# Community Engagement & Equity During the COVID Response

Oregon Health Authority

# Welcome/Ice Breaker

- In the chat share
  - Name, pronouns, organization
  - What is your favorite snack?

# OHA's Acknowledgement to Community

We acknowledge there are institutional, systemic and structural barriers that perpetuate inequity that have silenced the voices of communities over time.

# OHA's Acknowledgement to Community

We are committed to partnerships, co-creation and co-ownership of solutions with communities disproportionately affected by health issues so that groups can actively participate in planning, implementing and evaluating efforts to address the COVID-19 response and other health issues.

# OHA's Acknowledgement to Community

We recognize community-engaged health improvement is a long-term and adapting process.

We are striving to engage with communities through deliberate, structured, emerging and best practice processes.

# OHA's Acknowledgment to Community

We are striving to make engagement with public health effective for communities, especially those communities that experience institutional, systemic and structural barriers.

# Tribal Lands Acknowledgement

We acknowledge that what we now call Portland, Oregon and Multnomah County are the ancestral lands of the Multnomah, Wasco, Kathlamet, Clackamas, Cowlitz bands of Chinook, Tualatin Kalapuya, Molalla and many other Tribes who made their homes along the Columbia and Willamette Rivers.

# Tribal Lands Acknowledgement

We are here because this land was occupied, and its traditional people were displaced by colonists and settlers. As settlers and/or guests, we recognize the strong and diverse Native communities in our region today, from Tribes both local and distant, and offer respect and gratitude for their stewardship of these lands throughout the generations.

# Agenda

- Community Engagement Team (CET) Story

- Strategies for engaging community in caring, accessible and equitable ways

- Developing an outreach plan

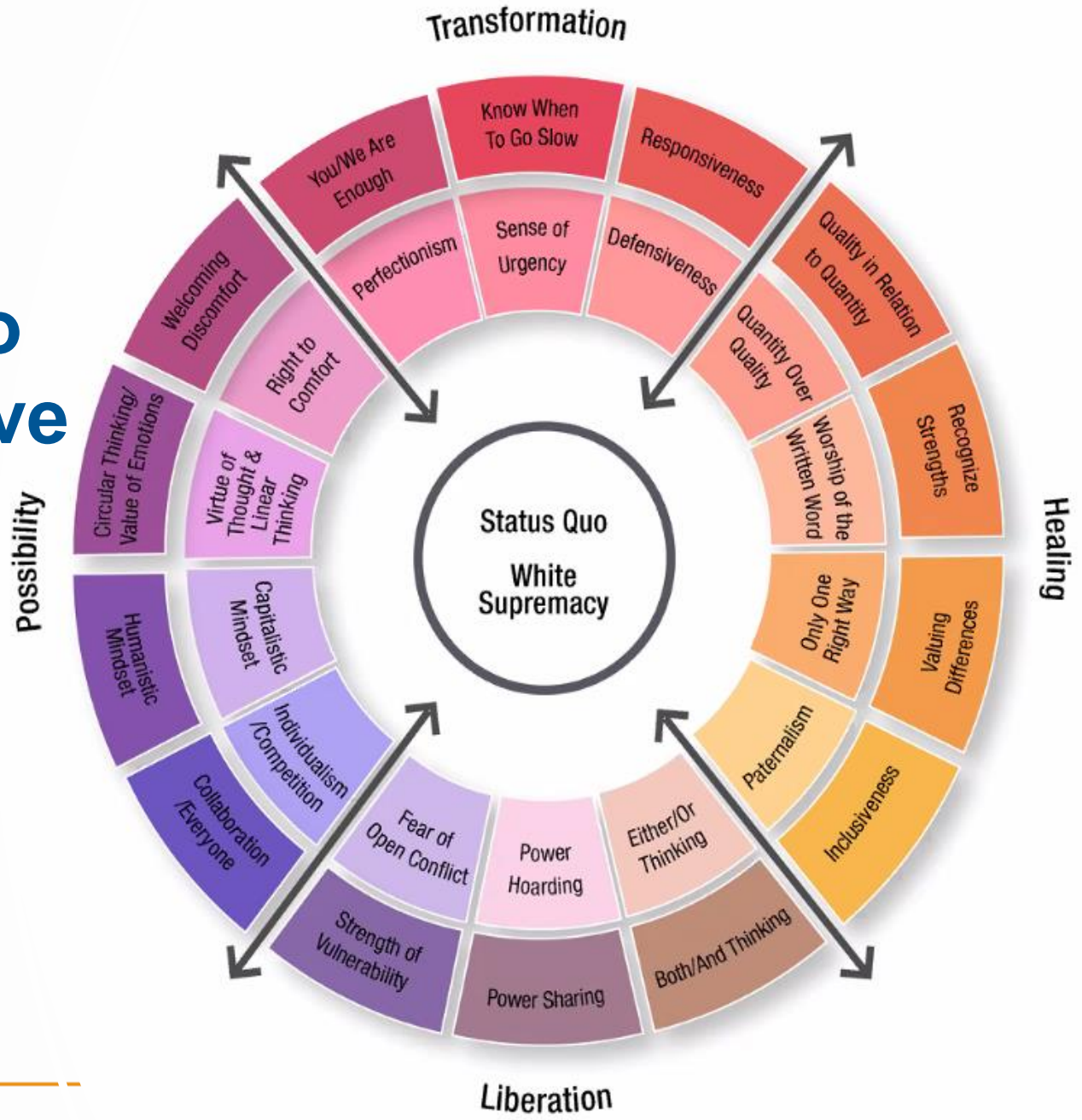- Examples of community outreach

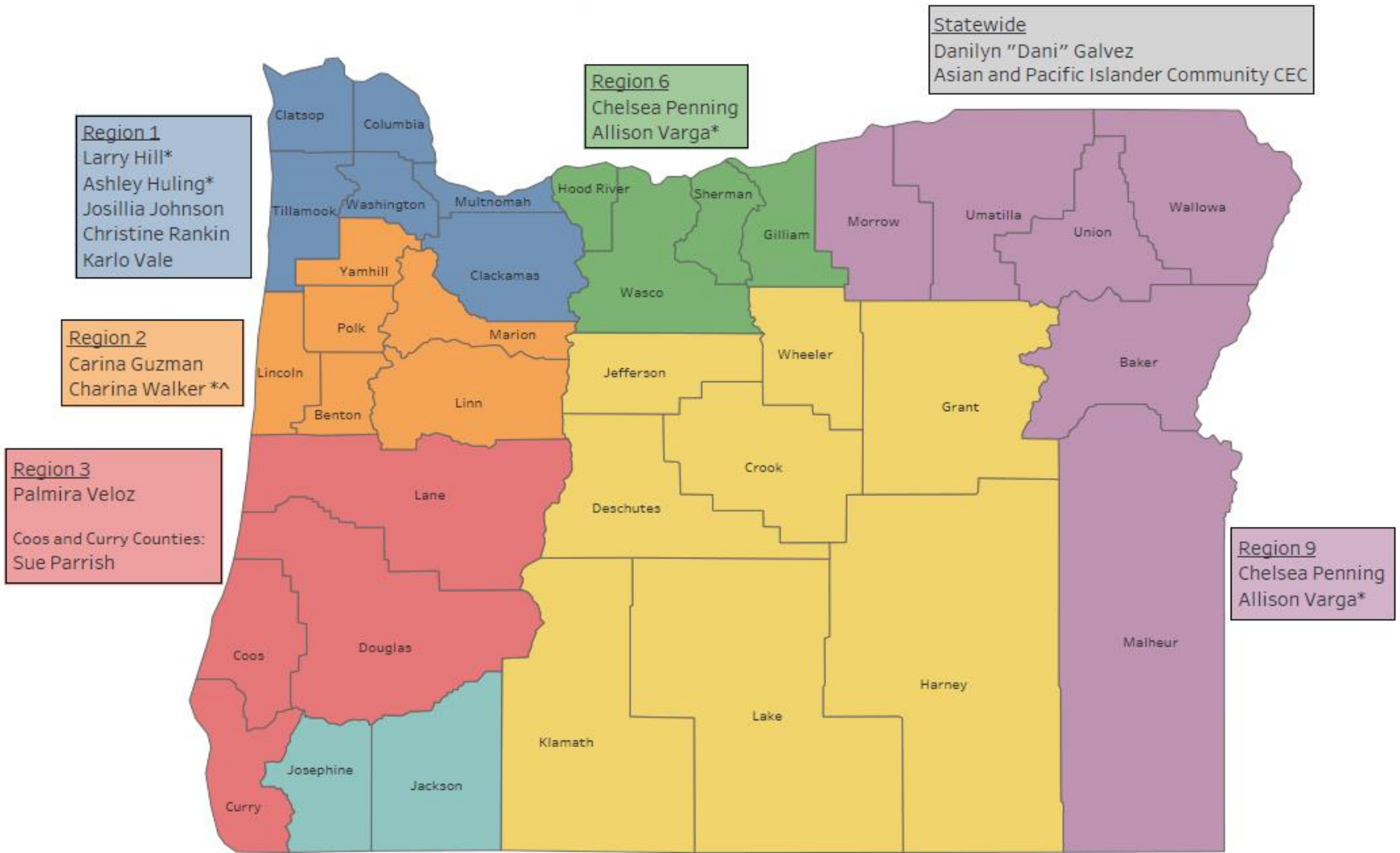- Questions

# **Who are we?**

Community Engagement Team

# Community Engagement Team

# Moving from Status Quo to Transformative

# Oregon CET Regions



**Statewide**
Danilyn "Dani" Galvez
Asian and Pacific Islander Community CEC

**Region 6**
Chelsea Penning
Allison Varga*

**Region 1**
Larry Hill*
Ashley Huling*
Josillia Johnson
Christine Rankin
Karlo Vale

**Region 2**
Carina Guzman
Charina Walker *^

**Region 3**
Palmira Veloz

Coos and Curry Counties:
Sue Parrish

**Region 9**
Chelsea Penning
Allison Varga*

**Region 5**
Sue Parrish

**Region 7**
Cintia Vimieiro

*CEC works with statewide CBOs
^CEC works with Disability-related CBOs

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8/18/2021

# Who we work with

- Over 170 Community Based Organizations (CBOs) in all parts of Oregon

- Local Public Health Authorities (LPHAs)

- Oregon Health Authority (OHA) and Oregon Department of Human Services (ODHS) staff as well as other state and local partners
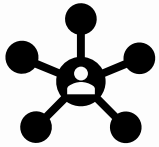
# Here's what we do:
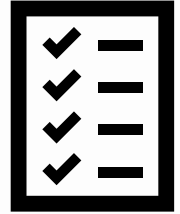
- On-going support through conversations and technical assistance.

- Support relationship-building and workflows between CBOs and Local Public Health Authorities.

- Elevate, reflect and share community feedback.

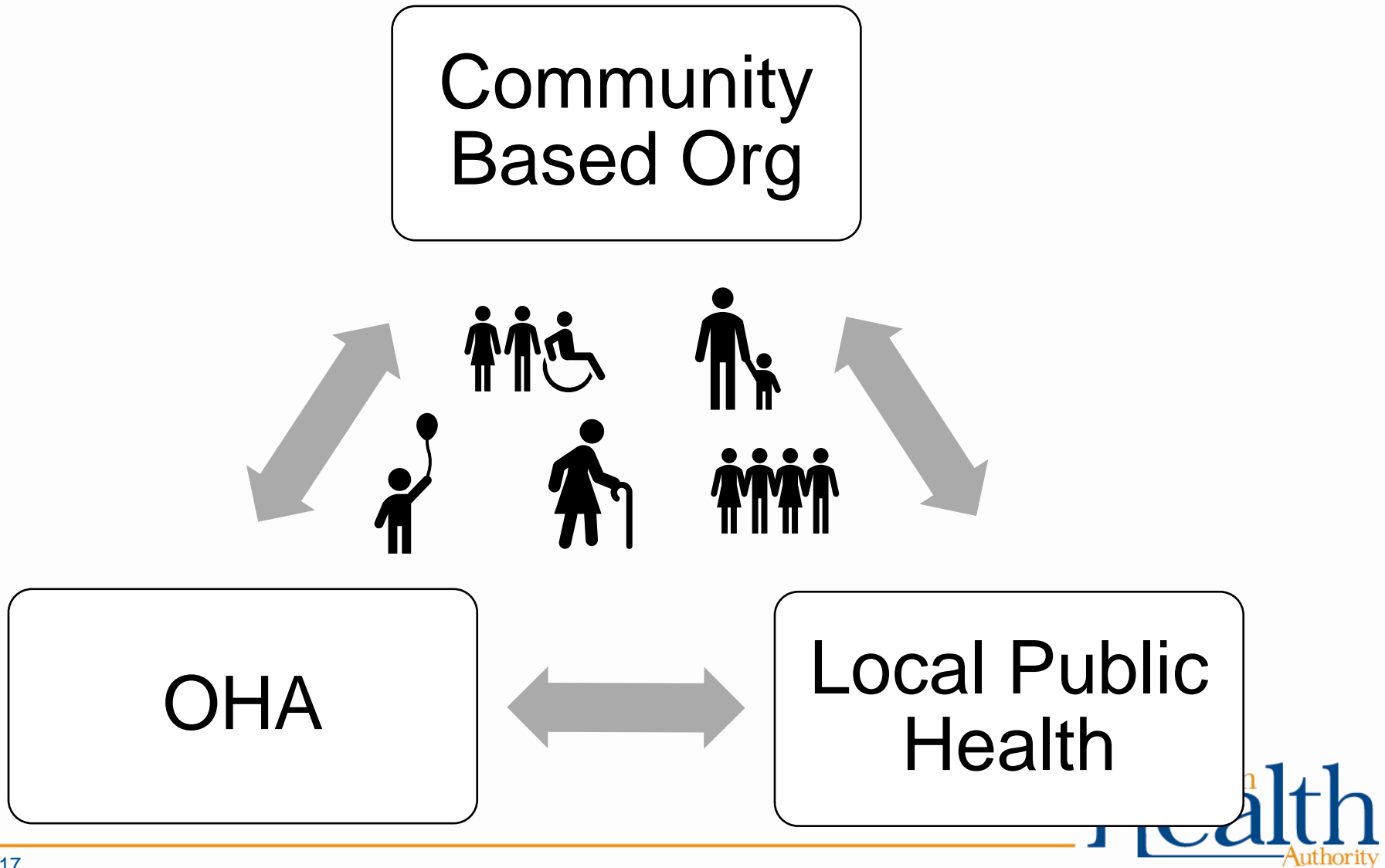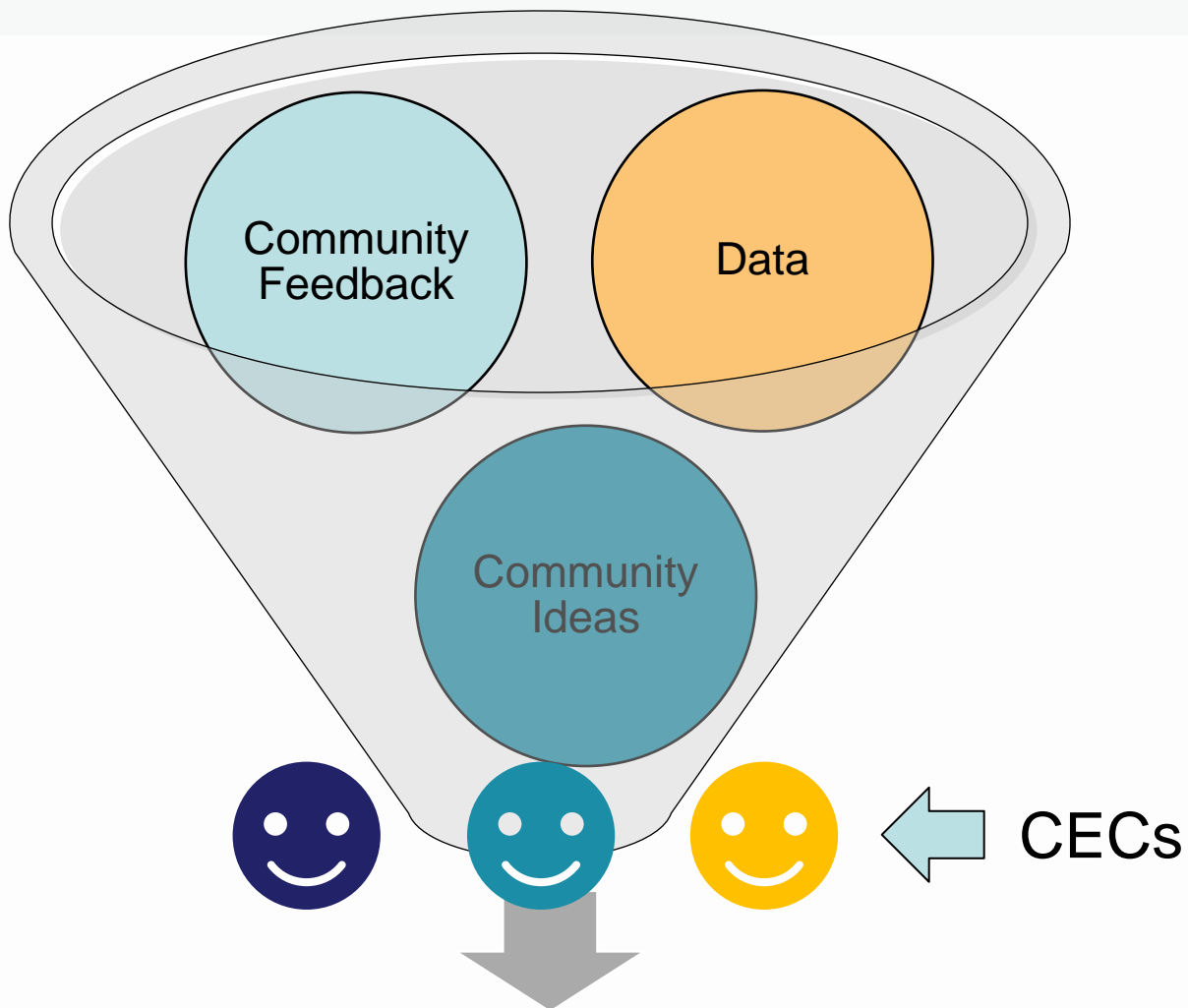# Focus Areas of Funding

Outreach and Engagement

Contact Tracing

Wrap Around Support Services
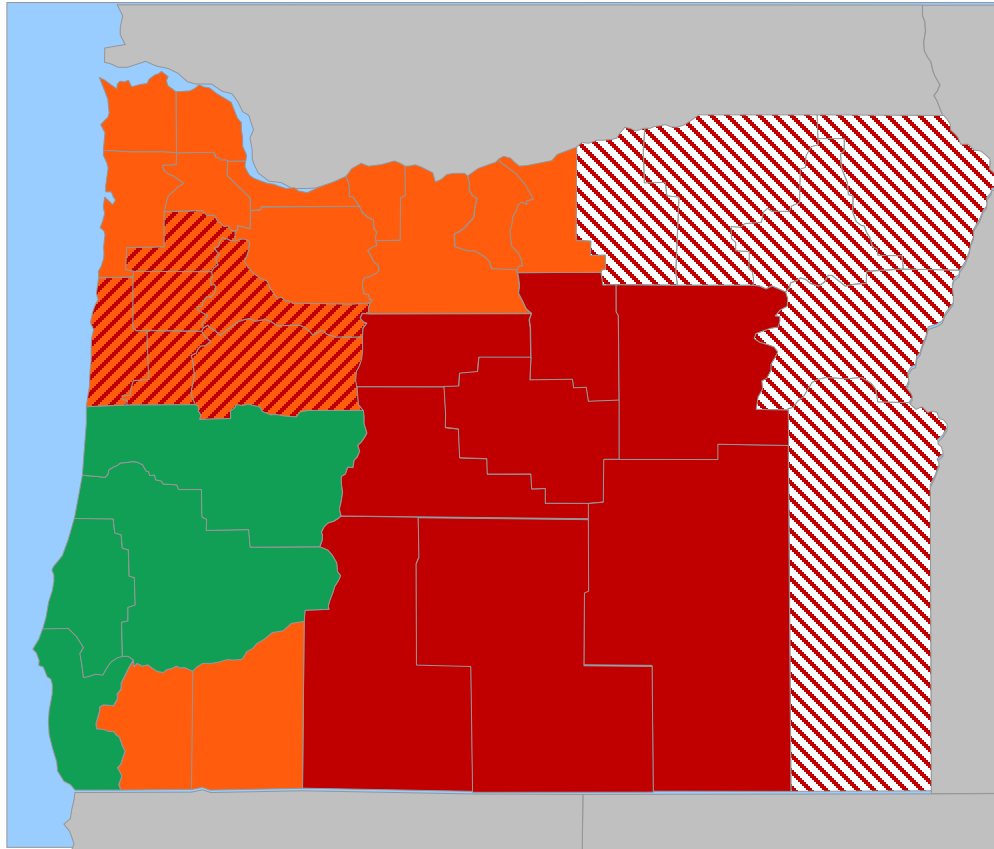
# Network building to serve community

Community Feedback

Data

Community Ideas

CECs

**Present to Leadership and Policy Makers**

# Disparities in COVID 19 case data



Disparities in COVID-19 case data

- Priority 2: Hispanic; Pacific Islander
- Priority 1/2: Hispanic; Pacific Islander
- Priority 3: All groups
- Priority 1: American Indian/Alaska Native
- Priority 1: Pacific Islander

# Data break down and what do we do

- Lots of disparities

- We are in a position where we can work to change these disparities, based on things we can move (ie CBO work)

- CET role is to support CBOs get access to resources needed to do the work including funding

# Data driven funding

## Dolly's scale based on equity data

| Region | Color Key Priority Level | Hispanic | Pacific Islander | Black | AI/AN |
|---|---|---|---|---|---|
| 1 | Priority 1 Red | 3.8 | 3.5 | 1.8 | 1.4 |
| 2 | Priority 2 Orange | 3.3 | 4.2 | 1.3 | 1.4 |
| 3 | Priority 3 Green | 2.4 | 1.7 | 1.7 | 0.8 |
| 5 | | 3.1 | 2.2 | 2.0 | 1.1 |
| 6 | | 4.2 | 1.3 | 0.6 | 1.2 |
| 7 | | 2.4 | 1.6 | 1.0 | 4.2 |
| 9 | | 2.9 | 4.0 | 1.6 | 1.3 |

## Activity Report Key

| High Level for $$ | What we should expect | Low for $$ | Issues |
|---|---|---|---|
| 1 Blue | 2 Purple | 3 Brown | 4 Grey |

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# Metropolitan Family Services

# Equity

# Equity
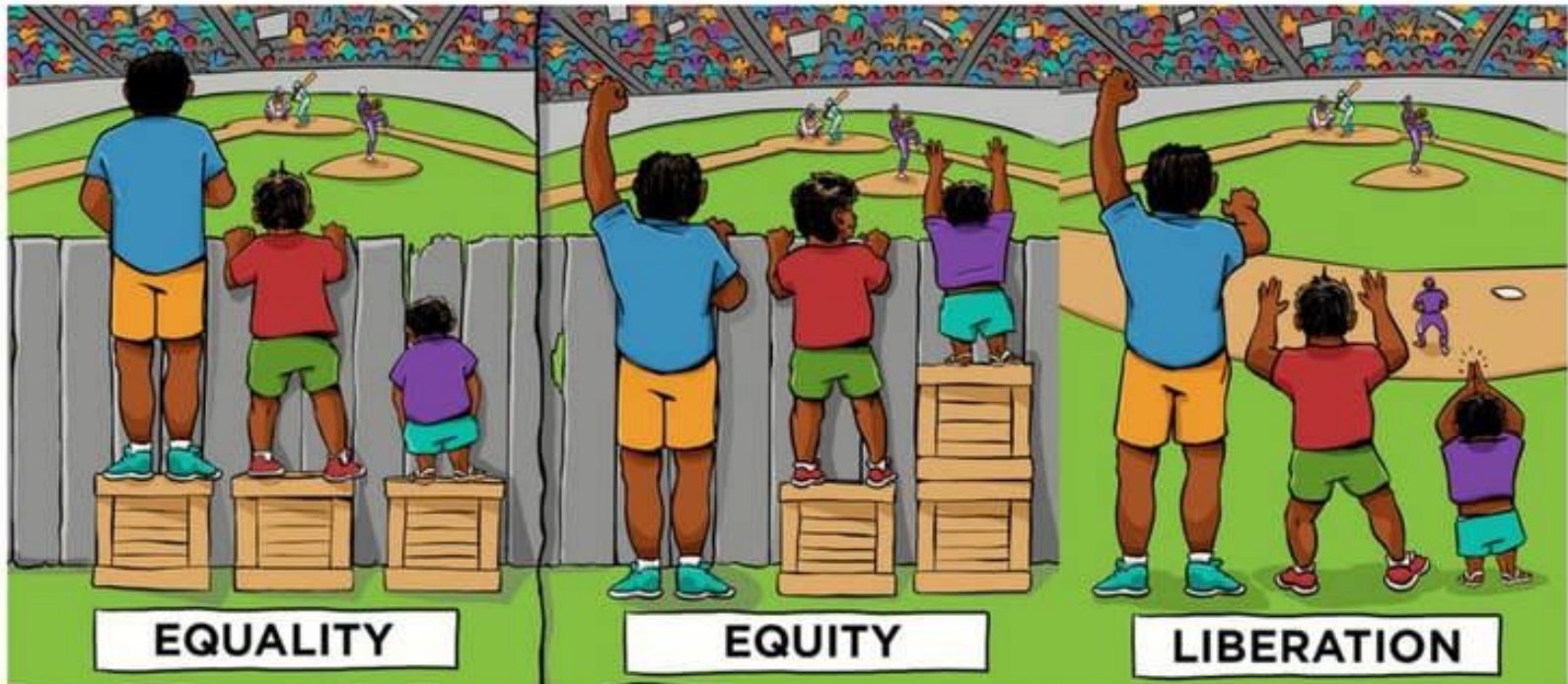


**EQUALITY**

This image depicts EQUALITY. All individuals are being treated equally with the same supports. It challenges the assumption that everyone benefits from the same supports. As shown, not all start from the same position; some have a height advantage.

**EQUITY**

This image depicts EQUITY. The people are being treated equitably. It demonstrates that when different individuals are given different supports, it makes possible for them all to have equal access.

**LIBERATION**

This image depicts LIBERATION. The barriers have been removed and supports are no longer needed. The inequity has been addressed.

# Equity – OHA Definition

Oregon will have established a health system that creates health equity when all people can reach their full health potential and well-being and are not disadvantaged by their race, ethnicity, language, disability, gender, gender identity, sexual orientation, social class, intersections among these communities or identities, or other socially determined circumstances.

Achieving health equity requires the ongoing collaboration of all regions and sectors of the state, including tribal governments to address:

- o The equitable distribution or redistributing of resources and power; and
- o Recognizing, reconciling and rectifying historical and contemporary injustices.

# OHA Strategic Plan Goal

- In 2030, Oregon will have no health inequities

# Community Engagement Values and Principals

**Levels of community involvement, impact, trust, and communication flow** →

| Outreach | Consult | Involve | Collaborate | Shared leadership |
|---|---|---|---|---|
| *Some community involvement* | *More community involvement* | *Better community involvement* | *Community involvement* | *Strong bidirectional relationship* |
| • Communication flows from one to the other to inform<br>• Provides community with information<br>• Entities coexist | • Communication flows to the community and back, answer seeking<br>• Gets information or feedback from the community<br>• Entities share information | • Communication flows both ways, participatory form of communication<br>• Involves more participation with community on issues<br>• Entities cooperate with each other | • Communication flow is bidirectional.<br>• Partners with community on each aspect of project<br>• Entities develop bidirectional communication channels. | • Final decision making is at community level<br>• Entities have formed strong partnership structures |
| Outcomes: Establishes communication channels and improves understanding of needs. | Outcomes: Develops connections. | Outcomes: Visibility of partnership established with increased cooperation. | Outcomes: Partnership building, trust building. | Outcomes: Improved outcomes affecting community. Strong bidirectional trust built. |

(adapted from CDC 2011)

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# **Engaging Community**

What does this look like?

# How to Engage Community

- 1:1 w/ CBO
- Phone Calls
- Regional Meetings
- Meetings with LPHAs
- Listening Sessions
- Technical Assistance
- Attending Community Events
- Engaging Faith and Community Leadership
- Social Media

# GOAL: Building long term relationships

# CBO COVID 19 Highlights
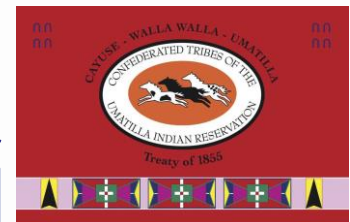
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# Ballet Folklorico Ritmo Alegre

# Columbia River Inter-Tribal Fish Commission

Formed in 1977 to restore fish runs and protect member tribes' treaty fishing rights at their traditional fishing areas throughout the region.

# Columbia River Intertribal Fish Commission

# Mercy Connections

**Free Covid-19 Drive-thru & walk-up testing**

Mar 6th, 21 -- 11:00am - 2:00pm
**St. Aidan's Episcopal Church**
**17405 NE Glisan St. Portland OR 97230**

**AFRICAN COMMUNITY COVID-19 EVENT**

Pre-Register @ doineedacovid19test.com/
On-site registration is also available

## COME ALL!

- Social distance and face covering is required
- No ID required
- Your information is confidential
- No medical insurance required
- Interpretation services available
- No payment, no financial information

**FREE Community resources:**

- Masks for kids and adults
- Face shield
- Hand sanitizer
- Tissue/paper towel...
- CDC prevention materials
- Other cleaning supplies
- And much more

For more information:
Mercy connections, Inc
(971) 254-7999        info@mercyconnections.net

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# Unidos Bridging Communities

# Outreach Plans

## COVID-19 Vaccine Community Based Organization Outreach Plan

Thank you in advance for taking the time to fill out this vaccine outreach plan. It should take approximately 15-20 minutes to complete. If you have any questions, please send an email to Community.Covid19@dhsoha.state.or.us. **Note** this is your worksheet to help prepare you to hold events. We don't need this document back.

### Goals of Vaccine CBO Outreach Project

- Communicate vaccine eligibility to community members
- Assist community members in accessing vaccine
- Develop strategies to address vaccine hesitancy within your community
- Ongoing activities to increase knowledge & access to vaccines

**Choose a minimum of 1-2 priorities your organization can support. Explain how you will do this work?**

### Demographics

**Who can you successfully help?**

***Example:*** *Faith Communities, Communities of color, Houseless populations etc.*

## Plan de divulgación de la organización de base comunitaria sobre la vacunación contra el COVID-19

Gracias de antemano por tomarse el tiempo de completar este plan de divulgación sobre la vacunación. Debería tardar aproximadamente entre 15 y 20 minutos en completarlo. Si tiene alguna pregunta, por favor envíe un correo electrónico a Community.Covid19@dhsoha.state.or.us. **Tenga en cuenta** que esta es su hoja de trabajo para ayudarle a realizar eventos. No necesitamos que nos devuelvan este documento.

### Objetivos del proyecto de divulgación sobre las vacunas de la organización de base comunitaria (CBO, por sus siglas en inglés)

- Informar a los miembros de la comunidad sobre la elegibilidad para vacunarse
- Ayudar a los miembros de la comunidad a tener acceso a la vacuna
- Desarrollar estrategias para abordar las dudas sobre las vacunas en su comunidad
- Actividades continuas para incrementar el conocimiento y el acceso a las vacunas

**Elija un mínimo de 1 o 2 prioridades en las que su organización pueda apoyar. Explique, ¿cómo podrá realizar este trabajo?**

# What's in an outreach plan?

- Select a goal/priority
- Identify your target population
- Expected Outputs
- Strategies
- Outreach Methods
- Who's responsible for what
- Timeline

# Vaccine Outreach and Engagement

# NW Disability Support
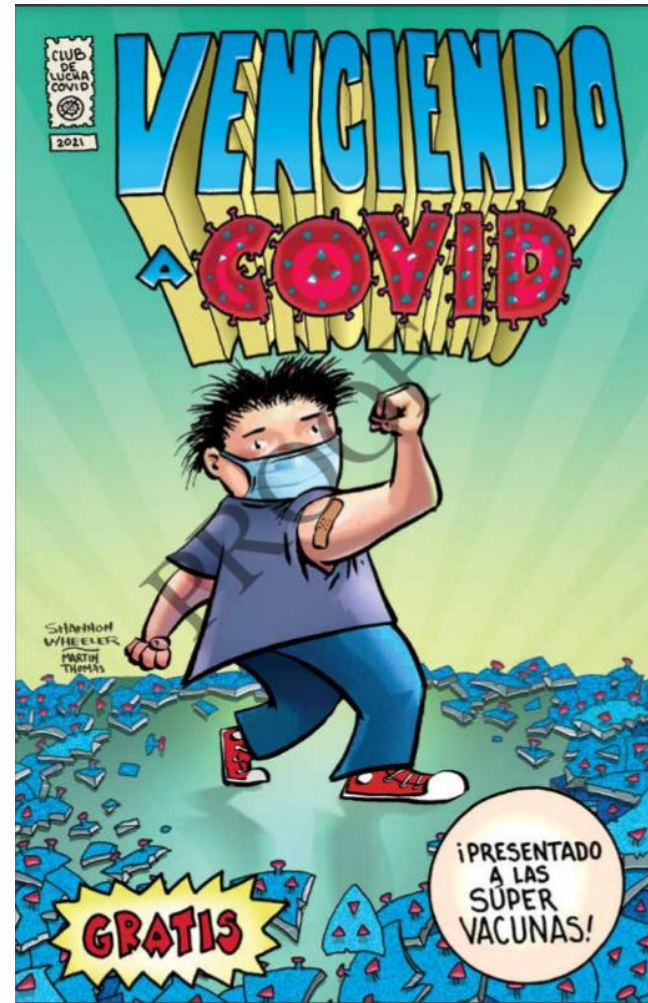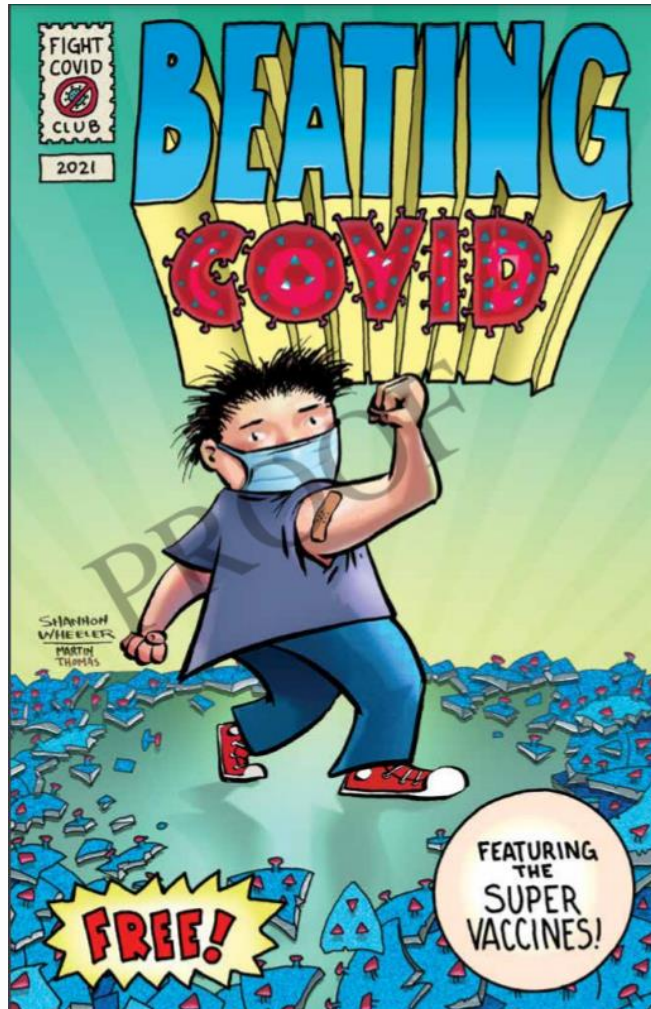
# Seeds of Faith, Urban League of Portland and Salem for Refugees

# Olalla Center



- https://www.facebook.com/watch/?v=1742728079244276&ref=sharing

# NAMI Clackamas

# Somali American Council of Oregon

# Pacific Islander Community Vaccine Events

Case rates (as of 9/2/21)

- 11,331.6 COVID-19 cases per 100,000

- 13% Hospitalization

Currently, about 80% of the community is fully vaccinated!

# Pacific Islander Community Vaccine Events



- Early and continuous engagement with community

- Collaboration and partnerships with different organizations

- Variety of outreach and vaccination events

# Tillamook YMCA



TILLAMOOK YMCA PRESENTS

## COMMUNITY RESOURCE FAIR

Free and open to the public

the Y

**Aug 21 | 10 AM - 2 PM**
**Tillamook High School**

The event is free and open to all ages.
Enjoy free food, prizes, and giveaways while getting connected with local community resources.



## DON'T MISS THIS CHANCE!

### Get connected.

This free community event will host a variety of local health, wellness, education, social, and medical resources, just to name a few!

Tillamook County Community Health Centers will be onsite to offer COVID vaccines, schedule sports physicals, well child, and dental exams.

the Y

This event is a made possible by the Oregon Health Authority. For more info visit www.tillamookymca.org or call 503-842-9622

lth
Authority

# Take aways

- Equity is the foundation of Community Engagement

- Listen to community. They always know what they need and want

- Develop guidance and revise as necessary without shame

- Be transparent, no one knows all the things. It's OK to say that.

- Build a path you can return to

# How to contact CEC Team

- Dolly England
  - Community Engagement Program Manager
  - [Dolly.A.England@dhsoha.state.or.us](mailto:Dolly.A.England@dhsoha.state.or.us)

- Email our general inbox:
  - [Community.Covid19@dhsoha.state.or.us](mailto:Community.Covid19@dhsoha.state.or.us)

- Community Engagement Team Webpage
  - https://www.oregon.gov/oha/PH/ABOUT/Pages/Community-Engagement.aspx

# Resources

**Community Engagement Team**

- Website https://www.oregon.gov/oha/PH/ABOUT/Pages/Community-Engagement.aspx
- CBO Program Resources https://www.oregon.gov/oha/PH/ABOUT/Pages/CBO-Grantee-Resources.aspx


**Community Outreach Resources**

- Safe and Strong Oregon https://www.safestrongoregon.org/

# Questions?

## Community Engagement Values and Principles

## Community engagement at the Public Health Division

The Public Health Division (PHD) has a commitment to engage communities in productive and supportive ways. This work is grounded in public health theory and linked to improved health outcomes and public health systems improvements (CDC 2011). This document identifies some of the foundational goals, values, and principles of the division's approach to community engagement. The division interacts with stakeholders, partners and community organizations in a range of situations that include community engagement, enforcement, regulation, and other public health activities.

Public Health Modernization (PHM) goals and strategies illustrate our existing commitment to this work. Community partnership development is a foundational capability of a public health system, achieved through meaningful community engagement, shared leadership, resource allocation and co-creation of objectives, milestones, and measures (OHA 2017).

## Community engagement continuum

All levels of community engagement have value. Community engagement is often viewed on a continuum moving from lower levels of trust and impact to higher levels.

**Levels of community involvement, impact, trust, and communication flow** →

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(adapted from CDC 2011)

We cannot start at the highest level; we must work across the continuum by investing in outreach and consultation to build relationships that require trust: involvement, collaboration and shared leadership. Shared leadership is not always the goal. We strive to engage partners who share leadership with us where we can.

## Values and principles of community engagement

Community engagement must be genuine to support the relationships we build. Interactions should take history into account, honor and prioritize community experience and be respectful. We should:

- Acknowledge there are institutional, systemic and structural barriers that perpetuate inequity that have silenced the voices of communities over time.
- Commit to partnership in the co-creation and co-ownership of solutions with communities disproportionately affected by health issues so they can actively participate in planning, implementation, evaluation, and funding opportunities to address their needs (CO 2017).
- Recognize community-engaged health improvement is a long-term, evolving process.
- Engage with communities through deliberate, structured processes defined by best practices.
- Make it easier for communities to engage with public health by intentionally coordinating activities through internal staff engagement.

## What is community engagement?

Community engagement is the development of long-term, evolving relationships with community partners. From these relationships, PHD would identify those experiencing health inequities, engage those communities in state and local government and earn and maintain the trust of community residents. Our aim is to engage residents at a grassroots[1] level by working toward common goals and ensuring mutual benefits (OHA 2017).

| Community engagement is | Community engagement is not |
| --- | --- |
| A shared-leadership approach where communities are involved and actively engaged in the decision-making process from the beginning. Their values, strengths, resources, and input shape the work that will affect their health. | Uninformed by feedback to determine policies and practices that work for affected communities. |
| Multi-directional and mutually-beneficial: A two-way exchange of information, ideas and resources. This is a collaborative effort between communities and public health staff. | One-sided or draws resources from community members without benefit to them. |
| | |

[1] Our definition of grassroots: initiatives, groups or organizations that are led and developed by people in a given region or community. Grassroots movements and organizations use collective action from the local level to effect change at the local, regional, or national level

| Community engagement is | Community engagement is not |
| --- | --- |
| Supported by leadership and all levels of public health practice through technical assistance and resources. | Under-resourced so that community organizations see their engagement as cursory or superficial. |
| Beneficial to the community and financially supported. This could include training, other resources, or funding for new and ongoing community work and capacity building. | At the expense of the community. |
| Directly supporting communities or government partners with contracts, resources, and language that facilitates their engagement of communities. This will center the ideas, expertise, and vision of the communities involved. | Partnering with state and local government without ensuring that they have engaged local communities. |

## Community engagement is central to our work

Community wisdom is necessary for communities' health (CO 2017). Community partners have the most valuable and insightful perspectives, experience, and expertise when it comes to their own health (CDC 2011). By increasing the range and depth of relationships, the division can move toward defining and achieving collaborative public health goals (OHA 2017).

This document was created by the Community Engagement Workgroup, a sub-committee of the Health Equity Workgroup. The Public Health Division Executive Team adopted and committed to these values and principles on June 11, 2019.

# White Supremacy Culture

From Dismantling Racism: A Workbook for Social Change Groups, by Kenneth Jones and
Tema Okun, ChangeWork, 2001

This is a list of characteristics of white supremacy culture which show up in our organizations. Culture is powerful precisely because it is so present and at the same time so very difficult to name or identify. The characteristics listed below are damaging because they are used as norms and standards without being pro-actively named or chosen by the group. They are damaging because they promote white supremacy thinking. They are damaging to both people of color and to white people. Organizations that are people of color led or a majority people of color can also demonstrate many damaging characteristics of white supremacy culture.

## Perfectionism

- little appreciation expressed among people for the work that others are doing; appreciation that is expressed usually directed to those who get most of the credit anyway
- more common is to point out either how the person or work is inadequate
- or even more common, to talk to others about the inadequacies of a person or their work without ever talking directly to them
- mistakes are seen as personal, i.e. they reflect badly on the person making them as opposed to being seen for what they are ó mistakes
- making a mistake is confused with being a mistake, doing wrong with being wrong
- little time, energy, or money put into reflection or identifying lessons learned that can improve practice, in other words little or no learning from mistakes
- tendency to identify whatís wrong; little ability to identify, name, and appreciate whatís right

**antidotes: develop a culture of appreciation, where the organization takes time to make sure that peopleís work and efforts are appreciated; develop a learning organization, where it is expected that everyone will make mistakes and those mistakes offer opportunities for learning; create an environment where people can recognize that mistakes sometimes lead to positive results; separate the person from the mistake; when offering feedback, always speak to the things that went well before offering criticism; ask people to offer specific suggestions for how to do things differently when offering criticism**

## Sense of Urgency

- continued sense of urgency that makes it difficult to take time to be inclusive, encourage democratic and/or thoughtful decision-making, to think long-term, to consider consequences
- frequently results in sacrificing potential allies for quick or highly visible results, for example sacrificing interests of communities of color in order to win victories for white people (seen as default or norm community)
- reinforced by funding proposals which promise too much work for too little money and by funders who expect too much for too little

**antidotes: realistic workplans; leadership which understands that things take longer than anyone expects; discuss and plan for what it means to set goals of inclusivity and diversity, particularly in terms of time; learn from past experience how long things take; write realistic funding proposals with realistic time frames; be clear about how you will make good decisions in an atmosphere of urgency**

## Defensiveness

- the organizational structure is set up and much energy spent trying to prevent abuse and protect power as it exists rather than to facilitate the best out of each person or to clarify who has power and how they are expected to use it
- because of either/or thinking (see below), criticism of those with power is viewed as threatening and inappropriate (or rude)
- people respond to new or challenging ideas with defensiveness, making it very difficult to raise these ideas
- a lot of energy in the organization is spent trying to make sure that peopleís feelings arenít getting hurt or working around defensive people
- the defensiveness of people in power creates an oppressive culture

**antidotes: understand that structure cannot in and of itself facilitate or prevent abuse; understand the link between defensiveness and fear (of losing power, losing face, losing comfort, losing privilege); work on your own defensiveness; name defensiveness as a problem when it is one; give people credit for being able to handle more than you think; discuss the ways in which defensiveness or resistance to new ideas gets in the way of the mission**

## Quantity Over Quality

- all resources of organization are directed toward producing measurable goals
- things that can be measured are more highly valued than things that cannot, for example numbers of people attending a meeting, newsletter circulation, money spent are valued more than quality of relationships, democratic decision-making, ability to constructively deal with conflict
- little or no value attached to process; if it can't be measured, it has no value
- discomfort with emotion and feelings
- no understanding that when there is a conflict between content (the agenda of the meeting) and process (peopleís need to be heard or engaged), process will prevail (for example, you may get through the agenda, but if you haven't paid attention to peopleís need to be heard, the decisions made at the meeting are undermined and/or disregarded)

**antidotes: include process or quality goals in your planning; make sure your organization has a values statement which expresses the ways in which you want to do your work; make sure this is a living document and that people are using it in their day to day work; look for ways to measure process goals (for example if you have a goal of inclusivity, think about ways you can measure whether or not you have achieved that goal); learn to recognize those times when you need to get off the agenda in order to address peopleís underlying concerns**

## Worship of the Written Word

- if itís not in a memo, it doesn't exist
- the organization does not take into account or value other ways in which information gets shared
- those with strong documentation and writing skills are more highly valued, even in organizations where ability to relate to others is key to the mission antidotes: take the time to analyze how people inside and outside the organization get and share information; figure out which things need to be written down and come up with alternative ways to document what is happening; work to recognize the contributions and skills that every person brings to the organization (for example, the ability to build relationships with those who are important to the organizationís mission)
- only one right way

- the belief there is one right way to do things and once people are introduced to the right way, they will see the light and adopt it
- when they do not adapt or change, then something is wrong with them (the other, those not changing), not with us (those who ëknowí the right way)
- similar to the missionary who does not see value in the culture of other communities, sees only value in their beliefs about what is good

**antidotes: accept that there are many ways to get to the same goal; once the group has made a decision about which way will be taken, honor that decision and see what you and the organization will learn from taking that way, even and especially if it is not the way you would have chosen; work on developing the ability to notice when people do things differently and how those different ways might improve your approach; look for the tendency for a group or a person to keep pushing the same point over and over out of a belief that there is only one right way and then name it; when working with communities from a different culture than yours or your organizationís, be clear that you have some learning to do about the communitiesí ways of doing; never assume that you or your organization know whatís best for the community in isolation from meaningful relationships with that community**

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## Paternalism

- decision-making is clear to those with power and unclear to those without it
- those with power think they are capable of making decisions for and in the interests of those without power
- those with power often don't think it is important or necessary to understand the viewpoint or experience of those for whom they are making decisions
- those without power understand they do not have it and understand who does
- those without power do not really know how decisions get made and who makes what decisions, and yet they are completely familiar with the impact of those decisions on them

**antidotes: make sure that everyone knows and understands who makes what decisions in the organization; make sure everyone knows and understands their level of responsibility and authority in the organization; include people who are affected by decisions in the decision-making**

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## Either/Or Thinking

- things are either/or, good/bad, right/wrong, with us/against us
- closely linked to perfectionism in making it difficult to learn from mistakes or accommodate conflict
- no sense that things can be both/and
- results in trying to simplify complex things, for example believing that poverty is simply a result of lack of education
- creates conflict and increases sense of urgency, as people are felt they have to make decisions to do either this or that, with no time or encouragement to consider alternatives, particularly those which may require more time or resources

**antidotes: notice when people use either/or language and push to come up with more than two alternatives; notice when people are simplifying complex issues, particularly when the stakes seem high or an urgent decision needs to be made; slow it down and encourage people to do a deeper analysis; when people are faced with an urgent decision, take a break and give people some breathing room to think creatively; avoid making decisions under extreme pressure**

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## Power Hoarding

- little, if any, value around sharing power
- power seen as limited, only so much to go around
- those with power feel threatened when anyone suggests changes in how things should be done in the organization, feel suggestions for change are a reflection on their leadership
- those with power don't see themselves as hoarding power or as feeling threatened
- those with power assume they have the best interests of the organization at heart and assume those wanting change are ill-informed (stupid), emotional, inexperienced

**antidotes: include power sharing in your organization's values statement; discuss what good leadership looks like and make sure people understand that a good leader develops the power and skills of others; understand that change is inevitable and challenges to your leadership can be healthy and productive; make sure the organization is focused on the mission**

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## Fear of Open Conflict

- people in power are scared of conflict and try to ignore it or run from it
- when someone raises an issue that causes discomfort, the response is to blame the person for raising the issue rather than to look at the issue which is actually causing the problem
- emphasis on being polite
- equating the raising of difficult issues with being impolite, rude, or out of line

**antidotes: role play ways to handle conflict before conflict happens; distinguish between being polite and raising hard issues; don't require those who raise hard issues to raise them in "acceptable" ways, especially if you are using the ways in which issues are raised as an excuse not to address the issues being raised; once a conflict is resolved, take the opportunity to revisit it and see how it might have been handled differently**

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### Individualism

- little experience or comfort working as part of a team
- people in organization believe they are responsible for solving problems alone
- accountability, if any, goes up and down, not sideways to peers or to those the organization is set up to serve
- desire for individual recognition and credit
- leads to isolation
- competition more highly valued than cooperation and where cooperation is valued, little time or resources devoted to developing skills in how to cooperate
- creates a lack of accountability, as the organization values those who can get things done on their own without needing supervision or guidance antidotes: include teamwork as an important value in your values statement; make sure the organization is working towards shared goals and people understand how working together will improve performance; evaluate people's ability to work in a team as well as their ability to get the job done; make sure that credit is given to all those who participate in an effort, not just the leaders or most public person; make people accountable as a group rather than as individuals; create a culture where people bring problems to the group; use staff meetings as a place to solve problems, not just a place to report activities

- I'm the only one
- connected to individualism, the belief that if something is going to get done right, "I" have to do it
- little or no ability to delegate work to others

**antidotes: evaluate people based on their ability to delegate to others; evaluate people based on their ability to work as part of a team to accomplish shared goals**

## Progress is Bigger, More

- observed in systems of accountability and ways we determine success
- progress is an organization which expands (adds staff, adds projects) or develops the ability to serve more people (regardless of how well they are serving them)
- gives no value, not even negative value, to its cost, for example, increased accountability to funders as the budget grows, ways in which those we serve may be exploited, excluded, or underserved as we focus on how many we are serving instead of quality of service or values created by the ways in which we serve

**antidotes: create Seventh Generation thinking by asking how the actions of the group now will affect people seven generations from now; make sure that any cost/benefit analysis includes all the costs, not just the financial ones, for example the cost in morale, the cost in credibility, the cost in the use of resources; include process goals in your planning, for example make sure that your goals speak to how you want to do your work, not just what you want to do; ask those you work with and for to evaluate your performance**

## Objectivity

- the belief that there is such a thing as being objective
- the belief that emotions are inherently destructive, irrational, and should not play a role in decision-making or group process
- invalidating people who show emotion
- requiring people to think in a linear fashion and ignoring or invalidating those who think in other ways

- impatience with any thinking that does not appear "logical" to those with power

**antidotes: realize that everybody has a world view and that everybody's world view affects the way they understand things; realize this means you too; push yourself to sit with discomfort when people are expressing themselves in ways which are not familiar to you; assume that everybody has a valid point and your job is to understand what that point is**

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## Right to Comfort

- the belief that those with power have a right to emotional and psychological comfort (another aspect of valuing "logic" over emotion)
- scapegoating those who cause discomfort
- equating individual acts of unfairness against white people with systemic racism which daily targets people of color

**antidotes: understand that discomfort is at the root of all growth and learning; welcome it as much as you can; deepen your political analysis of racism and oppression so you have a strong understanding of how your personal experience and feelings fit into a larger picture; don't take everything personally**

*One of the purposes of listing characteristics of white supremacy culture is to point out how organizations which unconsciously use these characteristics as their norms and standards make it difficult, if not impossible, to open the door to other cultural norms and standards. As a result, many of our organizations, while saying we want to be multicultural, really only allow other people and cultures to come in if they adapt or conform to already existing cultural norms. Being able to identify and name the cultural norms and standards you want is a first step to making room for a truly multi-cultural organization.*

# COVID-19 Vaccine Community Based Organization Outreach Plan

Thank you in advance for taking the time to fill out this vaccine outreach plan. It should take approximately 15-20 minutes to complete. If you have any questions, please send an email to Community.Covid19@dhsoha.state.or.us.

**Note** this is your worksheet to help prepare you to hold events. We don't need this document back.

## Goals of Vaccine CBO Outreach Project

- Communicate vaccine eligibility to community members
- Assist community members in accessing vaccine
- Develop strategies to address vaccine hesitancy within your community
- Ongoing activities to increase knowledge & access to vaccines

**Choose a minimum of 1-2 priorities your organization can support. Explain how you will do this work?**

> Enter text here

## Demographics

**Who can you successfully help?**

*Example: Faith Communities, Communities of color, Houseless populations etc.*

> Enter text here

## Language Access

**What is your CBO's capacity to provide support in different languages?**

- **In-person interpreters**
  - Do you have certified health care interpreters?

    ☐ Yes    ☐ No

    If **yes,** what languages?

    > Enter text here

- **Direct Services**
  - Do you have staff/volunteers who can help with vaccination events?

    ☐ Yes    ☐ No

  - Do you have staff/volunteers who are multi-lingual or represent different communities?

    ☐ Yes    ☐ No

    If **yes**, what languages and/or communities do they represent?

    > Enter text here

  - Do you have staff/volunteers who can support vaccine navigation including but not limited to (check all that apply)?

    ☐ Helping individuals with mobility issues
    ☐ Helping with registration
    ☐ Helping answer basic vaccine questions

  - Do you have staff/volunteers who are multi-lingual or represent different communities?

    ☐ Yes    ☐ No

    If **yes,** what languages and/or communities do they represent?

    > Enter text here

Oregon Health Authority

## Expected Outputs

**List any expected outputs (results) you plan to achieve with this plan? This should include what you're doing and what the outcome would be (activity with the number of people you would expect to reach).**

- *Example: Communicate COVID-19 vaccine eligibility in Oregon clearly and effectively, reaching underserved individuals and families. Reach 15,000 people via various social media platforms.*

- *Example: Implement a series of community meetings and/or events to share COVID-19 updates, vaccine information and provide culturally and linguistically responsive services as part of the state's COVID-19 response. Reaching 75 people per meeting/event.*

- *Example: Host vaccine block party events where community partners can access resources like food and safety net resources while also getting a vaccine. Reaching 400 people.*

Enter text here

## Strategies

**List any expected outputs (results) you plan to achieve with this plan.**

**Examples:**

1. *Work closely with local public health to communicate vaccine availability and access with vulnerable communities*
2. *Develop and implement an outreach campaign that is specific to the different communities you serve*
3. *Ensure that communities most impacted by racism, ableism, poverty, and trauma have equitable access to information and resources*
4. *Leverage social service organizations to include ODHS, Oregon Employment Department, Oregon Food Bank, Coordinated Care Organizations (CCOs) across the state that serve families impacted by COVID-19*
5. *Collaborate with local organizations that support communities of color to effectively reach all populations*

Enter text here

## Outreach Methods

**List all methods you will use to achieve your goal (check all that apply). When possible list links and contact info for resources so you don't have to look for it later!**

- ☐ In-person outreach
- ☐ Virtual meetings/events
- ☐ Facebook
- ☐ Twitter

- ☐ Instagram
- ☐ WhatsApp
- ☐ Radio
- ☐ Newspaper advertisements and earned media

- ☐ Billboards
- ☐ Listservs
- ☐ Posters
- ☐ Other

## In-person Outreach

Please tell us more about your in-person outreach strategy.

Enter text here

Please share how you plan to keep your staff and volunteers safe during this event.

Enter text here

## Other Outreach

If you selected **Other**, please list any outreach methods not listed above.

Enter text here

## Identify People Responsible to Complete this Plan

**Who will help make sure this work gets done?**

   **Example table below. Consider how you will work together to reach your goal:**

| Name | Title | Organization | Responsibility | Details | Contact Info |
|------|-------|--------------|----------------|---------|--------------|
|      |       |              |                |         |              |
|      |       |              |                |         |              |
|      |       |              |                |         |              |
|      |       |              |                |         |              |

## Develop a Timeline

**Your timeline is your schedule for implementation and evaluation of your outreach plan. Please share your timeline ideas from March- December.**

| Month | Notes |
|-------|-------|
| March |       |
| April |       |
| May   |       |
| June  |       |
| July  |       |
| August |      |
| September |   |
| October |     |
| November |    |
| December |    |

## Vaccine Event Activities

**This section provides examples of key details OHA considers when planning vaccine events and can be used as a tool moving forward to help you plan. This includes the below activities which OHA or partners can provide support to your CBO. Please note, CBO's will be selected to assist, and host vaccine events based on OHA's capacity and phase priority groups.**

1. **Outreach for existing events**

   - Share information on social media, through your communication networks and media.
   - Tabling at a community event with information/resources from your CBO.
   - Helping to coordinate community resources at events in partnership with other CBOs.

2. **Hold a vaccine engagement event**

   - Develop an event to invite community questions and engage community members on vaccines.
   - Invite community-specific leaders to help hold conversations.
   - Share information on social media through your communication networks and media.

3. **Assist with a vaccine event**

   **Example:** A CBO finds 100 interested community members and books them for appointments for their first dose. The CBO then reminds community members and may provide transportation to a vaccine event. If this is a vaccine that requires 2 doses, the CBO will do this again for the next event.

   - Assist community members in "booking" available slots at an event.
   - Help direct community members to designated vaccine events.
   - Assist with transportation needs (helping community members get to vaccine events/appointments).
   - Reminder phone calls or texts to help people remember the event and get directions as needed.

4. **Host your own vaccine event**

   **Example:** A faith-based organization chooses two dates to host vaccine events. They identify several members of their community who are health care providers to provide the vaccine to their community members. This organization collaborates with Local Public Health to setup the event, confirm the number of doses and when the vaccine will be delivered. Volunteers setup the parking lot and faith space for walk-up and drive up vaccinations. Tables and chairs are available and there is plenty of space for physical distancing. Partner CBOs are in attendance with health and resource materials. There are interpreters available and the location is accessible. **NOTE:** This is the highest level of commitment from a CBO.

   - Collaborate with medical professionals and Local Public Health Authorities to ensure vaccine delivery and documentation.
   - **Space:** Is your facility ADA accessible?
   - **Space:** How much foot traffic can your space accommodate? Is there a space for post-vaccine observation?
   - **Space:** How much parking is there on or near your site?
   - Do you have access to supplies like tables, chairs, cones, pens, extra masks and tents? **Note,** you can use CBO funds to help pay for additional supplies needed.

Please enter your plan details below.

Enter text here

# Plan de divulgación de la organización de base comunitaria sobre la vacunación contra el COVID-19

Gracias de antemano por tomarse el tiempo de completar este plan de divulgación sobre la vacunación. Debería tardar aproximadamente entre 15 y 20 minutos en completarlo. Si tiene alguna pregunta, por favor envíe un correo electrónico a Community.Covid19@dhsoha.state.or.us. **Tenga en cuenta** que esta es su hoja de trabajo para ayudarle a realizar eventos. No necesitamos que nos devuelvan este documento.

## Objetivos del proyecto de divulgación sobre las vacunas de la organización de base comunitaria (CBO, por sus siglas en inglés)

- Informar a los miembros de la comunidad sobre la elegibilidad para vacunarse
- Ayudar a los miembros de la comunidad a tener acceso a la vacuna
- Desarrollar estrategias para abordar las dudas sobre las vacunas en su comunidad
- Actividades continuas para incrementar el conocimiento y el acceso a las vacunas

**Elija un mínimo de 1 o 2 prioridades en las que su organización pueda apoyar. Explique, ¿cómo podrá realizar este trabajo?**

# Demografía

### ¿A quién puede ayudar de manera eficaz?

*Por ejemplo:* comunidades religiosas, comunidades de color, poblaciones que carecen de vivienda, etc.

<br><br><br><br><br><br>

# Accesibilidad lingüística

### ¿Cuál es la capacidad de su CBO para prestar apoyo en diferentes idiomas?

- **Intérpretes presenciales**

  » ¿Dispone de intérpretes médicos certificados?

  ☐ Sí    ☐ No

  » **Si la respuesta es sí,** ¿en qué idiomas?

  <br><br><br>

- **Servicios directos**

  » ¿Cuenta con personal/voluntarios que puedan ayudar en los eventos de vacunación?

  ☐ Sí    ☐ No

- ¿Cuenta con personal/voluntarios multilingües o representantes de diferentes comunidades?

  ☐ Sí    ☐ No

  » **Si la respuesta es sí,** ¿qué idiomas y/o comunidades representan?

  <br><br><br>

- ¿Cuenta con personal/voluntarios que puedan apoyar la distribución de vacunas, incluyendo, pero no limitándose a (marque lo que corresponda)?

  ☐ Ayudar a las personas con problemas de movilidad

  ☐ Ayudar a las personas con el proceso de registro

  ☐ Ayudar a las personas con las dudas básicas sobre las vacunas

- ¿Cuenta con personal/voluntarios multilingües o representantes de diferentes comunidades?

    ☐ Sí    ☐ No

    » **Si la respuesta es sí,** ¿qué idiomas y/o comunidades representan?

    ┌─────────────────────────────────────────────────┐
    │                                                 │
    │                                                 │
    │                                                 │
    └─────────────────────────────────────────────────┘

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# Resultados esperados

**Escriba los efectos (resultados) esperados que piensa conseguir con este plan.**
**Debe incluir lo que está realizando y cuál sería el resultado (actividad con el número de personas con las que espera contar).**

- *Por ejemplo: informar sobre la elegibilidad de la vacuna contra el COVID-19 en Oregon de forma clara y eficaz, llegando a las personas y familias menos favorecidas. Lograr un alcance de 15,000 personas a través de diversas plataformas de redes sociales.*

- *Por ejemplo: implementar una serie de reuniones y/o eventos comunitarios para informar sobre las actualizaciones del COVID-19, información sobre vacunas y proporcionar servicios cultural y lingüísticamente receptivos como parte de la respuesta del estado ante el COVID-19. Lograr un alcance de 75 personas por reunión o evento.*

- *Por ejemplo: organizar eventos de vacunación en bloque en los que los miembros de la comunidad puedan acceder a recursos como alimentos y protección social al mismo tiempo que se vacunan. Lograr un alcance de 400 personas.*

# Estrategias

**Escriba los efectos (resultados) esperados que piensa conseguir con este plan.**

**Por ejemplo:**

1. *Trabajar conjuntamente con la salud pública local para informar sobre la disponibilidad y el acceso a las vacunas en las comunidades vulnerables*

2. *Desarrollar e implementar una campaña de divulgación específica para las diferentes comunidades donde se presta servicio*

3. *Garantizar que las comunidades más afectadas por el racismo, el capacitismo, la pobreza y el trauma, dispongan de acceso equitativo a la información y los recursos*

4. *Impulsar las organizaciones de servicios sociales para incluir el Departamento de Servicios Sociales (ODHS, por sus siglas en inglés), el Departamento de Empleo de Oregon, el Banco de Alimentos de Oregon y las Organizaciones de Atención Coordinada (CCO, por sus siglas en inglés) de todo el estado que prestan servicios a las familias afectadas por el COVID-19.*

5. *Colaborar con las organizaciones locales que apoyan a las comunidades de color para llegar eficazmente a todas las poblaciones*

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# Métodos de divulgación

Enumere todos los métodos que utilizará para lograr su objetivo (marque todos los que correspondan). Si es posible, indique los enlaces y la información de contacto de los recursos para que no tenga que buscarlos más adelante.

☐ Divulgación presencial
☐ Instagram
☐ Vallas publicitarias
☐ Reuniones/eventos virtuales
☐ WhatsApp
☐ Listas de correo electrónico
☐ Facebook
☐ Radio
☐ Carteles
☐ Twitter
☐ Anuncios en los periódicos y medios de comunicación gratuitos.
☐ Otros

## Divulgación presencial

Cuéntenos más sobre su estrategia de divulgación presencial.

Por favor, comparta cómo planea garantizar la seguridad de su personal y voluntarios durante este evento.

## Otro tipo de divulgación

Si ha seleccionado **Otros**, enumere los métodos de divulgación que no se han mencionado anteriormente.

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# Identificar a las personas responsables de completar este plan

## ¿Quién se encargará de garantizar que este trabajo se realice?

**Tabla de referencia a continuación. Analice cómo trabajarán juntos para alcanzar su objetivo:**

| Nombre | Cargo | Organización | Responsabilidad | Detalles | Información de contacto |
|--------|-------|--------------|-----------------|----------|-------------------------|
|        |       |              |                 |          |                         |
|        |       |              |                 |          |                         |
|        |       |              |                 |          |                         |
|        |       |              |                 |          |                         |

# Desarrollar un cronograma

**Su cronograma es el programa de aplicación y evaluación de su plan de divulgación. Por favor, comparta sus ideas sobre el cronograma de marzo a diciembre.**

| Mes | Anotaciones |
|-----|-------------|
| Marzo |  |
| Abril |  |
| Mayo |  |
| Junio |  |
| Julio |  |
| Agosto |  |
| Septiembre |  |
| Octubre |  |
| Noviembre |  |
| Diciembre |  |

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# Actividades del evento de vacunación

**Esta sección ofrece ejemplos de los principales detalles que el OHA considera al planificar los eventos de vacunación y puede utilizarse como una herramienta para ayudarle a planificar. Esto incluye las siguientes actividades en las que el OHA o sus asociados pueden prestar apoyo a su CBO. Tenga en cuenta que las CBO serán seleccionadas para asistir y organizar eventos de vacunación en función de la capacidad del OHA y de los grupos con prioridad en la fase.**

1. **Divulgación de los eventos actuales**

   - Compartir la información en las redes sociales, a través de sus contactos y medios de comunicación.

   - Colocar mesas con información y recursos de su CBO en un evento comunitario.

   - Ayudar a coordinar los recursos comunitarios en los eventos en colaboración con otras CBO.

2. **Organizar un evento sobre el compromiso con las vacunas**

   - Organizar un evento para invitar a los miembros de la comunidad a hacer preguntas y a participar en el proceso de vacunación.

   - Invitar a líderes de la comunidad para que colaboren en el diálogo.

   - Compartir la información en las redes sociales, a través de sus contactos y medios de comunicación.

3. **Asistir a un evento de vacunación**

   **Por ejemplo:** una CBO consigue 100 miembros de la comunidad interesados y les programa una cita para su primera dosis. La CBO se encarga de informar a los miembros de la comunidad y puede proporcionarles transporte a un evento de vacunación. Si se trata de una vacuna que requiere 2 dosis, la CBO volverá a hacer esto para el siguiente evento.

   - Ayudar a los miembros de la comunidad a "reservar" espacios disponibles para un evento.

   - Ayudar a dirigir a los miembros de la comunidad a los eventos de vacunación designados.

   - Ayudar con las necesidades de transporte (ayudar a los miembros de la comunidad a llegar a los eventos/citas de vacunación).

   - Recordatorios por llamada telefónica o por mensaje de texto para ayudar a la gente a recordar el evento y a obtener las indicaciones necesarias.

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4. **Organizar su propio evento de vacunación**

   **Por ejemplo:** una organización religiosa elige dos fechas para organizar eventos de vacunación. Seleccionan a varios miembros de su comunidad que son proveedores de atención médica para que administren la vacuna a los miembros de su comunidad. Esta organización colabora con la Salud Pública Local para organizar el evento, confirmar el número de dosis y cuándo se entregará la vacuna. Los voluntarios organizan el estacionamiento y el espacio religioso en el que se vacunará a las personas que acudan sin cita previa y a las que acudan en su vehículo. Se dispone de mesas y sillas, y hay mucho espacio disponible que permite el distanciamiento físico. Las CBO asociadas asistirán con suministros médicos y recursos. Hay intérpretes disponibles y el lugar es accesible. AVISO: este es el mayor nivel de compromiso de una CBO.

   - Colaborare con los profesionales médicos y las Autoridades Locales de Salud Pública para asegurar la entrega y documentación de las vacunas.

   - **Espacio:** ¿Son sus instalaciones apropiadas conforme a la Ley de Estadounidenses con Discapacidad (ADA, por sus siglas en inglés)?

   - **Espacio:** ¿Cuánto tráfico peatonal puede admitir su espacio? ¿Dispone de un espacio para la observación posterior a la vacunación?

   - **Espacio:** ¿Cuánto estacionamiento hay en el lugar o cerca de él?

   - ¿Dispone de suministros como mesas, sillas, conos, bolígrafos, mascarillas adicionales y carpas? Tenga en cuenta que puede utilizar los fondos de la CBO para ayudar con el pago de los suministros adicionales necesarios.

Por favor, ingrese los detalles de su plan a continuación.

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