

County Distribution Agreement - ARPA Funds

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

RECITALS

WHEREAS, on March 11, 2021, the American Rescue Plan Act ("ARPA") was signed into law by the President; and

WHEREAS, section 9901 of ARPA amended Title VI of the Social Security Act to add section 603 which established the Coronavirus Local Fiscal Recovery Fund for counties; and

WHEREAS, on May 10, 2021, the United States Department of Treasury ("Treasury") issued the Interim Final Rule, which took effect on May 17, 2021 and was open for public comment until July 16, 2021; and

WHEREAS, County has or will receive an allocation and distribution of Coronavirus Local Fiscal Recovery Funds pursuant to ARPA (the "ARPA Funds"); and

WHEREAS, Recipient has requested funds from the County to cover eligible uses and costs incurred due to the public health emergency with respect to the Coronavirus Disease 2019 (COVID-19), as set forth in the Application for County ARPA Funds, attached as Exhibit A ("Application") and incorporated herein by reference; and

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

WHEREAS, County has reviewed said Application and has authorized the distribution of ARPA funds pursuant to Ordinance 5746, dated June 12, 2023, incorporated herein by reference;

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

1. Purpose. The purpose of this Agreement is to make an award ("Award") and distribution of funds from the County to Recipient for eligible uses, including to cover Recipient's costs and expenses incurred due to COVID-19 (the "Funds"). Recipient agrees the Funds shall be used only in compliance with section 603(c) of the Social Security Act, Treasury's regulations implementing that section, and guidance issued by Treasury. The Funds shall be used exclusively in accordance with the provisions contained in this Agreement in conformance with state and federal law and for no other purpose. Further, Recipient agrees that Funds shall be used exclusively for the purposes described in Exhibit B. Recipient understands and agrees that any deviations from the use of Funds, as described in Exhibit B, and as approved in this Agreement

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MARY JO SPINO
COUNTY CLERK

must have prior approval from the County's County Administrator, which is subject to the sole and absolute discretion of the County Administrator.

2. Assistance Listing. The Assistance Listing Number is 21.027 for ARPA Funds (formerly known as CFDA Number).

3. Uniform Administrative Requirements. The Award and Funds which are the subject of the Agreement are generally subject to the requirements set forth in the Uniform Administrative Requirements, Cost Principles, and Audit Requirements, 2 CFR Part 200 and Appendix II ("Uniform Guidance"), which are incorporated herein by reference as Appendix I.

4. Funding Source; Publication. Any publications produced with funds from this award must display the following language: "This project [is being] [was] supported, in whole or in part, by federal award number SLFRP3406, awarded to Jackson County, Missouri, by the U.S. Department of the Treasury.

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

a. The undersigned individual has all necessary authority on behalf of the Recipient to request funds from the County from the allocation of funds to the County of ARPA Funds. Recipient represents and warrants that it has determined prior to engaging in any project using the Funds that it has the institutional, managerial, and financial capability to ensure proper planning, management, and completion of such project.

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

c. Recipient expressly represents and warrants that it is eligible to receive the Funds in accordance with state and federal law, and that the Funds will be used exclusively for lawful expenditures pursuant to the requirements of ARPA and specifically as described in Exhibits A and B and awarded in this Agreement.

d. Recipient represents, warrants and agrees that the proposed uses of the Funds provided as a payment shall be used only to cover those costs that: (i) were incurred during the period beginning on January 1, 2023 and ending December 31, 2024, for one or more of the purposes enumerated in section 603(c)(1) of the Social Security Act; (ii) the Recipient has or will incur an obligation with respect to the costs by December 31, 2024; (iii) that is either for: (a) the purpose of responding to the public health emergency or its negative economic impacts, (b) responding to workers performing essential work during

the COVID-19 public health emergency by providing premium pay to eligible workers, (c) providing government services to the extent of the reduction in the Recipient's general revenue due to the COVID-19 public health emergency relative to revenues collected in the most recent full fiscal year of the Recipient prior to the emergency, or (d) to make necessary investments in infrastructure relating to clean water state revolving fund and drinking water state revolving fund investments, or broadband; and (iii) is not for: (a) deposit into any pension fund, (b) to directly or indirectly offset a reduction in the net tax revenue resulting from a covered change during the covered period, (c) use of ARPA funds as non-Federal match where prohibited, or (d) debt service, to satisfy a judgment or settlement, or to contribute to a "rainy day" fund.

e. Recipient agrees to comply with all other applicable Federal statutes, regulations, and executive orders and provide for compliance with ARPA, the Interim Final Rule issued by the Department of the Treasury as set forth in 31 CFR Part 35, any Final Rule issued by the Department of the Treasury, and any interpretive guidance by other parties in any agreements Recipient enters into with other parties relating to the ARPA Funds.

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

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

h. Recipient may not use funds received pursuant to this Agreement to make a grant to any other local government, public entity, political subdivision, non-profit corporation, corporation, limited liability company, or other business entity, or individual unless: (1) the specific use of funds was expressly described in the Application set forth in Exhibit A, (2) except for uses approved by the County as set forth in Exhibit B, and (3) the funds awarded are used solely for necessary expenditures which satisfy the requirements set forth in paragraph 5.d. of this Agreement. Recipient is responsible for all documentation requirements set forth in this Agreement.

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

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

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

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

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

6. Award and Distribution of Funds; Amount. Subject to the representations, warranties, covenants and agreements set forth in this Agreement, including the representations, warranties covenants, and agreements made by Recipient in the Application attached as Exhibit A, County agrees to distribute to Recipient the Funds ("Funds") in the amount of \$5,000,000 and for the purposes set forth and described in Exhibit B, subject to approval and execution of this Agreement. Recipient understands and agrees that the Funds will not be disbursed under this Agreement until such time as all required documentation is provided by Recipient, including supporting documents, and all required documents are approved and signed by Recipient and County. Recipient understands and acknowledges that all awards are subject to the availability of funds and any modifications or additional requirements that may be imposed by law. In the event of a change in ARPA or guidance issued by the United States Department of Treasury that affect the Decision and this Agreement, the obligations of the County under this Agreement may be terminated immediately.

7. Term. This Agreement shall commence on the last date set forth on the signature pages of this Agreement and shall remain in force and effect unless otherwise terminated as provided in this Agreement. Recipient must use the Funds to cover eligible costs incurred during the period that begins on January 1, 2023, and ends on December 31, 2024, subject to the requirements of paragraph 9, below.

8. Use of Funds. Recipient shall only use the Funds for the purposes and intended use of funds description set forth in the Application for County ARPA Funds set forth in Exhibit A, and as set forth in Exhibit B, and this Agreement. Recipient may only use Funds for the purposes set forth in Exhibit B. Modification of Recipient's purpose and intended use of funds shall require

prior written approval of the County's County Administrator. Recipient may not pay pre-award costs as defined in 2 C.F.R. § 200.458 from the Funds.

9. Unused Funds. Funds awarded and paid from the County to Recipient pursuant to this Agreement that are not obligated by December 31, 2024, shall be returned to the County on or before March 31, 2025, and any funds obligated by December 31, 2024, and not expended on or before September 30, 2026, shall be returned to the County on or before October 31, 2026.

10. Documentation and Reporting Use of Funds. Recipient agrees to comply with any reporting obligations established by Treasury as it relates to the ARPA Funds and to maintain the records necessary in order to comply with the requirements of ARPA; the requirements of the Interim Final Rule and, once issued, the Final Rule; the requirements of the Department of Treasury Compliance and Reporting Guidance, and shall maintain proper documentation supporting determinations of costs and applicable compliance requirements, and satisfaction of those requirements as part of award management, internal controls, and subrecipient oversight and management and to demonstrate that the Funds have been used in accordance with section 603 of the Social Security Act. Recipient agrees to utilize appropriate fund accounting, auditing, monitoring and such evaluation procedures as may be necessary to create, keep and maintain such records as the federal, state, and County may prescribe, and in order to assure fiscal control, proper management, and efficient disbursement of funds received under this Agreement.

Recipient shall maintain all books, records and other financial documents sufficient to evidence compliance with section 603(c) of the Act, Treasury's regulations and guidance, and federal reporting and audit-related requirements. Recipient shall make all books, records and other documents available at all reasonable times for inspection and copying by the County in order to ensure compliance with ARPA, U.S. Department of Treasury Guidance, the intended purposes of the Funds as set forth in Exhibit A and as modified in Exhibit B, audit requirements, and this Agreement. Copies of all records (including electronic records) shall be furnished to the County at no cost and upon request. Treasury Office of Inspector General and the Government Accountability Office, or their authorized representatives shall have the right of access to records (electronic or otherwise) of Recipient in order to conduct audits or investigations. Records shall be maintained by Recipient for a period of five (5) years after all Funds have been expended, or returned to the County or Treasury, whichever is later.

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

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

- a. Procurement and conflict of interest policies;
- b. Documentation of compliance with applicable procurement laws and requirements for Recipient;
- c. Publication and/or posting documentation relating to procurement;
- d. Requests for bids/requests for proposals/requests for qualifications;
- e. Estimates, quotes, bid responses, proposals, or statements of qualifications;
- f. Sales receipts and invoices;
- g. Contracts for the purchase of goods or services;
- h. Proof of evaluation and award (e.g., minutes, approval by authorized representative, etc.);
- i. Purchase orders, payment requests, or applications for payment;
- j. Proof of payment (e.g., cancelled checks, direct payment information, bank statements, credit card statements);
- k. Proof of delivery on goods (e.g., copies of packing slips or bills of lading);
- l. Proof of services rendered (e.g., statements confirming services provided by a vendor or contractor);
- m. Time sheets and other personnel information (e.g., wage rates, job duties, etc., if applicable);
- n. Direct solicitation lists (if applicable);
- o. Documentation of sole source procurement (if applicable);
- p. Bonding and insurance documents (if applicable)
- q. E-Verify documentation;
- r. Financial reports regarding the use of the Funds;

- s. Any other documents reasonably required by the County, its auditors, or the United States with respect to compliance with the requirements of ARPA and related guidance.

11. Compliance with Applicable Laws and Regulations.

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

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

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

d. Recipient understands and agrees to maintain a conflict of interest policy consistent with 2 C.F.R. § 200.318(c) and that such conflict of interest policy is applicable to each activity funded under this award. Recipient must disclose in writing to Treasury or County, as appropriate, any potential conflict of interest affecting the Funds in accordance with 2 C.F.R. § 200.112.

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

f. Recipient warrants that it has no current, pending or outstanding criminal, civil, or enforcement actions initiated by any federal, state, or local government.

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

- h. Uniform Administrative Requirements, Cost Principles and Audit Requirements for Federal Awards, 2 C.F.R. Part 200, shall apply to this award, including Subpart F – Audit Requirements of the Uniform Guidance, implementing the Single Audit Act, other than such provisions as Treasury may determine are inapplicable and subject to such exceptions as may be provided by Treasury
- i. Universal Identifier and System for Award Management (SAM), 2 C.F.R. Part 25 pursuant to which the award term set forth in Appendix A to 2 C.F.R. Part 25 is incorporated herein by reference.
- j. Reporting Subaward and Executive Compensation Information, 2 C.F.R. Part 170, pursuant to which the award term set forth in Appendix A to 2 C.F.R. Part 170 is incorporated herein by reference.
- k. OMB Guidelines to Agencies on Governmentwide Debarment and Suspension, 2 C.F.R. Part 180, including the requirement to include a term or condition in all lower tier covered transactions that the award is subject to 2 C.F.R. Part 180 and Treasury's implementing regulation at 31 C.F.R. Part 19.
- l. Recipient Integrity and Performance Matters, pursuant to which the award term set forth in 2 C.F.R. Part 200, Appendix XIII to Part 200 is incorporated herein by reference.
- m. Governmentwide Requirements for Drug-Free Workplace, 31 C.F.R. Part 20 is incorporated herein by reference.
- n. Restrictions on Lobbying, 31 C.F.R. Part 21 is incorporated herein by reference.
- o. Uniform Relocation Assistance and Real Property Acquisitions Act of 1970 and implementing regulations is incorporated herein by reference.
- p. Generally applicable federal environmental laws and regulations are incorporated herein by reference.
- q. Recipient agrees to the Assurances of Compliance with Civil Rights Requirements, attached hereto and incorporated herein by reference as Appendix 2.
- r. Recipient agrees to comply, as applicable, with requirements of the Hatch Act, which limit certain political activities of state or local government employees whose principal employment is in connection with an activity financed in whole or in part by the federal assistance which is the subject of this Agreement.
- s. Recipient is encouraged to adopt and enforce on-the-job seat belt policies and programs for its employees when operating owned, rented, or personal vehicles.
- t. Recipient is encouraged to adopt and enforce policies that ban text message while driving, and to establish workplace safety policies to decrease accidents caused by distracted drivers.

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

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

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

b. Failure to Comply with Applicable Laws. Recipient fails to comply with or satisfy any of the requirements described in paragraph 27.

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

i. Use of Funds that are different than the Purpose and Intended Use of Funds as detailed in Exhibit A, Application for County ARPA Funds, or Exhibit B;

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

iii. Use of Funds for a purpose described in Exhibit A, but not set forth in Exhibit B;

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

v. Use of Funds for costs incurred outside the time period of January 1, 2023 through December 31, 2024; or

vi. Failure to return funds that have not been obligated by December 31, 2024, by March 31, 2025.

vii. Failure to refund funds that have been obligated by December 31, 2024, but that have not been expended on or before September 30, 2026, by October 31, 2026.

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

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

f. Determination regarding ARPA. Use of the Funds for purposes that are determined not to be eligible, compliant with, or used in a manner consistent with the requirements of section 603 of the Social Security Act, as determined by the County, an independent auditor, the United States Department of Treasury, or other agency charged with evaluating compliance with the requirements of ARPA, including the review and evaluation of internal controls, monitoring and management, and audit requirements.

g. Recoupment Request or Demand to County. A request or demand is made to the County by an independent auditor or the United States to repay any of the Funds awarded to Recipient, subject to a determination by the County of the correctness and appropriateness of the request or demand. In such event, County shall provide written notice to the Recipient of the nature and extent of the request or demand, and, subject to the obligations of Recipient pursuant to paragraph 12, County and Recipient may mutually agree to the appropriate course of action under the circumstances.

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

14. Remedies Upon Event of Default. Upon and during the continuance of an Event of Default, County may take any of the following actions, individually or in combination with any

other remedy available hereunder or under applicable laws, rules and regulations. The remedies contained herein are in addition to all other remedies available to County at law or in equity by statute or otherwise and the exercise of any such remedy shall not preclude or in any way be deemed to waive any other remedy.

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

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

c. Offset. County may offset against all or any portion of undisbursed Funds to Recipient or against any amount or payment due to Recipient under any other statutory provision or agreement between Recipient and County an amount equal the amount of Funds related to the Event of Default. In the event Recipient maintains an ad valorem real estate and/or personal property tax levy in the County, and there exists an Event of Default, Recipient consents to and agrees that as a condition of the award of and payment of Funds pursuant to this Agreement, County shall have the right, but not the obligation, to withhold from ad valorem real estate and/or personal property tax collections an amount that is equal to the Funds which are the subject of the Event of Default. In such event, County shall provide written notice to Recipient of the intent to offset ("Offset Notice").

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

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

f. False Statements. Making false statements or claims in connection with this award constitutes a violation of federal law and may result in criminal, civil, or administrative sanctions, including fines, imprisonment, civil damages and penalties, debarment from participation in federal awards or contracts, and any other remedy available by law.

g. Other Remedial Actions. In the event of Recipient's noncompliance with section 603 of the Act, other applicable laws, Treasury's implementing regulations, guidance, or any reporting or other program requirements, County and Treasury may impose additional conditions on the receipt of funds, if any, or take other available remedies as set forth in 2 C.F.R. § 200.339. In the case of a violation of section 603(c) of the Act regarding the use of Funds, previous payments shall be subject to recoupment.

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

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

17. Discrimination.

a. Recipient agrees to comply with Title VI of the Civil Rights Act of 1964 and Treasury's implementing regulations at 31 C.F.R. Part 22, which prohibit discrimination on the basis of race, color, or national origin under programs or activities receiving federal financial assistance.

b. Recipient agrees to comply with the requirements of the Fair Housing Act, Title VII of the Civil Rights Act of 1968 which prohibits discrimination in housing on the basis of race, color, religion, national origin, sex, familial status, or disability.

c. Recipient agrees to comply with the requirements of Section 504 of the Rehabilitation Act of 1973, as amended, which prohibits discrimination on the basis of disability under any program or activity receiving federal financial assistance.

d. Recipient agrees to comply with the requirements of the Age Discrimination Act of 1975, as amended and Treasury's implementing regulations at 31 C.F.R. Part 23, which prohibit discrimination on the basis of age in programs or activities receiving federal financial assistance.

e. Recipient agrees to comply with Title II of the Americans with Disabilities Act of 1990, as amended, which prohibits discrimination on the basis of disability under

programs, activities, and services provided or made available by state and local governments or instrumentalities or agencies thereto.

18. Whistleblower Protection. Recipient may not discharge, demote, or otherwise discriminate against an employee in reprisal for disclosing to any of the following persons or entities, information that the employee reasonably believes is evidence of gross mismanagement of a federal contract or grant, a gross waste of federal funds, an abuse of authority relating to a federal contract or grant, a substantial and specific danger to public health or safety, or a violation of law, rule, or regulation related to a federal contract or grant: (i) a member of Congress or a representative of a committee of Congress; (ii) an Inspector General; (iii) the Government Accountability Office; (iv) a Treasury employee responsible for contract or grant oversight or management; (v) an authorized official of the Department of Justice or other law enforcement agency; (vi) a court or grand jury; or (vii) a management official or other employee of County, contractor, or subcontractor who has the responsibility to investigate, discover, or address misconduct. Recipient shall inform its employees in writing of the rights and remedies provided under this section, the predominant native language of the workforce.

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

20. Indemnification. Recipient agrees, to the fullest extent permitted by law, and without waving any applicable defenses, including but not limited to sovereign immunity, to defend, indemnify, and hold harmless County, its office holders, employees, and agents, from and against any and all claims, liabilities, losses and expenses directly, indirectly, wholly or partially arising from or in connection with any act or omission of Recipient, its officers, directors, employees or agents, or any other person affiliated with Recipient in applying for or accepting the Funds, in the use or expenditure of the Funds, or any other matters arising out of or relating to the Application, the Notice of Decision, or this Agreement.

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

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

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

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

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

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

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

28. Federal Financial Assistance. The Fund payments which are the subject of this Agreement are considered federal financial assistance subject to the Single Audit Act, 31 U.S.C. §§ 7501-7507, and the related provisions of the Uniform Guidance, 2 C.F.R. §203 regarding internal controls; §§200.330 through 200.332 regarding subrecipient monitoring and management, and subpart F regarding audit requirements, the requirements of which are incorporated herein by reference as though fully set forth herein.

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

- a. Section 603 of the Social Security Act, as added by section 9901 of ARPA, which established the Coronavirus Local Fiscal Recovery Fund ("ARPA");
- b. United States Department of Treasury, Interim Final Rule, 31 CFR 35, Federal Register, Vol. 86, No. 93;
- c. Any Final Rule issued by United States Department of Treasury;

- d. United States Department of Treasury, Coronavirus State and Local Fiscal Recovery Funds, Frequently Asked Questions, updated November 15, 2021;
- e. United States Department of Treasury, Compliance and Reporting Guidance, State and Local Fiscal Recovery Funds, updated September 30, 2021;
- f. United States Department of Treasury, Treasury's Portal for Recipient Reporting, State and Local Fiscal Recovery Funds, updated August 9, 2021;
- g. Any and all subsequent guidance issued by the United States, including the Department of Treasury or other federal agencies relating to ARPA.

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

JACKSON COUNTY
By: [Signature]

Date: _____

Name: Frank White, Jr.
Title: County Executive

Approved as to Form:
[Signature]
Bryan Covinsky, County Counselor

Address: 415 E 12th Street, 2nd Floor
Kansas City, MO 64106

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

RECIPIENT, The Curators of the University of Missouri on Behalf of UNIVERSITY OF MISSOURI - KANSAS CITY

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

By: [Signature]

Date: 9/15/2023

Name: YUSHENG Liu

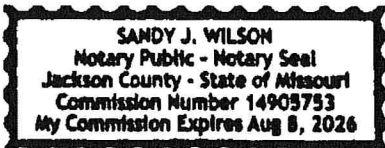
Title: Vice Chancellor For Research Services

Address: University of Missouri - Kansas City
5100 Rockhill Rd.
Kansas City, MO 64110-2449

Subscribed and sworn to before me this 15 day of September, 2023.

[Signature]
Notary Public


My Commission Expires: 8/8/2026



REVENUE CERTIFICATE

I hereby certify that there is a balance otherwise unencumbered to the credit of the appropriation to which this contract is chargeable, and a cash balance otherwise unencumbered in the treasury from which payment is to be made, each sufficient to meet the obligation of \$5,000,000.00 which is hereby authorized.

8-23-2023
Date


Director of Finance and Purchasing
Account No. 050-7804-56070
PC 780423001 000 DM

Appendix 2

OMB Approved No. 1505-0271

Expiration Date: November 30, 2021

ASSURANCES OF COMPLIANCE WITH CIVIL RIGHTS REQUIREMENTS

ASSURANCES OF COMPLIANCE WITH TITLE VI OF THE CIVIL RIGHTS ACT OF 1964

As a condition of receipt of federal financial assistance from the Department of the Treasury, the recipient named below (hereinafter referred to as the "Recipient") provides the assurances stated herein. The federal financial assistance may include federal grants, loans and contracts to provide assistance to the Recipient's beneficiaries, the use or rent of Federal land or property at below market value, Federal training, a loan of Federal personnel, subsidies, and other arrangements with the intention of providing assistance. Federal financial assistance does not encompass contracts of guarantee or insurance, regulated programs, licenses, procurement contracts by the Federal government at market value, or programs that provide direct benefits.

The assurances apply to all federal financial assistance from or funds made available through the Department of the Treasury, including any assistance that the Recipient may request in the future.

The Civil Rights Restoration Act of 1987 provides that the provisions of the assurances apply to all of the operations of the Recipient's program(s) and activity(ies), so long as any portion of the Recipient's program(s) or activity(ies) is federally assisted in the manner prescribed above.

1. Recipient ensures its current and future compliance with Title VI of the Civil Rights Act of 1964, as amended, which prohibits exclusion from participation, denial of the benefits of, or subjection to discrimination under programs and activities receiving federal financial assistance, of any person in the United States on the ground of race, color, or national origin (42 U.S.C. § 2000d *et seq.*), as implemented by the Department of the Treasury Title VI regulations at 31 CFR Part 22 and other pertinent executive orders such as Executive Order 13166, directives, circulars, policies, memoranda, and/or guidance documents.

2. Recipient acknowledges that Executive Order 13166, "Improving Access to Services for Persons with Limited English Proficiency," seeks to improve access to federally assisted programs and activities for individuals who, because of national origin, have Limited English proficiency (LEP). Recipient understands that denying a person access to its programs, services, and activities because of LEP is a form of national origin discrimination prohibited under Title VI of the Civil Rights Act of 1964 and the Department of the Treasury's implementing regulations. Accordingly, Recipient shall initiate reasonable steps, or

comply with the Department of the Treasury's directives, to ensure that LEP persons have meaningful access to its programs, services, and activities. Recipient understands and agrees that meaningful access may entail providing language assistance services, including oral interpretation and written translation where necessary, to ensure effective communication in the Recipient's programs, services, and activities.

3. Recipient agrees to consider the need for language services for LEP persons when Recipient develops applicable budgets and conducts programs, services, and activities. As a resource, the Department of the Treasury has published its LEP guidance at 70 FR 6067. For more information on taking reasonable steps to provide meaningful access for LEP persons, please visit <http://www.lep.gov>.

4. Recipient acknowledges and agrees that compliance with the assurances constitutes a condition of continued receipt of federal financial assistance and is binding upon Recipient and Recipient's successors, transferees, and assignees for the period in which such assistance is provided.

5. Recipient acknowledges and agrees that it must require any sub-grantees, contractors, subcontractors, successors, transferees, and assignees to comply with assurances 1-4 above, and agrees to incorporate the following language in every contract or agreement subject to Title VI and its regulations between the Recipient and the Recipient's sub-grantees, contractors, subcontractors, successors, transferees, and assignees:

The sub-grantee, contractor, subcontractor, successor, transferee, and assignee shall comply with Title VI of the Civil Rights Act of 1964, which prohibits recipients of federal financial assistance from excluding from a program or activity, denying benefits of, or otherwise discriminating against a person on the basis of race, color, or national origin (42 U.S.C. § 2000d et seq.), as implemented by the Department of the Treasury's Title VI regulations, 31 CFR Part 22, which are herein incorporated by reference and made a part of this contract (or agreement). Title VI also includes protection to persons with "Limited English Proficiency" in any program or activity receiving federal financial assistance, 42 U.S.C. § 2000d et seq., as implemented by the Department of the Treasury's Title VI regulations, 31 CFR Part 22, and herein incorporated by reference and made a part of this contract or agreement.

6. Recipient understands and agrees that if any real property or structure is provided or improved with the aid of federal financial assistance by the Department of the Treasury, this assurance obligates the Recipient, or in the case of a subsequent transfer, the transferee, for the period during which the real property or structure is used for a purpose for which the federal financial assistance is extended or for another purpose involving the provision of similar services or benefits. If any personal property is provided, this assurance obligates the Recipient for the period during which it retains ownership or possession of the property.

7. Recipient shall cooperate in any enforcement or compliance review activities by the Department of the Treasury of the aforementioned obligations. Enforcement may include investigation, arbitration, mediation, litigation, and monitoring of any settlement agreements that may result from these actions. The Recipient shall comply with information requests, on-

site compliance reviews and reporting requirements.

8. Recipient shall maintain a complaint log and inform the Department of the Treasury of any complaints of discrimination on the grounds of race, color, or national origin, and limited English proficiency covered by Title VI of the Civil Rights Act of 1964 and implementing regulations and provide, upon request, a list of all such reviews or proceedings based on the complaint, pending or completed, including outcome. Recipient also must inform the Department of the Treasury if Recipient has received no complaints under Title VI.

9. Recipient must provide documentation of an administrative agency's or court's findings of non-compliance of Title VI and efforts to address the non-compliance, including any voluntary compliance or other agreements between the Recipient and the administrative agency that made the finding. If the Recipient settles a case or matter alleging such discrimination, the Recipient must provide documentation of the settlement. If Recipient has not been the subject of any court or administrative agency finding of discrimination, please so state.

10. If the Recipient makes sub-awards to other agencies or other entities, the Recipient is responsible for ensuring that sub-recipients also comply with Title VI and other applicable authorities covered in this document. State agencies that make sub-awards must have in place standard grant assurances and review procedures to demonstrate that they are effectively monitoring the civil rights compliance of sub-recipients.

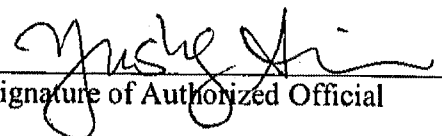
The United States of America has the right to seek judicial enforcement of the terms of this assurances document and nothing in this document alters or limits the federal enforcement measures that the United States may take in order to address violations of this document or applicable federal law.

Under penalty of perjury, the undersigned official(s) certifies that official(s) has read and understood the Recipient's obligations as herein described, that any information submitted in conjunction with this assurances document is accurate and complete, and that the Recipient is in compliance with the aforementioned nondiscrimination requirements.

The Curators of the University of Missouri on Behalf of the University
of Missouri - Kansas City

Recipient

Date 9/15/2023


Signature of Authorized Official

PAPERWORK REDUCTION ACT NOTICE

The information collected will be used for the U.S. Government to process requests for support. The estimated burden associated with this collection of information is 30 minutes per response. Comments concerning the accuracy of this burden estimate and suggestions for reducing this burden should be directed to the Office of Privacy, Transparency and Records, Department of the Treasury, 1500 Pennsylvania Ave., N.W., Washington, D.C. 20220. DO NOT send the form to this address. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid control number assigned by OMB.

| Period 1 | Berkley-Paton 00080306 | Bruce-SOM 00080307 | Bower-Thompson- Churches 00080308 | Ellison-SOM 00080309 | Steele-UH (Pain Beam) 00080310 | Johnson-SOM 00080311 | Grimes-Nursing #1 00080312 | Lightner-Nursing #2 00080313 | Roberts-Nursing #3 00080314 | Grimes-Youth 00080315 | Simmer-Beck - Dental 00080316 | Lindsay - Pharmacy 00080317 | Lee - Comp. & Eng. 00080318 | Newman- Neighborhoods 00080319 | Myers-Businesses 00080320 | Total |
|--|---------------------------|-----------------------|---|-------------------------|--------------------------------------|-------------------------|-------------------------------|------------------------------------|-----------------------------------|--------------------------|-------------------------------------|-----------------------------------|-----------------------------------|--------------------------------------|------------------------------|--------------|
| 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 | \$ 41,549 | \$ 2,052,321 |
| 710000 - Staff Benefits | \$ 91,340 | \$ 14,775 | \$ 11,300 | \$ 33,303 | \$ - | \$ 72,391 | \$ 12,212 | \$ 12,976 | \$ 20,159 | \$ 42,240 | \$ 43,520 | \$ 71,702 | \$ 8,872 | \$ 12,212 | \$ 13,608 | \$ 430,611 |
| Personnel Total | \$ 369,579 | \$ 55,950 | \$ 42,690 | \$ 203,064 | \$ 606,440 | \$ 300,311 | \$ 61,466 | \$ 57,025 | \$ 74,642 | \$ 46,240 | \$ 208,048 | \$ 282,276 | \$ 70,156 | \$ 49,885 | \$ 55,158 | \$ 2,482,931 |
| 742000 - Other misc expense | \$ 98,250 | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ 20,279 | \$ - | \$ 9,023 | \$ - | \$ - | \$ 127,552 |
| 728000 - Business Meeting Expense-Food | \$ 5,000 | \$ - | \$ 3,500 | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ 2,600 | \$ - | \$ - | \$ - | \$ 2,880 | \$ 3,920 | \$ 17,900 |
| 750120 - Research Participant Fee | \$ 90,000 | \$ 6,250 | \$ - | \$ 36,000 | \$ - | \$ 10,425 | \$ 1,800 | \$ - | \$ - | \$ - | \$ 84,000 | \$ 40,000 | \$ - | \$ - | \$ - | \$ 268,475 |
| 725000 - Marketing/advertising expense | \$ 20,000 | \$ - | \$ 18,000 | \$ - | \$ - | \$ 5,937 | \$ - | \$ - | \$ - | \$ 21,000 | \$ - | \$ - | \$ - | \$ 21,600 | \$ 22,200 | \$ 108,737 |
| 730500 - Lab supplies | \$ - | \$ - | \$ - | \$ 52,800 | \$ 33,696 | \$ - | \$ - | \$ - | \$ - | \$ - | \$ 12,680 | \$ 79,975 | \$ - | \$ - | \$ - | \$ 179,151 |
| 722000 - Training & Development | \$ - | \$ - | \$ - | \$ 7,545 | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ 10,318 | \$ - | \$ - | \$ - | \$ - | \$ 17,863 |
| 740100 - Computers - Non Capital | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ 3,814 | \$ - | \$ - | \$ 3,814 |
| 740150 - Software - Non Capital | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ 1,440 | \$ - | \$ - | \$ - | \$ - | \$ 1,440 |
| 759910 - Other Prof (Internal) | \$ - | \$ - | \$ 102,000 | \$ 13,795 | \$ - | \$ 6,000 | \$ 7,300 | \$ - | \$ - | \$ 81,900 | \$ - | \$ 191,900 | \$ - | \$ 84,469 | \$ 122,630 | \$ 609,994 |
| 727000 - Copy Service | \$ 25,000 | \$ - | \$ 18,000 | \$ - | \$ - | \$ 20,250 | \$ - | \$ - | \$ - | \$ 15,000 | \$ - | \$ 38,400 | \$ - | \$ 18,000 | \$ 11,000 | \$ 145,650 |
| 750000 - Consultant Services | \$ 5,500 | \$ 10,000 | \$ 30,000 | \$ 12,580 | \$ - | \$ 13,000 | \$ 49,250 | \$ 53,750 | \$ - | \$ 28,000 | \$ - | \$ - | \$ - | \$ 28,800 | \$ - | \$ 230,880 |
| 720001 - Department operating expense | \$ 250,495 | \$ 34,050 | \$ 173,000 | \$ 124,522 | \$ 33,696 | \$ 60,162 | \$ 58,350 | \$ 66,875 | \$ - | \$ 153,270 | \$ 143,437 | \$ 353,275 | \$ 12,837 | \$ 160,519 | \$ 161,250 | \$ 1,785,739 |
| 770000 - Equipment | \$ 2,499 | \$ 500 | \$ - | \$ - | \$ - | \$ 6,250 | \$ 7,800 | \$ - | \$ - | \$ - | \$ - | \$ 23,892 | \$ - | \$ - | \$ - | \$ 40,941 |
| 760001 - Student aid (Tuition) | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ 3,914 | \$ - | \$ - | \$ 3,914 |
| 768001 - Subcontracts 525,000 | \$ 686,475 | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ 686,475 |
| Total Direct Costs | \$ 1,309,049 | \$ 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 | \$ 1,309,049 | \$ 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 |

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 January 1, 2023 – 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

Table 2: Infant Mortality Rates by Race, 2000-2015 (DHSS, MICA, 2018)

| 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

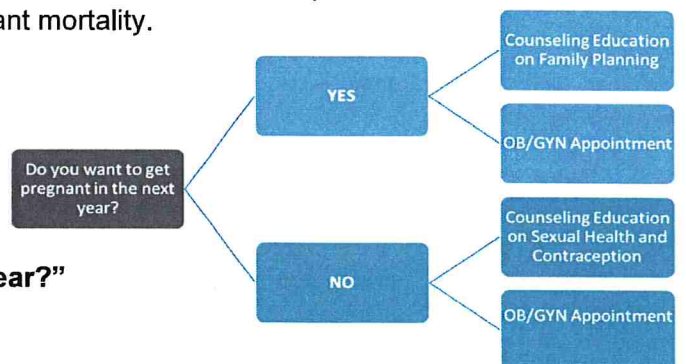
Among the primary causes of these high rates of infant mortality with underserved populations are low birth weight and pre-term births, sudden unexpected infant death syndrome, injuries and accidents, and deaths related to maternal pregnancy complications.¹⁶ Several social determinants contribute to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

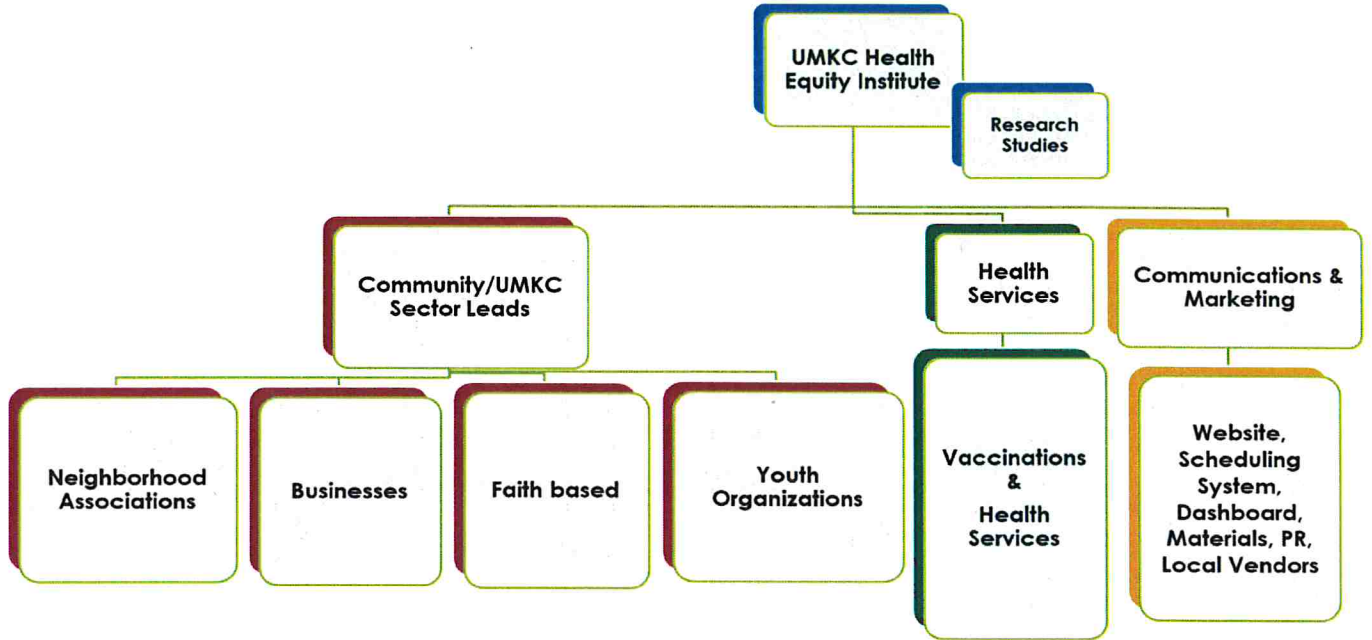
The CHRg team includes research associates, doctoral students, and undergraduate students from multiple disciplines across campus. CHRg and HEI studies have included thousands of participants, primarily underserved populations from the Eastside who have traditionally been difficult to engage in research. 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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 28. Bauer, A., Berkley-Patton, J., Bennett, K., Catley, D., Bowe-Thompson, C., Lister, S., & Christensen, K.* (2020). Dietary intake among church-affiliated African Americans: The role of intentions and beliefs. *Journal of Black Psychology*, 46(1), 29-54.
 29. Berkley-Patton, J., Bowe Thompson, C., Ervie, K., Huffman, M., & Thompson, N. (2020). Using a community-based collaborative care model as a platform for successful interprofessional education (Chapter 9). In S. D. Waldman & S. Bowlin (Eds.), *Building a Patient-Centered Interprofessional Education Program*. Hershey, Pennsylvania: IGI Press.

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 32. Patterson Hazley, M., 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.
 33. Berkley-Patton, J., Bowe 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.
 34. Miller, M., Scroggins, D., Barral, R., Piña, K., Bitely, A, Hays, C., Hurley, E.A., Green, A., Noel-Macdonell, J., Goggin, K. (May, 2022). *Improving Adolescent Access to Health Care*. Presentation given.
 35. Hussain A, Thompkins A, Godwin S, Wendland M, Simmer-Beck M, & Scott J. (April, 2022). *Oral Health Professionals' Opinions about COVID-19 Vaccination and their Professional Responsibility*. Invited presentation at the National Oral Health Conference, Ft. Worth, TX.
 36. Hussain A, Thompkins A, Lindsey C, Cokeley K, Wendland M, Simmer-Beck M, Godwin S. (March, 2022). *Interprofessional Community Health Fairs for Eastern Kansas City, Missouri Residents*. Teaching Prevention Meeting (Virtual).
 37. Beyer, J., Cokeley, K., Godwin, S., Hussain, A., Thompkins, A., Lindsey, C., Simmer Beck, M., & Wendland, M. (March 2022). *Interprofessional Community Health Fairs for Eastern Kansas City, Missouri Residents*. Association of Prevention Teaching and Research. National conference held virtually.
 38. Berkley-Patton, J., & Bowe 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.
 39. 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.
 40. Berkley-Patton, J. (March, 2022). *Our Healthy KC Eastside. Accomplishments and Initiative Findings*. OHKCE Community Forum. Kauffman Foundation, Kansas City, MO.
 41. Berkley-Patton, J., Bowe 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.
 42. 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.
 43. 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.
 44. 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.
 45. 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.

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46. 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.
 47. 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.
 48. 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.
 49. 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.
 50. 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.
 51. 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.
 52. 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.
 53. Berkley-Patton, J. (April, 2021). *COVID-19 Vaccine Hesitancy*. Invited presentation. Missouri Science and Technology (MOST) Policy Initiative. Kansas City, MO.

(secure)

From: Moxley, Joshua J

To: 'mwellssr@jacksongov.org'

Cc:

Sent: 9/15/2023 1:06:03 PM

Good afternoon,

It has been documented that Benjamin Solum, DOB: 3/22/62 has signed in voluntarily as of 9/13/23. P if you need anything else. I also left a message for Patty concerning the other 21 day case on Monday.

Thank you,



Josh Moxley, MA,LPC
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