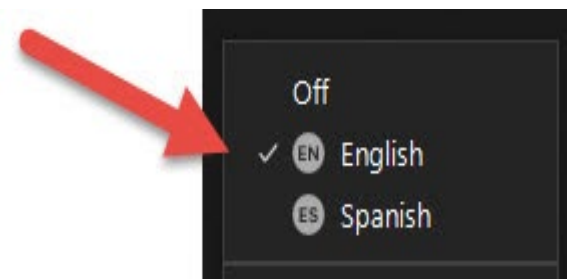


## SIMULTANEOUS “INTERPRETATION” ZOOM

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



English and Spanish  
interpretation available!



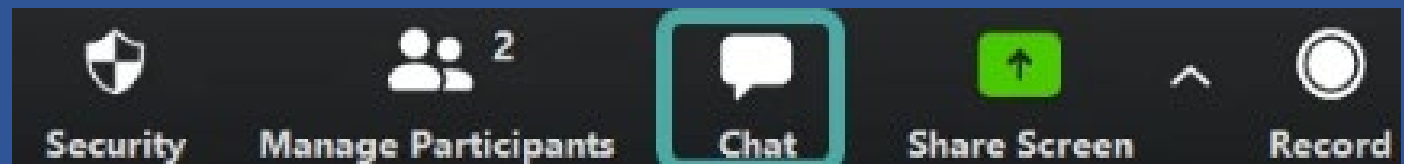
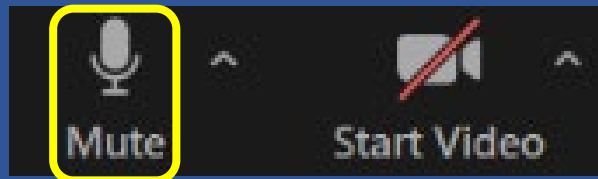
Interpretation

## ***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



MIGRANT CLINICIANS NETWORK



# HRSA-WIN-RISE

## Project

Learning Collaborative



# RISE

COMMUNITIES RISE TOGETHER



# MCN Team / Equipo de MCN

## **Deliana Garcia**

Director, International Projects and Emerging Issues

## **Moises Arjona Jr., MS**

Contractor/Program Manager

## **Jannette Nuñez**

Program Manager

## **Roxana Pineda**

Project Coordinator

## **Wilmarí de Jesús Álvarez, MS**

Data Analyst

## **Aníbal Yariel López Correa, M.Ed**

Evaluator



Reach  
Immunizations  
System Change for  
Equity

Communities RISE Together is an alliance of partners connected to 2400+ organizations across the nation who are deeply rooted in communities, and have deep trust with Black, Native-American, Latinx, Asian-American/Pacific-Islander, immigrant/migrant, and low-income older adult populations.

RISE seeks to leverage our collective expertise, capacity, and network of trusted messengers and community-based organizations (CBOs) to create a strategic and equitable response to COVID-19 that builds civic capacity and charts a path toward longer term renewal.

# Today's Agenda

Overview of Measurement Strategy

Review of monthly RISE report template

Setting up Unique Identifiers

Review the 7 data collection forms

Identify scenarios to use the surveys



# Reporting Templates and Measurement Strategy

## HRSA Priorities

- Workforce hired centrally and, in the community, by race/ethnicity, gender.
- Number and percentage of people outreached to by race/ethnicity, gender.

## Our additional priorities

- Understanding and connecting people to resources to improve vaccinations and overall well-being

## Forms that align to these priorities

- Community health worker/outreach worker survey
- Vaccine site survey: community members
- Overall education and reporting
- Brief survey for those with social needs or referrals

# Data Needed for Monthly Reporting

- Number of vaccine ambassadors engaged (outreach staff)
  - % who reside in the community
  - equity breakdown
- Number of total staff engaged
  - % who reside in the community
  - equity breakdown
- Number of staff trained with equity breakdown
- Number of people reached through direct outreach with equity breakdown - canvassing, 1:1
- Number of people reached through indirect outreach (eg, radio spots, social media impressions) with equity breakdown where possible
- Number of people vaccinated with equity breakdown
- Number of people connected to social needs

**You will receive a link via email, every month, to report all this information.  
The report will be due the 26<sup>th</sup> of every month**



# Unique Identifier

- Community Outreach Workers will be assigned a unique identifier
- Each unique identifier will be used with the surveys for outreach efforts in the community

RISEpartner ID - community # - community outreach worker#

**Daily Outreach Report**

Instructions: This part of this survey is a set of questions that information that you collect about the people you serve is very important and helps the Health Resources and Services Administration (HRSA), a branch of our federal government that is funding outreach for vaccinations in our community) to better understand how to get more people vaccinated for COVID-19. This information, and the work that you are doing, can help to save lives! We ask that you make sure everything is filled out as honestly and as completely as possible. Thank you very much in advance for your help in providing this important information!

\* Required

OMB Number (0906-0064)  
Expires: 01/31/2022

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 27 hours per response, including the time for reviewing instructions and

HRSA  
Outreach  
Reporting  
Form

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

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

# Unique Identifiers

## Coalition of 100 Black Women of Central Florida

RISEpartner ID - community # - community outreach worker#

County	RISE Partner ID	Community #
Duval	RISE-MCNCBW	34
Hillsborough County	RISE-MCNCBW	39
Orange County	RISE-MCNCBW	42

- Each **Community Outreach Worker** will be provided a # based on the order of hire. This to be used throughout the project.

**RISEMCNCBW-34-1**

# Unique Identifiers Community Resident Count Format

RISEpartner ID - community # - community outreach worker#- community resident #

- Some surveys, such as the Vaccine Sites surveys, will ask you to include a Community Resident # in your Unique Identifier. For this, you will keep count of all community members at events and enter data into the survey.
- For instance, let's say Kenny, who is part of the RISE MCN Coalition of 100 Black Women, is the first hired Community Outreach Worker hired (#1) and is working in county #34. His identifier would be RISEMCNCBW- 34- 1. He helps his 15th person specifically at a vaccine site. His code to enter into the survey would read:

RISEMCNCBW- 34- 3-15

- Now, let's say Kenny helps to vaccinate 1500 people through November 20. The last code used on November 20<sup>th</sup> entered into the survey would read:

RISEMCNCBW- 34- 3-1500

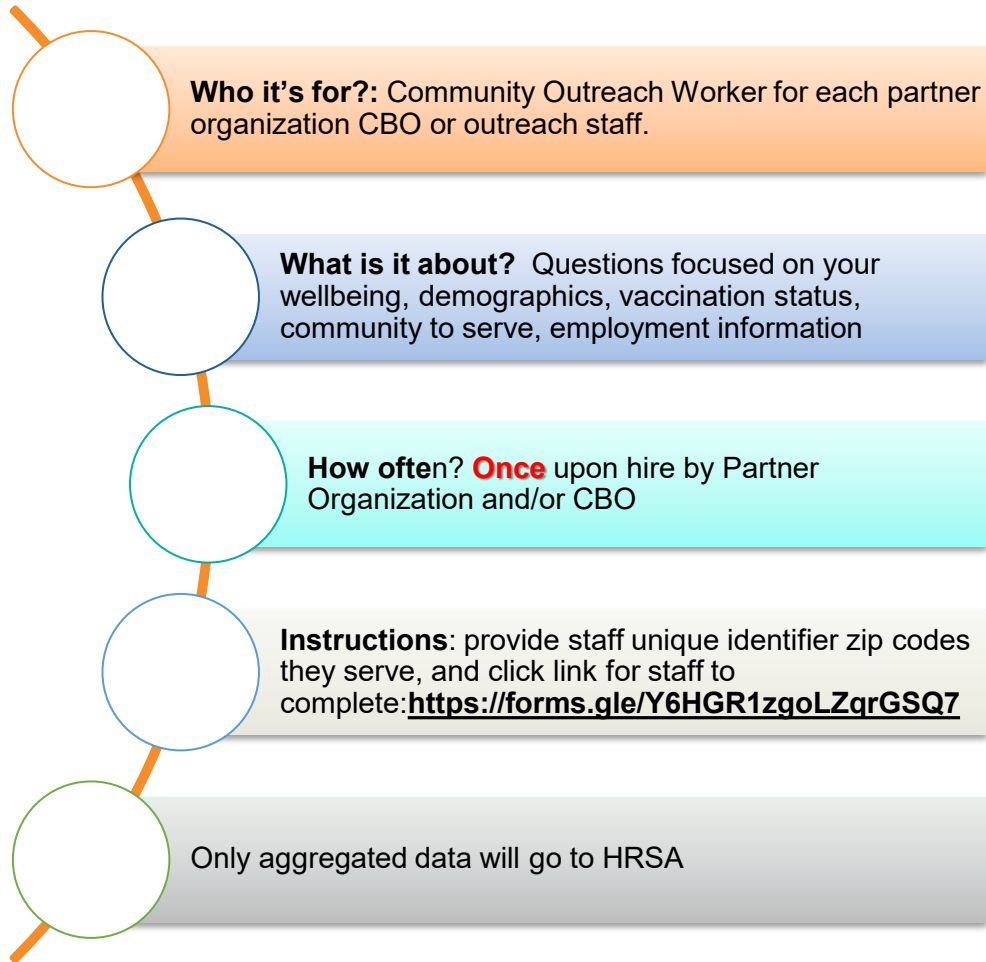
# Google Forms

## **Total Forms: 7**

- Community Outreach Worker Survey
- Brief 1:1 Form
  - Under 65 Brief 1:1 Form
  - Over 65 Brief 1:1 Form
  - Longer Version Brief 1:1 Form
- Vaccine Site Community Member Form
  - Under 65 Community Member Form
  - Over 65 Community Member Form
- Daily Summary Report



# Community Health Worker/Outreach Worker Profile Form



## Community Outreach Worker Profile Form

OMB Number (0906-0064)  
Expires: 01/31/2022

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 .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](mailto: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. 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.

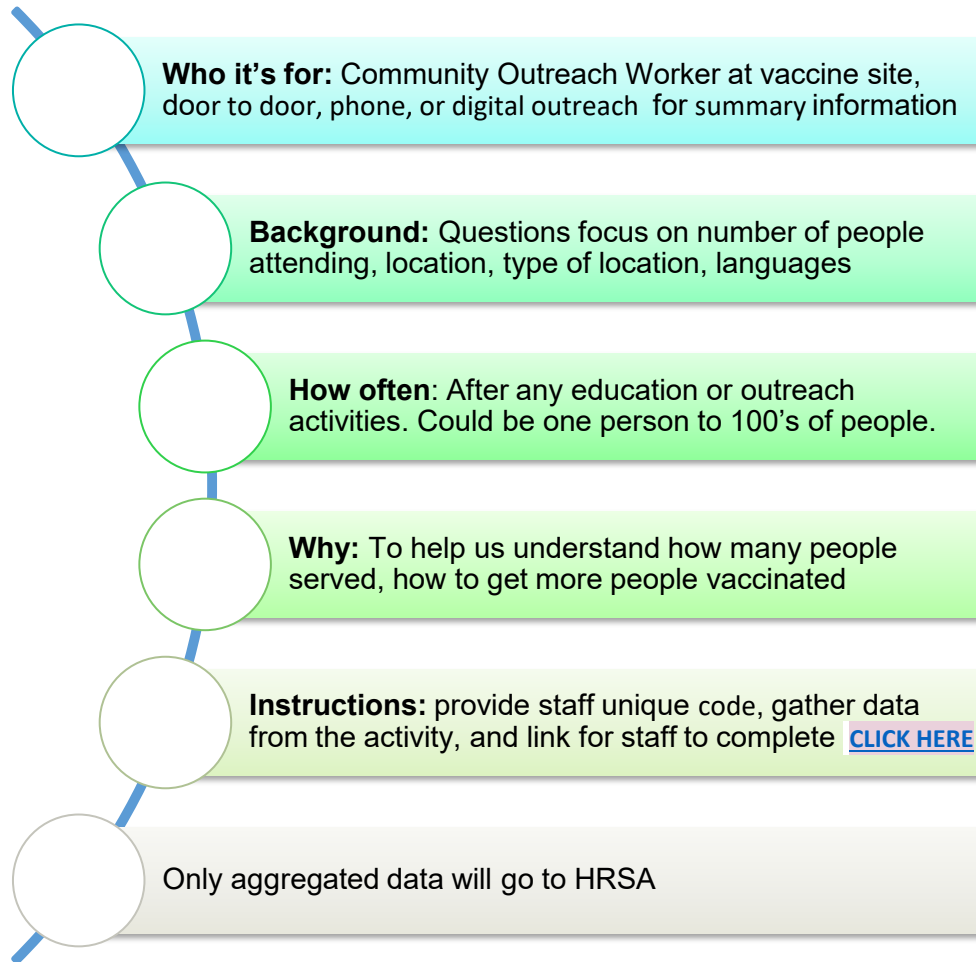
Mark only one oval.

I understand and agree

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

# Daily Outreach Report:

## Summary of vaccine site, phone, door to door, event, or digital outreach



### Daily Outreach Report

Instructions: This part of this survey is a set of questions that information that you collect about the people you serve is very important and helps the Health Resources and Services Administration (HRSA), a branch of our federal government that is funding outreach for vaccinations in our community) to better understand how to get more people vaccinated for COVID-19. This information, and the work that you are doing, can help to save lives! We ask that you make sure everything is filled out as honestly and as completely as possible. Thank you very much in advance for your help in providing this important information!

\* Required

OMB Number (0906-0064)  
Expires: 01/31/2022

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 .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](mailto:paperwork@hrsa.gov)

HRSA  
Outreach  
Reporting  
Form

This section is for you (the community outreach worker) to fill out when you interact with a member or members of the community to help encourage them to get vaccinated for COVID-19. Please note that a different form (not this one) should be used at actual vaccine sites.

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

# Vaccine Site- Community Member Profile Form (under 65) and Older Adult Form (over 65)

*To Be Completed at Vaccine Sites or Where Vaccines Given*

**Who it's for?** Community Outreach Worker at vaccine site with each unique community member served.

**Background:** Questions focus on wellbeing, demographics, vaccine and reason for waiting, social needs and referral

**Format:** Organized into sections with wellbeing first. This is to be answered by the community member either verbally or self.

**How often:** At all outreach activities while they wait for vaccine

Instructions: link for community outreach worker or members to complete [UNDER 65-CLICK HERE](#) and [OLDER Adult Click Here](#)

Only aggregated data will go to HRSA

## Vaccine Site - Community Member Form

Script for Community Outreach Worker (feel free to adapt): My name is \_\_\_\_\_ and I am working as part of the RISE initiative and [name of local and national network]\_\_\_\_\_. We are working to support our community in their health and well-being. We also want to make sure our community is meeting the needs of different groups who are often left out. We thank you in advance for answering this brief survey because it will really help us make change together in our community. All of these questions are optional. Please feel free to skip any questions you don't want to answer. We will keep your individual responses confidential and use this information to connect you to resources and to better support our community.

\* Required

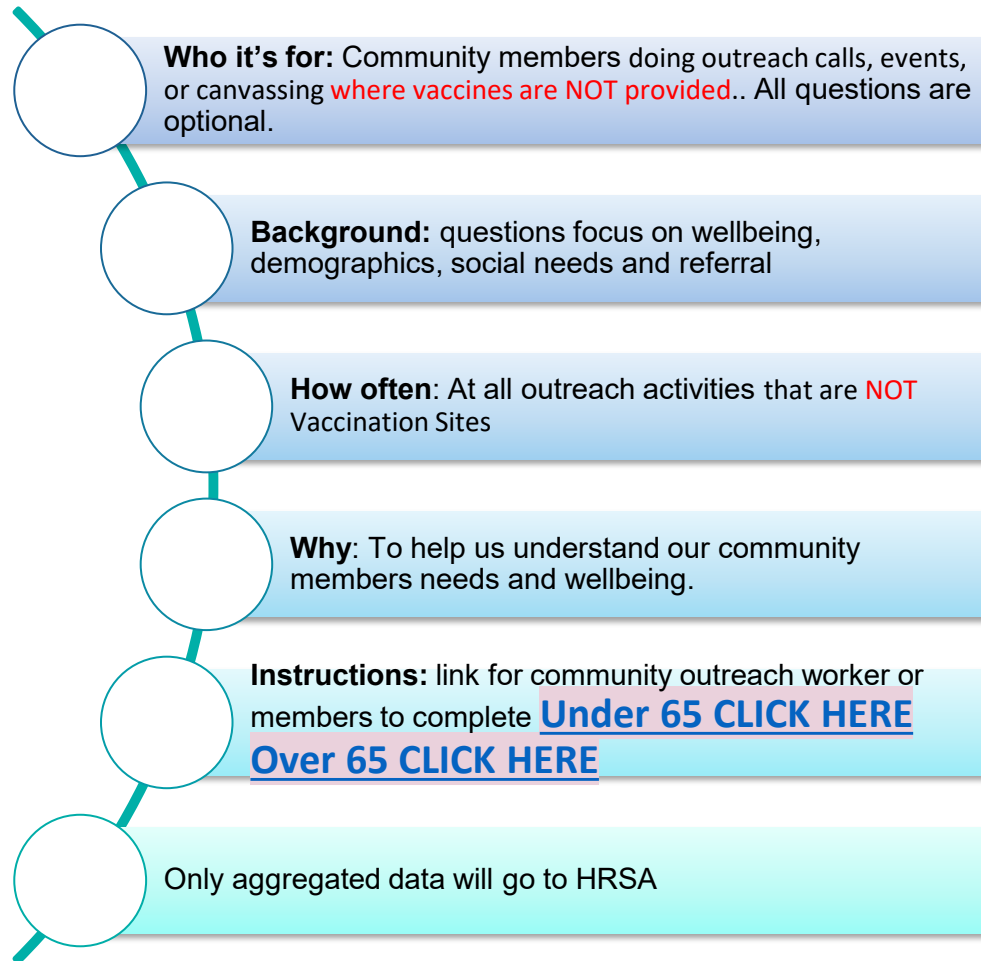
1. For the community worker: Which RISE partner are you connected to?

Mark only one oval.

- Center for Popular Democracy (CPD)
- Chromatic Black (CB)
- Hawai'i Public Health Institute (HPHI)
- Latino Health Access (LHA)
- Meals on Wheels of America (MOWA)
- Migrant Clinicians Network (MCN)
- National Association for Area Agencies on Aging (n4A)
- National Council on Aging
- Public Health Institute (PHI)/CACHE
- WE in the World/WIN Network
- Other: \_\_\_\_\_

About your well-being

# Brief Outreach Form- 1 to 1 Outreach (under 65 and over 65) To Be Completed by Call Centers, at Events, or Canvassing



## Brief Outreach Form - 1 to 1 Outreach

### Instructions:

Our RISE Team is working to understand how our community members are doing and working to support them in their health and well-being. We also want to make sure our community is meeting the needs of different groups who are often left out. We thank you in advance for answering this brief survey. All of these questions are optional. Please feel free to skip any questions you don't want to answer. We will keep your individual responses confidential and use this information to connect you to resources and to better support our community.

1. For the Community Outreach Worker to fill out: What RISE group or network are you connected with?

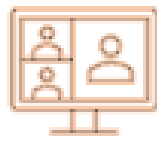
*Check all that apply.*

- Center for Popular Democracy
- Chromatic Black
- Hawai'i Public Health Institute
- Latino Health Access
- Meals on Wheels
- Migrant Clinician's Network
- National Councils on Aging
- National Association 4 Area Agencies on Aging
- Public Health Institute/CACHE
- WE in the World/WIN

Other:  \_\_\_\_\_

About Your Well-being





Community Outreach Worker Survey

Vaccine Site Community Member Survey (under 65)

Vaccine Site Community Member Survey (over 65)

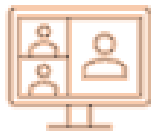
Brief 1:1 Form (under 65)

Brief 1:1 Form (over 65)

Long Version Brief 1:1 Form

Daily Summary Report

1 <sup>st</sup> day as outreach worker with two calls to people under 65	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>
Local faith-based org event with 5 people (all ages) and NO vaccines provided				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
Local faith-based org event with 5 people (all ages) and VACCINES provided		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>
Worked at the call center and spoke to 100 people of all ages across Nevada		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
Canvassed a neighborhood and wanted to have vaccine equity information						<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>



	Community Outreach Worker Survey	Vaccine Site Community Member Survey (under 65)	Vaccine Site Community Member Survey (over 65)	Brief 1:1 Form (under 65)	Brief 1:1 Form (over 65)	Long Version Brief 1:1 Form	Daily Summary Report
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Social media campaign to 6 communities in Florida							<input checked="" type="checkbox"/>
National social media campaign across all 29 states							<input checked="" type="checkbox"/>
Del Rio, TX and Austin, TX vaccine outreach with mobile vaccines		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>
Call center outreach in Austin, TX to enroll 18-30 year olds to vaccine event the next week				<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>
Meals on wheels education with meal delivery in Pima County					<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>

# Community Outreach Worker Survey

[https://docs.google.com/forms/d/e/1FAIpQLSegznJJJ5VPP6YTYPxZ5pnoYYm3oc-3xeDQ\\_wGl2v6RKT\\_cYA/formResponse](https://docs.google.com/forms/d/e/1FAIpQLSegznJJJ5VPP6YTYPxZ5pnoYYm3oc-3xeDQ_wGl2v6RKT_cYA/formResponse)

# Daily Outreach Report

<https://docs.google.com/forms/d/e/1FAIpQLSfgJNty4jGV09CREnU9wgbKoHntY4RvDLCKIXOEatUQfMilaA/viewform>



# Vaccine Site - Community Member Form

<https://docs.google.com/forms/d/e/1FAIpQLSe1ImclE9SWJdNrxwsRUFBLWWQx4vAl6Q3CWkRuA8WwoVKVyw/viewform>

# Older Adult - Vaccine Site

<https://docs.google.com/forms/d/e/1FAIpQLSfKIoPjP3bH0VCM65Tbs7VPBAieYqkCfBxJN7rNOyih-X4W2A/viewform>

# Brief Outreach Form - 1 to 1 Outreach

<https://docs.google.com/forms/d/e/1FAIpQLScpmTsDDFZJ8koObNsCGwIIF7TsAKxt7WB8c-eXlwRM6IVFWg/viewform>

# Longer Outreach Form -- 1:1 Outreach

<https://docs.google.com/forms/d/e/1FAIpQLSfXpAsdpxaS9mfdiYwzdJC5kOuAWVbKsLle58z7orTXkUXPZg/viewform>





Report Due Dates



Reports are due  
the **26<sup>th</sup>** of every  
**month**

# Evaluación de la Comunidad de Aprendizaje/ Learning Collaborative Evaluation Form

[Participant Evaluation for the Learning Collaborative](#)

[Evaluación de la comunidad de aprendizaje](#)

[https://mcn.iad1.qualtrics.com/jfe/form/SV\\_5AnTZu7hJkvbFHM](https://mcn.iad1.qualtrics.com/jfe/form/SV_5AnTZu7hJkvbFHM)



Questions?

**Thank you for your  
participation!**

**¡Gracias por su participación!**

