



Addressing COVID-19 Using Community-Engaged Approaches in Vulnerable Kansas City, Mo. Communities

UMKC RESEARCHERS GAIN FEDERAL GRANT TO PARTNER WITH AFRICAN AMERICAN CHURCHES AND MOSQUES TO INCREASE ACCESS TO AND RECEIPT OF COVID-19 INFORMATION, TESTING AND LINKAGE-TO-CARE-SERVICES

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The topic of coronavirus and health equity has gained increasing attention as SARS CoV-2 has now infected more than 24 million Americans and caused over 550,000 deaths.¹ While new infections have drastically declined in early 2021, and the U.S. COVID-19 vaccine program has drastically ramped up, COVID-19 disparities persist among people of color across the country.^{1,2}

Public tracking to provide a racial/ethnic breakdown of COVID-19 cases nationwide was called for early in the pandemic. However, it was not until the summer of 2020 that available data confirmed that African American and Hispanic persons in the U.S. were three times more likely to be infected, were four times more likely to be hospitalized, and were nearly twice as likely to die compared to white Americans due to COVID-19, as reported by the CDC.² Even in more recent CDC reports, African Americans and Hispanics continue to be disproportionately burdened by higher rates of COVID-19 infections, hospitalizations and deaths.³

Early in the pandemic within the state of Missouri—where 16% of the state population is African American or Hispanic—infections were confirmed in 40% of these groups, as reported by the Missouri Department of Health and Senior Services.⁴ In Kansas City, Mo. (KCMO),

African Americans and Hispanics continue to be disproportionately burdened by higher rates of COVID-19 infections, hospitalizations and deaths.³

African Americans accounted for 37% of COVID cases compared to white Americans (22%), and also have had three times higher COVID-19 related death rates, as tracked by the KCMO Health Department (KCMOHD).^{5,6}

THE IMPACT OF SOCIAL DETERMINANTS ON COVID-19 COMMUNITY VULNERABILITY

Studies have shown that in most major cities, including KCMO, one's ZIP code can predict a significantly lower life expectancy. KCMO data from 2016-2019 demonstrate an 18.6-year difference from the lowest life expectancy ZIP codes to the highest.^{7,8} In KCMO's Third Council District, which is 60% African American

and includes four of KCMO's six lowest life expectancy ZIP codes, the life expectancy is the lowest among all KCMO council districts. Early in the local pandemic outbreak, the Third Council District had some of the ZIP codes with the highest number of reported COVID-19 cases. African American residents accounted for 43% of hospitalizations in this district while Hispanics accounted for 20%.^{5,6}

Although higher rates of underlying conditions associated with poor COVID-19 outcomes, such as hypertension, diabetes and obesity, are disproportionately found in African American populations, the root of the disparities links just as closely to factors associated with employment and housing.⁹ These factors include the need to leave home to work, live in a crowded, often multi-generational home, use public transportation, and enter crowded workplaces where social distancing and personal protective equipment (PPE) have not been widely available. People of color, particularly African Americans, are also overrepresented in lower-wage jobs such as childcare and home health care. This not only places them at higher risk of exposure to the virus, but also places them in positions of financial instability.¹⁰

Having such a financial inequity inhibits many families from being able to

respond to immediate COVID-19 needs for social distancing, stocking up on face masks and securing childcare at home during school shutdowns. Moreover, predominantly African American communities continue to be impacted by the legacy of discriminatory institutional practices, such as redlining, racial profiling, underfunded schools, lack of economic opportunity and limited/poor quality health care.¹¹ During the pandemic, Kansas City Mayor Quinton Lucas was quoted as saying, “Systemic racism doesn’t just evidence itself in the criminal justice system.” He called out its impact, adding, “Frankly, people deserve an equal opportunity to live, to get health care, to get [COVID-19] testing, [and] to get tracing.”¹² COVID-19 has further highlighted these inequitable practices.

THE NEED FOR CULTURALLY APPROPRIATE STRATEGIES AND MESSAGING FROM TRUSTED COMMUNITY INFLUENCERS

Now, as the COVID-19 vaccine era has begun, vaccine access and vaccine hesitancy are two factors that must be addressed in order to provide equitable opportunity for benefit of COVID-19 vaccines.¹³ Communication strategies that can be implemented with community influencers are critical to ensure trust in health systems among African American populations, which initially had some of the highest levels of vaccine hesitancy.¹⁴ It is clear that there is much work to do in developing culturally appropriate strategies and messaging, while building partnerships to ensure the delivery of trusted accurate information and equitable distribution of and access to COVID-19 testing and vaccination services.

The Black Coalition against COVID-19 (comprised of the National Medical Association, National Black Nurses Association



Photo: Calvary Community Outreach Network and Clergy Response Network.

The Clergy Response Network, partner organization in *Faithful Response*, last year distributed over 30,000 masks donated by Truman Medical Centers and Saint Luke’s Health System in a precursor activity to the current grant. Rev. Eric Williams, co-author of this paper, is pictured at the lectern.

and Historically Black Colleges/Universities) wrote a “love letter” to the African American community to encourage not only COVID-19 safety precautions, but also to encourage receiving the vaccine.¹⁵ To appropriately address valid concerns with African American communities—which center on historic and current inequities and discriminatory practices within health care systems—there is a critical need for community collaborations focused on developing and delivering culturally appropriate messaging while also increasing access to COVID-19 testing, vaccinations, PPE and other health needs.

THE CLERGY RESPONSE NETWORK: MOBILIZING KC FAITH ORGANIZATIONS TO ADDRESS COVID-19 AND OTHER HEALTH DISPARITIES

African American faith-based organizations began much of this work early in the pandemic in collaboration with health and academic partners. A prime example

of this work can be found with the Clergy Response Network (CRN), an interfaith collaborative that is mobilizing faith-based institutions to build a healthy urban Kansas City community through education, advocacy and partnership development. CRN’s membership includes churches, mosques, community-based organizations, health institutions and academic organizations.

Rev. Eric Williams, pastor of Calvary Temple Baptist Church, founded the CRN when it became clear that KCMO’s African American community was being hit hard with disproportionate rates of COVID-19 cases, hospitalizations and deaths, and was in dire need of COVID-19 information, services and testing. Key CRN community change strategies include:

- Reducing the negative effects of COVID-19 along with violence and trauma that have disproportionately impacted the urban community;
- Advocating for changes to racist systems,

laws and organizational attitudes related to COVID-19, violence and trauma; and

- Building cooperative networks with neighborhood, health and faith-based organizations.

On May 28, 2020, the CRN held one of the first forums (virtually) for KCMO's African American faith community to provide information about COVID-19 and its impact on the community, and to answer questions about closures of worship settings and alternative strategies to hold worship services. One of the overarching goals of the forum was to show solidarity within the inter-faith community and demonstrate the power of acting together. Over the past year, the CRN has distributed over 60,000 donated masks free-of-charge to churches and mosques, and continues to have large food distribution pop-up events that also provide PPE.¹⁶ In March 2021, the Clergy Response Network in collaboration with the Calvary Community Outreach Network, led an all-day Reaching All God's Children Conference that included presentations on facts about COVID-19 vaccines, mental health and community violence. The presentations were led by experts from the KCMOHD, University of Missouri-Kansas City (UMKC) School of Medicine, mental health professionals and faith leaders from around the area. Overall, these events have positively impacted thousands of people in KC.

A FAITHFUL RESPONSE TO COVID-19: A FAITH-HEALTH-ACADEMIC PARTNERSHIP TO INCREASE COVID-19 TESTING AND LINKAGE TO CARE IN AFRICAN AMERICAN CHURCHES

The early work of the CRN also guided the development of a grant application that was subsequently funded by NIH in January 2021 as a clinical trial called *A Faithful Response to COVID-19* (or simply *Faithful*

Response).¹⁷⁻¹⁸ This project is examining religiously and culturally tailored strategies to increase COVID-19 testing and use of linkage-to-care services with members of African American churches and mosques and the community members they serve through outreach ministries (e.g., food pantries, social services). The *Faithful Response* project will also provide COVID-19 testing services to many KCMO African Americans who may otherwise never have an opportunity to get tested in KCMO's socially vulnerable communities.⁵ The design of *Faithful Response* was based on ongoing input from the CRN, the KC FAITH Initiative Community Action Board, KCMOHD's communicable disease team, and the UMKC Community Health Research Group's (CHRG) extensive experience in conducting health screening research in partnership with African American churches and the KCMOHD.¹⁹⁻²⁵

The *Faithful Response* intervention will first be examined as a pilot study with one church to determine the feasibility of the intervention's virtual components in an era of COVID-19, which takes into consideration that most churches still are not meeting in-person. Feasibility of virtual approaches to participant recruitment, project implementation and data collection will also be examined. Findings from the pilot study will then be used to refine procedures and materials for a larger community-wide randomized community trial. The community trial will include 16 African American churches and mosques which will be randomized to either the religiously tailored *Faithful Response* intervention or a nontailored COVID-19 education intervention group, with about 960 participants total.

In the *Faithful Response* intervention group, faith leaders will be trained to implement the intervention components, which include delivering messages to

encourage COVID-19 testing and use of linkage-to-care services. Delivery of the intervention will be supported with a *Faithful Response* Tool Kit, which will include sermon guides, responsive readings, print and video testimonials, church bulletins and many other materials that will help promote COVID-19 testing with participating churches. Also, pastors and imams will encourage their members to get tested and to engage in healthy behaviors that mitigate the spread of COVID-19. These faith leaders will also receive a COVID-19 test in front of their congregants to further motivate their members to get tested. Study participants will receive automated text messages to engage in healthy behaviors and to get tested for COVID-19.

Also, two COVID-19 testing events will be conducted by the KCMOHD at all of the participating churches. Health department contact tracers will be trained to enhance their client-centered communication skills and aid in participants' use of linkage to care services that address basic and health needs (e.g., food, rent and utility assistance; referral to medical care; PPE). The study will take place over two years and has a goal of providing nearly 2,000 congregants and community members with free, accessible COVID-19 testing and linkage to care services, whether or not they are participants in the study. This project demonstrates how faith-health-academic partnerships have potential to jointly design and deliver culturally appropriate messaging, and also provide COVID-19 testing and other related services to increase their reach. Overall, these will have a positive impact with KCMO vulnerable African American communities.

Once again, this collaborative approach is proving to be of even greater need. Recent reports indicate that socially vulnerable communities, particularly those with

This project is examining religiously and culturally tailored strategies to increase COVID-19 testing and use of linkage-to-care services with members of African American churches and mosques and the community members they serve.

large numbers of lower-income and ethnic minority residents, have some of the lowest rates of preventive health screenings during the pandemic.²⁶⁻²⁷ They also have some of the lowest rates of vaccine distribution and uptake.^{13,14} On March 29, 2021, the CDC reported that data on race/ethnicity was only available for a little over half (53%) of those who have had at least one vaccine shot. Among these persons, 66% were white and 8% were African American.²⁸ Additionally, on March 31, 2021, the Kaiser Family Foundation report on COVID-19 vaccinations race/ethnicity indicated that 20% of white and only 12% of African Americans in Missouri had been vaccinated.²⁹ In ZIP codes within KCMO's Third District, vaccination rates among African Americans range from 4% to 12%. For white Americans in the same ZIP codes, the vaccination rates range from 8% to 22% and for Hispanics rates range from 5% to 32%.^{5,6}

CONCLUSION

Borrowing from strategies used in *Faithful Response* with faith-health-academic partnerships to increase COVID-19 testing—and expanding on these strategies to address vaccine distribution—can be an important step to further spur increased vaccine distribution and uptake with African American communities.³⁰ Mitigating social determinants, such as improving access to not only COVID-19 services

but also to other much-needed health prevention services (e.g., blood glucose, mammography and dental screenings) and internet access, will best be achieved when community leaders, health care professionals, public health and city officials, and academic researchers work together to address these issues. This is the time for action and for building partnerships that include community organizations as expert partners. Together, these partnerships will forge future plans to stop pandemics like COVID-19 from having such disproportionate, destructive impacts on socially vulnerable communities of color.

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online, most learning opportunities are offered online, and most other services and social interactions are also online—digital connectivity and capabilities are necessary to compete. 🌐

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