



## REQUEST FOR PROPOSAL

Community Facilitator (Organization) for the Asian Community

for

Facts Not Fear ICT Communication and Outreach Initiative:  
Providing Health Literacy and Resources to Promote Informed  
Decision-Making

March 28, 2022

Community Connection Consulting Service, Inc. (C3S), (hereinafter collectively referred to as “Project Administrator”) under the advisement of the City of Wichita, Kansas (City) is seeking qualified nonprofit proposers to provide contractual services for the above listed project. If your organization is interested in submitting a response, please do so in accordance with the instructions contained within this Request for Proposal.

**SUBMITTALS are due NO LATER THAN 5:00 pm Friday, April 22, 2022.**

**\*\*Acknowledgement of Federal Assistance\*\***

This opportunity was supported by 1 CPIMP211300-01-00 issued by the Office of the Assistant Secretary for Health of the U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling \$4,000,000 with 100 percent funded by the Office of Minority Health/OASH/HHS. The contents are solely the responsibility of the author(s) and do not necessarily represent the official views of, nor an endorsement by the Office of Minority Health/OASH/HHS, or the U.S. Government. For more information, please visit <https://minorityhealth.hhs.gov>.

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## I. About this Document

This document is a Request for Proposal. It differs from a Request for Bid or Quotation in that the Project Administrator is seeking a solution, as described on the cover page and in the following Project Background section, not a bid or quotation meeting firm specifications for the lowest price. As such, the lowest price proposed will not guarantee an award recommendation. As indicated herein, Competitive Sealed Proposals will be evaluated based upon criteria formulated around the most important features of the product(s) and/or service(s), of which quality, testing, references, service, availability or capability, may be overriding factors, and price may not be determinative in the issuance of a contract or award. The proposal evaluation criteria should be viewed as standards that measure how well a vendor's approach meets the desired requirements and needs of the Project Administrator. Criteria that will be used and considered in evaluation for award are set forth in this document. The Project Administrator will thoroughly review all proposals received. The Project Administrator will also utilize its best judgment when determining whether to schedule a pre-proposal conference, before proposals are accepted, or meetings with vendors, after receipt of all proposals. A Purchase Order/Contract will be awarded to a qualified vendor(s) submitting the best proposal. **The Project Administrator reserves the right to select, and subsequently recommend for award, the proposed service(s) and/or product(s) which best meets its required needs, quality levels and budget constraints.**

The nature of this work is for a public entity and will require the expenditure of public funds and/or use of public facilities, therefore the successful proposer will understand that portions (potentially all) of their proposal may become public record at any time after receipt of proposals. Proposal responses, purchase orders and final contracts are subject to public disclosure after award. All confidential or proprietary information should be clearly denoted in proposal responses and responders should understand this information will be considered prior to release, however no guarantee is made that information will be withheld from public view.

### **\*\*\*Acknowledgement of Federal Assistance\*\*\***

**This project is supported by the U.S. Department of Health and Human Services (HHS)/Office of Minority Health as part of a financial assistance award totaling \$4,000,000.00 with 100 percent funded by OASH/HHS. The contents herein are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by OASH/HHS, or the U.S. Government. For more information, please visit <http://www.minorityhealth@hhs.gov>.**

## II. Project Objectives and Organizational Backgrounds

“The Advancing Health Literacy to Enhance Equitable Community Responses to COVID-19” (Opportunity Number: MP-CPI-21-006), has been established by the U.S. Department of Health and Human Services (HHS), Office of Minority Health (OMH). The program seeks to demonstrate the effectiveness of local government implementation of evidence-based health literacy strategies that are culturally appropriate to enhance COVID-19 testing, contact tracing and/or other mitigation measures (e.g., public health prevention practices and vaccination) in racial and ethnic minority populations and other socially vulnerable populations, including racial and ethnic minority rural communities.

OMH expects the awardee projects to demonstrate the effectiveness of working with local community-based organizations to develop health literacy plans to increase the availability, acceptability, and use of COVID-19 public health information and services by racial and ethnic minority populations. Recipients

are also expected to leverage local data to identify racial and ethnic minority populations at the highest risk for health disparities and low health literacy, as well as populations not currently reached through existing public health campaigns. (Source:

<https://www.minorityhealth.hhs.gov/omh/Content.aspx?ID=22541&lvl=1&lvlid=5>)

In the Spring 2021, the City of Wichita (City) submitted to HHS OMH a proposal entitled “#FactsNotFear Communication and Outreach Initiative: Providing Health Literacy and Resources to Promote Informed Decision-Making” (later renamed “Facts Not Fear ICT Communication and Outreach Initiative: Providing Health Literacy and Resources to Promote Informed Decision-Making”). In June of 2021 the submitted proposal was one of 73 governmental institutions selected to be a part of a new, two-year initiative to identify and implement best practices for improving health literacy to enhance COVID-19 vaccination and other mitigation practices among underserved populations. (Source:

<https://content.govdelivery.com/accounts/USOPHSOMH/bulletins/2e4da9a?reqfrom>)

To carry out the programmatic responsibilities of this grant, the City selected Community Connections Consulting Services, LLC (C3S) to serve of the Project Administrator for the initiative. As the Project Administrator, C3S is seeking a nonprofit partner who will be committed to ensuring the program objectives and reporting requirements of the Facts Not Fear ICT project in a manner that will meet the expectations of OMH.

## **ORGANIZATIONAL BACKGROUNDS**

**City Manager’s Office, City of Wichita – Grant Awardee:** The City of Wichita is a leading-edge organization serving a dynamic and inclusive community. As an exceptionally well-run city, we will keep Wichita safe, grow our economy, build dependable infrastructure, and provide conditions for living well. “The Advancing Health Literacy to Enhance Equitable Community Responses to COVID-19” (Opportunity Number: MP-CPI-21-006) was awarded to the City Manager’s Office. The City Manager's Office has responsibilities for all matters involving the City of Wichita. Responsiveness to citizens is one of the most prominent responsibilities. Another key duty of the Manager’s Office is assisting the Council with special projects, such as the #FactsNotFear/Facts Not Fear ICT project and other valuable research assignments.

**Community Connections Consulting Services, LLC – Project Administrator:** [Community Connections Consulting Services, LLC](#) (C3S) is a Wichita-based consulting firm that provides one-on-one support to governmental, nonprofit, and for-profit entities whose mission align with making a marked difference in urban communities throughout the United States. The mission of C3S is to provide high-level professional expertise and implementation guidance to support the earnest efforts of governmental, nonprofit, and for-profit entities working to improve the quality of life for individuals, children, and families. Our Community Development Consultants contract with both governmental entities, nonprofit organizations, as well as for profits to assist in the development and implementation of programs, projects, and initiatives to support a variety of community development efforts. Through our leadership training and advocacy arm, known as "[The Leadership Think Tank](#)" (TLT2), C3S consultants assist local community leaders in creating an amplified voice to address critical social issues that are negatively impacting communities such as the #FactsNotFear/Facts Not Fear ICT project.

### **III. Submittals**

Carefully review this Request for Proposal. It provides specific technical information necessary to aid participating organizations in formulating a thorough response. Should you elect to participate, submit by email an electronic copy (PDF or Word) to:

**Angeline F. Johnson, CEO**  
**Community Connections Consulting Services (C3S), LLC**  
**7130 W. Maple St., Ste. 230 #183**  
**Wichita, KS 67209**  
**316-444-6767 (main) / [Angeline@cccconsulting.com](mailto:Angeline@cccconsulting.com)**

**SUBMITTALS are due NO LATER THAN 5:00 pm Friday, April 22, 2022**

#### IV. Scope of Work

Facts Not Fear ICT is an effort that targets the following populations: Hispanic/Latino, Black/African American, Asian, and American Indian/Alaska Native populations residing within the boundaries of Wichita, Kansas. Facts Not Fear ICT seeks to provide health information and health literacy interventions to members of the target populations and clinical partners. Utilizing data provided by the Sedgwick County Health Department (SCHD) and the Centers for Disease Control and Prevention (CDC), this plan considers available local data to understand the negative impact of COVID-19 in these targeted communities while determining interventions Facts Not Fear ICT can employ to encourage better outcomes.

Figures 1 and 2 provide both testing and positive case data for each of the targeted populations in the City of Wichita

As noted in Figure 1, the COVID-19 testing rate demonstrates significant disparities between minority populations who are tested compared to Whites. This is especially prevalent in Wichita as noted by the low testing rate of American Indian and Alaska Native Wichitans compared to other racial and ethnic groups. This can be noted in both Wichita as well as the state of Kansas.

Figure 2 conveys the rate of positive cases in Wichita. The data shows that there are significant disparities especially with the Asian population in Wichita when compared to other racial and ethnic groups in the city.

Figure 3 considers the rate of fully vaccinated members of our targeted groups in comparison to Whites in Wichita, the state of Kansas, and in the United States.

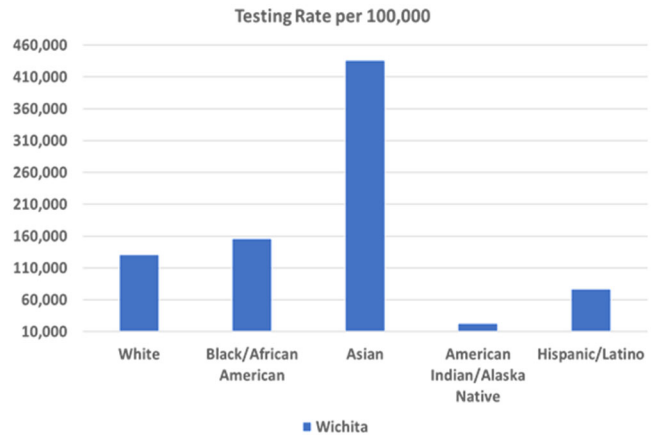


Figure 1. Testing rates in Wichita

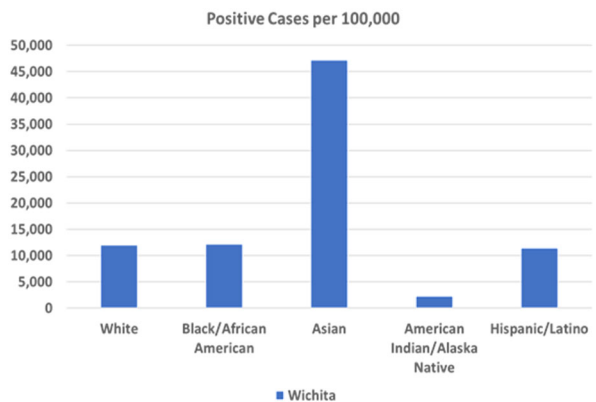


Figure 2. Positive Cases in Wichita

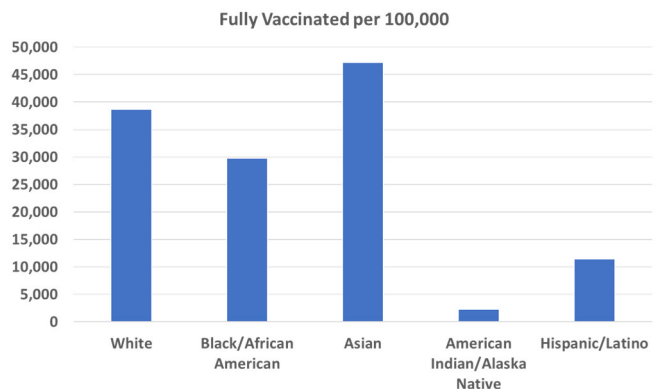


Figure 3. Number of Fully Vaccinated in Wichita

These figures show significant disparities among American Indian and Alaska Natives and Hispanic Wichitans with a slight disparity with Black/African Americans compared to Whites not only in the city of Wichita, but also state of Kansas as well as in the United States as a whole.

In addition to the data available through the SCHD, Facts Not Fear ICT also looked at the CDC’s Social Vulnerability Index data for 2018. Social Vulnerability Index data suggest that most of Sedgwick County’s disparate populations reside within the City of Wichita as noted in Figure 4. The SVI data for Wichita suggests that the socioeconomic status of most areas in Wichita are at the highest level of vulnerability, including where our disparate populations reside. As shown in Figure 5, the household composition and disability index are extremely similar to the overall social vulnerability map for Wichita. The race / ethnicity / language index is also consistent with where our disparate populations reside.

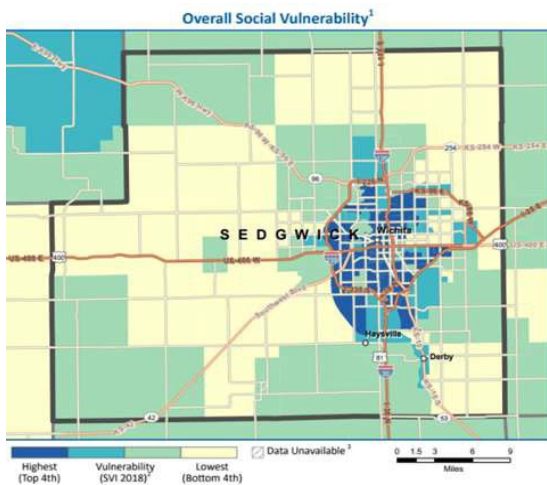


Figure 4: Social Vulnerability Index

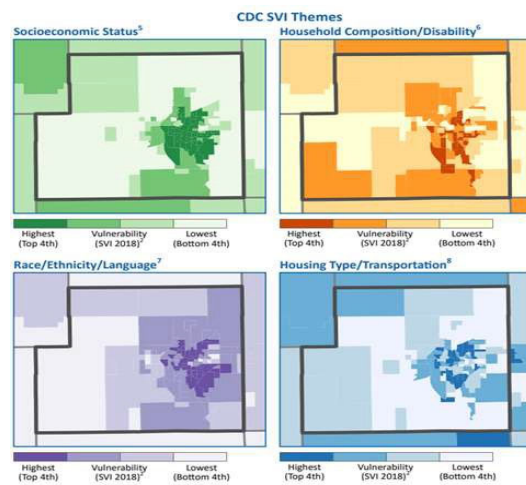


Figure 5: Social Vulnerability Index Themes

Continued observations shows that there are several other determinants that also contribute to the disproportionate number of minorities within the City of Wichita who are exposed, made ill, hospitalized, or die as a result of COVID-19. As reported by The Washington Post in March 2018, the National Community Reinvestment Coalition listed Wichita as one of the 3 most redlined cities in the nation.<sup>1</sup> In its 2021 Community Conditions Report<sup>2</sup>, as shown in Figure 6, the United Way of the Plains confirms that 3 out of the 10 zip codes with the lowest average adjusted gross income in the entire state of Kansas are located within the City of Wichita. Figure 7 takes a deeper dive into the demographic characteristics of the poorest of those zip codes, 67214, shows that 43.6% of its residents are Black/African American with 24.8% of residents being Hispanic/Latino. 25.3% of residents in this Wichita community have not completed high school and 24.8% are uninsured. As a city, all zip codes in Wichita have a percentage of uninsured adults that is higher than that of the national average as noted in Figure 8. When considering resident exposure to crime, Figure 9 shows that Wichita and its metro area holds an

1. Jan, Tracy, “Redlining was banned 50 years ago. It’s still hurting minorities today.” The Washington Post, <https://www.washingtonpost.com/news/wonk/wp/2018/03/28/redlining-was-banned-50-years-ago-its-still-hurting-minorities-today>, March 28, 2018.

2 United Way of the Plains, 2021 Community Conditions Report, <https://www.unitedwayplains.org/reports-financials>.

Poorest ZIP Codes in Kansas, based on Average Adjusted Gross Income

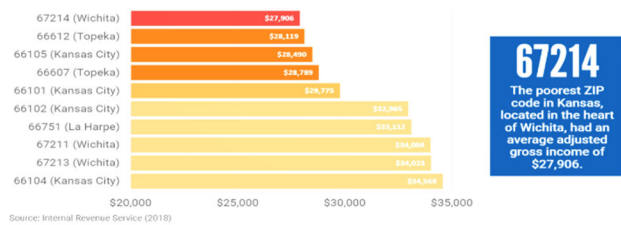


Figure 6: Poorest Kansas Zip Codes (Wichita)

Characteristics of 67214, the State's Poorest ZIP Code Located in Wichita

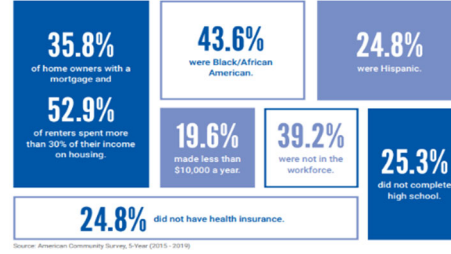


Figure 7: 67214 Demographics (Wichita)

KEY INDICATOR

Health Insurance Coverage

Why is this important? Without health insurance, individuals and families may not be able to afford medical treatment or prescription drugs. They are less likely to get routine checkups and screenings, causing advanced conditions to become more costly to treat.<sup>20</sup>

Adults Without Health Insurance by ZIP Code

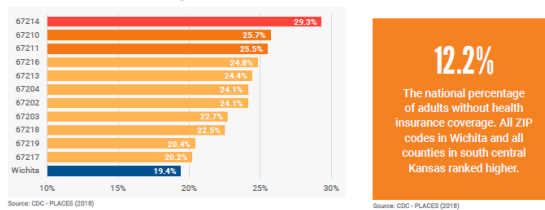


Figure 8: Uninsured (Wichita)

Violent Crime Per 1,000 Population in Wichita Metro Area

The map below shows crime per 1,000 residents. According to Crimegrade.org, the overall crime grade for the Wichita metro area is a "D." The chance of being a victim of violent crime in the Wichita metro area may be as high as one in 89 in the central neighborhoods.

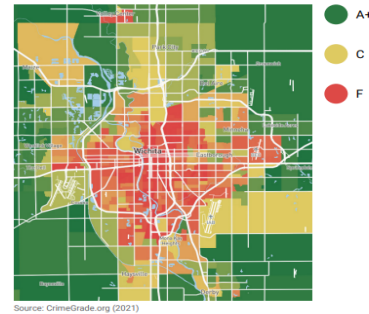


Figure 9: Overall Crime (Wichita)

overall crime grade of "D" when considering crimes per 1000 residents. The consideration of these and other social determinants of health supports a need for focused efforts to positively impact quality of life and the related implications for the disparate impact of COVID-19 with Wichita's minority populations.

In partnership with Sedgwick County and other key community health partners, Facts Not Fear ICT will operationalize a Health Literacy Plan that will follow the example modeled in the "National Action Plan to Improve Health Literacy." (<https://health.gov/our-work/national-health-initiatives/health-literacy/national-action-plan-improve-health-literacy>) Health literacy is based on a complex set of outcomes that can be influenced by a wide array of variables (inclusive of personal circumstances, methods for disseminating health care information, community attitudes, to interpersonal connections between patient and care provider), therefore a focused effort to examine the communication gaps between provider and patient is key for the success of the Facts Not Fear ICT campaign. To support efforts for broader community outreach and public responsiveness to public health efforts, Facts Not Fear ICT will work collaboratively with local partners to meet the objective of ensuring our intended populations have access to health care information that they can clearly understand and is culturally relevant. Like the National Action Plan to Improve Health Literacy, Fact Not Fear ICT's Health Literacy Plan will also seek to:

- Goal 1:** Improve health literacy amongst disparate populations in Wichita.
- Goal 2:** Incorporate disparate populations into development, implementation, and evaluation of Facts Not Fear ICT.
- Goal 3:** Empower health care providers to effectively communicate with patients, check



their understanding, and involve them in decision-making.

- Goal 4:** Increase access to COVID-19 testing and vaccination resources in disparate (i.e. American Indian/Alaska Native, Asian, Black or African American, and Hispanic/Latino) populations in Wichita.

Fact Not Fear ICT will engage in this effort through concerted partnership with local organizations to create a plan that supports the identification and alignment of community efforts to meet these goals.

**V. Proposal Terms**

We are requesting that potential organizational partners submit a proposal identifying how they can assist in helping to meet these goals within Wichita’s Asian community for the duration of the grant term of July 1, 2021 - June 30, 2023.

A. Questions and Contact Information

Angeline F. Johnson, CEO  
Community Connections Consulting Services (C3S), LLC  
7130 W. Maple St., Ste. 230 #183  
Wichita, KS 67209  
316-444-6767 (main)  
[Angeline@cccsconsulting.com](mailto:Angeline@cccsconsulting.com)  
[www.cccsconsulting.com](http://www.cccsconsulting.com) [www.theleadershipthinktank.com](http://www.theleadershipthinktank.com)

B. Evaluation Criteria

The selection process will be based on the responses to this RFP. A review committee will judge each response as determined by the scoring criteria below.

Component	Points
Methodology in meeting Scope of Work requirements	45
Proven successful projects comparable in size/scope.	20
Meeting all Proposal requirements and instructions, submitting clear, detailed information and providing all requested documentation.	15
Overall cost of services (Not to exceed \$60,000 annually)	10
Quality of references	10
Total Points	100

Any final negotiations for services, terms and conditions will be based, in part, on the organization’s method of providing the service and the fee schedule achieved through discussions and agreement with the review committee. The Project Administrator is under no obligation to accept the lowest priced proposal and reserves the right to further negotiate services and costs that are proposed. The Project Administrator also reserves the sole right to recommend for award the proposal and plan that it deems to be in its best interest.

All costs incurred in the preparation of this proposal shall be the responsibility of the organization making the proposals. The Project Administrator reserves the right to select, and subsequently recommend for award, the proposed service which best meets its required needs, quality levels and budget constraints.

At the discretion of the Project Administrator and/or the selection committee, organizations submitting proposals may be requested to make an oral presentation as part of the evaluation process. During this process, the Project Administrator may request additional information or clarifications from proposers or allow corrections of errors or omissions.

Submission of a proposal indicates acceptance by the organization of the conditions contained in the RFP and agreement to enter into a contract. The Project Administrator reserves the right to accept or reject any or all proposals submitted and to retain all proposals or any ideas submitted in a proposal, regardless of whether a proposal is selected.

C. [Request for Proposal Timeline](#)

**The following dates are provided for information purposes and are subject to change without notice. Contact Community Connections Consulting Services, LLC at (316) 444-6767 to confirm any and all dates.**

	Date
Distribution of Request for Proposal	<b>March 28, 2022</b>
Questions Due	<b>April 1, 2022</b>
Sealed Proposal due before 3:00pm CDT	<b>April 22, 2022</b>
Evaluation Period	<b>April 25-27, 2022</b>
Interviews (if deemed as necessary)	<b>April 28-29, 2022</b>
Contract Negotiations	<b>TBD</b>
MoU Approval	<b>TBD</b>

D. [Contract Period and Payment Terms](#)

A contractual period (Memorandum of Understanding) will begin following appropriate approval of the successful organization(s) through June 30, 2023.

Specific project details (Statement of Work, Milestones, etc.) will be negotiated prior to execution of contract, once goals as outlined are met and parties mutually agree that terms have been satisfied, the contract shall be complete.

Either party may cancel its obligations herein upon thirty-day (30) prior written notice to the other party. It is understood that funding may cease or be reduced at any time, and in the event that adequate funds are not available to meet the obligations hereunder, the Project Administrator reserves the right to terminate this agreement upon thirty (30) days prior written notice to the contracted party. Payment will be remitted following receipt of detailed invoice.

## **VI. Required Response Content**

**Submissions that do not meet the format criteria specified below MAY be disqualified as non-responsive.**

**All proposal submissions shall include the following, clearly labeled/tabbed as indicated below:**

1. Organization profile: the name of the organization, address, telephone number(s), contact person, year the organization was established, and the names of the executive staff and board membership for the organization.
2. The names of the staff members who will be available for work on the contract, including a listing of their work experience.
3. The organization's relevant experience, notably experience working within the Asian community.
4. At minimum, three (3) professional references, with email addresses, telephone numbers, and contact persons where work has been completed within the last three years.
5. A THOROUGHLY ORGANIZED response to Section IV that provides a detailed approach to the project as discussed within the section conveying how your organization would frame the project.
6. Timeline of work to be completed.
7. Complete pricing information.

Please review the following attachments included with this document to inform your response:

- Attachment A – Services Requested - Community Facilitators (Organization)
- Attachment B – Project Organizational Chart
- Attachment C – Disparity Impact Statement (DIS)
- Attachment D – Health Literacy Resources

**VII. Attachments**

**Attachment A – Services Requested - Community Facilitators (Organization)**

**Attachment B – Project Organizational Chart**

**Attachment C – Disparity Impact Statement (DIS)**

**Attachment D – Health Literacy Resources**

## **Attachment A – Services Requested - Community Facilitator (Organization) for the Asian Community**

### **I. Summary**

This is a contractual partnership with Community Connections Consulting Services, LLC in partnership with the City of Wichita.

Under close advisement from the Community Outreach and Marketing Manager, the Community Facilitator will work in partnership with the program staff to support community engagement efforts for Facts Not Fear ICT.

Facts Not Fear ICT is a communication campaign that aims to provide health literacy and other important resources to minority communities in Wichita that have been hit hardest by the COVID-19 pandemic. As a trusted advocate, Community Facilitators (Organizations) will serve as a local resource for providing useful information to empower community members to make informed decisions to curb the spread of COVID-19. Community Facilitators (Organizations) will heighten awareness while engaging residents, other community organizations, businesses, and community leaders in crafting a culturally sensitive message. Community Facilitators (Organizations) will also assist in organizing communities into action.

Community Facilitators will work directly with C3S staff, contractors, clients, other community partners, and the public to carry out the program's objectives.

### **II. Duties and Responsibilities**

In under the direction of the Facts Not Fear ICT Community Outreach and Marketing Manager and in collaboration with the Project Assistant, Community Facilitators (Organizations) will carry out the following tasks:

- Serve and liaise with the targeted (Black/African American, Asian, Hispanic/Latino, or Native American) community in Wichita.
- Host monthly COVID-19 focus groups.
- Provide notes and pertinent information derived from COVID-19 focus group sessions.
- Recruit organizations/residents to participate in a program activities.
- Assist project staff in gathering data, including but not limited to: surveys, questionnaires, and recording other contact with community members/community engagement activities.
- Collect data to help identify community needs.
- Engage the people in their community with town hall events, commercials, content-sharing, follow up with the survey participants every quarter to monitor changes from the initial survey taken, promote/disseminate COVID-19 related messaging to social media platforms, distribute print materials featuring health literacy information.
- Work with the Facts Not Fear ICT Community Outreach and Marketing Manager to identify key community members/leaders who are capable and willing to be interviewed by news media and/or communicating the Facts Not Fear ICT work to the general public.
- Promote/disseminate COVID-19-related messaging to social media platforms.
- Distribute print materials featuring health literacy.
- Advocate for individual and community needs.
- Make referrals or address other barriers to healthcare access.

- Assist in project/program planning for the distribution of resources to community initiatives.
- Meet weekly to report to Facts Not Fear ICT Community Outreach and Marketing Manager.
- Keep abreast of local and national news pertaining to COVID-19. May be called upon to interview with news media about our work.
- Must be willing to educate and advocate for the implementation of best practices surrounding COVID-19 prevention and response, including:
  - Discussing health concerns with community members.
  - Educate community members about the importance and availability of healthcare services.
- Perform other job duties as assigned.

### **III. Qualifications**

- Strong understanding of the local community and culture that the organization is seeking to serve as well as advocate for COVID-19 best practices.
- Ability to have a designated person who will serve as the primary point of contact.
- Ability to provide services at night and on weekends as needed.

### **IV. Knowledge, skills and abilities**

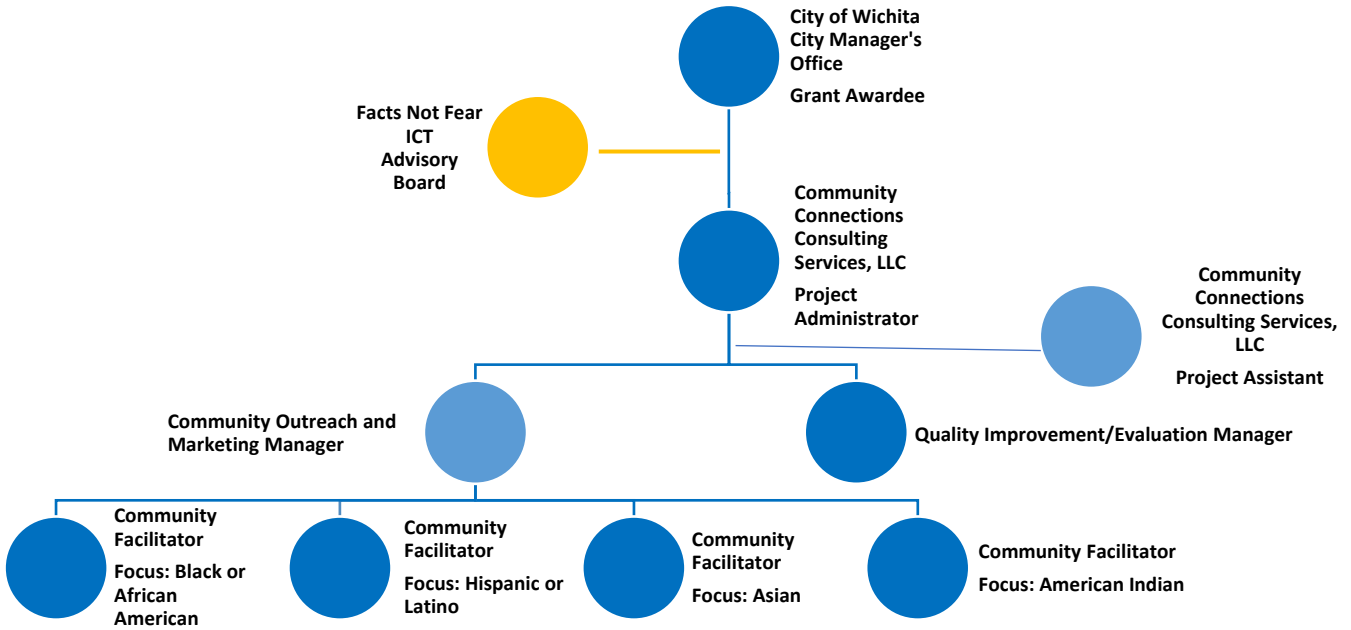
- Skill in the use of computers, preferably in a PC, Windows-based operating environment.
- Strong interpersonal and communication skills and the ability to work effectively with a wide range of constituencies in diverse communities.
- Ability to communicate effectively, both orally and in writing.
- Ability to facilitate and lead group conversations.
- Ability to foster a cooperative work environment.
- Ability to strategically coordinate services and resources around COVID-19 efforts.
- Excellent time management, community engagement, and project management skills. Strong organizational, planning, problem-solving, and decision-making skills, and the ability to multitask, work under pressure, and work well independently and in a team setting.

### **Desired Skills**

- Bilingual Preferred.

Attachment B – Project Organizational Chart

#FactsNotFear/Facts Not Fear ICT  
Project Organizational Chart



## Attachment C – Disparity Impact Statement (DIS)

Grant #: MP-CPI-21-006  
 Grantee Name: City of Wichita  
 Project Title: Facts Not Fear ICT: Communication and Outreach Initiative: Providing Health Literacy and Resources to Promote Informed Decision-Making  
 Project Period: July 1, 2021 – June 30, 2023  
 Project Director: Mr. Donte Martin, Principal Investigator, City of Wichita

### Component 1. Population of Focus

#### 1. Population(s) of Focus

The *Facts Not Fear ICT: Communication and Outreach Initiative: Providing Health Literacy and Resources to Promote Informed Decision-Making* initiative was designed to address health disparities in the city of Wichita, Kansas, the catchment area. Located in Sedgwick County, Kansas, the City of Wichita boasts a total population of 389,914 (American Community Survey: 2019: ACS 1-Year Estimates Data Profile). In 2019, it was estimated that Non-Hispanic Whites accounted for 63% of Wichita’s population. Hispanic/Latino community members represented 16.5% of the population. Black/African Americans represented 10% of the city’s population. Asians made up 5% of the city’s population, and Native Americans made up 1% of city’s population. The following table highlights the Facts Not Fear ICT’s target populations and the proposed number of individuals to be reached or served in the geographic area of focus for each 12-month budget period, by race and ethnicity.

**Facts Not Fear ICT Targeted Participants by Population Type and Grant Year <sup>3</sup>**

Population Type	% Local Community of Focus	FY1	FY2	Total
Numbers to be reached		<b>576</b>	<b>1,152</b>	<b>1,728</b>
Hispanic or Latino	16.5%	288	576	864
Black/African American	10%	180	360	540
Asian	5%	90	180	270
American Indian/Alaska Native	1%	18	36	54

The following table provides a breakdown of population in the City of Wichita counted by sex, age, race and ethnicity.

**City of Wichita – Sex by Age Breakdown by Race/Ethnicity <sup>4</sup>**

AMERICAN COMMUNITY SURVEY - 2019: ACS 1-Year Estimates Detailed Tables					
SEX BY AGE (Wichita city, Kansas)	WHITE ALONE	HISPANIC OR LATINO	BLACK OR AFRICAN AMERICAN ALONE	ASIAN ALONE	AMERICAN INDIAN AND ALASKA NATIVE ALONE
Label	Estimate	Estimate	Estimate	Estimate	Estimate
Total:	290,560	67,050	40,916	19,482	4,047
Male:	142,661	34,159	20,711	8,975	2,157

<sup>3</sup> Source: <https://datausa.io/profile/geo/wichita-ks/#demographics>, Accessed 1/31/2022

<sup>4</sup> Source: U.S. Census Bureau, American Community Survey, 2019: ACS 1-Year Estimates Detailed Tables, Tables B01001A, B01001I, B01001B, B01001D, and B01001C



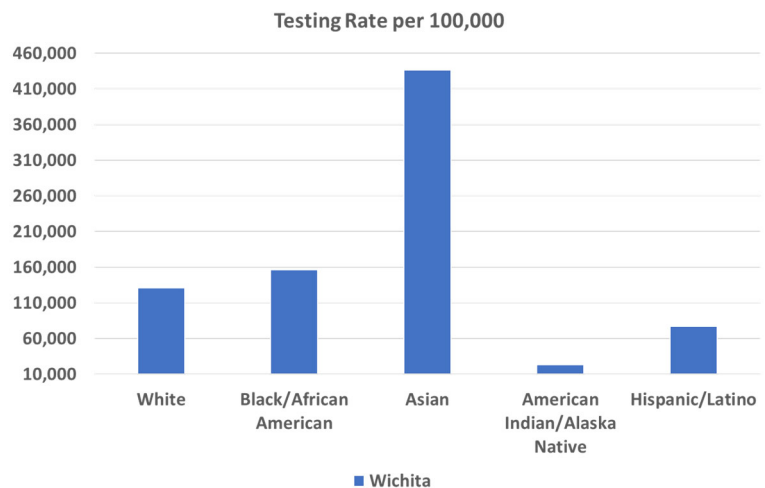
Under 5 years	8,560	3,502	1,509	401	38
5 to 9 years	9,795	4,186	1,588	570	216
10 to 14 years	9,519	3,641	2,158	496	296
15 to 17 years	5,597	2,163	1,080	393	94
18 and 19 years	3,155	1,237	535	89	41
20 to 24 years	9,619	2,996	1,325	1,086	289
25 to 29 years	11,505	2,772	1,877	943	101
30 to 34 years	9,452	2,393	1,454	741	101
35 to 44 years	19,490	4,422	2,359	1,021	285
45 to 54 years	16,556	3,301	2,093	1,275	323
55 to 64 years	18,125	2,157	2,753	1,101	195
65 to 74 years	13,526	907	1,270	339	94
75 to 84 years	5,819	321	350	473	84
85 years and over	1,943	161	360	47	0
Female:	147,899	32,891	20,205	10,507	1,890
Under 5 years	8,934	3,384	1,004	210	56
5 to 9 years	8,436	4,128	1,655	417	72
10 to 14 years	10,178	3,558	1,782	725	34
15 to 17 years	5,058	2,020	1,481	327	153
18 and 19 years	3,482	1,177	531	329	104
20 to 24 years	9,635	2,951	1,107	1,002	131
25 to 29 years	10,589	2,607	1,250	1,127	172
30 to 34 years	10,144	2,554	1,704	1,029	142
35 to 44 years	18,473	3,952	2,247	1,396	189

45 to 54 years	15,651	3,035	2,167	1,550	353
55 to 64 years	20,013	1,923	2,791	1,247	305
65 to 74 years	14,798	997	1,269	519	114
75 to 84 years	8,922	404	745	538	42
85 years and over	3,586	201	472	91	23
<b>Table:</b>	<b>B01001A</b> SEX BY AGE (WHITE ALONE)	<b>B01001I</b> SEX BY AGE (HISPANIC OR LATINO)	<b>B01001B</b> SEX BY AGE (BLACK OR AFRICAN AMERICAN ALONE)	<b>B01001D</b> SEX BY AGE (ASIAN ALONE)	<b>B01001C</b> SEX BY AGE (AMERICAN INDIAN AND ALASKA NATIVE ALONE)

## 2. Disparate Populations

The four racial and ethnic group minority populations at highest risk for health disparities, low health literacy, and poor engagement with existing public health messages in the city of Wichita. Utilizing COVID-19 data provided by Sedgwick County Health Department (SCHD), Sedgwick County Dashboard<sup>5</sup>, as well as Social Vulnerability Index<sup>6</sup> data from the Centers for Disease Control and Prevention, Facts Not Fear ICT has determined the disparate populations within the city of Wichita that could benefit from the interventions. The disparate populations are: 1) Hispanics or Latinos, 2) Black or African Americans, 3) Asian, and 4) American Indians and Alaska Natives.

Figure 1 illustrates testing rate data from the Sedgwick County COVID-19 Dashboard demonstrating significant disparities between the disparate population groups and Whites. Testing rates per 100,000 in the city of Wichita show American Indian and Alaska Natives have the lowest testing rates compared to other racial and ethnic groups Facts Not Fear ICT will be targeting. The second disparate group with the lowest testing score according to the Sedgwick County COVID-19 Dashboard were Hispanics or Latinos.

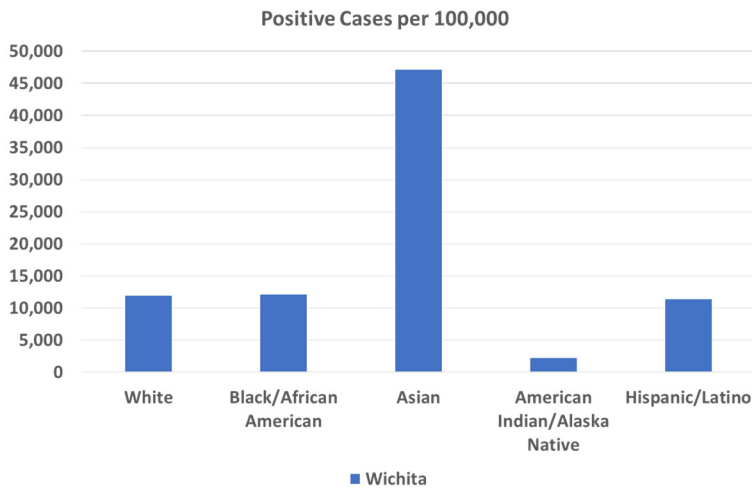


**Figure 1. Testing rates in Wichita**

<sup>5</sup> Source: Data from the Sedgwick County Health Department, Sedgwick County Dashboard (<https://sedgwickcounty.maps.arcgis.com/apps/dashboards/7b2b4364a5fa4ba3a015d52450acfe0d>), March 2020-November 1, 2021 was utilized as the source of the data provided in Figure 1, Figure 2, and Figure 3.

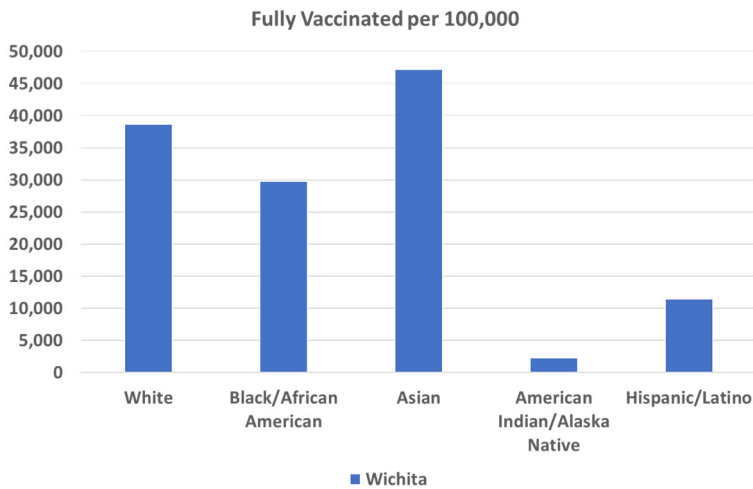
<sup>6</sup> Source: The CDC's Social Vulnerability Index (<https://svi.cdc.gov/map.html>) data for 2018 was utilized as the source of the data provided in Figure 4 and Figure 5.

The Sedgwick County COVID-19 Dashboard data was also utilized to illustrate the data in Figure 2 conveying the rates of positive cases. The data shows that there are significant disparities especially with Asian population in Wichita when compared to other racial and ethnic groups in the city.



**Figure 2. Positive Cases in Wichita**

Figure 3 considers the rate of fully vaccinated members of our targeted groups in comparison to Whites in Wichita. These figures show significant disparities among American Indian and Alaska Natives and Hispanic Wichitans with a slight disparity with Black/African Americans as compared to Whites.



**Figure 3. Number of Fully Vaccinated in Wichita**

In addition to the data available through the SCHD, Facts Not Fear ICT also looked at the CDC’s Social Vulnerability Index data for 2018. SVI data suggest that most of Sedgwick County’s disparate populations reside within the city of Wichita as visual noted below in Figure 4. The Social Vulnerability Index data for Wichita suggests that the socioeconomic status of most areas in Wichita are at the highest level of vulnerability, including where our disparate populations reside. As shown in Figure 5, the household composition and disability index is extremely similar to the overall social vulnerability map for Wichita. The race / ethnicity / language index is consistent with where our disparate populations reside.

Figure 4

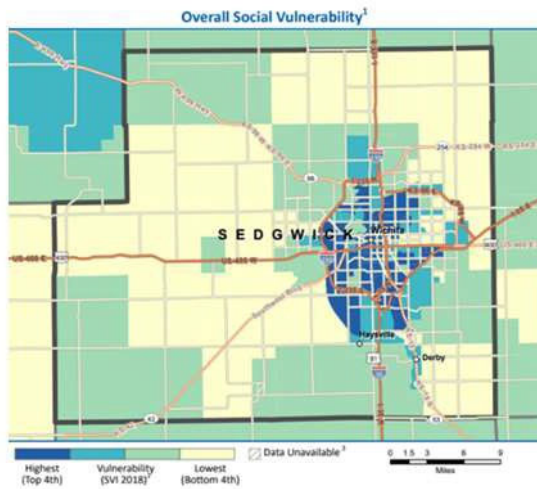
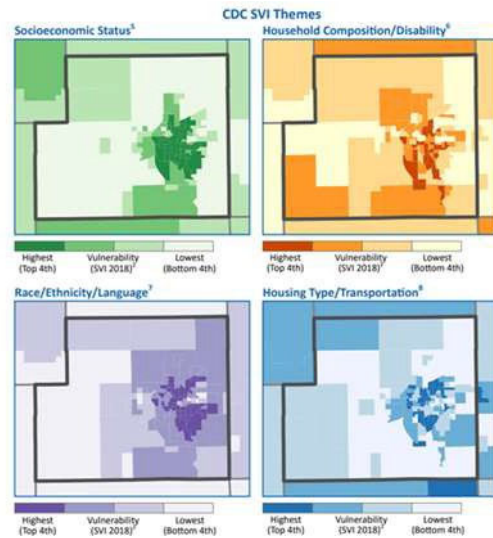


Figure 5



### 3. Comparison Group

The referent group will be Non-Hispanic White Wichitans. The four sub-populations we plan to serve will be compared to Non-Hispanic White Wichitans to determine differences in access, use, and outcomes. In addition, we will be able to utilize the variable of age in our evaluation process.

### 4. Component 2. Quality Improvement Plan Using Our Data

The Quality Improvement Plan is a plan for how we will implement a quality improvement process, using project performance data and the National Standards for Culturally and Linguistically Appropriate Services, to continuously monitor the project’s impact for the disparate populations across three domains: access, use, and outcomes. The initiative’s Quality Improvement Plan includes strategies for how processes and/or programmatic adjustments will be implemented to support efforts to reduce disparities for the disparate populations that will be served.

### 5. Access – Populations Engaged in the Project

To determine if the disparate populations have differential access to the project’s activities and interventions, this effort will track the number of individuals engaged or enrolled in project activities/interventions compared to comparison group. This effort will consider both individual and system-level factors influencing health literacy in the identified disparate populations.

Our effort will focus on engaging with our target groups to meet the following goals:

- Improve health literacy amongst disparate populations in Wichita.
- Incorporate disparate populations into development, implementation, and evaluation of Facts Not Fear ICT.
- Empower health care providers to effectively communicate with patients, check their understanding, and involve them in decision-making as much as they want.
- Increase Facts Not Fear ICT partners willingness to implement culturally and linguistically appropriate policies within their organizations.
- Increase access to COVID-19 testing and vaccination resources in disparate populations (i.e., Black or African American, Hispanic or Latino, Asian, and Native American and Alaska Native) in Wichita.

Facts Not Fear ICT will work collaboratively within the Wichita community to achieve these goals through evidence-based interventions intended to allow for broad access to members of our disparate population. Engagement efforts will include:

creation of the Facts Not Fear ICT Advisory Board, targeted marketing efforts to encourage participation in Facts Not Fear ICT workshops/town halls, clinical provider training opportunities, patient engagement efforts, and other measurable activities to ensure as many members of Wichita's disparate population as possible can be reached through this effort.

Through our quality improvement process, the effort will regularly assess:

- Which populations are being engaged in/enrolled into the project?
- Are the populations engaged in project activities representative of the racial and ethnic makeup of the project catchment area?
- How are the disparate populations included in project activities?
- What population groups are not being reached?
- Are partnerships developed to increase reach to the disparate populations?

#### **6. Use - Level and Quality of Participation in the Project by Disparate Populations**

To determine if the disparate populations have differential utilization of the services offered through the grant, the effort will track the number and type of evidence-based practices used by disparate populations.

Using proven community-based participatory approaches (i.e., community listening sessions, one-on-one communication between members of disparate populations and Community Facilitators, town halls, etc.), our team will work with community members to enhance COVID-19 testing, vaccination, contact tracing, and/or other mitigation measures (e.g., public health prevention practices and vaccination) among racial and ethnic minority populations and other socially vulnerable populations.

Additional interventions will include:

- Media and communication efforts for awareness and engagement
- Teach-back approach for physicians
- Decision-aid guide for patients
- Others as determined appropriate

Through the quality improvement process, the effort will regularly assess:

- What types of services are offered, and the number of individuals from the target populations that will access these services?
- What strategies are implemented to recruit and retain the disparate populations in project activities?
- Are partnerships developed to improve the recruitment or retention of the disparate populations?
- Are providers, practitioners, or staff working with the disparate populations using culturally and linguistically appropriate interventions/approaches?
- Are policies and procedures modified and/or implemented, including the translation of materials as appropriate, to sustain capacity for meeting the health needs of the disparate populations?
- What process or programmatic adjustments were implemented to ensure the data collection tools, measures, methods, and interventions were culturally and linguistically appropriate for the disparate populations?

#### Adherence to the CLAS Standards

Through the engagement of the Advisory Board and evaluation, the quality improvement plan will ensure adherence to the enhanced National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care (National CLAS Standards). Through the quality improvement process, there will be regular assessments to ensure a process is implemented for ensuring adherence to the 15 enhanced National Standards for Culturally and Linguistically Appropriate Services in health and health care. This is intended to ensure project activities are responsive to the diverse cultural health

beliefs and practices of the populations of focus and disparate populations.

The effort will determine if the process supports:

- Modification of organizational policies and procedures.
- Availability of preferred languages of the populations we intended to serve.
- Incorporation of health literacy and other communication needs of the target populations.

*This will include attention to:*

*i. Governance, Leadership, and Workforce*

To promote diverse cultural health beliefs and practices, hiring and training will be conducted to ensure project staff can support services that are responsive to the culture and language of all subpopulations, with a focus on: 1) Hispanics or Latinos, 2) Black or African Americans, 3) Asian Americans, and 4) American Indians and Alaska Natives.

*ii. Communication and Language Assistance*

To ensure language assistance services are available in participants' preferred languages, interpreters and translated materials will be used. Key documents will be translated into Spanish and Vietnamese, given that these are the primary preferred languages among the disparate population.

*iii. Engagement, Continuous Improvement, and Accountability*

To address health literacy and other communication needs of all sub-populations we intended to serve, all project activities will be tailored to support the engagement of limited English proficient individuals, individuals with low health literacy, and individuals with other communication needs. Staff will receive training to ensure capacity to provide services that are culturally and linguistically appropriate.

## **7. Outcomes - Impact of the Grant Project for the Disparate Populations**

To determine if the disparate population has differential outcomes relative to the strategies implemented by the grant, performance outcomes measures by race and ethnicity will be tracked.

Through the quality improvement process, the effort will regularly assess:

- What outcomes are being monitored for the disparate populations?
- Were identified disparities in the access, use, and outcomes of project activities for the disparate populations addressed?
- Were health outcomes for the disparate populations improved (e.g. increase in the COVID-19 vaccinations amongst the populations we intended to serve)?

These outcomes are linked to the vision of our community members, the effort's theory of change (the European (HLS-EU) Conceptual Model of Health Literacy), and the following four Healthy People 2030 Objectives:

1. HC/HIT-01- Increase the proportion of adults whose health care provider checked their understanding
2. HC/HIT-02- Decrease the proportion of adults who report poor communication with their healthcare provider
3. HC/HIT-03- Increase the proportion of adults whose health care providers involved them in decisions as much as they wanted, and
4. IID-D02- Increase the proportion of people with vaccination records in an information system.

## Attachment D – Health Literacy Resources

### #FactsNotFear/Facts Not Fear ICT Health Literacy Resources

As a national priority, health literacy is a recognized support for increasing participation in health care, improving health outcomes and addressing health disparities. Health literacy requires a complex group of reading, listening, analytical, and decision-making skills, as well as the ability to apply these skills to health situations.

Individuals with limited health literacy have reported poorer health status and were less likely to use preventative care. Beyond differences of language, culture gives significance to health information and messages. Perceptions and definitions of health and illness, preferences, language and cultural barriers, care process barriers, and stereotypes are all strongly influenced by culture and can have a great impact.

The U.S. Department of Health and Human Services offers a number of resources and tools to support understanding and implementation of health literacy strategies, including the following:

#### *Notice of Funding Opportunity*

- [Notice of Funding Opportunity](#)

#### *Health Literacy Plans*

- [Health Literacy Universal Precautions Toolkit, 2nd Edition](#) -. Agency for Healthcare Research and Quality (AHRQ) toolkit to help primary care practices reduce the complexity of health care, increase patient understanding of health information, and enhance support for patients of all health literacy levels.
- [Create a Health Literacy Plan](#) - resources to support organizations in developing a health literacy plan.
- [Health Literate Care Model](#) - tool that incorporates health literacy principles to mitigate risks of individuals not understanding health information.

#### *Quality Improvement and Program Evaluation*

- [Framework for Program Evaluation](#) - a description of the CDC's Framework for Program Evaluation and possible sources of communication and health literacy measures.
- [Healthy People 2030 Health Literacy Objectives](#) - related to health communication and information technology.

#### *Interventions to Improve Health Literacy*

- [National Action Plan to Improve Health Literacy](#) - overarching guidance based on the principles that (1) everyone has the right to health information that helps them make informed decisions and (2) health services should be delivered in ways that are understandable and beneficial to health, longevity, and quality of life.
- [AHRQ Teach-Back Intervention](#) – AHRQ webpage for Teach-Back Intervention, a technique for health

care providers to ensure that they have explained medical information clearly so that patients and their families understand what is communicated to them. Includes materials to support adoption.

- The [National Standards for Culturally and Linguistically Appropriate Services \(CLAS\) in Health and Health Care](#) - guidance for providing health care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy and other communication needs.

#### *Additional Resources and Tools*

- [Health Literacy Online](#) - information to develop effective products for all users, including those with limited literacy or health literacy.
- [Assess Health Literacy in Your Organization](#) - General assessments tools to identify opportunities and barriers for planning purposes and making progress on health literacy.
- [CDC Culture and Health Literacy Webpage](#) – Webpage with overview of culture and communication, and tools for organizations to support cross-cultural communication and language access.
- [HRSA Health Literacy Webpage](#) - Health Resources and Services Administration (HRSA) health literacy webpage with overview of patient health literacy and strategies for health care professionals.
- [AHRQ Patient Education Materials Assessment Tool \(PEMAT\) and User’s Guide](#) - An instrument to assess the understandability and actionability of print and audiovisual patient education materials.
- [National Library of Medicine Health Literacy Webpage PlainLanguage.gov](#) – government website of the Plain Language Action and Information Network (PLAIN), a community of federal employees dedicated to the idea that citizens deserve clear communications from government. Includes information on laws and regulations, guidelines, examples, training and resources.
- [Limited English Proficiency Resources](#) - details related to providing access to information and services for individuals who have difficulty communicating effectively in English.
- [The Guide to Providing Effective Communication and Language Assistance Services](#) - information for providing effective communication and language assistance services to culturally and linguistically diverse individuals receiving care and services, including strategies for communicating in a way that considers the cultural, health literacy, and language needs of your patients and their families.
- [Improving Access to Services for Persons With Limited English Proficiency](#)