STATUS REPORT
Our Healthy KC Eastside (OHKCE):
A Jackson County COVID-19 Vaccination and Health Services Initiative to Address Health Inequities
Updated June 2022
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ACKNOWLEDGEMENTS

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

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Executive Summary: Overview of Our Healthy KC Eastside (OHKCE)

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

- **Promote and deliver widespread COVID-19 vaccination and other health services via four community sectors (neighborhood, youth, faith-based, business sectors);**
- **Collect community-wide data on health beliefs and behaviors** regarding COVID-19 and other health disparities; and
- **Conduct COVID-19 and other research studies** to increase understanding of other health conditions impacted by the pandemic and persistent health disparities
- **Engage community partners in all phases on the initiative.**

This initiative has been conducted in some of Jackson County’s most socially vulnerable zip codes in the Kansas City, MO urban area including 64106, 64109, 64127, 64128, 64129, and 64130. The next OHKCE phase will expand to the greater Jackson County area.

**Key Dates and Milestones**

Several key dates are noted here to highlight the rapid start and progress of the OHKCE initiative.

<table>
<thead>
<tr>
<th>Event</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Proposal submitted</td>
<td>April 2021</td>
</tr>
<tr>
<td>Proposal approved</td>
<td>May 2021</td>
</tr>
<tr>
<td>Fully executed contract completed (CARES Act)</td>
<td>June 2021</td>
</tr>
<tr>
<td>Community sector leads trained</td>
<td>July 2021</td>
</tr>
<tr>
<td>First community health liaisons trained</td>
<td>July 2021</td>
</tr>
<tr>
<td>First OHKCE vaccination/health service event</td>
<td>July 2021</td>
</tr>
<tr>
<td>Last OHKCE vaccination event under CARES Act</td>
<td>Dec 2021</td>
</tr>
<tr>
<td>Fully executed contract moved to ARPA Act funds</td>
<td>Jan 2022</td>
</tr>
<tr>
<td>First annual OHCKE Community Forum</td>
<td>Feb 2022</td>
</tr>
<tr>
<td>OHKCE vaccination/health service events</td>
<td>Spring 2022</td>
</tr>
</tbody>
</table>

**OHKCE Milestone Events**

**KEY PARTNERS**

The first phase of the OHKCE initiative was implemented through key collaborative partnerships with:

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

Hundreds of faculty, student, and community volunteers contributed their time alongside staff to ensure the success of the OHKCE initiative. **Ongoing twice monthly meetings continue to occur with 30-40 persons** who represent these key partners and who contribute to the OHKC initiative at any level.
EXECUTIVE SUMMARY: OVERVIEW OF ACCOMPLISHMENTS

A. Primary Goals and Accomplishments

1. Goal: Engage 60 organizations from 4 community sectors (faith organizations, business, youth organizations, neighborhood associations) and train at least 120 community health liaisons to deliver two OHKCE events (first shot and second shot events) per organization, for a total of 120 vaccination/health service events:
   - 60 organizations served as OHKCE community partners and held vaccination and health service events.
   - 160 community members were trained as community health liaisons, encouraged vaccination with their constituents, and promoted and coordinated OHKCE vaccination and health service events.
   - 123 vaccination and health service events were held, with 6-7 events on average each week

Highlight on community engagement: View the youth community sector lead comments about engaging youth: https://info.umkc.edu/healthy-eastside/eastside-covid-initiative-includes-youth-ambassadors/

2. Goal: Provide 5,000 vaccinations and other health services:
   - 12,942 vaccinations were provided inclusive of first shots, second shots, and boosters.
   - 4,152 instances of health services were delivered.
     - Blood pressure, blood glucose, dental, mental health, STDs, and cancer screenings along with referrals, treatments, and linkage to care and community resources services were provided at vaccination and health service events.

Highlight on receipt of vaccinations: Physicians, pharmacists, and nurses were available at OHKCE vaccination and health services events and could immediately answer questions about COVID vaccinations and other health concerns. See a young man’s decision to get vaccinated here: Community group pushing to vaccinate more people on Kansas City's eastside (kmbc.com)

3. Goal: Administer 2,000 OHKCE surveys focused on COVID-19 and other health beliefs and behaviors
   - 3,496 surveys were completed county-wide by participants ranging in age from 12 to 96.

4. Goal: Implement research studies focused on COVID-19 related health issues (e.g., long haulers, mental health, physical activity, sexual health, linkage to care, COVID messaging)
   - 2,284 persons participated in OHKCE COVID-related research studies in addition to the OHKCE survey. Outcomes from these studies will be coming soon.

B. Other Accomplishments

1. The first annual OHKCE Community Forum was held to share OHKCE accomplishments and to discuss community-wide survey findings, challenges, and next steps.
   - 48 community partners attended in-person and 73 health partners, researchers, and students attended in 2 virtual forums. See: https://info.umkc.edu/healthy-eastside/healthy-kc-eastside-reports-success/
   - 12 focus groups (4 in-person and 8 virtually) were conducted during the Community Forum to identify priority health issues to address in the next OHKCE phase:
     - Top three health priority issues were: diabetes, high blood pressure and mental health.
     - Key strategies named to address top health issues were: health education on chronic diseases; access to healthy foods, grocery stores, exercise activities, and weight loss programs; and access to community-clinic pop-up events, healthcare cost reduction, and transportation.
EXECUTIVE SUMMARY: OVERVIEW OF ACCOMPLISHMENTS (cont’d)

C. Additional Activities Conducted During Extended Funding Period

1. 220 first, second, and third shot vaccinations were provided to young children (5 years old and up) and special populations (Spanish-speaking and refugees) with expanded and new partners:
   - Operation Breakthrough, serves children and youth; Jewish Vocational Services (new), serves refugee populations; and Mattie Rhodes (new), primarily serving Spanish-speaking populations.
2. 371 referrals, 242 persons scheduled, and 149 dental treatments have been completed thus far by UMKC Dental School.
3. Cancer screenings were piloted at OHKCE events along with linkage to cancer care services.

D. Challenges

Scheduling events. Up to 7 OHKCE events were held each week and took place during the day and evening hours, and Saturdays and Sunday. Still, early on some organizations did not get their preferred date to hold their events. To assist with scheduling and provide ample selection of dates in advance, an online signup program (SignUp Genius) was used, which greatly enhanced organizations’ ability to plan their events and ensured needed numbers of vaccinators/student/faculty volunteers were available.

Maintaining volunteers. Over 400 volunteers (students and pharmacy, nursing, dental, and medical school faculty) signed up and served in several roles (e.g., vaccinators, health screeners, mental health assessors, dental health assessors) at the vaccination and health services events. However, ensuring enough student volunteers became more difficult at the end of fall semester. The next phase will use paid staff during the time periods when volunteers are difficult to maintain to ensure full coverage is maintained.

Increasing use of OHKCE materials. Study reports submitted indicated the initiative flyer was the most significant communication tool used. Therefore, the flyer will be enhanced with more health information and more training on using the other materials will be done.

Satellite OHKCE site used infrequently. The University Health primary OHKCE site was at the Health Science district hospital. Along with using their mobile van unit at community-based events to provide vaccinations, University Health also opened up a Southeast vaccination site at the Cleaver YMCA Family Center. The Southeast site was greatly underutilized and will not be used in the next phase.

E. Next Steps

Expand health services to include cancer screenings. Community-based cancer risk assessments and screenings were “piloted” during the contract bridge period to determine the feasibility of providing cancer screenings at OHKCE events. The screenings were a huge success and will be included in the next phase.

Address infant mortality. We will address Kansas City’s high infant mortality rate by using a best practice approach that asks one simple question of reproductive age women (ages 15-45): “Do you want to be pregnant in the next year?” Responses to this question will guide our tailored health prevention processes including: a) providing appropriate reproductive education, counseling and care to contribute to improved mother and infant outcomes for those desiring to become pregnant, or b) contraceptive care, education and counseling to reduce unintended pregnancies for those who do not want to get pregnant over the next year. We are partnering with University Health OB/GYN clinics and emergency department on this project.

Expand access to diabetes prevention programs and physical activity. Diabetes continues to burden residents from the Eastside, where availability of diabetes prevention programming is almost nonexistent. We will certify community members as diabetes coaches who will lead CDC’s evidence-based Diabetes Prevention Program (DPP) in community settings across the Jackson County area. We are partnering with federally qualified health center nurse managers to refer to the DPP and follow-up with DPP participants.

Expand access to internet services. Many OHKCE residents are living in a “digital desert” with limited or no access to home internet services, which has been shown to limit access to healthcare services. Therefore, we are partnering with KC digital organizations to provide access to digital services through the OHKCE vaccination and health services events.
Using a community-engaged approach based on Community-based Participatory Research principles, the OHKCE infrastructure was designed to ensure the initiative reflected the values, knowledge-base, strength, and experience of the Eastside. To this end, community leaders from community-based organizations (CBOs) representing each of our key sectors – businesses owners, pastors, neighborhood association presidents, and youth organization leaders – were identified. These community sector leads were paired with UMKC academic sectors leads who had extensive community-engaged experience within their respective sector. All sector leads were fully involved in the planning, implementation, and evaluation of the project.

**Role of Community Sector Leads**

Community/Academic sector leads:

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

**Training Model for Community Sector Leads**

- **Training 1**
  - Agreements, forms, and processes
  - Sector training dates
  - Vaccination event dates

- **Training 2**
  - New business updates
  - Update vaccination goals
  - Community survey goals

- **Training 3**
  - Implementation data reporting
  - Vaccination event form & logistics planning
  - Distribution of OHKCE tools

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**Goals**

<table>
<thead>
<tr>
<th>Goals</th>
<th>Accomplishments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Identify at least 2 sector leaders for each sector (neighborhoods, faith, businesses, and youth)</td>
<td>Twelve sector leads were identified and participated in (3) 2-hour trainings.</td>
</tr>
</tbody>
</table>

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

-Daniel Smith, Business Sector Lead
COMMUNITY AND ACADEMIC SECTOR LEADS

Youth Sector

- Denise Dean, UMKC School of Nursing and Health Studies
- Amanda Grillmeier, UMKC School of Nursing and Health Studies
- Munique Johnston, Youth Ambassadors of KC
- Maria Myers, Source Link UMKC Innovation Center
- Daniel Smith, The Poteet House KC

Business Sector

- Dina Newman, Center for Neighborhoods
- LaMonica Upton, Center for Neighborhoods
- Minister Gregg Wilson, Community Engagement Outreach Liaison
- Cash Wilson, Community Engagement Outreach Liaison

Neighborhood Sector

- Carole Bowe Thompson, UMKC Community Health Research Group
- Rev. Eric Williams, Calvary Community Outreach Network
- Leah Banks, Calvary Community Outreach Network

Faith Sector
### OHKCE COMMUNITY-BASED ORGANIZATION PARTNERS

<table>
<thead>
<tr>
<th>Goal</th>
<th>Accomplishment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recruit 60 community-based organization partners</td>
<td>-Community sector leads recruited 60 organizations across neighborhood, faith-based, youth, and business sectors.</td>
</tr>
</tbody>
</table>

#### OHKCE Participating Community-based Organizations

<table>
<thead>
<tr>
<th>Neighborhood Associations (N=14)</th>
<th>Faith Organizations (N=19)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blue Hills Neighborhood Association</td>
<td>Apostolic Church of God</td>
</tr>
<tr>
<td>Boston Heights &amp; Mt. Hope</td>
<td>Bethel Family Worship Center</td>
</tr>
<tr>
<td>Coachlight Square Homes Association</td>
<td>Boone Tabernacle COGIC</td>
</tr>
<tr>
<td>East 23rd Street PAC Neighborhood Association</td>
<td>Calvary Community Outreach Network</td>
</tr>
<tr>
<td>Eastwood Hills Community Association Inc.</td>
<td>Centennial United Methodist Church</td>
</tr>
<tr>
<td>Heart of the City Neighborhood Association</td>
<td>Heart of God</td>
</tr>
<tr>
<td>Ivanhoe Neighborhood Council</td>
<td>Heaven Sent Outreach Ministries</td>
</tr>
<tr>
<td>Key Coalition Inc.</td>
<td>Jameson Memorial</td>
</tr>
<tr>
<td>Mattie Rhodes Center</td>
<td>Jewish Vocational Center</td>
</tr>
<tr>
<td>Paseo West Neighborhood Association</td>
<td>Kingdom Word</td>
</tr>
<tr>
<td>Santa Fe Area Council</td>
<td>Memorial Church International</td>
</tr>
<tr>
<td>Vineyard Neighborhood Association</td>
<td>Morning Star Baptist Church</td>
</tr>
<tr>
<td>Washington Wheatley Neighborhood</td>
<td>Mt. Sinai Missionary Baptist Church</td>
</tr>
<tr>
<td>Wendell Phillips Neighborhood Association</td>
<td>Pleasant Green Missionary Baptist Church</td>
</tr>
<tr>
<td>Restaurants (N=14)</td>
<td>Rhema Church</td>
</tr>
<tr>
<td>180V Barber Shop</td>
<td>Second Baptist Church</td>
</tr>
<tr>
<td>aSTEAM Village</td>
<td>Sunlight Missionary Baptist Church</td>
</tr>
<tr>
<td>Aya Coffee and Books</td>
<td>Victorious Life Church</td>
</tr>
<tr>
<td>Chamber of Commerce</td>
<td>Victory Temple Church</td>
</tr>
<tr>
<td>CHES Inc.</td>
<td>Youth Organizations (N=13)</td>
</tr>
<tr>
<td>KBCC Inc dba Heartland Black</td>
<td>ArtsTech</td>
</tr>
<tr>
<td>KC Daiquiri Shop</td>
<td>Boys &amp; Girls Club J&amp;D Wagner</td>
</tr>
<tr>
<td>One Pair LLC</td>
<td>Boys &amp; Girls Club Thornberry Unit</td>
</tr>
<tr>
<td>Porter House KC</td>
<td>DeLaSalle Center</td>
</tr>
<tr>
<td>Reconciliation Services</td>
<td>Guadalupe Centers High School</td>
</tr>
<tr>
<td>Ruby Jean’s Juicery</td>
<td>Harris Park</td>
</tr>
<tr>
<td>The Amethyst Place</td>
<td>Hogan High School</td>
</tr>
<tr>
<td>The Prospect KC</td>
<td>HYPE: Helping Youth Plan For Excellence</td>
</tr>
<tr>
<td>Troostapalooza</td>
<td>Morning Star Baptist Church</td>
</tr>
<tr>
<td></td>
<td>Operation Breakthrough</td>
</tr>
<tr>
<td></td>
<td>W.E.B. DuBois Learning Center</td>
</tr>
<tr>
<td></td>
<td>YMCA Linwood</td>
</tr>
<tr>
<td></td>
<td>Youth Ambassadors KC</td>
</tr>
</tbody>
</table>

#### Businesses (N=14)

- 180V Barber Shop
- aSTEAM Village
- Aya Coffee and Books
- Chamber of Commerce
- CHES Inc.
- KBCC Inc dba Heartland Black
- KC Daiquiri Shop
- One Pair LLC
- Porter House KC
- Reconciliation Services
- Ruby Jean’s Juicery
- The Amethyst Place
- The Prospect KC
- Troostapalooza
The primary component of the initiative was the mobilization of community influencers who received 3 trainings to prepare to serve as community health liaisons (CHLs). The CHLs were identified by community sector leads who facilitated two trainings with CHLs in their sector. These trainings included: a) a review of administrative activities (e.g., completion of agreements and forms, detail of the research process for accomplishing the intervention); b) systems/processes for CHLs to track their implementation of the project on an online database; and c) submission of CHL vaccination and health services forms, logistics planning, and implementation activities in an online database, and d) review and distribution of the OHKCE initiative tools (e.g., brochures, talking points).

Role of Community Health Liaisons:
CHLs served the most important role in the initiative in being the frontline contact for the initiative. CHLs:

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

Community Health Liaison’s OHKCE Communication Activities and Materials

<table>
<thead>
<tr>
<th>Sectors</th>
<th>CHL Modes of Delivery of OHKCE Communication Activities</th>
<th>Supportive Communication Materials Used</th>
</tr>
</thead>
</table>
| Businesses             | • Table, counter, and door signs  
                         • Home health kits  
                         • Face masks and beanies  
                         • Contest with prizes  
                         | • Speaking points  
                         • COVID by the Numbers fact sheet  
                         • Let’s Get Real About COVID fact sheet  
                         • COVID-19 Myths & Facts fact sheet  
                         • Sign-up sheet  
                         • Banners and posters  
                         • Hand sanitizer  
                         • Promotional items (masks, t-shirts, hats, jackets, wristbands, water bottles) |
The OHKCE initiative had a goal to vaccinate 5,000 persons. Vaccination services were provided by University Health (UH) in Hospital Hill (formerly Truman Medical Center) and the Cleaver Family YMCA locations along with the UH mobile vaccination team. The UMKC School of Pharmacy also provided vaccination “pop-up” community-clinic vaccination events, which also included health services, in community locations in collaboration with OHKCE community partners across the four sectors.

In these varied OHKCE settings, 12,722 vaccinations were delivered between July and December 2021. Among the Pfizer, Johnson & Johnson, Moderna vaccinations provided, most were delivered at the UH Hospital Hill location, followed by community partner settings, and lastly at the Cleaver YMCA. Between February and April of 2022, another 220 vaccinations were given in community partner settings, for a total of 12,942 vaccinations.

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

Additionally, the UMKC Communications team conducted interviews and wrote stories about community members personal viewpoints about getting vaccinated at an OHKCE event. These stories and many other stories conveyed the importance of offering vaccinations in community settings to increase access and the critical need to have health professionals available to answer questions and address vaccination concerns.

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

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

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

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

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

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

### VACCINATIONS DELIVERED

<table>
<thead>
<tr>
<th>Goal</th>
<th>Accomplishment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vaccinate 5,000 persons</td>
<td>-Vaccinations were given to <strong>12,942</strong> persons at University Health, Cleaver Family YMCA, and at multisectoral, participating community-based organizations’ locations.</td>
</tr>
</tbody>
</table>

**12,942 Vaccinations Given**
Overall Vaccination Rates in OHKCE’s Priority Zip Codes

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

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

**Vaccination Rates by Age Group**

<table>
<thead>
<tr>
<th>Zip Code</th>
<th>5-34 Initiated</th>
<th>5-34 Completed</th>
<th>35+ Initiated</th>
<th>35+ Completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>64106</td>
<td>43% ↑</td>
<td>34% ↑</td>
<td>88% ↑</td>
<td>74% ↑</td>
</tr>
<tr>
<td>64109</td>
<td>64% ↑</td>
<td>50% ↑</td>
<td>81% ↑</td>
<td>71% ↑</td>
</tr>
<tr>
<td>64127</td>
<td>58% ↑</td>
<td>44% ↑</td>
<td>83% ↑</td>
<td>70% ↑</td>
</tr>
<tr>
<td>64128</td>
<td>43% ↑</td>
<td>31% ↓</td>
<td>75% ↑</td>
<td>65% ↑</td>
</tr>
<tr>
<td>64129</td>
<td>42%</td>
<td>34% ↑</td>
<td>72%</td>
<td>63% ↓</td>
</tr>
<tr>
<td>64130</td>
<td>44% ↑</td>
<td>34% ↑</td>
<td>79% ↑</td>
<td>69% ↑</td>
</tr>
</tbody>
</table>

**Citywide**

| 42%       | 33%       | 72%       | 64%       |

**Overall KCMO Vaccination Rates**

Initiated: 66.7%

Completed: 58.3%

Vaccination rate data presented by Frank Thompson, KCMO Health Department Deputy Director, at the 2022 OHKCE Community Forum.
Additionally, **KC zip codes with the highest rates of vaccinations** reported by the KCMO Health Department align with the zip codes with the highest rates of vaccinations delivered by OHKCE (64106, 64109, 64127, 64128, 64130), as shown in the map below.

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

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

**IMPLICATIONS**

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

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

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

### Health Services and Programs Delivered in Community and Health Settings

<table>
<thead>
<tr>
<th>Health Unit Delivery Services</th>
<th>Setting for Health Service Delivery</th>
<th>Health Services Delivered</th>
<th>Number of Persons Who Received Services</th>
</tr>
</thead>
</table>
| University Health (UH; formerly Truman Medical Center) | University Health Hospital Hill, Cleaver Family YMCA, and at community-based pop-up events | • COVID-19 vaccination  
• Call center for persons with questions on scheduling COVID-19 vaccinations/testing and answering other health questions | • 11,189 persons vaccinated in multiple settings |
| School of Pharmacy | Community | • COVID-19 vaccinations (lead organization)  
• Diabetes screenings and referrals  
• Education on vaccines | • 1,733 persons vaccinated with community partners  
• 184 health screenings |
| School of Dentistry | Community and On-campus clinic | • Verbal dental screenings and referral to free dental exams at the School of Dentistry  
• Dental education, toothbrushes, toothpaste, and floss kits  
• Brush, Book, Bed program for parents and children  
• Lessons in a Lunchbox program for children | • 371 dental referrals  
• 242 treatments scheduled  
• 148 treatments (radiographs, dental exams, and full or partial treatment plans) |
| School of Nursing and Health Sciences | Community | • Diabetes, hypertension and glucose screening and referral  
• COVID-19 vaccinations assistance | • 1,640 persons served with health screenings |
| School of Medicine | Community and Truman Medical Center | • Sexually transmitted infections screenings  
• Sexual health education  
• Talk with a Doc and Walk with a Doc events  
• COVIC-19 vaccinations, and blood pressure and blood glucose checks assistance | • 328 STI test given  
• 378 sexual health education talks |
| Community Counseling and | Community and On-campus clinic | • Mental health screening, feedback, and linkage to care | • 110 persons provided with information |

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

<table>
<thead>
<tr>
<th>Goal</th>
<th>Accomplishment</th>
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</table>
| Overall, serve 10,000 persons with other health services along with vaccinations | -Over 17,074 units of other health services (vaccinations, health screening and treatment services) were provided to more than 10,000 persons to persons at OHKCE events.  
-12,922 in units of vaccinations and 4,152 units of health services |

17,704 Units of Health Services Provided
Assessment Services (CCAS)  
- Counseling and assessment services  
- 73 linkages to CCAS  
- 37 referred to mental health services  
- 3 received services and ongoing efforts to get more into CCAS

Black Health Care Coalition  
Community and medical settings  
- Referrals to medical care and community resources by community health workers  
- Health literacy and vaccination information at community-based events for young families  
- 214 referrals  
- 98 confirmed completed referrals  
- 487 families provided with health information

| Total units of health services delivered | 17,704 |

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

- Dr. Cameron Lindsey, UMKC School of Pharmacy

15
Research was conducted within OHKCE to understand the impact of the project on increasing access vaccination and other health services. Research was implemented in multiple modes of data collection including:

- Eastside community members (N=3,496 youth and adults ≥ aged 16) participated in a **community-wide survey on COVID-19 vaccination and health service behaviors, and social determinants** that contribute to these behaviors during COVID-19 vaccination, health service, and other project events. [See page 17]
- Community health liaisons (N=160 youth and adults ≥aged 16) in participating organizations entered data on their **project implementation activities** via an online implementation tracking database.
- **10 independent research studies** were conducted to more rigorously understand delivery and outcomes of prevention programs focused on several areas (e.g., physical activity, mental health, health literacy, vaccine hesitancy, use of linkage to care services, adolescent health) with children and youth. These studies were led by faculty researchers located at UMKC and Children’s Mercy Hospital Kansas City.
- **Focus groups** were conducted to understand health priority issues, strategies to address health priorities, and potential barriers (see Community Forum Findings).

Overall, we anticipated over 3,000 Eastside residents would participate in one of these studies at some level. **In recruiting over 6,780 persons, OHKCE achieved a remarkable contribution in increasing participation in COVID-19 research with populations that have traditionally not participated in a research study and will aid in understanding COVID-19 vaccination and health service use along with outcomes of prevention services and programs.** Findings from these studies can also be used to guide future county funding and studies to address health inequities on KC’s Eastside. The table below provides an overview of these studies. More detailed information on the proposed studies can be found in the Appendix.

Results from the research studies will be coming soon.

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**OHKCE RESEARCH**

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

BACKGROUND
To better understand COVID-19 vaccination and health service use behaviors and other factors that contribute to these behaviors among Jackson County Eastside residents, a community-wide health beliefs and behaviors survey was conducted. This survey was administered to persons aged 12 and older at the first of the two OHKCE vaccination and health service events coordinated by each participating organization, with a maximum of 100 surveys as a goal to be completed at each of these events. The survey was administered from July to November, 2021 by the UMKC Community Health Research Group/Health Equity Institute research team.

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

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

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

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

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

**COVID-19 Vaccinations and Testing.** Most participants reported that they had received a COVID-19 vaccination (76%), and most were fully vaccinated (74%). A large proportion (34%) received their vaccination in a county, public health or community clinic setting, followed by a hospital (19%), church (17%), pharmacy (14%). Factors highly reported as testing inhibitors included concerns about contract tracing, that they could get COVID-19 later, and no symptoms. Almost two-thirds had been tested for COVID-19, with 22% reporting they had tested positive. and nearly 20% had received had been positive for COVID-19 at some point during the pandemic. Less than 20% had been hospitalized due to COVID-19.

**COVID-19 and Social Determinants.** About one-third of participants were essential workers, and about one-third has lost their job since the start of the pandemic. An even larger portion was food insecure, with 40% reporting that their food didn't last, and they didn't have money to get more in the past year. Also, 25% had challenges in getting to where they needed to go due to limited transportation; yet, less than 10% experienced challenges getting to the OHKCE event location. Only 21% had access to internet service in their home.

**Health Conditions and Healthcare Received.** Many participants had postponed their medical care due to the pandemic, and less than half had a dentist visit in the past year. Reports on diagnosis of chronic illnesses diagnosed were much higher for hypertension, depression, asthma and diabetes than all other chronic diseases inquired about (e.g., immunocompromised condition, cancer, kidney disease, cardiovascular disease, sickle cell, alcohol and drug use disorders). The majority (77%) reported that they would use health services provided at the community-based location where they participated in the OHKCE event.

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

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

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

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

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

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

Conclusion

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

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

Background
Community health liaisons (CHLs) received training on conducting OHKCE implementation activities (e.g., talking with constituents in their sector, using OHKCE marketing materials, advertising and coordinating OHKCE events with health agency partners, providing assistance at the event). They also received training on how to enter data on their implementation activities into the initiative’s online database system (REDCap) using a project weblink sent weekly.

Implementation Activity Questions
Participants provided information on:
- Number of contacts about the project made weekly,
- Whether tools were used and which tools, and
- Successes and challenges in implementing the project.

Findings
UMKC data scientists, Ye Wang, PhD, (Communications) and Yugi Lee, PhD, (Electrical and Computer Engineering) used machine learning to analyze the reports provided by the CHLs as words, instead of a numerical data. Machine learning uses artificial intelligence (AI) powered by software applications to make increasingly more accurate predictions of outcomes without being directly programmed to do so. This technique allowed the software used to accurately process an unlimited number of words (CHL reports) regarding the implementation activities conducted by the CHLs and entered into the database.

CHL Reports. Among the 160 CHLs, 884 reports on their implementation activities were entered in the REDCap online database system, for an average of 5.5 reports per CHL. The majority (599 reports) of the reports were entered by the neighborhood sector.

Contacts made. The typical range of contacts with other persons made by the CHLs were between 100-200. The highest number of CHLs contacts made were 2,953 (CHL from a neighborhood association), 5,000 (CHL from a church), and 6,953 (CHL from a church). Among CHL’s, 454 of the 884 reports (51%) indicated OHKCE initiative materials important were when making contact with others about the initiative.

Successes. Among the 884 reports, 554 of the reports described successes with the project. Neighborhood associations followed by churches reported the largest proportion of successes. These successes were primarily reported by the neighborhood associations and churches that had reported the highest number of contacts made. Most reported primary “success” content areas can be categorized as:

a) **Success in planning and preparation** (e.g., recruited CHLs Worked with event planning team, success in attending attendance, online training, meeting with my team members in my home, contacting local business for flyers to announce the event)

b) **Successful promotion and communication** (e.g., passed out flyers, met to discuss/plan communication, decided to use a door hangers, Sept. 11th attracted a lot of first timers, shared via FB to over 2,000 followers, hand walked and made direct contact passing out flyers to 400 people within community, proposed Trunk R Treat and Thanksgiving Basket event ideas)

c) **Positive outcomes and positive attitudes toward vaccination events** (e.g., got two other CHL’s right away that really want to see more people get vaccinated, getting people enrolled and registered, enrolled two adults with children, got vaccinated and got buy-ins of vaccination, presented information regarding the event to residents at the neighborhood meeting, people were excited and looking forward to getting more family members vaccinated)
Data analysis indicated promotion/communication and positive outcomes/attitudes towards vaccination events were the top successes reported, and distribution of the OHKCE flyers was the top mode of communication that contributed to success.

**Challenges.** Among the 884 reports, 349 of the reports described challenges with the project. Neighborhood associations followed by churches reported the largest proportion of challenges encountered. Challenges were primarily reported by the neighborhood associations and churches that reported the highest number of contacts made. Most reported “challenges” content areas can be categorized as:

a) **Event planning challenges** (e.g., securing dates have been difficult with limited options provided)

b) **Communication and promotion challenges** (e.g., waiting for confirmation of event dates, inability to answer questions from CHLs and community members about event specifics, need more flyers, need more discussion of communication tools)

c) **Vaccination hesitancy** (e.g., difficulty getting people interested in vaccination, difficult in getting people to sign up for vaccinations, youth had a lot of questions regarding deaths with the youth)

d) **Youth challenges** (e.g., vaccination concerns continue to exist especially among young adults, experiencing great difficulty in getting people interested in vaccination although they are willing to participate with the surveys)

Data analysis indicated vaccination hesitancy and planning events were the most frequent challenges reported and significantly contributed to coordinating successful OHKCE vaccination and health services events.
Independent COVID-19 Related Research Studies with Eastside Participants

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

<table>
<thead>
<tr>
<th>Study Title and Researcher</th>
<th>Study Focus</th>
<th>Plans for Sustainability</th>
<th>Recruitment Goal Planned; N</th>
<th>Actual # of Participants Recruited (and Still Enrolling)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Understanding Long-Haul COVID-19 Impact on Psychological and Other Health Outcomes Jared Bruce, PhD UMKC</td>
<td>Understanding cognitive, emotional and olfactory effects of long-haul COVID-19; reducing barriers to care</td>
<td>Identification of persisting COVID-19 symptoms as well as barriers to care will inform the development/quality improvement of specialty clinics that provide assessment and triage within Truman Medical Center</td>
<td>Persons who report persistent COVID-19 symptoms N=50</td>
<td>N=35 (Actual)</td>
</tr>
<tr>
<td>Psychological First Aid and Skills for Psychological Recovery Programs Joah Williams, PhD Erin Hembrick, PhD UMKC</td>
<td>Prevention services (mental health trainings)</td>
<td>Community-capacity building activities to enhance future disaster and trauma response and coordination efforts; Grant funding for community-organizations trained to deliver early interventions</td>
<td>Community health liaisons trained as lay community mental health workers N=100</td>
<td>N=52 (Actual)</td>
</tr>
<tr>
<td>Language and Nutrition Program for Toddlers Kai Ling Kong, PhD Brenda Salley, PhD Deanna Hanson-Abromeit, PhD Children’s Mercy</td>
<td>Obesity prevention among toddlers and young children</td>
<td>We will teach and coach community volunteers the principles of Talk and Sing with Me program</td>
<td>Caregiver-infant dyads (parent and infant) N=40</td>
<td>N=28 (Actual) 14 parent/child dyads</td>
</tr>
<tr>
<td>Stay Active Jordan Carlson, PhD Children’s Mercy</td>
<td>Garmin-based tools for supporting physical activity during the COVID-19 pandemic</td>
<td>Program teaches participants skills and uses a transition period to help them carry the skills forward longer term</td>
<td>Youth and adult individuals N=300</td>
<td>N=216 (Actual)</td>
</tr>
<tr>
<td>Understanding Use of Linkage to Care Services Helena Laroche, MD Children’s Mercy</td>
<td>Focus groups an interviews to understand barriers to receiving resources after referral</td>
<td>This data will be disseminated to community partners and used in future intervention to improve connection to resources</td>
<td>Adults N=44</td>
<td>N=24 (Actual)</td>
</tr>
<tr>
<td>Vaccine Info and Access with People with Intellectual/developmental disabilities George Gotto, PhD UMKC</td>
<td>Vaccination and information dissemination</td>
<td>Continued education through neighborhood associations that serve people with IDD</td>
<td>People with intellectual/developmental disabilities (IDD) N=100</td>
<td>N=285 (Actual)</td>
</tr>
<tr>
<td>Understanding Social Media and COVID-19 Communications Erin Willis, Yuyung Lee, Ye Wang UMKC</td>
<td>Health communication</td>
<td>The visualization model and the app can be reused. The insights can inform future similar events.</td>
<td>Community health liaisons trained in each sector N=100</td>
<td>N=83 (Actual)</td>
</tr>
<tr>
<td>Study Title and Researcher</td>
<td>Study Focus</td>
<td>Primary and Secondary Outcomes</td>
<td>Plans for Sustainability</td>
<td>Population; N</td>
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<tr>
<td><strong>Youth and Physical Activity</strong></td>
<td>Physical Activity &amp; Nutrition Intervention; Youth tailored vaccine education</td>
<td>-Physical activity increased and mental health improved; -Youth vaccinated; -Family vaccinated</td>
<td>Carry-over funds to support the intervention for 2021-2022 academic year. Parks and Rec may be able support programming</td>
<td>Urban middle school youth and families (Hogan Prep, Center School District, KC Public Schools) N=1,000</td>
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<tr>
<td>Amanda Grimes, PhD</td>
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<td>Joey Lightner, PhD</td>
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<td>UMKC</td>
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<tr>
<td><strong>Sexual and Mental Health Telemedicine and Mobile Health Access</strong></td>
<td>Community-based intervention using social networks to build trust in the medical system and increase access to sexual and reproductive care and mental health care</td>
<td>Feasibility constructs: acceptability, demand, implementation, practicality, integration, expansion, and limited-efficacy. Care sought for sexual health and mental health needs Any telemedicine use and/or registration</td>
<td>The mobile unit is paid for and maintained by the Telemedicine team at Children’s Mercy. CM community benefit programming is actively engaged in developing novel strategies to meet care needs, especially for families in zip codes 64123-4, 64126-33</td>
<td>Adolescents from low-income, underserved communities in KCMO N=100</td>
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<tr>
<td>Melissa Miller, MD</td>
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<td>Emily Hurley, PhD</td>
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<td>Children’s Mercy</td>
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<tr>
<td><strong>COVID-19 Education for Health Providers</strong></td>
<td>COVID-19 Vaccine education modules</td>
<td>-Clinician knowledge about COVID-19 vaccines -Self-efficacy to answer questions from families and to address vaccine hesitancy</td>
<td>These modules will be available free of charge during and after the study and will be updated as new information emerges</td>
<td>Clinicians who care for children of color East of Troost (Pediatricians &amp; Family Medicine) N=30</td>
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<tr>
<td>Angie Myers, M.D.</td>
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<td>Andrea Bradley-Ewing, MPH, MA</td>
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DISSEMINATION OF OHKCE EVENTS, PROGRESS, AND FINDINGS

The OHKCE Initiative events, progress, and findings have been disseminated using multiple strategies, including:

- OHKCE Website
- OHKCE Community Forum
- OHKCE Scheduling System
- Presentations
- Tracked Media
  - Newspaper articles
  - Magazine articles
  - Local television news outlets

Each of these strategies are described in the sections below.
The OHKCE website was developed to be the primary outlet to share information with the public about the initiative overall, schedule and location of OHKCE vaccination and health services events, and stories and information about OHKCE partners and how they are implementing the initiative. See the OHKCE website at: http://www.healthykceastside.org/
COMMUNITY FORUM

<table>
<thead>
<tr>
<th>Goal</th>
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<td>Hold a Community Forum with 100 attendees</td>
<td>The OHKCE Community Forum was attended by 121 community health liaisons and representatives from health, academic, other community-based partners, and Jackson County officials.</td>
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OVERVIEW

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

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

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

The OHKCE Community Forum presenters focused on:

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

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

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

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

Key strategies named to address the high priority health issues included: *Health education and literacy* including health education on chronic health conditions and review of medications; support in making finding health providers and making regular doctors appoints; support and information on getting help to pay for healthcare. *Nutrition* including access to fresh, healthy foods and recipes; reduction of fast food restaurants on the Eastside; more grocery stores; and food insecurity (e.g., access to food drives, pantries). *Exercise* including increased access to community centers and fitness classes; safe places to exercise; obesity reduction. *Community outreach* including health screenings or other pop-up health events to access health services, trust building with healthcare system; reduction of healthcare costs; and transportation.

**Forum Evaluation Findings**

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

More specifically key forum evaluation findings included:

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

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Forum Attendees’ Comments on:

**What about this event did you enjoy the most?**

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

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

“Getting to see the results of the project”

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

**What could have been improved?**

“Include persons from the community to speak.”

“More time for the event [is needed].”
SCHEDULING SYSTEM

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

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

**Community partners** used SignUpGenius to select their vaccination and health services event. Each of the 60 partners selected their 1st vaccination/health services event, and SignUpGenius automatically assigned the date for the 2nd vaccination event to take place three weeks later. In this way, each community partner was quickly able to confirm their 1st and 2nd vaccination events and promote these events with their flyers and other communication outlets. A separate SignUpGenius platform was established for faith-based community partners for Sunday afternoon OHKCE events only.

**UMKC faculty and students** used SignUpGenius to identify times when they would work/volunteer to assist in delivering health services. This enabled the team to know when there would be gaps in persons needed at each event and when extra effort was needed to get more volunteers. Just-in-time processes were developed to train hundreds of students and health professionals to deliver vaccinations and health screening and referral services. Nearly 400 UMKC faculty and students provided health services at OHKCE events.

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

Since the time of conceptualizing the OHKCE over the last year, over 55 presentations and media reports have been accrued which have discussed the initiative’s conceptualization, development, implementation, and findings. Many of the presentations are now be given at national scientific, health promotion conferences, and webinars. For example, the initiative was discussed in a national NIH Rapid Acceleration of Diagnostics Underserved Populations initiative’s webinar featuring two members of the OHKCE research team (J. Berkley-Patton and C. Bowe Thompson) along with two pastors from OHKCE’s faith-based sector (Rev. Eric Williams and Rev. Dr. Faith Allen) (see 11. below). Presentations have also been given to statewide audiences, at other state universities, for public health organizations, and in guest class lectures. These presentations are listed below.


UMKC TRACKED MEDIA FOR OHKCE

OUR HEALTHY KC EASTSIDE

UMKC STRATEGIC MARKETING AND COMMUNICATIONS

Total media reach: 12 million +
Number of media outlets: 26
Report based on news services. Reach is the number of times the content is displayed.

EARNED MEDIA

BIO NEXUS KC
- **UMKC Professor, Researcher Brings Health Services & Healthy Equity to Underserved Populations**
  - **Date:** November 17, 2021
  - **Reach:** 20,783

THE KANSAS CITY BUSINESS JOURNAL
- **Berkley-Patton brings health care and healthy activity to underserved populations**
  - **Date:** September 15, 2021
  - **Reach:** 16,626

THE COMMUNITY VOICE
- **UMKC Awarded $5 Million to Fight COVID on the East Side**
  - **Date:** May 11, 2021
  - **Reach:** 4,000

FOX4
- **New Initiative Will Focus on Building Vaccine Confidence in East Kansas City**
  - **Date:** May 10, 2021
  - **Reach:** 823,000
- **UMKC and Jackson County Launch Partnership To Get More People Vaccinated in East Kansas City**
  - **Date:** May 10, 2021
  - **Reach:** 823,000
- **Jackson County Spending Millions of Dollars in Relief Funding To Vaccinate People in 6 Zip Codes**
  - **Date:** May 10, 2021
  - **Reach:** 823,000
- **Our Healthy Eastside KC Brings COVID Clinic to residents**
  - **Date:** September 10, 2021
  - **Reach:** 691,000

FOUR STATE NEWS
- **Community group pushing to vaccinate more people on Kansas City's eastside**
  - **Date:** October 12, 2021
  - **Reach:** 36,922

THE KANSAS CITY STAR
- **Jackson County Oks $5 Million to Improve Low COVID-19 Vaccination Rates on the East Side**
KCTV 5

- **Jackson County meets for $5 million vaccine hesitancy proposal**
  - Date: May 10, 2021
  - Reach: 587,000

- **UMKC-Led Project Seeks to Increase Vaccination Intake on KC’s Eastern Side**
  - Date: May 10, 2021
  - Reach: 587,000

- **Our Healthy Eastside KC Brings COVID Clinic to residents**
  - Date: September 10, 2021
  - Reach: 587,000

KCUR

- **Jackson County Oks $5 Million to Ramp Up COVID Vaccinations on KC’s East Side**
  - Date: May 10, 2021
  - Reach: 587,000

- **Six Months In, COVID Vaccines for Black Missourians Remain Far Below State Average**
  - Date: May 14, 2021
  - Reach: 587,000

- **Up to Date: Our Healthy KC East Side to Focus on Vaccine Outreach and Distribution**
  - Date: May 20, 2021
  - Reach: 587,000

KMBC 9

- **Jackson County Will Use Federal Funds to Help Vaccinate Inner-City Residents**
  - Date: May 10, 2021
  - Reach: 691,000

- **Community group pushing to vaccinate more people on Kansas City’s eastside**
  - Date: October 12, 2021
  - Reach: 652,533

- **Our Healthy Eastside KC Brings COVID Clinic to residents**
  - Date: September 10, 2021
  - Reach: 691,000

  - Date: October 12, 2021
  - Reach: 691,000

KSHB 41 ACTION NEWS

- **Jackson County To Spend $5 Million of CARES Funding on Eastside Project**
  - Date: May 10, 2021
  - Reach: 563,000

- **Jackson County Executive Endorses ‘Our Healthy KC East Side’ Project**
  - Date: May 10, 2021
  - Reach: 563,000

- **Our Healthy Eastside KC Brings COVID Clinic to residents**
• Jackson County Executive outlines vision for Building a Better, More Equitable Jackson County in virtual State of the County
  ○ Date: Nov 10, 2021
  ○ Reach: 6,096

TONY’S KANSAS CITY

• Executive Frank White 'State Of Jackson County' Aftermath
  ○ Date: Nov 11, 2021
  ○ Reach: 17,887

National media


OWNED MEDIA

UMKC TODAY ARTICLE AND NEWS RELEASE

• UMKC Awarded $5 Million to Fight COVID on the East Side – May 10, 2021

UMKC SOCIAL MEDIA

• Facebook – May 10, 2021
• Twitter – May 10, 2021
• LinkedIn – May 12, 2021

UMKC EMAIL NEWSLETTERS

• UMATTERS – May 19, 2021
  ○ Faculty and staff
• Chancellor email – May 27, 2021
  ○ Civic leaders

HARVEST HOLIDAY FUNDRAISER, CALVARY COMMUNITY OUTREACH NETWORK

• Paul Shumaker Humanitarian Harvest Award Presentation.
GRANTS AWARDED

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

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

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

Grant Awards:

   NIH/NCI/NIDDK (PENDING)
   Impacts of City-Wide Zero-Fare Bus Transit on Ridership, Physical Activity, and Weight Status: A Natural Experiment
   Major Goals: Examine the impacts of Kansas City, MO’s free bus system on ridership, health markers (e.g., blood pressure, blood glucose), physical activity, and social/built determinants of health by comparing with similar cities, assessing a safety net hospital population via EHR, and surveys with community members at low-income neighborhood bus stops.

2. EPA-OP-OEJ-21-02  A. Grimes, PI  $200,000  1/01/2022-12/31/2023
   Getting Around KC: An evaluation of KC’s Zero-Fare Bus Transit
   Major Goal: Evaluate the health and economic impacts of the zero-fare bus transit policy in Kansas City, MO on Eastside residents.
   Role: J. Berkley-Patton, Co-Investigator
APPENDIX

- OHKCE Infrastructure

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

Primary Aim
The primary aim of this study was to provide education and communication skills training to 30 pediatric community providers to initiate COVID-19 vaccine discussions with their patients/families, answer vaccine concerns and address misinformation, and to plan vaccine administration in the office setting. Email invitations were sent to more than 100 pediatric providers (physicians, advanced practice providers, and nurses) in Jackson County who serve patients and families from historically marginalized and under-resourced communities. Twenty providers in Jackson County started the training and 12 completed all training modules.

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

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

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

“Easy to understand information regarding vaccines. I also liked the examples of how to talk to families regarding concerns and misinformation.”
KC Eastside Nurse Practitioner

As a result of the overwhelming response from this project we plan to expand on this work to make the online and virtual education available to providers across the metro. Effective communication between providers and patients/caregivers is essential to increasing vaccination rates and slowing the spread of COVID-19 in Kansas City’s eastside.
Primary Aims/Goals
Ongoing research supports that COVID-19 affects many organs of the body, including the brain. People who have had COVID-19 are reporting continued long-term symptoms despite having recovered from the acute phase of the illness. The primary aim of this pilot study is to recruit 50 participants to identify changes in cognitive, emotional, and olfactory systems among people experiencing long-term COVID symptoms. Our goal is to recruit 25 participants for our control group who report not having had COVID and 25 participants who have continued experiencing COVID symptoms more than 3 months after their initial COVID diagnosis. We will also examine barriers to healthcare on the Eastside of Kansas City.

Accomplishments/Outcomes
At this time, our study has screened and recruited 25 participants, and have completed assessment of 14 participants. We have experienced several challenges and have attempted to address them to the best of our ability. The first several months of the study were spent obtaining IRB approval and access to the TMC COVID clinic. Since then, our lab has attended 7 OHKCE vaccine events. We are now also actively recruiting at the University Health Long Covid Clinic and have been utilizing the call list from people who expressed interest in our study on the OHKCE surveys. Thus far, we’ve called and/or left voicemails for 81 potential participants to explain our study and we are continuing to contact potential participants from this list. No shows and cancellation of appointments has been relatively common. For these participants we reschedule for a later date, and we try to mitigate further scheduling troubles by contacting participants the day before to verify their appointment time. We are also now running participants directly in the TMC Long Covid clinic to reduce the need for additional scheduling.

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

Community Impact
We will continue to recruit participants from the OHKCE survey and the University Health Long COVID Clinic until we have reached our goal. If available, we will seek additional funding to continue to support the project to completion. We will analyze data and plan to publish our findings. If results support a need, we may seek to develop a brief online cognitive/behavioral treatment for people suffering from long-haul COVID symptoms in the community. Due to the nature of our study, participants do not receive immediate benefits except for compensation for their time, but our hope is that the data we gather will give us a better understanding of individual and community healthcare needs following a COVID-19 diagnosis. Participants in this study have been eager to help further our understanding of the long-term effects that COVID-19 has and have assisted in the recruitment of friends and family who may meet our eligibility requirements.
Primary Aims/Goals and include
A recruitment goal of up to 300 participants was set for the program, and as of 12/13/2021 a total of 166 participants have been enrolled. Each participant receives a free Garmin watch ($80) and up to $75 for completing project activities. A majority of program participants were recruited from OHKCE events. The Active KC team attended 14 community vaccine events in total. In addition, our team has been recruiting Active KC participants from Children’s Mercy primary care clinics to reach more individuals, and in particular families, living in KC eastside.

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

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

Project Title: Active KC
Project Lead: Jordan Carlson, PhD
Project Lead Contact Information: jacarlson@cmh.edu, (816) 234-9240
Project Title: Vaccinations and Information for People with IDD in Jackson County
Project Lead: George Gotto
Contact Information: UMKC Institute for Human Development gottog@umkc.edu

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

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

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

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

Primary Aims/Goals
15 organizations were proposed to be served
14 organizations were served through the project

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

Community Impact
Increased youth COVID-19 vaccine uptake and connected youth with other health services. CHLs specifically mentioned hesitant peers deciding to get the vaccine based on their work. One CHL specifically mentioned changing her sister's mind about the vaccine after her sister attended their vaccine event. Partnering organizations were highly engaged in the process and believed in the mission of the project. They are excited to continue collaborations to further increase health equity in KC's Eastside.
Project Title: Connecting People to Care Interview (CPCI)
Project Lead: Helena Laroche, MD
Project Lead: Children’s Mercy – Center for Children’s Healthy Lifestyle and Nutrition
Contact Information: hhlaroche@cmh.edu, (816) 234-9251

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

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

Community Impact
Our observations and work with the community health workers on site at the vaccination events has provided useful insights to the larger project to help improve these services going forward. Our interviews and surveys on the eastside will be combined with information from Wyandotte county to create a picture of the barriers facing people needing services that can be shared with organizations screening, referring, and providing such services to Eastside residents.
**Project Title:** Move More, Get More  
**Project Lead:** Joey Lightner  
**Project Lead Contact Information:**  
UMKC School of Nursing and Health Studies  
lightnerj@umkc.edu, (816) 235-1703

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**Primary Aims/Goals**
The original goals of this project were to extend the reach of the MMGM program during the summer and incorporating vaccine promotion materials and vaccine events, we aimed to  
1) increase physical activity in middle school youth in KCMO, with a particular focus on those students living east of Troost Ave.  
2) increase social interaction with family, friends, and community in a safe socially distanced outdoor setting and  
3) reach 1000 vaccinations in families associated with the MMGM program.

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

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

Amy Smith, PhD, MT-BC & Kai Ling Kong

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

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

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

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

Contact Information: eahurley@cmh.edu, mmiller@cmh.edu

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

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

Community Impact
Very few teens had used telemedicine. After learning about it, most thought it would be a good way to get care and one said it was a “good way to communicate with a doctor especially for things that make us feel uncomfortable.” Teens reported that many of their peers and friends were struggling with mental health concerns. Many had questions about birth control. Parents were happy to have health professionals discussing these sensitive and important topics with teens. One mother returned to the event with her teen in order for her to get birth control counseling, they had been trying to get an appointment but hadn't been able to yet.
Primary Aims/Goals
In our original proposal, we anticipated linking and providing mental health services to 150 individuals from the Eastside.

In all, CCAS staff spoke with and provided information about mental health services to 110 individuals at community vaccination events. Of these individuals, 37 completed mental health screening, and 73 requested linkages to CCAS services.
Three individuals received mental health services, although we are actively working to continue contacting and scheduling individuals who requested services.

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

Community Impact
Knowledge about the availability of mental health services remains a significant issue that contributes to existing disparities in mental health care, and by providing screening and linkage to care services, we hope to have improved overall knowledge about available mental health services in the community. Indeed, one of the individuals successfully connected to services was a young child and their mother, both new to the Kansas City area, who were otherwise unaware of available services. We hope this project help ease the burden of connection to care for them and others served.
Primary Aims/Goals
In our original proposal, we anticipated training 100 community members in early trauma interventions to serve as lay community mental health workers.

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

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

Community Impact
This project benefited the Eastside by ensuring that a wide range of community members, from social workers to neighborhood association leaders, are trained in immediate trauma response models. In a post-survey response, one training attendee noted, "I like the simplicity of the model and resources provided in the manual. The instructors did a good job providing the resources for further information and stayed focused on the goals of the presentation in introducing the model to empower participants to use it/intervene more effectively."
**Project Title:** Developing an Application for Health Information and Social Support  
**Project Lead:** Yugyung Lee  
**Project Lead Contact Information:** UMKC Department of Computer Science and Electrical Engineering  
leeyu@umkc.edu, (816) 235-5932

**Primary Aims/Goals**  
Proposed number of persons recruited: 80.  
The number of persons actually recruited: 83

**Accomplishments/Outcomes**  
The major challenge was deployment to users’ end. To address this challenge, we created an IOS version, and an Android version. To empower community members, we purchased tablets and pre-installed the app with one-click sign-in. We worked collaboratively with KC's public library branches in the targeted area, to offer a safe environment with Wi-Fi connection and necessary equipment.  
We are planning three papers as the next step:  
1) a thematic analysis of the focus group discussion  
2) a data mining analysis of the focus group discussion  
3) a computer science paper of creating an AI model that can show empathy and ask follow-up questions in a group setting.

**Community Impact**  
Our project creates a unique and direct channel to hear the opinions and thoughts about COVID and COVID vaccines from the local residents. The data collected are one of a kind; majority of our participants were from lower-income communities of color. In addition, we provided tablets as a compensation that people can use to read and connect to the knowledge on the Internet. One participant (a father) thanked us, saying the tablet was the best birthday gift for his daughter. Another participant said this was Christmas came earlier. We had many thanks from the participants saying that this was a great way of research, sharing opinions, and listening to each other. We felt that our research not only collected valuable data but also created a way for people to hear each other on important issues. Meanwhile, our participant's compensation contributes to the education and literacy of the target population.
Primary Aims/Goals
No human subject was involved.

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

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

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

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

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

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

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