I. Section One - Instructions for Staff, Health Educators and Partners  *(EFFECTIVE 10/1/08)*

A. **Purpose of the Form and Who Uses.**

This form is used by all educators, REACH US staff, community, and grant partners when doing a health fair, screening, workshop, train-the-trainer or other event type. The Diabetes educators (Montreese and Syndia) use this form for group sessions. One form will document information for every event. A multi-session workshop (see below) would have a report for every the first session only. We need your help in tracking all the good work that’s being done, for your own reports and the reports we make to CDC. We’ve made it easy by putting in lots of check-boxes. Please attach event sign-in sheet and flyer if available.

B. **Form Instructions**

Below are general instructions for putting data on the form.

1. The top part is straightforward. Fill in the date, coordinator, sponsoring organization, location of event and the county.

2. What was the event type? There are 4 choices: Health Fair, Screening, Workshop or “other”.
   
a. The “Other” might be a talk at a school which is not a workshop.
   
b. For the Workshops (Check only one): some are single session workshops (e.g. Diabetes 101). Some are multisession (e.g. Power to Prevent and the Wise Woman classes).
   
c. If the workshop is not one of the standard programs write in the description in “Other” in the Workshop list. For example, an “Open discussion” is not part of the standard “Diabetes Self Management Sessions”, therefore only “Other” should be checked and written: Diabetes Self Management Open Discussion.

3. Attendance estimates – We understand in some cases that numbers may be “best guesses” (i.e. Health Fairs). (Please also use the Participant Profile Form!) Suggested “words” for getting your audience to participate with a show of hands are in italics.
   
a. Consider the “engage the audience” sympathy strategy –it gets some laughs!  *Hey folks I really need your help – I have some paperwork to do. We report information on attendees to our funders, as one way to tell them about all the good work we are doing—numbers only…no names! OK?? Well, the first one I could do myself but help me out here...Raise you hand if you are a man. Go ahead, admit it. (laughter) Women?  Next one ...fess up to your age. How many of you are 18-29 years old?  Read all age groups and record the number for each group. Do not just check off a line --- put in the numbers e.g. “12 people aged 65-74”. Then read the race groups. In minority audiences, this usually brings some laughs too. Enter the total # of attendees once gender and/or age group tally is estimated.
   
b. For some events, such as health fairs, the “engage the audience” strategy will obviously not apply. For health fairs, the staffer could keep a “chit list” and check off the demographics as best they can when folks visit your booth or table.
4. Program Promotion Methods. Check off the methods that were used to advertise the program. As noted, give a brief description, i.e. where did you put up posters? We know it’s hard to estimate #’s, but do the best you can. E.g. in how many church bulletins did you advertise the program? About how many church members do you think get the bulletin? Your best guess will do.

**Important note concerning multiple session programs:** Given most promotion is done prior to the first session, subsequent reports for the series should **ONLY** report additional promotion done for that particular session.

5. Collaborating Agencies/Groups – Many community education sessions are co-sponsored with other agencies or groups. This form has space to identify up to 3 collaborating groups or organizations.
   a. First, identify the name of the organization.
   b. Below the name, circle “new” if it is the first program you have co-sponsored with the organization. Circle “existing” if you’ve worked with the group before.
   c. Check off the type of group.
   d. Check off the role (as many as apply) that organization played in the event.

Repeat for second and third organizations as necessary. If more than 4 organizations (yours and 3 others) were involved, report the most important co-sponsors and then note any other additional organizations in the FACILITATOR COMMENT under “Other.”

6. Facilitator Comments: Provide comments about the program and how it went. Please write clearly.

C. **Instructions for Submission of Forms**

1. Check for accuracy - Carefully review for errors, completeness and clarity prior to submission. No spaces should be left blank or unexplained.

2. Timeline - One form per event shall be submitted by fax (854-792-5822) or electronically to the Program Manager (LaTanya Fisher) within 5 days of the completed event. (Partners: Please maintain a copy of the form to assist you with your quarterly report.)

3. All Coalition members, contractors, and staff are to provide prompt response to questions from REACH US staff should clarification of the submitted form be needed.

D. **Reports and Dissemination**

1. Summary reports will be completed by the REACH key personnel in the form of periodic updates, newsletters, point papers, peer review journal articles, abstracts.

2. Reports of collected, analyzed data will be shared at the quarterly partners meetings.
COMMUNITY EVENT REPORT

EVENT DATE: __/__/___  STAFF PERSON(S)/FACILITATOR: ________________________________
SPONSORING ORGANIZATION: ________________________________
LOCATION/VENUE: ________________________________

COUNTY: □ Georgetown  □ Charleston  □ Other County (specify) ________________________________

EVENT TYPE: □ Health Fair  □ Screening  □ Other ________________________________
 □ Workshop (check program and session as appropriate)
   □ Power to Prevent  Session 1 (of 12)
   □ Wise Woman  Session 1 (of 8)
   □ Wise Men Helping Wise Women  Session 1 (of 8)
   □ Choose to Live  Session 1 (of 8)
   □ Diabetes 101  □ National Library of Medicine
   □ Foot Care  □ Eat Smart Move More
   □ Physical Activity/Fitness  □ Cooking Classes
   □ Other ________________________________

ATTENDANCE (estimate #): ______

Men: ___  Women: ___  (if available write in the number attended for each group)

Age:  
18-29 ___  65-74 ___
30-49 ___  75 plus ___
50-64 ___  Other ___  Describe: ________________________________
(e.g. youth)

Race/Ethnicity: (if available write in the number attended for each group)

___ African American  ___ White  ___ Hispanic  ___ Other ________________________________

PROGRAM PROMOTION METHODS: (Describe, include samples)  Rough estimates of #’s

□ Flyers  
   □ Public places ________________________________  ___
   □ Organization only ________________________________  ___
   □ Organization newsletter/bulletin ________________________________  ___
   □ Posters ________________________________  ___
      □ Public places ________________________________  ___
      □ Organization only ________________________________  ___
   □ Paycheck stuffer ________________________________  ___
   □ Newspaper article/public service announcement ________________________________  ___
   □ Newspaper paid ad ________________________________  ___
   □ Radio public service ________________________________  ___
   □ Radio paid ad ________________________________  ___
   □ Internet (email, listserv, website, etc.) ________________________________  ___
   □ Social/worksite network ________________________________  ___
   □ Other ________________________________  ___
**COLLABORATING AGENCIES/GROUPS:**

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**Sector:**

- health care provider
- service organization
- ethnic/race group
- social group
- municipal employees
- other

**Roles:**

- organized event
- sponsored event
- promoted event to public
- promoted event to own membership
- staffed event (# staffers ______)
- other

RETURN THESE FORMS to REACH Office, MUSC College of Nursing @ HOT, Suite 304, 19 Hagood Avenue, MSC 803, Charleston, SC 29425 or e-mail to: reachseaceed@musc.edu

**FACILITATOR COMMENTS:**

General impressions
__________________________________________________________________________________
__________________________________________________________________________________

What went well?
__________________________________________________________________________________
__________________________________________________________________________________

What could be improved?
__________________________________________________________________________________
__________________________________________________________________________________

Suggestions for future events: _________________________________________________________
__________________________________________________________________________________

Other: ___________ __________________________________________________________________
__________________________________________________________________________________

November 17, 2009