

OHA COVID-19 Grant Program Quarterly Activity Report (Q1 2022)

Hello CBO COVID-19 Grantees

PLEASE READ THESE INSTRUCTIONS BEFORE STARTING:

This activity report is a quarterly review of your activities funded by the OHA COVID-19 grant program from January - March 2022.

We recommend that your organization reviews the report questions in the pdf provided before you begin so that your staff can gather the necessary information. You will only need to answer questions in the areas you were funded.

Please complete as a team with others in your CBO doing this work and submit only one report per organization. If you are unable to complete the report in one sitting, you may continue completion at a later time using the original report link. To continue completion you must use the same device and browser used to start the report.

Individual responses will be kept confidential. Reports and presentations of results will be done in grouped ways that will not allow for identification of you or your CBO.

Please complete this activity report by Saturday, April 30. If you have any questions contact Bridget Acosta at Bridget.Acosta@dhsosha.state.or.us.

Thank you again for your amazing work.

The Community Engagement Team

OHA COVID-19 Grant Program Quarterly Activity Report (Q1 2022)

CBO contact Information

* 1. CBO name. *Choose from drop-down menu.*

* 2. Name of person completing report

* 3. Phone number of person completing report

* 4. Email address of person completing report

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Populations served

* 5. What counties does your CBO serve through this grant funding? *Please select all that apply.*

- | | | |
|------------------------------------|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> Baker | <input type="checkbox"/> Harney | <input type="checkbox"/> Morrow |
| <input type="checkbox"/> Benton | <input type="checkbox"/> Hood River | <input type="checkbox"/> Multnomah |
| <input type="checkbox"/> Clackamas | <input type="checkbox"/> Jackson | <input type="checkbox"/> Polk |
| <input type="checkbox"/> Clatsop | <input type="checkbox"/> Jefferson | <input type="checkbox"/> Sherman |
| <input type="checkbox"/> Columbia | <input type="checkbox"/> Josephine | <input type="checkbox"/> Tillamook |
| <input type="checkbox"/> Coos | <input type="checkbox"/> Klamath | <input type="checkbox"/> Umatilla |
| <input type="checkbox"/> Crook | <input type="checkbox"/> Lake | <input type="checkbox"/> Union |
| <input type="checkbox"/> Curry | <input type="checkbox"/> Lane | <input type="checkbox"/> Wallowa |
| <input type="checkbox"/> Deschutes | <input type="checkbox"/> Lincoln | <input type="checkbox"/> Wasco |
| <input type="checkbox"/> Douglas | <input type="checkbox"/> Linn | <input type="checkbox"/> Washington |
| <input type="checkbox"/> Gilliam | <input type="checkbox"/> Malheur | <input type="checkbox"/> Wheeler |
| <input type="checkbox"/> Grant | <input type="checkbox"/> Marion | <input type="checkbox"/> Yamhill |

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Populations served (continued)

* 6. How would you describe the population(s) you worked with for this grant? *Please select all that apply.*

- Low income residents
- Families
- Older adults
- Immigrant and refugee communities
- People with disabilities
- Undocumented residents
- Other or unknown (please specify)
- People experiencing mental health issues
- Rural residents
- Youth
- LGBTQIA+ communities
- Faith communities
- Unhoused residents
- Migrant and seasonal farmworkers
- People experiencing substance use disorder
- Domestic violence/Sexual assault/Elder abuse survivors
- Students
- People who were formerly incarcerated/On parole
- Small businesses

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Populations served (continued)

* 7. How would you describe the race/ethnicity of the population(s) you worked with for this grant? *Please select all that apply.*

- African American/Black/African
- American Indian/Alaska Native
- Asian
- Latino/a/x, Hispanic or other peoples from Mexico, Central or South American and the Spanish-speaking Caribbean
- Other or unknown (please specify)
- Middle Eastern and North African
- Non-Spanish speaking Caribbean
- Pacific Islander/Native Hawaiian
- Slavic/Eastern European
- Other White
- Multi-racial

- Don't know/Data not collected

Populations served (continued)

* 8. Did you perform your funded work in a language other than English?

Yes No

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Populations served (continued)

* 9. For ease of your response, selection of languages will be in two separate questions. The first question includes the most frequently used languages in Oregon. The second question includes languages served by CBO grantees noted from grant applications.

The list of languages below represent the top 15 languages other than English spoken in Oregon. Which language(s) did you use to perform your funded work? *Please select all that apply.*

- | | | |
|--------------------------------------------------------------|-----------------------------------|--------------------------------------------|
| <input type="checkbox"/> Arabic | <input type="checkbox"/> Japanese | <input type="checkbox"/> Tagalog |
| <input type="checkbox"/> Chinese – Mandarin | <input type="checkbox"/> Korean | <input type="checkbox"/> Ukrainian |
| <input type="checkbox"/> Chinese – Yue (including Cantonese) | <input type="checkbox"/> Romanian | <input type="checkbox"/> Vietnamese |
| <input type="checkbox"/> French | <input type="checkbox"/> Russian | <input type="checkbox"/> None of the above |
| <input type="checkbox"/> German | <input type="checkbox"/> Somali | |
| <input type="checkbox"/> Hindi | <input type="checkbox"/> Spanish | |

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Populations served (continued)

* 10. The list of languages below represent those in the CBO grant applications beyond the top 15 in Oregon. Which language(s) other than English did you use to perform your funded work? *Please select all that apply.*

We know that the languages you provide services in may have changed. Please add all additional languages in "Other".

- | | | |
|-------------------------------------------------|-----------------------------------------|----------------------------------------------|
| <input type="checkbox"/> Akposso | <input type="checkbox"/> Indonesian | <input type="checkbox"/> Palauan |
| <input type="checkbox"/> Amharic | <input type="checkbox"/> iTaukei Fijian | <input type="checkbox"/> Pohnpeian |
| <input type="checkbox"/> Baoule | <input type="checkbox"/> Kapampangan | <input type="checkbox"/> Portuguese |
| <input type="checkbox"/> Bhutanese | <input type="checkbox"/> Kapingamarangi | <input type="checkbox"/> Rohingya |
| <input type="checkbox"/> Bisaya | <input type="checkbox"/> Karen | <input type="checkbox"/> Samoan |
| <input type="checkbox"/> Bosnian | <input type="checkbox"/> Khmer | <input type="checkbox"/> Swahili |
| <input type="checkbox"/> Burmese | <input type="checkbox"/> Kosraeans | <input type="checkbox"/> Tarasco (Purepecha) |
| <input type="checkbox"/> Cambodian | <input type="checkbox"/> Lao | <input type="checkbox"/> Thai |
| <input type="checkbox"/> Chamorro | <input type="checkbox"/> Lingala | <input type="checkbox"/> Tigrinya |
| <input type="checkbox"/> Chuukese | <input type="checkbox"/> Mam | <input type="checkbox"/> Tongan |
| <input type="checkbox"/> Congolese | <input type="checkbox"/> Marshallese | <input type="checkbox"/> Trique |
| <input type="checkbox"/> Creole | <input type="checkbox"/> Mayan | <input type="checkbox"/> Turkish |
| <input type="checkbox"/> Ewe | <input type="checkbox"/> Mina | <input type="checkbox"/> Umbundu |
| <input type="checkbox"/> Farsi/Persian | <input type="checkbox"/> Mixtec | <input type="checkbox"/> Urdu |
| <input type="checkbox"/> Filipino | <input type="checkbox"/> Moldavian | <input type="checkbox"/> Yapese |
| <input type="checkbox"/> Hebrew | <input type="checkbox"/> Nahuatl | <input type="checkbox"/> Zomi |
| <input type="checkbox"/> Hmong | <input type="checkbox"/> Nepali | |
| <input type="checkbox"/> Igbo | <input type="checkbox"/> Nyanja | |
| <input type="checkbox"/> Ilokano/Ilocano | <input type="checkbox"/> Oromo | |
| <input type="checkbox"/> Other (please specify) | | |

None of the above

Populations served (continued)

* 11. What accessible communication methods did you use to perform your funded work? *Please select all that apply.*

American Sign Language (ASL)

Closed Captioning

Braille

Visually accessible font and graphics

Video relay

Other (please specify)

None

Community Engagement, Outreach and Education Activities

* 12. Was your CBO funded to provide Community Engagement, Outreach and Education Activities for the funding period of January - March, 2022?

Yes No

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Community Engagement, Outreach and Education Activities (continued)

* 13. What topic(s) were covered in your outreach and education from January - March 2022? *Please select all that apply.*

- COVID-19 vaccination education
- COVID-19 prevention and safety
- COVID-19 testing
- Other (please specify)
- Providing PPE
- Vaccination scheduling, access, support or administration

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Community Engagement, Outreach and Education Activities (continued)

* 14. Did you conduct **in-person** outreach or education during the funding period of January - March, 2022?
Please select all that apply.

OHA does not require CBOs to conduct outreach in-person. If your CBO chooses to conduct in-person outreach, please connect with your community engagement coordinator to talk about your safety plan.

Yes No

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Community Engagement, Outreach and Education Activities (continued)

* 15. How many total individuals did you reach **in person** during the funding period of January - March, 2022?

Please enter a number.

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Community Engagement, Outreach and Education Activities (continued)

* 16. What types of social media did you use to engage individuals for outreach or education during the funding period of January - March, 2022? *Please select all that apply.*

- Facebook posts and interactions
- Instagram
- WhatsApp
- Twitter
- Other (please specify)
- LinkedIn
- WeChat
- Line
- NextDoor
- YouTube
- Snapchat

- None

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Community Engagement, Outreach and Education Activities (continued)

* 17. What other methods or tools did you use to engage individuals for outreach or education during the funding period of January - March, 2022? *Please select all that apply.*

- Virtual meetings or streaming events (ex. Zoom, Google Meet, Skype, MS Teams, Facebook Live, YouTube, etc.)
- Telephone
- Podcasts
- Radio (ads or interviews)
- Handing out print media (ex. flyers, newsletters, etc.)
- TV (ads or interviews)
- Website
- Direct mailings
- Text messages
- E-mail or listserv
- Other (please specify)

- None

Community Engagement, Outreach and Education Activities (continued)

Vaccinations

* 18. During the funding period of January - March, 2022 did your CBO do either of the following: support **knowledge about vaccinations** in your community and/or support **vaccination events** in your community?

Yes No

Community Engagement, Outreach and Education Activities (continued)

Vaccinations

* 19. During the funding period of January - March, 2022 what did your CBO do to support **knowledge about vaccinations** in your community? *Please select all that apply.*

- Translating information and materials
- Sharing information about vaccinations
- Engagement with community members (including events or small conversations)
- Partnering with vaccinator partners
- Partnering with LPHAs
- Sharing information about events
- Other (please specify)

- None

Community Engagement, Outreach and Education Activities (continued)

Vaccinations

* 20. During the funding period of January - March, 2022 what did your CBO do to support **vaccination events** in your community? *Please select all that apply.*

- Scheduling appointments
- Hosting/co-hosting events
- Transportation to events
- Childcare
- Sharing information about vaccination events
- Translation at vaccination events
- Other (please specify)

- None

Community Engagement, Outreach and Education Activities (continued)

Vaccinations

* 21. During the funding period of January - March, 2022 did your CBO **take the lead** or **partner with other groups/agencies** in organizing any vaccination events? "Lead" is defined as the primary planning entity for the event.

Yes No

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Community Engagement, Outreach and Education Activities (continued)

Vaccinations

* 22. During the funding period of January - March, 2022 how many vaccination events did your CBO **take the lead** in organizing? *Please enter a number.*

* 23. During the funding period of January - March, 2022 how many vaccination events did your CBO **partner with other groups/agencies** in organizing? *Please enter a number.*

Community Engagement, Outreach and Education Activities (continued)

Vaccinations

* 24. At these vaccination events that your CBO lead or partnered in, what organizations/agencies administered vaccinations? *Please check all that apply.*

Your CBO

FEMA

LPHA

Other clinical partner

OHA/Field Ops

Other (please specify)

I don't know

Community Engagement, Outreach and Education Activities (continued)

Vaccinations

* 25. Describe the barriers your organization helped overcome that resulted in people getting vaccinated.

Social Services and Wrap Around Supports

* 26. Was your CBO funded to provide social services and wrap around supports during the funding period of January - March, 2022?

Yes No

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Social Services and Wrap Around Supports (continued)

* 27. What types of wrap around supports did your CBO directly provide to clients during the funding period of January - March, 2022? *Please select all that apply.*

- | | | |
|------------------------------------------------------------------|--------------------------------------------------|---------------------------------------------|
| <input type="checkbox"/> Alternate housing to quarantine/isolate | <input type="checkbox"/> Food access or delivery | <input type="checkbox"/> Rental assistance |
| <input type="checkbox"/> Child care/elder care | <input type="checkbox"/> Medical supplies | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Communications | <input type="checkbox"/> Mental health supports | <input type="checkbox"/> Utility assistance |
| <input type="checkbox"/> Other (please specify) | | |

* 28. For the funding period January - March, 2022, how many total individuals did your CBO directly provide with wrap around supports? *Please enter a number.*

* 29. For the funding period January - March, 2022, how many households did your CBO directly provide with wrap around supports? *Please enter a number.*

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Social Services and Wrap Around Supports (continued)

* 30. What types of wrap around supports did your CBO refer or help navigate clients to in other agencies during the funding period of January - March, 2022? *Please select all that apply.*

- | | | |
|---------------------------------------------------------------------------------------|--------------------------------------------------|-------------------------------------------------------------------------------------|
| <input type="checkbox"/> Alternate housing to quarantine/isolate | <input type="checkbox"/> Domestic violence | <input type="checkbox"/> Supporting families with online schooling |
| <input type="checkbox"/> Benefits enrollment or other longer-term safety net programs | <input type="checkbox"/> Food access or delivery | <input type="checkbox"/> Transportation and other support for COVID-19 vaccinations |
| <input type="checkbox"/> Child care/elder care | <input type="checkbox"/> Medical supplies | <input type="checkbox"/> Utility assistance |
| <input type="checkbox"/> Communications | <input type="checkbox"/> Mental health supports | |
| <input type="checkbox"/> COVID-19 wage replacement programs | <input type="checkbox"/> Rental assistance | |
| <input type="checkbox"/> Other (please specify) | | |

* 31. For the funding period January - March, 2022, how many total individuals did your CBO refer or help navigate to wrap around supports in other agencies? *Please enter a number.*

Contact Tracing

* 32. Was your CBO funded to provide contact tracing from January - March of 2022?

Yes No

Contact Tracing (continued)

* 33. Did you conduct contact tracing from January - March 2022?

Yes No

Contact Tracing (continued)

* 34. What was the reason you were not able to conduct contact tracing from January - March 2022?

- Did not complete the required training and/or onboarding onto ARIAS
- Completed onboarding, but did not receive any referrals
- Other (please specify)

Contact Tracing (continued)

* 35. What would make contact tracing work better for your CBO?

* 36. Please describe any challenges working with ARIAS?

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Partnerships with Oregon Health Authority and Local Public Health Agencies

* 37. Please rate how useful the following OHA COVID-19 grant resources have been to your CBO.

	Not useful	Useful	Very useful	N/A
ARIAS training	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fiscal office hours	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Vaccination outreach materials	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Skill building materials for outreach	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Skill building materials for contact tracing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In language outreach materials	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Funding support for isolation and quarantine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
LPHA meetings	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Regional collaborative meetings	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Connection to other government safety net resources	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Meeting with other CBOs in your region	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Brink communications office hours	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other (please specify)

Partnerships with Oregon Health Authority and Local Public Health Agencies (continued)

* 38. What has helped or can help your CBO work well with LPHA(s).

* 39. Please share any successes and challenges your CBO is experiencing working with the LPHA(s).

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CBO Story

* 40. Please share a story about this work. We are interested in hearing about both your successes and challenges. These stories will help us identify what is working well and how we can improve.

Thank you for your time completing the OHA COVID-19 Grant Program Quarterly Activity Report for Q1 2022.

Please contact bridget.acosta@dhsosha.state.or.us with any questions. A summary of program results will be shared with grantees.