

# Community Health Worker

Monthly Report March 2022

**Thank you for working to increase COVID-19 vaccination in high-risk, minority, and underserved communities across Tennessee in partnership with TCCN and TDH.**

Please take 5-10 minutes to complete this survey. The form will allow you to save your progress and revisit if you cannot complete it in one sitting. We recommend saving the link to this survey and updating your responses periodically during the month. We also recommend using the same browser.

**For the reporting period, did you participate in any TCCN or RHAT hosted webinars/conference calls/meetings, either in-person or via technology, relating to your work with the Community Health Worker initiative?**

Yes

No

**How many?**

1

2

3+

## Vaccine Support Services

TCCN partner Sostento has developed these activities for your use.

### People Reached By Promotional Campaigns

**Total Count**

# of Social Media Likes

# of TV Impressions

# of Radio Impressions

# of Print Impressions (Flyers, Brochures)

# of Website Unique Views

# of Outdoor Impressions (Billboards)

# of Newsletter clicks

## Promotional Campaigns File Upload

Please upload screenshots of social media posts, newsletter and website analytics or documents related to TV, radio or outdoor impressions, if applicable.

## Outreach and Events

Provide information about any CHW events you developed or participated in during the past month. Please include as much information as possible. Upload images or documents such as flyers, sign-in sheets, etc. Remember, you can save the progress of this form and return to it throughout the month.

### Event 1

**Total Count**

Number of participants in this event

Number of individuals vaccinated

Number of rides provided

Number of future appointments coordinated

### Event 1 File Upload

Please upload invitations, flyers, sign-in sheets and demographics summary.

### Event 2

**Total Count**

Number of participants in this event

Number of individuals vaccinated

Number of rides provided

Number of future appointments coordinated

### Event 2 File Upload

Please upload invitations, flyers, sign-in sheets and demographics summary.

### Event 3

**Total Count**

**Number of participants in this event**

**Number of individuals vaccinated**

**Number of rides provided**

**Number of future appointments coordinated**

### Event 3 File Upload

Please upload invitations, flyers, sign-in sheets and demographics summary.

### Event 4

**Total Count**

**Number of participants in this event**

**Number of individuals vaccinated**

**Number of rides provided**

**Number of future appointments coordinated**

### Event 4 File Upload

Please upload invitations, flyers, sign-in sheets and demographics summary.

**Do you have any additional events that occurred during the reporting period? If yes, we will send you an additional form to complete so that all data can be captured.**

Yes

No

**Please share any SUCCESSES you had over the past month, if applicable:**

**Please share any CHALLENGES you had over the past month and how you overcame them, if applicable:**

**Please report any additional vaccinations resulting from CHW outreach efforts this month not reported above.**

**Is there a patient success story that you would like to share? Please do not provide any personally identifiable information.**