



# PARIS-LAMAR COUNTY COVID OUTREACH REPRESENTATIVES



We are the Covid Health Outreach Representatives for Paris-Lamar County.

Our Team is offering **FREE** Covid vaccines, testing, and information on Covid prevention in Lamar County.

We are here to answer any questions you or your family may have about Covid.  
We offer information about vaccines and prevention.  
Details are available about free pop-up vaccine clinics each month in Lamar County.  
If you are interested in hosting a vaccine clinic please reach out to one of our team members below.

If you know someone in Lamar County who is homebound or has difficulty getting to our Covid vaccination and testing center or one of our free pop-up vaccine clinics, please let us know. We would love to help them.

Our goal is to keep Lamar County safe in the fight against Covid.

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***FREE COMMUNITY COVID  
VACCINATION CLINIC***



**IMPACT PARIS  
FOOD PANTRY**

***CORNER OD 3RD ST & W SHERMAN***

**WEDNESDAY,  
DECEMBER 7, 2022  
10 A.M. - 12 P.M.**

**MODERNA & PFIZER  
VACCINES AVAILABLE**

***ANYONE NEEDING THEIR  
1ST OR 2ND DOSE OR BOOSTER***

**(IF YOU HAVE A VACCINATION CARD PLEASE BRING IT TO THE CLINIC)**



# PARIS-LAMAR COUNTY HEALTH DISPARITIES SURVEY

**PLEASE NOTE:** Any information given in this survey/ questionnaire is for Paris-Lamar County Health District research purposes **ONLY** and will be kept confidential.

NAME: (OPTIONAL) \_\_\_\_\_ AGE: \_\_\_\_\_ MALE :\_\_ FEMALE: \_\_  
ZIP CODE: \_\_\_\_\_ TOTAL IN HOUSEHOLD: \_\_\_\_\_

RACE: ASIAN BLACK WHITE OTHER ETHNICITY: HISPANIC NON-HISPANIC

WOULD YOU BE INTERESTED IN BEING CONTACTED FOR FUTURE COVID/FLU VACCINATIONS?  
YES NO IF YES, PHONE \_\_\_\_\_

## SURVEY

1. DO YOU RECEIVE THE FLU VACCINE YEARLY? YES NO

IF NO, PLEASE EXPLAIN? \_\_\_\_\_

2. HAVE YOU RECEIVED THE COVID-19 VACCINE? YES NO

IF NO, PLEASE EXPLAIN? \_\_\_\_\_

3. HAVE YOU BEEN DIAGNOSED WITH COVID-19? YES NO

IF YES, DO YOU KNOW WHERE/HOW YOU CAME IN CONTACT?  
\_\_\_\_\_

4. DID YOU HAVE ISSUES FINDING A PLACE FOR COVID/FLU TESTING OR VACCINATIONS? YES NO

IF YES, PLEASE EXPLAIN \_\_\_\_\_

## QUESTIONNAIRE

(CIRCLE ALL THAT APPLY)

1. DO YOU FEEL WE COULD INCREASE THE NUMBER OF COVID-19 AND/OR FLU VACCINATIONS IN OUR AREA?

YES NO

IF SO, HOW? \_\_\_\_\_

2. WHAT INFORMATION DO YOU THINK WOULD HELP YOU MAKE A BETTER INFORMED DECISION ON WAYS TO PREVENT COVID-19 AND/OR THE FLU?

MORE EDUCATION

COVID/ FLU RESOURCE CENTER

OTHER: \_\_\_\_\_

3. WHAT DO YOU FEEL WOULD BE AN EFFECTIVE WAY TO DECREASE THE IMPACT OF FUTURE DISASTERS/PANDEMICS?

MOBIL COVID/FLU UNITS

LOCAL COVID/ FLU RESOURCE CENTER

OTHER: \_\_\_\_\_



**DEPARTAMENTO DE SALUD  
PARIS-LAMAR COUNTY  
ENCUESTA SOBRE DISPARIDADES  
EN LA SALUD**

**NOTA: La información ofrecida en este cuestionario es confidencial y para uso exclusivo del Departamento de Salud de Paris-Lamar County**

**NOMBRE:** (OPCIONAL) \_\_\_\_\_ **EDAD:** \_\_\_\_\_ **MASCULINO :** \_\_\_ **FEMENINO** \_\_\_  
**CODIGO POSTAL:** \_\_\_\_\_ **INGRESO FAMILIAR:** \_\_\_\_\_  
**RAZA:** Asiático Afroamericano Blanco Otro **ETNICIDAD:** HISPANO NO HISPANO  
¿Estaría interesado en que se le contacte para futuras clínicas de vacunación?  
Si No Si la respuesta es si, número de teléfono \_\_\_\_\_

## ENCUESTA

1. ¿Recibe usted anualmente la vacuna en contra de la influenza (FLU)? SI NO  
Si la respuesta es NO, EXPLIQUE POR FAVOR \_\_\_\_\_

2. ¿Ha recibido la vacuna contra el COVID? SI NO  
Si la respuesta es NO, EXPLIQUE POR FAVOR \_\_\_\_\_

3. ¿Ha tenido COVID? SI NO

Si la respuesta es si, ¿sabe usted como se contagió?

4. ¿Ha tenido dificultad en encontrar lugares en dónde hacerse la prueba o vacunarse contra COVID o FLU?  
Si No Si la respuesta es si, explique por favor \_\_\_\_\_

## CUESTIONARIO

1. ¿Piensa usted que podemos aumentar el número de vacunas en nuestra comunidad?  
Si No Si la respuesta es si, ¿cómo? \_\_\_\_\_

2. ¿Qué información adicional usted entiende sería necesaria para tomar una decisión informada sobre maneras de prevención de COVID y FLU?  
Más recursos educativos Centros de COVID/FLU Otros: \_\_\_\_\_

3. Según usted, ¿cuál sería una manera efectiva de disminuir el impacto de futuras pandemias?  
Unidades Móviles de Prevención Centros Locales de Recursos Contra COVID/FLU  
otros: \_\_\_\_\_