

Keywords: Community health advocates; Community-academic collaboration; COVID-19 vaccination

Abbreviations

(CHAs) Community Health Advocates/Ambassadors; (CU) Creighton University; (CDC) Center for Disease and Control and Prevention; (CPHHE) Center for Promoting Health and Health Equity; (REACH) Racial and Ethnic Approaches to Community Health; (SDOH) Social Determinants of Health; (CHW) Community Health Workers; (DCHD) Douglas County Health Department; (NCHF) Nebraska Center for Healthy Families; (OHA) Omaha Housing Authority; (UCOM) Creigh

In Phase 1 of this project, we educated and trained new and

evaluation, and project reports.

Methods

CHA education and training

Goals and objectives: The current project's overall educational goals and specific objectives for CHAs previously certified for COVID-19 prevention and outreach, and new CHA recruits were:

Goals

- Provide training and education about vaccination issues and promotion
- Facilitate and coordinate community outreach and education.

Objectives

Educational learning objectives regarding community encounters:

- Demonstrate cultural competency and proficiency
- Illustrate respectful and equitable engagement
- Explain health literacy needs
- Understand health systems navigation and access
- Summarize COVID-19 vaccine hesitancy issues

Training objectives for CHA community encounters were:

- Employ cultural competency and proficiency.
- Demonstrate respectful and equitable outreach
- Apply education about COVID-19 vaccines
- Document educational and communication efforts

Curriculum development and education and training sessions

strengthen existing efforts regarding COVID-19 testing, access to healthcare, and social services. Some sources utilized for dissemination of information included: Social media, radio, TV, newspaper, newsletters, music, bulletin boards, billboards, and public zoom meetings both in English and Spanish.

Town hall (TH) meetings: The overarching goal of the Town Hall meetings was to provide a forum for community members to discuss pandemic relevant topics and question experts and panelists. The main objective was to help attendees overcome vaccine hesitancy, understand the scientific validity of vaccine development and dispel myths and misinformation.

Infrastructure: A roadmap for the structure of the town hall meetings was developed and reviewed by the Executive Committee (see Appendix C). Meetings were structured to meet cultural and linguistic needs, lasted 1.5 hours, and occurred over six weeks (July 2021-August 2021). For consistency and branding, Creighton University Communications (UCOM) developed and/or approved all communication materials. These materials were translated into Spanish. Bi-lingual (English and Spanish) moderators facilitated Latino town hall meetings. The Maya community town hall presentations and comments were first in Spanish and then translated into the Maya language Q'anjob'al and sometimes English. Leaders used a conference call number to troubleshoot issues during the town hall meetings.

Structural components: Executive Committee members moderated town hall meetings. Selected CHA(s) presented (See Table 1 for role descriptions). Practice sessions piloted strategies and materials to be used during town hall meetings (Table 1).

Table 1: Town hall (TH) meeting structure

TH personnel title	Roles and responsibilities
Welcome	The organizational leader of the town hall welcomed the audience to the meeting and explained the background and purpose of the project. "Leader" refers to any of the following: Pastor for the faith community, leader of the public housing authority or

database and shared it with the evaluation team.

program employed 18 learning objectives. These 18 objectives guided each weekly session's aims. Each session had 3-5 train

Evaluation

Evaluation began at project inception. Author JS attended all the planning and executive meetings and helped in the creation of the pre and post tests for all education sessions. After his demise, Author OE and his team were hired as external evaluators who worked closely in collaboration with Authors KN, and EE.

Using the realist theory of evaluation, and applying approaches to determine the import of both qualitative and quantitative data for credible evaluation, each component activity was assessed using mixed methods data collection, review and analysis [25-27]. Each component was then assessed concerning specific data, relationships/relativity between data with a focus on both formative (planning and process) and output/outcome (summative) evaluation.

Phases:

- Evaluation Planning and Monitoring systems development
- Data Collection
- Analyses for formative, process, output and outcome evaluation.

Phase 1: In Phase 1, Author JS submitted a mid-term report which guided the new independent (outside) evaluator to continue and complete the project.

Phase 2: Data were collected on various events and activities that focused on project objectives. Each specific responsible member of the Executive Committee provided reports of their activities, while data collected were housed at CU under the supervision of Author KN and the project staff. After submitting their reports, each member was engaged for contextualization, clarification and data verification.

Phase 3: Formative, process, output and outcome evaluation data were assessed using quantitative, qualitative and mixed methods approaches by the evaluation team.

Monitoring development

In collaboration with the Executive Committee, project coordinators, community key players and partners, data to be collected from activities and events were developed on an ongoing basis. The data variables and values were determined from the implementation procedures and tools, and their procedures were developed from proposed activities and after consultations and committee meetings on what was needed. Data points and data collection procedures were developed and implemented as the project progressed. Evidence was obtained from each event during implementation in the form of a post-event survey.

Results

All 50 Creighton University certified CHAs were invited to the training. We also recruited another 15 individuals from the same diverse populations, totaling 65 CHAs. On average, 50 CHAs attended each session. Absent CHAs attended make up sessions. Completion certificates were not provided to CHAs missing more than two sessions and the make-up sessions.

CHA train-the-trainer education and training

As per the syllabus for the curriculum, the train-the-trainer

information with their neighbors. However, a minority of re

tralized data repository to inform and enhance quality improvement and effectiveness.

- Add pre-town hall surveys to complement post-town hall surveys.
- Employ a system of standardized data items and collection, based on published best practices.

Discussion

To promote COVID-19 vaccination for racial and ethnic minorities and people with economic disadvantages, this paper shows how the education and training of CHAs can empower outreach to their diverse communities. The project built on CPHHE's existing community-academic infrastructure and CPHHE-Douglas County Health Department collaboration. Existing and new CHAs were provided educational and training sessions that included formal

- Activity: Facilitated case study discussion in small groups via zoom break out rooms

Training Week 5-April 8th

Topics

- Review [COUNTY NAME] COVID-19 Vaccine Dash board
- Pre-test
- Describe what the COVID-19 vaccine does
- Summarize role of data and medical science in vaccine de

- community health representatives, and health promoters.
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