

Request for Legislative Action

Res. #21090
Sponsor: Jalen Anderson
Crystal Williams
Date: November 7, 2022

Completed by County Counselor's Office			
Action Requested:	Resolution	Res.Ord No.:	21090
Sponsor(s):	Jalen Anderson;Crystal J. Williams	Legislature Meeting Date:	11/7/2022

Introduction
Action Items: ['Authorize']
Project/Title:
Authorizing the County Executive to execute a contract with the University of Missouri- Kansas City (UMKC) for phase II of the Jackson's County's "Our Health KC Eastside (OHKCE), subject to appropriation.

Request Summary
Our Healthy KC Eastside (OHKCE) is community-wide project that aims to address health equity and the quality of life of Jackson County residents. Guided by the accomplishments and lessons learned from the first year's implementation of the OHKCE initiative, the requestd extension and contract amendments will allow the program to further increase reach of vaccinations and expand the delivery health services, prevention programming, and treatment with socially vulnerable communities in historically underserved areas throughout Jackson County.

Contact Information			
Department:	County Executive Office	Submitted Date:	10/26/2022
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Budget Information			
Amount authorized by this legislation this fiscal year:	\$ 0		
Amount previously authorized this fiscal year:	\$ 0		
Total amount authorized after this legislative action:	\$		
Is it transferring fund?	No		
Single Source Funding:			
Fund:	Department:	Line Item Account:	Amount:
			!Unexpected End of Formula

Request for Legislative Action

Prior Legislation	
Prior Ordinances	
Ordinance:	Ordinance date:
5583	December 13, 2021
5506	May 10, 2021
Prior Resolution	
Resolution:	Resolution date:

Purchasing	
Does this RLA include the purchase or lease of supplies, materials, equipment or services?	No
Chapter 10 Justification:	
Core 4 Tax Clearance Completed:	
Certificate of Foreign Corporation Received:	
Have all required attachments been included in this RLA?	

Compliance	
Certificate of Compliance	
Not Applicable	
Minority, Women and Veteran Owned Business Program	
Goals Not Applicable for following reason: Contract is with another government agency	
MBE:	.00%
WBE:	.00%
VBE:	.00%
Prevailing Wage	
Not Applicable	

Fiscal Information
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Request for Legislative Action

History

Submitted by County Executive Office requestor: Caleb Clifford on 10/26/2022. Comments:

Approved by Department Approver Sylvya Stevenson on 10/26/2022 5:35:46 PM. Comments:

Not applicable by Purchasing Office Approver Barbara J. Casamento on 10/27/2022 11:35:33 AM. Comments:

Returned for more information by Compliance Office Approver Katie M. Bartle on 10/27/2022 2:11:03 PM. Comments: UMKC is not in compliance. They can go to <https://jacomocompliance.com/login.php> to create a profile and submit an application. Questions can be sent to compliance@jacksongov.org.

Submitted by Requestor Lisa Honn on 11/1/2022 1:08:16 PM. Comments: Resubmitting at the request of Caleb Clifford.

Approved by Department Approver Sylvya Stevenson on 11/1/2022 1:22:21 PM. Comments:

Not applicable by Purchasing Office Approver Barbara J. Casamento on 11/1/2022 1:29:54 PM. Comments:

Approved by Compliance Office Approver Katie M. Bartle on 11/1/2022 2:21:38 PM. Comments:

Not applicable by Budget Office Approver David B. Moyer on 11/1/2022 2:47:28 PM. Comments:

Approved by Executive Office Approver Sylvya Stevenson on 11/1/2022 3:38:21 PM. Comments:

Approved by Counselor's Office Approver Elizabeth Freeland on 11/3/2022 10:48:56 AM. Comments:

Our Healthy KC
Eastside
(OHKCE)
Phase II

A Community-
wide COVID-19
Vaccination and
Health Services
Project to
Address Health
Equity



Proposal submitted by the University of Missouri-Kansas City (UMKC)
and Collaborating Partners

2022

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OHKCE Proposal Overview: Community-driven Goals and Strategies

Our Healthy KC Eastside (OHKCE) is community-wide project that aims to address health equity and the quality of life of Jackson County residents. Guided by the accomplishments and lessons learned from the first year's implementation of the OHKCE initiative, this proposal aims to further increase reach of vaccinations and expand the delivery health services, prevention programming, and treatment with socially vulnerable communities in geographical areas throughout Jackson County.

We will continue to build our large-scale collaborative community partnerships with faith, youth, business, and neighborhood sectors and our health organization partners – University of Missouri-Kansas City's Pharmacy, Nursing, Medicine, and Dental Schools; University Health, Children's Mercy Kansas City and the Black Health Care Coalition. **We will also forge new partnerships with KC Digital Drive, Swope Health, and Samuel U. Rodgers Health Care Center.**

We learned many best practices in increasing acceptance of vaccinations and addressing factors associated with vaccine hesitancy from our prior OHKCE experience. For example, a key to OHKCE's success in achieving 12,942 vaccinations was the grassroots community engagement efforts of 160 community health liaisons, dedicated health professionals – many who were volunteers, and the hundreds of UMKC volunteer students.¹⁻⁴ Also, in vaccinating thousands of people in community-clinic and medical settings, **we learned that many people were “vaccine slow” versus being “vaccine no”**, and having physicians and pharmacists available to address concerns and questions was highly valued and in most cases resulted in a “yes” to vaccination.⁵ We also learned that providing other health services, such as health screenings and referrals to treatment, were highly valued by community residents – 80% reported that having community-clinics with accessible health services was very desirable.⁶

Also, findings from our OHKCE community-wide survey with 3,496 people informed us that many residents were experiencing challenges to achieving well-being and overall quality of life that were grounded in social determinants to health. For instance, **we learned that many people: had forgone doctor's appointments due to the pandemic, were living with chronic health conditions (e.g., high blood pressure, diabetes, mental health), were food insecure, did not have internet services in their home, and experienced transportation challenges.**⁶

Additionally, from OHKCE Community Forum focus groups with 121 community members, health professionals, and health science researchers, **we learned their top three health priority issues that needed to be addressed on the Eastside were: diabetes, high blood pressure and mental health.** We also know that Jackson County residents, especially those in socially vulnerable communities, are particularly burdened with high infant mortality rates and undiagnosed cancers.

OUR ENHANCED APPROACH

To address the community health needs described above, the proposed OHKCE initiative efforts will take place from July 1, 2021 – December 31, 2024 services will consist of:

- Increasing reach of vaccination and health services including cancer screening and access to broadband internet services to improve access to healthcare.
 - Goal: 5,000 persons
- Understanding women's reproduction needs and addressing infant mortality.
 - Goal: 2,000 women participating in surveys, focus groups, and reproductive health program
- Identifying persons at risk for diabetes and providing an evidence-based diabetes prevention program
 - Goal: 1,000 persons identified and referred to the DPP with 500 enroll in the DPP

We will continue to expand on the number of partners in our four Eastside community sectors (businesses, churches, neighborhood associations, and youth organizations) and will continue to:

- Equip community health liaisons with COVID-19 health educational and communication tools
- Conduct multiple innovative health science research projects with community partners
- Measure multiple levels of community impact with a proven project implementation model

VACCINATIONS AND HEALTH SCREENINGS ENHANCED WITH CANCER SCREENINGS

Vaccinations

In the first phase of the OHKCE initiative, the goal of completing 5,000 vaccinations was greatly exceeded by completing 12,942 vaccinations in community-clinic and medical settings. The majority of these vaccinations were received by Jackson County Eastside residents who lived in the prioritized zip codes which were among some of the highest socially vulnerable areas in Jackson County. Despite the large number of people vaccinated in Year 1 and achievement of vaccination rates that were greater than Kansas City's overall vaccination rate,⁷ there is still much room for improvement. This is even more so the case considering Jackson County's vaccination rates are currently slightly lower than other large metropolitan counties (Saint Louis, Saint Louis County) in the state of Missouri.⁸

OHKCE Approach

We will refine our comprehensive strategies that contributed to OHKCE's prior **successful efforts in increasing acceptance of vaccinations and addressing factors associated with vaccine hesitancy**. These strategies will include having:

- a) Community partners' health liaisons equipped with COVID-19 messaging tools and support to encourage their constituents to get vaccinated and coordinate vaccination events in their sector
- b) OHKCE community-clinics in venues people frequent often and trust to reduce medical mistrust and transportation, location, and registration challenges
- c) Physicians and pharmacists available at community-clinic events to talk with people about their vaccination concerns and dispel myths
- d) Health services available along with vaccinations to address access care
- e) Incentives provided to persons who get vaccinated in order to spur vaccinations among people who otherwise may be slow or hesitant to get vaccinated

We will further enhance our strategies by:

- a) Updating communication messaging tools to reflect current COVID-19 conditions and guidelines
- b) Working with more organizations that serve children and parents of young children in partnership with community organizations that provide programming for this population
- c) Tailoring messaging to get more young adults vaccinated, especially with use of social media
- d) Increasing reach with special Spanish-speaking and refugee populations
- e) Offering incentives to all person who get vaccinated whether if the first shot or a booster shot

Project Goal:

- Complete 5,000 vaccinations in Jackson County's Eastside

Health Services Delivery

We will continue to provide health screening services inclusive of:

- Blood pressure checks;
- Blood glucose
- Mental health
- Dental and sexually transmitted infection screenings
- Dental treatments, and linkage to care and community resources services.

Delivery of these health services will be provided by health professionals (e.g., physicians, pharmacists) and hundreds of student and other health professional volunteers from UMKC Schools of Nursing and Health Services, Medicine, Dentistry, and Pharmacy, and University Health, as previously conducted.⁹⁻¹²

Project Goal:

- We have anticipate providing 2,000 units of health services inclusive of cancer screenings

Cancer Screenings

During the OHKCE bridge phase, cancer screenings were piloted at the community-clinic events. We demonstrated that cancer screenings were highly feasible and highly valued by community residents. Cancer screenings will address the high ranking of cancer deaths in Missouri and Jackson County (2nd leading cause of death after heart disease).¹³

We will therefore enhance the delivery of health services to include cancer screenings at each community-clinic event and in medical settings. The following cancer screenings will be provided:

- a) Colon cancer screenings
- b) HPV screenings and Pap smears
- c) Oral cancer screenings
- d) Breast cancer screenings (mammograms)

Community health workers from Black Health Care Coalition will provide linkage to care and community resources to persons in need, inclusive of assistance with accessing health insurance including Medicaid if qualified, making health appointments, and providing social support.

Access to Broadband Internet and Electronic Health Information

Nationwide, underserved communities struggle with accessing health information, their electronic health records, and online registrations for COVID-19 vaccinations and testing. Only about 20% of persons completing our OHKCE community-wide health survey indicated they had broadband internet service in their home.⁶ We have therefore partnered with KC Digital Drive to empower residents with linkage to internet services and seminars on personal use of electronic health records and online health information.

Health Services in Community-Clinic and Healthcare Settings Inclusive of Cancer Screenings

Health Unit Delivery Services	Setting for Health Service Delivery	Health Services to be Delivered
School of Pharmacy (SOP)	Community and UMKC Pharmacy School	<ul style="list-style-type: none"> • COVID-19 vaccinations in community settings • HPV screenings (cervical cancer prevention) • Colon cancer screenings • Mental health screening • Diabetes screenings and referrals • Education on various recommended vaccines (e.g., HPV, flu)
School of Dentistry (SOD)	Community and On-campus UMKC clinic	<ul style="list-style-type: none"> • Dental screenings/referrals to free School of Dentistry dental exam • Oral cancer screenings • Dental education, toothbrushes, toothpaste, and floss kits • Brush, Book, Bed program for parents and children • Lessons in a Lunchbox program for children • HPV education training
School of Nursing & Health Services (SONHS)	Community	<ul style="list-style-type: none"> • COVID-19 vaccinations • Diabetes, hypertension and glucose screening and referral
School of Medicine (SOM)	Community and University Health	<ul style="list-style-type: none"> • COVID-19 vaccinations and testing in community settings • Sexually transmitted infections screenings • Pap smear and mammograms (cancer screenings) • Talk with a Doc and Walk with a Doc events
University Health (formerly Truman Medical Center)	University Health: Health Science District and Lakeside	<ul style="list-style-type: none"> • COVID-19 vaccination and testing at TMC-Hospital Hill with set hours of operation and creation of a vaccination and testing site in KC's Southeast Eastside area; pop-up vaccination events • Call center for persons with questions on scheduling COVID-19 vaccinations/testing and answering other health questions
Black Health Care Coalition (BHCC)	Community and medical settings	<ul style="list-style-type: none"> • Linkage to healthcare and community resources by community health workers • Support for mothers with infants and community baby showers
KC Digital Drive	Community and educational settings	<ul style="list-style-type: none"> • Linkage to broadband internet services • Electronic health records and online health education sources

INFANT MORTALITY PROJECT: UNDERSTANDING AND ADDRESSING REPRODUCTIVE NEEDS OF EASTSIDE WOMEN

Background

Although the United States is considered to be one of the wealthiest countries in the world, infant mortality rates in the U.S. are among some of the highest worldwide. Infant mortality is the death of an infant between birth and the first birthday and is calculated as the rate of infant deaths per 1000 births.¹⁴ The disparities are even more pronounced among infants born to women of color, especially Black women, and those from under-resourced communities.¹⁴⁻¹⁵

For example, a Jackson County report (2018) found that the infant mortality rates (IMR) for Black infants was more than twice as that for White infants, and while

Location	Race	IMR 2000	IMR 2015	Reduction in IMR	Mean, IMR, 2000-2015, (95% CI)
Jackson County	White	5.2	4.4	16.4%	5.5 (4.5, 6.4)
	Black	13.5	10.4	22.6%	12.1 (10.2, 14.1)
Missouri	White	5.8	5.4	7.7%	5.9 (5.5, 6.4)
	Black	16.8	12.3	26.6%	14.2 (12.4, 16.0)

some reports suggest improvements in Jackson County, national studies indicate this trend will continue to worsen. Alarming, zip codes in our region (64106, 64138, 64110) have an IMR that rivals some developing countries (18, 21.7, and 19.4 respectively).¹⁵⁻¹⁶

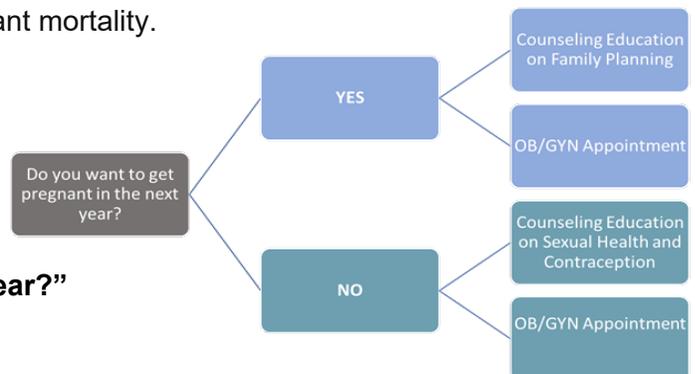
Among the primary causes of these high rates of infant mortality with underserved populations are low birth weight and pre-term births, sudden unexpected infant death syndrome, injuries and accidents, and deaths related to maternal pregnancy complications.¹⁶ Several social determinants contribute to infant mortality rates including the health of the mother, limited prenatal care and access to healthcare, smoking and drug use behaviors, and socioeconomic factors (e.g., income, education level). Of note, a 2020 Jackson County Health Department report indicated higher rates of teenage moms, low birth weights, earlier gestation, and delayed prenatal care in the first trimester among Blacks than Whites.¹⁵

The most effective strategies to reduce risk of infant mortality begin far before pregnancy and focus on making sure that reproductive age women are equipped with the appropriate healthcare, information, and support they need to deliver and grow healthy babies. Studies have also shown that women are accepting of reproductive counseling from several sources (e.g., clinics, emergency rooms), and greatly desire social support, rapid referrals to available appointments with obstetric providers, and improved patient-provider communication regarding their reproductive needs.

This project is being adapted from the WE CARE project, which is being successfully implemented in Detroit, Michigan.¹⁷⁻¹⁸ The brain-child of Dr. Martina Caldwell, WE CARE is a theory-based, reproductive justice-informed intervention for gender-inclusive, reproductive-aged females. It uses community health workers and an online health decision-support tool called MyPath to provide person-centered family planning counseling, referrals, and care navigation, with social needs screening and referrals. We aim to utilize lessons learned from WE CARE in Detroit to adapt WE CARE-KC to our community to directly mitigate infant mortality.

OHKCE Approach

WE CARE-KC will address infant mortality in Jackson County by using **WE CARE prevention approach that asks one simple question of women in their reproductive years (ages 15-44): “Do you want to get pregnant in the next year?”**



Responses to this question will guide the next steps in the prevention process to ensure women receive the appropriate educational counseling and health care services based on their decisions, as shown in the figure on the previous page. To address responses to this one simple question, OHKCE will build on this highly innovative, person-driven approach in 3 phases in the WE CARE-KC project.

Phase 1 (Year 1). Reproductive health needs assessment

The first phase will focus on ensuring that we have listened to Jackson County reproductive-age women regarding their reproductive needs, past experiences with reproductive services, and suggested strategies to improve acceptability of reproductive services. We will also hear from health professionals from emergency departments, primary care physicians, and obstetricians and gynecologists (OB/GYN) to understand their personal and systems challenges and facilitators in providing pre-pregnancy and contraceptive care in a timely and patient-centered fashion with women making decisions in healthcare settings. We will use surveys and focus groups to hear from these groups on reproductive health topics.

Phase 2 (Year 2). Pilot infant mortality 1-Question WE CARE-KC project

A pilot WE CARE-KC will be launched to plan for feasibility and acceptability of the approach for large-scale implementation. The pilot will be tested in the University Health emergency department and OB/GYN clinics, and during OHKCE community-clinic events. Key pilot project components will include ongoing contraceptive or family counseling by a community health worker trained in reproductive health education, fast-tracked appointments with OB/GYN physicians and nurses to receive family and/or contraceptive services, and follow-up support to address health care needs along with linkages to community resources. Also, in ER and OB/GYN physicians will be trained to implement the project and to ensure the care women receive is perceived as trusted, responsive, and timely and will include knowledge of referral services. Lessons learned from the pilot project will be used to refine the community-wide project that will be launched as Phase 3.

Scope of Work: Infant Mortality Project Key Components	
Decision to Get Pregnant	Decision to <u>Not</u> Get Pregnant
Counseling education on pre-pregnancy lifestyle and medical care	Counseling education on contraception option and safer sex behaviors
Linkages to healthcare and follow-up calls (e.g., Medicaid, WIC EBT, fastrack OB/GYN appointments, medications)	Linkages to healthcare and follow-up calls (e.g., Medicaid, WIC EBT, fastrack OB/GYN appointments, medications)
Linkages to community resources and follow-up calls (e.g., food, exercise/weight loss programs, mental health services)	Linkages to community resources and follow-up calls (e.g., food, exercise/weight loss programs, mental health services)
OB/GYN appointments with patient-centered care	GYN appointments with patient-centered care

Phase 3. Community-wide infant mortality project

A refined, fully developed project will be implemented in Year 3 and will be launched community-wide through community-clinics, in the UH emergency department and OB/GYN units. This refined approach will be implemented with more community health workers and will include training of physicians to further expand the work. This phase will also include an expansion to federally-qualified health centers.

Project Goals:

- Engage 1,000 reproductive age (15-44) women participating in surveys and focus groups
- Approach 1,000 reproductive age women to determine interest in participating in the project
- Enroll up to 400 reproductive age women in the project
 - Settings: OHKCE community-clinics and University Health (Health Science District)

DIABETES PREVENTION PROGRAM (DPP) COLLABORATIVE PROJECT

Background

Diabetes is a major national health crisis with 11% of the U.S. population living with diabetes and 38% living with prediabetes – and many aren't aware of their condition.¹⁹ Findings from the OHKCE communitywide survey and the Community Forum indicated that diabetes should be addressed through the initiative.⁶ For example, forum participants rated diabetes among the top three health issues that burden KC's Eastside. Strategies they suggested to address chronic health conditions, such as diabetes, included increasing access to: weight loss programs, health education, physical activity, and medical services.

Also, among the 3,496 participants (81% African American) who completed the OHKCE communitywide survey, 13% reported being diagnosed with diabetes^{1,6} – a proportion much higher than national averages. Additionally, leaders from KC's federally qualified health centers (FQHCs) identified diabetes as a priority health issue that disproportionately burdens their patients. They strongly indicated diabetes prevention should be a focus area for the OHKCE initiative and their commitment to participate.

Diabetes Prevention Program: Reducing Diabetes Risks

To address the burden of diabetes in the KC area, the OHKCE initiative together with FQHC partners aims to increase access to CDC's proven **Diabetes Prevention Program (DPP)** and supportive resources throughout the KC urban area as a free service for KC Eastside residents.

Diabetes Prevention Program Key Components	
Trained DPP coaches	Persons from Jackson County OHKCE community-based organizations will be trained to facilitate DPP classes
DPP Classes	Class sessions will be held throughout the Jackson County area at accessible community-based organizations and medical facilities
Social and medical support	Community health workers and federally qualified health center's nurse managers will refer and follow-up with potential and enrolled participants who qualify to participate in the DPP

The DPP is an evidence-based lifestyle change intervention proven to reduce onset of diabetes by nearly 60% in large-scale NIH studies.²⁰⁻²² This was achieved with two changes: a modest amount of weight loss (5-7% of body weight) and 150 minutes a week of physical activity.

Traditionally, the DPP consists of 16 core sessions (e.g., healthy eating, physical activity, coping, dealing with stress) delivered over 6 months and 6 maintenance sessions over 6 months, for a total of 22 sessions. In each 45- to 60-minute session, coaches monitor participants' weight, attendance, and self-tracking of food intake, physical activity, and goal/progress logs (see CDC's National Diabetes Prevention Program <https://www.cdc.gov/diabetes/prevention/about.htm>).

A number of large-scale clinical trials have demonstrated the DPP's efficacy on short (6 months) and long-term (12 months) outcomes for overweight/obese prediabetic adults.²⁰⁻²² However, attendance tends to drastically decrease after 6 months, and the most significant outcomes have been found to occur at 6 months and will assess percent body weight loss as the primary outcome. We will run the DPP classes in 6-month intervals to achieve the best outcomes short-term.

To improve dissemination, the DPP has been adapted for several settings (e.g., YMCA's, churches, community organizations, clinics) with a variety of coaches (e.g., nutritionists, psychologist, lay health workers).²³⁻²⁴ The DPP has now been widely disseminated by the CDC. However, widespread DPP translation and dissemination have yielded few benefits for underserved populations who do not have access to the program. **Therefore, we will offer the DPP in trusted, accessible settings and will train lay health persons from OHKCE community partners to serve as certified DPP coaches.** Participants will be able to continue with their DPP class into new session intervals.

OHKCE Approach

Based on our extensive experience in implementing the DPP in community setting and in providing the DPP as a free, non-research community program,²⁵⁻²⁹ **we will offer the DPP in the 6-month format to increase likelihood of completion of the program and to attain best possible outcomes.** We will assess percent weight loss as our primary outcome. Blood glucose, class attendance, healthy food intake, and use of health prevention services will be assessed as secondary outcomes. We will also offer participants an opportunity to continue with the DPP into future sessions to continue to benefit from the program.

The DPP will be offered in easily accessible community settings in the four OHKCE sectors (faith, businesses, neighborhood association, youth organizations) and within collaborating FQHCs. Persons identified as at-risk for diabetes at OHKCE community-clinics will be referred to the DPP by community health workers (CHWs). CHWs will also be able to refer from within FQHC's, and FQHC nurse managers will identify patients from their health centers and will refer them to the project as well. Also, CHW's will refer prediabetic persons without a medical home and those in need of further care to FQHC nurse managers, and will also make referrals to community resources. Additionally, community members from the four sectors across Jackson County will be trained as DPP coaches.

DPP participants will meet CDC's diabetes risk guidelines for participation in the OHKCE DPP Collaborative:

- Are 18 or older
- Overweight
- Not diagnosed with diabetes
- Not pregnant

Additionally, persons must meet at least of these:

- Be diagnosed with prediabetes;
- Previously diagnosed with gestational diabetes; or
- Have high risk score on the Prediabetes Risk Assessment:

www.cdc.gov/prediabetes/risktest/index.html

Scope of Work: Diabetes Prevention Program Collaborative	
Year 1	<ul style="list-style-type: none"> • Refine DPP curriculum • Hire and train CHWs • Identify/hire and train Nurse Managers • Hire and train DPP health coaches • Develop data collection tools and procedures
Year 2	<ul style="list-style-type: none"> • Offer DPP classes sessions throughout the Jackson County area at accessible community-based organizations and medical facilities • Hold communitywide physical activity class to support participants with organization exercise options • Prepare to receive CDC recognition for the program on the national registry
Year 3	<ul style="list-style-type: none"> • Offer DPP classes sessions throughout the Jackson County area at accessible community-based organizations and medical facilities • Hold communitywide physical activity class to support participants with organization exercise options • See CDC certification for program for Medicare reimbursements

Project Goal:

- We aim to approach 1,000 persons at risk for diabetes and share DPP information
- We will enroll up to 500 persons in the community-wide DPP

This community-wide DPP collaborative will be the first of its kind to provide widespread DPP at a county-level and will include DPP classes tailored for special populations including ethnic minorities and Spanish-speaking populations.

OHKCE RESEARCH STUDIES TO ADVANCE HEALTH EQUITY

The OHKCE initiative will continue to seek new knowledge in addressing health inequities that burden Eastside area residents. The first phase's research studies yielded new information on health disparities that was widely disseminated; 25 presentations were given at national scientific conferences, regional public health meetings, and local presentations in academic and community settings.^{3,4,31-53} Manuscripts are currently in preparation for many of these studies.

To understand the impact of the project on increasing vaccination rates and use of health services, we will continue to collect project data throughout the initiative using multiple modes of data collection (e.g., online database, communitywide surveys, focus groups) from community partners from all sectors, community health liaisons and members, and health organization partners.

We will collect ongoing information via the OHKCE **online implementation tracking database** from:

- Participating organizations in each sector to understand logistics and adoption and reach of the project, via the implementation database and quarterly meetings
- Community health liaisons in participating organizations to examine facilitators and barriers to implementing the project (N=150-180 youth and adults) via their weekly/monthly entries into the implementation database

We will also continue to conduct the **communitywide survey** at OHKCE community-clinic events with:

- Eastside community members (N=2,000 youth and adults > aged 16) to understand their COVID-19 vaccination and health services use including cancer screening behaviors; family planning decisions, interests and concern; diabetes risks and related behaviors; and technology use including internet service availability, use of electronic health records, and online health information

Additionally, we will conduct **focus groups** at the annual OHKCE Community Forum with:

- Community partners, community members, and health organization partners to gather lessons learned (e.g., what worked well, areas of improvement), make refinements on the initiative, and to plan for next steps

Lastly, **8 independent research studies** (see table on next page) will be conducted to more rigorously understand delivery and outcomes of prevention programs focused on health disparities in several areas (e.g., physical activity, technology tools and adults; diabetes prevention and management and motivation; health communication; physical activity, mental and sexual health among youth; reductive services; linkage to care services). These studies will be led by four faculty researchers located at UMKC and four faculty researchers at Children's Mercy Kansas City.

OHKCE researchers will widely disseminate their findings through peer-reviewed publications and through national, regional, and local presentations especially in community settings. They will also be strongly supported and encouraged to use their study findings to pursue other grant opportunities.

Overall, we anticipate over 3,000 Eastside residents will participate in one of these studies at some level. This will be a remarkable contribution to increasing participation in community-based research with populations that have traditionally *not* participated in research studies and will aid in understanding COVID-19 vaccination and health service use along with understanding the impact of prevention services and programs on health outcomes. **Findings from these studies can also be used to guide future county health decisions and other studies to address health inequities on KC's Eastside. We will also use the findings as preliminary studies to support large-scale grant applications to federal, foundation, and local funding organizations.**

The table below provides an overview of these studies. More detailed information on the proposed studies will be provided upon request.

OHKCE Research Studies

Project/Unit/ Researcher Lead	Primary Service or Study Focus	Persons Served/ Enrolled; N	Project Description	Plans for Sustainability	Primary Sector
Amanda Grimes, PhD Joey Lightner, PhD Move More Get More	Physical activity and nutrition	360	Food (fruit/ vegetable) distribution and sport-sampling project to increase physical activity and nutrition in Eastside Middle Schools	Seeking local foundation support to sustain project as well as NIH support to scale project	Youth sector
Joey Lightner, PhD Amanda Grimes, PhD Scalable Physical Activity	Physical activity	13,000	Community physical activity sessions by local fitness experts to increase physical activity	Seeking local foundation support to sustain project as well as NIH support to scale project	Youth sector
Yugi Lee, PhD, Ye Wang, PhD WeListen-HC, SCE	AI and Machine Learning & Health Communication	50 persons per year (total of 150 persons)	<i>WeListen-HC</i> will focus on self-management for vaccinations, health services, community resources, cancer screenings, diabetes prevention, and infant mortality.	Sustainability of the proposed services can be achieved through the disseminated Mobile app with AI and Machine Learning supports	All sectors
Jared Bruce, PhD Diabetes Treatment and High Need Persons	Improving diabetes treatment among people with poor diabetic control	60	Development of behavioral telehealth treatment using continuous glucose monitoring, incentives, and motivational counseling for improved diabetes management.	We will apply for larger NIH and community grants that allow for economic analysis and integration into the community.	All sectors
Jordan Carlson, PhD, CMH Active KC Eastside	Physical activity promotion for chronic disease prevention	Families and middle-to-older aged adults, N=520	Use community-engaged participatory approach to refine message content and improve program reach	This project will provide preliminary data needed for larger-scale NIH R01 grant application to reach more residents over a longer period of time	All sectors
Kai Ling Kong, PI Amy Smith, CO-I Brenda Salley, CO-I Deanna Hanson-Abromeit, CO-I Clint Velasquez, consultant Katie Fortino, consultant Talk to Me Baby II	Obesity prevention Language development	Caregiver-infant (n = 30 dyads) Base Academy of Music located in Jackson County Eastside https://www.bamkc.org/	Implementation of a community-based music enrichment program for infants aged 9- to 15-months with their caregiver. The music program will take place at a facility located within the Jackson County Eastside Community and will consist of two, 10-week sessions with a short break between sessions.	We will work with Base Academy of Music (BAM) to offer music enrichment classes in the community for at risk families. We will build community partnerships and coach volunteers who can continue to lead the music program in the community at BAM.	All sectors
Helena LaRoche, M.D. Connecting People to Care	Intervention on Social Determinants of Health	100	Surveys to collect data on barriers to obtaining services and a text intervention to support clients and help community health workers identify clients who need additional assistance.	Automated text intervention can be used by CHW's throughout KCMO	All sectors
Melissa Miller MD, MSCR Youth Mental Health	Adolescent mental health	300 youth	Mental health and sexual health services	Melissa Miller MD, MSCR	Youth sector

MEETINGS, COMMUNICATIONS, AND MEDIA

OHKCE Core and Sector Meetings

The initiative has had two **Core meetings** scheduled each month since its initiation. These will continue to occur. These bi-weekly meetings include over 30 representatives from UMKC health professional schools and other units, community and UMKC sector leads, and health partner organizations. The meetings are used to discuss progress, troubleshoot challenges, make refinements, identify efficiencies, discuss budgets, and plan for next steps. The bi-weekly meetings will also continue to be used to report on progress and outcomes on OHKCE research studies.

We will also hold monthly **Sector meetings** with community and UMKC sector leads to ensure they have the resources and support they need to carry-out their sector work. These meetings will also be used to discuss accomplishments and successes, ensure weekly data from community health liaisons is being collected, and to discuss projects specific to each sector. Community constituents will be invited to join in the sector meetings at designated meeting dates.

Website

The OHKCE website will be maintained and will continue to provide information on scheduled community-clinic events with community partners, stories on accomplishments of the initiative, and information about COVID-19. We will expand the website to also include information about infant mortality, diabetes, and cancer; conference presentations; and published works. Additionally, the website will evolve to also include the ability to post initiative materials for community partners' easy retrieval and will have updated information on vaccinations provided and persons served on the home page to make this information more readily accessible to the public. The site will continue to share the stories of the many people exposed to and impacted by the initiative and COVID-19, and particularly regarding the experiences, beliefs, and behaviors related to health conditions that burden the Eastside.

Scheduling system

The initiative will continue to use an online scheduling system that will allow community partners to schedule their community-clinic events, provide logistical information needed for their events, and schedule health professional (e.g., pharmacists, physicians, nurses) and student volunteers. The broader community will be made aware of upcoming scheduled events on the OHKCE website.

UMKC Communications and Media

The UMKC and School of Medicine communications units will continue to seek opportunities to disseminate information about the initiative through multiple communications and media outlets. These outlets include national and local media via television, print news, and online news junkets. The first phase of the initiative generated media that reached over 12 million people. They will also pursue opportunities to place stories in local newspapers widely read by Eastside community members (e.g., Health Matters, The Call, Pitch), and will submit media releases with television, print, and radio news.

Database and Dashboard

The OHKCE database will be open for use to researchers and community and health partners. They will be able to directly access the database by submitting a data request to the initiative's data manager. Data will also be retrievable from the initiative's data dashboard.

Presentations and Publications

OHKCE researchers and community partners disseminated over 25 presentations in the prior OHKCE phase, submitted grant applications, and are currently preparing research papers for peer-reviewed publications. They will be required to submit abstracts to scientific conferences and share findings annually at a symposium where county officials, OHKCE partners, and community constituents will be invited. OHKCE researchers and partners will also submit grant applications to sustain the work.

OHKCE TEAM LEADERS

The OHKCE initiative is led by the UMKC Health Equity Institute and the UMKC Community Health Research Group (CHRG). Over 30 representatives for UMKC's four health professional schools and Community Counseling Assessment Center, University Health, Children's Mercy, Black Health Care Coalition, and KC Digital Drive attend twice monthly meetings led by the CHRG. The CHRG is located in the UMKC School of Medicine Biomedical and Health Informatics Department and conducts health disparity research with underserved populations through collaborative partnerships with community and health organizations. The UMKC Health Equity Institute was founded as a Chancellor's Office special initiative in 2019. The Institute aims to expand collaboration, communication, and innovation with community partners and across campus to address health inequities in KC's urban Eastside area.

Key personnel of the CHRG and HEI team and other team members throughout UMKC in OHKCE initiative leadership roles include:

Jannette Berkley-Patton, PhD is the project's principal investigator and the Director of the CHRG and HEI. She has an endowed chair in the UMKC School of Medicine, Department of Biomedical Health Informatics. Her research team has led many large-scale health behavior change interventions in the Eastside, including the successful first phase of the OHKCE initiative. Also of note, she was born and raised on KC's Eastside and graduated from Paseo High School. Dr. Berkley-Patton will provide oversight of the initiative and the initiative's budget. She'll also provide overall leadership and will facilitate the Core OHKCE meetings.

Carole Bowe Thompson, CHRG and HEI Project Director. Together, she and Dr. Berkley-Patton have grown the work of the CHRG over the past 16 years and more recently grown the work of the HEI. Ms. Bowe Thompson is the primary contact with the sector leads. She also provides oversight of the training of the community partners and logistical flow of OHKCE community-clinic events.

Jenifer Allsworth, PhD, is an Associate Professor in the School of Medicine Biomedical and Health Informatics Department. She is a leading epidemiologist with extensive experience in examining large datasets and using statistical analysis via multiple software programs, coordinating data management, and evaluating large-scale NIH clinical trials. She is also leading the evaluation of the OHKCE. She will provide oversight of data management and reporting of data for the initiative.

Turquoise Templeton, is a CHRG Research Assistant in the School of Medicine Biomedical and Health Informatics Department. She will be the lead data manager and has expert experience in use of the REDCap firewalled, password protected online database used to collect project data from community partners, community health liaisons, and community members in the prior OHKCE phase.

Cameron Lindsey, PharmD, is the Chair of the Division of Pharmacy Practice and Administration and Professor of Pharmacy. She will provide oversight of vaccination services and cancer screenings, availability of vaccination and cancer screening materials, and data collected on vaccinations and health screenings given. Dr. Lindsey will also continue to oversee the scheduling of pharmacy and physician volunteers and the use of the online scheduling system, SignUp Genius, to manage volunteers.

Mark Hecker, is the UMKC School of Medicine Grants Manager and oversees the budget management including review of expenditures, and review of individual project budgets with Dr. Berkley-Patton. He supervises a team of associates in providing budget updates for overall and individual projects.

Lee Braden, is the Pre-award Manager in the UMKC Office of Research Services. She will handle all pre-award activities involving the proposal, its budget, and subsequent contracts. She will also manage pre-award activities to establish the individual project budgets.

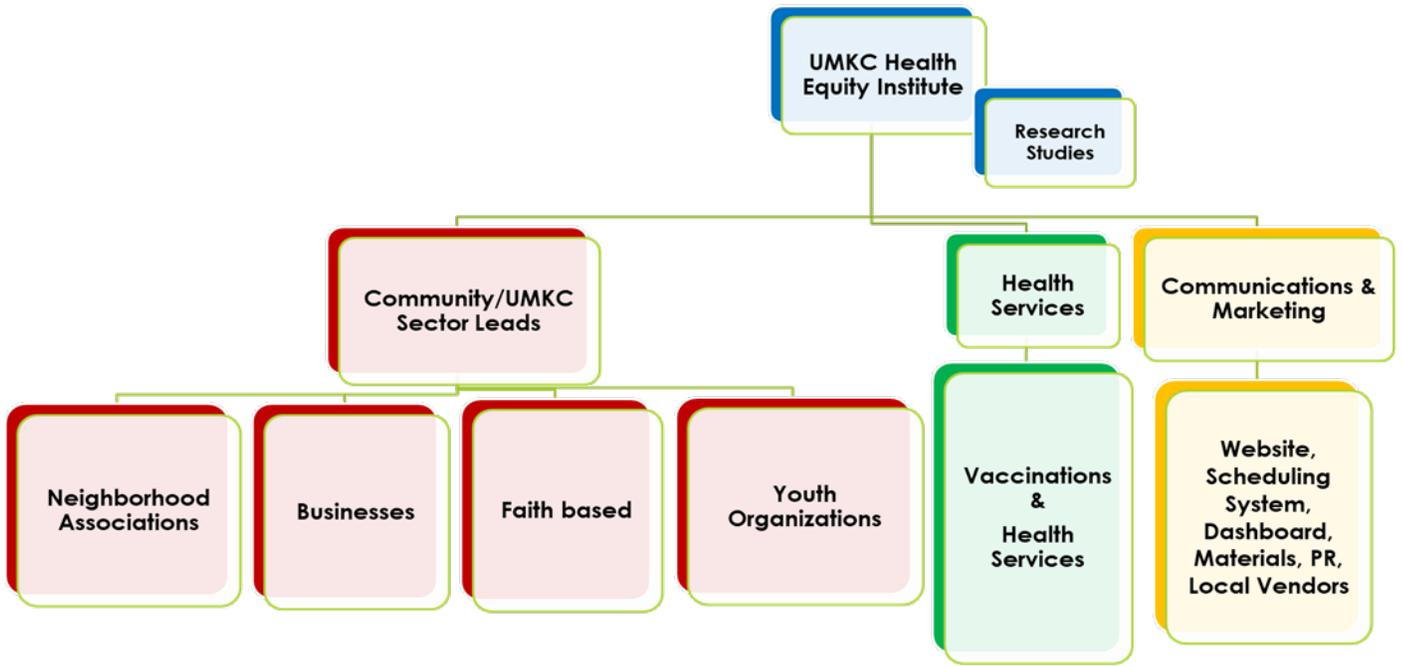
The CHRГ team includes research associates, doctoral students, and undergraduate students from multiple disciplines across campus. CHRГ and HEI studies have included thousands of participants, primarily underserved populations from the Eastside who have traditionally been difficult to engage in research. With community-health-academic partnerships, we have conducted many large-scale studies that have examined uptake of prevention, screening, and linkage to care with underserved populations. These projects have focused on:

- COVID-19 testing and vaccinations
- HIV and other sexually transmitted infections
- Hepatitis C virus
- Diabetes and cardiovascular disease
- Mental health
- Dementia

The team's success has been demonstrated in the first phase of the OHKCE, which largely exceeded initiative goals regarding: vaccinations, number of participating community organizations, number of trained OHKCE community health liaisons, and community members' completed health surveys.

Our research team also has over 16 years of conducting large-scale research studies with extensive funding from the National Institutes of Health, Robert Wood Johnson Foundation, and Health Forward Foundation. Since the first phase of OHKCE fundings, the HEI and its partners has sought over \$7 million in funding to address health inequities, and thus far have received over \$4 million with 3 grants that focus on examining health impacts (e.g., physical activity, body mass index, and social determinants) associated with Kansas City, MO's free bus ridership policy. The team also submitted an NIH grant for \$2 million focused on COVID-19 testing and treatment with African American churches, which recently received favorable funding, and would expand our current work in this area. We are currently preparing applications for further NIH funding to expand the work on diabetes prevention, food security, and technology on the Eastside. We will continue to seek funding for these and other projects to expand the work of the initiative and build a lasting infrastructure to have greater impact.

OHKCE INFRASTRUCTURE



IMPACT MEASUREMENT

The RE-AIM model will continue to be used to guide the evaluation. RE-AIM helps to understand Reach, Effectiveness, Adoption, Implementation, and Maintenance of large-scale projects designed to bring about community change.³⁰ RE-AIM has been used extensively by NIH and CDC researchers to examine individual, organization, and community level impact of health services and health outcomes.

Measuring Impact Using the RE-AIM Model

RE-AIM Components	RE-AIM Measures
Reach	<ul style="list-style-type: none"> • Number and proportion on persons reached with initiative • Number of persons recruited to complete project surveys • Extensiveness of social networks (communication) used by health liaisons
Effectiveness	<ul style="list-style-type: none"> • Number and trends over time of persons fully vaccinated and who received health services including cancer screenings • Impact of initiative on receipt of vaccination and health services including cancer screenings and linkage to internet services and electronic health records • Comparisons of vaccinations received on Eastside with other Jackson County geographical areas where the project wasn't implemented • Individual, social, and other factors related to receipt of vaccination and health services • Number of women receiving reproductive services and achieving their reproductive goals • Number of persons participating in diabetes prevention programming and achieving weight loss and physical activity
Adoption	<ul style="list-style-type: none"> • Proportion of organizations approached that sign an agreement to implement the projects • Strategies used that were most successful in organizations adopting the project • Number of community health liaisons trained to implement the project in each organization
Implementation	<ul style="list-style-type: none"> • Number of and type of tools delivered and how delivered by community health liaisons • Facilitators, challenges, and successes in implementing the project • Number of vaccination and health service events completed in the community • Number of referrals and follow-ups completed • Number of University of Missouri-Kansas City and Truman Medical Center faculty, staff, and students providing health services at community events and in medical settings • Number of physicians trained to implement the 1-Question WE CARE-KC program • Number of women approached to participate in 1-Question WE CARE-KC program • Number of community health coaches trained to implement the diabetes prevention program • Number of persons referred to and who participate in the diabetes prevention program
Maintenance	<ul style="list-style-type: none"> • University of Missouri-Kansas City and partners' plans for sustainability • Participating organizations plan for sustainability established • CDC, NIH grant, and foundation funding pursued with project partners; funding pursued in collaboration with other longtime partners (KCMO Health Department) and with Jackson County.

OHKCE project impact will be assessed overall and with each of the four sectors using:

- a) Implementation data on contacts made, persons reached, materials distributed, and other project related activities collected from community health liaisons using an online data tracking system;
- b) Implementation data on vaccinations, health screenings, and other services/programs delivered and received as collected from health service organizations using an online system;
- c) Survey data on vaccine and health service beliefs/behaviors collected with 2,000 consented participants aged ≥ 16 ;
- d) Geographical information that captures density of receipt of vaccinations and health services across Jackson County Eastside areas;
- e) Information on feasibility (facilitators, challenges, and successes) will be collected using focus groups and interviews with sector leaders and community health liaisons within each sector.

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OHKCE Jackson County Proposal Phase II Budget

Faith Sector	SOM Health Screenings	UH Vaccinations	Infant Mortality	Move More Get More Study	Scalable Exercise Study	SONHS Health Screenings	Youth Sector	SOD Dental Assessments & Treatment	SOP Vaccinations & Health Screen	We-Listen Research Study	Neighborhood Sector	Business Sector	Proposal Total
K2007714	K2006806	K2006806	K2007809	K2203010	K2203010	K2203010	K2203010	K1413001	K2305042	K3706006	K0220001	K1707701	
\$ 62,780	\$ 339,521	\$ 1,212,879	\$ 455,840	\$ 98,507	\$ 88,098	\$ 108,966	\$ 68,000	\$ 329,055	\$ 421,148	\$ 122,568	\$ 75,345	\$ 83,100	\$ 4,104,633
\$ 22,600	\$ 66,608	\$ -	\$ 144,781	\$ 24,424	\$ 25,951	\$ 40,317	\$ 24,480	\$ 87,040	\$ 143,403	\$ 17,744	\$ 24,424	\$ 27,216	\$ 861,219
\$ 85,380	\$ 406,129	\$ 1,212,879	\$ 600,621	\$ 122,931	\$ 114,049	\$ 149,283	\$ 92,480	\$ 416,095	\$ 564,551	\$ 140,312	\$ 99,769	\$ 110,316	\$ 4,965,852
\$ 3,000	\$ -	\$ -	\$ 9,100	\$ -	\$ 4,500	\$ -	\$ 9,539	\$ 27,000	\$ 6,000	\$ -	\$ 9,539	\$ 3,000	\$ 81,178
\$ 36,000	\$ 3,603	\$ 67,392	\$ 10,500	\$ 7,200	\$ 21,750	\$ -	\$ 30,000	\$ 27,800	\$ 236,750	\$ 7,628	\$ 36,000	\$ 22,000	\$ 556,223
\$ 307,000	\$ 207,690	\$ -	\$ 74,725	\$ 11,000	\$ -	\$ -	\$ 267,000	\$ 232,074	\$ 463,800	\$ 25,874	\$ 275,500	\$ 297,500	\$ 2,641,163
\$ -	\$ 37,750	\$ -	\$ 26,000	\$ 98,500	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 193,250
\$ 346,000	\$ 249,043	\$ 67,392	\$ 120,325	\$ 116,700	\$ 26,250	\$ -	\$ 306,539	\$ 286,874	\$ 706,550	\$ 33,502	\$ 321,039	\$ 322,500	\$ 3,471,814
\$ -	\$ -	\$ -	\$ 12,500	\$ 15,600	\$ -	\$ -	\$ -	\$ -	\$ 47,785	\$ -	\$ -	\$ -	\$ 81,885
\$ -	\$ -	\$ -	\$ -	\$ -	\$ 107,500	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 1,480,449
\$ 431,380	\$ 655,172	\$ 1,280,271	\$ 733,446	\$ 255,231	\$ 247,799	\$ 149,283	\$ 399,019	\$ 702,969	\$ 1,318,886	\$ 173,814	\$ 420,808	\$ 432,816	\$ 10,000,000
\$ 431,380	\$ 655,172	\$ 1,280,271	\$ 733,446	\$ 255,231	\$ 247,799	\$ 149,283	\$ 399,019	\$ 702,969	\$ 1,318,886	\$ 173,814	\$ 420,808	\$ 432,816	\$ 10,000,000