

CBO Public Health Equity Grant Activity Reporting

Activity Reporting Timeline & Questions

Updated 04.08.24

Purpose & Timeline

You will be required to submit an online activity report every quarter describing progress and challenges with your Public Health Equity workplan activities. Your responses to reporting questions will help OHA learn more about the work that is happening in communities with the grant funds. This information helps OHA understand how we can best support your work and communicate about your important local work with public health partners. Your responses will <u>not</u> be used to critique or judge your progress. This document previews the questions that we will ask you on the activity report.

Here are some additional details about the activity reporting for this grant:

- Please refer to the table below for the activity reporting dates each quarter
- Note that we went from requiring activity reporting twice per year to every quarter based on feedback that it was difficult to track activities over the 6 months in between reporting periods
- The activity reporting questions are **below**. Please note that you will report on the same set of "**core questions**" every quarter with additional questions required at the end of the grant period (called "**expanded questions**")
- At the end of the activity reporting survey, you will have the option to request a copy of your responses for your records
- Please contact your Community Engagement Coordination with any questions

Reporting Month	Reporting for These Dates	Reporting Questions
April 2024	July 1, 2023 – March 31, 2024	Core questions
July 2024	April 1, 2024 – June 30, 2024	Core questions
October 2024	July 1, 2024 – September 30, 2024	Core questions
January 2024	October 1, 2024 – December 31, 2024	Core questions
June 2025	January 1, 2025 – May 31, 2025	Expanded questions

Que	estion Types (click on the question type below to jump to that section)
Core	e Questions2
Ехра	anded Questions8
Cor	e Questions
AII G	irantees
1.	. Please select all of the program areas you are working on with funding from OHA CBO Public Health Equity Funds.
	□ Adolescent and School Health
	□ Commercial Tobacco Prevention
	□ Overdose Prevention
	□ Public Health Modernization - Communicable Disease Prevention
	□ Public Health Modernization - Emergency Preparedness
	□ Public Health Modernization - Environmental Health and Climate Health
2.	Please provide your contact information (full name, organization, role, email address, and phone number).
	First name:
	Last name:
	Organization:
	Role:
	Email address:
	Phone number:
3.	 Select all counties in which your funded activities took place in this reporting period from July 1, 2023, through March 31, 2024.
	□ Baker County
	□ Benton County
	□ Clackamas County

Clatsop County
Columbia County
Coos County
Crook County
Curry County
Deschutes County
Douglas County
Gilliam County
Grant County
Harney County
Hood River County
Jackson County
Jefferson County
Josephine County
Klamath County
Lake County
Lane County
Lincoln County
Linn County
Malheur County
Marion County
Morrow County
Multnomah County
Polk County
Sherman County
Tillamook County
Umatilla County
Union County
Wallowa County
Wasco County
Washington County

		Wheeler County
		Yamhill County
 Select all populations you served through your funded activities in period from July 1, 2023, through March 31, 2024. 		elect all populations you served through your funded activities in this reporting riod from July 1, 2023, through March 31, 2024.
		American Indian/Alaskan native/indigenous communities
		Asian communities
		Black/African American/African communities
		Latino/a/x communities
		Pacific islander communities
		Slavic/Eastern European communities
		People with disabilities
		LGBTQIA2S+ communities
		Immigrant and refugee communities
		Rural communities
		Faith communities
		Houseless communities
		People with behavioral health conditions
		Other:
5.	Dio	d you perform your funded work in a language other than English?
		Yes
		No
6.	WI	hich language(s) did you use to perform your funded work?
		Arabic
		Chinese - Mandarin
		Chinese - Yue (including Cantonese)
		French

	Ш	German
		Hindi
		Japanese
		Korean
		Romanian
		Russian
		Somali
		Spanish
		Tagalog
		Ukrainian
		Vietnamese
		Other:
8.	wh	ease describe any challenges related to your workplan activities, and indicate nat resources or supports OHA could provide to your organization to overcome ese challenges.
0		
Э.		d you lead or participate in any community events/programs during this porting period from July 1, 2023 through March 31, 2024?
Э.	reported for the second report	
y .	reported for the second report	porting period from July 1, 2023 through March 31, 2024? yes, you will be asked to provide a few details about the event(s). Your sponses will be combined with all other responses. This information helps OHA
y.	reported for the second	porting period from July 1, 2023 through March 31, 2024? yes, you will be asked to provide a few details about the event(s). Your sponses will be combined with all other responses. This information helps OHA report on how many people were reached by funded activities.

10.		le of the event (e.g., North County Community Fair, Adult Recovery Meeting, parterly Commercial Tobacco Prevention Coalition Meeting).
11.		st the number of people that your organization reached at the event. Your best ess is fine if you did not track attendance at the event.
12.		elect the item below that best describes the primary purpose or outcome of the ent.
		Identify and assess community priorities
		Provide culturally-specific and community-specific health education and communication
		Provide culturally-specific and community-specific public health programs, services, resources, and supports
		Mobilize communities to participate in and inform health policy priorities Other:
13.		hich of your funded program areas was the community outreach event related
	toʻ	? (Select all that apply)
		Adolescent and School Health
		Commercial Tobacco Prevention
		Overdose Prevention
		Public Health Modernization - Communicable Disease Prevention
		Public Health Modernization - Emergency Preparedness
		Public Health Modernization - Environmental Health and Climate Health
14.	.Ple	ease describe anything else that you would like us to know about the event.

	ease use the File Upload feature below to upload materials mples include videos, photos, brochures, etc.
	t on another community event that you led or participated in period from July 1, 2023, through March 31, 2024.
•	ny partner organizations on your funded activities in this n July 1, 2023 through March 31, 2024?
If yes, you will be asked to provide a few details about the partnership(s). One goal of the Public Health Equity funding is to support collaboration between community partners. This information helps OHA report on the local partnership supported by the funding.	
□ Yes	
□ No	
17. Name of partner org18. Which type of organ	anization:i
□ Community- base	ed organizations
□ Local public heal	
·	government agency
□ Tribal health dep	artments
□ Schools or school	ol districts
□ School-based he	alth centers
Universities or ot	her academic organizations
 Health care systemedical provider 	ems, including clinics, federally qualified health centers, and offices,
□ Other:	

19	. Please indicate whether this partnership is new in this reporting period or was an existing partner.
	□ New partnership□ Existing partnership
	* Click here to report on another partner organization that you worked with during this reporting period from July 1, 2023, through March 31, 2024.
20	. Please describe anything else you would like us to know about your work in this reporting period from July 1, 2023 through March 31, 2024:
21	. Do you have any work examples (e.g., videos, reports, brochures) to share with OHA? If so, please upload them here.
	Please note that this is optional. OHA is interested in your work examples so we can better understand and communicate about your important local work.
	Click the "Browse" button below and select the file you would like to upload.
Expa	anded Questions (only asked for June 2025 activity reporting)
All Gr	rantees
1.	How many <u>new</u> staff were funded with your public health equity grant (either partially or in full) in the time period from <u>July 1, 2023, through May 31, 2025</u> ?
2.	How many <u>existing</u> staff were funded with your public health equity grant (either partially or in full) in the time period from <u>July 1, 2023, through May 31, 2025</u> ?
3.	Did having funding from the Public Health Equity grant provide your organization with the additional capacity to access funding from other sources during the funding period from July 1, 2023, through May 31, 2025?

	One goal of the Public Health Equity funding is that it builds the capacity of organizations to access other funding and resources, which contributes to the sustainability of CBOs working on public health priorities.	
	□ Yes	
	□ No	
	□ Not sure	
Adolescent & School Health Grantees		
4.	Input the number of <u>students</u> for whom you provided stipends in the time period from <u>July 1, 2023, through May 31, 2025</u> .	
5.	Input the number of <u>staff</u> that were hired in schools from <u>July 1, 2023, through May 31, 2025,</u> as a result of this program.	