

COMMUNITY HEALTH WORKER OUTREACH INITIATIVE TRACKER

1. NAME:

E-MAIL ADDRESS:

2. ORGANIZATION:

4. Was contact wearing a mask at time of outreach? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		5. OUTREACH DATE (MM/DD/YYYY):	
6. OUTREACH FORMAT		<input type="checkbox"/> Virtual individual outreach (Skip to Q7) <input type="checkbox"/> In-person individual outreach (Skip to Q9)	
7. VIRTUAL INDIVIDUAL OUTREACH		<input type="checkbox"/> Virtual presentation <input type="checkbox"/> Email <input type="checkbox"/> Telephone <input type="checkbox"/> Social Media <input type="checkbox"/> Other (please specify) (Skip to Q11)	
8. VIRTUAL GROUP MEETING INFORMATION (Skip to Q11)		Organization/Coalition: _____ Meeting purpose/focus: _____ Describe region or area served: _____ Name: _____ Estimated Number of participants: _____	
9. IN-PERSON INDIVIDUAL OUTREACH LOCATION (Skip to Q11) Zip Code (ask for individual's home zip code only, if home zip code is not given, use zip code of outreach location): _____ Block Map Number: _____			
10. IN-PERSON VENUE OUTREACH (please double check for accuracy)		Block Map Number: _____	
Address: _____ City: _____ ZIP Code: _____		Estimated number of people / participants: _____	
11. PRIORITY GROUPS (write in letter for group, see list on back):		12. OUTREACH VENUE TYPE (write in letter for venue, see list on back):	
13. OUTREACH MESSAGING / GOALS (write in letter for all goals that apply, see list on back):		14. LANGUAGE USED TO CONDUCT THE OUTREACH ACTIVITY? (write in letter for language, see list on back):	
15. TYPES OF MATERIALS PROVIDED ELECTRONICALLY		16. NUMBER OF INFORMATIONAL PACKETS DISTRIBUTED IN PERSON BY LANGUAGE AND MESSAGE (Enter "0" if no packets distributed)	
a. Message: <input type="checkbox"/> General <input type="checkbox"/> Business certification <input type="checkbox"/> Other – please describe): _____ b. Language (see list on back): _____		a. Message: <input type="checkbox"/> General <input type="checkbox"/> Business certification <input type="checkbox"/> Other – please describe): _____ b. Number: _____ c. Language (see list on back): _____	
17. NUMBER OF SUPPLIES DISTRIBUTED IN PERSON		18. OUTCOMES FROM OUTREACH, BESIDES SHARING MATERIALS?	
a. Face masks: _____ b. Hand sanitizer: _____ c. Other (describe): _____		(write in letter for all outcomes that apply, see list on back):	
19. ADDITIONAL INFORMATION ABOUT THIS OUTREACH ACTIVITY THAT WAS NOT INCLUDED ELSEWHERE ON THIS FORM:			

Refer to these lists for questions 11, 12, 13, 14, and 18: Enter the letter for the corresponding value for each question.

11. Priority Groups	12. Outreach Venue Type	13. Outreach messaging / goal	14. Language	18. Outcomes
<ul style="list-style-type: none"> a. Alaska Native b. American Indian/Indigenous c. Asian <ul style="list-style-type: none"> i. Chinese ii. Cambodian iii. Filipino iv. Korean v. Asian Indian vi. Japanese vii. Vietnamese viii. Taiwanese ix. Thai x. Other South Asian (specify) xi. Other Southeast Asian (specify) d. Black/African American e. Native Hawaiian or Pacific Islander f. Hispanic/Latinx <ul style="list-style-type: none"> i. Mexican ii. Puerto Rican iii. Cuban iv. Guatemalan v. Salvadoran vi. Spanish vii. Other (specify) g. Immigrants, including indigenous and undocumented individuals h. LGBTQ+ i. Persons over the age of 50 and or with underlying health conditions j. Youth and young adults k. Pregnant and parenting people l. People that are disabled m. Persons Experiencing Homelessness n. Justice impacted people o. Domestic violence victims and survivors p. Gang involved individuals q. Unknown 	<ul style="list-style-type: none"> a. Auto Services b. City/Council District Office/Elected official office c. Community based organization (CBO) d. Community center/Civic center/senior center/cultural center e. Community meeting f. Consulate g. Faith based organization (FBO)/Place of worship h. Financial Services/Insurance i. Food distribution site j. Food Truck/Street Vendor k. Grocery store/Market/Mini mart l. Health care provider/pharmacy m. Health fair/Community event n. Library o. Liquor Store/Smoke Shop/Dispensaries p. Parks/Recreation venue q. Personal Care Services r. Residence/House/Apartment s. Restaurant/Eatery t. Retail/Clothing/Supplies u. Salon/Beauty shop/Barber Shop v. School/University w. Testing site x. Other (please specify): _____ 	<ul style="list-style-type: none"> a. General COVID-19 outreach b. Business certification c. Faith community outreach d. Promoting testing e. Promoting contact tracing f. Health Order compliance g. Information on specific outbreaks h. Information on vaccination i. Information on resources available on DPH website or elsewhere j. Other (please specify) 	<ul style="list-style-type: none"> a. English b. Spanish c. Chinese – Cantonese d. Chinese – Mandarin e. Arabic f. Armenian g. Khmer/Cambodian h. Japanese i. Korean j. Russian k. Vietnamese l. Farsi m. Tagalog n. Other (please specify) 	<ul style="list-style-type: none"> a. Display poster b. Requested presentation (referred to Speakers' Bureau) c. Referred to supportive services (referred to County services, 211 or local CBOs) <ul style="list-style-type: none"> i. Access to care ii. Mental health iii. Housing iv. Food (e.g. food distribution sites, WIC, CalFresh, etc.) v. COVID-19 Testing vi. Flu vaccine vii. Other (please specify) d. Requested additional PPE (referred to DPH PPE Distribution) e. Reported health order violation/complaint (referred to complaint call center) f. Answered questions and provided additional education (referred to DPH website) g. Packet drop-off h. Refused Information i. Other (please specify)