

Phone Tree Community Outreach and Data Collection: Team Colorado's Approach to Community Connection in the COVID Era

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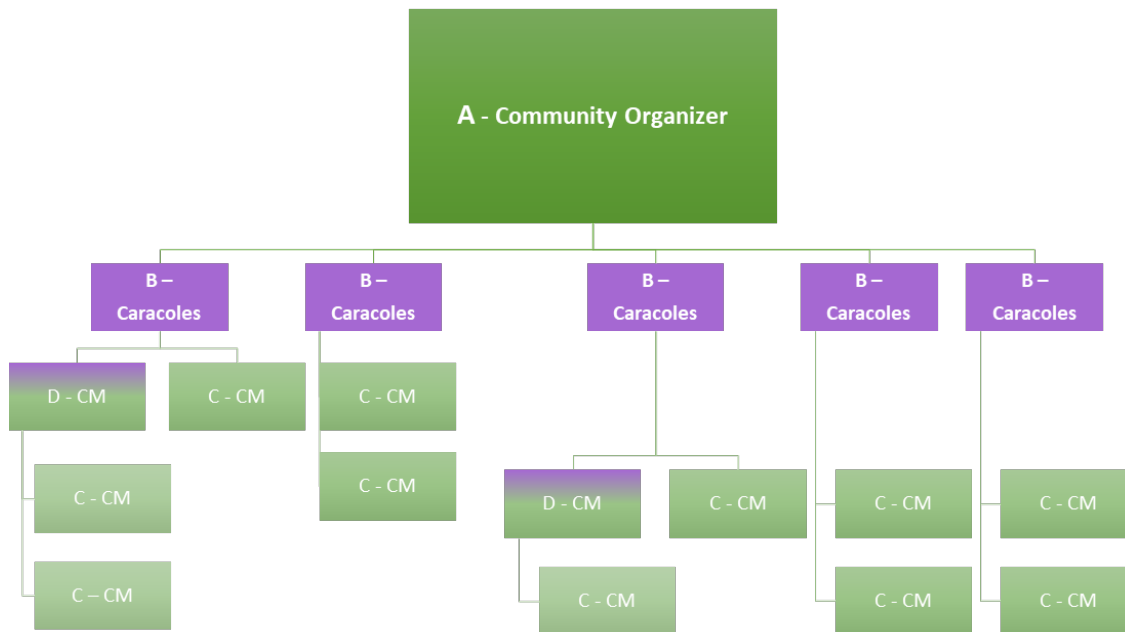
- Since Team Colorado's research is embedded in a broader, well established community organizing model, we were able to work directly with Center for Health Progress's organizers and campaign leaders to identify gaps in information for segments of providers and constituencies in their broader network about Public Charge and COVID-19. Center for Health Progress is the organization for which our team's community partner, Joe Sammen, serves as Executive Director.
- Early in the pandemic, the Center for Health Progress field team in Fort Morgan, including the community organizer and grassroots leaders, shifted its outreach efforts quickly and set up a phone tree outreach strategy in an effort to check in on and keep communication active with immigrants in their networks. We were able to quickly pivot our IRL research project to fully support these phone tree efforts with rigorous data analysis and reporting back to the community.
- Since March, we have been in contact with approximately 230 unique people through this phone tree approach. We identify community members through various mechanisms, including through formal snowball sampling and direct outreach among individuals who are seeking immediate relief like food assistance. Through the phone tree, we are documenting current issues on the ground, identifying themes across Center for Health Progress's base, and connecting people to resources to meet their immediate needs in the moment.
- Our phone tree efforts are focused on COVID-19, health care access, and 2021 policies needed for an inclusive and equitable recovery in CO. We have engaged in four rounds of data collection so far, and expect to continue through at least a sixth round. Each round has had different substantive emphases:
 - Round 1 (March 20 – April 21st)
 - Sample size: n = 98
 - Focus of questions: Urgent needs due to COVID (food, rent, testing)
 - Round 2 (April 23rd to June 30th)
 - Sample size: n = 49
 - Focus of questions: Access to paid leave, health insurance, COVID information
 - Round 3 (July 15th – September 3rd)
 - Sample size: n = 91
 - Focus of questions: Feelings and concerns about ongoing pandemic, access to information to prevent COVID, Census participation.

- Round 4 (November 4th -December 8th , 2020)
 - Sample size: n= 94
 - Focus of questions: 2020 election participation, and the affordability and accessibility of prescription medicines, contraception, professional licenses, and housing.
- The phone calls are conducted by local community grassroots leaders (*Caracoles*). Caracoles use a questionnaire specifically designed for each round of the phone tree. The questionnaires are available in English and Spanish; most participants choose to answer in Spanish.
- The questionnaires typically consist of approximately several close-ended questions (yes/no or multiple-choice responses). Round 1 and Round 3 included several open-ended questions also. The responses to the open-ended questions are captured in writing by the *Caracoles*; the written notes are used to identify common categories to summarize results. These notes are also used as quotes to illustrate the most relevant categories.
- The data collected through this effort provides useful information in three ways:
 - (1) It documents the current social and health care needs among immigrants and other hard-to-reach populations. Community members are asked questions such as the following: What needs, both social and health care, have come up for you and your family in this pandemic? What types of social supports (e.g. information, services, rental or cash assistance, food) have you been unable to access during the COVID pandemic? What types of health care services (e.g. testing, treatment) have you been unable to access during the COVID pandemic? What did you have access to before that is now cut off?
 - (2) It documents community members' reactions to outreach and communication efforts. They are asked questions such as the following: What has outreach and communication been like? What information or resources have you seen that support you and your families? Were they accessible? If not, why?
 - (3) It provides community members the opportunity to identify ideas for alignment improvements and documents their responses. Community members are asked questions such as the following: What ideas do you have for the best ways supports might be offered in the future? What ideas do you have for the best ways health care can be offered in the future? How can communication be improved?
- Analysis of this phone tree data allows us to better understand how the COVID-19 pandemic has affected (and continues to affect) hard-to-reach community members, and understand how their needs may or may not be addressed by existing resources.
- We are building this infrastructure so that we can match community members and the “upstream” issues they care about with a *Caracol* leader who is also invested in the respective issue. As issue-based caracoles grow, we will support leaders to activate around systems change that will meet “downstream” needs more directly. Through these efforts we will build power by broadening our base, recruiting more members, and developing more sustainable practices that

support core leader networks that are generative and supportive to both immediate needs of communities and long-term systems change efforts.

- To provide tools for this effort, Center for Health Progress has developed dozens of resources for community members, including multilingual guides for accessing health care and direct services, enrolled families in Pandemic Electronic Benefits Transfer (EBT), and launched a relief fund to provide grants directly to individuals with significant needs identified through the phone tree. We are working to utilize this new infrastructure in our IRL research efforts to continue to deepen our understanding of the baseline data themes and the way that the COVID-19 pandemic affects immigrants in Fort Morgan.

Figure 1. Phone Tree Structure



Phone Tree Structure Description

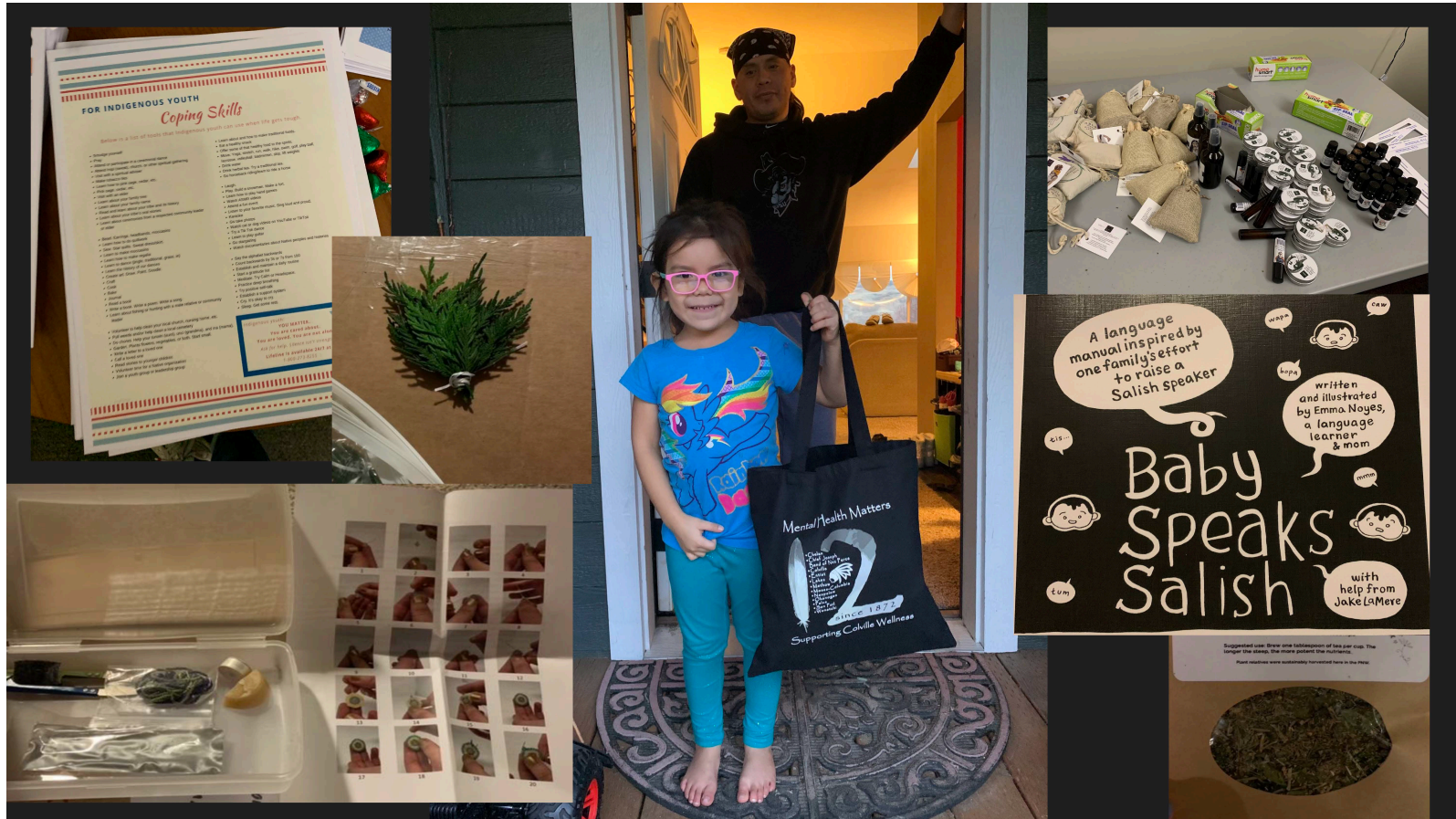
A – Community Organizer (CO), Center for Health Progress Staff, initiates phone tree.

B – *Caracoles*, with an established relationship with the CO, reach out to up to 10 community members each via a formal snowball process or they are referred to them due to their needs.

C – Community members (CM) receive a call from *Caracoles*, answer the questionnaire and are provided with *Caracoles* contact information to reach out if they need help connecting with resources.

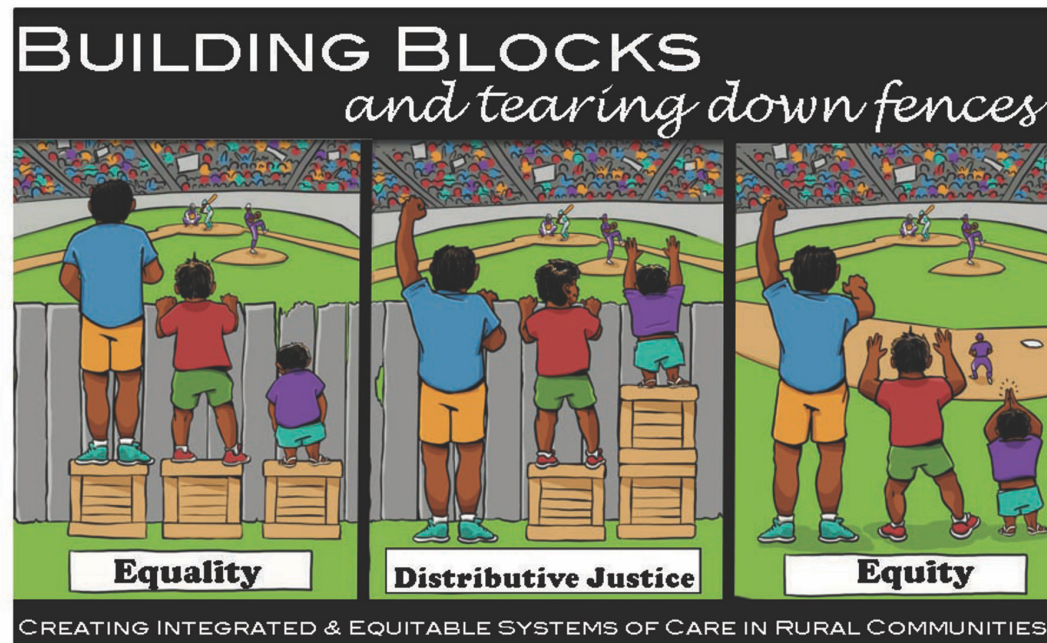
D – Some community members might express interest on becoming a *Caracol* leader. They are trained by the CO and start reaching out to new CM.

Team Colville (C3): Alvina Marris, Sara Waters, Myra Parker



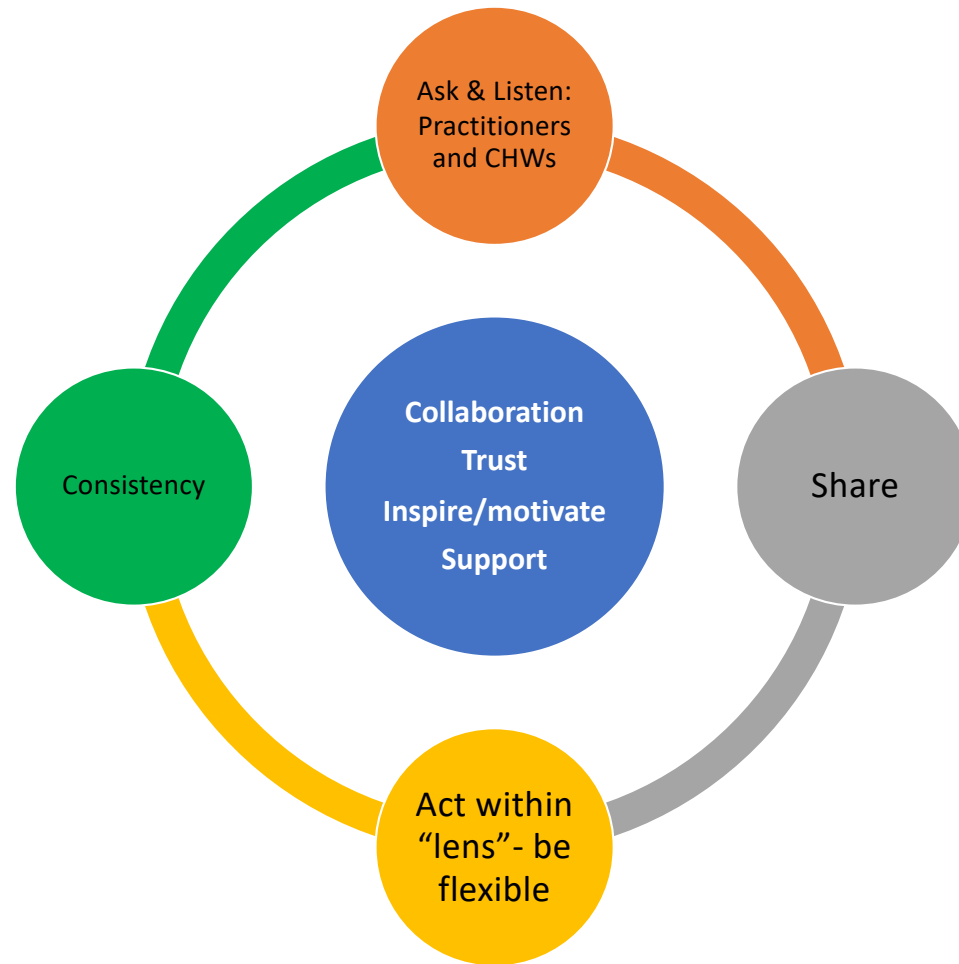
(C4): Janice Ballard, Elizabeth Parker, Carissa van den Berk-Clark

Team Bootheel: Clinical and Social Service Network



Note: Equity can only be realized if we not only distribute according to need (building blocks), but also begin to create structures of engagement with practitioners and community members to create integrated, culturally appropriate, affordable systems of care (tear down fences). Image was adapted from the Interaction Institute for Social Change at <http://interactioninstitute.org/the-4th-box-sparks-imagination>.

Team Bootheel (C4): Janice Ballard, Elizabeth Parker, Carissa van den Berk-Clark



Team Mississippi (C4): Carlton Turner, Mina Matlon, Erica Kohl



Link to website: <http://sippculture.com/eff/>

Community Drive Through Video " Meet, Greet & Eat Event "

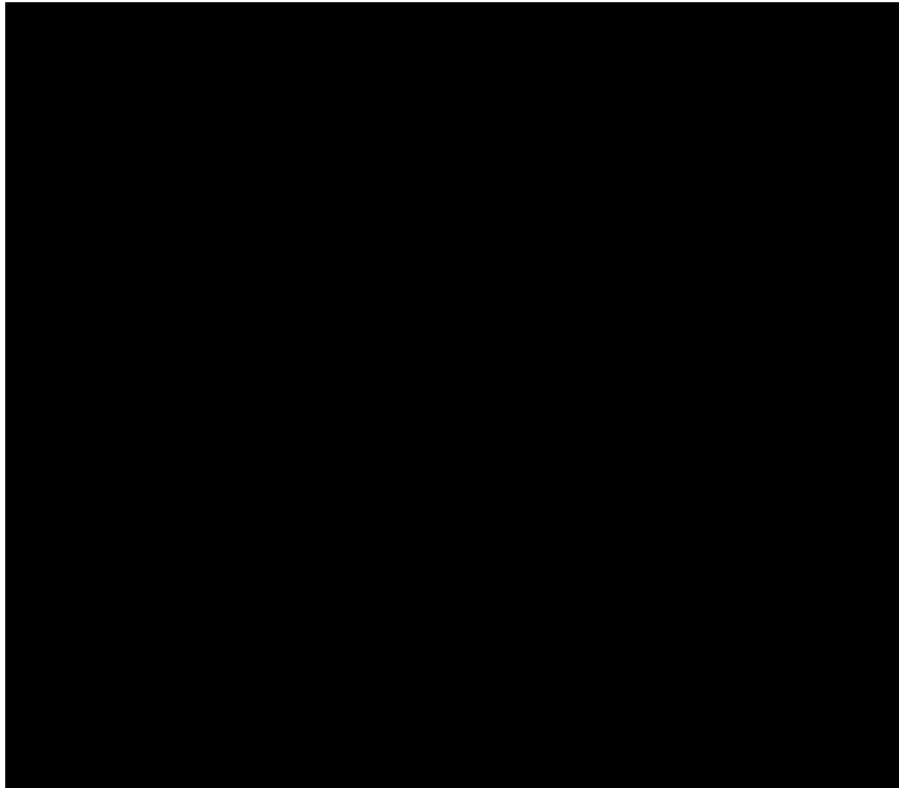
The Heart of Health: Race, Place, & Faith in WNC Community Engagement



(C4) Team WNC: JéWana Grier-McEachin, Ameena Batada, Jill Fromewick
January 2021

Team Western NC (C4): JeWana Grier-McEachin, Jill Fromewick, Ameena Batada

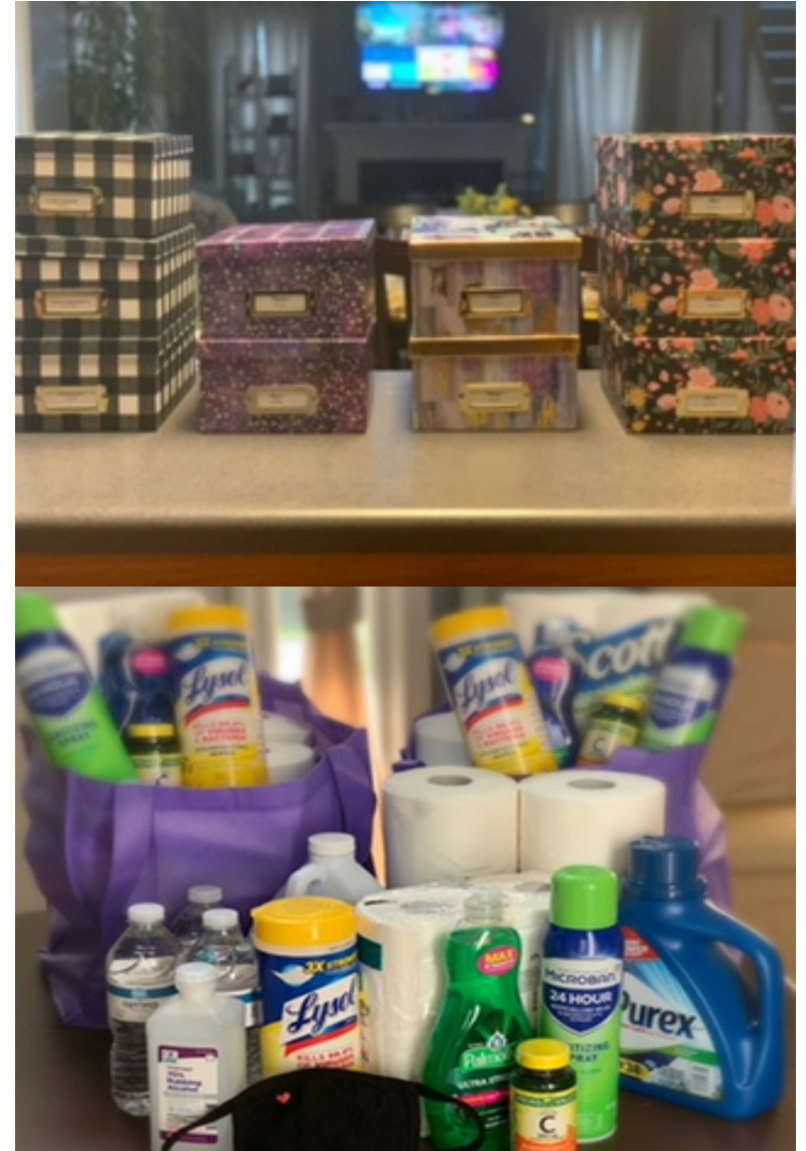
How we started...



How it's going...



Team Western NC (C4): JeWana Grier-McEachin, Jill Fromewick, Ameena Batada

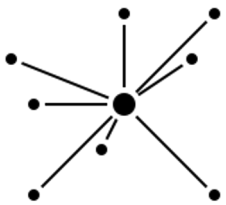


Team Western NC (C4): JeWana Grier-McEachin, Jill Fromewick, Ameena Batada



Artist: <https://annstree.com> Ann Miller Woodford

Our current & alliterated engagement approach



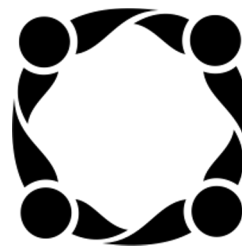
Radiate from a strong foundation: *Sparkplugs and warm handoffs*



Round-up remotely: *Quarterly meetings, Jamboard, in-person Zoom assistance, CAB care boxes*



Relationship-building, ongoing: *Continual communication, check-ins*



Reciprocity and Reach: *CAB Cares for WNC Fund, Artist/ CAB member support*