

Request for Legislative Action

Ord. #5718
Sponsor: Megan L. Marshall
Date: February 28, 2023

Completed by County Counselor's Office

Action Requested:	Ordinance	Res.Ord No.:	5718
Sponsor(s):	Megan L. Marshall	Legislature Meeting Date:	2/28/2023

Introduction

Action Items: ['Authorize', 'Appropriate']

Project/Title:

Appropriating \$5 million from the Undesignated Fund Balance of the American Rescue Plan (ARPA) Fund No. 050; and authorizing the County Executive to execute an agreement with the University of Missouri-Kansas City (UMKC) for the purpose of continuing the Our Health Eastside - KC program for COVID-19 vaccination and minority health outreach for calendar year 2023.

Request Summary

This ordinance requests the appropriation of \$5 million in available ARPA - Public Health funds for the purpose of continuing the Our Healthy Eastside - KC program with the University of Missouri - Kansas City. This program which began in 2021 seeks to continue the effort to reach individuals and families in disadvantaged areas of Kansas City to inform and educate them of the need to get themselves vaccinated for COVID-19. The 2023 program outreach will continue the COVID-19 outreach efforts as well as adding information and education about other health factors which disproportionately impact minority communities. Resolution #21090 dated November 7, 2022 authorized the expenditure of these funds from the 2023 budget once approved.

Contact Information

Department:	County Executive Office	Submitted Date:	2/14/2023
Name:	Troy Schulte	Email:	TSchulte@jacksongov.org
Title:	County Administrator	Phone:	816-881-1079

Budget Information

Amount authorized by this legislation this fiscal year:	\$5,000,000		
Amount previously authorized this fiscal year:	\$ 0		
Total amount authorized after this legislative action:	\$5,000,000		
Is it transferring fund?	Yes		
Transferring Fund From:			
Fund:	Department:	Line Item Account:	Amount:
050 (American Rescue Plan Fund)	9999 (*)	32810 (Undesignated Fund Balance)	\$5,000,000

Request for Legislative Action

Transferring Fund To:			
Fund:	Department:	Line Item Account:	Amount:
050 (American Rescue Plan Fund)	7802 (ARPA Public Health)	56070 (Intergovernmental Agreements)	\$5,000,000

Prior Legislation	
Prior Ordinances	
Ordinance:	Ordinance date:
5506	May 10, 2021
5583	December 13, 2021
Prior Resolution	
Resolution:	Resolution date:
21090	November 7, 2022

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	
In Compliance	
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
<ul style="list-style-type: none"> Funds sufficient for this appropriation and/or transfer are available from the source indicated on the budget information tab.

Request for Legislative Action

History

Submitted by County Executive Office requestor: Troy Schulte on 2/14/2023. Comments:

Approved by Department Approver Sylvya Stevenson on 2/14/2023 11:31:58 AM. Comments:

Not applicable by Purchasing Office Approver Barbara J. Casamento on 2/14/2023 11:36:44 AM.
Comments:

Approved by Compliance Office Approver Katie M. Bartle on 2/14/2023 11:45:06 AM. Comments:

Approved by Budget Office Approver Sarah L. Matthes on 2/15/2023 11:19:21 AM. Comments: Fiscal
Note Attached

Approved by Executive Office Approver Sylvya Stevenson on 2/16/2023 1:17:03 PM. Comments:

Approved by Counselor's Office Approver Jamesia Manning on 2/23/2023 11:15:59 AM. Comments:

Fiscal Note:

Funds sufficient for this transfer are available from the sources indicated below.

PC# _____

Date: February 15, 2023

RES # 5718
eRLA ID #: 798

<u>Org Code/Description</u>	<u>Object Code/Description</u>	<u>From</u>	<u>To</u>
<u>050 American Rescue Plan Fund</u>			
9999 -	32810 Undesignated Fund Balance	\$ 5,000,000	\$ -
7802 ARPA Public Health	56070 Intergovernmental Agreements	-	5,000,000
_____	_____	_____	_____
_____	_____	_____	_____
		<u>\$ 5,000,000</u>	<u>\$ 5,000,000</u>

Fiscal Note:

This expenditure was included in the Annual Budget

PC# _____

<u>Org Code/Description</u>	<u>Object Code/Description</u>	<u>Not to Exceed</u>
<u>050 American Rescue Plan Fund</u>		
7802 ARPA Public Health	56070 Intergovernmental Agreements	\$ 5,000,000
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
		<u>\$ 5,000,000</u>

APPROVED
By Sarah Matthes at 11:13 am, Feb 15, 2023

Budget Office



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STATUS REPORT

Our Healthy KC Eastside (OHKCE):

A Jackson County COVID-19 Vaccination and Health Services Initiative to Address Health Inequities

March 2022



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ACKNOWLEDGEMENTS

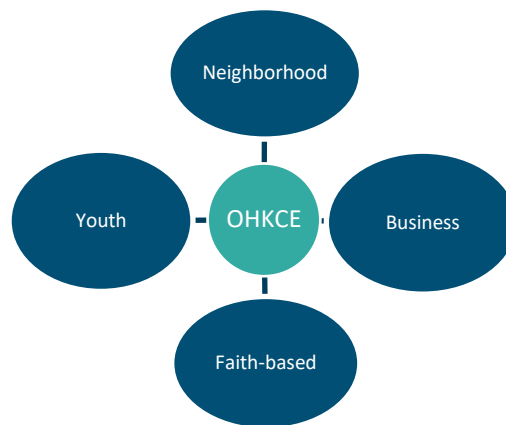
This status report reflects information gathered from several data sources. However, most important to this report is the input from our community partners through bi-weekly initiative meetings, one-one-meetings, and the community forum. The report also highlights the many comments and stories provided by OHKCE community health liaisons and other Jackson County community members accessing vaccination and other health services along with research components of the initiative. Together, their countless hours devoted to this initiative have been the driving force to increase the impact on the health of Jackson County residents. We are very grateful for the insights, straight forward feedback on the initiative from these credible sources who are unsung leaders and the everyday people living out their lives on the Eastside and the hard work and time that has been contributed to the initiative. We sincerely thank you for your tireless efforts and your contributions including providing ongoing data on your implementation activities. We also would like to thank all of the other health professional partners – University Health, Black Health Care Coalition, and the University of Missouri-Kansas City health professional schools (Dental, Medicine, Nursing and Health Science, Pharmacy) who have contributed hundreds of hours in preparation, implementation, and reporting information on their efforts to provide health services in community settings on the Eastside in collaboration with OHKCE community partners. We'd also like to thank the Eastside businesses that provided graphic design, promotional items, marketing, and new dissemination services: Messenger Ink, Phillips West Marketing, Health Matters magazine, and the Globe and the Call newspapers. And we'd like to thank RivercityTs. Lastly, we'd like to thank the UMKC and Children's Mercy KC research teams who joined together with community partners to launch studies to provide additional information on the impacts of COVID-19 on Jackson County Eastside residents.

Primary Contacts: Jannette Berkley-Patton, PhD, School of Medicine berkleypattonj@umkc.edu; Amir Ayoub, Office of Research Services, ayouba@umkc.edu; and Lee Braden, cbraden@umkc.edu, University of Missouri-Kansas City

Executive Summary: Our Healthy KC Eastside (OHKCE)

Our Healthy KC Eastside (OHKCE) is community-wide initiative that aims to:

- promote and deliver widespread COVID-19 vaccination and other health services through four community sectors (neighborhood, youth, faith-based, business sectors);
- collect community-wide data on health beliefs and behaviors regarding COVID-19 and other health disparities; and
- conduct COVID-19 related research studies to increase understanding of other health conditions impacted by COVID-19.



OHKCE: A Multi-sectoral Community Approach

This initiative is being conducted in some of Jackson County’s most socially vulnerable zip codes in the Kansas City, MO urban area including 64106, 64109, 64127, 64128, 64129, and 64130.

Key Dates and Milestones

Several key dates are noted here to highlight the start and progress of the OHKCE initiative. The proposal for the initiative was submitted on April 14, 2021 and was approved with full consensus by the Jackson County legislature on May 10, 2021. The fully executed contract was received by UMKC from Jackson County on June 14, 2021 with a budget of \$5 million CARES Act funding to support development, implementation, and evaluation of the OHKCE initiative through December 31, 2021. In January 2022, the CARES Act funding was transferred to the American Rescue Plan Act, with funding through December 2024.

Proposal submitted	April 2021
Proposal approved	May 2021
Fully executed contract completed (CARES Act)	June 2021
Community sector leads trained	July 2021
First community health liaisons trained	July 2021
First OHKCE vaccination/health service event	July 2021
Last OHKCE vaccination event under CARES Act	Dec 2021
Fully executed contract moved to ARPA Act funds	Jan 2022
Most recent OHKCE vaccination event	Mar 2022

OHKCE Milestone Events

KEY PARTNERS

The OHKCE initiative has been implemented through key collaborative partnerships with:

- University of Missouri-Kansas City health professional schools (Pharmacy, Nursing, Medicine, and Dental)
- University Health (formerly Truman Medical Center)
- Black Health Care Coalition
- Children’s Mercy Hospital
- Community partners representing the four community sectors

Additionally, hundreds of faculty, student, and community volunteers contributed their time to ensure the success of the OHKCE initiative.

EXECUTIVE SUMMARY

PRIMARY OHKCE GOALS AND ACCOMPLISHMENTS

The primary goals and achievements of the OHKCE initiative were to:

- Increase access to COVID-19 vaccinations and provide other health services
 - Goal: Vaccinate 5,000 persons
- Administer a community-wide survey on health beliefs and behaviors with residents
 - Goal: Recruit 2,000 participants
- Recruit community-based organizations representing four community sectors
 - Goal: Onboard 60 community-based organizations
- Recruit community health liaisons from the CBOs and train them to use COVID-19 educational messaging communication tools
 - Goal: Train and equip 120 community health liaisons

These goals and others have been met or exceeded, and are shown in the **OHKCE Accomplishments by the Numbers** figure below.

OHKCE ACCOMPLISHMENTS BY THE NUMBERS	
Number of Participating Organizations Onboarded:	60
Number of Community Health Liaisons Trained	160
Number of Events Completed:	124
Number of Vaccinations Given (Total):	12,722
Number of Health Services Delivered:	1,1227
Number of Dental Referrals/appointments completed:	358/236
Number of STD Tests Completed:	337
Number of Community-wide Surveys Completed:	3,254
Number of Participants Enrolled in COVID-19 studies	16,690

EASTSIDE COMMUNITY SECTOR LEADS

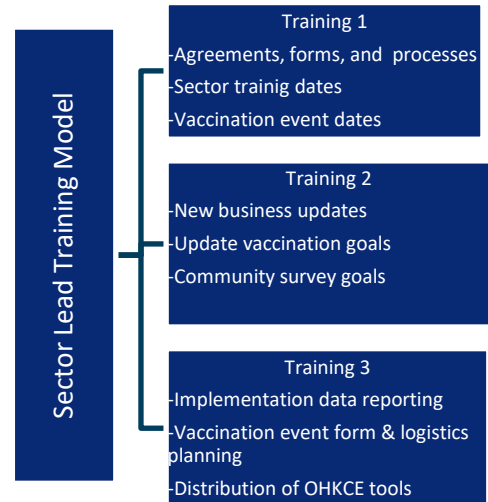
Goals	Accomplishments
Identify at least 2 sector leaders for each sector (neighborhoods, faith, businesses, and youth)	<ul style="list-style-type: none"> Twelve sector leads were identified and participated in (3) 2-hour trainings.

Using a community-engaged approach based on **Community-based Participatory Research** principles, the OHKCE infrastructure was designed to ensure the initiative reflected the values, knowledge-base, strength, and experience of the Eastside. To this end, community leaders from community-based organizations (CBOs) representing each of our key sectors – businesses owners, pastors, neighborhood association presidents, and youth organization leaders – were identified. These community sector leads were paired with UMKC academic sectors leads who had extensive community-engaged experience within their respective sector. All sector leads were fully involved in the planning, implementation, and evaluation of the project.

Role of Community Sector Leads

Community/Academic sector leads:

- Assisted identifying initiative focus
- Assisted designing project materials/procedures
- Recruited 13 or more community-based organizations within their sector to participate in OHKCE
- Received training to manage contracts and onboard CBO's with Memorandum of Agreements with other university processes
- Trained and onboarded their sector's CBOs, handled emerging issues, and assisted with scheduling/coordination of OHKCE events, and
- Participated in twice monthly OHKCE full core meetings.



Training Model for Community Sector Leads

“It’s not unusual to see the church communities and neighborhoods involved in community health projects like this, but as business leaders we felt it was important to do what we could to support vaccination efforts in the neighborhood.”

-Daniel Smith, Business Sector Lead



Daniel Smith, Business Sector Lead
Founder, Porter House KC

COMMUNITY AND ACADEMIC SECTOR LEADS



Denise Dean, UMKC School of Nursing and Health Studies



Amanda Grimes, UMKC School of Nursing and Health Studies



Monique Johnston, Youth Ambassadors of KC

Youth Sector



Maria Myers, Source Link
UMKC Innovation Center



Daniel Smith, The Porter House KC

Business Sector



Dina Newman, Center for Neighborhoods



LaMonica Upton, Center for Neighborhoods



Minister Gregg Wilson, Community Engagement Outreach Liaison



Cash Wilson, Community Engagement Outreach Liaison

Neighborhood Sector



Carole Bowe Thompson, UMKC Community Health Research Group



Rev. Eric Williams, Calvary Community Outreach Network



Leah Banks, Calvary Community Outreach Network

Faith Sector

OHKCE COMMUNITY-BASED ORGANIZATION (CBO) PARTNERS

Goal	Accomplishment
Recruit 60 community-based organization partners	-Community sector leads recruited 60 organizations across neighborhood, faith-based, youth, and business sectors.

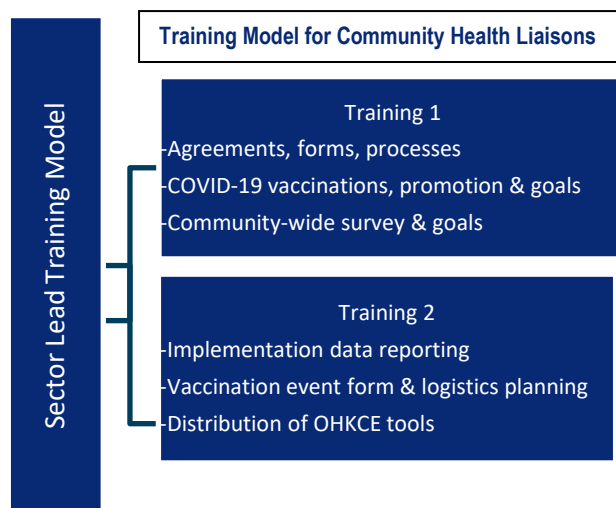
OHKCE Participating Community-based Organizations

<p><u>Neighborhood Associations (N=14)</u></p> <ul style="list-style-type: none"> Blue Hills Neighborhood Association Boston Heights & Mt. Hope Coachlight Square Homes Association East 23rd Street PAC Neighborhood Association Eastwood Hills Community Association Inc. Heart of the City Neighborhood Association Ivanhoe Neighborhood Council Key Coalition Inc. Mattie Rhodes Center Paseo West Neighborhood Association Santa Fe Area Council Vineyard Neighborhood Association Washington Wheatley Neighborhood Wendell Phillips Neighborhood Association <p><u>Businesses (N=14)</u></p> <ul style="list-style-type: none"> 180V Barber Shop aSTEAM Village Aya Coffee and Books Chamber of Commerce CHES Inc. KBCC Inc dba Heartland Black KC Daiquiri Shop One Pair LLC Porter House KC Reconciliation Services Ruby Jean's Juicery The Amethyst Place The Prospect KC Troostapalooza 	<p><u>Faith Organizations (N=19)</u></p> <ul style="list-style-type: none"> Apostolic Church of God Bethel Family Worship Center Boone Tabernacle COGIC Calvary Community Outreach Network Centennial United Methodist Church Heart of God Heaven Sent Outreach Ministries Jameson Memorial Jewish Vocational Center Kingdom Word Memorial Church International Morning Star Baptist Church Mt. Sinai Missionary Baptist Church Pleasant Green Missionary Baptist Church Rhema Church Second Baptist Church Sunlight Missionary Baptist Church Victorious Life Church Victory Temple Church <p><u>Youth Organizations (N=13)</u></p> <ul style="list-style-type: none"> ArtsTech Boys & Girls Club J&D Wagner Boys & Girls Club Thornberry Unit DeLaSalle Center Guadalupe Centers High School Harris Park Hogan High School HYPE: Helping Youth Plan For Excellence Morning Star Baptist Church Operation Breakthrough W.E.B. DuBois Learning Center YMCA Linwood Youth Ambassadors KC
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OHKCE COMMUNITY HEALTH LIAISONS (CHLs)

Goal	Accomplishment
Recruit 120 community health liaisons	-Community sector leads recruited 160 CHLs who were trained on COVID-19 topics and to implement the initiative with supportive materials/activities

The key components of the initiative was the mobilization of community influencers who received 3 trainings to prepare to serve as **community health liaisons (CHLs)** identified by community sector leads. The trained community sector leads facilitated two trainings with community health liaisons in their sector. These trainings included: a) a review of administrative activities (e.g., completion of agreements and forms, detail of the research process for accomplishing the intervention); b) systems/processes for CHLs to track their implementation of the project on an online database, and c) submission of CHL vaccination and health services forms and logistics planning in an online database, and d) review and distribution of the OHKCE initiative tools (e.g., brochures, talking points).



Role of Community Health Liaisons:

CHLs served the most important role in the initiative in being the frontline contact for the initiative. CHLs:

- Completed 2 trainings on COVID-19 topics and initiative implementation
- Promoted vaccination and prevention health services with their constituents using the OHKCE tool kit
- Coordinated 2 OHKCE vaccination and health services events and providing detailed logistic info
- Assisted with participant recruitment for the city-wide COVID-related beliefs and behaviors survey;
- Tracked their OHKCE implementation activities in online database.

Sectors	CHL Modes of Delivery of OHKCE Communication Activities	Supportive Communication Materials Used
Businesses	<ul style="list-style-type: none"> Table, counter, and door signs Home health kits Face masks and beanies Contest with prizes 	<ul style="list-style-type: none"> Speaking points COVID by the Numbers fact sheet Let's Get Real About COVID fact sheet COVID-19 Myths & Facts fact sheet Sign-up sheet Banners and posters Hand sanitizer Promotional items (masks, t-shirts, hats, jackets, wristbands, water bottles)
Faith-based Organizations	<ul style="list-style-type: none"> Sermon notes Peer-to-peer Church announcements Prayer meetings 	
Neighborhood Associations	<ul style="list-style-type: none"> Home health kits Flyers Social media Neighborhood association mtgs 	
Youth Organizations	<ul style="list-style-type: none"> Outdoor fun events Contests Promotional items tailored for youth (beanies, caps, fanny packs) inclusive of donated items (e.g., shoes) 	



Chris Harris, Youth Sector CHL and Director of Harris Parks

VACCINATIONS DELIVERED

Goal	Accomplishment
Vaccinate 5,000 persons	-Vaccinations were given to 12,722 persons at University Health, Cleaver Family YMCA, and at multisectoral, participating community-based organizations' locations (July-December, 2021).

The OHKCE initiative had a goal to vaccinate 5,000 persons. Vaccination services were provided by University Health (UH) Hospital Hill (formerly Truman Medical Center) and the Cleaver Family YMCA, located in Southeast KC. The UMKC School of Pharmacy also provided vaccination “pop-up” events with the UH mobile vaccination team in community locations in collaboration with OHKCE community partners across the four sectors.

In these OHKCE settings (UH Hospital Hill, Cleaver YMCA, and multi-sectoral community partner locations), 12,722 vaccinations were delivered between July and December 2021. Among the Pfizer, Johnson & Johnson, Moderna vaccinations provided, most were delivered at the UH Hospital Hill location, followed by community partner settings, and lastly at the Cleaver YMCA.

Community partners urged the initiative to provide \$50 cash as an incentive for community members to receive their vaccinations. Consensus was made to offer community members \$50 as incentive to receive their first shot at each participating organization’s first of two OHKCE events.

The initiative team received many comments of thank you for offering vaccinations in community settings. Additionally, the UMKC Communications team conducted interviews and wrote stories about community members personal viewpoints about getting vaccinated at an OHKCE event.

12,722

Vaccinations Given



“A friend told me they were having this event. I’d been on the fence for 6 months, but I have a new grandbaby. I care about myself, but this wasn’t all about me. It’s about keeping my [grandbaby] safe.”

-- Daria Lugo, grandmother who made the decision to get tested

“I’ve been meaning to get vaccinated, and this was the perfect opportunity. I live with my parents, and I didn’t want them to get COVID... And there’s another event like this Sept. 11, where we can get our second shots.”

-- Nicolas Alvarez, who was joined by his girlfriend and younger brother in getting vaccinated

“They explained everything, which helped because I was a little nervous. Everybody else at home is vaccinated now, and I didn’t want to possibly hurt them.”

-- Marcus Martin, a teenager who had concerns about getting vaccinated



Daria Lugo

Overall Vaccination Rates in OHKCE's Priority Zip Codes

The KCMO Health Department continues to conduct COVID-19 vaccination surveillance for the KC urban area. COVID-19 vaccination data in OHKCE priority zip codes was recently presented at the OHKCE Feb/March Community Forum.

As shown in the **Vaccination Rates by Age Group** figure below, citywide COVID-19 vaccinations initiated and completed among persons aged 35 and older citywide were 72% and 64%, respectively. Yet, **OHKCE priority zip codes had much higher rates than citywide rates**, and were reported to be as high as 88% and 74%, respectively in 64106 in a similar age range. The zip code with the lowest vaccinations completed and initiated was 64129 (72% and 63%, respectively), with rates closer to the citywide average. Still, overall, the average vaccination rate for the six priority zip codes in February 2022 was 80% and 69%, respectively, indicating the **OHKCE zip codes overall out-performed the citywide average on vaccinations initiated and completed for persons aged ≥ 35 .**

Vaccination Rates by Age Group

	5-34 initiated	5-34 Completed	35+ Initiated	35+ Completed
64106	43% ↑	34% ↑	88% ↑	74% ↑
64109	64% ↑	50% ↑	81% ↑	71% ↑
64127	58% ↑	44% ↑	83% ↑	70% ↑
64128	43% ↑	31% ↓	75% ↑	65% ↑
64129	42% —	34% ↑	72% —	63% ↓
64130	44% ↑	34% ↑	79% ↑	69% ↑
Citywide	42%	33%	72%	64%
			Initiated	Completed
Overall KCMO Vaccination Rates			66.7%	58.3%



Data accurate through 2/17/22

Office of Population Health Science and Statistics

Vaccination rate data presented by Frank Thompson, KCMO Health Department Deputy Director, at the OHKCE Community Forum on Feb 28, 2022.

Additionally, **KC zip codes with the highest rates of vaccinations** reported by the KCMO Health Department **align with the zip codes with the highest rates of vaccinations delivered by OHKCE (64106, 64109, 64127, 64128, 64130)**, as shown in the map below.

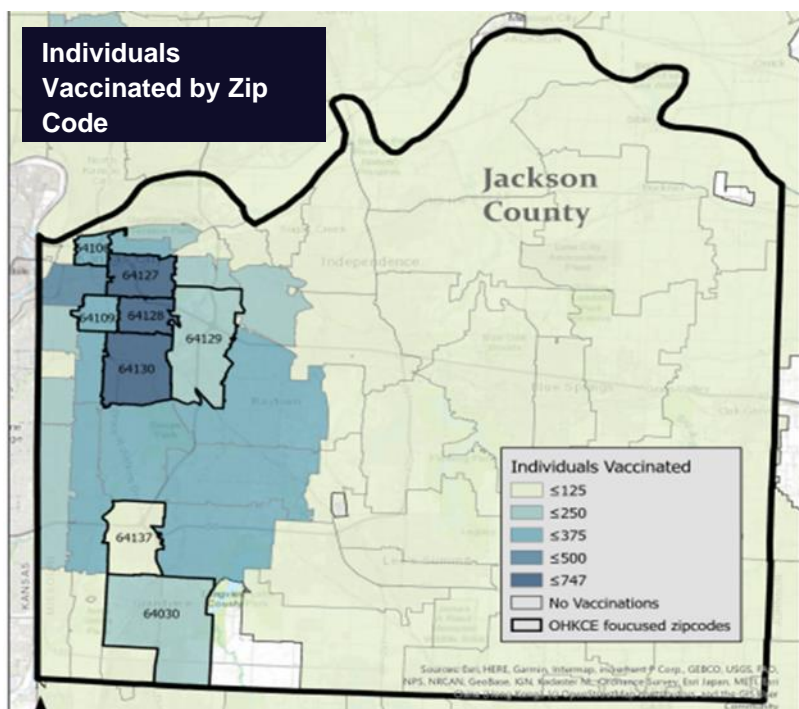
Persons who received vaccinations through the OHKCE initiative in the six zip codes were primarily females (57%), African American (43%), and of Hispanic/ Latino/Spanish origin ethnicity (13%).

Furthermore, findings from the **OHKCE citywide survey indicated 78% of participants aged 35 and older reported that they received a COVID-19 vaccination**, and 75% reported that they were fully vaccinated.

IMPLICATIONS

These KCMO Health Department vaccination data, OHKCE self-reported survey data on vaccinations received, and mapped data on vaccinations, suggest that the **OHKCE initiative likely greatly contributed to the impact on increasing access to vaccinations in the identified socially vulnerable KCMO communities**. While clinical trials would be needed to fully prove this suggested finding, the triangulation of data between the KCMO Health Department vaccination data by zip code, the OHKCE vaccinations given by zip code, and the OHKCE self-reported survey data sources, suggest the initiative's impact on vaccination rates on the Eastside may be highly likely.

In addition, many unvaccinated community members who attended OHKCE events expressed their vaccination concerns (e.g., vaccines made too quickly, don't understand the vaccine science, vaccines need to be around longer, wait and see what happens to vaccinated persons, heard various misinformation about vaccine and need correct information). **Unvaccinated persons were encouraged to speak to a pharmacist or physician at OHKCE events about their concerns**. Overwhelmingly, when this occurred, persons would make a decision to get vaccinated. In addition, many community members said they came to the event because someone told them about it and because the events were on weekends in their community, which made it much more convenient for them to attend and get vaccinated. These and many other expressed comments suggest that **provision of vaccinations in community venues in collaboration with community organizations as equitable partners has great potential to be a best practice strategy to expand reach of vaccinations and other health services in socially vulnerable communities**. Furthermore, the OHKCE initiative learned that community influencers identified by partnering organizations can: a) be effectively trained to serve as community health liaisons, b) encourage their peers (e.g., neighbors, church members, youth friends and families, clients and customers) to learn more about COVID-19, attend vaccination and health service events, and c) play a critical role in increasing vaccination rates within KC's Eastside.



HEALTH SERVICES DELIVERED

Goal	Accomplishment
Overall, serve 10,000 persons with other health services along with vaccinations	-Over 16,690 units of other health services (health screening and treatment services) were provided to more than 10,000 persons to persons at OHKCE events.

Along with COVID-19 vaccinations, to increase access to health services to address health inequities in KCMO's Eastside, community-based comprehensive health services were delivered by: UMKC health professional schools (Schools of Medicine, Dentistry, Nursing and Health Sciences, and Pharmacy), UMKC's Community Counseling and Assessment Services, University Health, and the Black Health Care Coalition. UMKC health professional school faculty, staff, students, and community health workers delivered these services, as shown in the table below.

16,690
Units of Health
Services Provided

Health Services and Programs Delivered in Community and Health Settings

Health Unit Delivery Services	Setting for Health Service Delivery	Health Services Delivered	Number of Persons Who Received Services
University Health (UH; formerly Truman Medical Center)	University Health Hospital Hill, Cleaver Family YMCA, and at community-based pop-up events	<ul style="list-style-type: none"> COVID-19 vaccination Call center for persons with questions on scheduling COVID-19 vaccinations/testing and answering other health questions 	<ul style="list-style-type: none"> 11,189 persons vaccinated in multiple settings
School of Pharmacy	Community	<ul style="list-style-type: none"> COVID-19 vaccinations (lead organization) Diabetes screenings and referrals Education on vaccines 	<ul style="list-style-type: none"> 1,533 persons vaccinated in community settings
School of Dentistry	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 	<ul style="list-style-type: none"> 358 dental referrals 242 treatments delivered
School of Nursing and Health Sciences	Community	<ul style="list-style-type: none"> Diabetes, hypertension and glucose screening and referral COVID-19 vaccinations assistance 	<ul style="list-style-type: none"> 1,640 persons served with health screenings
School of Medicine	Community and Truman Medical Center	<ul style="list-style-type: none"> Sexually transmitted infections screenings Sexual health education Talk with a Doc and Walk with a Doc events COVID-19 vaccinations, and blood pressure and blood glucose checks assistance 	<ul style="list-style-type: none"> 328 STI test given 378 sexual health education talks
Community Counseling and Assessment Services (CCAS)	Community and On-campus clinic	<ul style="list-style-type: none"> Mental health screening, feedback, and linkage to care Counseling and assessment services 	<ul style="list-style-type: none"> 110 persons provided with information

			<ul style="list-style-type: none"> • 73 linkages to CCAS • 37 referred to mental health services • 3 received services and ongoing efforts to get more into CCAS
Black Health Care Coalition	Community and medical settings	<ul style="list-style-type: none"> • Referrals to medical care and community resources by community health workers • Health literacy and vaccination information at community-based events for young families 	<ul style="list-style-type: none"> • 214 referrals • 98 confirmed completed referrals • 487 families provided with health information
Total units of health services delivered			16,690

“We have been able to raise vaccination rates, decrease hospitalizations and increase care for people with other chronic illnesses,” Lindsey said. “This initiative has provided an avenue for good, accurate messaging to help us build trust and help our clients feel comfortable. Ultimately, that helps people make the decision to get vaccinated despite their misgivings.”

-Dr. Cameron Lindsey, UMKC School of Pharmacy



OHKCE RESEARCH

Goal	Accomplishments
Recruit 2,000 persons to participate in a community-wide survey	3,496 Community-wide surveys have been completed on health beliefs and behaviors related to COVID-19 and other health issues by persons aged 12 and older.
Recruit 1,864 persons into research studies focused on COVID-19	2,284 persons have participated in COVID-19 related research studies.
Collect weekly implementation data from ≥ 120 community health liaisons from participating partners	884 weekly reports were submitted by community health liaisons.

Research was conducted within OHKCE to understand the impact of the project on increasing access vaccination and other health services. Research was implemented in multiple modes of data collection including:

- Eastside community members (N=3,496 youth and adults \geq aged 16) completed a survey during COVID-19 vaccination, health service, and other project events to understand their COVID-19 vaccination and health service use behaviors and other factors that contribute to these behaviors.
- Community health liaisons in participating organizations to examine their implementation of the project (N=160 youth and adults \geq aged 16) via an online implementation tracking database
- Several research studies related to COVID-19 were conducted with adults and youth.
- Focus groups were conducted to understand health priority issues, strategies to address health priorities, and potential barriers (see Community Forum Findings).

Overall, we anticipated over 3,000 Eastside residents would participate in one of these studies at some level. **In recruiting over 6,780 persons, we have achieved 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 can be found in the Appendix.

Additionally, 10 independent research studies were 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 were led by faculty researchers located at UMKC and Children's Mercy Hospital Kansas City.

OHKCE COMMUNITY-WIDE SURVEY ON COVID-RELATED HEALTH BELIEFS AND BEHAVIORS

BACKGROUND

To better understand COVID-19 vaccination and health service use behaviors and other factors that contribute to these behaviors among Jackson County Eastside residents, a community-wide health beliefs and behaviors survey was conducted. This survey was administered to persons aged 16 and older at the first of the two OHKCE coordinated by each participating organization, with a maximum of 100 surveys as a goal to be completed at each of these events. The survey was administered from July to November, 2021 by the UMKC Community Health Research Group/Health Equity Institute research team.

METHOD

The OHKCE health beliefs and behaviors survey was designed to primarily inquire about questions related to COVID-19. These questions focused on COVID-19 and health-related behaviors, including:

- Receipt of COVID-19 vaccinations and testing and where vaccinations received
- COVID-19 positive status
- Barriers and facilitators to vaccinations
- Social determinants related to the pandemic (e.g., essential worker status, employment, food security, transportation)
- Health behaviors (e.g., receipt of flu shot, doctor and dentist visits, smoking)
- Health conditions diagnosed (e.g., diabetes, high blood pressure, depression, asthma)
- Interest in receiving health services at the location where they were completed the survey and in being contacted about other OHKCE studies by listing the name of each study with a brief description of the study.



Volunteering participants had to be onsite at the OHKCE event to complete the survey via an electronic tablet. Study staff onsite assisted participants in logging into the survey on the tablets and assisted persons who expressed needing help in reading the survey. The 85-item survey took approximately 15-45 minutes to complete depending on participants' reading comprehension level. Once completed, the survey data was directly downloaded from the tablet to a password-protected, firewalled UMKC database (REDCap) using encryption. Participants who completed the survey received \$50 compensation for the time and were encouraged to be vaccinated. If they had questions or concerns about the COVID-19 vaccine, they were encouraged to speak to one of the physicians or pharmacists onsite.

SURVEY RESULTS: SUMMARY OF FINDINGS

Demographics. 3,496 persons volunteered to completed the OHKCE survey as a participant. Most participants were: African American, female, and ≥ 34 years old (63%). Many (18%) never completed high school, and 32% reported high school/GED as their highest level of education completed (see survey demographic information in sidebar at right).

OHKCE SURVEY RESULTS

Participant Demographics (N=3,496)

- 81% African American
- 9% Asian, American Indian/Alaska Native or some other race
- 9% Hispanic, Latino, or Spanish origin
- 59% Females
- 63% aged 34 and older
- 19% Married
- 46% Employed
- 68% Private or public health insurance

Overall, these demographics findings indicate that the community-wide population served at OHKCE events was **highly representative of the prioritized socially vulnerable Jackson County communities** with significant proportion being representative of non-high school degreed individuals, nearly half being unemployed, and most being racial minorities.

COVID-19 Vaccinations and Testing. Most participants reported that they had received a COVID-19 vaccination and were fully vaccinated (74%). Factors highly reported as testing inhibitors included concerns about contract tracing, that they could get COVID-19 later, and no symptoms. Almost two-thirds had been tested for COVID-19, with 22% reporting they had tested positive. and nearly 20% had received had been positive for COVID-19 at some point during the pandemic. Less than 20% had been hospitalized due to COVID-19.

COVID-19 and Social Determinants. About one-third of participants were essential workers and about one-third has lost their job since the start of the pandemic. An even larger portion was food insecure, with 40% reporting that their food didn't last, and they didn't have money to get more in the past year. Additionally, 25% had challenges in getting to where they needed to go (transportation); however, less than 10% experienced challenges getting to the OHKCE event location. A small proportion had access to internet service in their home.

Health Conditions and Healthcare Received. Many participants had postponed their medical care since the pandemic started, and less than half had a dentist visit in the past year. Reports on diagnosis of chronic illnesses were much higher hypertension, depression, asthma and diabetes than all other chronic diseases inquired about (e.g., immunocompromised condition, cancer, kidney disease, cardiovascular disease, sickle cell, alcohol and drug use disorders). The majority of participants reported that they would use health services provided at the community-based location where they participated in the OHKCE event.

Perspectives on COVID-19 Policies. Participants had strong opinions about COVID-19 government policies. An overwhelming majority (77%) believed should wear masks in places where the local government has mandated mask wearing, and most believed teachers and children should wear masks in school settings (65%). The majority also believed people should get vaccinated to keep their job if their job puts them in contact with other people. Most (53%) also believed that the Federal government should pay people to get vaccinated. Participants were also asked to identify how much money it would take to get people vaccinated. Among the choices of \$25, \$50, \$75, and \$100, most reported that it would take \$100 with \$50 as the second most endorsed amount.

Implications of OHKCE Survey Findings

OHKCE COVID-19 vaccination findings suggest that most persons completing the survey had been previously vaccinated, and are consistent with the level of vaccinations for the OHCKE priority zip codes, as reported by the

OHKCE SURVEY RESULTS

COVID-19 Vaccinations and Testing

- 76% Have been vaccinated
- 74% Fully vaccinated
- 65% Tested for COVID-19 (ever)
- 22% Tested positive for COVID-19
- 16% Hospitalized due to COVID-19

COVID-19 and Social Determinants

- 34% Essential worker
- 32% Lost employment since pandemic
- 11% Worried nowhere to stay next 2 months
- 40% Did not have enough food
- 32% Lost income since pandemic started
- 24% Challenges with transportation
- 9% Challenges getting to vaccination site
- 21% Have internet service at home

Health Conditions and Healthcare Received

- 24% postponed medical care since pandemic started
- 49% Saw dentist in past year
- 32% Screened for mental health condition
- 30% Hypertension
- 21% Depression
- 19% Asthma
- 13% Diabetes
- 77% Would use health services at the community vaccination location

Perspectives on COVID-19 Policies

- 77% People should wear masks in government mandated places
- 65% Teachers and children should wear masks in school settings
- 54% People should get vaccinated to keep their job if their job puts them in contact with other people
- 53% Federal government should pay people to get vaccinated

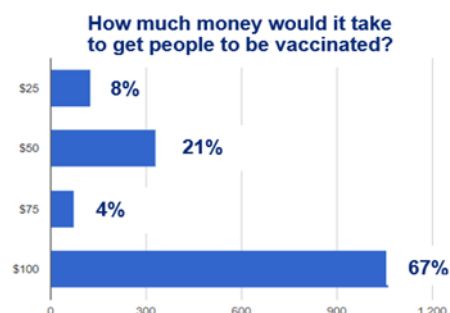
KCMO Health Department, which were higher than the citywide rates reported at that time (Feb 2022). The vaccination rate reported for the OHKCE participants is also much higher than those reported by the state of Missouri (65% initiated and 55% completed; Feb 2022), suggesting information about and access to COVID-19 vaccinations may be reaching Jackson County residents and that continued, but possibly fewer vaccination events may be needed due to reaching saturation of persons vaccinated. However, the proportion of persons testing positive for COVID-19 and those hospitalized were higher than state of Missouri positivity rates (22% vs 8.3%, respectively; Feb 2022), are aligned more so with estimated positivity rates for the U.S. (about 20%), and suggests the need for ongoing promotion of and access to COVID-19 testing with KC's Eastside populations.

Regarding COVID-19 and social determinants, participants clearly have been burdened by COVID-19 with many serving as essential workers and just as many experiencing job loss during the pandemic. Additionally, the large proportion of participants reporting food insecurity and challenges with transportation, and limited access to home internet services suggest that many Eastside residents are in need of community resources to improve their overall quality of life. These factors were all significantly associated with receipt of COVID-19 vaccinations.

The health conditions reported by survey participants were very similar to rates of chronic illnesses reported by underserved populations, particularly African Americans, and have been found to be disproportionately higher than other ethnic minority/underserved populations. For example, 7% of White Americans are living with diabetes compared 13% of African Americans. Also, national reports have indicated the dramatic increase in mental health illness during the pandemic and the need to address mental health issues, especially in underserved communities.

The reported illnesses also align with reports from the OHKCE Community Forum attendees who rated high blood pressure, diabetes, and mental health as the top health priorities that should be addressed by the OHKCE initiative. The findings suggest that participants were comfortable in receiving health services in the OHKCE community-based site, and therefore, consideration should be given to continuing blood pressure, blood glucose, and mental health screenings in community settings and focusing on prevention programming to reduce the rates of these chronic diseases in KC's Eastside.

Lastly, when asked about how much money it would take to get people to make the decision to get vaccinated, the majority of participants (67%) reported \$100, with \$50 or lower as next most persuasive amounts as reported by 29% of participants.



CONCLUSION

The OHKCE survey findings highlight key areas that could be addressed in future work of the initiative, including:

- a) Increasing promotion and access to COVID-19 testing while reducing the focus on vaccinations;
- b) Addressing social determinants such as food insecurity and limited access to home internet services;
- c) Continuing to provide health screenings particularly blood pressure and glucose along with mental health screenings, and the need for prevention programming to slow the progression of associated chronic medical conditions (e.g., diabetes, hypertension, and mental illness).
- d) Continuing to work with community partners to provide the above-mentioned health services in easily accessible, multisectoral OHKCE community partner locations in KC's Eastside.

Independent COVID-19 Related Research Studies with Eastside Participants: Recruitment Goals Planned and Actual Enrolled Participants Achieved

Independent research studies were conducted by UMKC and Children’s Mercy researchers on topics related to COVID-19 (e.g., long haulers, physical activity, mental health). These studies and their progress on recruitment goals are described below. Please see the Appendix for more detailed summaries of the progress.

Study Title and Researcher	Study Focus	Plans for Sustainability	Recruitment Goal Planned; N	Actual # of Participants Recruited (and Still Enrolling)
Understanding Long-Haul COVID-19 Impact on Psychological and Other Health Outcomes Jared Bruce, PhD UMKC	Understanding cognitive, emotional and olfactory effects of long-haul COVID-19; reducing barriers to care	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	Persons who report persistent COVID-19 symptoms N=50	N=35 (Actual)
Psychological First Aid and Skills for Psychological Recovery Programs Joah Williams, PhD Erin Hembrick, PhD UMKC	Prevention services (mental health trainings)	Community-capacity building activities to enhance future disaster and trauma response and coordination efforts; Grant funding for community-organizations trained to deliver early interventions	Community health liaisons trained as lay community mental health workers N=100	N=52 (Actual)
Language and Nutrition Program for Toddlers Kai Ling Kong, PhD Brenda Salley, PhD Deanna Hanson-Abromeit, PhD Children’s Mercy	Obesity prevention among toddlers and young children	We will teach and coach community volunteers the principles of Talk and Sing with Me program	Caregiver-infant dyads (parent and infant) N=40	N=28 (Actual) 14 parent/child dyads
Stay Active Jordan Carlson, PhD Children’s Mercy	Garmin-based tools for supporting physical activity during the COVID-19 pandemic	Program teaches participants skills and uses a transition period to help them carry the skills forward longer term	Youth and adult individuals N=300	N=216 (Actual)
Understanding Use of Linkage to Care Services Helena Laroche, MD Children’s Mercy	Focus groups and interviews to understand barriers to receiving resources after referral	This data will be disseminated to community partners and used in future intervention to improve connection to resources	Adults N=44	N=24 (Actual)
Vaccine Info and Access with People with Intellectual/ developmental disabilities George Gotto, PhD UMKC	Vaccination and information dissemination	Continued education through neighborhood associations that serve people with IDD	People with intellectual/developmental disabilities (IDD) N=100	N=285 (Actual)
Understanding Social Media and COVID-19 Communications Erin Willis, Yugyung Lee, Ye Wang UMKC	Health communication	The visualization model and the app can be reused. The insights can inform future similar events.	Community health liaisons trained in each sector N=100	N=83 (Actual)

Study Title and Researcher	Study Focus	Primary and Secondary Outcomes	Plans for Sustainability	Population; N	Current # of Participants Recruited
Youth and Physical Activity Amanda Grimes, PhD Joey Lightner, PhD UMKC	Physical Activity & Nutrition Intervention; Youth tailored vaccine education	-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	Urban middle school youth and families (Hogan Prep, Center School District, KC Public Schools) N=1,000	N=1,428 (Actual)
Sexual and Mental Health Telemedicine and Mobile Health Access Melissa Miller, MD Emily Hurley, PhD Children's Mercy	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	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	Adolescents from low-income, underserved communities in KCMO N=100	N=98 (Actual)
COVID-19 Education for Health Providers Angie Myers, M.D. Andrea Bradley-Ewing, MPH, MA Children's Mercy	COVID-19 Vaccine education modules	-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	Clinicians who care for children of color East of Troost (Pediatricians & Family Medicine) N=30	N=35 (Actual)
Totals				1,864	2,284

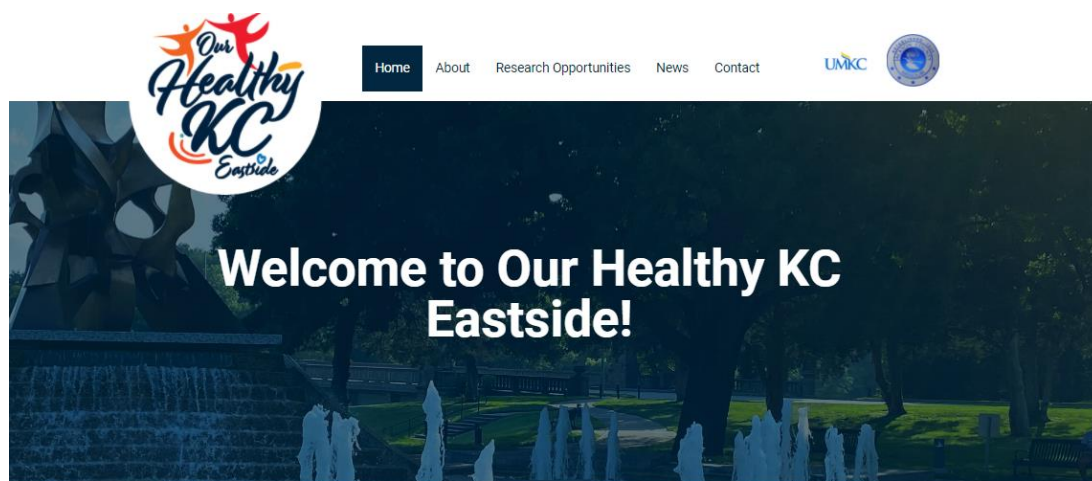
DISSEMINATION OF OHKCE EVENTS, PROGRESS, AND FINDINGS

The OHKCE Initiative events, progress, and findings have been disseminated using multiple strategies. These strategies include:

- OHKCE Website
- **OHKCE Community Forum**
- OHKCE Scheduling Platform
- Presentations
- Media
 - Newspaper articles
 - Magazine articles
 - Local television news outlets

OHKCE WEBSITE

<http://www.healthykceastside.org/>



Our Healthy KC Eastside, or OHKCE, is striving to reduce the burden of COVID-19 and chronic diseases in Kansas City, Missouri's Eastside.

How? By increasing access to COVID-19 vaccinations and health screenings where people live, work, play, and worship. UMKC has joined forces with neighborhood associations, businesses, youth organizations, and faith organizations to offer these free health services, increase the number of people vaccinated against COVID-19, and improve community health.

So, check out this site. You'll find opportunities to get vaccinated and to receive free health services near you. You'll also find opportunities to get involved with community health research. Do it for all of us! Protect the health of the Eastside.

News from Our Healthy KC Eastside

Videos from Our Healthy KC Eastside



OHKCE COMMUNITY FORUM

Goal	Accomplishment
Hold a Community Forum with 100 attendees	The OHKCE Community Forum was attended by XXX community health liaisons and representatives from community partners, and Jackson County

OVERVIEW

The first OHKCE Community Forum was held on 26, 2022 from Noon – 2pm in person at the Kauffman Conference Center. Also, two virtual OHKCE Community Forums were held on March 3rd, 2022 Noon – 2pm and from 6 – 8pm.

The in-person forum was held at the Kauffman Foundation Conference Center with community health liaisons as the primary attendees due to the COVID-19 safety capacity limits of the center (60 persons maximum). Community health liaisons were given priority slots to attend the in-person forum to reduce any potential challenges (e.g., technology barriers, possible concerns about being seen and opinion heard) to fully participating. The in-person format for community health liaisons was also used to provide opportunities for community health liaisons across sectors to meet each other and discuss their efforts in a structured and informal manner throughout the forum.

The virtual forum was held via Zoom and included invitations to OHKCE health and academic researchers along with community partners that could not attend the in-person forum. Also, Jackson County representatives and legislators were invited to the virtual forum.

The OHKCE Community Forum presenters focused on:

- Kansas City leaders' perspectives on OHKCE efforts to address health disparities
 - Frank White, Jackson County Executive
 - C. Mauli Agrawal, PhD, UMKC Chancellor
 - Charlie Shields, President and CEO University Health
 - Rev. Eric Williams, Executive Director, Calvary Community Outreach Network (Faith Sector Lead)
 - Congressman Emanuel Cleaver II, Representative, 5th Congressional District
- Initiative successes, challenges, and findings
 - Jannette Berkley-Patton, PhD, UMKC Director Health Equity Institute
- Vaccination rates in KC Eastside
 - Frank Thompson, Deputy Director, Kansas City Missouri Health Department
- Input from community, health, and academic partners on health priorities to address and next steps for the initiative via focus groups
 - Melissa Patterson-Hazley, PhD, LaVerne Berkel, PhD, Cassie Webb, UMKC; and Andrea Bradley-Ewing, Children's Mercy Hospital
- Wrap-up and next steps
 - Jannette Berkley-Patton, PhD, and Carole Bowe Thompson, UMKC Health Equity Institute



February
from

COMMUNITY FORUM FINDINGS

Attendance. A total of 121 persons attended the virtual and in-person forums (not including staff). Attendees included community members and representatives from OHKCE health, academic, and other community-based partners along with Jackson County officials. 48 persons attended in-person and 73 attended virtually.

Focus Groups. Twelve focus groups completed during the Community Forum. In-person participants were assigned to 4 breakout rooms within the Kauffman Conference Center. Virtual participants were assigned to virtual breakout rooms via Zoom. Attendees were asked to participate in discussions on: a) high priority health issues needing to be addressed in KC's Eastside; b) strategies to address the identified health issues, and c) barriers to addressing their identified priority health condition.

The top three health priority issues were: **diabetes, high blood pressure and mental health.**

Key strategies named to address the high priority health issues included:

Health education and literacy including health education on chronic health conditions and review of medications; support in making finding health providers and making regular doctors appointments; support and information on getting help to pay for healthcare.

Nutrition including access to fresh, healthy foods and recipes; reduction of fast food restaurants on the Eastside; more grocery stores; and food insecurity (e.g., access to food drives, pantries).

Exercise including increased access to community centers and fitness classes; safe places to exercise; obesity reduction.

Community outreach including health screenings or other pop-up health events to access health services, trust building with healthcare system; reduction of healthcare costs; and transportation.

Forum Evaluation Findings

Among in-person and virtual participants, 55 completed the forum evaluation including their comments (see comments in sidebar). Participants overwhelmingly reported on the value and engaging manner of the information shared and the speakers, the potential of OHKCE to have an impact on KC Eastside residents' health, and the great opportunity to talk with others about the health of KC's Eastside residents, and the value in getting the initiative results.

More specifically key forum evaluation findings included:

- 100% agreed/strongly agreed the speakers were knowledgeable about their respective topics
- 98% agreed/strongly agreed the speakers' presentation styles were engaging and well-suited for the event
- 100% agreed/strongly agreed that OHKCE has potential for greater impact in KC's Eastside
- 97% agreed/strongly agreed that it was enlightening to experience to share and listen to other point of views about health concerns and responsive strategies that have potential impact for the residents of KC's Eastside

Forum Attendees' Comments on:

What about this event did you enjoy the most?

"To see elected officials, academic leaders, and community figure heads come together in one forum was INCREDIBLE and inspiring!!"

"The variety of speakers. They tackled this topic from every possible perspective."

"Getting to see the results of the project"

"I enjoyed all of the speakers. The information provided was great. Good to see people recognized for doing a great job."

What could have been improved?

"Include persons from the community to speak."

"More time for the event [is needed]."

OHKCE SCHEDULING SYSTEM

The OHKCE scheduling system was run on the SignUpGenius.com. The SignUpGenius platform was used for OHKCE community partners; faculty and student volunteers; and research team members. The link to SignUpGenius was posted on the OHKCE website for the public to see posted vaccination/health services dates, times, and locations.

Here's how the user friendly, event organizing and coordination SignUpGenius platform was used:

Community partners used SignUpGenius to select their vaccination and health services event dates in an easy-to-use manner. Each of the 60 partners selected their 1st vaccination/health services event, and SignUpGenius automatically assigned the date for the 2nd vaccination event to take place three weeks later. In this way, each community partner was quickly able to confirm their 1st and 2nd vaccination events and promote these events on their flyers and other communication outlets. A separate SignUpGenius platform was established for faith-based community partners due to the limited number of slots available to conduct their OHKCE events on Sunday afternoons.

UMKC faculty and students used SignUpGenius to identify times when they would work/volunteer to assist in delivering health services. This enabled the team to know when there would be gaps in persons needed at each event and when extra effort was needed to get more volunteers. Just-in-time processes were developed to train hundreds of students and health professionals to deliver vaccinations and health screening and referral services. Over 300 UMKC faculty and students provided health services at OHKCE events.

Research team members used SignUpGenius to monitor community partners' follow-through on signing up for their required two events, to confirm that their site logistic information had been submitted to the online OHKCE database, and to ensure that enough research team staff members were available to support the event with coordination, survey administration, and in sharing information about other OHKCE COVID-related research studies.

Healthy Eastside Partner Sign Up

Please review the available slots below and click on the button to sign up. Please note that your dose 2 clinic will be assigned at the time you sign up for dose 1. We look forward to working with you to get our neighborhoods and community safe. Thank you!

Created by: Cameron Lindsey

Already signed up? You can [change your sign up](#).

Date (mm/dd/yyyy) (CST)	Available Slot	Calendar View
07/31/2021 (Sat. 11:00am - 2:00pm)	Vaccination dose #1 with dose #2 on August 21 (2)	All slots filled Rachel Riley East 23rd Street FNC Shanta Bryant The Prospect
08/21/2021 (Sat. 11:00am - 2:00pm)	Vaccination dose #1 with dose #2 on September 11	Jacob Moore Iverson Neighborhood Council
08/28/2021 (Sat. 8:00am - 10:00am)	Vaccination dose #1 with dose #2 on September 18	Rae Graham Village Neighborhood Council
08/31/2021 (Tue. 2:00pm - 5:00pm)	Vaccination dose #1 with dose #2 on September 21	Lauren Thompson Amethyst Place
09/04/2021 (Sat. 11:00am - 2:00pm)	Vaccination dose #1 with dose #2 on September 25	Marion Hammons Westington/Wheatley
09/07/2021 (Tue. 2:00pm - 5:00pm)	Vaccination dose #1 with dose #2 on September 28	Sign Up
09/11/2021 (Sat. 11:00am - 2:00pm)	Vaccination dose #1 with dose #2 on October 2 (2)	All slots filled Linda Brown Blue Hill Denise Dean Harris Park

Healthy Eastside COVID Vaccine Sign Up for Churches

Please review the available slots below and click on the button to sign up. Please pay attention to the second dose dates that will be automatically assigned to you when the date is chosen. We look forward to working with you and your congregation. Thank you!

Created by: Cameron Lindsey

Already signed up? You can [change your sign up](#).

Date (mm/dd/yyyy)	Time (CST)	Available Slot	Calendar View
08/15/2021 (Sun.)	12:00pm - 12:30pm	Vaccination Dose #1 with second Dose on September 5	Victorious Life Church
08/22/2021 (Sun.)	12:00pm - 3:00pm	Vaccination Dose #1 with second Dose on September 12 (2)	All slots filled Pastor Andrew Powell Meadowdale Baptist Church Kansas City Missouri Keith Tribble Victory Temple
08/29/2021 (Sun.)	12:00pm - 3:00pm	Vaccination Dose #1 with second Dose on September 19	Cynthia Beard Second Baptist Church
09/05/2021 (Sun.)	12:00pm - 3:00pm	Vaccination Dose #1 with second Dose on September 26	Pastor Alfred White Mt. Zion MBC
09/12/2021 (Sun.)	12:00pm - 3:00pm	Vaccination Dose #1 with second Dose on October 3	Muriel Smith Pleasant Green MBC
09/19/2021 (Sun.)	12:00pm - 3:00pm	Vaccination Dose #1 with second Dose on October 10	Dennis Lester Bible Family Worship Center
09/26/2021 (Sun.)	12:00pm - 3:00pm	Vaccination Dose #1 with second Dose on October 17	Tressa Boone Heart of God
10/03/2021 (Sun.)	12:00pm - 3:00pm	Vaccination Dose #1 with second Dose on October 24	Ricky Ramble Burght MDC
10/10/2021 (Sun.)	12:00pm - 3:00pm	Vaccination Dose #1 with second Dose on November 7 (2)	All slots filled Kellie Brown Apostolic Faith Allen Immanuel Memorial Temple

OHKCE PRESENTATIONS

Since the time of conceptualizing the OHKCE over the last year, 18 presentations have been given that have discussed the initiative's conceptualization, development, implementation, and findings. Among these presentations, two abstracts to national Social Marketing in Public Health have been accepted for oral presentations (1,2). Additionally, the initiative was discussed in a national NIH Rapid Acceleration of Diagnostics Underserved Populations initiative's webinar featuring two members of the OHKCE research team (J. Berkley-Patton and C. Bove Thompson) along with two pastors from OHKCE's faith-based sector (Rev. Eric Williams and Rev. Dr. Faith Allen) (6). Presentations have also been given to statewide audiences, at other state universities, for public health organizations, and in guest class lecture. These presentations are listed below.

1. Patterson Hazley, Berkley-Patton, J., M., Bussey, M., Grimes, A. (May, 2022). *Culturally Tailored Marketing Tools to Encourage Vaccine Uptake within Hard to Persuade Populations*. Presentation at the Social Marketing in Public Health Conference. Clearwater Beach, Florida.
2. Berkley-Patton, J., Bove Thompson, C., Templeton, T., Patterson Hazley, M., & Allsworth, J. (May, 2022). *Building a Cross-Sectoral Community Partnership to Increase Access to COVID-19 Vaccinations and Health Screenings with Socially Vulnerable Communities*. Presentation at the Social Marketing in Public Health Conference. Clearwater Beach, Florida.
3. Berkley-Patton, J., & Bove Thompson, C. (March, 2022). *Our Healthy KC Eastside. A COVID-19 Vaccination and Health Services Initiative on Kansas City's Eastside*. Reaching All God's Children's Conference. Calvary Community Outreach Network, Kansas City, MO.
4. Berkley-Patton, J. (March, 2022). *A Faithful Response to COVID-19. A Community-Engaged Approach to COVID-19 Testing With African American Churches*. Mentoring Series, Community and Public Health Education. University of Massachusetts-Amherst. Amherst, MA.
5. Berkley-Patton, J. (March, 2022). *Our Healthy KC Eastside. Accomplishments and Initiative Findings*. OHKCE Community Forum. Kauffman Foundation, Kansas City, MO.
6. Berkley-Patton, J., Bove Thompson, C., Williams, E., & Allen, F. (Feb, 2022). *A Community-Engaged Approach to COVID-19 Testing in African-American Churches*. An Invited National NIH Webinar Presentation. Community-Campus Partnerships for Health and Rapid Acceleration of Diagnostics – Underserved Populations (RADx-UP). Duke University, Durham, NC.
7. Berkley-Patton, J. (Nov, 2021). *Critical Conversations: COVID-19, Vaccinations and (MIS)Information in Communities of Color*. Invited Panel presentation. UMKC Chancellor and Division of Diversity and Inclusion. Kansas City, MO.
8. Berkley-Patton, J. (Oct, 2021). *University of Missouri Extension & Engagement Week: Health Equity session*. Invited Panel presentation. UM Extension Services, University of Missouri, Columbia, MO.
9. Berkley-Patton, J. (Oct, 2021). *From Engineering to Health Sciences: Pivoting to Address Health Disparities and COVID-19 with KC Eastside Community Partners*. Invited Guest Lecturer. Alternate Careers Seminars. School of Electrical and Computer Engineering. University of Kansas, Lawrence, KS.
10. Berkley-Patton, J. (Oct, 2021). *What is Research: Conducting Research with Community-based Organizations*. Multicultural Research Scholars Symposium. Office of Multicultural Affairs. University of Missouri-Kansas City, Kansas City, MO.
11. Berkley-Patton, J. (Oct, 2021). *Engaging Faith Communities in Health Equity Research: Some Lessons Learned on Best Practices*. Retreat on Community-Based Model Approaches to Engage Diverse Communities. Wilmot Cancer Institute. University of Rochester, Rochester, NY.

12. Berkley-Patton, J. (Sept, 2021). *Social Determinants and Health Inequities: Using Community Engagement to Address COVID-19 Disparities with Kansas City Eastside Partners*. Invited presentation. Children's Mercy Equity & Diversity Education Series Presentation. Kansas City, MO.
13. Berkley-Patton, J. (Sept, 2021). *Social Determinants and Health Inequities: Using Community Engagement to Address COVID-19 Disparities with Kansas City Eastside Partners*. Guest Lecture (Stephanie Painter, Instructor). UMKC School of Medicine Physician Assistant Program. Kansas City, MO.
14. Berkley-Patton, J. (Sept, 2021). *Overview of A Faithful Response to COVID-19*. Presentation at the Multicultural Advocate Research Group, KU Frontiers Meeting. Invited presentation. Kansas University Medical Center, Kansas City, KS.
15. Berkley-Patton, J. (Sept, 2021). *Overview of Health Disparities and COVID-19*. Invited presentation with the Jackson County Legislature. Office of Jackson County, Kansas City, MO.
16. Berkley-Patton, J. (Aug, 2021) *Using Community Engagement to Develop and Implement Health Promotion Interventions with Underserved Populations*. Invited presentation, Equity & Diversity Education Presentation. Invited presentation. Columbia, MO.
17. Berkley-Patton, J. (Sept, 2021). *Update of Our Healthy KC Eastside Initiative*. Invited presentation with the Jackson County Legislature. Office of Jackson County, Kansas City, MO.
18. Berkley-Patton, J. (April, 2021). *COVID-19 Vaccine Hesitancy*. Invited presentation. Missouri Science and Technology (MOST) Policy Initiative. Kansas City, MO.

UMKC TRACKED OHKCE MEDIA

OUR HEALTHY KC EASTSIDE

UMKC STRATEGIC MARKETING AND COMMUNICATIONS

Total media reach: **12 million +**

Number of media outlets: **26**

Report based on news services. Reach is the number of times the content is displayed.

EARNED MEDIA

BIO NEXUS KC

- [UMKC Professor, Researcher Brings Health Services & Healthy Equity to Underserved Populations](#)
 - **Date:** November 17, 2021
 - **Reach:** 20,783

THE KANSAS CITY BUSINESS JOURNAL

- [Berkley-Patton brings health care and healthy activity to underserved populations](#)
 - **Date:** September 15, 2021
 - **Reach:** 16,626

THE COMMUNITY VOICE

- [UMKC Awarded \\$5 Million to Fight COVID on the East Side](#)
 - **Date:** May 11, 2021
 - **Reach:** 4,000

FOX4

- [New Initiative Will Focus on Building Vaccine Confidence in East Kansas City](#)
 - **Date:** May 10, 2021
 - **Reach:** 823,000
- [UMKC and Jackson County Launch Partnership To Get More People Vaccinated in East Kansas City](#)
 - **Date:** May 10, 2021
 - **Reach:** 823,000
- [Jackson County Spending Millions of Dollars in Relief Funding To Vaccinate People in 6 Zip Codes](#)
 - **Date:** May 10, 2021
 - **Reach:** 823,000
- [Our Healthy Eastside KC Brings COVID Clinic to residents](#)
 - **Date:** September 10, 2021
 - **Reach:** 691,000

FOUR STATE NEWS

- [Community group pushing to vaccinate more people on Kansas City's eastside](#)
 - **Date:** October 12, 2021
 - **Reach:** 36,922

THE KANSAS CITY STAR

- [Jackson County Okes \\$5 Million to Improve Low COVID-19 Vaccination Rates on the East Side](#)

- **Date:** May 10, 2021
- **Reach:** 1,000,000

KCTV 5

- [Jackson County meets for \\$5 million vaccine hesitancy proposal](#)
 - **Date:** May 10, 2021
 - **Reach:** 587,000
- [UMKC-Led Project Seeks to Increase Vaccination Intake on KC's Eastern Side](#)
 - **Date:** May 10, 2021
 - **Reach:** 587,000
- [**Our Healthy Eastside KC Brings COVID Clinic to residents**](#)
 - **Date:** September 10, 2021
 - **Reach:** 587,000

KCUR

- [Jackson County Oks \\$5 Million to Ramp Up COVID Vaccinations on KC's East Side](#)
 - **Date:** May 10, 2021
 - **Reach:** 587,000
- [Six Months In, COVID Vaccines for Black Missourians Remain Far Below State Average](#)
 - **Date:** May 14, 2021
 - **Reach:** 587,000
- [Up to Date: Our Healthy KC East Side to Focus on Vaccine Outreach and Distribution](#)
 - **Date:** May 20, 2021
 - **Reach:** 587,000

KMBC 9

- [Jackson County Will Use Federal Funds to Help Vaccinate Inner-City Residents](#)
 - **Date:** May 10, 2021
 - **Reach:** 691,000
- [Community group pushing to vaccinate more people on Kansas City's eastside](#)
 - **Date:** October 12, 2021
 - **Reach:** 652,533
- [**Our Healthy Eastside KC Brings COVID Clinic to residents**](#)
 - **Date:** September 10, 2021
 - **Reach:** 691,000

KSHB 41 ACTION NEWS

- [Jackson County To Spend \\$5 Million of CARES Funding on Eastside Project](#)
 - **Date:** May 10, 2021
 - **Reach:** 563,000
- [Jackson County Executive Endorses 'Our Healthy KC East Side' Project](#)
 - **Date:** May 10, 2021
 - **Reach:** 563,000
- [**Our Healthy Eastside KC Brings COVID Clinic to residents**](#)
 - **Date:** September 10, 2021
 - **Reach:** 691,000

LEE'S SUMMIT TRIBUNE

- [Jackson County Executive outlines vision for Building a Better, More Equitable Jackson County in virtual State of the County](#)

- **Date:** Nov 10, 2021
- **Reach:** 6,096

TONY'S KANSAS CITY

- [Executive Frank White 'State Of Jackson County' Aftermath](#)
 - **Date:** Nov 11, 2021
 - **Reach:** 17,887

OWNED MEDIA

UMKC TODAY ARTICLE AND NEWS RELEASE

- [UMKC Awarded \\$5 Million to Fight COVID on the East Side](#) – May 10, 2021

UMKC SOCIAL MEDIA

- [Facebook](#) – May 10, 2021
- [Twitter](#) – May 10, 2021
- [LinkedIn](#) – May 12, 2021

UMKC EMAIL NEWSLETTERS

- [UMATTERS](#) – May 19, 2021
 - Faculty and staff
- [Chancellor email](#) – May 27, 2021
 - Civic leaders

COMMUNITY PANELS AND PRESENTATIONS

UMKC SCHOOL OF MEDICINE DEPARTMENT OF BIOMEDICAL AND HEALTH INFORMATICS

- **Our Healthy KC Eastside: A COVID-19 Vaccination Program with KC Socially Vulnerable Communities.** DBHI Multi-Disciplinary Seminar: A COVID-19 Vaccination Program for the Unvaccinated URM Population in KCMO. Guest Lecture, (Monica Gaddis, Instructor). Kansas City, MO - November 2021

HARVEST HOLIDAY FUNDRAISER, CALVARY COMMUNITY OUTREACH NETWORK

- **Paul Shumaker Humanitarian Harvest Award Presentation.**

GRANTS AWARDED

Since the launch of the OHKCE initiative, two grant applications were submitted and funded. These grant awards, one from NIH/National Institute of Diabetes and Digestive and Kidney Disease and the other from the Environmental Protection Agency, are focused on understanding how KC's free transit policy (free fares on buses and streetcars) can impact health (e.g., BMI), healthy behaviors (e.g., physical activity), and other social determinants of health (e.g., access to livable wage employment, doctor's appointments, and grocery stores; impact on crime) among residents of Kansas City's Eastside. The awarded studies also examine KC bus ridership in comparison to similar size/population U.S. cities. Additionally, these studies engage KC Eastside residents in serving as trained Citizen Scientists to assist in collecting environmental data (e.g., sidewalk assessments, traffic flow, upkeep of neighborhoods) near KC Eastside bus stops.

KC's citywide free transit system is uniquely the only one of its kind in the U.S. and could set a precedent for municipalities throughout the country. Findings from these studies will serve several purposes:

- a) Inform the effect of the Kansas City free transit system on health-related behaviors and social outcomes
- b) Influence maintenance of the free bus fare policy for years to come
- c) Shape transit policy in other cities that make bus and other transit modes free to their residents

Grant Awards:

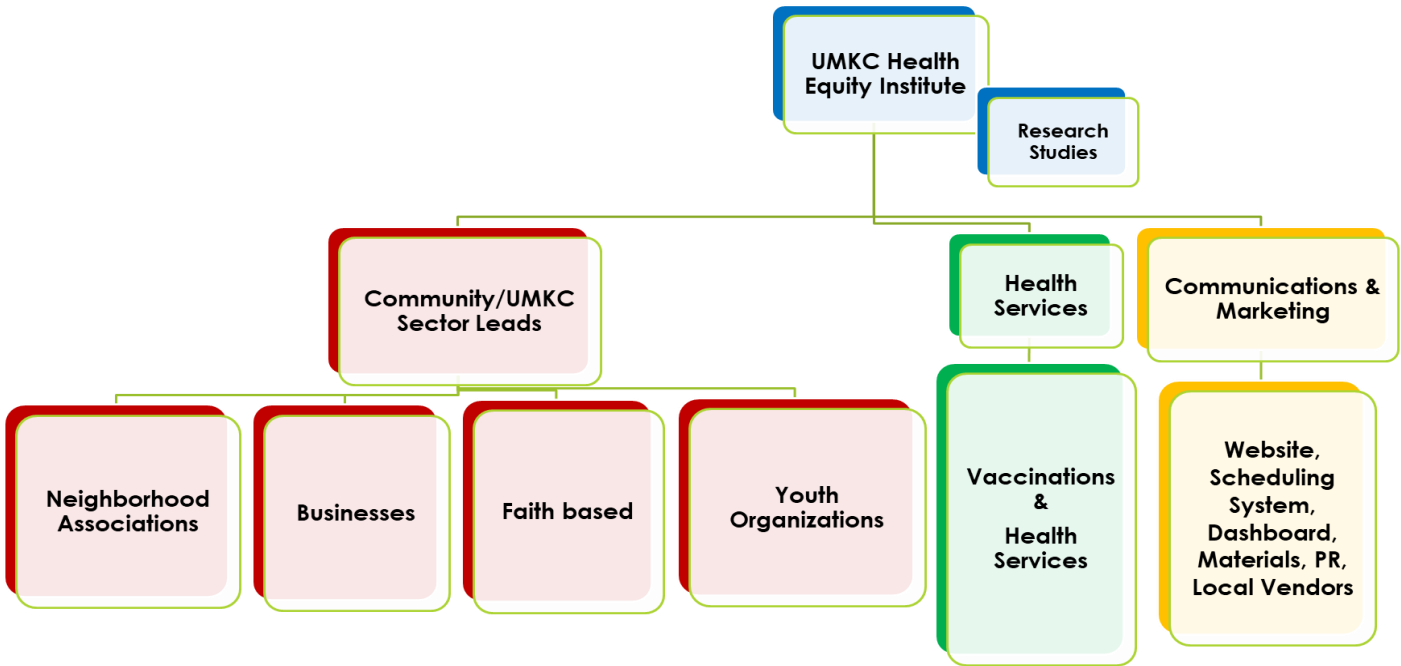
1. R01 DK127376-01 j. Berkley-Patton and J. Carlson, PIs \$3,110,898 4/1/2022 – 6/30/2025
NIH/NCI/NIDDK (PENDING)
Impacts of City-Wide Zero-Fare Bus Transit on Ridership, Physical Activity, and Weight Status: A Natural Experiment
Major Goals: Examine the impacts of Kansas City, MO's free bus system on ridership, health markers (e.g., blood pressure, blood glucose), physical activity, and social/built determinants of health by comparing with similar cities, assessing a safety net hospital population via EHR, and surveys with community members at low-income neighborhood bus stops.
2. EPA-OP-OEJ-21-02 A. Grimes, PI \$200,000 1/01/2022-12/31/2023
Getting Around KC: An evaluation of KC's Zero-Fare Bus Transit
Major Goal: Evaluate the health and economic impacts of the zero-fare bus transit policy in Kansas City, MO on Eastside residents.
Role: J. Berkley-Patton, Co-Investigator

APPENDIX

-OHKCE Infrastructure

-Summaries of OHKCE Research Studies

OHKCE INFRASTRUCTURE



OHKCE INDEPENDENT RESEARCH STUDIES

Project Title: Conversations about COVID-19 Vaccines
Project Lead: Angela Myers & Andrea Bradley-Ewing
Project Lead Children's Mercy, Kansas City – Division of Infectious Diseases
Contact Information: amyers@cmh.edu, (816) 234-3061

Primary Aim

The primary aim of this study was to provide education and communication skills training to 30 pediatric community providers to initiate COVID-19 vaccine discussions with their patients/families, answer vaccine concerns and address misinformation, and to plan vaccine administration in the office setting. Email invitations were sent to more than 100 pediatric providers (physicians, advanced practice providers, and nurses) in Jackson County who serve patients and families from historically marginalized and under-resourced communities.

Twenty providers in Jackson County started the training and 12 completed all training modules.

Accomplishments and Outcomes

Due to the changing pediatric vaccination guidelines that occurred during the project period, our team hosted 1-hour, virtual lunch and learn sessions with providers from area practices, including Samuel Rodgers, Swope Health Services, Tenney Pediatrics, and University Health in addition to the online training. These sessions provided late-breaking information on COVID-19 research, including the Delta variant, booster vaccines, and vaccine safety and efficacy for children ages 5-17. The addition of live, virtual training allowed our team to respond to provider's questions in real time and respond to changes in vaccination guidelines. Thirty-seven providers participated in the virtual educational sessions. Providers who completed the online training increased their COVID-19 vaccine knowledge by nearly 18% (71.4% at baseline; 89.3% post training). Additionally, providers who attended the virtual lunch and learn reported the information shared would be helpful in their communications with parents regarding the safety and efficacy of vaccines for children.

Community Impact

This pilot project allowed our team to deliver a tailored educational intervention for providers who serve patients and families in historically marginalized communities. The information presented was well received. Providers commented:

"I liked that this is the first time I have seen a learning module of comprehensive information on the vaccine and relatable information to give to families."

KC Eastside Pediatrician

"Easy to understand information regarding vaccines. I also liked the examples of how to talk to families regarding concerns and misinformation."

KC Eastside Nurse Practitioner

As a result of the overwhelming response from this project we plan to expand on this work to make the online and virtual education available to providers across the metro. Effective communication between providers and patients/caregivers is essential to increasing vaccination rates and slowing the spread of COVID-19 in Kansas City's eastside.

Project Title: Understanding Long-Haul COVID-19 Impact on Psychological and Other Health Outcomes
Project Lead: Jared Bruce, PhD
Project Lead UMKC Clinical Neuropsychology Lab, Biomedical & Health Informatics brucejm@umkc.edu,
Contact Information: (816) 235-1068

Primary Aims/Goals

Ongoing research supports that COVID-19 affects many organs of the body, including the brain. People who have had COVID-19 are reporting continued long-term symptoms despite having recovered from the acute phase of the illness. The primary aim of this pilot study is to recruit 50 participants to identify changes in cognitive, emotional, and olfactory systems among people experiencing long-term COVID symptoms. Our goal is to recruit 25 participants for our control group who report not having had COVID and 25 participants who have continued experiencing COVID symptoms more than 3 months after their initial COVID diagnosis. We will also examine barriers to healthcare on the Eastside of Kansas City.

Accomplishments/Outcomes

At this time, our study has screened and recruited 25 participants, and have completed assessment of 14 participants. We have experienced several challenges and have attempted to address them to the best of our ability. The first several months of the study were spent obtaining IRB approval and access to the TMC COVID clinic. Since then, our lab has attended 7 OHKCE vaccine events. We are now also actively recruiting at the University Health Long Covid Clinic and have been utilizing the call list from people who expressed interest in our study on the OHKCE surveys.

Thus far, we've called and/or left voicemails for 81 potential participants to explain our study and we are continuing to contact potential participants from this list. No shows and cancellation of appointments has been relatively common. For these participants we reschedule for a later date, and we try to mitigate further scheduling troubles by contacting participants the day before to verify their appointment time. We are also now running participants directly in the TMC Long Covid clinic to reduce the need for additional scheduling.

Another unforeseen challenge has been compensating participants in a timely manner. Due to university payment guidelines and the nature of our compensation protocol, we found our study running out of gift cards for participants, and participants declining to participate if it meant they had to wait to receive compensation via check. Because there are limitations on the number of gift cards we can get at one time, we were also limited in the number of people we could schedule to run per week. We are currently looking into compensating with electronic gift cards.

Community Impact

We will continue to recruit participants from the OHKCE survey and the University Health Long COVID Clinic until we have reached our goal. If available, we will seek additional funding to continue to support the project to completion. We will analyze data and plan to publish our findings. If results support a need, we may seek to develop a brief online cognitive/behavioral treatment for people suffering from long-haul COVID symptoms in the community. Due to the nature of our study, participants do not receive immediate benefits except for compensation for their time, but our hope is that the data we gather will give us a better understanding of individual and community healthcare needs following a COVID-19 diagnosis. Participants in this study have been eager to help further our understanding of the long-term effects that COVID-19 has and have assisted in the recruitment of friends and family who may meet our eligibility requirements.

Project Title: Active KC
Project Lead: Jordan Carlson, PhD
Project Lead Children's Mercy – KC, Center for Children's Healthy Lifestyles and Nutrition
Contact Information: jacarlson@cmh.edu, (816) 234-9240

Primary Aims/Goals and include

A recruitment goal of up to 300 participants was set for the program, and as of 12/13/2021 a total of 166 participants have been enrolled. Each participant receives a free Garmin watch (\$80) and up to \$75 for completing project activities. A majority of program participants were recruited from OHKCE events. The Active KC team attended 14 community vaccine events in total. In addition, our team has been recruiting Active KC participants from Children's Mercy primary care clinics to reach more individuals, and in particular families, living in KC eastside.

Accomplishments/Outcomes

To date, 4 focus groups have been conducted with participants to discuss their likes and dislikes of the program. Active KC will continue recruiting participants from the primary care clinics into the new year along with conducting the remaining focus groups. The program has received great enthusiasm from the community. While the recruitment allotment was higher than achieved, this project was highly effective in reaching a large number of community members in a very short period of time. Our team plans to use the community input to refine and expand on the program in future iterations, increasing its impact over time.

Community Impact

Participants have shared that their time in Active KC has encouraged them to be more aware of their physical activity and how they are taking care of their health. The program has had entire families and friend groups participate together and participants regularly state that they are still talking about the program to get others to sign up. Many have also enjoyed engaging with the watch and receiving the text messages that give tips on how to incorporate activity into the day. One participant said, "People don't give out watches as swag and the watch shows that there is an investment [in the community] of sorts from the organization".

Project Title: Vaccinations and Information for People with IDD in Jackson County
Project Lead: George Gotto
Project Lead UMKC Institute for Human Development gottog@umkc.edu
Contact Information:

Primary Aims/Goals

In partnership with EITAS (DD Services of Jackson County), we proposed to bring 100 - 200 people with IDD to the "Our Healthy KC East Side" events. EITAS serves 210 people who live in Kansas City East side. All of them received information about the events, accessible information about COVID-19 vaccines, and health-care services available to them. UMKC-IHD and EITAS staff attended a total of 19 events where they provided information about services for people with developmental disabilities, including healthcare, service coordination, and oral healthcare. An estimated 285 people visited our table during the events.

Accomplishments/Outcomes

Primary accomplishments are listed above. We did have a few challenges. One was related to initial communication about the events and not knowing what to expect from the events, so we weren't able to fully promote them. This was resolved. We learned that many of the people EITAS serves were already vaccinated. They are in a high-risk category and receive residential or day services. The service organizations provided on-site vaccination for them. Ten people who we contacted were adamantly opposed to vaccinations. Also, we said we would provide transportation services to the events, but no one signed up for that service.

Community Impact

During the 19 events we connected with approximately 285 people who had a developmental disability (50), who were a family member of a person with DD (150) or were connected to a person with DD in their community (i.e., pastors, teachers, friends, etc.). We provided all of them with information about services and supports available in Jackson County. One of the people who represented our organizations wrote, "I met (a man) who is from East KC and who has a daughter with an intellectual disability. They have been having some issues with her benefits and I was able to talk to them about those concerns and give them some tips..."

Project Title: Youth Sector
Project Lead: Amanda Grimes
Project Lead UMKC School of Nursing and Health Studies
Contact Information: grimesa@umkc.edu, (816) 235-1737

Primary Aims/Goals

15 organizations were proposed to be served
14 organizations were served through the project

Accomplishments/Outcomes

Accomplishments - Vaccinating nearly 60 high schoolers at one event at Guadalupe Center High School. Successfully working with 14 youth-serving organizations when many had disrupted programming due to COVID-19.
Challenges-Time constraints and competing obligations for youth (sports, clubs, school day, etc.). Obtaining parental consent prior to event (vaccine providers used different consent, so unable to distribute one consent)

Community Impact

Increased youth COVID-19 vaccine uptake and connected youth with other health services. CHLs specifically mentioned hesitant peers deciding to get the vaccine based on their work. One CHL specifically mentioned changing her sister's mind about the vaccine after her sister attended their vaccine event. Partnering organizations were highly engaged in the process and believed in the mission of the project. They are excited to continue collaborations to further increase health equity in KC's Eastside.

Project Title: Connecting People to Care Interview (CPCI)
Project Lead: Helena Laroche, MD
Project Lead Children's Mercy – Center for Children's Healthy Lifestyle and Nutrition
Contact Information: hhlaroche@cmh.edu, (816) 234-9251

Primary Aims/Goals

The goal of this research was to interview people about their experience with community health workers and local organizations during the referral process to obtain needed resources such as housing, utility assistance, food assistance etc. Proposed number of interviews 40
Interview completed so far 4

Accomplishments/Outcomes

This project has significant challenges. Though we attended events and gathered consent to contacts from 69 people were difficult to contact, no longer interested or too busy. Only 9 consented to interview and 4 completed the interview. We also tried calling people from the list of interested people provided by the main survey. The interviews we did get were informative and have been transcribed and will be coded. We are converting our interview into a survey and will be sending out to the full list and continue to work with partners to gather more interviews.

Community Impact

Our observations and work with the community health workers on site at the vaccination events has provided useful insights to the larger project to help improve these services going forward. Our interviews and surveys on the eastside will be combined with information from Wyandotte county to create a picture of the barriers facing people needing services that can be shared with organizations screening, referring, and providing such services to Eastside residents.

Project Title: Move More, Get More
Project Lead: Joey Lightner
Project Lead UMKC School of Nursing and Health Studies
Contact Information: lightnerj@umkc.edu, (816) 235-1703

Primary Aims/Goals

The original goals of this project were to extend the reach of the MMGM program during the summer and incorporating vaccine promotion materials and vaccine events, we aimed to

- 1) increase physical activity in middle school youth in KCMO, with a particular focus on those students living east of Troost Ave.
- 2) increase social interaction with family, friends, and community in a safe socially distanced outdoor setting and
- 3) reach 1000 vaccinations in families associated with the MMGM program.

Accomplishments/Outcomes

MMGM sponsored 82 sessions that served 1,428 people where we promoted our program, vaccine education and resources. In-person sessions were received better than online sessions. MMGM sponsored more in-person sessions beginning at the end of October due to this response. For outside sessions, finding an alternative space proved to be difficult when the weather got colder. YOTV hosted online sessions the last few weeks due to the lack of inside space.

Community Impact

Community impact was multi-faceted. After abiding by social distancing measures for over a year and enduring a year of in-person school closures, MMGM families will have an opportunity to re-engage with school and community members increasing social connectedness. Further, families will have the opportunity increase physical activity levels that were decreased during the pandemic. Lastly, we aided to increase vaccine uptake that results in a more protected community that leads to a path of more health and a return to more normal activities.

Project Title: Sing and Talk with Me Baby: Reducing Socioeconomic Disparities in Obesity Using a Language Nutrition Program

Project Lead: Amy Smith, PhD, MT-BC & Kai Ling Kong

Project Lead Contact Information: Health Outcomes Research, Baby Health Behavior Lab. Arsmith1@cmh.edu; (816) 731-7309 x47309

Primary Aims/Goals

The primary aim of this project was to increase parent use of evidence-based language strategies through a language nutrition program. Early language rich interactions (i.e., Language nutrition) are known to support early brain development and pave the way for more optimal language, cognitive, academic, and health outcomes. A secondary aim was to explore the relationship between positive parent-infant interaction and reduced risk of obesity development. We proposed recruiting a total of 20 parent-infant dyads into the program through the Children's Mercy Broadway clinic. A total of 11 dyads participated in the program.

Accomplishments/Outcomes

Developing and implementing a new intervention with community participants was a major accomplishment of this program. Participants shared how much they valued having dedicated time to learn new ways of talk and singing to their baby. One mother stated, "I'm learning so much during our sessions". Throughout the program, parents were encouraged to talk and sing during everyday activities with their baby and one parent remarked, "my baby didn't like bath time but now when I am talking and singing to him, he loves it". Enrollment in this program was impacted due to a rise in COVID-19 as we launched this program. Families were not comfortable with guests coming into their home so we changed the program to a virtual delivery. Parents found the virtual format to be convenient and easy to use. One participant shared, "it was so easy to just schedule the appointment right when he wakes up from his nap and not have to worry about getting him ready to go somewhere." While participants found the program to be convenient, there were a high number of missed and rescheduled appointments due to sickness (cold season, COVID etc.), communication difficulty, and other individual family circumstances. We prioritized flexibility throughout this pilot study in order to help participants feel comfortable contacting us if they needed to reschedule. The knowledge we gained from working with young families from Jackson County during this pilot program will inform new implementation strategies for a more targeted intervention in the future. The short funding period for this pilot program did not allow us to reach our recruitment goal, we are hoping to secure additional funding to expand this program to more families. We are currently preparing to submit this pilot study for publication.

Community Impact

Growing up in a low SES family can put infants at a higher risk for poor health and psychological wellbeing as well as reduced access to environmental enrichment (i.e., frequent, high-quality parent-infant interactions and cognitively stimulating non-food activity). Coaching parents on becoming conversational partners with their baby throughout everyday activities was well received by participants. One mother was particularly invested in the program and prepared for each session by reading through the materials. From week to week, she spontaneously used strategies she learned from the previous week's session. She was particularly interested in making up songs and singing with her baby throughout the program and stated that she really noticed her baby interacting with her so much more when she was singing. Families who participated in this program were provided with free books and toys for their baby. Access to age-appropriate materials may encourage families to seek out additional books and cognitively stimulating toys as their baby grows, indirectly enriching the home environment.

Project Title: AccessKC Teen
Project Lead: Emily Hurley, PhD; Melissa Miller, MD
Project Lead Children's Mercy – KC
Contact Information: eahurley@cmh.edu, mmiller@cmh.edu

Primary Aims/Goals

We launched a series of health outreach events featuring the Children's Mercy Mobile Unit which is equipped to provide direct patient care as well as demonstrate telemedicine. We engaged with four teen leaders to mobilize their social networks to attend outreach events. We completed 8 health demonstration events where teens could learn about telemedicine, get information and resources for sexual and mental healthcare, and acquire free health items. Teens were invited to complete a survey and we enrolled 98 (target was 100 teens).

Accomplishments/Outcomes

All teens (98) received a referral sheet, 39 accepted over-the-counter emergency contraception, and 45 accepted condoms. Many accepted hand sanitizer and stress balls. One teen registered as a patient and received birth control counseling. The challenges involved quickly figuring out where to host our events and how to get the word out, in order to reach as many teens as possible. We are submitting a research abstract to Pediatric Academic Society (due Jan 5, 2021) and preparing a manuscript for peer-reviewed journal. We received an NIH supplement award to continue to this work in 2022.

Community Impact

Very few teens had used telemedicine. After learning about it, most thought it would be a good way to get care and one said it was a "good way to communicate with a doctor especially for things that make us feel uncomfortable." Teens reported that many of their peers and friends were struggling with mental health concerns. Many had questions about birth control. Parents were happy to have health professionals discussing these sensitive and important topics with teens. One mother returned to the event with her teen in order for her to get birth control counseling, they had been trying to get an appointment but hadn't been able to yet

Project Title: Community Counseling and Assessment Services
Project Lead: Joah Williams & Julie Kohlhart
Project Lead Department of Psychology williamsjoah@umkc.edu,
Contact Information: (816) 469-9828

Primary Aims/Goals

In our original proposal, we anticipated linking and providing mental health services to 150 individuals from the Eastside.

In all, CCAS staff spoke with and provided information about mental health services to 110 individuals at community vaccination events. Of these individuals, 37 completed mental health screening, and 73 requested linkages to CCAS services.

Three individuals received mental health services, although we are actively working to continue contacting and scheduling individuals who requested services.

Accomplishments/Outcomes

One challenge that we encountered was that many people opted not to complete the fully mental health screener at vaccination events due to the length of the screener. Thus, we offered direct linkage to care for individuals who opted not to complete the screener during outreach events. However, this may have partially contributed to lower overall rates of connection to services, as many individuals never actually attended services. Because of clinic wait times, delays in scheduling services may have also been a barrier to eventual connection to care. CCAS will continue to collaborate with community partners to provide outreach and services.

Community Impact

Knowledge about the availability of mental health services remains a significant issue that contributes to existing disparities in mental health care, and by providing screening and linkage to care services, we hope to have improved overall knowledge about available mental health services in the community. Indeed, one of the individuals successfully connected to services was a young child and their mother, both new to the Kansas City area, who were otherwise unaware of available services. We hope this project help ease the burden of connection to care for them and others served.

Project Title: Psychological First Aid and Skills for Psychological Programs
Project Lead: Joah Williams & Erin Hambrick
Project Lead Department of Psychology williamsjoah@umkc.edu,
Contact Information: (816) 469-9828

Primary Aims/Goals

In our original proposal, we anticipated training 100 community members in early trauma interventions to serve as lay community mental health workers.

To date, 52 community members enrolled in one of three Psychological First Aid trainings. Fourteen individuals attended a training. We also have 17 individuals registered for one more training scheduled for 12/17.

Accomplishments/Outcomes

One ongoing challenge is identifying times that maximize attendance for individuals registering for trainings. To address this, our team has attempted offering trainings on different days of the week, and offering our training in an abbreviated, teleconferencing format. As a next step, we hope to continue our work by expanding Psychological First Aid trainings via statewide ECHOs pending successful grant funding and support.

Community Impact

This project benefited the Eastside by ensuring that a wide range of community members, from social workers to neighborhood association leaders, are trained in immediate trauma response models. In a post-survey response, one training attendee noted, "I like the simplicity of the model and resources provided in the manual. The instructors did a good job providing the resources for further information and stayed focused on the goals of the presentation in introducing the model to empower participants to use it/intervene more effectively."

Project Title: Developing an Application for Health Information and Social Support
Project Lead: Yugyung Lee
Project Lead UMKC Department of Computer Science and Electrical Engineering
Contact Information: leeyu@umkc.edu, (816) 235-5932

Primary Aims/Goals

Proposed number of persons recruited: 80. The number of persons actually recruited: 83

Accomplishments/Outcomes

The major challenge was deployment to users' end. To address this challenge, we created an IOS version, and an Android version. To empower community members, we purchased tablets and pre-installed the app with one-click sign-in. We worked collaboratively with KC's public library branches in the targeted area, to offer a safe environment with Wi-Fi connection and necessary equipment.

We are planning three papers as the next step:

- 1) a thematic analysis of the focus group discussion
- 2) a data mining analysis of the focus group discussion
- 3) a computer science paper of creating an AI model that can show empathy and ask follow-up questions in a group setting.

Community Impact

Our project creates a unique and direct channel to hear the opinions and thoughts about COVID and COVID vaccines from the local residents. The data collected are one of a kind; majority of our participants were from lower-income communities of color. In addition, we provided tablets as a compensation that people can use to read and connect to the knowledge on the Internet. One participant (a father) thanked us, saying the tablet was the best birthday gift for his daughter. Another participant said this was Christmas came earlier. We had many thanks from the participants saying that this was a great way of research, sharing opinions, and listening to each other. We felt that our research not only collected valuable data but also created a way for people to hear each other on important issues. Meanwhile, our participant's compensation contributes to the education and literacy of the target population.

Project Title: Artificial intelligence-assisted content analysis of social media discussion of covid-19 vaccination
Project Lead: Yugyung Lee
Project Lead Contact Information: UMKC Department of Computer Science and Electrical Engineering leeyu@umkc.edu, (816) 235-5932

Primary Aims/Goals

No human subject was involved.

Accomplishments/Outcomes

Manuscript submitted to the Journal of Medical Internet Research
Consumer Insights of COVID-19 Vaccines from Four Cities with Higher Percentages of African Americans to Inform Local Health Campaigns

Background: COVID-19 vaccination rates have waned across the country since the rollout in early 2021, especially among African American neighborhoods. Vaccine hesitancy is a recurring theme challenging the world's public health. Months after efforts to vaccinate the world's population, we still do not have a good understanding of consumer insights about those who choose to be vaccinated and those who refuse. This also suggests that many vaccination campaigns are running on assumptions not evidence informed by consumer insights.

Objective: The purpose of this study is to understand consumer insight of COVID-19 vaccines in in Kansas City, a city with higher percentages of African Americans, to contextualize the insight, and further, compare data from Kansas City with insights from three other medium-sized cities (Long Beach, California; Omaha, Nebraska; Raleigh, North Carolina) that also have higher percentages of people of color.

Methods: The researchers collected and analyzed 180,128 tweets from four cities. Triangulated methods were used to look at both the breadth and depth of data to provide validity to the findings. Health communication experts, informed by machine learning/deep learning topic and emotion models, conducted a textual analysis of the tweets. The strength of this study is the compilation of methods and the ways in which the data was analyzed and visualized.

Results: Four major themes about COVID were discovered from the mass of tweets: "COVID Vaccines," "Politics," "Mitigation Measures," and "Community/Local Issues." The counts of tweets per each topic and per emotion category were visualized to show regional differences and longitudinal changes. Critical moments of emotional changes were detected. Textual analysis based upon data partitioned by the models identified national and local themes. Insights into strategies of appealing to local residents are discussed.

Conclusions: This project's data reveal wavering relationships of trust among local residents and the government and its entities. While long-term initiatives should be used to re-build and strengthen relationships among local residents in cities with higher percentages of people of color, additional attention should be given to the health messaging directed at this audience. Practical implications are offered to inform local vaccination campaigns.

Community Impact

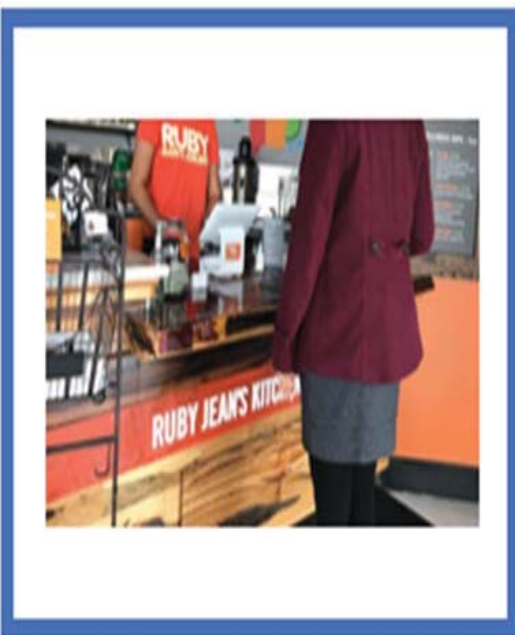
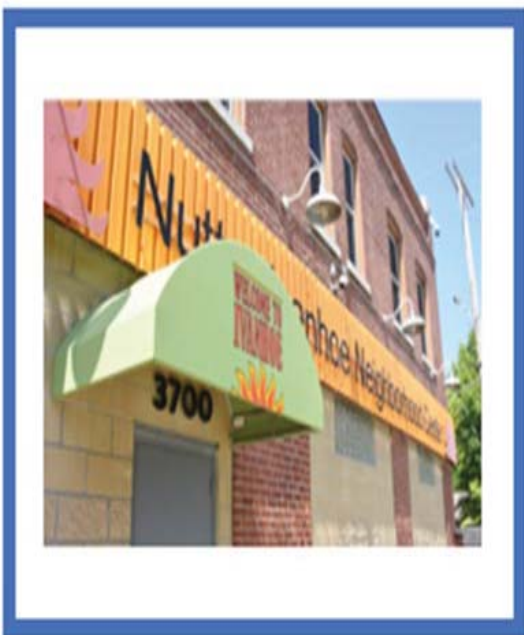
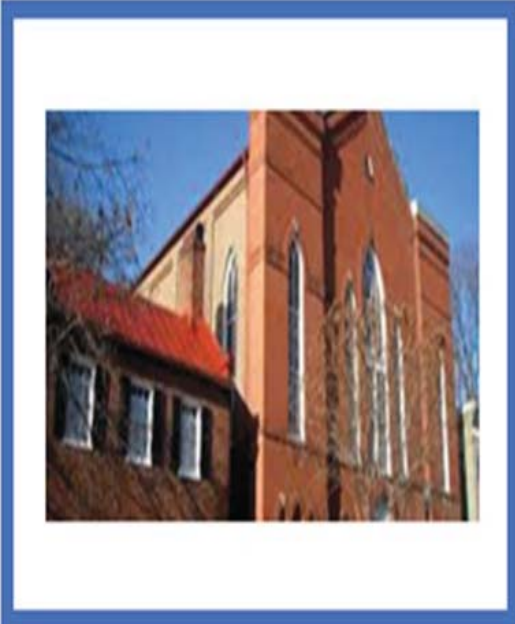
We were able to collect tweets based upon geographical locations. In other words, given what technology allows, we were able to get tweets from the targeted area as close as it could be. Based upon this precise geo-location data collection, we were able to analyze topics and sentiment about COVID and COVID vaccines longitudinally, and visualize important trends.

Period 1	Parent Project & Subcontracts	Manage Diabetes Study	Faith Sector	SOM Health Screenings	UH Vaccinations	Infant Mortality	Move More Get More Study	Scalable Exercise Study	Nursing Health Screenings	Youth Sector	Dental Health Screenings & Treatment	Pharmacy Vaccinations & Screenings	We-Listen Study	Neighborhood Sector	Business Sector	Total
	00080306	00080307	00080308	000808309	000808310	000808311	000808312	000808313	000808314	000808315	000808316	000808317	000808318	000808319	000808320	
Expenditures																
700000 - Salaries	\$ 278,239	\$ 41,175	\$ 31,390	\$ 169,761	\$ 606,440	\$ 227,920	\$ 49,254	\$ 44,049	\$ 54,483	\$ 34,000	\$ 164,528	\$ 210,574	\$ 61,284	\$ 37,673	\$ 41,550	\$ 2,052,317
710000 - Staff Benefits	\$ 91,341	\$ 14,775	\$ 11,300	\$ 33,304	\$ -	\$ 72,391	\$ 12,212	\$ 12,976	\$ 20,159	\$ 12,240	\$ 43,520	\$ 71,702	\$ 8,872	\$ 12,212	\$ 13,608	\$ 430,610
Personnel Total	\$ 369,579	\$ 55,950	\$ 42,690	\$ 203,065	\$ 606,440	\$ 300,311	\$ 61,466	\$ 57,025	\$ 74,642	\$ 46,240	\$ 208,048	\$ 282,276	\$ 70,156	\$ 49,885	\$ 55,158	\$ 2,482,926
721000 - Travel	\$ 4,750	\$ -	\$ 1,500	\$ -	\$ -	\$ 4,550	\$ -	\$ 2,250	\$ -	\$ 4,770	\$ 13,500	\$ 3,000	\$ -	\$ 4,770	\$ 1,500	\$ 40,589
730000 - Supplies	\$ 7,000	\$ 17,800	\$ 18,000	\$ 1,802	\$ 33,696	\$ 5,250	\$ 3,600	\$ 10,875	\$ -	\$ 15,000	\$ 13,900	\$ 118,375	\$ 3,814	\$ 18,000	\$ 11,000	\$ 278,112
742000 - Other misc expense	\$ 233,250	\$ 6,250	\$ 153,500	\$ 103,845	\$ -	\$ 37,363	\$ 5,500	\$ -	\$ -	\$ 133,500	\$ 116,037	\$ 231,900	\$ 12,937	\$ 137,750	\$ 148,750	\$ 1,320,582
750000 - Consultant Services	\$ 5,500	\$ 10,000	\$ -	\$ 18,875	\$ -	\$ 13,000	\$ 49,250	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 96,625
720001 - Department operating expense	\$ 250,500	\$ 34,050	\$ 173,000	\$ 124,522	\$ 33,696	\$ 60,163	\$ 58,350	\$ 13,125	\$ -	\$ 153,270	\$ 143,437	\$ 353,275	\$ 16,751	\$ 160,520	\$ 161,250	\$ 1,735,907
770000 - Equipment	\$ 2,500	\$ 500	\$ -	\$ -	\$ -	\$ 6,250	\$ 7,800	\$ -	\$ -	\$ -	\$ -	\$ 23,893	\$ -	\$ -	\$ -	\$ 40,943
766001 - Subcontracts >\$25,000	\$ 686,475	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 53,750	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 740,225
Total Direct Costs	\$ 1,309,054	\$ 90,500	\$ 215,690	\$ 327,586	\$ 640,136	\$ 366,723	\$ 127,616	\$ 123,900	\$ 74,642	\$ 199,510	\$ 351,485	\$ 659,443	\$ 86,907	\$ 210,404	\$ 216,408	\$ 5,000,000
Total Expenditures	\$ 1,309,054	\$ 90,500	\$ 215,690	\$ 327,586	\$ 640,136	\$ 366,723	\$ 127,616	\$ 123,900	\$ 74,642	\$ 199,510	\$ 351,485	\$ 659,443	\$ 86,907	\$ 210,404	\$ 216,408	\$ 5,000,000

UH=University Health
SOM=School of Medicine

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

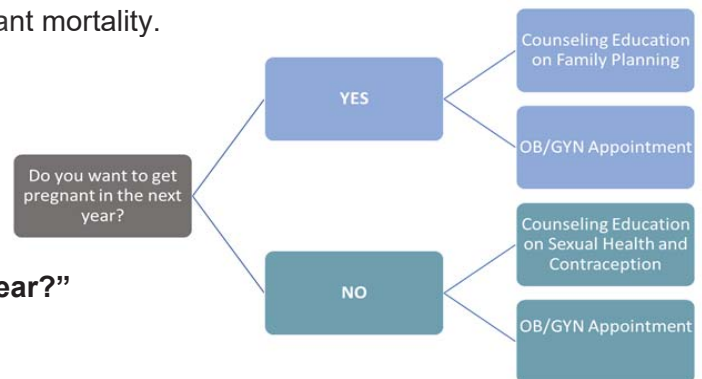
Among the primary causes of these high rates of infant mortality with underserved populations are low birth weight and pre-term births, sudden unexpected infant death syndrome, injuries and accidents, and deaths related to maternal pregnancy complications.¹⁶ Several social determinants contribute to 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.

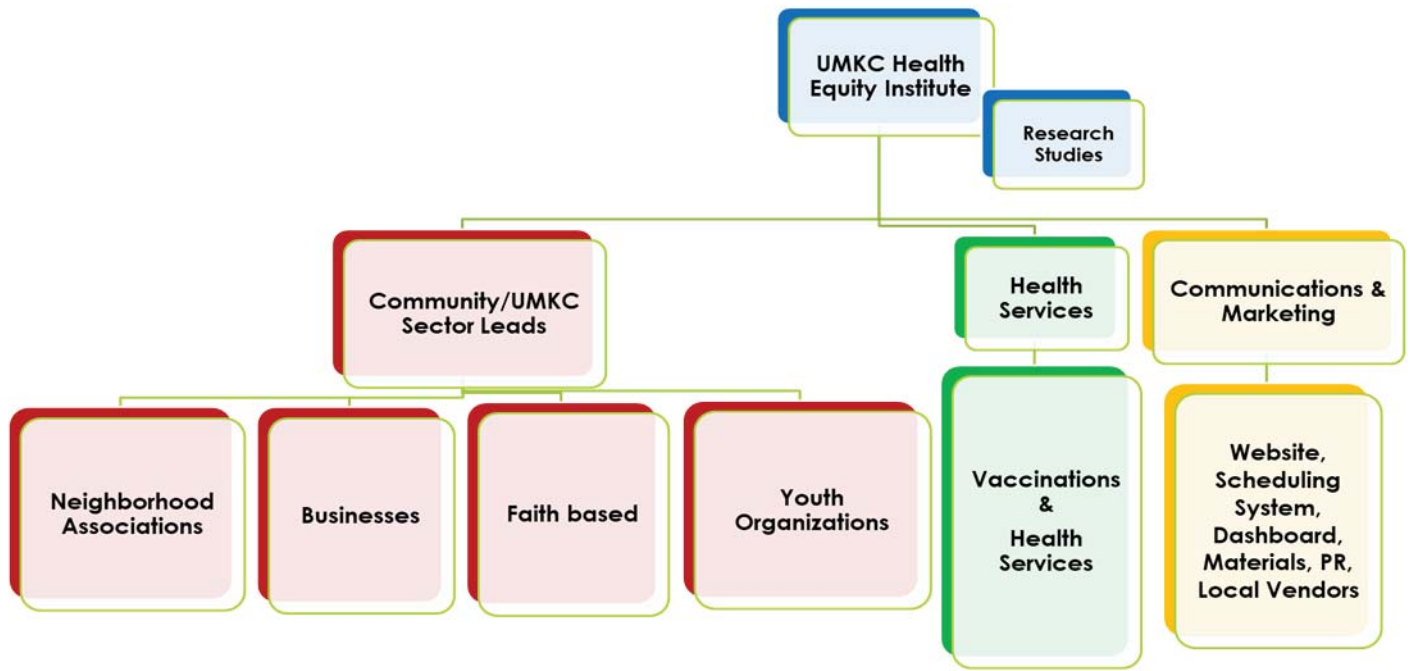
The CHRg team includes research associates, doctoral students, and undergraduate students from multiple disciplines across campus. CHRg and HEI studies have included thousands of participants, primarily underserved populations from the Eastside who have traditionally been difficult to engage in research. 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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