OHA COVID-19 Grant Program Cumulative Activity Report
Hello CBO COVID-19 Grantees

This activity report is a cumulative review of the primary activities you have done from June through December 2020. This will help us understand the work you're doing, the communities you're serving and how OHA and other governments can change to support your work. This is one of our several ways of collecting your feedback to identify and respond to barriers that you and your communities face.

This activity report survey is organized into four sections: 1) Community Engagement, Outreach and Education, 2) Social Service and Wraparound Supports, 3) Contact Tracing and 4) Partnerships with OHA & LPHAs. You will be prompted to answer questions in the areas you were funded.

The last question asks for your stories. Your stories help the Oregon Health Authority and our partners understand why it's necessary to work with community-based organizations to respond to COVID-19.

If you are unable to complete the report in one sitting, you may continue completion at a later time where you left off. To continue completion at a later time, you must use the same device and browser used to start the survey.

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 organization.

Please complete this activity report by **Monday, February 15**. If you have any questions or need clarification, please contact Victoria Demchak at
victoria.m.demchak@dhsoha.state.or.us.

Thank you again for your amazing work. We look forward to learning how you have served your communities through this activity report.

The Community Engagement Team

OHA COVID-19 Grant Program Cumulative Activity Report
CBO contact Information

* 1. Organization 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

OHA COVID-19 Grant Program Cumulative Activity Report
Community Engagement, Outreach and Education Activities

* 5. Was your organization funded to provide Community Engagement, Outreach and Education Activities for the funding period of July – December, 2020?

○ Yes

○ No   If No, skip to Q21

OHA COVID-19 Grant Program Cumulative Activity Report
Community Engagement, Outreach and Education Activities (continued)

* 6. What counties does your CBO serve? *Please select all that apply.*

☐ Baker	☐ Harney	☐ Morrow
☐ Benton	☐ Hood River	☐ Multnomah
☐ Clackamas	☐ Jackson	☐ Polk
☐ Clatsop	☐ Jefferson	☐ Sherman
☐ Columbia	☐ Josephine	☐ Tillamook
☐ Coos	☐ Klamath	☐ Umatilla
☐ Crook	☐ Lake	☐ Union
☐ Curry	☐ Lane	☐ Wallowa
☐ Deschutes	☐ Lincoln	☐ Wasco
☐ Douglas	☐ Linn	☐ Washington
☐ Giliam	☐ Malheur	☐ Wheeler
☐ Grant	☐ Marion	☐ Yamhill

OHA COVID-19 Grant Program Cumulative Activity Report
Community Engagement, Outreach and Education Activities (continued)
Virtual outreach

* 7. Did you engage individuals virtually for outreach or education during the funding period of July – December, 2020?

◯ Yes

◯ No   If No, skip to Q12

OHA COVID-19 Grant Program Cumulative Activity Report
Community Engagement, Outreach and Education Activities (continued)

Virtual outreach (continued)

* 8. How did you reach individuals virtually during the funding period of July – December 2020? *Please select all that apply.*

☐ E-Mail	☐ Texting	☐ Twitter
☐ Telephone	☐ Facebook	☐ Zoom or other virtual meetings
☐ Radio	☐ Instagram	
☐ TV	☐ WhatsApp	
☐ Other (please specify)		

OHA COVID-19 Grant Program Cumulative Activity Report
Community Engagement, Outreach and Education Activities (continued)
Virtual outreach (continued)

* 9. For each category checked in the previous question, provide your best estimate of the <u>number of unique individuals</u> you reached. *Please enter a number.*

Example: total individuals on email listserv, total social media followers, total attendees at all zoom meetings.

Only shows selections from previous question

E-Mail

Telephone

Radio

TV

Texting

Facebook

Instagram

WhatsApp

Twitter

Zoom or other virtual meetings

[Insert text from Other]

Virtual outreach (continued)

* **10. How would you describe the race/ethnicity of the population(s) you engaged through virtual outreach?** *Please select all that apply.*

- [ ] African American/Black
- [ ] American Indian/Alaska Native
- [ ] Asian
- [ ] Latino/a/x, Hispanic or other peoples from Mexico, Central or South American and the Spanish-speaking Caribbean
- [ ] Other (please specify)

- [ ] Middle Eastern and North African
- [ ] Pacific Islander/Native Hawaiian
- [ ] Slavic/Eastern European
- [ ] Other White

OHA COVID-19 Grant Program Cumulative Activity Report
Community Engagement, Outreach and Education Activities (continued)
Virtual outreach (continued)

* 11. How would you describe the population(s) you engaged through **virtual** outreach? *Please select all that apply.*

☐ Faith communities

☐ Families

☐ Immigrant and refugee communities

☐ LGBTQIA+

☐ Low income

☐ Migrant and seasonal farmworker

☐ Older adults

☐ People experiencing mental health issues

☐ People experiencing substance use disorder

☐ People with disabilities

☐ Rural

☐ Undocumented

☐ Unhoused

☐ Youth

☐ Other (please specify)

OHA COVID-19 Grant Program Cumulative Activity Report
Community Engagement, Outreach and Education Activities (continued)

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

* 12. Did you conduct **in-person** outreach and education activities during the funding period of July – December 2020?

○ Yes

○ No   If No, skip to Q17

OHA COVID-19 Grant Program Cumulative Activity Report
Community Engagement, Outreach and Education Activities (continued)

In-person outreach (continued)

* 13. Where did you reach individuals in-person? *Please select all that apply.*

☐ Individual homes

☐ Your CBO physical location

☐ Community centers

☐ Client requested location

☐ Other (please specify)

☐ Community scheduled events

☐ Medical offices or testing sites

☐ Schools or daycare centers

☐ Clients' places of work

* 14. Given the outreach locations you reported in the previous question, how many <u>total individuals</u> **did you reach in person during the funding period of July – December, 2020?** *Please enter a number.*

OHA COVID-19 Grant Program Cumulative Activity Report
Community Engagement, Outreach and Education Activities (continued)

In-person outreach (continued)

* 15. How would you describe the race/ethnicity of the population(s) you engaged through in-person outreach? *Please select all that apply.*

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

- ☐ Other (please specify)

OHA COVID-19 Grant Program Cumulative Activity Report
Community Engagement, Outreach and Education Activities (continued)

In-person outreach (continued)

* 16. How would you describe the population(s) you engaged with through **in-person** outreach? *Please select all that apply.*

☐ Faith communities

☐ Families

☐ Immigrant and refugee communities

☐ LGBTQIA+

☐ Low income

☐ Migrant and seasonal farmworker

☐ Older adults

☐ People experiencing mental health issues

☐ People experiencing substance use disorder

☐ People with disabilities

☐ Rural

☐ Undocumented

☐ Unhoused

☐ Youth

☐ Other (please specify)

OHA COVID-19 Grant Program Cumulative Activity Report
Community Engagement, Outreach and Education Activities (continued)

Communication for outreach

* 17. Did you conduct outreach and/or provide information in a language other than English?

◯ Yes

◯ No   If No, skip to Q20

Communication for outreach (continued)

* 18. For ease of your response, selection of languages for outreach and education 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 conduct outreach and/or provide information? *Please select all that apply.*

☐ Arabic

☐ Chinese – Mandarin

☐ Chinese – Yue (including Cantonese)

☐ French

☐ German

☐ Hindi

☐ Japanese

☐ Korean

☐ Romanian

☐ Russian

☐ Somali

☐ Spanish

☐ Tagalog

☐ Ukrainian

☐ Vietnamese

☐ None of the above

OHA COVID-19 Grant Program Cumulative Activity Report
Community Engagement, Outreach and Education Activities (continued)
Communication for outreach (continued)

* 19. 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 conduct outreach and/or provide information? *Please select all that apply.*

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

- [ ] Akposso
- [ ] Amharic
- [ ] Bhutanese
- [ ] Bisaya
- [ ] Burmese
- [ ] Cambodian
- [ ] Chuukese
- [ ] Congolese
- [ ] Creole
- [ ] Ewe
- [ ] Farsi/Persian
- [ ] Filipino
- [ ] Hebrew
- [ ] Hmong
- [ ] Igbo

- [ ] **Ilokano/Ilocano**
- [ ] **Indonesian**
- [ ] **Kapampangan**
- [ ] **Karen**
- [ ] **Khmer**
- [ ] **Kosraeans**
- [ ] **Lingala**
- [ ] **Mam**
- [ ] **Marshallese**
- [ ] **Mayan**
- [ ] **Mina**
- [ ] **Mixtec**
- [ ] **Nepali**
- [ ] **Nyanja**
- [ ] **Oromo**
- [ ] **Palauan**
- [ ] **Pohnpeian**
- [ ] **Portuguese**
- [ ] **Samoan**
- [ ] **Swahili**
- [ ] **Thai**
- [ ] **Tigrinya**
- [ ] **Tongan**

- [ ] **Trique**
- [ ] **Turkish**
- [ ] **Ukranian**
- [ ] **Umbundu**
- [ ] **Urdu**
- [ ] **Yapese**
- [ ] **Zomi**
- [ ] **Other (please specify)**

- [ ] **None of the above**

OHA COVID-19 Grant Program Cumulative Activity Report
Community Engagement, Outreach and Education Activities (continued)
Communication for outreach (continued)

* 20. What accessible communication methods did you use to conduct outreach and/or provide information? *Please select all that apply.*

☐ American Sign Language (ASL)

☐ Braille

☐ Video relay

☐ Other (please specify)

☐ None

OHA COVID-19 Grant Program Cumulative Activity Report
Social Services and Wrap Around Supports
Wrap around services and other referrals

* 21. Was your organization funded to provide social services and wrap around supports during the funding period of July – December, 2020?

○ Yes

○ No   If No, skip to Q30

OHA COVID-19 Grant Program Cumulative Activity Report
Social Services and Wrap Around Supports (continued)
Wrap around services and other referrals (continued)

* 22. For the funding period July – December, 2020, how many <u>total individuals</u> have you connected with reimbursable short-term wrap around services (for isolation or quarantine)? In this case, count by people served. A household would include each of the people served. *Please enter a number.*

* 23. For the funding period July – December, 2020, how many <u>households</u> have you connected with reimbursable short-term wrap around services (for isolation or quarantine)? *Please enter a number.*

* 24. For the funding period July – December, 2020, how many <u>total individuals</u> did you refer to resources in the community or through established safety net programs? In this case, count by people served. A household would include each of the people served. *Please enter a number.*

OHA COVID-19 Grant Program Cumulative Activity Report
Social Services and Wrap Around Supports (continued)
Wrap around services and other referrals (continued)

* 25. How would you describe the race/ethnicity of the population(s) you provided wrap around supports? *Please select all that apply.*

☐ African American/Black

☐ American Indian/Alaska Native

☐ Asian

☐ Latino/a/x, Hispanic or other peoples from Mexico, Central or South American and the Spanish-speaking Caribbean

☐ Other (please specify)

☐ Middle Eastern and North African

☐ Pacific Islander/Native Hawaiian

☐ Slavic/Eastern European

☐ Other White

OHA COVID-19 Grant Program Cumulative Activity Report
Social Services and Wrap Around Supports (continued)
Wrap around services and other referrals (continued)

* 26. How would you describe the population(s) you provided wrap around supports? *Please select all that apply.*

☐ Faith communities

☐ Families

☐ Immigrant and refugee communities

☐ LGBTQIA+

☐ Low income

☐ Older adults

☐ People experiencing substance use disorder

☐ People experiencing mental health issues

☐ People with disabilities

☐ Rural

☐ Undocumented

☐ Unhoused

☐ Youth

☐ Other (please specify)

OHA COVID-19 Grant Program Cumulative Activity Report
Social Services and Wrap Around Supports (continued)
Wrap around services and other referrals (continued)

* 27. What types of wrap around supports did your <u>CBO directly provide to clients</u> during the funding period of July – December 2020? *Please select all that apply.*

☐ Alternate housing to quarantine/isolate

☐ Child care/elder care

☐ Communications

☐ Other (please specify)

☐ Food access or delivery

☐ Medical supplies

☐ Mental health supports

☐ Rental assistance

☐ Transportation

☐ Utility assistance

OHA COVID-19 Grant Program Cumulative Activity Report
Social Services and Wrap Around Supports (continued)
Wrap around services and other referrals (continued)

* 28. Among the services you selected in the previous question, please rank these services from the most to least frequently provided. A rank of 1 would be the most frequently provided.

Only shows selections from previous question

Alternate housing to quarantine/isolate

Child care/elder care

Communications

Food access or delivery

Medical supplies

Mental health supports

Rental assistance

Transportation

☰

↕

Utility assistance

☰

↕

[Insert text from Other]

OHA COVID-19 Grant Program Cumulative Activity Report
Social Services and Wrap Around Supports (continued)
Wrap around services and other referrals (continued)

* 29. What types of wrap around supports did your <u>CBO refer or help navigate clients to</u> in other agencies during the funding period of July – December, 2020? *Please select all that apply.*

- [ ] Alternate housing to quarantine/isolate
- [ ] Benefits enrollment or other longer-term safety net programs
- [ ] Child care/elder care
- [ ] Communications
- [ ] Other (please specify)

- [ ] COVID-19 wage replacement programs
- [ ] Domestic violence
- [ ] Food access or delivery
- [ ] Medical supplies

- [ ] Mental health supports
- [ ] Rental assistance
- [ ] Supporting families with online schooling
- [ ] Utility assistance

* 30. Was your organization funded to provide contact tracing from July – December of 2020?

○ Yes

○ No   If No, skip to Q36

OHA COVID-19 Grant Program Cumulative Activity Report
Contact Tracing (continued)

* 31. Did you conduct contact tracing from July – December 2020?

○ Yes   If Yes, skip to Q33

○ No

* 32. What was the reason you were not able to conduct contact tracing from July – December 2020?

○ Did not complete the required training and/or onboarding onto ARIAS

○ Completed onboarding, but did not receive any referrals

○ Other (please specify)

All answers, skip to Q36

* 33. What contact tracing process(es) are you conducting?

◯ Initial contact tracing interview

◯ Daily symptom monitoring (active monitoring)

◯ Both initial contact tracing interview and daily symptom monitoring

* 34. What would make contact tracing work better for your organization?

* 35. Please describe any challenges working with ARIAS?

* 36. Prior to the grant period, to what extent had your CBO worked with LPHA(s)?

○ None   If None, skip to Q38

○ A minimal amount

○ A moderate amount

○ A significant amount

* 37. Prior to the grant period, what LPHAs had you worked with and in what capacity?
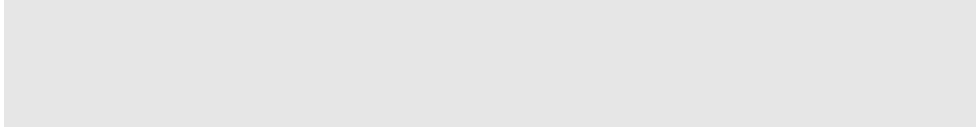
OHA COVID-19 Grant Program Cumulative Activity Report
Partnerships with Oregon Health Authority and Local Public Health Agencies (continued)

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

	Not useful	Useful	Very useful	N/A
White supremacy training	○	○	○	○
HIPAA training	○	○	○	○
ARIAS training	○	○	○	○
Fiscal office hours	○	○	○	○
Skill building materials for outreach	○	○	○	○
Skill building materials for contact tracing	○	○	○	○
In language outreach materials	○	○	○	○
Funding support for isolation and quarantine	○	○	○	○
LPHA meetings	○	○	○	○
Regional collaborative meetings	○	○	○	○
Connection to other government safety net resources	○	○	○	○

	Not useful	Useful	Very useful	N/A
Meeting with other CBOs in your region	◯	◯	◯	◯

Other (please specify)

OHA COVID-19 Grant Program Cumulative Activity Report
Partnerships with Oregon Health Authority and Local Public Health Agencies (continued)

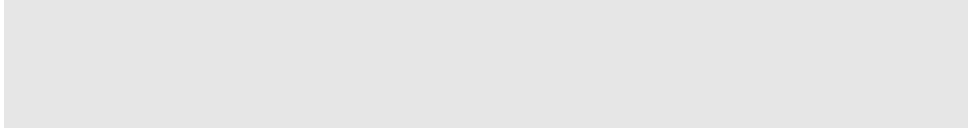* 39. What has helped or can help your organization work well with LPHA(s).

* 40. Please share any barriers or challenges your organization is experiencing working with LPHA(s).

OHA COVID-19 Grant Program Cumulative Activity Report
CBO Story

* 41. 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 Cumulative Activity Report.

Please contact victoria.m.demchak@dhsoha.state.or.us with any questions. A summary of program results will be shared with grantees.