The COVID-19 Community Health Worker Vaccine Learning Collaborative

Comunidad de aprendizaje de promotores de salud comunitarios sobre vacunación contra COVID-19

Campesinos sin Fronteras

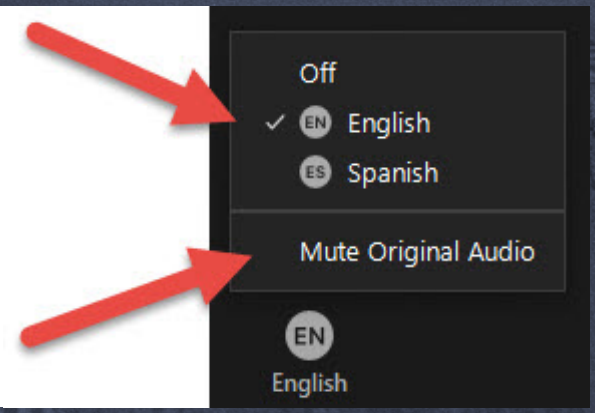
SIMULTANEOUS “INTERPRETATION” ZOOM

From your computer’s Zoom toolbar, click on the **Interpretation icon (globe icon).** Select your desired language in the pop-up menu. This will be the language you hear during the presentation.

From your **Cellphone**, click the “more options” and select Interpretation to select your desired language. Simultaneous

FUNCION DE “INTERPRETACION SIMULTANEA”

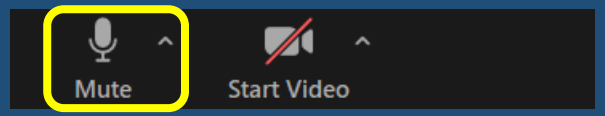
*Desde tu pantalla por computadora en la barra de herramientas, hacer clic en **el icono de Interpretación/que se ve como un mundo**, un menú aparecerá, selecciona el lenguaje en que quiere escuchar. **Desde su teléfono** hacer clic en mas opciones y seleccionar interpretación y elegir el lenguaje que guste escuchar.*

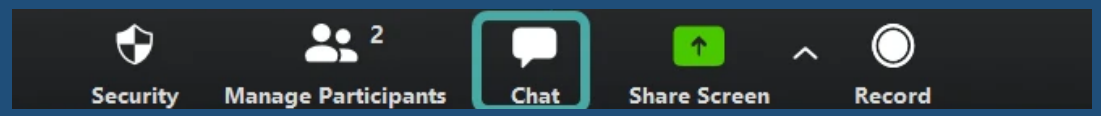


Reminders / Recordatorios

- Please mute your microphone
- Use the chat feature to ask questions

- Ponga en silencio su micrófono
- Escriba sus preguntas en el chat





Opening & Reflection

Anna Obregon

Alianza Nacional de Campesinas' mission is to unify the struggle to promote women farmworker's leadership in a national movement to create broader visibility and advocate for changes that ensure their human rights.

La misión de la Alianza Nacional de Campesinas es unificar la lucha para promover el liderazgo de las trabajadoras agrícolas en un movimiento nacional para crear una visibilidad más amplia y abogar por cambios que garanticen sus derechos humanos.

Alianza's HRSA 2021 Project Disclaimer:

This is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling $8,105,547 with 0% percentage financed with non-governmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS, or the U.S. Government. For more information, please visit HRSA.gov.

Exclusión de responsabilidad del proyecto HRSA 2021 de Alianza:

Este proyecto es apoyado por la Administración de Recursos y Servicios de Salud (HRSA) del Departamento de Salud y Servicios Humanos (HHS) de los EE. UU. Como parte de una subvención por un total de $8,105,547 con un porcentaje del 0% financiado con fuentes no gubernamentales. Los contenidos pertenecen a los autores y no representan necesariamente las opiniones oficiales ni el respaldo de HRSA, HHS o el gobierno de los EE. UU. Para obtener más información, visite HRSA.gov.

Agenda

Jul 27, 2021/ Julio 27 del 2021

- Introductions
- Structure of Learning Collaboratives
- Vaccination Is… Community Health Worker Training
- Reporting
- Questions

- Presentaciones
- Estructra de nuestra comunidad de aprendizaje
- Vacunación es…Capacitación para trabajadores comunitarios de salud
- Reportes
- Preguntas

Estructura de reuniones | *Session structure*

Apertura | *Opening*

Capacitación/Presentación | *Presentation/ Training*

Actualización sobre COVID-19 | *COVID-19 update*

Tarea a realizar para la siguiente sesión | *Task for next session*

Preguntas y Respuestas | *Q & A*

Encuesta de salida | *End of session questions*

MCN Team / Equipo de MCN

Amy Liebman, MPA, MA
Director, Eastern Region Office/
Environmental and Occupational Health

Alma R Galván, MHC
Senior Program Manager

Moises Arjona Jr., MS
Contractor/Program Manager

Marysel Pagán Santana, MS, DrPH
Senior Program Manager, Puerto Rico

Laszlo Madaras, MD, MPH, SFHM
Chief Medical Officer

Giovanni Lopez-Quezada
Communications and Graphic Designer

Salvador Saenz
Graphic Designer

Esther Rojas
Project Associate

Wilmarí de Jesús Álvarez, MS
Data Analyst

Aníbal Yariel López Corre, M.Ed
Evaluator

PRESENTERS/PRESENTADORES

Moises Arjona Jr., MS
Contractor/Program Manager

Alma R Galván, MHC
Senior Program Manager

Giovanni Lopez-Quezada
Communications and Graphic Designer

Salvador Saenz
Graphic Designer

Mapeo de recursos | Resource mapping

MIGRANT CLINICIANS NETWORK

Comunidad de Aprendizaje martes 27 de julio del 2021
Learning collaborative Tuesday July 27, 2021

Objetivos | Objectives

- ✓ Identificar el objetivo y elementos de la campaña
- ✓ Identificar los recursos disponibles actualmente en la comunidad (mapeo comunitario)
- ✓ Identificar posibles aliados o apoyos para su campaña
- ✓ Reconocer la importancia del consentimiento informado
- ✓ Crear un banco de imágenes y de video de la organización

- ✓ Identify the goals and elements of the campaign
- ✓ To identify resources that are currently available in the community. (resource mapping)
- ✓ Identify partners for the local campaign
- ✓ Recognize the importance of informed consent
- ✓ Create organization bank of images and videos

Campaña comunitaria local | Local community campaign

Área de impacto (ejemplo: ciudad, condado, etc.): **Area of impact (example: city, county, etc.):**	
Público objetivo (comunidad, genero, edad, lenguaje, etc.): **Target Community (community, gender, age, language, etc.):**	

Recursos | Resources

Cosas, personas, bienes o materiales
que podemos usar para nuestro objetivo

Things, people, goods or materials that we
can use for our purpose

Intangibles / Tangibles

Recursos con los que ya contamos y en donde esta campaña puede ayudar o reforzar

Available resources where this campaign can fit, help or reinforce

- Imágenes, videos, personas, actividades, aliados, talentos, confianza
- Images, videos, people, activities, allies, talents, trust

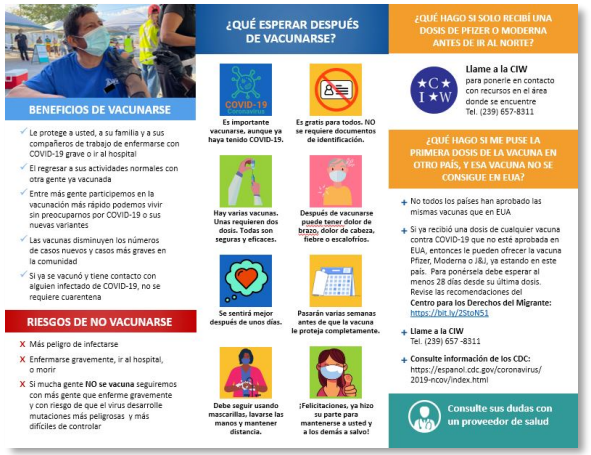
MAPEO DE RECURSOS INTERNO/ INTERNAL RESOURCE MAPPING		
Recursos/ Resources	**Puntos Fuertes/ Strengths**	**Limitaciones / Limitations**
Video	Features target community	No consent form
Martha – Community Health Worker	Strong ties with target community	Cannot work weekends
Paid Version of Adobe	Extra Editing Features	Limited experience with how to use program
COVID-19 Fliers	Already made and printed	Not widely distributed

Recursos que ustedes tienen que pueden usar en esta campaña

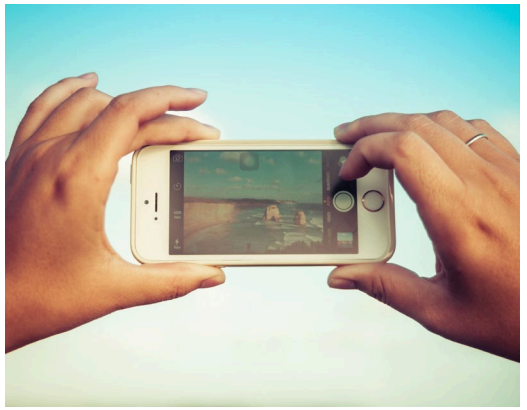
Resources you have that you can use in this campaign

Poster

Spots de radio
Radio Spots



Trípticos
Trifold Brochure



Alguien que le gusta tomar videos
Someone who likes to take videos

Recursos externos con los que ya contamos y en donde esta campaña puede ayudar o reforzar
Available external resources where this campaign can help or reinforce

MAPEO DE RECURSOS EXTERNOS / EXTERNAL RESOURCE MAPPING			
Recurso / Resource	**Información de contacto / Contact Information**	**Población que sirve / Population Served**	**Conexión con la comunidad / Connection to Target Community**
Recreation Center	000-000-0000 (9-5 M-F)	All community members	Hosts target community soccer league
CENTROS DE SALUD / HEALTH CENTERS			
Chesapeake Health	000-000-0000	All populations, plus funding for target population	Federally Qualified Health Center
DEPARTAMENTOS DE SALUD / HEALTH DEPARTMENTS			
Wicomico Co. HD	000-000-0000	All populations in co.	Strong outreach for COVID vaccination clinics
FARMACIAS / PHARMACIES			
Family Pharmacy	000-000-0000 familypharmacy@gmail.com	Local Community	Not a strong connection, but target community uses this pharmacy frequently.
CENTROS COMUNITARIOS / COMMUNITY CENTERS			
Haitian Community Center	Haitiancommunitycenter@gmail.com (no phone)	Regional Haitian community	Resource for target community, trusted news and events source.

Recursos externos con los que ya contamos y en donde esta campaña puede ayudar o reforzar
Available external resources where this campaign can help or reinforce

MAPEO DE RECURSOS EXTERNOS / EXTERNAL RESOURCE MAPPING			
Recurso / Resource	Información de contacto / Contact Information	Población que sirve / Population Served	Conexión con la comunidad / Connection to Target Community
IGLESIAS / CHURCHES			
RESTAURANTES / RESTAURANTS			
TIENDAS O SUPERMERCADOS / GROCERY STORES			
LAVANDERIAS / LAUDROMATS			
LIDERES COMUNITARIOS / COMMUNITY LEADERS			
MEDIOS DE COMUNICACION (PERIODICOS, REVISTAS, RADIO, ETC) / COMMUNITY MEDIA (NEWS STATIONS, NEWSPAPERS, RADIO, ETC)			

¿Qué es el mapeo de recursos?
What is resource mapping?

Es el proceso de identificar lo que es valioso o que nos puede server en nuestra y desarrollar estrategias y un plan para mobilizar esos **recursos** para nuestro beneficio. Se trata de aprovechar recuros tangibles como las habilidades, recursos financieros, lugares e intanglibles como las relaciones, experiencias, talentos y disposicion.

The process of identifying what is valuable in your community and developing strategies for mobilizing those **resources**. It is about working with others you can benefit from, documenting a multitude of relationships, experience, **resources**, and skills.

Ejemplos de recursos locales en Maryland
Maryland example local resources

- ✓ Relationships with health department or Vaccination Clinics
- ✓ COVID-19 Resources from HRSA or CDC, Alianza
- ✓ COVID-19 resources developed by your own organization
- ✓ Red de promotoras comunitarias o red comuniatria
- ✓ Several language resources
- ✓ Immigrant Community Healthcare Resources:
- ✓ Translation Resources
- ✓ Transportation
- ✓ Food bank resources

Reflexión | Reflection

- ¿Cuál es el recurso tangible más útil que le puede ayudar a que la gente de su comunidad se vacune?
- ¿Cuál es el recurso intangible más importante que usted necesita en su campaña de comunicación? (organización, punto de contacto, talento, valor)

- What is the most useful, tangible, resource that can help you to help someone get vaccinated in your community?
- What is the most useful, intangible, and needed resource (i.e., organizations, point of contacts) for your communication campaign? A

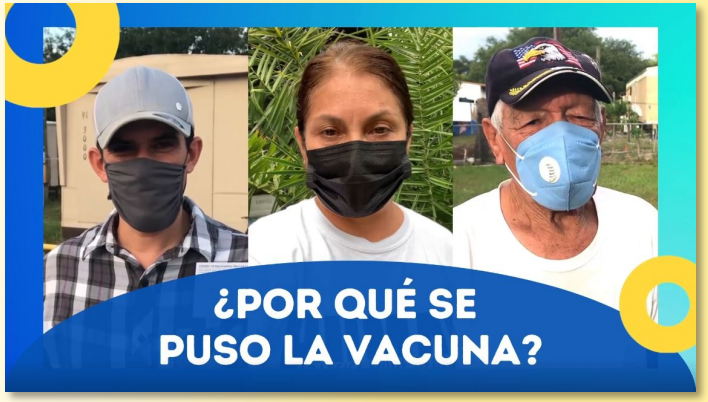
Estrategias y aliados | Strategies and partners

- Uno a uno / One to one
- Programas de radio / Radio programs
- Medios sociales / Social media
- Ferias comunitarias / Community Fairs
- Foros comunitarios / Community forums
  - Tienda local / Local store
  - Estación de TV / TV station
  - Estación de radio / Radio Station
  - Clínica comunitaria / Community clinic
  - Departmento de salud / Health Dept

Estrategia: uso de fotos locales para posters y videos
Strategy: Use local pictures for posters and videos

- Elija fotos de personas y entornos que se relacionen con su comunidad objetivo.
- Considere el uso de imágenes de miembros de la comunidad.
- Asegúrese de que su comunidad esté involucrada en el proceso.
- Incluya a su trabajador de salud comunitario.
- Obtenga consentimientos informados o utilice imágenes de archivo gratuitas.
- Pruebe sus materiales en la comunidad antes de finalizarlos.

- Choose photos of people and environments that will be relatable to your target community.
- Consider using images of community members.
- Make sure your target community is involved in the process.
- Include your Community Health Worker.
- Get Informed Consents or use free stock images.
- Test materials in your community before finalizing them.



Video

Tipos de videos

- Pregunta/Respuesta
- ¿Por qué te vacunaste?
- ¿Por qué crees que la vacunación es importante?
- - Entrevista breve
- - Entrevista larga

Types of Videos

- Question/Answer
- Why did you get vaccinated?
- Why do you think vaccination is important?
- Short Interview
- Long Interview

Banco de imagénes y videos

Bank of images and videos

Consentimiento informado
Informed consent

- ✓ Protección legal

  Legal protection

- ✓ Social protection

  Protección social

Campaign Organizer Activities

Become Familiar with campaign materials	Familiarizarse con los materiales de la campaña
Community Mapping (Possible Partners and Resources)	Mapeo comunitario (posibles socios y recursos)
Rapid Needs Assessment in the community	Evaluación rápida de las necesidades de la comunidad
Prepare Documentation Strategies	Preparar estrategias de documentación
Explore Communications Strategies	Explorar estrategias de comunicación
Collect Photos, Videos and Consents	Recopilar fotos, videos y consentimientos
Finalize Communication Strategies	Finalizar estrategias de comunicación
Forge Community Partnerships	Trabajar en las alianzas comunitarias
Create Communication Plan	Crear plan de comunicación
Finalize Adaptation of Materials	Finalizar la adaptación de materiales
Campaign Implementation	Implementación de la campaña
Provide assistance to your community partners to implement your campaign	Brindar asistencia a los socios comunitarios para implementar su campaña
Evaluation and Reporting	Trabajar en las alianzas comunitarias

Planeando lo que sigue | Planning what is next

Actividad/Activity ¿Qué? Kisa? What?	¿Quién? Kiyes? Who?	¿Cómo? Koman? How?	¿Cuándo? Kilè? When?	Recursos que necesito/ Resous ki nesesè Necessary resources	¿Cómo evaluar/documentar? Kijan pou evalye? How to document/evaluate?

Task

- ✓ Finish the mapping worksheet, submit it and share with your team
- ✓ Identify potential people for photographs and videos
- ✓ Adjust the consent form
- ✓ Familiarize with the workplan sheet

Tarea

- ✓ Terminar la hoja de trabajo de mapeo de recursos, enviarla y compartirla con el equipo
- ✓ Identificar las posibles personas para fotografías y videos
- ✓ Ajustar el formato de consentimiento informado
- ✓ Familiarizarse con el formato de plan de trabajo

Technical Assistance | Asistencia técnica

Point of Contact:
Moises Arjona Jr., MS
Migrant Clinicians Network
Consultant/Program Manager
marjona@migrantclinician.org

Giovanni Lopez-Quezada
Migrant Clinicians Network
Communications and Graphic Designer
glopez-quezada@migrantclinician.org

Salvador Sanez
Migrant Clinicians Network
Artist and Graphic Designer
ssaenz@migrantclinician.org

Visit Our Website

Technical Assistance | Asistencia técnica

Sheila Quintana Aguilar (she/her/ella)
Communications Specialist
ALIANZA NACIONAL DE CAMPESINAS, INC.
(610) 732 - 0116 |
sheila@campesinasunite.org

Jose Quintana
HRSA Communication Coordinator
ALIANZA NACIONAL DE CAMPESINAS, INC.
jose.quintana@campesinasunite.org

Questions
Preguntas

HRSA Report Requirement

- **Four reporting tools**
  1. The Community Outreach Worker Profile
  2. The Community Member Vaccine-Site form
  3. The General Outreach/Education form
  4. Alianza-MCN Monthly Report

- **Cuatro herramientas de reporte**
  1. Perfil de los Trabajadores de Salud Comunitarios
  2. Encuesta a los miembros de la comunidad en los centros de vacunación
  3. Encuesta general de alcance y educación
  4. Alianza-MCN Reporte mensual

The Community Outreach Worker Profile
El perfil de los Trabajadores de Salud Comunitarios

- One Time per Community Health Worker
- https://www.surveymonkey.com/r/6BTQJC8

- Una sola vez por Trabajador de Salud comunitario
- https://www.surveymonkey.com/r/6BTQJC8

* 2. Please provide the unique identifier assigned to you as a community outreach worker (by your employer).

ANCI

* 3. What is the name of your employer (the community-based organization supported by HRSA) that you work for as a community outreach worker?

MCN

* 4. We're going to start by asking you some questions about yourself. Your responses will not be associated with your name or any information that can be used to identify you.

Please provide the 5-digit ZIP code where you live.

78596

* 5. Do you own the home where you live (check one)?

- Yes
- No

* 6. How many people live in your household, INCLUDING yourself (check one)?

- 1
- 2
- 3
- 4
- 5
- 6
- If more than 6, please enter the number of people in your household below.

* 7. Do you live in the same community where you will work for this job as a community outreach worker (check one)?

- Yes
- No

* 8. Please list all the ZIP codes where you know that you'll be working in this role (as a community outreach worker). Please put only one ZIP code in a box. If you don't know the answer to this yet, type "NA" in the first box.

ZIP code
ZIP code
ZIP code
ZIP code
ZIP code
ZIP code
ZIP code
ZIP code
ZIP code
ZIP code

* 10. If you have already had one or more shots of the COVID-19 vaccine, please list the vaccine that you received.

- ◯ I have not gotten a COVID-19 vaccine
- ◯ I have had 1 or 2 shots of the Pfizer COVID-19 vaccine
- ◯ I have had 1 or 2 shots of the Moderna COVID-19 vaccine
- ◯ I got the Johnson & Johnson (Janssen) vaccine
- ◯ I got a COVID-19 vaccine but I don't know what type it was
- ◯ I prefer not to answer

* 11. How old are you?

* 9. Have you been fully vaccinated against COVID-19 (check one)?

- ◯ Yes, I am already fully vaccinated against COVID-19
- ◯ No - but I have gotten 1 shot out of the 2 needed, and I intend to get the second one soon
- ◯ No - but I have gotten 1 shot out of the 2 needed, however I do NOT intend to get the second shot soon
- ◯ No - I have not gotten a COVID-19 vaccine but I DO plan to
- ◯ No - I have not gotten a COVID-19 vaccine and I DO NOT intend to
- ◯ I prefer not to answer

* 12. Please check ALL of the following that you identify as:

- [ ] Male
- [ ] Female
- [ ] Transgender
- [ ] Genderqueer, gender nonconforming, or nonbinary
- [ ] Agender
- [ ] I prefer not to answer
- [ ] Something else not listed here (please specify):

* 13. Please check ALL of the following that you identify as:

- [ ] Straight or heterosexual
- [ ] Lesbian or gay
- [ ] Bisexual
- [ ] Queer or pansexual
- [ ] Questioning
- [ ] Don't know
- [ ] I prefer not to answer
- [ ] Something else not listed here (please specify):

* 14. Please check ALL of the following that you identify as:

- [ ] White
- [ ] Black or African American
- [ ] American Indian or Alaska Native
- [ ] Asian
- [ ] Native Hawaiian or Other Pacific Islander
- [ ] I prefer not to answer

* 15. Do you identify as Hispanic or Latino/Latina/Latinx (check one)?

- ( ) Yes
- ( ) No
- ( ) I prefer not to answer

* 16. Do you speak more than one language fluently?

- ( ) No
- ( ) Yes. If your answer is "Yes" then please list all languages other than English that you speak fluently below:

* 17. What is your marital status (check one)?

- ◯ Never married
- ◯ Married
- ◯ In a long-term partnership that is not marriage
- ◯ Separated
- ◯ Divorced
- ◯ Widowed
- ◯ I prefer not to answer

* 18. What is highest level of school/education that you have successfully completed (check one)?

- ◯ Less than a GED or high school diploma
- ◯ Completed a GED or high school diploma
- ◯ Completed some college
- ◯ Earned an Associate's degree
- ◯ Earned a bachelor's degree
- ◯ Earned a post undergraduate or professional certificate (non-degree)
- ◯ Earned a post undergraduate or professional degree
- ◯ I prefer not to answer

How many hours do you work in a usual/typical 7-day week - specifically in this job (as a community outreach worker)? If the hours you work can vary week to week, then enter an average number of weekly hours.

* 20. In addition to this job (as a community outreach worker), do you have any other jobs?

- ◯ Yes
- ◯ No

* 21. Do you get paid by the hour for this job as a community outreach worker?

- ◯ No - I get paid an annual salary, not by an hourly wage
- ◯ No - I do not get paid at all for this job - this is a volunteer position
- ◯ Yes - I get an hourly wage for this job. Please also enter your hourly wage/rate below. Only include your pay for this job as a community outreach worker. Do not enter anything here if you get an annual salary. Please leave the dollar sign ($) out of your answer and just enter the number (for example, enter 5 if you get paid $5 per hour). You can use a decimal if needed (for example 7.50 for $7.50 per hour).

* 22. Do you get paid by an annual salary for this job as a community outreach worker? If you get paid by the hour instead of with a salary, select "No."

- ◯ No - I get paid by an hourly wage, not an annual salary
- ◯ No - I do not get paid at all for this job - this is a volunteer position
- ◯ Yes - I get an annual salary for this job. Please also enter your annual salary below. Only include your pay for this job as a community outreach worker. Do not enter anything here if you get an hourly wage.
  Please leave the dollar sign ($) and commas (,) out of your answer and just enter the number (for example enter 1000 if you get paid $1,000 per year). Please don't use any decimals - round to the nearest dollar amount if necessary.

* 23. What is your annual total household income - including all sources of income for yourself AND for any spouse or long-term partner in the home? Please leave the dollar sign ($) and commas (,) out of your answer and just enter the number (for example enter 1000 for $1,000).

* 24. Before taking this job, did you have any past experience with community outreach work - including work in community-based outreach and education, public health, or work in a related field?

- ◯ No
- ◯ Yes I have past experience with community outreach work. Please list all related job titles you have had in community-based outreach and education, public health, or related fields. For example, this could include working as a COVID-19 contact tracer, collecting Census information from households, working as a community health worker or health educator, etc.

* 25. For THIS job as a community outreach worker, do you plan to use any information/resources/tools provided by the Federal Government (CDC, HHS, HRSA, NIH, etc.) or other government-supported COVID-19 vaccine outreach programs?

- ◯ No
- ◯ Not sure
- ◯ Yes I plan to use government-supported tools, materials, and resources for this job. Please list all of the items you plan to use below.

* 26. For THIS job as a community outreach worker, please select ALL of the following activities/resources that you plan to use as part of your regular job duties (select all that apply):

- [ ] Constructing and/or monitoring an interactive community website, blog, or related web-based tool designed to promote COVID-19 vaccine outreach, education, and accessibility
- [ ] Constructing and/or monitoring an interactive social media site (or related campaign) designed to promote COVID-19 vaccine outreach, education, and accessibility
- [ ] Training session
- [ ] Virtual town hall
- [ ] Interactive website
- [ ] Radio spot
- [ ] TV spot
- [ ] Billboards and/or other posters/signs around the community
- [ ] Door hangers
- [ ] Visiting a church, temple, or other religious site
- [ ] Visiting a park or similar public space
- [ ] Visiting a local school, college, or a community learning center
- [ ] Visiting a local library or other public building
- [ ] Visiting an LGBTQ+ community/resource center

* 27. If you plan to follow-up one or more additional times with an unvaccinated community member, after having previously interacted with them, please select ALL of the following methods you plan to use to do this:

- [ ] I don't plan to follow up with community members I've interacted with before
- [ ] Door-to-door outreach
- [ ] Visiting housing or apartment complexes
- [ ] Other form of In-person interaction
- [ ] Telephone
- [ ] Text messages
- [ ] Virtual town hall
- [ ] Interactive website
- [ ] Radio spot
- [ ] TV spot
- [ ] Billboards and/or other posters/signs around the community
- [ ] Door hangers
- [ ] Flyers
- [ ] Visiting a church, temple, or other religious site
- [ ] Visiting a park or similar public space
- [ ] Visiting a local school, college, or a community learning center
- [ ] Visiting a local library or other public building
- [ ] Visiting an LGBTQ+ community/resource center

* 28. If you plan to directly assist community members with identifying their nearest vaccine location site(s), please select ALL of the following methods you plan to use to do this:

- [ ] I don't plan to assist community members with identifying their nearest vaccine location site(s)
- [ ] Door-to-door outreach
- [ ] Visiting housing or apartment complexes
- [ ] Other form of In-person interaction
- [ ] Telephone
- [ ] Virtual town hall
- [ ] Interactive website
- [ ] Radio spot
- [ ] TV spot
- [ ] Billboards and/or other posters/signs around the community
- [ ] Door hangers
- [ ] Flyers
- [ ] Visiting a church, temple, or other religious site
- [ ] Visiting a park or similar public space
- [ ] Visiting a local school, college, or a community learning center
- [ ] Visiting a local library or other public building
- [ ] Visiting an LGBTQ+ community/resource center

* 29. If you plan to directly assist community members with obtaining transportation to a vaccine location site(s), please select ALL of the following methods you plan to use to do this:

- [ ] I don't plan to assist community members in obtaining transportation to a vaccine location site(s)
- [ ] Door-to-door outreach
- [ ] Visiting housing or apartment complexes
- [ ] Other form of In-person interaction
- [ ] Telephone
- [ ] Virtual town hall
- [ ] Interactive website
- [ ] Radio spot
- [ ] TV spot
- [ ] Billboards and/or other posters/signs around the community
- [ ] Door hangers
- [ ] Flyers
- [ ] Visiting a church, temple, or other religious site
- [ ] Visiting a park or similar public space
- [ ] Visiting a local school, college, or a community learning center
- [ ] Visiting a local library or other public building
- [ ] Visiting an LGBTQ+ community/resource center

30. Bonus (optional): Thank you for completing this form for us! How easy was this form to complete? Select "0" for very hard and "100" for very easy.

0 100

DONE - SUBMIT ANSWERS

The General Outreach/Education form
Encuesta general de alcance y educación

- It should be completed for each outreach activity perform on day-to-day basis.
- https://www.surveymonkey.com/r/ZTQDVBZ

- Debe ser completada por cada actividad realizada de manera periodica.
- https://www.surveymonkey.com/r/ZTQDVBZ

Please provide the unique identifier assigned to you as a community outreach worker (by your employer).

ANCI-MCN-HIDALGO-00001

* 2. How many community members are attending/receiving the specific intervention that you're reporting on here?

* 3. List the ZIP code where this outreach is occurring.

- ◯ This outreach covers too big an area to enter a single ZIP code - such as a tweet or webinar
- ◯ Otherwise specify the ZIP code here:

* 4. Where is this intervention that you're reporting on here occurring? Please list the city and state (for example: "Chicago, IL").

* 5. If the neighborhood this intervention is occurring in has a more specific name than Question 3 provides, please list the name of the neighborhood here (for example: "The Bronx in New York, NY").

* 6. Please provide the date of this specific outreach effort. Use the following format for your answer: MM/DD/YYYY.

* 7. What type of location is this outreach occurring at?

- [ ] No physical location - this outreach/assistance was about providing transportation/assistance getting to a vaccine site for a community member(s)
- [ ] No physical location - for example, for outreach using the internet or social media
- [ ] Community recreation center (e.g., public rec center, YMCA)
- [ ] A community/resource center for a population of people sharing a common background (Italian Americans club, a meeting place for Spanish-speakers, etc.)
- [ ] Youth center
- [ ] Facility for unhoused people (homeless shelters)
- [ ] Tribal program/site
- [ ] Public assistance centers
- [ ] Church, temple, or other faith-based/religious site
- [ ] Homes in a neighborhood
- [ ] A housing or apartment complex
- [ ] Hospital
- [ ] Community health center
- [ ] Doctor's office or similar setting
- [ ] Pharmacy
- [ ] Health department
- [ ] Other official or government/public building (for example, a library, town hall, or post office)
- [ ] Park or other/similar public space
- [ ] Neighborhood convenience store or bodega
- [ ] Other type of store or shopping mall

* 8. Is this the first time that this community member or group of community members has been contacted?
If this is a group and it is the first time for most participants to be contacted, select “Yes.”

- ◯ Yes
- ◯ No

* 9. Is this outreach occurring in the English language?

- ☐ Yes
- ☐ If your answer is "No" (the outreach is not in English), then please list all other languages other than English that are being used below.

  If this outreach is occurring in English AND in another language, then please check BOTH boxes and ALSO list all other languages other than English that are being used below:

* 10. Which of the following methods are being used for this outreach effort:

- [ ] Transportation/getting to a vaccine delivery site (for example, a pop-up site to deliver COVID-19 vaccines)
- [ ] This is a vaccine delivery site (for example, a pop-up site to deliver COVID-19 vaccines)
- [ ] A community website, blog, or web-based tool about COVID-19 vaccines (including where/when to get them)
- [ ] A social media site (or related campaign) about COVID-19 vaccines (including where/when to get them)
- [ ] Email(s)
- [ ] Mail
- [ ] A webinar
- [ ] A training session
- [ ] A virtual town hall
- [ ] A radio spot
- [ ] A TV spot
- [ ] Billboards or other types of posters/signs around the community
- [ ] Door hangers
- [ ] Focus group(s)
- [ ] A community fair or event
- [ ] Visiting a community-based recreation center
- [ ] Visiting a church, temple, or other religious site/building
- [ ] Visiting a local school, college, or a community learning center
- [ ] Visiting a local library or other public building
- [ ] Visiting an LGBTQ+ community/resource center

* 11. If possible to determine, how many community members receiving this outreach/intervention today say that they agree to receive a COVID-19 vaccine as a result of your efforts/intervention?

- [ ] This cannot be determined
- [ ] This can be determined (please specify the number of people who agree to get vaccinated):

* 12. Please select ALL of the characteristics below that describe the community member(s) present for/receiving/participating in this intervention today.

- [ ] Children (people aged 0-11 years old)
- [ ] Adolescents/teenagers (people aged 12-17 years old)
- [ ] Young adults (people aged 18-29 years old)
- [ ] Adults (people aged 30-64 years old)
- [ ] Seniors (people 65 years old and above)
- [ ] Men
- [ ] Individuals self-identified as African American or Black
- [ ] Individuals self-identified as American Indian or Alaska Native
- [ ] Individuals self-identified as Asian
- [ ] Individuals self-identified as Native Hawaiian or Other Pacific Islander
- [ ] Individuals self-identified as white

* 13. If this intervention was specifically geared to a specific population of community members (for example, this was an event at a high school specifically for teenagers, or it was specifically for the LGBTQ+ community at an LGBTQ+ resource center), then please select ALL of the characteristics below that describe who this outreach/intervention was intended for.

- [ ] This outreach intervention was not specifically geared to a specific population of community members - and it was open to all/everyone.
- [ ] Children (people aged 0-11 years old)
- [ ] Adolescents/teenagers (people aged 12-17 years old)
- [ ] Young adults (people aged 18-29 years old)
- [ ] Adults (people aged 30-64 years old)
- [ ] Seniors (people 65 years old and above)
- [ ] Men
- [ ] Individuals self-identified as African American or Black
- [ ] Individuals self-identified as American Indian or Alaska Native
- [ ] Individuals self-identified as Asian
- [ ] Individuals self-identified as Native Hawaiian or Other Pacific Islander
- [ ] Individuals self-identified as white
- [ ] Individuals self-identified as Hispanic or Latino/Latina/Latinx

DONE

The Community Member Vaccine-Site form
Encuesta a los miembros de la comunidad en los centros de vacunación

- This survey is voluntary.
- The idea is that you could give it to the community member during the 15-30 minute wait time post vaccination.
- https://www.surveymonkey.com/r/ZJ8PQCX

- Esta encuesta es voluntaria
- La idea es proveerla a los participantes durante los 15 a 30 minutos de espera tras administrada la vacuna.
- https://www.surveymonkey.com/r/ZJ8PQCX

* 1. **Section A.** This section is for you (the community outreach worker) to fill out when you interact with a member of the community at your vaccine site.

Please provide the unique identifier assigned to you as a community outreach worker (by your employer).

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* 2. Please provide the unique identifier assigned to the community member with whom you are now interacting.

00001

* 3. List the ZIP code where the community member lives and/or is being contacted.

* 4. Please provide the date of your interaction with this community member. Use the following format for your answer: MM/DD/YYYY.

* 5. Is this the first time that you have contacted this community member?

- ◯ Yes
- ◯ No

* 6. Which COVID-19 vaccine is being given to this individual today:

- ◯ The first shot of the **Pfizer** COVID-19 vaccine
- ◯ The second shot of the **Pfizer** COVID-19 vaccine
- ◯ The first shot of the **Moderna** COVID-19 vaccine
- ◯ The second shot of the **Moderna** COVID-19 vaccine
- ◯ The (one shot) **Johnson & Johnson** (Janssen) vaccine
- ◯ Something else, not sure, or not yet determined

* 7. **Section B.** These are questions that the community member should answer themselves. However, you can help them by asking these questions and entering the answers they tell you into the form for them if it is easier.

Please list ALL of the reasons why you may have hesitated or delayed getting a COVID-19 vaccine before today.

- [ ] None - I didn't have any concerns making me hesitate to get a COVID-19 vaccine
- [ ] I did not have transportation/a way to actually get to a vaccine site (no ride)
- [ ] I did not have time to get to a vaccine site because I had to work at my job(s)
- [ ] I did not have time to get to a vaccine site because of my child care or other family commitments (busy with kids or family)
- [ ] Information I learned about the vaccine scared me - but I later learned that this was wrong information
- [ ] I was concerned about the vaccine's potential side effects
- [ ] I did not think I was at high-risk for getting COVID-19 (the coronavirus /illness)

* 8. How old are you?

* 9. Please check ALL of the following that you identify as:

- [ ] Male
- [ ] Female
- [ ] Transgender
- [ ] Genderqueer, gender nonconforming, or nonbinary
- [ ] Agender
- [ ] I prefer not to answer
- [ ] Something else not listed here (please specify):

* 10. Please check ALL of the following that you identify a

- [ ] Straight or heterosexual
- [ ] Lesbian or gay
- [ ] Bisexual
- [ ] Queer or pansexual
- [ ] Questioning
- [ ] Something else
- [ ] Don’t know
- [ ] I prefer not to answer
- [ ] Something else not listed here (please specify):

* 11. Please check ALL of the following that you identify as:

- [ ] White
- [ ] Black or African American
- [ ] American Indian or Alaska Native
- [ ] Asian
- [ ] Native Hawaiian or Other Pacific Islander
- [ ] I prefer not to answer

* 12. Do you identify as Hispanic or Latino/Latina/Latinx (check one)?

- ◯ Yes
- ◯ No
- ◯ I prefer not to answer

* 13. Is English your first/primary language (the main one you speak)?

- ◯ Yes
- ◯ If your answer is "No" then please list the first/main language other than English that you usually use below:

* 14. This is the last question!
If you are getting the COVID-19 vaccine today as a result of someone reaching out to you with information, what sources of information did you get that made the difference and helped you decide to get vaccinated today?

- [ ] I saw a community website, blog, or web-based tool about COVID-19 vaccines
- [ ] A social media site (or related campaign) about COVID-19 vaccines
- [ ] I joined a webinar
- [ ] I joined a training session
- [ ] I joined a virtual town hall
- [ ] I heard a radio spot
- [ ] I was at and got information from a community-based recreation center
- [ ] I was at and got information from a church, temple, or other religious site

Alianza-MCN Monthly Report
Alianza-MCN Reporte Mensual

- This form should completed by the 2nd of each month.
- https://mcn.iad1.qualtrics.com/jfe/form/SV_7V3KvQxPgYhuVRI

- Debe ser completada una vez al mes, antes del 2do día de cada mes.
- https://mcn.iad1.qualtrics.com/jfe/form/SV_7V3KvQxPgYhuVRI

Select your organization

Name of the person completing the form

Email of the person completing the form

Select the month corresponding to this reporting period

In which states(s) or territories does your organization provided services in the last month?

Alabama	Louisiana	Ohio
Alaska	Maine	Oklahoma
Arizona	Maryland	Oregon
Arkansas	Massachusetts	Pennsylvania

Summary / resumen de actividades

ADMINISTRATION:

SUBRECIPIENT CONTRACTING; STAFFING; COMMUNITY HEALTH WORKERS HIRING; SUBRECIPIENT MONITORING; REPORTING SUCH AS MONTHLY REPORTS

ACCOMPLISHMENTS TO DATE:

ADMINISTRATIVE, PROGRAM AND FISCAL ACCOMPLISHMENTS REACHED TO DATE AND THEIR IMPACT IN THE TARGET POPULATION

CHALLENGES TO DATE:

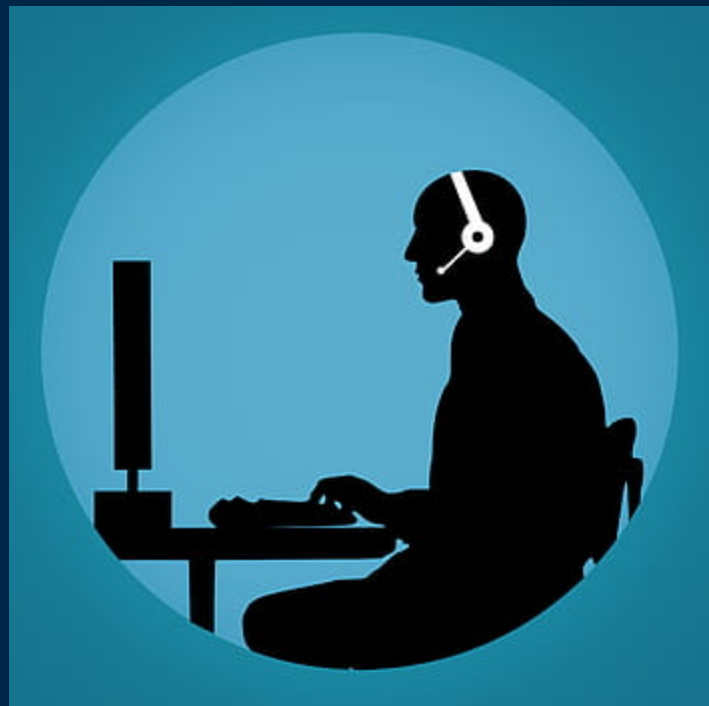
ADMINISTRATIVE, PROGRAM AND FISCAL CHALLENGES ENCOUNTERED AND HOW THEY ARE BEING ADDRESSED

CHANGES PROPOSED/MADE TO THE WORK PLAN:

OTHER:

2 Days of Technical Assistance
2 días de asistencia técnica

- July 29, 2021
  - 1 PM CT- 3PM CT
  - 11 AM PT – 1 PM PT
  - 2 PM ET – 4 PM ET
- July 30, 2021
  - 10 AM CT – Noon
  - 8 AM PT – 10 AM PT
  - 11 AM ET – 1 PM ET
- 29 de julio de 2021
  - 1 PM CT- 3 PM CT
  - 11 AM PT – 1 PM PT
  - 2 PM ET – 4 PM ET
- 30 de julio de 2021
  - 10 AM CT – Noon
  - 8 AM PT – 10AM PT
  - 11 AM ET – 1PM ET



Next Steps With The Evaluation Team

Próximos pasos con el equipo de evaluación

One-on-one meetings with the evaluation team

- **Know your organization and the work you are doing**
- **Get to know the diversity of organizations in the project**
- **Ask some questions about the work you intend to do, and the information collected**

Reuniones con el equipo de evaluación

- ***Conocer a su organización y el trabajo que hacen***
- ***Conocer la diversidad de organizaciones en el proyecto***
- ***Hacer algunas preguntas sobre el trabajo que se proponen hacer y la información que recogen***

PLEASE TAKE A FEW MINUTES TO COMPLETE THE SURVEY

Participant Evaluation for the Learning Collaborative

Evaluación de la comunidad de aprendizaje

Resources/Recursos

- **Migrant Clinicians Network**
  - https://www.migrantclinician.org/COVID-19-pandemic
  - Learning Collaborative Recordings
  - https://www.migrantclinician.org/blog/2021/apr/faq-covid-19-vaccine-and-migrant-immigrant-and-food-farm-worker-patients.html
- **National Resource Center for Refugees, Immigrants and Migrants**
  - https://nrcrim.org/
- **Centers for Disease Control and Prevention**
  - https://www.cdc.gov/

Work Plan
Plan de trabajo

›

August 3, 2021

3 de agosto del 2021

Closing Reflection
Reflexión final


Thank you for your participation!
¡Gracias por su participación!