

MEMORANDUM OF UNDERSTANDING

Kansas City, Missouri, Health Department And Communities Creating Opportunity

The purpose of this memorandum is to update the previous memorandum (see attachment #1) of understanding (“MOU”) established in 2012, and to continue to set evolving terms and conditions that have been agreed upon by Communities Creating Opportunity (CCO) and the City of Kansas City, Missouri, acting through its Health Department (KCMOHD). Forming a collaboration to further enhance the growing partnership between the two organizations and its respective alliances is to the benefit of both establishments and the people we serve. Our emphasis is on strengthening effective community engagement in order to create a stronger culture of health equity, economic dignity, and structural inclusion.

ORGANIZATION HISTORIES

Kansas City, Missouri Health Department

1866 marks the beginning of public health services in Kansas City. Since that time, public health has evolved from a group of individual “City” physicians, to a Health Board, to the current **City of Kansas City, Missouri Health Department**. In years to follow, the Kansas City Health Department embraced the National Association of County and City Health Officials’ recommendations to incorporate social policy, workforce development initiatives, and design strategic measures to eliminate health inequities.

In 2008, the Health Department began a significant drive, to improve and enhance outreach efforts in the community, focusing on health inequities and their effect on the health and wellness of Kansas City residents. The department joined with faith community and business partners to form Building a Healthier Heartland (BHH) to bring all facets of community leadership into the planning and discussion process pointed at improving health outcomes. Several key department personnel were trained by CCO on relationship building and other “organizing” methods for improving community outcomes, and since that time, have become routine attendees at local organizing meetings, metro training, issue meetings, etc. In addition, many other department staff received relationship building training through CCO efforts, and staff are on track to do one on one meetings with other staff and external partners. Local organizing groups such as Communities Creating Opportunity became integral, critical, partners as health and racial justice issues came to the forefront of every day thinking about those “unnatural causes” and root causes of health outcomes.

Some local improvements made by the Health Department in the last few years are:

- Became the convening site for the Mayor task’s force on raising the minimum wage and highlighting the health impacts of this ordinance.

- Assisted with the development of a new primary care clinic at 89th and Troost, which serves the southern part of the city.
- Partnered with the Active Living KC grant that focused on the Hickman Mills school district to help improve physical activity and nutrition education.
- Provided input for the development of a primary care clinic at N. Oak and Vivion Road.
- Developed a school flu clinic to improve outreach to our youth.
- Implemented an AIM4 Peace project that works to reduce inner city violence.
- Enforced a Community Transformation Grant as an additional opportunity to reduce the impact of tobacco use, improve healthy eating and active living, and increase clinical preventative services.

Over the years the Health Department staff has worked assiduously with individuals and local organizations to form robust collaborations and partnerships to protect public health in Kansas City by implementing strategies aimed at preventing chronic diseases, the spread of communicable diseases, providing health education, using evidence based practices, establishing policies, and making environmental changes. Today, the Health Department remains actively engaged in community outreach and organizing and health promotion and prevention strategies. In particular, the department is focusing much further upstream in dealing with root causes of health inequities (**Reference Figure 1**).

Communities Creating Opportunity (CCO)

Communities Creating Opportunity envisions a society with human dignity at the center of public life. Our mission is to organize diverse communities and people of faith to realize their power, develop strong leaders, unite partners, and advance solutions to our connected challenges.

Communities Creating Opportunity (CCO) has transformed lives in our community for nearly 40 years. Father Norman Rotert founded CCO in 1977 in a neighborhood model of community organizing in one Southeast Kansas City neighborhood, Blue Hills, because his realty license and the community development corporation he formed were not enough to make lasting change. From its inception CCO was birthed to engage faith communities in driving systemic change and building social cohesion in a time when racial redlining and economic block busting were tearing communities apart and stripping wealth and health from households and families.

In the mid 1980's CCO became one of the first community organizations to engage a congregation-based model of community organizing according to Fr. John Baumann, founder of a national network of faith based community organizing. CCO's engagement of religious communities transformed the organization to lead with values and develop leaders over time that would sustain their participation beyond any one-issue campaign.

CCO's community organizing continues to be rooted deeply in communities and is now scaled through civic engagement and data driven voter activation that builds community

power. CCO's congregation based engagement advances a values narrative within our systemic change agenda. Since 2008 this faith based advocacy has ascended to hard to reach urban, suburban, exurban, and small city communities through the deployment of staff who build clergy tables and regional leadership teams.

Today CCO operates from a public health model of community organizing that is driven by prevention and focused in hot spot zip codes and communities where people's dignity is most significantly thwarted. Our membership base includes individuals, congregations, schools, the Kansas City, Missouri health department, women, and youth.

In very broad terms, CCO trains volunteers and faith leaders in the leadership and advocacy skills required to effect the social change needed to improve the quality of life in their communities. CCO is the leading organization training grassroots neighborhood and congregation members to participate effectively in civic life and affect social change in their communities. CCO spans two states, ten counties, and 100 congregations.

Since CCO's inception, we have worked with and among the low-income and vulnerable populations who experience the most dire health outcomes, becoming a grassroots organizational leader in the community advocacy campaign to reduce the social, environmental, and institutional disparities that make our people sick. With our partnership with the Kansas City, Missouri health department, CCO now operates from a public health model of organizing, and we prioritize policies, funding solutions, and innovative programs that advance equity in our metro and serve the needs of our underserved and uninsured Kansas City populations.

CCO has been a leader in improving health care access for vulnerable populations:

- Working with partners to increase access to CHIP through presumptive eligibility and streamlined enrollment to provide 11,000 children with coverage.
- Countering budget cuts in Medicaid and Medicare, advocating for statewide Medicaid Expansion, and protecting safety net services in both Kansas and Missouri (such as the Kansas Neurological Institute).
- In 2012 CCO advanced a neighborhood door-knocking and phone-calling program for community outreach - contacting 10,000 people, 3 times each - in the most marginalized and vulnerable neighborhoods.
- CCO conducted a study that determined 10 "hot spot" zip codes in metro Kansas City where residents have high usage of the emergency room for care of chronic conditions. The results of this study are being used to create innovative coordinated care programs and health policy In KS & MO (**Reference Figure 2**).
- As a result of CCO leadership, stakeholder engagement, and research meetings, the Grocery Access Taskforce has been formed to position healthy food access as a primary metro concern.
- CCO is the lead organization in Kansas City and St. Joseph, Missouri guiding Medicaid coalitional tables and leading the faith based Medicaid expansion work in Kansas.
- CCO secured \$4.3 million in partnership with national efforts to Truman Medical Centers for a coordinated care program that integrates community organizing.

Communities Creating Opportunity is honored to be a part of this life-changing work; together, we are lifting up a new vision for Kansas City that unites people across region, race, class, and religion.

CCO members and staff are integrating engagement across departments and campaigns including: serving on the Kansas City Health Commission, the Minority Health and Health Equity Committee, the Health Planning Committee, and the Mayor's Violence Free KC commission staffed by the health department. Additionally we have shared collaborations to pinpoint violence and emergency room hot spots, reduce emergency room visits from residents of "ER Hotspots," engage and bring the community, citizen, and resident perspective into activities and policy development around issues such as complete streets and child health insurance, and advancing a shared organizing and violence interruption campaign.

Mutual Goal: Integrating Public Health and Organizing

Having worked together on many projects over the last few years, the two organizations recognize the need for additional changes within the organizing groups and public health agencies in order to embrace a better "worldview" (the underlying systems that shape ideas, beliefs and values) focus on health equity, and incorporate new organizational strategies in order to achieve success (**Reference Figure 3**). We were thrilled to be recognized in our partnership by the Robert Wood Johnson foundation with the Building a Culture of Health prize this past year.

Goals of both organizations include working to build additional bridges between sectors and communities, and to bring forth the importance of community power. It will be an opportunity to learn a new way to organize in locations consistently without knowledge of their "power" to influence change that brings about improvement in health care and resources through sustainable policy, systems, environmental changes, new practices, increased economic opportunities, etc.

The Health Department/CCO collaboration represents a strategic alliance that works together to define a new narrative, as "organized" public health, as they develop an *arena of power* to improve the quality of health for all metro Kansas Citians, with an emphasis on creating a culture of health equity and economic dignity. We have added to the Institute of Medicine's 1988 statement about public health... "Public Health is what we do collectively, as a society, through organized actions to assure the conditions in which *all* people can be healthy".

Together this collaboration of the Kansas City Health Department and CCO is a necessary partnership. The basic framework for the collaboration centers around five key areas:

- A Shared Vision: Creation of conditions for good health for all (**Reference Figure 4**).
- A Shared Focus: Elimination of health inequities based on race, class, gender, and power (**Reference Figure 5**).
- Alignment: Between local public health agencies, faith based communities, and others.
- Alignment: Of shared outcomes, asymmetric efforts, common spaces, and informal relations.
- Shared evaluation (see attachment #2 “EVALUATION OF THE ORGANIZING/PUBLIC HEALTH BREAKTHROUGH INITIATIVE, BRIEF OVERVIEW”)

**Partnership Collaboration Objectives: Operational Integration
Public Health and Community Organizing**

The purpose of this partnership is to build ongoing strategic and relationally driven efforts to integrate key public health activities with the arts and practice of community organizing for long-term increase in *healthy* life expectancy within our Kansas City metro. Public health is increasingly recognizing the need to work upstream, on root causes impacting the health and vitality of residents (**Reference Figure 6**). Community organizing, specifically congregation based community organizing, operates from a power building orientation of shaping the debate and influencing ideology within issue campaigns, which allows for greater collaboration.

Problem: Life expectancy disparities are dramatic (**Reference Figure 7**). In Kansas City, Missouri there is a 10 year life expectancy difference between a 64130 zip code and that North of the river. Caucasian women live 12 years longer than African American men. Infant mortality is three times higher in these zip codes. After many failed attempts of continuing to invest more money into illness care expecting different results, we have joined together to design and support strategic investments in systems change so that prevention policies, innovative programs, and funding increases will progress at a faster rate.

Joint Objectives

(PH= Kansas City, MO Public Health). Note: The following categories are presented where they “best fit” with the understanding that some items actually belong to more than one category.

I. Building Capacity in the Fields of Public Health and Community Organizing.

A. Cross Training (PH and CCO) (CCO and PH):

- a. We began joint training of new health employees in 2012, it is now time to revisit that training curriculum. Over the next six months we will design a new employee orientation that will better integrate and facilitate the mission and vision of the partnering of both the PH and CCO to new employees and new

community organizers. The orientation will focus primarily on public health initiatives, health outcomes, and community organizing principles.

- b. All health department staff will be invited to CCO signature training provided annually. Strategic invitations will be extended to PH employees who attend CCO congregations, or who gravitate towards organizing.
- c. CCO and PH recognize the role of religious leaders and congregations in providing anchor institutions that regularly gather key constituencies that matter to both organizations; as such, we will prioritize key clergy convening and jointly develop trainings or collaborate on how this organizing occurs around our shared values.
- d. CCO trains PH in neighborhood canvassing and data driven public health engagement in targeted zip codes in low life expectancy. Annually, PH leadership team will assess which zip codes or communities could be involved in deploying PH staff to do door knocking or other civic engagement efforts to listen, gather data, and demonstrate our support and concerns.

B. Regional Public Health:

- a. PH and CCO Directors along with key staff members will provide higher level training for leadership development of other regional area health departments.
- b. PH and CCO will explore the expansion of this public health practice into additional areas of the bi state region.

C: PH funding of community organizing:

- a. PH will pay membership dues to CCO.
- b. PH will support annual banquet by sponsoring a table and having PH staff participate.
- c. PH will utilize CCO where our grants benefit from grass root community organizing that can potentially fund areas of mutual interest including issues identified in the Community Health Improvement Plan (CHIP), the Community Health Assessment (CHA), and the Health Department's strategic plan.
- d. PH will work with CCO on strategies that are a priority to both CCO and PH such as ROAKC (Raising of America Kansas City), Asset Mapping, and Youth Development.

D: Joint grant applications:

- a. PH and CCO will generate target list by September 2016 to discuss priority areas for joint funding.
- b. PH and CCO will identify public health and organizing outcomes in key grants, being explicit about evaluation costs.

E. Data and Technology:

- a. PH will support data analysis requests to determine potential health impacts for various issue campaigns that CCO is considering.
- b. PH will design surveys that both CCO and PH can use employing optical scanning PH technology.

- c. PH will train CCO on the use of PH translation language line.

F: PH will assist in engagement of PH members of congregations that are not yet CCO affiliates:

- a. Help advance the engagement and utilize the Voter Activation Network match list.
- b. Help establish infrastructure for collaboration by serving on CCO Evaluation Committee.
- c. Develop funding resources for collaboration.

II. Engaging Priority Communities

- A. One on one relationship building:
 - a. PH tracks monthly the number of 1-1's of key health department staff participants.
 - b. The expectation is that the 1-1's will be conducted with supervisors and key staff from four different areas- in the division, in the health department, someone that staff works with outside of the department that they know, and someone outside of the department that they don't know, but should.
 - c. PH gives CCO a list of top/key 25 leaders to conduct 1-1's with over the next 6 months. The list is due by the end of May 15, 2016.
- B. Representation on each other's advisory, governing bodies:
 - a. CCO will provide names that are later vetted by the Mayor for potential PH Health Commissioners.
 - b. CCO board, committee, or other leadership positions.
 - c. CCO's Chief Operating Officer will serve as the vice chair of the Chartered Health Commission and the Director of The Health Department will serve as a board member for CCO's board.
- C. Collaborative priority setting:
 - a. Both PH and CO will support one another in research, planning, endorsements, and decision making around increasing life expectancy, and reducing health inequities, in particularly related to racial, educational, and class/poverty factors.
 - b. PH and CCO will continue to build on the previous work that was started from 2010 to identify hot spot zip codes where life expectancy is at greatest risk and greatest achievement. These inequities in zip codes and/or communities have and will continue to inform our joint organizing/public health focus.
 - c. Continue to update social determinants of health reports including life expectancy assessments and other health equity measures (**Reference Figure 8**)
 - d. Health Commission committee has CCO present when determining priorities around themes and particular issues.

- D. Mutual increase in legitimacy by reinforcing each other's credentialing, i.e. testifying at critical hearings:
 - a. Congregational tool kits that credential KCPH and Community Transfer
 - b. Data analysis reports that can be unveiled to press through white papers, demonstrations

- E. Internships and Professional Development Academy:
 - a. Recruit PH interns for joint efforts between the organizations.
 - b. Collaborative grant writing partnerships with Dr. Lora Lacy Hahn, Former Dean at School of Nursing at UMKC, and the Community Co-Chair of the Health Commission.
 - c. Recruit professionals into the field of public health and organizing, i.e. designing a Public Health and Organizing Academy given twice per year that recruits by scholarship or payment, high level individuals who want training and would be positioned to enter into the public health and organizing profession after completion of the academy.

- F. PH assisting CO in both internal and external developments
 - a. Serve as a bridge between sectors (how to navigate parts of City Hall).
 - b. Help educate the public.
 - c. Develop tracking and provide regular presentation of data (including social indicators, and linkages to other sources).
 - d. Support Health Impact Assessment (HIAs).

- G. CO assisting PH in external and internal developments
 - a. Establish a robust relationship with City Council over the next two years by co-strategizing movements in the KCMO Council, violence prevention circles, and the politics around it.
 - b. Serve as a bridge between sectors (how to navigate member congregations).
 - c. Build grassroots base for health equity and community transformations
 - d. Build networks of power and leadership. Reinforce the value of prevention and the health department's role of Chief Health Strategist.

- H. Within three months we will agree upon a joint evaluation partnership. For example, we will explore opportunity mapping 2.0 evaluative components with John A. Powell.

III. Achieving Health Impact Outcomes

- C. Breakthrough Campaigns:
 - a. Examine both CCO and Health Commission issue priorities and chose a HIA priority each year. For 2015 and 2016 our breakthrough campaign has been Raising of America. CCO and PH co-lead the coalition that has shown the film to nearly 1,500 people since February 2015. CCO developed a tool kit to augment the film and we have hundreds of commitment cards from viewers

who want to engage more in this campaign. CCO is in the process of following up with each individual to determine involvement.

- b. Create a story that magnifies national attention to promote the integration of public health and organizing. CCO and PH have been recognized at the Washington DC Visitors Bureau for our Raising of America initiative and by National Partnership for Women and Children.
 - c. The Raising of America coalition has secured two victories that were announced after the film viewing by the Mayor and the President of the Women's Foundation: a 6-8 week full pay parental leave for all 6,000 city employees in Kansas City, Missouri and a new app that evaluates companies on how gender friendly they are to women. WhenWorkWorks.org. CCO and PH will engage in 1-2 public policy campaigns in 2016 to raise revenue for early childhood education and/or children's services as part of the health breakthrough campaign.
- V. **Communication**. Both parties agree to communicate regularly regarding any issues or problems that may arise in order to keep both sides up-to-date on issues that impact this understanding, and to resolve any problems that may arise.
- VI. **Compensation**. No financial resources will be exchanged between KCMOHD and CCO as part of this Memorandum of Understanding.
- VII. **Confidentiality**. With respect to this Agreement and any information supplied in connection with this Agreement, both KCMOHD and CCO agree to (1) protect such information as confidential in a reasonable and appropriate manner or in accordance with applicable professional standards and laws; (2) use such confidential information only to perform its obligations under this Agreement; and (3) reproduce such confidential information only as required to perform its obligations under this Agreement or as required by the Missouri Sunshine Law.
- VIII. **Assignment**. No party hereto shall have the right to assign this Agreement to any other person or firm without the prior written consent of the other party.
- IX. **Notices**. All notices shall be sent postage prepaid to the intended party at the address set forth below (unless notification of a change of address is given in writing) and two (2) business days following the date of mailing shall be deemed the date notice is given.
- X. **Partner Termination**. This Agreement shall automatically renew for successive one (1) year terms and either party may terminate this agreement by providing thirty (30) days written notice.
- XI. **Severability**. Should any part, term, or provision of this Agreement be declared to be invalid, void, or unenforceable, all remaining parts, terms, and

provisions hereof shall remain in full force and effect, and shall in no way be invalidated, impaired, or affected thereby.

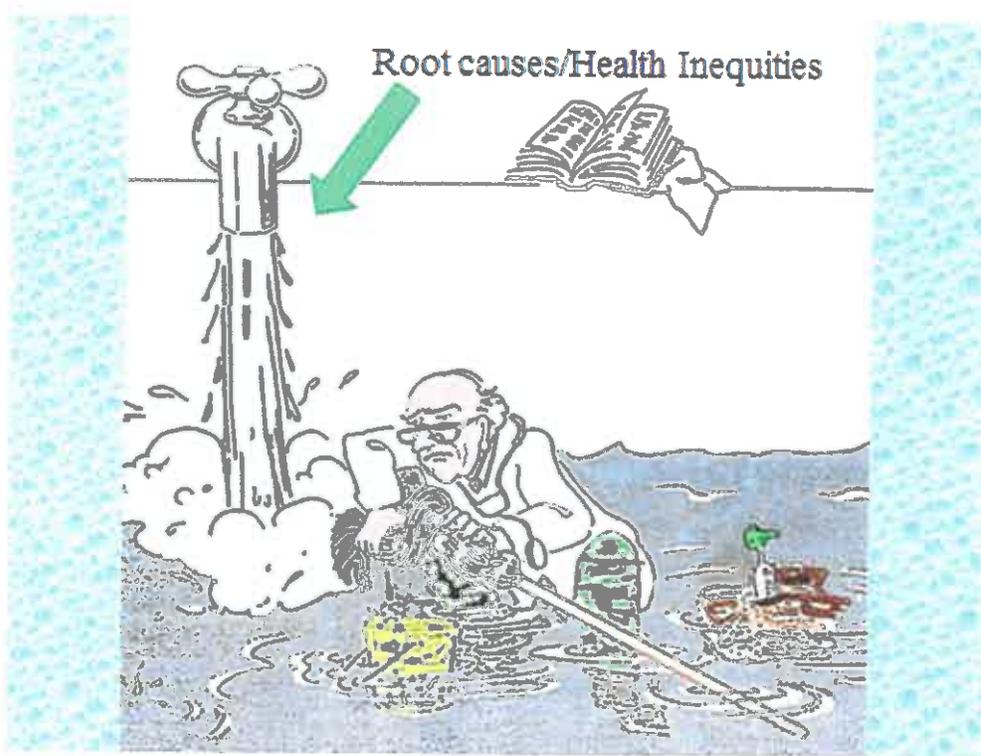


Figure 1

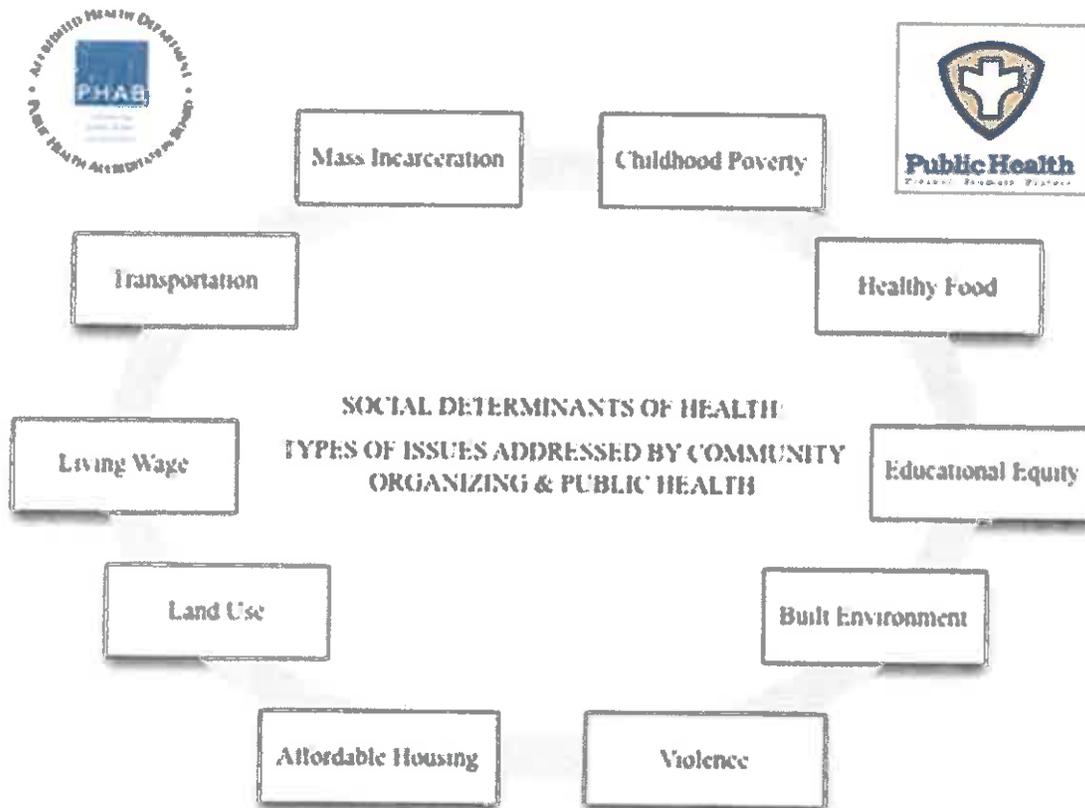


Figure 2

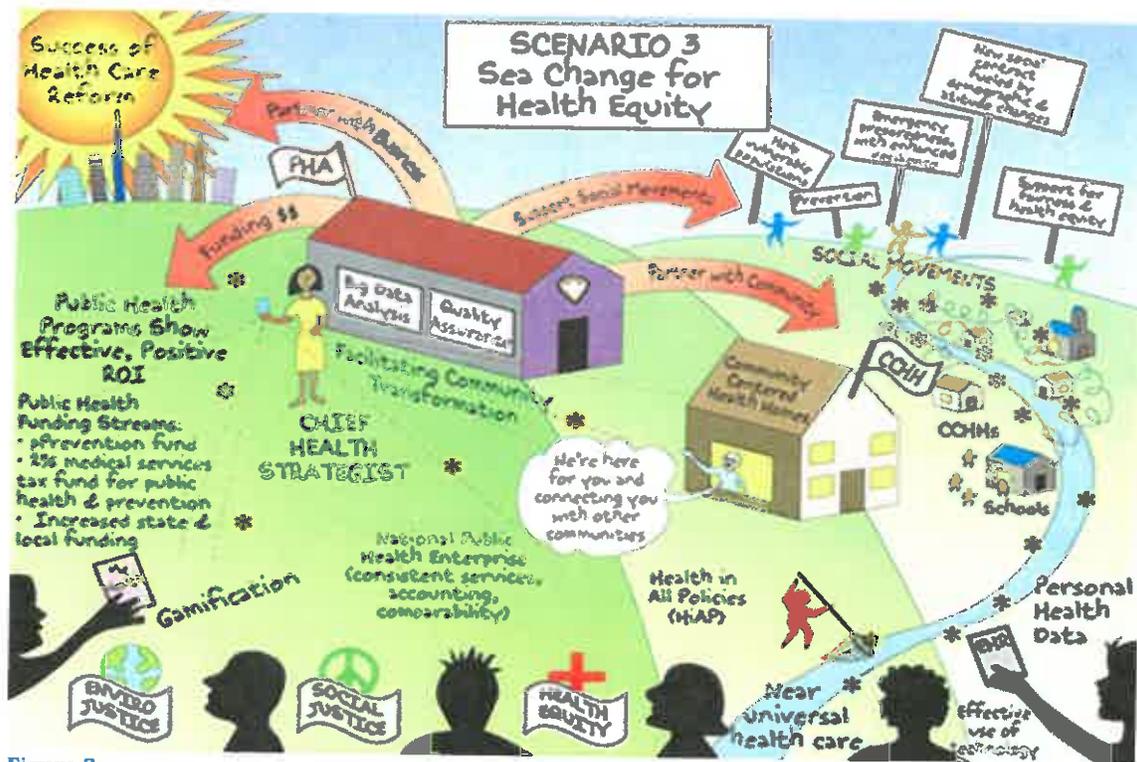


Figure 3

CCO & KCMOHD Shared Values

We believe:

- Everyone has a story
- In the potential of transformation (individual, community, society at large)
- Power is a product of relationships
- We get as much justice as we have power to compel



Public Health



Unlocking the Power of People

CCO

Figure 4

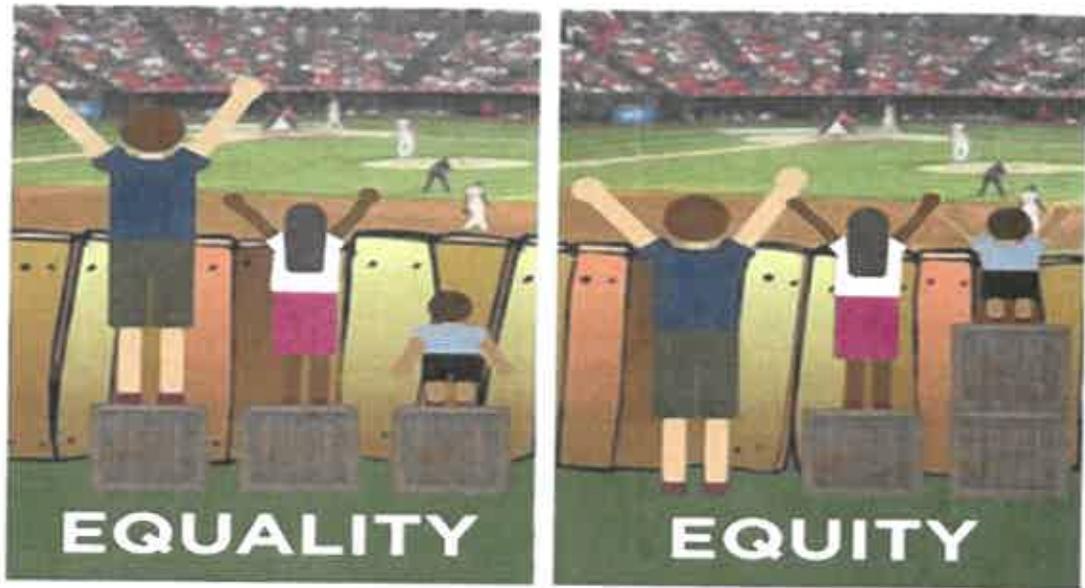


Figure 5

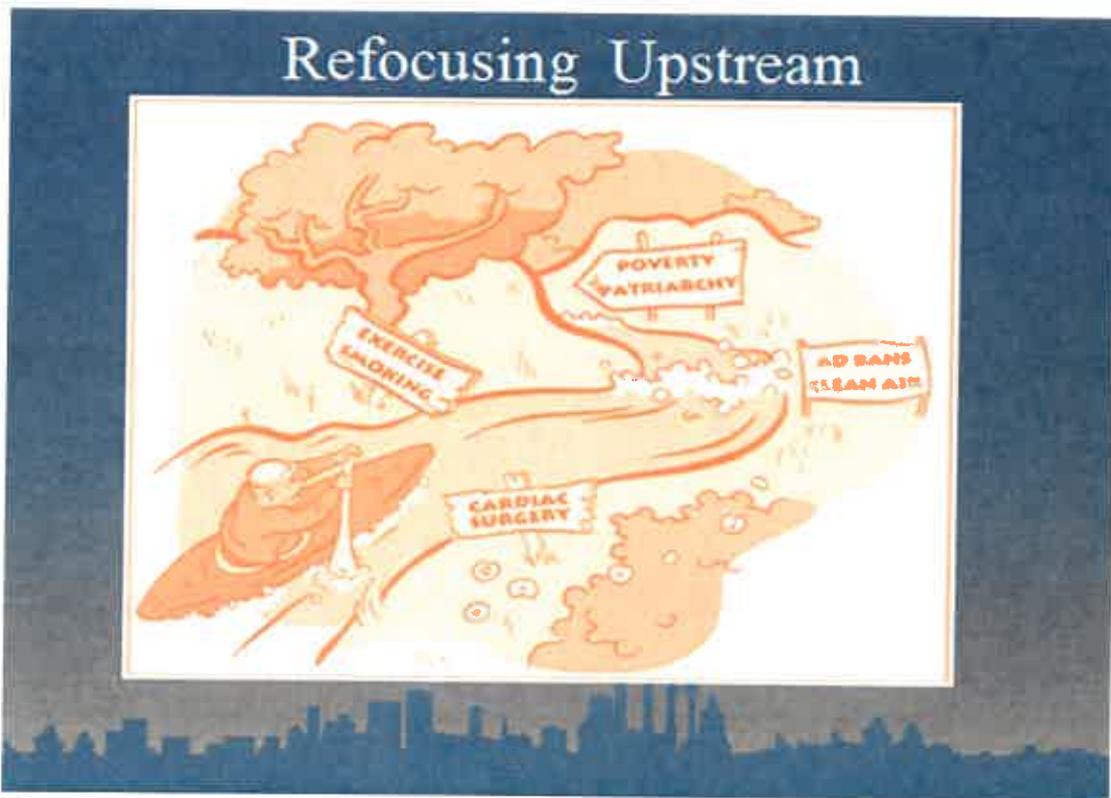


Figure 6

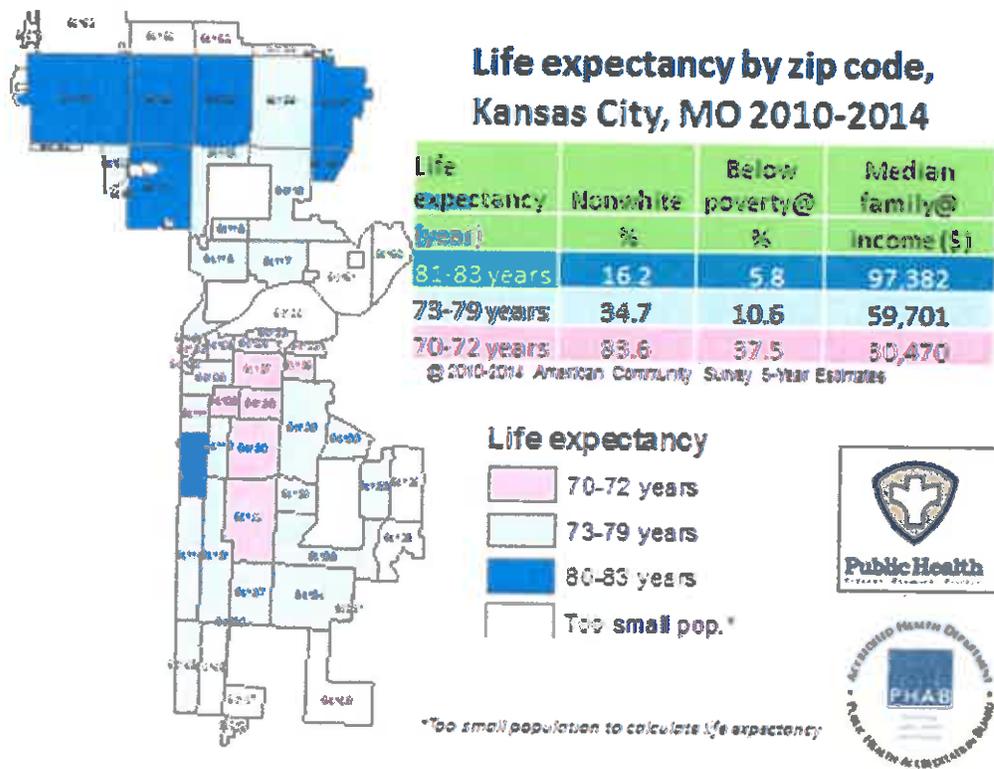


Figure 7

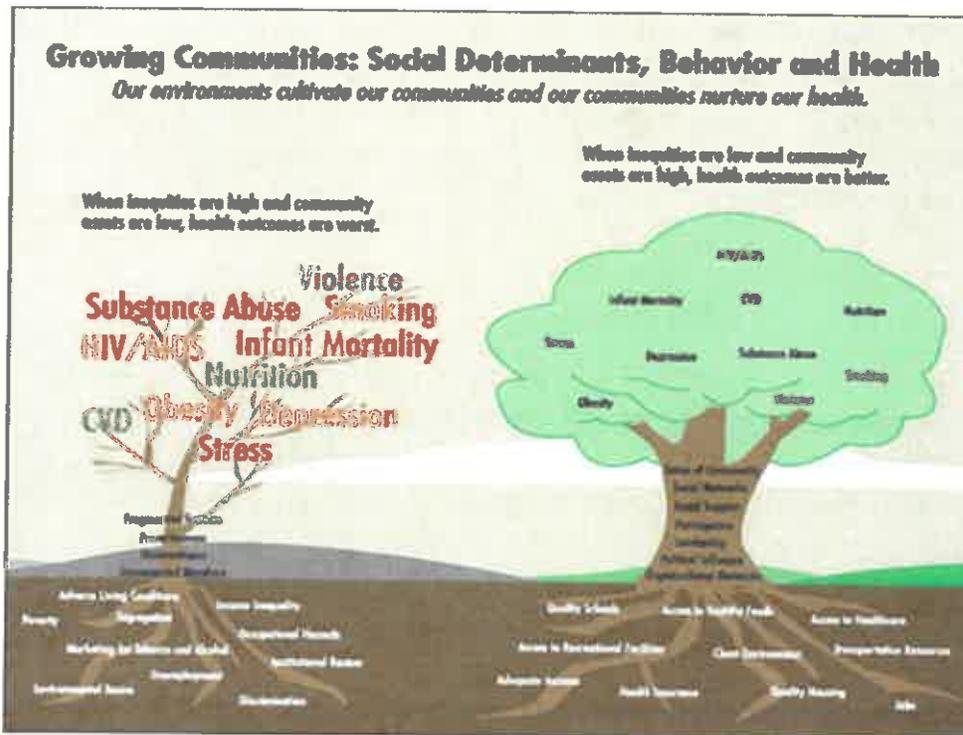


Figure 8

If to KCMOHD:

Kansas City, Missouri, Health Department
2400 Troost Avenue, Suite 4000
Kansas City, MO 64108
Attention: Dr. Rex Archer, Director of Health

If to CCO:

Communities Creating Opportunity
2400 Troost Avenue Suite 4300
Kansas City, MO 64108
Attention: Eva Creydt Schulte, Executive Director

IN WITNESS WHEREOF, the parties have executed this Agreement on the dates set forth below, to be effective as of the Effective Date.

Respectfully,



Rex Archer, MD, MPH
Director of Health

Date: 4/7/16

DocuSigned by:



~~Eva Creydt~~ Schulte (or authorized designee)
Executive Director
Communities Creating Opportunity (CCO)

Date: 4/7/2016