

O.5506

County Agreement for Distribution of CARES Act Funds

This County Agreement for Distribution of CARES Act Funds ("Agreement"), entered into on the date set forth below by and between the undersigned County, of the State of Missouri ("County"), and the undersigned Recipient ("Recipient") an entity which operates within said County (collectively the "Parties").

RECITALS

WHEREAS, the United States government has allocated funds to the County from the Coronavirus Relief Fund set forth under section 601(a) of the Social Security Act, as amended by section 5001 of the Coronavirus Aid, Relief, and Economic Security Act ("CARES Act"); and

WHEREAS, Recipient has requested and applied for available funds from the County to cover costs incurred due to the public health emergency with respect to the Coronavirus Disease 2019 (COVID-19), as set forth in the Spending Plan/Budget, attached as Exhibit A ("Budget") and incorporated herein by reference; and

WHEREAS, through said Budget, Recipient has represented, warranted and attested to the County that it meets all state and federal requirements for receipt of a portion of the available funds (the "Funds") as described in said Budget; and

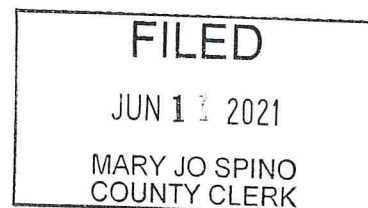
WHEREAS, County has reviewed said Budget and has made an award decision via Ordinance 5506 dated May 10, 2021; and

NOW THEREFORE, for and in consideration of the mutual covenants and agreements herein set forth, and for other good and valuable consideration, receipt of which is hereby acknowledged, the parties hereby enter into the following agreement:

1. Purpose. The purpose of this Agreement is to distribute funds from the County to Recipient to cover Recipient's costs and expenses incurred due to COVID-19 (the "Funds"). Recipient agrees the Funds shall be used only to cover those costs that: (i) are necessary expenditures incurred due to the public health emergency with respect to the Coronavirus Disease 2019 (COVID-19); (ii) were not accounted for in Recipient's budget most recently approved as of May 10, 2021; and (iii) were incurred during the period that begins on January 1, 2021, and ends on December 31, 2021. The Funds shall be used exclusively in accordance with the provisions contained in this Agreement in conformance with state and federal law and for no other purpose. Further, Recipient agrees that Funds shall be used exclusively for the purposes described in the Budget. Recipient shall only use Funds for the purposes set forth in Exhibit A. Recipient understands and agrees that any deviations from the use of Funds, as described in the Budget must have prior approval from the County, which is subject to the sole and absolute discretion of the County.

2. Funding Source. The County is authorized to distribute the Funds described in this Agreement pursuant to section 601(a) of the Social Security Act, as amended by section 5001 of the Coronavirus Aid, Relief, and Economic Security Act ("CARES Act").

3. Representations and Warranties by Recipient. Recipient represents, warrants, and certifies that:



a. The undersigned individual has all necessary authority on behalf of the Recipient to request payment from the County from the allocation of funds to the County from the Coronavirus Relief Fund as created in the CARES Act.

b. Recipient understands and agrees that the County will rely on Exhibit A and this Agreement as material representations in awarding and making a payment of Funds to Recipient. Recipient affirms that the information set forth in the Budget is true, complete, and accurate and affirms the statements made in the Budget as of the date of this Agreement.

c. Recipient expressly represents and warrants that it is eligible to receive the Funds in accordance with state and federal law and that the Funds will be used exclusively for lawful expenditures pursuant to the CARES Act and specifically as described in Exhibit A.

d. Recipient represents, warrants, and agrees that the proposed uses of the Funds provided as a payment shall be used only to cover those costs that: (i) are necessary expenditures incurred due to the public health emergency with respect to the Coronavirus Disease 2019 (COVID-19); (ii) were not accounted for in its budget most recently approved as of May 10, 2021; and (iii) were incurred during the period that begins on January 1, 2021, and ends on December 31, 2021.

e. Recipient acknowledges, understands, and agrees that Funds provided as payment from the County to Recipient pursuant to this Agreement must adhere to official federal guidance issued or to be issued on what constitutes a necessary expenditure. Any funds expended by Recipient in any manner that does not adhere to official federal guidance shall be returned to the County.

f. If Recipient is a local government entity, public entity, or political subdivision of the state, any funds provided pursuant to this Agreement shall not be used as a revenue replacement for lower than expected tax or other revenue collections.

g. Funds received pursuant to this Agreement shall not be used for expenditures for which Recipient has received any other emergency COVID-19 supplemental funding (whether state, federal or private in nature) for that same cost or expense.

h. Recipient may not use funds received pursuant to this Agreement to make a grant to any other local government, public entity, political subdivision, non-profit corporation, corporation, limited liability company, or other business entity, or individual unless the specific use of funds was expressly described in the Budget, and such grant is used solely for necessary expenditures incurred due to the public health emergency with respect to the Coronavirus Disease 2019 (COVID-19), that were not accounted for in the budget most recently approved as of May 10, 2021, and that were incurred during the period that begins on January 1, 2021, and ends on December 31, 2021. In such event, Recipient is responsible for all documentation requirements set forth in this Agreement.

i. Recipient certifies by entering into this Agreement that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible or voluntarily excluded from entering into this Agreement by any federal or state department or agency. The term "principal" for purposes of this Agreement is defined as an officer, director, owner, partner, key employee or other person with primary management or supervisory

responsibilities, or a person who has a critical influence on or substantive control over the operations of Recipient.

j. Recipient agrees to promptly repay all funds paid to it under this Agreement should it be determined either that it was ineligible to receive the funds, or it made any material misrepresentation on its Application.

k. Recipient certifies that the Funds shall not be used for any unlawful purpose, including but not limited to: (i) as a revenue replacement for lower than expected tax or other revenue collection; (ii) for expenditures for which Recipient is already receiving other emergency COVID-19 supplemental funding (whether state, federal or private in nature) for the same expense; or (iii) to engage in any other activity that is illegal under federal, state or local law.

l. Recipient understands and agrees that the County is under no obligation to distribute any additional funds other than as provided in the Agreements, even if Recipient believes circumstances have changed and Recipient requests additional funds.

4. Award and Distribution of Funds; Amount. Subject to the representations, warranties, covenants and agreements set forth in this Agreement, including the representations, warranties, covenants and agreements made by Recipient in the Budget included in the attached Exhibit A, County agrees to distribute to Recipient the Funds in the sum of \$4,998,014.00 for the purposes set forth and described in Exhibit A, subject to approval and execution of this Agreement. The County will distribute to Recipient one-fourth of this sum of \$1,249,503.50, upon the execution of this Agreement. Thereafter, on the first day of July, September, and November, 2021, the County will distribute to Recipient the same sum, provided that Recipient has furnished to the County documents sufficient to demonstrate that Recipient has expended the previous quarter's funds in furtherance of the purposes set out in this Agreement and Exhibit A hereto. Recipient may request payment early if it can demonstrate that all funds previously distributed by the County have been expended. Recipient understands and acknowledges that all awards are subject to the availability of funds and any modifications or additional requirements that may be imposed by law. In the event of a change in the Act or guidance issued by the United States Department of Treasury that affect this Agreement, the obligations of the County under this Agreement may be terminated immediately.

5. Term. This Agreement shall commence on the last date set forth on the signature pages of this Agreement and shall remain in force and effect unless otherwise terminated as provided in this Agreement.

6. Use of Funds. Recipient shall only use the Funds for the purposes and intended use of funds description set forth in Exhibit A, and as awarded in this Agreement. Recipient may only use Funds for the purposes awarded in Exhibit A. Modification of Recipient's purpose and intended use of funds shall require prior written approval of the County's County Administrator.

7. Unused Funds. Funds awarded and paid from the County to Recipient pursuant to this Agreement that are not expended must be returned to the County on or before December 31, 2021, and may not be used for expenditures incurred after December 31, 2021.

8. Documentation and Reporting Use of Funds. Recipient agrees to maintain the records necessary in order to comply with the requirements of the CARES Act and to demonstrate that the

Funds have been used in accordance with section 601(d) of the Social Security Act. Recipient agrees to utilize appropriate fund accounting, auditing, monitoring and such evaluation procedures as may be necessary to create, keep and maintain such records as the federal, state, and County may prescribe, and in order to assure fiscal control, proper management, and efficient disbursement of funds received under this Agreement.

Recipient shall maintain all books, records and other documents in compliance with state and federal reporting and audit-related requirements. Recipient shall make all books, records and other documents available at all reasonable times for inspection and copying by the County in order to ensure compliance with the CARES Act, U.S. Department of Treasury Guidance, the intended purposes of the Funds as set forth in Exhibit A, audit requirements, and this Agreement. Copies of all records (including electronic records) shall be furnished to the County at no cost.

Recipient agrees to timely complete and submit any and all financial reports, as requested by the County. Failure by Recipient to timely submit Supporting Documentation may result in an Event of Default. The County may require Supporting Documentation furnished by the Recipient from time to time regarding the use of Funds with respect to the approved and necessary expenditures listed in the Application and Notice of Decision.

Recipient shall maintain, retain and provide documentation to County relating to the use of Funds upon request, including, but not limited to (collectively referred to as "Supporting Documentation"):

- a. Procurement and conflict of interest policies;
- b. Documentation of compliance with applicable procurement laws and requirements for Recipient;
- c. Publication and/or posting documentation relating to procurement;
- d. Requests for bids/requests for proposals/requests for qualifications;
- e. Estimates, quotes, bid responses, proposals, or statements of qualifications;
- f. Sales receipts and invoices;
- g. Contracts for the purchase of goods or services;
- h. Proof of evaluation and award (e.g., minutes, approval by authorized representative, etc.);
- i. Purchase orders, payment requests, or applications for payment;
- j. Proof of payment (e.g., cancelled checks, direct payment information, bank statements, credit card statements);
- k. Proof of delivery on goods (e.g., copies of packing slips or bills of lading);

- l. Proof of services rendered (e.g., statements confirming services provided by a vendor or contractor);
- m. Time sheets and other personnel information (e.g., wage rates, job duties, etc., if applicable);
- n. Direct solicitation lists (if applicable);
- o. Documentation of sole source procurement (if applicable);
- p. Bonding and insurance documents (if applicable)
- q. E-Verify documentation;
- r. Financial reports regarding the use of the Funds;
- s. Any other documents reasonably required by the County, its auditors, the State of Missouri, or the United States with respect to compliance with the requirements of the CARES Act and guidance.

9. Compliance with Laws.

a. Recipient shall comply with all applicable federal, state and local laws, rules, regulations and ordinances, and all provisions required thereby to be included herein are incorporated by reference. Failure to comply with any applicable requirements by Recipient shall be deemed a material breach of this Agreement. The enactment or modification of any applicable state or federal statute or the promulgation of rules or regulations thereunder after execution of this Agreement shall be reviewed by the County and Recipient to determine whether the provisions of this Agreement require formal modification.

b. Recipient agrees that it has, or at the appropriate time, will comply with all applicable bidding and procurement requirements pursuant to policy, local, state, or federal law regarding the use of the Funds and that Recipient has, or will provide all necessary Supporting Documentation evidencing compliance with bidding and procurement laws.

c. The Recipient and its agents shall abide by all applicable conflict of interest laws and requirements that apply to persons who have a business relationship with the County. If Recipient has knowledge, or would have acquired knowledge with reasonable inquiry, that a County officer, employee, or special appointee, has a conflict of interest, Recipient shall ensure compliance with all applicable disclosure requirements prior to the execution of this Agreement. If Recipient or its agents violate any applicable conflict of interest laws or requirements, the County may, in its sole discretion, terminate this Agreement immediately upon notice to Recipient.

d. Recipient certifies by entering into this Agreement that neither it nor its principal(s) is presently in arrears in payment of taxes, permit fees or other statutory, regulatory or judicially required payments and taxes to the County, State of Missouri, or federal government.

e. Recipient warrants that it has no current, pending or outstanding criminal, civil, or enforcement actions initiated by any federal, state, or local government, that would affect the proper and agreed upon use of the Funds.

f. Recipient agrees to obtain and maintain all required permits, licenses, registrations, and approvals, and shall comply with all health, safety, and environmental statutes, rules, or regulations with respect to uses of the Funds.

10. Debarment and Suspension. Recipient certifies by entering into this Agreement that it is not presently debarred, suspended, proposed for debarment, declared ineligible or voluntarily excluded from entering into this Agreement by any federal agency or by any department, agency or political subdivision of the State of Missouri. The term "principal" for purposes of this Agreement means an officer, director, owner, partner, key employee or other person with primary management or supervisory responsibilities, or a person who has a critical influence on or substantive control over the operations of Recipient.

11. Events of Default and Remedies. The occurrence of any one or more of the following events shall constitute an "Event of Default" under this Agreement, provided, that if any such Event of Default is capable of being cured, such Event of Default shall not be deemed to be an Event of Default unless Recipient fails to cure such Event of Default within the time period specified below following receipt of written notice from County notifying Recipient of such Event of Default (each, a "Cure Period"):

a. False Statement. Any statement, representation or warranty by Recipient contained in the Application or Supporting Documents, in any funding request, this Agreement, or any other document submitted to the County related to this Agreement which is determined to be false, contains a material misrepresentation, or is misleading, as determined by the County, its auditors, or the federal government.

b. Failure to Comply with Applicable Laws. Recipient fails to comply with or satisfy any of the requirements described in paragraph 26.

c. Failure to Perform; Breach. Recipient fails to perform or breaches any obligation or requirement of this Agreement, or makes an unauthorized use of the Funds, including, by way of example, but not limited to:

i. Use of Funds that is different than the Purpose and Intended Use of Funds as detailed in Exhibit A;

ii. Use of Funds for a purpose not described in Exhibit A, even for purposes that might otherwise be considered an eligible use of Funds had the use been approved by County;

iii. Use of Funds for purposes that are not necessary expenditures incurred due to the public health emergency with respect to the Coronavirus Disease 2019 (COVID-19);

iv. Use of Funds for expenditures incurred outside the time period of January 1, 2021, through December 31, 2021;

v. Failure to return unused or unspent funds on or before December 31, 2021;

d. Failure to Provide Supporting Documents and Information. Recipient fails to provide Supporting Documentation, including, but not limited to financial reports, books, records, and other documents reasonably required by the County relating to the subject matter of this Agreement, subject to a ten (10) day Cure Period.

e. Voluntary or Involuntary Insolvency. Recipient: (i) files or has filed against it a petition for relief, reorganization or any other petition in bankruptcy or for liquidation or to take advantage of any bankruptcy, insolvency or other debtors' relief law; (ii) makes an assignment for the benefit of its creditors; (iii) consents to the appointment of a custodian, receiver, trustee or other officer with similar powers, or a court or government authority enters an order appointing a custodian, receiver, trustee, or other officer with similar powers, and such order is not vacated within ten (10) days; (iv) has an order entered against it for relief or approving a petition for relief, reorganization or any other petition in bankruptcy or for liquidation or to take advantage of any bankruptcy, insolvency or other debtor's relief law, and such order is not vacated within ten (10) days; or (v) has an order entered dissolving, winding-up or liquidating Recipient.

f. Determination regarding CARES Act. Use of the Funds for purposes that are determined not to be eligible, compliant with, or used in a manner consistent with the requirements of section 601(d) of the Social Security Act, as determined by an independent auditor, the United States Department of Treasury, or other agency charged with evaluating compliance with the requirements of the CARES Act, including internal controls, monitoring and management, and audit requirements.

g. Recoupment Request or Demand to County. A request or demand is made to the County or the United States to repay any of the Funds awarded to Recipient, subject to a determination by the County of the correctness and appropriateness of the request or demand. In such event, County shall provide written notice to the Recipient of the nature and extent of the request or demand, and, subject to the obligations of Recipient pursuant to paragraph 17, County and Recipient may mutually agree to the appropriate course of action under the circumstances.

h. Other Breach. The breach of any other material term or condition of this Agreement.

12. Remedies Upon Event of Default. Upon and during the continuance of an Event of Default, County may take any of the following actions, individually or in combination with any other remedy available hereunder or under applicable laws, rules and regulations. The remedies contained herein are in addition to all other remedies available to County at law or in equity by statute or otherwise and the exercise of any such remedy shall not preclude or in any way be deemed to waive any other remedy.

a. Termination. County may terminate this Agreement and the Notice of Decision by giving a written termination notice to Recipient ("Termination Notice") and, on the date specified in such notice, all rights (but not the obligations) of Recipient under this Agreement shall terminate. Upon termination of this Agreement, County shall have no further obligation

to disburse Funds to Recipient, whether or not the entire amount of Funds have been disbursed to Recipient.

b. Withholding of Funds. County may withhold all or any portion of Funds not yet disbursed pursuant to this Agreement or any other agreement with Recipient, regardless of whether Recipient has previously submitted an Application or whether County has approved a disbursement of Funds requested in any Application or funding request.

c. Repayment of Funds. County may demand the immediate return of any previously disbursed Funds that have been claimed, received, expended, or used by Recipient in breach of the terms of this Agreement or that are the subject of an Event of Default, together with interest thereon from the date of disbursement at the interest rate set forth in subparagraph f, or maximum rate permitted under applicable law ("Repayment Notice"). Recipient agrees to repay all Fund amounts which are the subject of a Repayment Notice within thirty (30) days.

d. Attorneys' Fees. If any legal action or other proceeding is brought for the enforcement of this Agreement by County, or because of an Event of Default, if the County is the substantially prevailing party, the County shall be entitled to recover reasonable attorneys' fees, litigation expenses, and other costs incurred in the action or proceeding, in addition to any other relief to which it may be entitled.

e. Interest. For any amount of Funds which are the subject of an Event of Default, Recipient shall be obligated to pay interest at the rate of 18% per annum, or the maximum rate permitted under applicable law, calculated from the date of disbursement to Recipient to the date the Funds are repaid to the County.

13. Funding Termination. If prior to the disbursement of Funds to Recipient, the Funds shall become unavailable for any or no reason, this Agreement shall terminate.

14. Governing Law. This Agreement shall be governed, construed, and enforced in accordance with the laws of the State of Missouri without regard to its conflict of laws rules. Suit, if any, must be brought in the Circuit Court of Jackson County, Missouri.

15. Nondiscrimination. Pursuant to the Missouri Human Rights Act, the federal Civil Rights Act of 1964, the Age Discrimination in Employment Act, and the Americans with Disabilities Act, Recipient covenants that it shall not discriminate against any employee or applicant for employment with respect to the hire, tenure, terms, conditions or privileges of employment or any matter directly or indirectly related to employment, because of a person's race, color, national origin, religion, sex, age, disability, ancestry, status as a veteran, or any other characteristic protected by federal, state, or local law and with respect to non-discrimination in public accommodations as it relates to accommodations, advantages, facilities, services, or privileges made available in places of public accommodation. Furthermore, Recipient agrees to comply with applicable federal laws, regulations, and executive orders prohibiting discrimination based on protected characteristics in the provision of services.

16. No Assignment. This Agreement and all rights, privileges, duties and obligations of Recipient hereto shall not be assigned or delegated by Recipient. Recipient is expressly prohibited from distributing the Funds to any other entity without the express written approval from County.

17. Indemnification. Recipient agrees, to the extent permitted by law, to defend, indemnify, and hold harmless County, its office holders, employees, and agents, from and against any and all claims, liabilities, losses and expenses (including reasonable attorney's fees) directly, indirectly, wholly or partially arising from or in connection with any act or omission of Recipient, its officers, directors, employees or agents, or any other person affiliated with Recipient in applying for or accepting the Funds, in the use or expenditure of the Funds, or any other matters arising out of or relating to the Application, the Notice of Decision, or this Agreement. This paragraph is not intended to constitute a waiver of sovereign immunity on the part of either party.

18. No Agency. Recipient is solely responsible for all uses, expenditures, and activities supported by the Funds. Nothing contained in this Agreement shall be construed so as to create a partnership, agency, joint venture, employment, or any other type of relationship. Recipient shall not represent itself as an agent of the County for any purpose and acknowledges that it does not have authority to bind the County in any manner whatsoever.

19. Notice to Parties. Whenever any notice, statement or other communication is required under this Agreement, it will be sent by first class U.S. mail service to the address listed for County or Recipient, respectively, set forth in the signature page to this Agreement.

20. Captions. The captions in this Agreement are inserted only for the purpose of convenient reference and shall not be construed to define, limit or prescribe the scope or intent of this Agreement or any part thereof.

21. Entire Agreement. Recipient acknowledges and agrees that this Agreement represents the entire agreement between Recipient and County with respect to the subject matter addressed herein. The terms of this Agreement may be modified only by a writing signed by duly authorized representatives of both parties.

22. Authority. The undersigned persons signing this Agreement on behalf of Recipient and County represent and warrant that the appropriate governing body, board, or person has authorized and approved this Agreement and the undersigned persons have the requisite legal authority and power to execute this Agreement, and to bind the respective party to the obligations contained herein. This Agreement constitutes a valid and binding obligation of Recipient, enforceable against Recipient in accordance with its terms. Further, to the undersigned's knowledge, neither the undersigned nor any other member, employee, representative, agent or officer of Recipient or County, directly or indirectly, has entered into or been offered any sum of money or other consideration for the execution of this Agreement other than that which appears upon the face hereof.

23. Employment of Unauthorized Persons. Pursuant to §285.530, RSMo, Recipient assures that it does not knowingly employ, hire for employment, or continue to employ an unauthorized person to perform work within the State of Missouri.

24. Other Financial Assistance. The Fund payments which are the subject of this Agreement shall be considered "other financial assistance" pursuant to 2 C.F.R. § 200.40.

25. Federal Financial Assistance. The Fund payments which are the subject of this Agreement are considered federal financial assistance subject to the Single Audit Act, 31 U.S.C. §§ 7501-7507, and the related provisions of the Uniform Guidance, 2 C.F.R. §203 regarding internal controls; §§200.330 through 200.332 regarding subrecipient monitoring and management, and subpart

F regarding audit requirements, the requirements of which are incorporated herein by reference as though fully set forth herein.

26. Incorporation of Federal CARES Act Requirements. The following provisions and requirements are incorporated into this Agreement by reference, as though fully set forth herein:

- a. Section 601(a) of the Social Security Act, as added by section 5001 of the Coronavirus Aid, Relief, and Economic Security Act ("CARES Act");
- b. United States Department of Treasury, Coronavirus Relief Fund, Guidance for State, Territorial, Local, and Tribal Governments, April 22, 2020;
- c. United States Department of Treasury, Coronavirus Relief Fund, Frequently Asked Questions, as updated;
- d. Any and all subsequent guidance issued by the State of Missouri or United States, including the Department of Treasury or other federal agencies relating to the CARES Act.

27. COVID - 19 Litigation. In the event that Recipient commences any litigation against the County or any County official or employee relating to the COVID-19 pandemic, CARES Act funding, or any related subject, the County may withhold any future distributions due to Recipient under this Agreement. Further, Recipient will not use any funds paid to it under this Agreement to pay any cost of litigation against the County or any County official or employee, relating to the COVID-19 pandemic, CARES Act funding, or any related subject.

IN WITNESS WHEREOF, the Parties hereto have caused this Agreement to be duly executed as of the undersigned date.

COUNTY

By: [Signature] Date: 6/10/2021

Name: Frank White, Jr.
Title: County Executive

Approved as to Form:

Address: 415 E 12th Street, 2nd Floor
Bryan Covinsky, County Counselor
Kansas City, MO 64106

[Signature]
County Counselor

Attest: [Signature]
Mary Jo Spino, Clerk of the County Legislature

RECIPIENT

I certify under the penalties of perjury set forth in Section 575.040, RSMo., that I have read the above Agreement and my statements contained herein are true and correct to the best of my knowledge.

By: [Signature] Date: June 10, 2021
06/02/2021

Name: Yusheng (Chris) Liu, PhD

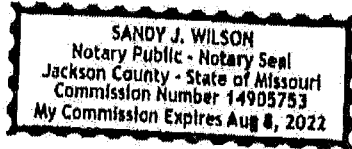
Title: Vice Chancellor for Research

Address: 5100 Rockhill Road
Kansas City, MO 64110-2499
ORS@umkc.edu

Subscribed and sworn to before me this 10 day of June, 2021.

[Signature]
Notary Public

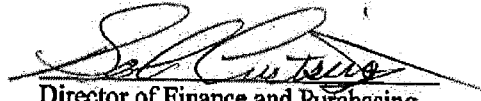
My Commission Expires: 8/8/2022



REVENUE CERTIFICATE

I hereby certify that there is a balance otherwise unencumbered to the credit of the appropriation to which this contract is chargeable, and a cash balance otherwise unencumbered in the treasury from which payment is to be made, each sufficient to meet the obligation of \$4,998,014.00 which is hereby authorized.

6-10-2021
Date


Director of Finance and Purchasing
Account No. 040-1404-56789

CT 140421005

Jameson Memorial Temple

**Our Healthy KC
Eastside
(OHKCE):**

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



Proposal submitted by the
University of Missouri-
Kansas City (UMKC) and
collaborating partners

ACKNOWLEDGEMENTS

This proposal was developed through a community-engaged process that included input from ten meetings with community stakeholders across KCMO's Eastside. These stakeholders were primarily from neighborhood associations, businesses, faith-based organizations, and youth organizations. Input was also gathered throughout the University of Missouri-Kansas City's health professional schools' (Schools of Pharmacy, Medicine, Dentistry, Nursing and Health Sciences) deans and several department chairs who attended 3 meetings. Additional meetings were held with UMKC units that provided input which included the Center for Neighborhoods, Multicultural Student Services Center, Roos Advocating for Change, Communications, Athletics Department, and Health Services Research Administration. Additionally, input was gathered from collaborative research partners representing faculty from several UMKC departments including the Bloch School, Center for Economic Information, Community Counseling and Assessment Services, SourceLink, Psychology, and Biomedical and Health Informatics, and from faculty and community partners who serve on the UMKC Health Equity Institute Steering Committee. We also sought input from Children's Mercy Kansas City research faculty. Lastly, we sought extensive input from Truman Medical Centers, the Black Health Care Coalition and the Kansas City Missouri Health Department to help inform strategic synergies between this project and their current and future work in providing COVID-19 related services and programming.

Primary Contacts: Jannette Berkley-Patton, PhD, School of Medicine berkleypattonj@umkc.edu; Lora Owens, Office of Research Services, owensl@umkc.edu, University of Missouri-Kansas City

Proposal Overview: Our Healthy KC Eastside

Our Healthy KC Eastside (OHKCE) is community-wide project that aims to promote and deliver widespread COVID-19 vaccination and other health services with KCMO's most socially vulnerable community. Building on nearly two decades of large-scale collaborative community studies, we will fully engage community members in a multi-sectoral COVID-19 education, communication, and vaccination project. For the OHKCE project, we will also tap University of Missouri-Kansas City's, Truman Medical Center's, and the Black Health Care Coalition's extensive experience in providing health services in community and medical settings on KC's Eastside.

This project is important for several reasons. KC's Eastside has some of the highest socially vulnerable areas in Jackson County.¹ Eastside residents tend to be highly represented by minority populations, particularly African Americans, of lower-income and with less access to stable housing and transportation.^{1,2} Similar to other socially vulnerable communities across the country,³⁻⁴ the Eastside has experienced some of the highest rates of COVID-19 infections, hospitalizations, and deaths in Jackson County-KC.^{1,6} Also, low vaccination rates persist in KC's Eastside's socially vulnerable areas.¹ Nationwide, factors reported to be associated with vaccine hesitancy, particularly among minorities, include medical mistrust, inconsistent messaging, myths, limited vaccination access, and racism.⁶⁻⁷ Our community partners have also stated that these multi-faceted factors contribute to vaccine hesitancy and poor COVID-19 outcomes among Eastside residents. This proposal aims to address these issues.

COVID-19 has also contributed to a drastic reduction in use of prevention health services.⁸⁻¹¹ In socially vulnerable areas, prevention health services are critically needed considering these areas were already burdened by high rates of chronic health conditions. Our own large-scale studies conducted on the KC Eastside have found high rates obesity, diabetes, cardiovascular disease, and mental health conditions.¹²⁻¹³

OUR APPROACH

The project will take place from June 1, 2021 – November 31, 2021. Our primary project outcomes, driven by Eastside community input, are to:

- Significantly increase vaccination uptake, and
- Significantly increase use of prevention health services

We will use a multifaceted approach to implement this project, which includes:

- Engaging ≥ 120 community leaders and liaisons across the Eastside in 4 community sectors:
 - Businesses, churches, neighborhood associations, and youth organizations
- Equipping community health liaisons with COVID-19 educational messaging communication tools
- Expanding vaccination and health service access with thousands of Eastside community members
- Conducting multiple innovative health science research projects with community partners to improve tailored prevention strategies and data collection procedures with Eastside communities
- Measuring community impact with a proven project implementation model (RE-AIM) widely used to design and examine large-scale NIH and CDC community health projects and studies

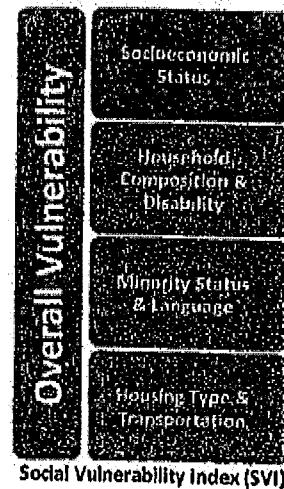
This project could provide the first community-wide model for delivering wide-reaching COVID-19 vaccination and other health services by increasing the capacity of organizations on KC's Eastside with training, tailored education/communications tools, and support from academic and health partners.

SOCIALLY VULNERABILITY AND LOW KC EASTSIDE COVID-19 VACCINATION RATES

Social vulnerability is determined by the degree a community exhibits four primary social determinants: socioeconomic status, household composition/disability, minority status & language, and housing and transportation.¹⁴ These four determinants determine a community's social vulnerability index (SVI). SVI is assessed for census tracts based on ranked percentiles that range from 0 to 1, with higher values indicating greater vulnerability.

Eastside zip codes with some of the highest SVI rankings and inclusive of the most number of high-SVI census tracts are: **64106, 64109, 64127, 64128, 64129, and 64130** (see table below).¹

Not surprising, 4 of KCMO's six lowest life expectancy zip codes are on the Eastside and have some of the lowest life expectancy in KCMO. There is an 18.6-year difference from the lowest life expectancy zip codes to the highest in KCMO.



Priority SVI Zip Codes*	# of SVI Tracts in 75 th Percentile or Higher*	Average SVI for the Zip Code	Percent African American	Partially Vaccinated (At Least One Dose)		
				White	Black or African American	Hispanic or Latino
64106	4	.88	44%	22%	6%	17%
64109	4	.67	48%	23%	18%	15%
64127	6**	.95	51%	11%	15%	9%
64128	6**	.83	81%	9%	14%	19%
64129	3	.72	45%	12%	13%	9%
64130	4	.89	88%	13%	15%	28%

*Include ≤ 3 or more census tracts that are above the 75th percentile per Social Vulnerability Index (SVI)
 **Largest number of census tracts in the 75th percentile per the SVI

These Eastside zip codes are among some of the lowest partially vaccinated zip codes in Jackson County and are largely made up of African Americans.

Our studies with Eastside African American residents have also found high rates of underlying health conditions, such as hypertension, diabetes and obesity,^{12-13,15-16} which further exacerbate COVID-19 burdens. These along with other Eastsiders are persons who most likely need to leave home to work, live in a crowded often multi-generational housing, use public transportation, and enter crowded workplaces where social distancing and personal protective equipment (PPE) have not been widely available. Together, these factors place them at higher risk of COVID-19 exposure to the virus and with great need for COVID-19 vaccination and other health services.

ENGAGING COMMUNITY SECTORS ACROSS THE EASTSIDE

We will build on lessons learned over the past 15 years in conducting large-scale, community-engaged studies in collaboration with KC Eastside community partners. Our history of creating equitable partnerships to address health inequities is based on **Community-based Participatory Research** principles to ensure our projects reflect the values, knowledge-base, strength, and experience of the Eastside. We will share leadership and ownership of the project with our Eastside partners in jointly implementing the project. To prepare this proposal, we had ten meetings with leaders in these sectors – businesses owners, pastors, neighborhood association presidents, and youth organization leaders – who contributed to the project's design and are already recruiting their peer organizations.

Community-based Participatory Research (CBPR)¹⁷

Collaborative approach to research that equitably involves all partners in the research process and recognizes the unique strengths that each brings.

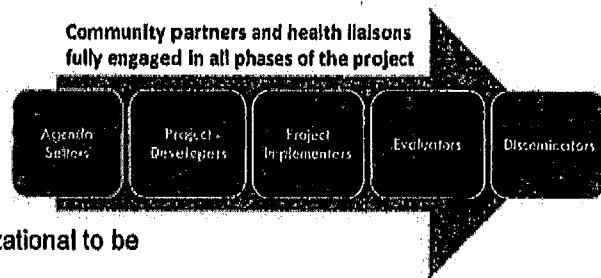
CBPR begins with a research topic of importance to the community with the aim of combining knowledge and action for social change to improve community health and eliminate health disparities.

-W.K. Kellogg Community Scholar's Program, 2001

Role of Community Partners (≥60 partners)

Community partners participating in the project (see letters of support from 30 community partners representing the sectors) will:

- Assist in identifying research questions
- Assist designing project materials/procedures
- Identify 2-3 community influencers in the organizational to be trained as health liaisons
- Promote vaccination and health service events and other health programs in their venues
- Provide implementation evaluation data
- Assist with interpreting project findings, refining processes, and sharing findings



Role of Community Partner Influencers as Health Liaisons (≥120 health liaisons)

Community influencers serving as health liaisons in their organization will:

- Assist with coordinating/promoting vaccination and other health services with their constituents
- Be trained on COVID-19 topics and implement the project, which will include communicating the importance of COVID-19 vaccination and healthy behaviors using a project tool kit tailored for their sector
- Assist with recruitment of participants in a city-wide survey study focused on understanding factors related to receipt of COVID-19 vaccination and use of health services;
- provide information on how they are implementing the project with their organization and constituents

Memorandum of Agreements

Leaders of community partners (pastors, business owners, youth organization directors, neighborhood association presidents) will provide signed Memorandum of Agreements which will detail the role of: their organization, the community influencers who will serve as health liaisons, and UMKC and health partners.

Community Action Boards (CABs)

We will formalize an OHKCE Community Action Board (CAB) made of up sector leaders and will also engage our existing CABs (KC FAITH Initiative, Clergy Response Network, Building Bonds with Youth) to ensure full community engagement occurs across the project and to also plan for project maintenance.

EQUIPPING COMMUNITY INFLUENCERS WITH TRAINING AND COMMUNICATION TOOLS

Our successful approach to rapid design and delivery of large-scale health promotion projects that are tailored specifically for selected settings is enabled by actively engaging community members in the creation process. Among several tasks, the creative process includes identifying existing, naturalistic communication channels and appropriate materials/activities that can be readily delivered by community members. These materials/ activities will be packaged in easy-to-use tool kits to support community influencers, who will serve as health liaisons, in using effective communication to motivate their constituents to make an informed decision to get COVID-19 vaccinated and use health services.

In preparation for this proposal, we met with representatives from each sector to begin gathering information to build tool kits for the four sectors. Their suggestions are shown in the table below. The list of tools will be refined and actual materials/activities will be created with our Community Action Boards.

Community leaders and health liaisons will be trained to talk about COVID-19 vaccination and health services messages with support of the tool kits, with guidance from CDC's Vaccinate with Confidence Initiative.¹⁸ Two trainings will be held: 1 training prior to launch and 1 booster training, and will include:

- a) Training on COVID-19 vaccination (e.g., COVID-19 disparities on the Eastside, how vaccines were made and approved, benefits of vaccination to individuals and the community, potential vaccine side effects) topics and prevention health service (importance of safe and healthy behaviors, resources)
- b) Enhanced communication skills to share information and motivate vaccination and health service use
- c) Delivery of OHKCE Tool Kit materials and activities
- d) Project implementation reporting (monthly) using an easy-to-use online tracking system

Community health liaisons will participate in brief monthly check-ins to ensure they have needed materials and ensure their questions and accomplishments are discussed. Additionally, each sector will have a sector community lead director, supported by the project, working alongside a sector UMKC director (see below).

Our Healthy KC Eastside Tool Kit Materials/Activities Per Sector and Across All Sectors

Sectors	Sector Community Lead	Sector UMKC Lead	Tool Kit Materials/Activities Tailored for Each Sector	Tool Kit Materials/Activities Across All Sectors
Businesses	Daniel Smith, The Porter House KC	Maria Myers, SourceLink	<ul style="list-style-type: none"> • Table, counter, door signs QR code • Sidewalk tents • Coffee mugs, non-disposable straws • Combs/brushes 	<ul style="list-style-type: none"> • Business cards • Fact sheets • Testimonials • Text messages • Pens • Banners and posters • Promotional items (t-shirts, hats) • COVID-19 self-test kits • COVID-19 vaccination and health services events in small venues in each sector
Faith-based Organizations	Rev. Eric Williams, Calvary Community Outreach Network	Jannette Berkley-Patton, Community Health Research Group	<ul style="list-style-type: none"> • Sermon guides • Responsive readings • Church bulletins • Church fans 	
Neighborhood Associations	Gregg Wilson and Cashe Wilson, from Seven Oaks	Dina Newman, Center for Neighborhoods	<ul style="list-style-type: none"> • Door knockers • Home health kits • Yard signs • Buttons 	
Youth Organizations	Teasha Miller, Youth Ambassadors	Amanda Grimes & Joey Lightner, School of Nursing and Health Sciences	<ul style="list-style-type: none"> • Peer-to-peer training in mental health • Outdoor fun and fitness events • Arts events (painting, skits, music) • Contests • Promotional Items tailored for youth 	

EXPANDING HEALTH PREVENTION SERVICES AND PROGRAMS

To increase access to COVID-19 vaccinations and other health services (and programs) to address health inequities in KCMO's Eastside, community-based comprehensive health services will be delivered by several health organizations. These include: UMKC health professional schools (Schools of Medicine, Dentistry, Nursing and Health Sciences, and Pharmacy), UMKC's Community Counseling and Assessment Services, Truman Medical Center (TMC), and the Black Health Care Coalition. UMKC faculty, staff, students, community health agency partners, and community health workers. All will receive training in COVID-19 topics and will deliver services which will include, but are not limited to:

- a) COVID-19 vaccinations and testing. These services will be held at TMC's existing vaccination and testing sites on Hospital Hill and at a new site that TMC will open as a part of this project in Southeast KC. Smaller "pop-up" vaccination and health service events will be held in sector venues.
- b) Health screenings (e.g., COVID-19, blood glucose, hypertension, dental, mental health), other vaccinations (e.g., flu, HPV), and health education (e.g., health literacy, dental care, maternal and child health, disabilities) programs.
- c) Linkage to care services (e.g., health insurance including Medicaid, a medical home, medical appointment) and linkage to community resources (e.g., personal protective equipment, food, utility assistance) provided by community health workers.

Health Services and Programs Delivered in Community and Health Settings

Health Unit Delivery Services	Setting for Health Service Delivery	Health Services to be Delivered
School of Pharmacy (SOP)	Community	<ul style="list-style-type: none"> • COVID-19 vaccinations in community settings • Diabetes screenings and referrals • Education on various recommended vaccines (e.g., HPV, flu)
School of Dentistry (SOD)	Community and On-campus clinic	<ul style="list-style-type: none"> • Verbal dental screenings and referral to free dental exams at the School of Dentistry • Dental education, toothbrushes, toothpaste, and floss kits • Brush, Book, Bed program for parents and children • Lessons in a Lunchbox program for children
School of Nursing & Health Sciences (SONHS)	Community	<ul style="list-style-type: none"> • COVID-19 vaccinations • Diabetes, hypertension and glucose screening and referral
School of Medicine (SOM)	Community and Truman Medical Center	<ul style="list-style-type: none"> • COVID-19 vaccinations and testing in community settings • Hypertension, diabetes, sexually transmitted infections screenings • Dietician booth and referrals for food • Talk with a Doc and Walk with a Doc events
Community Counseling and Assessment Services	Community and On-campus clinic	<ul style="list-style-type: none"> • Mental health screening, feedback, and linkage to care • Counseling and assessment services
Truman Medical Center (TMC)	Community and at Truman Medical Center	<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 medical care and community resources by community health workers • Health literacy booths at vaccination and health service events

CONDUCTING INNOVATIVE RESEARCH

OHKCE is primarily a health service delivery project to expand vaccinations, and prevention services and programs in KC's Eastside. To understand the impact of the project on increasing vaccination rates and use of health services, we will collect project data at multiple levels with:

- Participating organizations in each sector to understand the adoption and reach of the project (N=60 organizations), via an online implementation tracking database
- Community health liaisons in participating organizations to examine their implementation of the project (N=150-180 youth and adults \geq aged 16) via an online implementation tracking database
- Eastside community members (N=2,000 youth and adults \geq aged 16) to understand their COVID-19 vaccination and health service use behaviors and other factors that contribute to these behaviors. They will complete 2 surveys during COVID-19 vaccination, health service, and other project events.

We will also use other methods of data collection to examine geographical impact, communication channels and social networks, and project feasibility (e.g., challenges, facilitators, accomplishments).

We conservatively anticipate that at least 10,000 people (inclusive of about 1,000 youth) will be directly exposed to this community-wide intervention (e.g., vaccinations, health screenings, exposure to information communicated or distributed by community health liaisons, prevention programs). Overall, we aim to vaccinate at least 5,000 people who may be directly or indirectly exposed to the project.

Additionally, 13 independent research studies will be conducted to more rigorously understand delivery and outcomes of prevention programs focused on several areas (e.g., physical activity, mental health, health literacy, vaccine hesitancy, use of linkage to care services, adolescent health). These studies will be led by faculty researchers located at UMKC and Children's Mercy Hospital Kansas City.

Overall, we anticipate over 3,000 Eastside residents will participate in one of these studies at some level. This will be a remarkable contribution in increasing participation in COVID-19 research with populations that have traditionally *not* participated in a research study and will aid in understanding COVID-19 vaccination and health service use along with outcomes of prevention services and programs. Findings from these studies can also be used to guide future county funding and studies to address health inequities on KC's Eastside. The table below provides an overview of these studies. More detailed information on the proposed studies will be provided upon request.

Independent COVID-19 Related Research Studies with Eastside Participants

Study Title and Researcher	Study Focus	Population; N	Primary and Secondary Outcomes	Plans for Sustainability	Primary Sector
Psychological First Aid and Skills for Psychological Recovery Programs Joah Williams, PhD Erin Hembrick, PhD UMKC	Prevention services (mental health trainings)	Community health liaisons trained as lay community mental health workers N=100	-Participation (attendance at trainings) -Satisfaction with the training format, knowledge, perceived preparedness, adoption/performance-based outcomes	Community-capacity building activities to enhance future disaster and trauma response and coordination efforts; Grant funding for community-organizations trained to deliver early interventions	All

Study Title and Researcher	Study Focus	Population; N	Primary and Secondary Outcomes	Plans for Sustainability	Primary Sector
Understanding Long-Haul COVID-19 Impact on Psychological and Other Health Outcomes Jared Bruce, PhD UMKC Biomedical & Health Informatics (BH)	Understanding cognitive, emotional and olfactory effects of long-haul COVID-19; reducing barriers to care.	Persons who report persistent COVID-19 symptoms N=50	-Patterns and risks for persisting cognitive, emotional, and olfactory COVID-19 effects identified -Quantitative and qualitative feedback to identify neurobehavioral treatment needs/barriers obtained.	Identification of persisting COVID-19 symptoms as well as barriers to care will inform the development/quality improvement of specialty clinics that provide assessment and triage within Truman Medical Center	All; Faith Organizations
Language and Nutrition Program for Toddlers; Baby Shower Program Kai Ling Kong, PhD Brenda Salley, PhD Deanna Hanson-Abromelt, PhD Children's Mercy KC	Obesity prevention, language development, and maternal and child health	Caregiver-infant dyads (parent and infant) N=40	-An increase in the total number of words spoken and conversational turns shared between the caregiver and infant -An increase in the infant in home observational score	We will teach and coach community volunteers the principles of Talk and Sing with Me program	All
Stay Active Jordan Carlson, PhD Children's Mercy KC	Garmin-based tools for supporting physical activity during the COVID-19 pandemic	Youth and adult individuals N=300-350	-Overall physical activity -Engagement with program	Program teaches participants skills and uses a transition period to help them carry the skills forward longer term	All
Understanding Use of Linkage to Care Services Helena Laroche, MD Children's Mercy KC	Focus groups and interviews to understand barriers to receiving resources after referral	Adults N=44	-Barrier to receiving resources -Intervention strategies to improve the linkage to care process	This data will be disseminated to community partners and used in future intervention to improve connection to resources	All
Vaccine Info and Access with People with Intellectual/developmental disabilities George Gotto, PhD UMKC Institute of Human Development (IHD)	Vaccination and information dissemination	People with intellectual/developmental disabilities (IDD) N=100-200	-Vaccination of people with intellectual/developmental disabilities; -Development of cognitively accessible information about COVID-19 vaccination	Continued education through neighborhood associations that serve people with IDD	Neighborhood Associations; Persons with IDD.
Understanding Social Media and COVID-19 Communications Erin Willis, Yuyung Lee, Ye Wang UMKC Computing and Engineering (C&E)	Health communication	Community health liaisons trained in each sector N=100	-Visualization data on public opinion and personal experience w/ COVID19 vaccination; -Social media metrics to measure COVID19 vaccination campaigns and health services; -Health information app tailored to local health needs, especially during a public health crisis	The visualization model and the app can be reused. The insights can inform future similar events.	Neighborhood Associations; but will include all sectors

Study Title and Researcher	Study Focus	Population; N	Primary and Secondary Outcomes	Plans for Sustainability	Primary Sector
Youth and Physical Activity Amanda Grimes, PhD Joey Lightner, PhD UMKC School of Nursing & Health Sciences (SONHS)	Physical Activity & Nutrition Intervention; Youth tailored vaccine education	Urban middle school youth and families (Hogan Prep, Center School District, KC Public Schools) N=1,000	-Physical activity increased and mental health improved; -Youth vaccinated; -Family vaccinated	Carry-over funds to support the intervention for 2021-2022 academic year. Parks and Rec may be able support programming	Youth Organizations
Sexual and Mental Health Telemedicine and Mobile Health Access Melissa Miller, MD Emily Hurley, PhD Children's Mercy KC	Community-based intervention using social networks to build trust in the medical system and increase access to sexual and reproductive care and mental health care	Adolescents from Eastside communities, KCMO N=100	Feasibility constructs: acceptability, demand, implementation, practicality, integration, expansion, and limited-efficacy. Care sought for sexual health and mental health needs Any telemedicine use and/or registration	The mobile unit is paid for and maintained by the Telemedicine team at Children's Mercy. CM community benefit programming is actively engaged in developing novel strategies to meet care needs, especially for families in zip codes 64123-4, 64126-33	Youth Organizations
SPARCS Skills Training and Mental Health Wood-Jaeger, PhD Emory University	Mental health promotion skills training with youth and adults	Teenage youth and adults from Operation Breakthrough and Boys and Girls Club N=160	-Improve mental health status -Reduced loneliness -Improved family relationships	Operation Breakthrough has piloted this project and plans to continue it after testing it in the proposed project	Youth Organizations
Baby Shower Program Kai Long Melissa Robinson, Black Health Care Coalition (BHCC)	Maternal and child health education program; health advocacy and services for new moms	New mom and babies N=500	-Improved knowledge on infant/toddler childcare -Health literacy	This has been an ongoing BHCC program and will continue to be expanded	All
COVID-19 Education for Health Providers Angie Myers, M.D. Andrea Bradley-Ewing, MPH, MA Children's Mercy KC	COVID-19 Vaccine education modules	Clinicians who care for children of color East of Troost (Pediatricians & Family Medicine) N=30	-Clinician knowledge about COVID-19 vaccines -Self-efficacy to answer questions from families and to address vaccine hesitancy	These modules will be available free of charge during and after the study and will be updated as new information emerges	All; Primarily hospital and Clinic healthcare providers
Community Mapping COVID-19 Impact using GIS Doug Bowles, Brent Never Taki Manolakos, Center for Economic Information (CEI)	Spatial Analysis	KCMo Eastside population N = ~50,000	Formative Outcomes Evaluation	IT platforms for data access, curation, storage, cataloging, mapping, and analysis all developed for KC Health CORE with leveraged funding from multiple past and ongoing projects.	All, inclusive of public health

MEASURING IMPACT

The RE-AIM model will 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 behavior change.¹⁹ RE-AIM has been used extensively by NIH and CDC researchers to examine individual, organization, and community level impact on receipt 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 project • Number of persons recruited to complete project surveys • Number of intervention components persons were exposed to within project • 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 • Impact of intervention exposure on receipt of vaccination and health services • Comparisons of vaccinations and health services 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
Adoption	<ul style="list-style-type: none"> • Proportion of organizations approached that sign an agreement to implement the project • 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 • 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
Maintenance	<ul style="list-style-type: none"> • University of Missouri-Kansas City and Truman Medical Center plans for sustainability • Participating organizations plan for sustainability established • Ongoing Community Action Board meetings planned into the following years • CDC and NIH grant 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:

- 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;
- Implementation data on vaccinations, health screenings, and other services/programs delivered and received as collected from health service organizations using an online system;
- Survey data on vaccine and health service beliefs/behaviors collected with 2,000 consented participants aged ≥ 16 and older at 2 timepoints, with UMKC Institutional Review Board approval;
- Geographical information systems to capture density of receipt of vaccinations and health services across the Eastside and other Jackson County areas;
- 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.

The OHKCE Logic Model to Guide the Work and Evaluation

INPUTS	ACTIVITIES	OUTPUTS	INITIAL OUTCOMES	INTERMEDIATE OUTCOMES	LONG-TERM OUTCOMES
<p><u>UMKC CHRGR and HEI</u></p> <ul style="list-style-type: none"> • Extensive experience in conducting large-scale health screening and service delivery project studies in collaboration with Eastside community partners <p><u>UMKC Health Professional Schools and TMC</u></p> <ul style="list-style-type: none"> • Extensive experience in delivering community-based vaccinations and health services <p><u>Black Health Care Coalition</u></p> <ul style="list-style-type: none"> • Extensive experience in providing health literacy and linkage to care services with community health workers from the community <p><u>Community Partners</u></p> <ul style="list-style-type: none"> • Expert community influencers with expert knowledge in community culture, values, and experiences in business, faith, neighborhood, and youth sectors who serve as health liaisons <p><u>UMKC and CMKC Researchers</u></p> <ul style="list-style-type: none"> • Extensive experience in conducting health science research 	<p><u>UMKC and HEI</u></p> <ul style="list-style-type: none"> • Coordinate project across all partners • Lead the overall project evaluation <p><u>UMKC and TMC</u></p> <ul style="list-style-type: none"> • Prepare for vaccinations and health services in 2 stationary sites (existing TMC Hospital Hill site and new Southeast KC site) with established hours of operation • Plan "pop-up" vaccination and health service events in smaller sector venues <p><u>Black Health Care Coalition</u></p> <ul style="list-style-type: none"> • Community health workers (CHWs) train on project/study and data collection systems <p><u>Community Partners</u></p> <ul style="list-style-type: none"> • Train to communicate COVID-19 information and motivate vaccination and health service use with OHKCE Tool Kits <p><u>UMKC and CMKC Researchers</u></p> <ul style="list-style-type: none"> • Finalize IRB applications to be able to conduct studies <p><u>Community Action Boards</u></p> <ul style="list-style-type: none"> • Assist in refining project materials/activities and procedures 	<ul style="list-style-type: none"> • Study evaluation is taking place across sectors and with health partners • Vaccinations and health services delivered in stationary sites and across sectors • 2,000 participants are recruited to participate in citywide project surveys to understand factors that contribute to receipt of vaccinations and health services • Community health liaisons deliver COVID-19 information using toolkits • CHWs linking community members to health services and community resources • Community Action Boards review project progress and provide ongoing input • UMKC and CMKC researchers are collecting data with Eastside participants on COVID-19 related studies 	<ul style="list-style-type: none"> • UMKC and TMC implement COVID-19 vaccination/ health service delivery • Community health liaisons are expanding their sphere of communication and influence • Eastside community members are exposed to project materials/activities • Eastside community members are getting their first vaccination dose and using community-based health services • Community members are participating in health science prevention programs and research studies • CHRGR, UMKC, and CMKC are feeding what they are learning with the community and with Jackson County officials 	<ul style="list-style-type: none"> • 5,000-7,000 persons fully vaccinated and using at least one health service • Engagement in follow-up with health services in medical settings has increased • Community members are highly satisfied with project • Community health liaisons and CHWs have reported implementation data • Community CAB members and partners provide ongoing feedback • Community partners plan for sustainability based in collaboration with UMKC and health agency partners • Factors understood that contribute to vaccinations/health service use • Studies with positive outcomes are planned for expansion and all findings are reported 	<ul style="list-style-type: none"> • Eastside on par with other KC communities with higher vaccination rates • Ongoing health services are available in KC's Eastside • The project design is refined for long-term maintenance • The project is established as a practice-based intervention with the opportunity to address other Eastside zip codes and inequities • Public health indicators are improved per data findings, including mapping data, in Eastside zip codes • A committed partnership with community leaders, health agencies, and health researchers maintaining the project and preparing other large-scale proposals to address other health inequities will grow.

Our UMKC Community Health Research Team and the Health Equity Institute

The UMKC Community Health Research Group (CHRG) is located in the UMKC School of Medicine Biomedical and Health Informatics Department conducts health disparity research with underserved populations through collaborative partnerships. The UMKC Health Equity Institute (HEI) was founded as a Chancellor's Office special initiative in 2019. The HEI aims to expand collaboration, communication, and innovation with community partners and across campus to address inequities in KC's urban Eastside area.

Jannette Berkley-Patton, PhD is the project's principal investigator and the Director of the CHRG and HEI. She has an endowed professorship in the UMKC School of Medicine, Department of Biomedical Health Informatics. Her research team has led many large-scale health behavior change interventions in KC Eastside. Also of note, she was born and raised on KC's Eastside and graduated from Paseo High School. Other key personnel of the CHRG and HEI team includes **Carole Bowe Thompson**, CHRG and HEI Project Director. Together, she and Dr. Berkley-Patton have grown the work of the CHRG over the past 15 years. The team includes **Jenifer Allsworth, PhD**, a leading epidemiologist with extensive experience in examining large datasets. The team also includes **Steve Simon** as a biostatistician and expert on conducting statistical analysis using multiple software programs. The team includes research associates, doctoral students, and undergraduate students from multiple disciplines across campus who receive training in the CHRG. Additionally, CHRG and HEI studies have included thousands of participants, primarily underserved minorities from KC's Eastside, particularly African Americans – a population that has traditionally been difficult to engage in research.

With faith-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 (see a sample of our published works in References^{12-13,16-18,20-28}). These projects have focused on:

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

We have also conducted city-wide studies on resilience with youth exposed to community violence and a city-wide study on health impacts (physical activity, access to health services and livable wage jobs) of KCMO's one-of-a-kind free transit system with Eastside residents recruited from bus stops. We are currently conducting a religiously-tailored COVID-19 testing intervention study with 16 African American faith organizations on the Eastside (N=1,000 participants). We have collaborated with over 50 KCMO and KCKS churches, 10 churches in Alabama, and 6 churches in Jamaica, West Indies on our studies. Later this year, we will launch a culturally-tailored diabetes prevention program with prediabetic African American TMC patients (N=360) who mostly reside in KC's Eastside. Participants in these projects will all be encouraged to get their COVID-19 vaccination and use of health services.

Our research team has conducted this work with extensive funding from the National Institutes of Health, Robert Wood Johnson Foundation, and Health Forward Foundation. We will continue to seek funding from these and other sources to maintain the project and build a lasting infrastructure to expand the work.

Dissemination of Project Findings. Lastly, our team along with our community, health, and academic partners will disseminate project findings through a KC citywide forum; within each Eastside community sector; at local, regional, and national conferences; and through peer-reviewed publications.

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Budget Overview: Our Healthy KC Eastside

Each of the UMKC cost centers below are described in OHKCE proposal narrative tables which detail the health services, programming, and/or research studies that will be delivered.

Dr. Berkeley-Patton - Jackson County Budget

OHKCE

Units	Salary	Fringe	Total S/F	Consultants	Equipment	Supplies	Travel	Other	Pl. Care	Subcontract	Total
J. Bruce DBH	32,400.00	11,654.00	44,054.00	1,000.00	1,000.00	2,500.00		4,000.00		\$	52,554
Y. Lee CBE	91,596.00	10,894.00	102,490.00	10,000.00		10,000.00		6,000.00		\$	88,490
TMC #1-Steede	229,742.00	55,138.00	284,880.00			7,500.00		27,500.00		\$	319,630
TMC #2-SE Site-Steede	549,733.00	131,936.00	681,669.00		43,700.00	67,350.00		77,800.00		\$	865,456
SOD-Simmer-Beck	67,319.00	21,441.00	88,760.00			48,000.00		60,000.00		\$	196,760
SONHS #1-Lightner	29,502.00	3,421.00	32,923.00	9,500.00		6,500.00		8,000.00		\$	56,923
SONHS #2-Grines	32,597.00	11,735.00	44,332.00				5,000.00	257,877.00		\$	307,204
SONHS #3-Roberts	64,756.00	558.00	65,308.00		23,286.00	242.00	700.00			\$	65,528
SOP-Lindsay	128,860.00	31,414.00	160,274.00	10,000.00	6,600.00	35,710.00	2,683.00	26,000.00		\$	242,267
AGS #1	30,576.00	8,199.00	38,775.00			2,900.00		3,700.00		\$	45,275
AGS #2	17,512.00	2,633.00	20,145.00					45,000.00		\$	65,145
Econ. CBL-Bowles	65,742.00	8,524.00	74,266.00	14,600.00		1,000.00				\$	89,866
Gento IMD	20,216.00	7,278.00	27,494.00			300.00		40,420.00		\$	68,214
SOM-Elizon	92,788.00	30,632.00	123,420.00	5,000.00		54,855.00		12,000.00		\$	185,305
M. Meyers	39,797.00	14,327.00	54,124.00				5,000.00	257,773.00		\$	316,897
Dina Newman	26,778.00	9,640.00	36,418.00				5,000.00	257,695.00		\$	298,513
Berkeley-Patton (CHRG)	112,926.00	36,334.00	149,260	20,000.00		66,000.00	7,000.00	828,566.00		629,108.00	1,699,554
	\$ 1,592,834	\$ 395,768	\$ 1,988,602	\$ 70,100	\$ 74,580	\$ 303,185	\$ 25,383.00	\$ 1,802,056	\$ 105,000	\$ 629,108.00	\$ 4,998,014.00