Antonio Neri: All right. Let's get going. Good afternoon. Welcome to Preventive Medicine Grand Rounds for September 1st, 2021. My name is Antonio Neri from the Division of Scientific Education and Professional Development. The Preventive Medicine Grand Rounds is sponsored by the CDC Preventive Medicine Residency and Fellowship and the Health Resources and Services Administration Bureau Of Health Workforce. The PMR/F provides 12 and 24-month longitudinal service learning opportunities with senior public and population health leaders, such as those we have on our webinar today, to physicians, veterinarians and nurses who have completed the Epidemic Intelligence Service program or have equivalent public health experience. You can see we use Zoom for the audio and presentation and the question box to pose questions. Note you can post questions to the question box at any point during the lecture, and the speakers will work on answering them at their discretion. Note that your name may appear associated with the question you posed. If you do not want your name to be associated with the question, then please check the "submit anonymously" box. Continuing education credits are available for the live course up to one month after the presentation date. And for the recorded version, up to two years from the date of the presentation through the CDC Training and Continuing Education online portal. The course code for this grand rounds is all capital letters C-D-C-P-M-R-F. If you have any questions, please contact myself or email the program at prevmed@cdc.gov. Please remember that the views presented by the speakers are theirs alone and do not represent the CDC, the Department of Health and Human Services, or the U.S. government. Before we start, I want to take a moment to pause to remember our friends, family and colleagues who have either suffered greatly or provided great service for COVID. Okay. Today's grand rounds will be entitled -- -- A Communities Response to the Pandemic, Wyandotte County's Health Equity Task Force, presented by Ms. Nicole Garner and Mr. Broderick Crawford from Wyandotte County. Thank you so much for taking the time, Ms. Garner and Mr. Crawford. The floor is yours.

Nicole Garner: Thank you so much for having us. We're really excited to be here. Again, Nicole Garner with the Wyandotte County Health Department and also a member of the Health Equity Task Force.

Broderick Crawford: And I am Broderick Crawford, also from Wyandotte County. I'm with the NBC Community Development Corporation, and I also serve as the co-principal investigator for the RADx-up trial from NIH, and I'm also a member of the Wyandotte County Health Equity Task Force.

Antonio Neri: Great. Well, I'm going to go ahead and start with our agenda this afternoon. We're going to first start talking about the how and the why the Health Equity Task Force was established. We're going to discuss some key initiatives and strategies around our testing and vaccine efforts. We're also going to talk about funding sources and how we were able to secure funding sources for testing. We're going to discuss the vaccine rollout, address vaccine hesitancy. Then, we're also going to give you an update on where we sit right now with COVID-19. And then lastly, we'll talk about what we have learned

as a task force. And then at the end, we're going to open it up for questions and answers. So, Broderick, I'm going to go ahead and turn it over to you.

Broderick Crawford: Next slide. So, we'll initially talk about, "How do we establish the Health Equity Task Force?" So, our task force came together because of a need that we saw in our community. The first death that happened in our area, it happened in Wyandotte County, and we have seven counties that make up our metropolitan areas. So, the first death occurred in Wyandotte County. So, we brought together leadership from the health department, we brought together leadership from our community groups, leadership from our faith community, and we came together in April to say, "How could we have a response to COVID? What could we do to address the disparities that were happening in our minority communities?" We created a mission that we wanted to work specifically with our Wyandotte County Health Department, our public health department, and then other agencies, and we'll get to some of those as we go through our presentation. But FQHC, CBOs, we brought together a very diverse group of folks to come together for this task force. And as you see here, we have neighborhood leaders, we have civic and grassroots organizations, we have FQHCs, we have faith leaders. And then, we also wanted to identify folks from our minority community. So, African American, Latinx, immigrant and refugee. And while I'm there, one of the things that's unique about Wyandotte County is that we have greater than 25% of our population from three groups. So, it's greater than 25% African American, greater than 25% Latinx, and greater than 25% Caucasian. So, we have a very diverse county, and we needed to be able to address the needs of all of those communities. So, as we developed this task force, it was like, "Okay, what do we need to address? What areas do we need to focus on? And how can we bring that into fruition? So, we created some working groups, and we wanted these working groups to be able to respond and coordinate efforts and then be able to disseminate the information because it's one thing to create it, but now how are we being able to put it to our community? How are we able to let the community know? And then, how can we get bidirectional information from our community as we're dealing with COVID-19. So, we developed four key communities. One is called the Faith, Community and Health Leaders where we literally have a conversation every Tuesday talking about what things are important about their particular -- with the congregations that the faith leaders lead, the diverse residents that the community groups lead, and then all of the folks that our health partners also see on a regular basis. So, the Faith Leaders group, we have pastors, we have healthcare community leaders. And then, the goal again was to give access to testing in their community. We knew early on that people in our community were not going to the clinics regularly. They were not going to the hospitals regularly. They weren't going to the FQCs regularly to get tested. So, what could we do to change that narrative? And so, we created the Testing groups that then determine whether we need to go for testing. So, we had testing in church parking lots. We had testing in community centers. We had testing in libraries. We had testing in community college parking lots. And so, the Testing group meets regularly to determine, "Where do we need to go?" And actually now, it has become so popular that literally we're getting requests, four or five requests per week, to our Testing group to determine, "Hey, we want to have testing in our location. Hey, we want to have testing in our church." Then, the important thing is if we got all of this, the logistical things set up, how do we communicate? Because everyone doesn't receive information the same way. You certainly have the group that loves social media. I happen to not be one of those. You have folks that listen to the radio. You have folks that get it off TV. And we early on had two key radio stations, one from the African American community and one from the Latinx community,

that would literally come to our events and broadcast live from our events. I can tell you that there was one event where folks showed up simply because they heard it on the radio. And then finally, Research group. How do we look forward? What is in the future? How can we deal with -- at that point, delta variant wasn't around when we first initiated this group. Now, it's here. How do we not only respond to delta, but is there something else out there that we need to prepare for? So, how can we be nimble? How can we be able to move quickly within our community because as you know things change. At one point, the pop-up tests were the thing to do. Then, we had large vaccine centers, and we had numbers of people there. Now, we've had to adjust again to where, like, block parties and parades and church gatherings are where we're now doing the testing. So, this group, all four of these committees, have been very versatile enough and nimble enough to change as we got information from our community as where we needed to be.

Nicole Garner: Yeah. And I would just add that these committees really had their ears to the ground. And so, they were the workhorses of supporting the Health Equity Task Force. And so now, I want to just talk about the start of the pandemic and where we were this time last year. And the data that I'm going to share is from April 2020 through October of 2020, and this kind of helps put things into perspective on why there was such a sense of urgency to not only create the Health Equity Task Force, but to also have those sub-committees help to support our testing efforts. And so, you can see here that when we look at the positive cases -- and again, this is data from April 2020 in Wyandotte County where there were 377 positive cases at the time. But what I want you to really pay attention to is the rate per 100,000. Our counties, we have approximately 163,000 residents here in our county. And so, when you look at that rate per 100,000, you can see how high that number is and why it was so important for us to come together, pool our resources, and start testing our residents. And so, to look at what the disparities were, and Broderick has kind of alluded to that already, but when we talk about the population of African Americans here in Wyandotte County, it's about 20% almost 23%. But when you look at the overall cases, it's almost 52% of African Americans were testing positive for COVID. And then, when we look at the deaths, it's even more. You know, almost 66% of the deaths in Wyandotte County were from African Americans from COVID. And so, again, sense of urgency was definitely there. When we look at the Hispanic community, a little over 20% of our community here is Hispanic. And then, positive cases were a little over 14%. Again, when we continue looking at the disparities of positive cases, as you can see, the overall total cases for African Americans was almost 52%. When we look at deaths, same thing. You know, 65% to almost 66% of our total deaths here in the county were African American.

Broderick Crawford: And I'll just say as Nicole is going through those slides, these were alarming to us. It literally just raised the flag. It literally got us to the point of saying, "Why is this happening? And what can we do to change the tide of what's happening, particularly in the African American community?

Nicole Garner: And so, I wanted to use this time to really talk about the comparison and how we compare to other counties in Kansas. And so, when we look at the data from March through July of 2020, Wyandotte County only makes up about 5% of the overall population in Kansas. But during that

time, we've made up about 16% of the overall COVID cases and 25% of overall deaths. So, again, why was there such a sense of urgency to create a task force? Why would we really try to pool all our resources together and really help educate the community and help get them tested? We were looking at this data every single day. When we look at the data from August of last year through October, we did see things get better and decrease. But still, when you look at 10% of the overall deaths in the state, those are still alarming numbers. This is a graph from our rolling average. And so, it kind of looks at from the very beginning of our first confirmed case, which is in March of -- March of last year. At the height of the pandemic, which was around July 15th or so of last year, we were reporting about 94 cases every single week. We did see, you know, a downtick in October. But still, at the height of the pandemic, we were averaging almost 100 cases every single week. And so now, I'm going to turn over to Broderick to talk about what our strategies and initiatives that we took in order to get the word out about testing and eventually about vaccinations.

Broderick Crawford: Absolutely. Thank you again, Nicole. And again, this really was key. The second word there was collaborative. Collaboration amongst all of our groups was so key for us to be successful. Literally, when we would have our meetings -- and I will share with you there were times we had some very spirited meetings. But in all of those times, we always came together at the end of the meeting to be able to move ourselves forward. And so, we knew that hosting pop-up sites in key zip codes would be key. We organized town hall meetings where in those town hall meetings, we brought together health professionals, we brought together faith professionals, we brought together all -- a diverse group of folks that allowed us to be able to speak to the multiple groups that we wanted to reach. Communications was very robust. And again, as I shared, we had radio stations that would come out to our sites. Literally, at all of our or many of our pop-up events, TV stations would come out. As we get to later in the presentation, you'll see a couple of shots of from the TV stations where members of our task force were caught actually doing the work. The outreach through the faith community was huge. And later in our presentation, we'll talk about our flagship churches and how that was so important for us to be able to create synergy amongst our churches. And guess what? It was ecumenical. So, it wasn't just Baptist. It wasn't just Pentecostal. It wasn't just Catholic. It wasn't just Muslim. It wasn't just Presbyterian and Methodist. It was all of them together, coming together for a common cause. And then, the other piece was the key because we have all these groups coming together, we need a leader. So, we were able to identify a project coordinator. And in doing so, it also allowed us to promote equity.

Nicole Garner: Absolutely. And I just want to add that we were able to conduct several town hall meetings in different languages such as Spanish, Burmese, Nepali, and Swahili. We are fortunate, again, to have a melting pot of residents here in Wyandotte County. And so, we wanted to make sure that whatever form our communication we were disseminating out into the community, it was for that particular community. So, that was super-important to make sure that we could, you know, provide information to our refugee community.

Broderick Crawford: And so here, we have an example of our Health Department Emergency Response Team. And you know, it was important again, as I talked about, collaboration where we had both staff

from the Unified Government Health Department and we also had residents from KU Medical Center. KU Medical Center is our academic med center here in our region. We were able to get PPE from KDHE, which is our state health department. And then, we were also able to get test kits. And the thing that was so important is that we had all of this at every one of our testing sites. At every one of our pop-up sites, we were able to bring together this diverse group of folks. And I'll tell you that we had volunteers from the Black Nurses Association. We had volunteers from the community. It was just amazing to see the response that we had. When we opened the first vaccine center at one of our locations, we had almost too many volunteers. And that's the spirit of this community is that when the difficult times or adversity hits, we were able to respond in a very comprehensive, collaborative, diverse way that's probably not seen in many other areas. And I'd also like to add, which will help to take us into our next slide, is that we really used -- the Health Equity Task Force was really instrumental in how we conducted our vaccine sites, our testing hours. We were listening to the community. And so, Broderick, I'll let you speak to our testing hours and how that operated.

Nicole Garner: Absolutely. As I shared, we had to be nimble. So, you know, initially when we started at the pop-up sites, we were just -- we were learning as we went. We were learning on the fly. And so, but the one thing that was very important for the community is one, everything that we did was free. So, there was no cost at any of our pop-up sites, at any of our vaccine centers, vaccination centers. Everything was at no cost to our public. And so initially, we started with the nasopharyngeal tests. And again, you have those that say that, "You're sticking the swab up to my brain." And I'll tell you that I initially had the nasopharyngeal. And of course, I've worked in the healthcare industry. So, so wasn't as big an issue for me, but there were those that at times it drew tears. And so, we had to be -- we had to communicate in a way to make sure that folks would understand what they were going to be -- what services they were going to be provided. We looked at hours from Monday to Friday. And then, we wanted to look at alternate times during the day. So, everyone is not able to get off -- to get 9 to 5. And so, we looked at, "How do we adjust having evening hours, having hours on Saturday?" We even have several examples where we had testing after churches. We like literally just did that the past two weekends where literally after a service, whether it's an outdoor service or indoor service, we were able to provide testing and vaccinations. We then moved to the saliva test, which was very popular, and we had an old Kmart that we were able to -- they allowed us to be able to use the old Kmart site as a vaccination center. And one thing about our area, the Kmart is very centrally located. It's literally right off one of the highways. It's on one of the main streets, State Avenue. And so, it was very easy for the folks in our community to get to. It has a large parking lot, so you can park a number of cars there, so it was very convenient for us to be able to use that particular site. We also looked at very -- one of the things that we learned early on is that if you have a testing because we have the big banners and you have the big tent, if it's in an area on a street that's a popular street, even though we had mass communication, if you're on a popular street, guess what? People will come. I can remember one of our churches is near the Speedway here in Kansas City, Kansas. So, when we were at that location, people coming and going to the Speedway or what we call the Legends area, they would see us over there, and they would just come in because they saw us there. And so, we learned very early on that one of the advantages that we had is to identifying a location that was near a very popular or one of our main thoroughfares that allowed us to attract more individuals to our testing. And then, you know, we even offered -- so, we have situations now where we have community health workers where we can literally

take a test to your doorstep. And so, we did not want there to be any barrier for individuals to get tested. It was very important for us, and we still have challenges, but it was very important for us to make sure that we were providing testing to every individual in our county and to be able to speak to the multiple diverse languages. I'll just share with you, in our school system, there are 70 different languages spoken in our school system. So, we've got to be able to address all of those languages. And in many cases, we're talking to the children because the parents don't have English as their first language. And so, it's very important for us to be able not only to provide the service, but to be able to communicate so the tests can be done properly, accurately, and then we can also get it turned over to our health department so that we can gather the data and be able to present it in a way such as what we're doing today. And so now, Broderick, I want you to share some of our successes at our pop-up sites based on what you, you know, said earlier, keeping our ears to the ground, understanding that we need to be flexible and nimble. As a result, I'd like for you to share.

Broderick Crawford: Absolutely. Absolutely. And so, as you see here, we were able to test early on over 10,000 people in our community, which was at that time unheard of. We were able to create -- so, we now have a calendar. If you go to our website, you literally can go to an interactive calendar where you can click on a particular date, and you can see when testing is being done in the community and where it's being done in the community. And we moved that from -- initially, we had a Microsoft Word type calendar where we just typed it in. We've now advanced to where now it's literally all electronic and digital. You just click on the date, and you can see where we are. This allowed us to gain trust in the community. It was very important for us to be transparent and also be communicative to our community so that they would know where it is. So, there was not any particular group, whether -- I remember one of our key partners, [inaudible], we took it to the Burmese community, and he also through his center works a lot with the refugee committee. So, we were able to again, as Nicole mentioned earlier, create communication in the languages that they spoke and again helped him be able to address even some of the hesitancy that would occur because of the lack of trust in that community. We also at many of our pop-up sites, we -- food is important. We live in a food desert, the zip code that I'm in currently that I both work -- where I work, where I worship -- -- and so, where I work and live. That's it. That's the three. So, work, where I live, and where I worship all is in the same zip code, and it's a food desert. And so, it's very important for us to be able to provide food boxes to families. And I'll tell you, every place that we had food boxes, we did not have any problem with folks picking it up. It was amazing, almost alarming, to see the number of people that were in need. And so, we wanted to be able to provide that as incentives. I can remember we were at one community center, and we didn't have enough. We didn't have enough food boxes for that particular event. And so, we're consistently working with the harvesters, food network, and our churches that have food pantries to make sure that we're able to provide the food boxes to families when we're doing the pop-up event. And then, the other piece that is for me very important is, "How are we keeping people engaged in our political process?" So, we were able to have folks that had registration tables at our pop-up events to register folks to vote. And not just register, we also then had a partnership where we actually helped people get out to vote. So, again, we are bipartisan. And so, we didn't tell you who, but we just wanted you to. So, our key was to make sure that you're exercising your civic right, and that is to vote. And you would be amazed how many people that we were able to get registered and then also allow them to participate in the voting process. And I'll tell you, there are many that have done it now for the first time just because of the

efforts that we're making just through -- so, COVID allowed us to get more folks registered to participate in the political process.

Nicole Garner: Absolutely. And I just want to close out this slide by saying that we really tried to take a multidisciplinary approach when we were looking at our community. So, obviously, testing was super-important. But not just encouraging people to get tested, but if we knew they had food needs, if we wanted to get them to vote. We wanted to make sure, you know, we were looking at the whole person and not just them coming in to get tested. And another component with our testing is overall contact tracing. And so, our contact tracing team is located here at the health department. We currently have 18 investigators, and some of them are KU medical students, some of them are Unified Government Public Health Department employees as well. And so, I wanted to just talk quickly about when a contact tracer calls someone who has tested positive for COVID or has been exposed, they will then instruct them on what to do. And so, if a person has tested positive or has a confirmed case of COVID, they're going to recommend that they isolate or instruct them to isolate for 10 days, and they need to be symptom and fever-free before going out back into the community. And so, if a person has been exposed to COVID and not necessarily a confirmed case, then we are instructing that person to quarantine. And we are asking them to quarantine for 14 days, and at day 5, we asked them to go and get tested to confirm that they in fact are positive for COVID.

Broderick Crawford: Nicole, before we go to the next slide, we've got a couple of questions I'd like for the two of us to answer. So, the first question is, "Please elaborate on what Unified Government is and how you're coordinated with Kansas City." So, here in Kansas City, Kansas, we have both the county and the city that have come together to form the local government. So, the mayor here is the mayor of the Unified Government and not just the mayor of Kansas City. So, both our county and our city have come together to form one local government. And Nicole is an employee of that local government. And then, the second question is that, "It seems like an amazing do-everything approach. Was there any political pushback about the cost, personnel or other needs?" You want to take that one, Nicole?

Nicole Garner: You know, to be honest with you, there wasn't any pushback I think because we understood how important it was to get as many residents tested, as well as now vaccinated. And so, there wasn't pushback. There were obviously questions, and I think we were able to answer the questions and be able to justify the importance of not only the Health Equity Task Force, but of hiring a coordinator to help lead this mighty group. I will say that everybody on the Health Equity Task Force are volunteers. So, no one is getting paid to be a part of this task force.

Broderick Crawford: I'll also address personnel, and we'll get into this later in the slide -- in the presentation. We were able to secure funding through RADx, and we're able to secure funding through the CARES Act. And so, those two funding mechanisms allowed us to support the work that we're doing. KDHE, the Kansas Department of Health and Environment, has been very supportive with providing in-kind things like the PPE, tests and things of that nature. So, we had support from both federal, state and

local agencies to help us move through some of the costs and personnel. And as Nicole said, many of us are volunteers. We do this because it's the right thing to do. And fortunately for those -- so, I work for a community-based organization, and my organization allowed me to take the time to do this because we were committed to making sure the health of our community is first and foremost.

Nicole Garner: Absolutely. And Broderick, that was a great segue to start talking about RADx-UP.

Broderick Crawford: Well, here we go.

Nicole Garner: Here we go. There you have it.

Broderick Crawford: So, we are fortunate the University of Kansas has a CTSA, Clinical Translational Science Award. It's called Frontiers. We were very fortunate to be one of the awardees to receive a $3.5 million grant to extend testing for 10 Kansas Counties. I humbly served as the first community principal investigator. So, there are three other investigators, who are all physicians at KU, Dr. Mario Castro, Dr. Ed Ellerbeck, and Dr. Allen Greiner. I served with the three of them as one of the co-PIs for this particular grant. It allows, again, the community input to be a part of the decision-making. And again, I am equal partners to the three of them as we determine how we move forward with this RADx grant. The Health Equity Task Force serves as the community model that we used to even apply for the grant. It was the key work that we were doing that allowed us to make the grant submission to then now take the great work that's being done here and expand it to nine other counties in the state of Kansas. We used some of the lessons that we learned, some of the barriers that we realized, and some of the pitfalls to be able to strengthen the approach of the other nine counties in the state of Kansas. We also -- you know, we did multiple types of incentives. We listed here $25 gift cards, but those were for surveys. So, we had some surveys that we needed to do as a part of the project that we allowed some gift cards. But now, the Unified Government Health Department has literally a list of different types of incentives that could be used. And what I have found very interesting throughout the state, that each of the counties found what was more important or what was more attractive in each of their areas. In some cases, it was a bicycle. In some cases, free snow cones. In some cases, free ice cream. It was amazing to see what the incentive would be to attract individuals to get tested -- -- within those 10 counties. And just for the record, we had four urban counties and six rural counties. And even within the rural counties, it wasn't the same. And in the four urban counties, it wasn't the same. So, we also had to be very nimble to be able to adjust to each of those 10 counties and what would work in those respective areas.

Nicole Garner: Thank you, Broderick. And so now, I want to take some time to talk about the vaccine rollout and the prioritization. And so, I will first start off by saying that the health department really worked hard to really have a comprehensive approach to ensuring that all of our residents were vaccinated in a way that was fair and equitable. Early on, there was lots of questions from the community members about who was getting vaccinated first and why. And so, we wanted to be

extremely transparent and forthcoming and also engage the community as to who and why people were getting vaccinated. And so, here is our phases with our vaccine rollout, and there were five different phases. The first phases were really focused around healthcare workers, our residents that lived in long-term care facilities, and also our critical workers. So, those are people that are police officers, EMTs, firefighters. We wanted to ensure that they were getting vaccinated first. And then, we moved on to our older adults, ages 65 and older. And then, we also focused on high-contact critical workers. Those are people that work in your grocery stores, your service industry. Our third phase were ages 16 to 64 with severe medical risks or issues and then other critical workers. And in our Phases 4 and 5, that's when we kind of started to vaccinate the general public, and we were vaccinating people ages 16 to 64 and then anyone who hadn't been vaccinated in our previous phases. And then, our last phase was opened up to the general public. Broderick, did you want me to add anything or did you want to add anything to that before we move on?

Broderick Crawford: Yes, thank you, Nicole. And again, the thing that's -- excuse me -- important here is how we communicated the phases. So, we wanted to make sure that people understood -- -- the rationale behind each of these phases and also make sure that they knew that your time is coming because we had quite a few folks that would just wait, "When is it my turn? When is it my time? Can I go today? Can I go now?" And so, that became very important for us to be able to be transparent and communicate in a way that helped people to continue to have trust in the process.

Nicole Garner: And this is an actual document that we shared with our community kind of breaking down who was eligible, who was on deck, and then who would be most likely to get vaccinated next. And so, it's all about -- it was all about for us creating transparency. If people know you communicated, there is less of a likelihood that people will be upset. Now, not to say there weren't people who were upset as to why and who was getting vaccinated first, but we really wanted to create that level of transparency and start communicating early on who was going to be vaccinated. And so, we came up with a drip campaign not to throw out all the information at first, but we gave it to them in a way that they can digest, in a way that they can understand, and also keeping in mind the diverse population that lives here in Wyandotte County. And so, part of the whole vaccine rollout was using this vulnerability index. And so, like I said, we were very diligent in how we rolled it out. And so, this vulnerability index really looks at specific zip codes and focuses on our zip codes that have a high risk of morbidity and mortality. And that gave us the zip codes that we wanted to prioritize first. And again, we also shared this with the community, and that's also what helped create our overall rollout and how we determine who and what zip codes people would be vaccinated and at what phase.

Broderick Crawford: And if I could, Nicole, add to that.

Nicole Garner: Sure.

Broderick Crawford: So, when we looked at this vulnerability index, this is then what the Testing committee used to say, "Okay, what zip codes have we been successful at getting testing in? And then, what zip codes do we need to target? What zip codes do we need to make sure that we have a presence in?" So, all areas of our county, all of the zip codes, particularly those vulnerable areas, we made sure that we had pop-up testing sites in each of those areas. And in many cases, it took us to the far west of the county. And in some cases, it took us north, south. We were able to be able to provide testing in every one of these areas that were identified in this vulnerability index.

Nicole Garner: Right. Thank you. And so, I want to talk about -- we're going to discuss the vaccine hesitancy. As we know, there are still people that are hesitant to get vaccinated for a number of different reasons. And so, our approach was not to take a one-size-fits-all and really understanding why people are hesitant to get vaccinated. And again, I know there's a litany of reasons why people weren't getting vaccinated. And so early on, when we first got word that the vaccine was going to be available, we did a survey because we wanted to get an idea of how many people would be interested in taking the vaccine. And if they weren't, why? And so, we sent out a survey to I think about 4000 people here in Wyandotte County.

Broderick Crawford: Yes.

Nicole Garner: And so, one of the questions that we asked is, "If you could take a vaccine that could prevent COVID-19, if it was available, would you take it?" And you see early on, 71% of the people said "Yes," and only 9% said "No." Now, those numbers look a lot different now. But early on, I think a lot of people were just wanting a solution to this pandemic. And so, we had about 18% that were "Unsure." And so, we looked at that number when it came to our vaccine hesitancy to say, "You know, about one-third of the population is 'Unsure.' And so, how can we create a strategy, an incentive, around getting that one-third of the population that's on the fence to give them that nudge to come in and get vaccinated?" And so, we asked some additional questions in the survey. You know, this was -- you know, people that said "No" and that they didn't want to get it, we wanted to know why. And so, some of the reasons why or 62% was the short-term side effects, they just didn't know. About 34% of them said that they were concerned about the long-term side effects. And 28% of them said, you know, the risks of getting vaccinated. And one of the concerns was, you know, about the cost and being uninsured or underinsured. And so, we wanted to use this information to try again to be nimble, figure out why, and come up with solutions and strategies to encourage people to get vaccinated. Broderick, did you want to add anything else?

Broderick Crawford: Yeah, if I could add a couple of things here. You know, because one of our groups -- actually, our Faith and Community Leaders group, we have a bioethicist and a person that's a physician that's -- excuse me -- a hospitalist. And when they looked at the cost of a typical vaccine stay at one of our hospitals, it was $51,000. So, for someone that's uninsured, that is an amount that -- that's a cost or a debt that they didn't want to incur. The other thing that I want to bring out is 12% of the folks would

rather get -- they'd prefer to get sick and hopefully recover, not realizing that there's a potential of you getting sick and not recovering. So, again, we had to speak to where these folks were mentally to try to address some of this vaccine hesitancy.

Nicole Garner: And I think that's a great point is that, you know, for whatever reason, there are people who don't want to get vaccinated. Instead of shaming them, instead of arguing, it's really about meeting them where they're at, helping to educate and put good information out there, and that's one thing that we really use our partners -- and when I say partners, FQHCs and other credible sources, our hospitals, and really ask them to focus on putting out good information where people are reading. So, that's social media. So, that's Facebook. That's Twitter. That's TikTok. Wherever people are getting their information, sometimes it's not necessarily reliable. So, we wanted to combat that, making sure that our partners were also using those same channels to communicate and talk about the science behind, you know, testing and vaccinations.

Broderick Crawford: So, right here, while we're here, Nicole, we've got two additional questions. So, one question is, "Which phase where the prisons and our prison population?" And then, the second question is, "Is there a metrics for our program to assess the source of misinformation on vaccines?" So, I'll take the second one if you take the first one. Misinformation is everywhere. So, unfortunately, particularly -- well, I won't even say that. Let's just say there's a large number of folks that get their information, who believe that Facebook is the rule of the day. And so, anything social media -- and I have two sons. One's 24, and one 25. And they think everything that they see on Facebook is truth and fact, not having any idea that anybody can put anything on Facebook, Twitter, Instagram, all those other social media that I don't deal with any of them, but that's where they are. And so, one of the things that we're doing even now is we know that the negative and misinformation is out there. How can we combat that by making sure the positive information is out there? So, we have multiple communications programs that have been created and are continuing to evolve to address the misinformation on social media. Nicole, you want to talk about our prisons?

Nicole Garner: Sure. And so, we worked with our prisons to make sure that they were vaccinated as well, obviously, being in confined settings. And so, they were vaccinated in Phase 3. And so, we continued to work with them. There were cases of outbreaks, and so we tried to make sure people got tested, but they were vaccinated in Phase 3. I see the last question is, "What messaging did you find worked to help people understand the benefits as far as getting vaccinated that outweigh the negatives or the risks?" I'll take that. And then, I'll let you kind of reiterate. One thing that we did is we really used our local pastors and trusted people in the community to help use their platforms and leverage communicating what the vaccine was and educating. So, we really worked with, again, our churches, our faith leaders. People trust people that they go to church with and that they see day in and day out. And so, we really leveraged those relationships as well. And then, again, using different social media platforms to make sure that we got good accurate information out there. Broderick, did you want to add anything else?

Broderick Crawford: Nope. Next slide.

Nicole Garner: All right. Okay. And then, the last survey question was, you know, "What information or services would make you more inclined to get vaccinated?" And so, people said, "I know being vaccinated is good," 54%. And then, "vaccine free without any insurance," about 18% of the people said that. And then, "Being vaccinated in a place that they frequent," which is again being nimble and flexible. And when we saw that, we knew we were doing the right thing by going to the people. Again, not taking this one-size-fits-all approach, but people want to be seen in places that they're comfortable. And so, we also kept that in mind. And then lastly, "Non-traditional hours." So, we really looked at this data to make sure that we were addressing any concerns that our community had about being tested and being vaccinated. I just wanted to address some of the hesitancy. We talked a lot about it. But again, we also did the first survey early on in the pandemic, and we just recently conducted another survey in-house. And we wanted to find out what people's thoughts were about, you know, vaccinations, as well as, you know, hesitancy. And again, addressing this, the overall hesitancy, about 25% of the survey said that it was developed too quickly. And 27% said side effects. People were concerned that there would be, you know, short-term or long-term side effects. Distrust of the community. And so, again, understanding that there was a distrust in the community, we really tried to conduct town hall meetings and help educate and do a lot of outreach. We also implemented a canvassing program, which we'll talk about a little later, but overall community outreach to speak to some of the reasons why people were hesitant to get vaccinated. They also felt like it wasn't worth it, about 11%. And then, feeling forced or coerced to do so was about 5%. And so, Broderick, I don't know if you wanted to add anything.

Broderick Crawford: Yeah, just a couple of things here. You know, the thing that I wanted to emphasize here is, again, we had the initial survey, we've now come back with a second survey, and so why that's important is we want to continue to have, as Nicole stated earlier, our ear to the ground. We want to understand if there are challenges, if there are hesitancy issues out there, we wanted to be able to address them not by guessing, but having good information that we're gathering from the participants. And so, we had town halls where we spoke to. We wanted all of the folks in the town hall to be those that were anti. So, we wanted to have a conversation with those that were totally opposed to find out why. So, in addition to the survey, we had Zoom meetings with those that are anti to try to address some of their hesitancy.

Nicole Garner: And also, I want to make sure I provide a little bit more clarifying. So, this information was done -- we, you know, conducted a survey. It was a small sample group, but it was done through the health department as well.

Broderick Crawford: Absolutely. Absolutely.

Nicole Garner: So, now, I want to actually turn it back over for Broderick talk about some of our community outreach efforts, specifically activities that the Health Equity Task Force led.

Broderick Crawford: So, anyone who knows me knows that Broderick loves community outreach. I would much rather be out in the community trying to have an impact than be sitting in an office. So, we tried to develop activities that would allow us to engage with our community. So, we wanted to have equitable access for all of our populations, especially our vulnerable populations. And so, how are we going out to where they are? So, as I mentioned earlier, how are we getting to where the people are? Where can we go that's not traditional? And so, it was very important for us to go to -- you know, we had several churches that had outdoor services. Well, guess what? We were at those outdoor services. Dr. Greiner and I recently literally attended a church service via Zoom where we were participating in an event with one of our local churches there, regional effort. And so, we were wanting to make sure that community engagement was very intentional in the work that we're doing. And as we're engaging with our communities, how are we communicating with them? What does our -- does our communication efforts match the engagement efforts? And so, how do we make sure that the projects that are being created by the health department and the Health Equity Task Force are being promoted in a way that people know? So, absolutely, the health department has a website, but all of our community members don't go to that website. Absolutely, we have things on social media, but everyone doesn't go to social media. So, what does it look like to have fliers that are handed out at food pantries? What does it look like to have fliers that are electronically sent to all of the churches so that the pastors can communicate to their congregations? What does it look like to have it in grocery stores? What does it look like to have it even at a car wash or at a place where people would gather? Restaurants? Literally, we have sandwich boards now in multiple different restaurants throughout our county that says in two languages, "Get Tested," and, "Get Vaccinated," and why it's important. Literally here at my church, we'll be having our food pantry as soon as I finish this call. And guess what? It's already prepared. The sign board, the sandwich board is already there, and people are already lined up. How can we make sure that we're engaging in community where they are? And then, we want to also get their perspective. It is very important for us to continue to hear -- this is bidirectional. So, we can try something this week or this month. If it doesn't work, we are more than willing to change that process, to change that project, so that it fits what the needs of the community are. And that's what's so important for all of us is we've got to think about, "What does the community want? Not what I want. What does the community want? And how can we meet those needs?" That is what has been important for the health department. That's what has been important for our Health Equity Task Force. And everything that we do as it relates to COVID-19 in this community is based on trying to meet the needs of our community.

Nicole Garner: Well said, Broderick. And I'll just reiterate that, as you alluded to or said, is that having this sort of bidirectional relationship. If you don't know what the community wants, how can you give them what they need? And so, we were constantly keeping our ears to the ground, asking questions, being open and accepting feedback, and also knowing that, hey, we're not doing everything right and perfect. And when we needed to pivot, when we needed to try something else because this isn't working, we did that. We did that. And so, I think when people ask us, you know, "What's the success?"

or, "How has the Health Equity Task Force been successful?" that very thing is really engaging the community and finding out what's important to them and meeting them where they're at.

Broderick Crawford: So, here's an example. I am happy to say this happens to be my church home. So, that gentleman, that very young gentleman that's in the picture there is my pastor, Bishop A. Glenn Brady. And so, we developed six flagship churches. And what these flagship churches, then were tasked to do is to identify five additional churches. So, it eventually became 30 churches that were engaged in this effort. And all of the churches have what you see on this banner, that, "At New Bethel Church, we believe in faith, we believe in science, we believe in wisdom, and we believe in vaccinations." So, it's very important for us to be able to speak to that from a faith leader perspective. So, this outreach not only went to the churches, but then the families of the churches because in many cases you might have one or two members of the family in the church, but then those members can then communicate to the entire family, which extended the reach. We were able to reach at one point over 18, almost 1900 church members that were scheduled to -- scheduled to receive vaccines through this flagship effort. We didn't give you the number of testing, but just in one of our events alone, we had over 100 people they got tested. We overwhelmed our vendor, our FQHC that was here with us. That was Vibrant Health. And so, we wanted to make sure that the response to the testing efforts and the testing logistics that we were putting together would meet the needs. And so, it has been an overwhelmingly successful project. And we now have a community outreach coordinator, Kate Sharp, who really is engaging with our churches. She calls them regular, she meets with them regularly, and she wants to make sure that those needs and desires of our faith community is being met. And so, it wasn't just all African American. We additionally got four other churches. We got Latino churches. We got refugee churches. And again, the same concept. We want to make sure that we're meeting the needs of those folks in those communities.

Nicole Garner: Absolutely.

Broderick Crawford: And so, here's an example of one of our initiatives that we did. So, a couple of things that we've done with RADx. We also have what we call Worksite Wellness. And so, how are we engaging with our small businesses and other businesses to make sure that they have the resources that they need? So, we developed ambassadors for vaccine participation. Again, these ambassadors partnered with the Unified Government Public Health Department. And again, trying to identify barriers and offer strategies for these particular businesses. We literally have had -- I think we've now had three town halls that were specifically geared towards businesses. And so, we had -- in one case, we had one of the businesses that shared their success in making sure that their employees were vaccinated. We had them also talk about the challenges that they had for those folks who chose not to get vaccinated, and this was well before any of the mandates that we see coming out now. These were folks that were early on on the frontline wanting to make sure that their business were safe. How could they make them safe not only for their staff, but then also for their patrons? So, they were very willing to put signs up that talks about six-foot distancing. They were very willing to put signs up about wearing masks. They were very willing, you know, to do those things to make sure that their establishments were safe for people to be able to come in and take their services. We also provide stipends for Latino businesses.

And so, how can we help you help yourself be successful as we're working through this pandemic? And then, we also have many households that were incentivized. We've had events where you can get an incentive to get tested, you can get an incentive to get vaccinated, and you can get an incentive to take a survey. And then, you get a -- you can then be put in a raffle. So, in one case, you could almost get up to $100 to $150 just in gift cards through the incentives just going through our process. So, we wanted to make sure that any eligible participants were able to receive some of the vaccines and to make it where it's not coerced, but it is offering an opportunity for you to make sure that your residence, your family home, your church, your business is safe as it relates to COVID-19.

Nicole Garner: Absolutely. And it's really money well spent. If we -- you know, we really saw this as a win-win situation. If we can get local businesses and we can get churches to advertise for us essentially for free -- because we realize that people trust and listen to people they worship with, where they go to the grocery store, where they go and eat. And so, if we can get those, you know, advocates, if you will, to help promote the importance of not only testing, but getting vaccinated, not only is it free advertising for us, but it was money well spent because we know that they can leverage their relationships to encourage vaccinations, as well as testing. And the last slide on outreach is all around our business engagement. And so, Broderick, I'll let you --

Broderick Crawford: Sure. Again, this is -- again, Nicole and I, we work hand-in-hand so frequently, each of us can talk about each of these slides. So, and that's again the power of collaboration because we are together so frequently doing this work, we kind of know, you know, how to interact with one another. And again, that goes to the synergy. One of our local pastors often talks about the synergy that we have with our Health Equity Task Force. So, we've worked with our KCK Chamber. That's the Wyandotte Economic Development Corporation that does monthly updates. Business West is a group that's further out west near the Legends and the Speedway and the racetrack. The Fairfax Business Association, that's -- we have a General Motors plant here. So, General Motors is over in the Fairfax area. And then, direct meetings with more than 160 businesses. Again, this goes to some of the town halls that we've had, some of the one-on-one conversations that we've had via Zoom. Again, we wanted to make sure that we're engaging the business community because they have been greatly impacted. And so, we wanted to make sure that we are not only meeting the needs of our residents, but of our business community as well.

Nicole Garner: And so, we've alluded to the refugee community, but we have a large refugee community here in Wyandotte County. So, we wanted to make sure that we were creating information in a way that they could digest it, understand it, and be open to it. And so, the Congolese community, we had online town hall meetings that specifically had a Swahili-speaking doctor talk about vaccinations, talk about testing, as well as Nepalese community. We make sure we have physicians who are trusted that speak in that language, have town hall meetings, and then we have meetings on Saturdays specifically at the Armory, and as well as after Sunday service because we know that worship is really important to both of these communities. And so, again, it's not necessarily having them come to us, but it's us going to them

and sharing the information with them in a way that they understand it by people who they trust, which is extremely important. And so, the last --

Broderick Crawford: So, before we go to canvassing, Nicole, we've got a couple more questions. So, the first question is, "What are the other" -- "When you had the category 'other' in objectives, what was 'other'? What was in the 'other' category?" You know, that's a good question, and I'll have to -- I can add that to the notes because I think there were some other questions, but I don't have -- I don't know those right offhand. So, I apologize, but I can get that information.

Nicole Garner: Not a problem. And then, "With research and knowledge advancing so fast in the COVID realm, how can one reach out in a timely manner to the community to share the latest message and research? For example, with myocarditis cases or being vaccinated -- cases after being vaccinated." And so, I can answer that. So, one of the things that we do that's very clear is we let our medical professionals answer that question. So, again, we have three physicians that sit on several of our task force sub-committees, and we allow the medical experts to answer the medical questions. And so, you know, we want to make sure -- and they are in these meetings just as frequently as Nicole and I am -- Nicole and I. So, Dr. Carla Keirns, Dr. Allen Greiner, Dr. Erin Corriveau, they're in two or three meetings a week with us. And so, when these types of questions come up, we let them address them head on. And so, we don't want there to be any hesitancy from our medical community to be able to respond to questions like this. So, our medical professionals handle those medical questions. Nicole and I, we just deal with -- we deal with community folks. I hope that answers your question. That's a great question. Thank you.

Broderick Crawford: Yes. And so, our canvassing initiative. You know, we saw sort of towards the end of the spring of this year a decrease in the people coming out to our vaccine sites. And so, we had three vaccine sites. We had one, as Broderick mentioned, at our Kmart, which is our largest. We also had a vaccine site at -- I mean, I'm sorry -- Best Buy, which is west out by the Speedway in the Legends. And then, we also had a vaccine site at the Armory. And so, when we started to see a decline in the number of people that were coming out to get vaccinated because at one point we were seeing about 1000 people every single week get vaccinated, we again wanted to try to be strategic and be creative in our approach to communicating testing efforts, communicating vaccine outreach events, and then also educate the community on vaccinations because there are a lot of questions that we found out that people just didn't know. And so, we wanted to make sure people were getting accurate, good information. And so, we focused on these three primary zip codes, which is also part of our vulnerability index. And our canvassers would go door-to-door within these zip codes asking them about their overall awareness of the health department, as well as vaccination services. And so, they would at that time do some education. And if they said, "Hey, I want to get vaccinated," we would, you know, give them the information on where they could get vaccinated. And then, we also -- again, not taking this one-size-fits-all approach -- if the canvassers found out that there were additional services needed, whether that be food, whether that be, you know, additional housing needs, they then would work with six community healthcare workers that would then go out to those specific homes and address any additional needs

that we saw that needed to be met. So, our canvasser program has been great and we've got a great partnership with CHC to, you know, help promote our canvassing initiative. Our next initiative was all around "How I Helped Conquer COVID." So, early on in the pandemic, as you know, children -- and even when vaccines were first available, we realized that children were not able to get vaccinated, but we knew that they had something to say and that it was affecting their friends, it was affecting their household. And so, we wanted to get our school-aged children involved. And so, we had a poster contest called "How I Helped Conquer COVID." And that's actually our overall arching marketing campaign. And so, we worked with five school districts here in Wyandotte County. And we really wanted to give children a voice against the fight of COVID. And so, our school-aged children kindergarten to 5th grade, they -- the winner won $500. And then, for our 6th to 12th graders, the winner won $1000, which was great. And then, each winner's homeroom class also received $1000. And so, we were really strategic and said, "How can we promote this initiative?" And so, we wanted to also have something in it for our teachers. And so, each of the winners of their classroom also received $1000. And this was a really successful program. Our other initiative was, again, all-around community engagement. Again, we partnered with USD 500, and we had vaccination events that were really, really successful. And I apologize because my screen name might not allow you to see that video, but we partnered with Schlagle High School, Carl Bruce Middle School, and then J.C. Harmon. And in fact, we vaccinated almost 600 students in about nine hours, which is amazing. And so, our biggest sort of incentive that people I think have heard about is our vaccine incentive program. And so, we again wanted to figure out, you know, "How can we push that one-third that is on the fence on making a decision to come in and get vaccinated?" So, we looked at not only our adults, but we also had a big push to get as many of our 12 to 19-year-olds vaccinated. So, early on, we started our first phase. In our vaccine incentive program, there's three phases. And so, Phase 1 was from June 22nd through July 12th. And so, any student that came and got vaccinated between the ages of 12 and 17, they received a -- they had a choice to either receive a Worlds of Fun and Oceans of Fun passport or they could have dinner for four and game passes at Dave & Buster's. And that was a huge success. We also took that out to our schools as well. And you know, it was all while supplies lasted, and we ran out all of those. And our next incentive was for people that were ages 18 years of age or older. And so, they had a chance to win a $500 gift card, and there were three winners each and every day. And then lastly, again, with our RADx-UP dollars, we were able to incentivize people to come and get tested. And so, if you came and got tested -- again, this was all while supplies lasted -- you received a $25 gift card just to come and get tested at any of our vaccine sites. Our Phase 2 started in July and ended August 10th. Again, ages 12 and older, we incorporated our "Spin to Win," and I think Broderick also alluded to this earlier, is that we wanted to give people some instant gratification to win a cool prize. So, they could win anywhere from a $50 Visa gift card all the way down to a custom "Spin to Win" t-shirt. And so, you come and get vaccinated, you spin to win, and whatever that ticker lands on, you receive that actual incentive. Or, again, if you were the age of 12 and older, you could have -- you could also get a chance to win $500 gift cards as well. And lastly, in our Phase 3, which is the phase that we're currently in -- it will end September 30th, but there is a raffle. And then, we also continued on with our "Spin to Win." And so, we have two big grand prizes. And so, we will be giving away a $10,000 cash prize, as well as a $5000 cash prize. So, any adult that is of age 20 and older can enter into that -- -- or you can spin the wheel. And so, if you're 20 years of age or older, you can either enter in for a raffle to win $10,000 or $5000 or you can spin, take your chances and spin the wheel and win up to $100. We added an additional dollar amount to that "Spin to Win" wheel. And for our students ages 12 to 19, we really wanted to push and again encourage our 12-year-olds and

older to get vaccinated because we know school is starting, we want to keep them in school, and we want to keep, you know, outbreaks from happening. And so, we are giving away 30 cash stipends of $500. So, 30 students will have the opportunity to win $500. And they can also spin a wheel to win one of these prizes. So, a student can essentially win up to $600. Broderick, did you want to add anything to that?

Broderick Crawford: Nope, nope. Let's keep going because we're about -- we're probably -- we're running out of time.

Nicole Garner: Sure. And so now, we want to kind of give you a situational update, talk to you about what is happening currently right now as far as the delta variant, we all know it's reared its ugly head. It's much more transmittable than any other type of COVID. We first saw the first cage or the surge coming out of Southwest Missouri. And we also know that the vaccines are slightly less effective against delta, but it's still the best form of protection, as well as wearing your mask in indoor settings, and then also social distancing. And we also know that the delta variant will continue to lead to significant spread here in Wyandotte County if we do not get as many people vaccinated as possible. And so, we'll continue to promote that. As far as our hospitalization situation, I just really wanted to point out that the vast majority of the hospitals here in the area, in the cases where we've seen are people that are not vaccinated. We do know that the demographics for those hospitalized patients are younger. We're seeing a lot younger people in the hospital for COVID. And then, we also know that they're having breakthrough cases. I mean, there are people that have gotten COVID that have been fully vaccinated, but a lot of those people or individuals have a compromised immune system or they're an advanced age.

Broderick Crawford: Yeah. Or, yeah, they have an underlying condition.

Nicole Garner: Yes. Thank you for that clarification, Broderick. And so, this slide really -- you know, early on when we, you know, looked at the entire state of Kansas and people that were 12 years of age or older that had their very first dose in the beginning in March the 25th, Wyandotte County was ranked 102nd. So, that was pretty bad. You know, we saw this information, and we said, "Okay, what can we do?" And so, partnership with the Health Equity Task Force, as well as the health department really tried to promote and push every single strategy we could. And again, not taking this one-size-fits-all approach. But from March to August 30th, we were ranked 19th in the state for a vaccination rating. So, although it's not number, you know, in the top 10, we still made huge strides in getting residents at least having their first dose. And this is information from WebIZ.

Broderick Crawford: And I'll also mention -- you can go ahead and go to the next slide, but we also now have a slide that is being produced by our Kansas Department of Health and Environment. Many of you are familiar with the county health rankings that's put out every year by Robert Wood Johnson. We now

have a similar slide that looks at the COVID rankings for our state, and that's something that we can send to you all later on. We can send you that link.

Nicole Garner: Absolutely. And so, when we look at our vaccine data and how many residents that at least had a first dose and then how many are completely vaccinated. As you can see, about 46% of our residents here in Wyandotte County have had at least one dose. I will, you know, give the caveat that this does not include our residents that got vaccinated in Missouri because we're a border state, as you know, and a lot of our residents work in Missouri. And so, some of them got vaccinated in Missouri, but we don't have that data. And so right now as we're looking at it, we have about 38.9%, so almost 39% of our residents are fully vaccinated. We still have a long way to go. We have about 100,000 more shots that we need to get in people's arms. So, again, we're working as hard as we can as a task force, as healthcare professionals, and as a health department to get our residents vaccinated. I'm going to kind of go through these a little quick because I know we are running short on time. When we look at the vaccine rate by age, as you can see, the highest number is of 65 to 74-year-olds, and that's because early on there was a real big push to get as many of our older and aging adults vaccinated because we realized they were the most vulnerable. When we look at, you know, even, you know, our 35 to 40-year-olds and our 45 to 54-year-olds, those numbers look good. Where we really wanted to focus -- and again, we used the data to help tell a story and to help create strategies around who we need to focus on with education and promoting the importance of getting vaccinated. And so, there's been a big push to back to engage our 18 to 34-year-olds, specifically men, to get vaccinated. When we look at the vaccine rate by race, as you can see here, people that identify one or more race is our highest numbers. And then, you know, our African American community, about a little over 31,000. And you can see all the numbers there. Again, we're not what we want to be, but we are headed in the right direction.

Broderick Crawford: Nicole, two quick questions. "Can the same community infrastructure be leveraged to address other health concerns that may be of concern such as mental health, chronic disease, etc.?" And then, "Did we provide the canvassers to focus on unvaccinated folks?" So, I'll take the first one if you'll take the second one. So, the answer is yes. We are already talking about how we as a Health Equity Task Force can continue the work post-COVID. Now, the challenge is, "Will we get past -- will we get post-COVID?" Hopefully, one day soon. But absolutely, we're looking at not just mental health, but chronic disease, diabetes, hypertension, cancer, all of those things that impact our minority communities at a greater rate. And so, absolutely, we're already having those conversations and want to make sure that we stay focused once we get past COVID to the other -- again, what we say is COVID has peeled back the onion. It has literally exposed all of the inequities that has occurred in health care over the years. And so, we're wanting to address that post-COVID. Talk about canvassers there, Nicole.

Nicole Garner: Sure. And so, we don't have a list of people that are unvaccinated or vaccinated. We also want to make sure that we are protecting people from a HIPAA perspective. So, what we do is look at that vulnerability index, looking at those zip codes where we know there's high mortality and high morbidity outcomes. And those canvassers go door-to-door. And really, you know, asking general questions, you know, "What do you know about vaccinations? If you're vaccinated?" And if you're not,

then they take it a step further and either help educate. And if they're interested, we will, you know, help them get vaccinated, whether that be helping provide transportation or identifying any other additional services they need. But no, we don't have a list that we work off of as far as who's been vaccinated and who hasn't. And hopefully, that answers your question. And so, when we look at our vaccine rate by ethnicity, you will see that a little over 45 or almost 46,000 are Hispanic or Latino. And then, 34,622 are not Hispanic. And so, again, there's still a big push to get people vaccinated. And now that, you know, delta variant is here and rearing its ugly head, we'll have to continue to promote testing. And I can't say that enough because there are lots of people that are walking around that are asymptomatic and don't know it. They may feel good. But unfortunately, they're spreading it amongst, you know, children, amongst other adults and people that are vulnerable. So, I can't say enough how we, you know, are continuing to promote testing. And so last, before we get into our questions, we wanted to take a little time to talk about our lessons learned and then, "How can we do more of this?"

Nicole Garner: So, Broderick, I'll turn it back over you.

Broderick Crawford: Absolutely. So, again, this is one of our local pastors. As you notice, two of our slides contain or reflect or advocate two of our local pastors. This is one of our local pastors, Pastor Tony Carter, Jr. And again, this is again mirroring or leading the way. This is a shot of him actually getting vaccinated. So, we want to be flexible, we want to be adaptive. Again, we want to listen to our community, keep our ears to the ground. We know that one size doesn't fits all, so we want to continue to implement strategies in settings -- in all types of settings and in multiple languages. And we know that there is COVID fatigue. COVID, COVID, COVID. There is much COVID fatigue, and we've got to have self-care and protect our healthcare professionals. And then here, you'll see yours truly. This is one of the events that was at New Bethel Church. That little small guy on the left is trying to direct traffic, and that other small guy on the right is just being there. He's doing what he does. He loves to talk to the people. That's again my good friend, Pastor Tony Carter. So, how can we do more? We want to continue to develop strategies that work best for the moment. Again, as I've said, what works today may not work tomorrow. Identify and support anybody that's hesitant. It's not about shaming them, but helping them to move through their process. I often refer to the movable middle. We need to be able to address the movable middle and then identify not only the lessons learned locally, but across the state. So, what happened in Garden City or what happened in Wichita or what happened in Pittsburg, Kansas, how are we able to use those lessons learned to then inform the process that we have here locally? That ends our presentation. It certainly has been our pleasure to be able to present to you all today. Again, Broderick Crawford and --

Nicole Garner: Nicole Garner.

Broderick Crawford: We are certainly -- we've tried to catch most of the questions throughout the presentation, but if there are others -- let's see here --

Nicole Garner: We don't got that many to answer. So, Broderick, I'll let you kind of --

Broderick Crawford: So, those are some of our friends that are here in the area that are definitely complimenting our presentation. So -- -- thank you, all. Thank you, all.

Nicole Garner: One of the questions was, "Was it difficult to get religious places engaged in the vaccine effort?

Broderick Crawford: So, we have two groups. We have we have a group that are pro, and we have a group that is anti, and we have a group that's on the fence. What we did is we just took the ones that were ready. So, we identified those pastors that were ready. And you know, I say it's like a train. When that train is in the station and we got to push it to get it moving, everybody's not ready to shoulder that burden. Once the train gets going, then everybody -- or many want to jump on board. We took those that were ready, like my pastor and like Pastor Carter, to say they were ready, they're engaging, and they were ready to step out. Over time, more have come on board, but there's still some real hesitancy in some of our areas. And one of my other colleagues, Dr. Joe LeMaster, and I are working on another community trying to identify how we can reach that community, not to necessarily change their minds, but make sure that they have accurate information.

Nicole Garner: And so, one question is -- and they're saying this work is inspirational. They'd love to hear more about what we think the country needs or needs to do next in order to push vaccination rates even higher. I'll let you take that one. And then, I'll --

Broderick Crawford: So, I think the response is just sharing the work like we're doing today. Again, one size doesn't fit all. We are happy. We are honored to be able to present to the CDC Preventive Medicine Grand Rounds. We're certainly happy to do so in other national formats just sharing the work. You know, and because of a part of the RADx project, I will share with you that we have monthly calls with some of the other RADx teams. There is great work going on in our country, but the challenge is we don't hear about that. What we hear about is the hospital is overcrowded. We hear about, you know, long lines. We don't often hear about the great work. And I think -- I know that the RADx is working on a website to be able to champion and advocate some of that great work. But I can assure you that there is great work going on across our country in every areas of our country as it relates. And a lot of it is just grassroots, folks that are boots on the ground working with researchers to get the work done. And these research efforts are important because the reason why we try to do what we do is to partner researchers with community to be able to allow community voices to be heard in a way that it hasn't been done in the past. So, both at our KU Cancer Center, at our KU School of Medicine, KU Med Center,

they are all on board with community engagement. It is very important to them and to us to engage community in research.

Nicole Garner: And I'd also like to just add that this is not a sprint. It is a marathon.

Broderick Crawford: Yes, it is.

Nicole Garner: So, we have to keep that in mind. I know a lot of times we see we'll make three, you know, steps forward, and then the delta variant or something happens, and it seems like we take 10 steps back. But you know, recognizing self-care for those that are on, you know, the ground, you know, doing this work day in and day out such as Broderick and myself, we have to constantly remind ourselves that this is not going to disappear overnight, that it definitely is a marathon. We're in it for the long haul, and we're committed to it, and we're fortunate to work for organizations that are also committed to it. And so, that is what I keep in my mind every single day as I sometimes get discouraged. But I'm always hopeful because I work with an amazing group of people not only in the Health Equity Task Force, but here at the health department. And so, we probably have time for one more question.

Broderick Crawford: Nicole, you want to put up our contact information?

Nicole Garner: Sure.

Broderick Crawford: So, in case others want to reach out to us, we're happy to take your emails and try to assist in any way that we can. One of the things that Nicole and I both have to be careful of is how many times we say yes. But certainly, we want to -- we want to be able to share this information. We are very proud of the work that we've done. We're very proud of how we have collaborated. Again, as Pastor Tony Carter says, "It's the synergy," and as my pastor says, "We are all in it together."

Nicole Garner: Absolutely. So, there's one question about, "Is a presentation available to use for references and take back to your task force?" Yes. So, we have provided the slide deck for the information to be shared. And then, there was another question, which I'm going to actually pose to you, Broderick. "Can you speak to research efforts made and any barriers to participate with research?" which I know you are pretty passionate about, so.

Broderick Crawford: Absolutely. So, yes, there are additional research. Two of our local members of our Health Equity Task Force, Mariana Ramírez and myself, have been asked to be consultants, community

consultants, on the AstraZeneca trial that took place here at KU Med Center. Our own Dr. Mario Castro was the principal investigator there. So, they reached out to us and literally took our input as to how we would be more successful in getting African Americans and Latinx participants in that particular clinical trial. So, I again will applaud our folks at KU Med Center and their willingness to reach out to community to really champion and lead the way with community engagement and how important it is to engage with the community not just for the focus group or not with the $25 gift card, but allowing us to be members of the research team, allowing us to be able to participate at a level equal to the investigators and the researchers and the clinicians, etc. That is super-important to engage community at that level because their time is just as valuable as the clinicians and the researchers and the investors.

Nicole Garner: Absolutely. Well, we want to again just thank you. This was fun. It was -- we really enjoyed it. Thank you for inviting us. And I'll turn it back over to our team to close out.

Antonio Neri: Wow. How can we follow that? That's impressive. Thank you both so much, Nicole and Broderick. Boy, for what you've done and what you continue to do, we're truly grateful. We're truly grateful to have you on this presentation, and we're going to do our best to disseminate as broadly and widely as we can. This is really for me and then the program staff, this is what makes the United States, right? We reach out, we talk about a lot of stuff, and we get -- we work things out. And I very much appreciate your efforts just to stay focused in the community and talk about things that are difficult and talk about elephants in the room and really say, "How can we work together to figure this out?" Because this is a rough -- this is probably one of the most difficult times I've ever been through in the United States and I think for the country as well.

Broderick Crawford: Yes.

Antonio Neri: So, thank you both so much. We're truly grateful you shared your time today and are there. One of the things that we often say or I often say for orientation is a poem by Edgar Guest called "Sermons We See." I'll put a link. I'm going to post the link.

Broderick Crawford: Oh, you muted yourself, Antonio. There you go.

Antonio Neri: That's probably good, in some way. But it's a poem called, "Sermons We See," and it's really about, "You can talk as much as you want, but until you walk it, then that's what you need to do." So, I'm very much appreciative and grateful that that this is a sermon that we see. Much thanks to Julie Sergeant, too, for connecting us all together and putting us in this time and space together. Very much appreciate it.

Broderick Crawford: I would be remiss if I didn't give my good friend and Nicole's boss a shout-out, so Juliann Van Liew, who is the director of our UG Health Department, has done a phenomenal job. She came on board, and probably one month later COVID hit. So, she has had an unbelievable tour duty since she's been the director, but she has been a phenomenal job, and we absolutely enjoy working with her.

Nicole Garner: Absolutely.

Nicole Garner: Well, we're thankful for you and for all the work you do. What you do is important and makes a difference. It really does. For those listeners who are going to come back on October 6th, we're going to talk about healthcare accreditation. And these folks have set such a high bar, I don't know if we'll make up to that level. But everyone take care and stay strong.

Broderick Crawford: Have a great afternoon.

Nicole Garner: Stay safe, please.

Antonio Neri: Thanks. You, too.