs addressed throughout the year.** Health inequities were exacerbated by the COVID-19 pandemic, evidenced by a lack of housing options for those experiencing housing insecurity and a heightened need for childcare, respite care services, and rental, utility, and financial assistance among community members. RHCs helped address these issues through direct provision of services including showers and food assistance, as well as distribution of sanitary items including disposable masks and hand sanitizer at food banks.
- **RHCs contributed greatly to the COVID-19 pandemic response in their regions** by coordinating local COVID-19 testing efforts, connecting community organizations and members to COVID-19 testing sites, assisting with contact tracing, connecting healthcare practices with personal protective equipment, and supporting vaccine distribution.
- **RHCs connected partners to resources to assist with community needs.** This consisted of connecting primary care practices with local behavioral and mental health resources and launching online COVID-19 resource lists for health clinics, hospitals, and communities.

The full report, below, describes these regional needs and RHC activities in more detail.

## Full Summary Report

Regional Health Connectors (RHCs) are a workforce in Colorado that strive to build and improve connections between primary care, public health, and community organizations in their local regions. RHCs are integral to helping these partners collaborate with one another and connect to resources to improve the health of community members. The COVID-19 pandemic exacerbated existing community needs and led to the emergence of new ones. The RHC evaluation team wanted to understand how the work of RHCs, who are a critical workforce in this area, were affected by and responded to the pandemic to serve community organizations and community members.

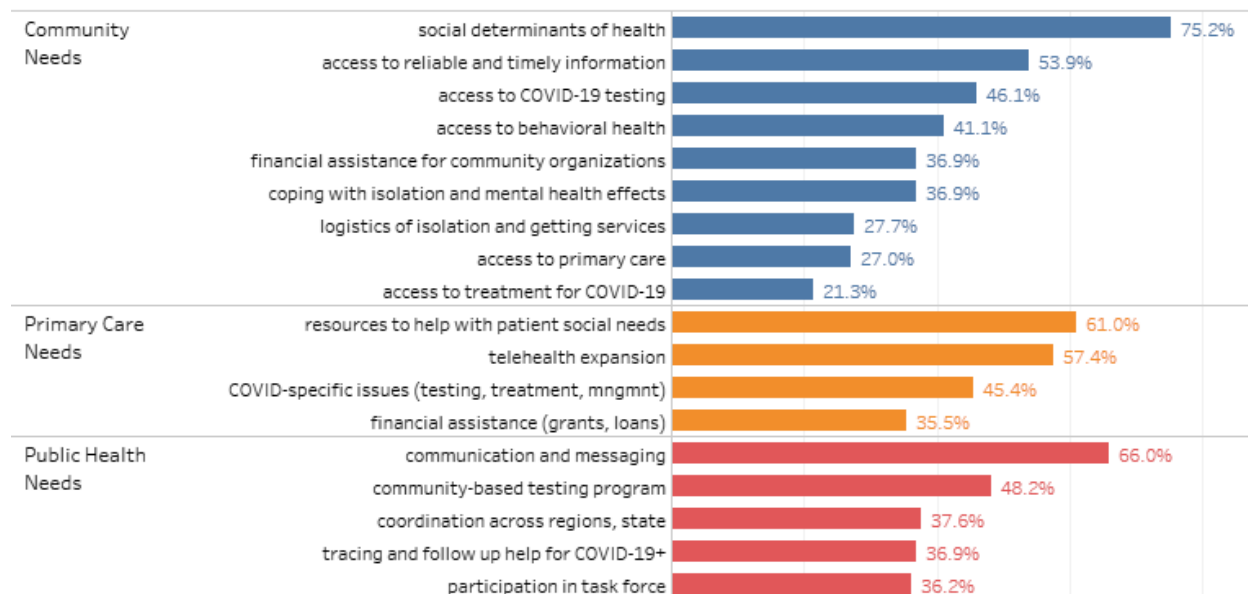
The results of this survey come from the RHC workforce in Colorado. We started surveying the RHCs on a regular basis in April 2020 to help us understand regional responses to the COVID-19 outbreak. The survey asks RHCs about the observed needs in each of region, the RHC activities addressing these needs, and the impact of these activities. In this report, we have summarized key findings to date from these surveys.

### 1. Regional Needs, Populations Served, and Partnership Development Activity:

**Community, Primary Care, and Public Health Needs:** Over the course of 2020, the RHCs have addressed the following community, primary care, and public health needs in their region.

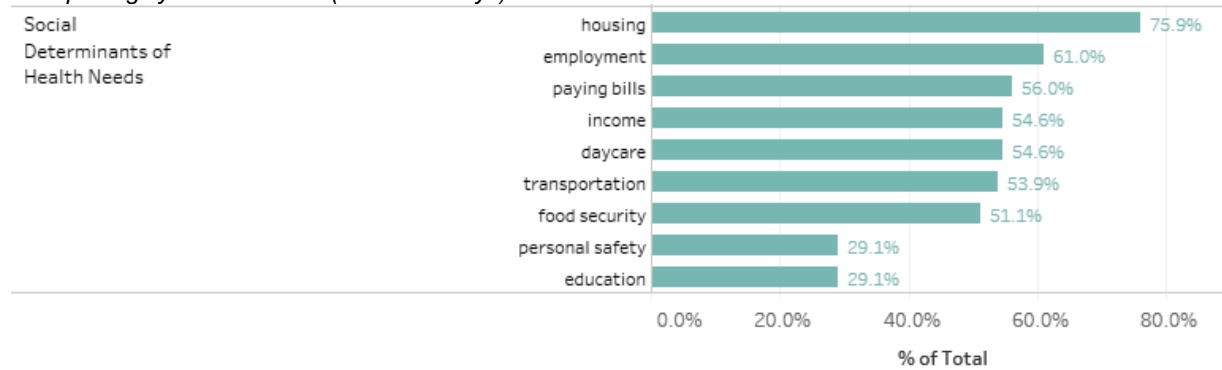
#### % of all responses in each need category

*All reporting cycles combined (N=147 surveys)*



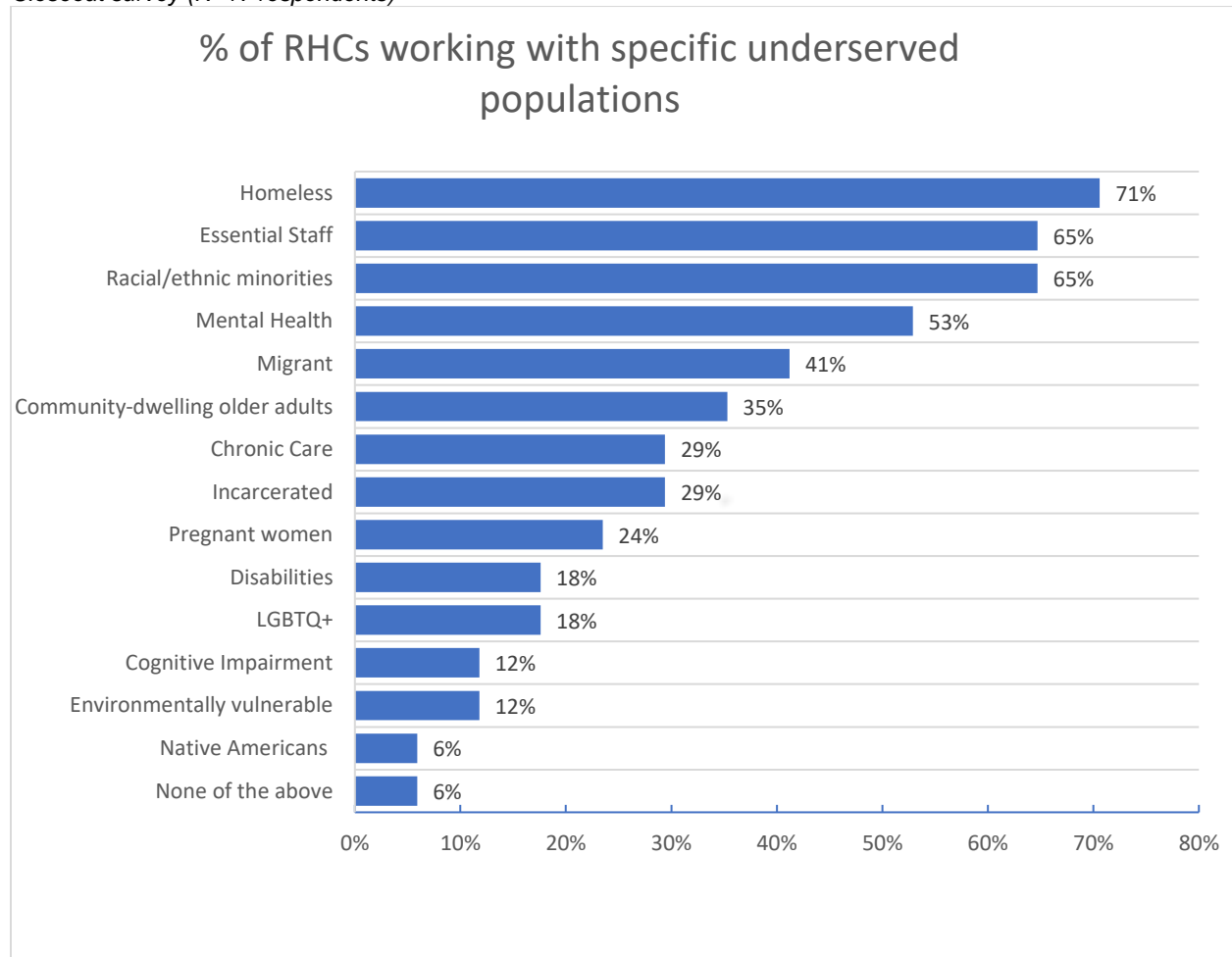
**Social Needs:** Due to the COVID-19 pandemic, the RHCs reported that the following social determinants of health became more difficult to address over the course of 2020.

*All reporting cycles combined (N=147 surveys)*



**Working with Specific Populations:** RHCs reported working with the following specific populations over the course of 2020. This may include directly working with the groups listed, or working with partners to address the needs of such groups.

*Closeout survey (N=17 respondents)*



**Partnership Activity:** A key element of RHCs' work is to strengthen connections between community organizations across different sectors. The COVID-19 pandemic hindered the ability for groups to meet in-person, which could affect the feasibility of existing and new relationships. To describe this impact, RHCs reported the number of partnerships they had newly established, tried to form, sustained, and stopped over the course of their work in 2020. Over the course of 2020, RHCs maintained activity around building and sustaining partnerships, with most reporting that none of their partnerships had stopped over this timeframe.

<b>Number of:</b>	<b>0</b>	<b>1-4</b>	<b>5-10</b>	<b>&gt;10</b>
New partnerships	1	4	6	3
New partnerships tried to form	7	9	1	0
Partnerships sustained	0	3	3	11
Partnerships stopped	10	6	1	0

2. **Activities:** The RHCs have engaged in numerous activities to address the above needs. Here are several categories of activities that the RHCs have performed:

- **Testing, vaccination and outbreak management** – Among RHCs' most frequently reported activities was working to support testing, vaccination, and outbreak management efforts related to COVID-19. Examples include:
  - A shift in specific outbreak management activities over the course of the year. For instance, early in the COVID-19 pandemic, RHCs reported connecting healthcare and human service providers with personal protective equipment and working to identify and connect community members to COVID-19 testing sites. As the months progressed, RHCs became more directly involved in testing sites and contact tracing. More recently, RHCs' work in this area has begun to include planning and distribution of COVID-19 vaccines.
  - Development of testing protocols, providing technical assistance for community testing sites, and outreach to local community organizations to set up additional testing sites.
  - Directly providing COVID-19 testing to local community members.
  - Assisting with contact tracing and case investigation.
  - Compiling and sharing information and resources with partners on COVID testing, sites, and vaccine distribution plan.
  - Planning for and distributing COVID-19 vaccine at local vaccination site.
  
- **Addressing social needs** – One of the most commonly reported activities was RHCs helping to address the social needs of individuals in their regions either through direct provision of services or resources or providing information about services or resources to partners. This included:
  - Supporting individuals experiencing homelessness by providing showers, food assistance and contributing to development of a new men's and women's shelter. This remained a consistent social need across all reporting periods, highlighting the challenges facing those experiencing homelessness across Colorado.
  - Connecting local organizations and community members to rental, utility, and financial assistance.
  - Providing an updated screening tool to local clinics to assist with identification of individuals in need of social resources.

- **Supporting healthcare access and coverage** – RHCs participated in task forces and shared information to support access to health insurance coverage. These activities included:
    - Outreach and collaboration with local agencies and organizations to promote health insurance enrollment.
    - Connecting local public health and clinic and provided information to support patients without health insurance coverage.
3. **Key Gaps:** The RHCs have observed the following key gaps faced by communities and partners in their regions during the COVID-19 pandemic.
- **Addressing Social Determinants of Health** – Many RHCs reported difficulties addressing social determinants of health, specifically in underserved populations, as existing needs were exacerbated by COVID-19. Examples included:
    - Housing insecurities, especially with state moratorium on rent evictions ending.
    - Finding housing and shelters for elderly with chronic conditions and people experiencing homelessness to prevent COVID outbreaks.

*“The closing of respite centers increased concerns expressed from winter shelter networks who are expecting limited capacity due to physical distancing during COVID, increased need due to economic situations during COVID, and an impending cold weather season with more people needing to move indoors”*

    - Securing resources and services to people experiencing homelessness, such as food, COVID-19 testing, and showers.
    - Food resources for individuals and families who are undocumented.
    - Transportation limitations for medical visits and testing.
  - **Financial Resources** – RHCs reported gaps in funding for individuals, resources, and healthcare services, as a result of COVID-19. This included:
    - Financial resources for individuals not eligible for the CARES Act assistance.
    - Telehealth equipment in rural areas to support behavioral health appointments.
    - Paid sick leave for people who need to isolate and quarantine.
    - Funding community organizations and healthcare providers.
  - **COVID-19 Inequities** – RHCs have observed key gaps or barriers assisting underserved populations and addressing health inequities related to COVID-19.
    - Finding resources for underserved populations.
    - Best practices to address COVID-19 inequities.
    - Child care and respite care services for families with children with special needs.
    - Lack of housing options for people experiencing housing insecurity, especially with adequate social distancing/isolating and given coming colder weather.
    - Data and information on mobile testing for people who are homebound.

- **COVID-19 Resources** – RHCs have identified a broad range of resources needed to benefit their region.
    - Updates around state-level response.
    - Financial resources for health and community services.
    - Continuing need among providers for updated COVID-related resources and changes in testing procedures/locations.
  - **Enforcing COVID-19 State Mandates** – RHCs have identified key gaps with regional enforcement of state level mandates.
    - Guidance and support on dealing with those who disregard public orders to wear masks.
    - Enforcing temperature screening and mask policies in healthcare settings. The state level mask mandate has been helpful, but one key remaining gap is how the mandate is enforced in healthcare settings.
4. **Key Changes:** The RHCs have reported the following as significant changes to their work over the course of 2020.
- **Modes of communication and collaboration** – Many RHCs reported disruption to communication and collaboration as a result of the COVID-19 pandemic. This included:
    - Meetings moving to Zoom and other remote modes, which has made it easier for some community partners to join discussions.
    - Increased communication by email and social media.
    - More frequent communication across partners due to rapid changes in available services.
  - **Partnership development efforts** – RHCs report changes in activity to build and maintain partnerships, such as:
    - Additional networking to new groups because previous partnerships waned due to decreased meetings.
    - Being more deliberate in outreach and engagement to maintain relationships.
5. **Stoppages and Delays:** RHCs have reported some pauses or work stoppages to programs and projects, and potential impacts of those delays.
- **Collaboration with healthcare clinics** – Many RHCs report that some work in clinics has paused due to the COVID-19 pandemic, such as:
    - Quality improvement initiatives, with concerns about practices' willingness to jump back into this work when possible.
    - Efforts to improve healthcare delivery to transgender and non-gender conforming individuals.
    - Provision of free healthcare services to community members in greatest need of those services.
    - Changing priorities for primary care providers in general.

6. **Results:** The RHCs have observed the following broad categories of outcomes as a result of these activities:

- **Addressing social needs and supporting underserved populations** – RHCs have helped to meet social needs of community members and benefitted underserved populations in the following ways:
  - Access to community services for individuals who are homebound.
  - Distribution of groceries, disposable masks and hand sanitizers at food banks.
  - Rapid testing provided for homeless families to assist with provision of housing.
  
- **Provision of and connections to resources** – RHCs reported connecting practices, partners, and community members with resources as a result of their efforts. Examples of these outcomes as described by RHCs are below:
  - Connecting clinical providers and community members with local resources regarding COVID-19 testing and social determinants of health.
  - Connecting practices with local mental health resources and referral options for behavioral health services for patients.
  - Providing technical assistance and collecting and reporting data about local COVID-19 testing.
  
- **Strengthened relationships and improved collaboration** – RHCs have reported stronger relationships and improved collaboration between local organizations as a result of their activities. Examples of these results include:
  - Improved utilization of local community agencies.
  - Development of relationships with healthcare practices, home health organizations, and local governmental agencies.
  - Established plans for continued collaboration with partners.

7. **Key Successes:** The RHCs have reported the following factors as the most important successes over the course of their COVID-related work in 2020.

- **Provision of resources to partners and community members** – RHCs have provided COVID-19 resources and general community support in the following ways:
  - Hosting provider Zoom Meetings, increasing communication between public health and health care, as well as knowledge and confidence from the providers to respond to patient needs.
  - Launching online COVID-19 resource lists for local recovery efforts for health clinics, hospitals and communities.
  - Supporting front line workers and first responders.
  - Performing family outreach for food distribution, school supplies, and monetary funds with partners.
  - Providing showers for those experiencing homelessness.

*“Provided over 300 showers to 48 unique individuals. When appropriate, we also connected them to food and lodging services as well as providing tents, sleeping bags, etc. when lodging was not possible.”*

- **Coordinating/Collaborating** – RHCs have served on task forces, coordinating local government, community organizations, primary and specialty care practices, schools, and other groups to improve outbreak management collaboration. Types of coordination efforts included:
  - Attending weekly meetings with service agencies to discuss needs, gaps, and successes, leading to securing temporary housing and medical appointments.
  - Working with care teams and community connectors to facilitate the provision of resources, training, medical care, and collaboration for outbreak management for indigenous populations.
  - Facilitating communication effort of multiple health systems leading to updated resource lists, connecting clinics to food resources, and bringing more grants for clinics and their patients.
  
- **Outbreak Management and Testing** – RHCs consistently reported activities centered on mitigating the spread of COVID-19. This included:
  - Coordinating multiple COVID-19 community health events.
  - Supporting county COVID-19 community test sites in partnership with community organizations to assist underserved populations disproportionately affected by COVID-19.

*“To date we have tested more than 100 people who may have not felt comfortable getting tested at other sites or felt other sites were accessible to them.”*

  - Helping a mobile testing site partnership successfully expand to test people experiencing homelessness in an informed and equitable way.

RHCs play a critical role in developing and maintaining connections across sectors to meet the needs of public health, primary care, community organizations, and community members. Over the course of 2020, RHCs responded to the COVID-19 pandemic, a changing landscape for healthcare and service provision, and increasing social needs to serve partners in their regions.