**Community Based Vaccine Outreach Program Reporting: OMB Number (0906-0064)**

**Community Outreach Worker Profile Form**

**Public Burden Statement:** The purpose of this data collection system is to collect aggregate data on activities supported through HRSA's Community-Based Vaccine Outreach Programs (HRSA-21-136 and HRSA-21-140). HRSA will use these data to monitor the supported activities by awardees related to (1) building a public health workforce and (2) how that workforce is leveraged to increase vaccination rates and equitable access to vaccines, to ensure that the most vulnerable populations and communities are reached and vaccinated throughout the period of performance. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this information collection is 0906-0064 and it is valid until 01/31/2022. Public reporting burden for this collection of information is estimated to average 0.27 hours per response, including the time for reviewing instructions and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to HRSA Reports Clearance Officer, 5600 Fishers Lane, Room 14N136B, Rockville, Maryland, 20857 or paperwork@hrsa.gov.

***Instructions:*** *The information that you provide in this form is very important and helps us (HRSA) understand how job opportunities were created through government funding from our agency, and how the jobs that were created from this funding helped to get more people vaccinated for COVID-19. There are a total of 29 questions in this form, and we ask that you answer everything honestly and to the best of your ability. Thank you very much in advance for your help in providing this information!*

1. **We collect the information that follows in this form with a unique identifier number that only you and your employer know so that your responses to our questions will not be associated with your name or any information that can be used to identify you. This keeps your responses to this survey anonymous to HRSA.**

|  |  |
| --- | --- |
|  | I understand and agree |

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

|  |  |
| --- | --- |
|  |  |

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

|  |  |
| --- | --- |
|  |  |

1. **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.** 
   1. **Please provide the 5-digit ZIP code where you live.**

|  |  |
| --- | --- |
|  |  |

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

|  |  |
| --- | --- |
|  | Yes |
|  | No |

1. **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. |
|  |  |

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

|  |  |
| --- | --- |
|  | Yes |
|  | No |

1. **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: |  |

1. **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 |

1. **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 |

1. **How old are you?**

|  |  |
| --- | --- |
|  |  |

1. **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): |
|  |  |

1. **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): |
|  |  |

1. **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 |

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

|  |  |
| --- | --- |
|  | Yes |
|  | No |

1. **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: |
|  |  |
|  |  |

1. **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 |

1. **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 |

1. **Now we are going to switch gears a bit, and just talk about your job as a community outreach worker.** 
   1. **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.*

|  |  |
| --- | --- |
|  |  |

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

|  |  |
| --- | --- |
|  | Yes |
|  | No |

1. **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).* |
|  |  |

1. **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.* |
|  |  |

1. **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).*

|  |  |
| --- | --- |
|  |  |

1. **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. |
|  |  |
|  |  |

1. **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. |
|  |  |
|  |  |

1. **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. |
|  | Educational and/or informational fliers on COVID-19 vaccine outreach and accessibility |
|  | Door-to-door outreach |
|  | Visiting housing or apartment complexes |
|  | Training session |
|  | Virtual town hall |
|  | Interactive website |
|  | Radio spot |
|  | TV spot |
|  | Billboards and/or other posters/signs around the community |
|  | Door hangers |
|  | Flyers |
|  | Focus groups |
|  | Community fair/events |
|  | Visiting a community-based recreation center |
|  | 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 |
|  | Visiting a community/resource center for a specific population of people sharing a common background (Italian Americans club, a meeting place for Spanish-speakers, etc.) |
|  | Visiting a facility helping unhoused people (homeless shelter, etc.) |
|  | Providing outreach and education in a language other than English |
|  | Other form of in-person interaction |
|  | Telephone |
|  | Text messages |
|  | Email |
|  | Mail |
|  | Webinar |
|  | I don't plan to use any of these activities/tools/resources listed here |
|  | Something else not listed here (please specify): |
|  |  |
|  |  |

1. **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 |
|  | Email |
|  | Mail |
|  | Webinar |
|  | Training session |
|  | Virtual town hall |
|  | Interactive website |
|  | Radio spot |
|  | TV spot |
|  | Billboards and/or other posters/signs around the community |
|  | Door hangers |
|  | Flyers |
|  | Focus groups |
|  | Community fair/events |
|  | Visiting a community-based recreation center |
|  | 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 |
|  | Visiting a community/resource center for a specific population of people sharing a common background (Italian Americans club, a meeting place for Spanish-speakers, etc.) |
|  | Visiting a facility helping unhoused people (homeless shelter, etc.) |
|  | Providing outreach and education in a language other than English |
|  | I don't plan to use any of these activities/tools/resources listed here |
|  | Something else not listed here (please specify): |
|  |  |
|  |  |

1. **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 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 |
|  | Email |
|  | Mail |
|  | Webinar |
|  | Training session |
|  | Virtual town hall |
|  | Interactive website |
|  | Radio spot |
|  | TV spot |
|  | Billboards and/or other posters/signs around the community |
|  | Door hangers |
|  | Flyers |
|  | Focus groups |
|  | Community fair/events |
|  | Visiting a community-based recreation center |
|  | 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 |
|  | Visiting a community/resource center for a specific population of people sharing a common background (Italian Americans club, a meeting place for Spanish-speakers, etc.) |
|  | Visiting a facility helping unhoused people (homeless shelter, etc.) |
|  | Providing outreach and education in a language other than English |
|  | I don't plan to use any of these activities/tools/resources listed here |
|  | Something else not listed here (please specify): |
|  |  |
|  |  |

1. **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 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 |
|  | Email |
|  | Mail |
|  | Webinar |
|  | Training session |
|  | Virtual town hall |
|  | Interactive website |
|  | Radio spot |
|  | TV spot |
|  | Billboards and/or other posters/signs around the community |
|  | Door hangers |
|  | Flyers |
|  | Focus groups |
|  | Community fair/events |
|  | Visiting a community-based recreation center |
|  | 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 |
|  | Visiting a community/resource center for a specific population of people sharing a common background (Italian Americans club, a meeting place for Spanish-speakers, etc.) |
|  | Visiting a facility helping unhoused people (homeless shelter, etc.) |
|  | Providing outreach and education in a language other than English |
|  | I don't plan to use any of these activities/tools/resources listed here |
|  | Something else not listed here (please specify): |
|  |  |
|  |  |

1. **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.**

|  |  |
| --- | --- |
|  |  |