

Community-led Distribution of COVID-19 At-Home Tests In 20 Kansas Counties

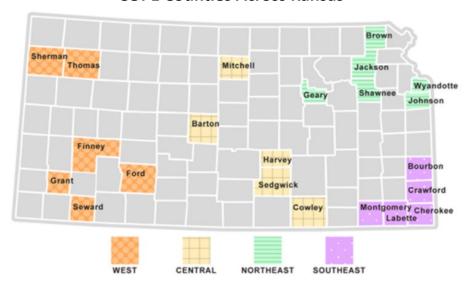
During the peak of the COVID-19 Omicron variant wave, historically underserved communities faced additional barriers to accessing athome COVID-19 tests compared to people with higher household incomes and postgraduate education.1 In January 2022, the Communities Organizing to Promote Equity (COPE) project received 22,500 rapid COVID-19 test kits from the Kansas Department of Health and Environment for rapid distribution to underserved communities in 20 Kansas counties. The COPE project utilized its Local **Health Equity Action Teams** (LHEATs) and community health workers (CHWs) to lead the distribution. LHEATs are comprised of community residents, service providers/community organization representatives, and community health workers. COPE counties received approximately 1,000 COVID-19 at-home test kits, with larger counties receiving more. LHEATs and CHWs were charged with identifying and providing tests to community-based organizations and individuals/families that could benefit from these at-home tests.

This report highlights our distribution efforts.

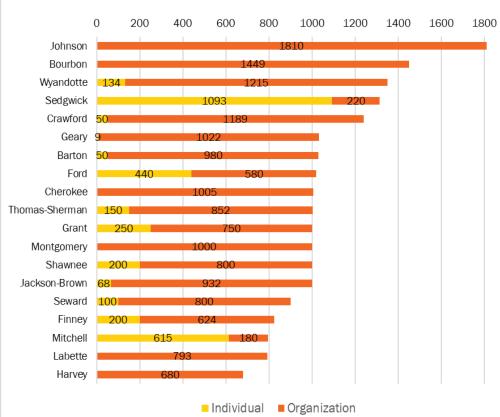
Key Points:

- 81% of COVID tests were given to community-based organizations (CBOs)
- 19% were given to individuals/ families
- 152 CBOs received tests

COPE Counties Across Kansas



Number of Tests Distributed by County and Recipient (Individual vs. Organization), N=20,840



Types of Organizations that Received COVID-19 At-Home Test



THANK YOU to the MANY volunteers and staff that participated in the planning, preparation, and distribution of the COVID-19 at-home test kits across COPE counties in Kansas. LHEATs and CHWs engaged over 150 organizations/ entities to ensure these at-home test kits would reach populations that were struggling with access to these kits given high case rates, low test kit supply, and high demand for tests.

Individuals who participated in the distribution of the COVID-19 athome tests were asked about what facilitators and barriers they encountered during distribution. Facilitators included leveraging existing relationships in the communities served and coupling distribution with existing events (e.g., food distribution events). Barriers included limited organizational hours of operation which hindered the ability to drop off tests, inclement winter weather, and long-distances of travel needed to get test kits distributed, particularly in rural

