

**COVID-19
Case Investigation**




Who we are...

Dr. General Johnson and Stephanie Robinson

Values and experience:

- We are Public Health educators and practitioners
- We have worked in community settings
- Many of us have harm reduction work and are comfortable having conversations with people about sensitive topics
- We prioritize supporting those who are vulnerable in the communities most impacted by system oppression
- We value training and outreach as a tool for bridging

Who else is in the room?



Guiding Group Agreements

- Ask questions
- Engage with curiosity
- Practice patience with yourself and others
- When using Acronyms, explain/ask what they mean




Training Schedule

Welcome and Introductions!

Unit 4: Case Investigation

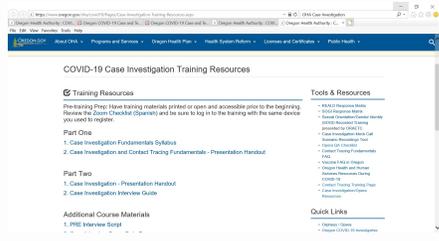
- Case Investigation Steps
- The Interview
- Data Form Activity: Session #1
- Data Form Activity: Session #2
- Data Form Activity: Session #3
- Lunch: 12:00-12:30p.m. (1 Hour)**
- Data Form Activity: Session #4
- Materials Review

Unit 5: Next Steps

End 2:30-3:00p.m.



Materials Overview

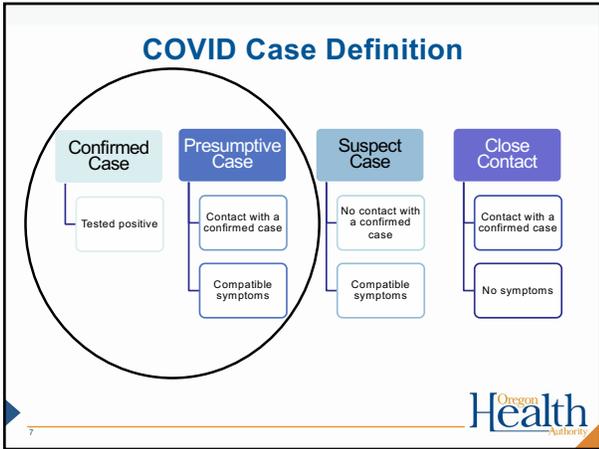


<https://www.oregon.gov/oha/covid19/Pages/Case-Investigation-Training-Resources.aspx>



4 Case Investigation



Case Investigation Skills

- Understanding of and respect for case confidentiality
- Empathetic interpersonal, cultural sensitivity, cultural competency skills
- Use Motivational Interviewing skills to build and maintain trust
- Engage people who might be reluctant
- Don't provide medical advice
- Practice situational awareness and understand when to refer to medical, social, or supervisory resources

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Steps

Inform, Guide and Support

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Case Investigation: Step One

- Case Investigators contact people who have tested people who have tested positive (**confirmed Case**) and people who have been in close contact with a known Case and are displaying symptoms (**presumptive Case**)
- Conduct investigative interview and collect info about:
 - Demographics
 - Symptoms
 - Underlying medical conditions
 - Travel and attendance at public gatherings
 - Work/school/volunteer settings
 - Household and social contacts



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Case Investigation: Step Two

- Cases are provided with information about the possibility they could spread the virus to others, even if they don't have symptoms (asymptomatic), and are provided information about:
 - How to prevent transmission
 - How to clean and disinfect their home
 - When and how to seek medical care
- Cases are encouraged to stay home and isolate **for at least 10 days after the date of their:**
 - Positive test date (**confirmed Case**)
 - Onset of symptoms and 24 hours symptom free (**presumptive case**)



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Case Investigation: Step Three

- Cases are provided with information and when needed, referrals to resources that support staying home for the recommended isolation duration
- Common concerns include:
 - Lost or reduced wages and risks to employment
 - Food Security
 - Energy Bills
 - Housing security



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Review

- Call assigned Cases within 72 hours
 - If contact cannot be made, follow assigned workflow to send a letter
- Complete investigative interview
- When needed, connect Cases with programs and services that may support staying home for the recommended duration



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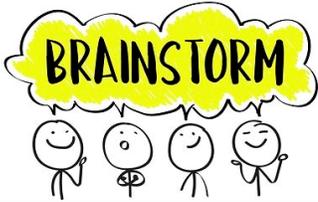
The Interview

Active Questioning



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What are some of the concerns you think people might have when you call them for case investigation?



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Concerns

- May not understand how coronavirus is spread
- May feel blamed or judged because of being involved in spreading the disease
- May feel threatened by you (or any government representative)
- Worried about receiving health care—especially if they don't have health insurance or access to care
- Mental health status/issues
- Sick people and parents of ill children worry about loss of income if they take time off work
- Immigration proceedings or documentation status
- May have a legal record
- Penalty for not following the Governor's orders



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When making calls, remember to:

- Be empathetic
- Practice bridging - you and the person you are talking to might have very different lived experiences
- Know when to refer to additional resources
- Do not provide medical advice
- Say THANK YOU! They are doing themselves and their community a huge service




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Preparing to Make Calls

- Find a quiet, private place to make your calls
- Have a data form ready – review the questions to be asked
- Practice Case's name(s)
- Have your call back number, schedule, and resources prepared and accessible
- Make multiple attempts: try different times of the day—if all attempts to contact the individual are unsuccessful within a 72-hour period, a letter will be sent
- Be prepared to work with an interpreter service to complete calls
- Make sure the Case is in a private place, or a place that feels comfortable for them to answer personal questions
- Be willing to call back if Case is busy



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Leave A Message



Group Practice



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Leave A Message

If you reach voicemail; leave a message:

“Hi, my name is *[your name]* and I’m trying to reach *[first name]*. I’m calling from *[agency name]* about some recent test results and it’s important that I talk with you. Please call me back at *[phone number]*, as soon as possible. I will be available *[today’s shift or future days and times]*. If I don’t answer, please leave a message and let me know the best time to reach you. Again, my name is *[your name]* and my number is *[phone number]*.”

Note: If there is no answer or the person’s voicemail is full, note this along with the day and time. After that, try again at different times.



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Role Play

- Introduction



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REALD Standardized Data Collection

Reasons for asking:

"The Oregon Health Authority is committed to delivering the highest quality of care to all Oregonians. We ask everyone about their preferred language, interpreter needs, race, ethnicity, gender, sexual orientation, and disability. Your answers will be used to support our response to the coronavirus pandemic, improve health programs and services, and prevent further spread of the virus in every community".

Guidance:

"I can't tell you how to answer the questions but, you may answer however you are most comfortable or however you identify. You always have the choice to decline to answer and it's OK not to know."

DO NOT make assumptions!

- Don't try to guess or interpret the Contact's meaning.
- Ask follow-up questions to clarify responses.



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Introduction and Confirmation

Introduction:

"Hello, my name is [your name] and I'm [calling for or calling from] [agency name], trying to reach [first name]. Is [first name] available?"

Confirm you are speaking with the correct person:

"I'm calling to talk with you about some recent test results. Is this a good time to talk?"

If NO: "Can I call you back later today? If not, when is a good time to talk? [Record date / time to call back]. Is this the best number to reach you? [Record phone number, if different]."

If YES: "To protect your privacy, I want to confirm that I'm speaking with the right person. Can you please spell your last name and tell me your birth date?"

Thank the Case for their cooperation:

"Thank you for providing that information."



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Data Form:

REALD Language/ Communication

<p>REAL-D: Language/communication</p> <p>What language do you speak at home?</p> <p>If other than English:</p> <p>If <u>not</u> already requested in pre-interview: Would you prefer an interpreter to continue? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>What is your preferred language when speaking with a healthcare provider?</p> <p>What is your preferred language for written health communication?</p>



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Interview:
REALD Language/ Communication
Preface:
 "I'm going to ask questions about your language preferences."
Language Preference:
 "What language do you speak at home?"
[If other language is indicated AND not already requested during the pre-interview:]
 "Would you prefer an interpreter to continue this conversation?"
OR
[If no interpreter is requested, or resuming interview once interpreter is on the phone:]
 1. "What is your preferred language when speaking with a healthcare provider?"
 2. "What is your preferred language for written health information?"
Thank you.



Inform: Confirmed Case Status
 "Again, my name is **[your name]**. I'm calling because the **[local public health authority]** received notification that you were recently tested for Coronavirus and COVID-19. Has your healthcare provider contacted you to share the test results?"
If NO: "You've tested positive for COVID-19 or Coronavirus. This means Coronavirus was found in the sample you gave. I can answer your questions and help you understand what this result means for you."
If YES: "I'm calling to see how you're doing and explain what this means for you. Your healthcare provider probably explained you'll need to stay home to prevent spreading the virus, and I will help you by connecting you to any resources you need to be able to stay home."
 "Anything you tell me will be private and confidential. I do not need any of your financial information and I will NOT ask you about your immigration status. What we discuss will not be shared with immigration authorities or law enforcement."



Inform: Presumptive Case Status
 "Again, my name is **[your name]**. I'm calling because the **[local public health authority]** received notification that you have been exposed to the coronavirus and now have symptoms. Have you been to the doctor or been given a test for Coronavirus and COVID-19?"
If NO: "We suggest getting tested. Do you have a healthcare provider you can go to for testing?" *[If not, refer to county for COVID testing locations. Encourage medical care as needed.]*
If YES: "I'm glad to hear you've been tested. Your healthcare provider, or the lab, will send us the results. Your healthcare provider probably explained you'll need to stay home to prevent spreading the virus, and I will help you by connecting you to any resources you need to be able to stay home."
 "Anything you tell me will be private and confidential. I do not need any of your financial information and I will NOT ask you about your immigration status. What we discuss will not be shared with immigration authorities or law enforcement."



Manage Expectations

1. "This call will take about 45 minutes. Please let me know if you need to stop the call and continue at another time."
2. "Is there anything you need to help you remember or understand what we talk about?"
3. "Do you have any questions before we begin?"



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Data Form: Address/Contact Information

COPY FROM OPERA RECORD	COMPLETE THIS COLUMN ONLY IF OPERA NEEDS UPDATING
Phone: - - - - -	Phone: - - - - - <small>**If high-risk living situation, complete section below**</small>
Address: _____	Home address: _____
City/ZIP: _____, OR _____	City/ZIP: _____, OR _____
Receive Mail at this Address? <input type="checkbox"/> Yes	Mailing address, if different _____
Send follow up letter: <input type="checkbox"/> Email <input type="checkbox"/> Postal Mail	City/ZIP _____, OR _____
	If Email: _____
What type of residence is this? <input type="checkbox"/> Single family <input type="checkbox"/> Multifamily <input type="checkbox"/> Group home <i>(list continues below)</i>	
(cont'd) High risk living situations **REPORT TO TEAM LEAD/COUNTY IF NOT PREVIOUSLY KNOWN**	
<input type="checkbox"/> Unstably housed or houseless	If any boxes are checked, fill in if available:
<input type="checkbox"/> LTCF or skilled nursing facility	
<input type="checkbox"/> Correctional facility	
<input type="checkbox"/> Dormitory or other housing with shared space	
<input type="checkbox"/> Work camp or farmworker housing	
<input type="checkbox"/> Other – describe: _____	FACILITY name: _____
	POINT OF CONTACT name: _____
	POINT OF CONTACT phone: _____
	Other notes: _____



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Interview: Address/Contact Information

Preface:
 "Your contact information was reported to us electronically, so I'd like to verify what I received, is correct."

Reported phone:
[Yes, No (update the information), Declined]

1. "Is the phone number I'm calling you on, the best number to reach you?"
2. "We will send you follow-up information from this call. Would you like to receive it by postal mail or email?"

Reported address:
[Yes, No (update the information), Declined]

1. *[Confirm address: ask if there is an apt or unit #, etc.]* "Is this also the address where you receive mail? *[If not, collect mailing address]*"
2. What type of residence is this? *[Follow existing workflow to report high-risk living situations].*

Thank you.



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Data Form Activity
15 Minutes



Session #1



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Data Form: REALD Disability

REAL-D: Disability questions: "I am now going to ask you some questions about disabilities. Your answers will help us find health and service differences among people with and without functional difficulties. Your answers are confidential."

Are you blind, or do you have serious difficulty seeing, even when wearing glasses? Yes No

Do you need health information in an alternate format (Braille, large font)? Braille Large font _____

Are you deaf/have serious difficulty hearing? Yes No

Ask if 5 years or older: DO YOU...

Have serious difficulty walking or going up stairs? Yes No

Have serious difficulty concentrating, remembering, or making decisions? Yes No

Have difficulty dressing or bathing? Yes No

Using your usual (customary) language, do you have serious difficulty communicating? Yes No

Ask if 15 years or older: DO YOU...

Have serious difficulty doing errands alone? Yes No

Have serious difficulty with mood, intense feelings, controlling your behavior, delusions, or hallucinations? Yes No



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Interview: REALD Disability

Preface:

"I'm going to ask questions about your abilities."

Abilities:

[Yes, No, Unknown/Declined]

- "Do you need health information in an alternate format, such as Braille, large font or audio recording?"
- "Are you blind or do you have difficulty seeing, even when wearing glasses?"
- "Are you deaf or do you have difficulty hearing?"

[Continued on next slide...](#)



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Interview: REALD Disability

4. "Does a physical, mental or emotional condition limit your activities in any way?"

If age 5 or over:
[Yes, No, Unknown/Declined]

- "Do you have serious difficulty walking or climbing stairs?"
- "Do you have difficulty dressing or bathing?"
- "Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions?"

If age 15 or over:
[Yes, No, Unknown/Declined]

- "Because of a physical, mental, or emotional condition, do you have serious difficulty doing errands alone, such as visiting a doctor's office or shopping?"

Thank you.



Data Form: Clinical Tab

Clinical tab	
Symptom onset	
Have you been feeling sick?	
<input type="checkbox"/> Yes	→ What was the first date you can remember feeling ill? Or best guess. MM/DD/YYYY <input type="checkbox"/> Indeterminate
<input type="checkbox"/> No	→ Use ELR specimen collection date (first page) as onset date
<input type="checkbox"/> Refused	<input type="checkbox"/> Unknown
Symptoms	
<i>(For asymptomatic add: Even though you have not been feeling sick...)</i>	
Please let me know if you have felt any of these symptoms by answering 'yes' or 'no.' If this is a symptom you frequently had before COVID (like a chronic cough), please tell me that too. Please ask me to describe if you are not sure.	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Fever – measured or subjective
<input type="checkbox"/> Yes <input type="checkbox"/> No	Difficulty breathing
<input type="checkbox"/> Yes <input type="checkbox"/> No	Cough
<input type="checkbox"/> Yes <input type="checkbox"/> No	Loss of smell or taste
<i>(For asymptomatic add: If you develop any of these symptoms before the end of the isolation period, the 10-day isolation should be restarted on the date of symptom onset.)</i>	



Interview: Clinical Tab

Symptoms Assessment

- "Now, I'm going to ask some questions about how you've been feeling."
- "Have you been feeling sick?"
If YES: "What was the first date you remember feeling ill?"
[For asymptomatic add: Even though you have not been feeling sick]

"I'm going to read a list of symptoms. Please let me know if you've felt any of these by answering 'yes' or 'no.' If I name a symptom you frequently had before COVID (like a chronic cough), please tell me that too. Please ask me to describe any of the symptoms if you are not sure if you've had it:

- "Fever?"
- "Cough?"
- "Difficulty breathing?"
- "Loss of smell or taste?"



Interview: Clinical Tab

Symptomatic:
 "To prevent the spread of the Coronavirus and COVID-19, you should **plan to stay home and isolate for at least 10 days.**

Based on the information you've shared; you should stay home until *[End date based on onset]*, or until you are fever free without medications and any other symptoms are gone or significantly improving for 12 hours."
[Reinforce with an example extending isolation beyond 10 days if symptoms disappear & reappear in 24 hours].

Asymptomatic:
 "To prevent the spread of the Coronavirus and COVID-19, you should **plan to stay home and isolate for 10 days.**

Based on your test date, you should stay home until *[test date + 10 days]*.

Between now and *[end date]*, please check yourself closely for symptoms. If you start having symptoms (like a fever or cough), call your medical provider and continue to self-isolate."



Data Form: Wraparound Services

Wraparound services: "Public health is not just about staying free of symptoms, it is about having access to the resources and support needed to remain healthy. This is even more important when we need to stay home to prevent the spread of COVID-19. We'll talk more about staying home later in this phone call, but first I want to know:

Do you/your family have access to food you need to stay home? Yes No Unsure

Do you need help paying your housing or utility bills? Yes No Unsure

Do you have family, friends, or neighbors outside your home that you can ask for help with running errands? Yes No Unsure

If support is needed: Do you consent to local public health sharing your contact information to the local community-based organization that can provide you with these services? Yes No Unsure

It can be hard to predict what needs will arise if you are being asked to stay home for a while. The number for [Enter county name] County will also be included in the follow up information you receive. Please reach out later if needs arise.

We will send you follow up information from this call. Would you like to receive it by postal mail or email?
 Postal mail Email → What is your email address?



Interview: Establish Wraparound Needs
[Yes, No, Unsure/Declined]

- "Do you/your family have access to the food you need to stay home?"
- "Do you need help paying your housing our utility bills?"
- "Do you have family, friends or neighbors outside your home that you can ask for help running errands?"



Interview: Wraparound Referrals
Provide Information/Referrals:

- "I'm hearing you need help with a few things."
 - [If county resources are available]* "You can call **[phone number]** for assistance with that."
 - "211-Info may be able to help you find the resources you need. You can dial 2-1-1 or visit their website."
 - [Over age 60 or person with a disability]* "Your local Aging and Disability Resource Connection may be able to help you find resources **[phone number or web address]**."
- "It can be hard to predict what needs will arise as you stay home for a while. The phone number for **[local public health authority]** will also be included in the follow-up information you receive. Please reach out later if there's anything you need."



Data Form: Vaccine Tab

Vaccine tab
Have you received any doses of COVID vaccine? <input type="checkbox"/> Yes <input type="checkbox"/> No If no: Document on the Vaccine tab, select "No" for "Up to date for Coronavirus?" If yes: Can you find your vaccine card and read off the vaccine information (dates, brand, etc.)? ____ <ul style="list-style-type: none"> If live in Opera when doing the interview, on the vaccine tab, click the ALERT button The ALERT button can be used to document/verify verbal report of vaccine. If no vaccines are identified that route, vaccines can be manually added using the "+" Vaccine" button If it's been >=14 days since the 2 nd dose: They are considered up to date for Coronavirus vaccine. <ul style="list-style-type: none"> Document in Opera, on the vaccine tab, click "Yes" at the top for "Up to date for Coronavirus" If they have only received 1 dose or it has been less than 14 days since the 2 nd dose was received: They are not considered up to date for vaccine. <ul style="list-style-type: none"> Document by selecting "no" for "Up to date for Coronavirus?" on the vaccine tab
Hospitalization Have you had to stay overnight at the hospital since your Coronavirus diagnosis? <input type="checkbox"/> Yes <input type="checkbox"/> No If hospitalized: Do you know the name of the hospital where you were admitted? Do you remember what dates you were at the hospital? Admit MM/DD/YYYY Discharge MM/DD/YYYY Were you in the ICU? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes: <input type="checkbox"/> Received mechanical ventilation
If hospitalized: Were you transported by EMS to the hospital? <input type="checkbox"/> Yes Date: MM/DD/YYYY Time: Ambulance company: <input type="checkbox"/> No <input type="checkbox"/> Unknown



Interview: Wraparound Referrals
Provide Information/Referrals:

- "I'm hearing you need help with a few things."
 - [If county resources are available]* "You can call **[phone number]** for assistance with that."
 - "211-Info may be able to help you find the resources you need. You can dial 2-1-1 or visit their website."
 - [Over age 60 or person with a disability]* "Your local Aging and Disability Resource Connection may be able to help you find resources **[phone number or web address]**."
- "It can be hard to predict what needs will arise as you stay home for a while. The phone number for **[local public health authority]** will also be included in the follow-up information you receive. Please reach out later if there's anything you need."



Data Form Activity

20 Minutes



Session #2



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BREAK (5-10 Minutes)



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Data Form: Work/School/Volunteering

Vaccine tab

Have you received any doses of COVID vaccine? Yes No
 If no: Document on the Vaccine tab, select "No" for "Up to date for Coronavirus?"
 If yes: Can you find your vaccine card and read off the vaccine information (dates, brand, etc.)? ____
 • If live in Opera when doing the interview, on the vaccine tab, click the ALERT button
 • The ALERT button can be used to document/verify verbal report of vaccine. If no vaccines are identified that route, vaccines can be manually added using the "+" Vaccine" button
 If it's been >14 days since the 2nd dose: They are considered up to date for Coronavirus vaccine.
 • Document in Opera, on the vaccine tab, click "Yes" at the top for "Up to date for Coronavirus"
 If they have only received 1 dose or it has been less than 14 days since the 2nd dose was received: They are not considered up to date for vaccine.
 • Document by selecting "no" for "Up to date for Coronavirus?" on the vaccine tab

Hospitalization

Have you had to stay overnight at the hospital since your Coronavirus diagnosis? Yes No
 If hospitalized:
 Do you know the name of the hospital where you were admitted?
 Do you remember what dates you were at the hospital? Admit MM/DD/YYYY Discharge MM/DD/YYYY
 Were you in the ICU? Yes No If yes: Received mechanical ventilation
 If hospitalized:
 Were you transported by EMS to the hospital?
 Yes Date: MM/DD/YYYY Time: Ambulance company:
 No Unknown



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Investigative Interview

Travel

"In the two weeks before you tested positive [or, started feeling sick], did you travel outside of your home area?"

1. "Where did you travel?"
2. "How did you travel?" [Car, plane, bus, cruise ship, etc.]
3. "What was the reason you traveled?" [Work, vacation, see family, military, etc.]
4. "Who did you travel with?" [solo, same household, organized trip, etc.]
5. "When did you travel?" [MM/DD/YYYY to MM/DD/YYYY]
6. "Do you remember the flight number?"



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Data Form: Contacts and Epi links

Contacts and epi links tabs

Household contacts
Next, I'd like to know about the people who live at your address, and if anyone has been sick. Later I will share important information on how everyone around you can stay healthy.

First and last name <small>(First name required)</small>	Sex <small>M <input type="checkbox"/> F <input type="checkbox"/></small>	Relationship	DOB or age	COVID-19 tested?	Sick? if yes, Sx	Phone number <small>(if different) (Required)</small>
				Yes <input type="checkbox"/> No <input type="checkbox"/>		

High-risk work contacts
Think about the time from two days before you started feeling sick [or, tested positive], up until [today, or end of isolation period, whichever comes first]. Are there any people at your work you've had close contact with, including transportation to/from work? Close contact means within 6 ft for more than 15 mins within 24 hours.

First and last name <small>(First name required)</small>	DOB/age <small>if known</small>	Sex <small>M <input type="checkbox"/> F <input type="checkbox"/></small>	Phone number <small>(Required)</small>	Address, if known	Last exposure date <small>(Required)</small>
					MM/DD/YYYY

High-risk social contacts
Still thinking about the time from two days before you started feeling sick [or, positive test], up until [today, or end of isolation period, whichever comes first]. Are there any friends or family outside your home, or other social groups where you might have had close contact? Again, close contact means within 6 ft for more than 15 mins.

First and last name <small>(First name required)</small>	DOB/age <small>if known</small>	Sex <small>M <input type="checkbox"/> F <input type="checkbox"/></small>	Phone number <small>(Required)</small>	Address, if known	Last exposure date <small>(Required)</small>
		<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Non-binary <input type="checkbox"/> Unknown			MM/DD/YYYY



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Interview: Contacts

Household Contacts:

"Next I'll ask some questions about the people who live at your address. As we go through this list, I will ask if anyone has had symptoms. Later I'll share important information on how everyone around you can stay healthy."

High-Risk Work Contacts:

"Think about the time from two days before you tested positive [or, started feeling sick] up until today [or, end of isolation period, whichever comes first]. I'd like to know of any people at your work you've had close contact with, including transportation to/from work. Close contact means being within 6 ft, for more than 15 mins."

High-Risk Social Contacts:

"Still thinking about the time from two days before you tested positive [or, started feeling sick], up until today [or, end of isolation period, whichever comes first], I'd also like to know about any friends or family outside your home, or other social groups where you might have had close contact. Again, close contact means being within 6 ft, for more than 15 mins."



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Data Form Activity

20 Minutes



Session #3



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Data Form: REALD Race and Ethnicity

REAL D: Race ethnicity
 We ask everyone who tests positive for coronavirus about racial and ethnic background in order to make sure all Oregonians receive the best possible public health service, to prevent others in your community from becoming ill, and to understand how the virus is impacting communities.

How do you describe your race, ethnicity, tribal affiliation, country of origin, or ancestry?
 You can use any words you like.
 In addition to [repeat response], which of these terms or categories would you use for your racial or ethnic identity?

<p>American Indian or Alaska Native</p> <input type="checkbox"/> American Indian <input type="checkbox"/> Alaska Native <input type="checkbox"/> Canadian Inuit, Metis, First Nation <input type="checkbox"/> Indigenous Mexican, Central/South American <p>Hispanic or Latin/x</p> <input type="checkbox"/> Hispanic or Latin/x Central American <input type="checkbox"/> Hispanic or Latin/x Mexican <input type="checkbox"/> Hispanic or Latin/x South American <input type="checkbox"/> Other Hispanic or Latin/x <p>Native Hawaiian or Pacific Islander</p> <input type="checkbox"/> Guamanian <input type="checkbox"/> Chamorro <input type="checkbox"/> Moronesian <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Samoan <input type="checkbox"/> Tongan <input type="checkbox"/> Other Pacific Islander	<p>Asian</p> <input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino/a <input type="checkbox"/> Hmong <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Laotian <input type="checkbox"/> South Asian <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian <p>White</p> <input type="checkbox"/> Eastern European <input type="checkbox"/> Slavic <input type="checkbox"/> Western European <input type="checkbox"/> Other White	<p>Black or African American</p> <input type="checkbox"/> African American <input type="checkbox"/> Caribbean (Black) <input type="checkbox"/> Other Black <p>Middle Eastern/Northern African</p> <input type="checkbox"/> Northern African <input type="checkbox"/> Middle Eastern <p>Other categories</p> <input type="checkbox"/> Unknown <input type="checkbox"/> Declined <input type="checkbox"/> Other: _____ <p>If multiple races mentioned: Would you like to identify as multiracial or would you like to choose a primary race or ethnic category? <input type="checkbox"/> Multiracial <input type="checkbox"/> Primary race: _____</p>
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REALD Race and Ethnicity

Preface:
 "I'm going to ask a few questions about your race and ethnicity."

Racial and Ethnicity Identity:
 "How do you describe your race, ethnicity, tribal affiliation, country of origin or ancestry? You can use any words you like."
[If responses don't match existing categories or subcategories, probe for more details.]

"Would you say **[racial category(ies)]** is the best description of your race or ethnicity?"

OR

"You've described your race or ethnicity as **[racial category(ies)]**, which of the following **[sub-categories]** would you say best describes your race or ethnicity?"

Thank you.



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Data Form: SOGI

REAL-D SOGI: Gender identity

How do you describe your gender? (Pause) You can use any words you like.

In addition to [repeat their response, and check if listed below], are there other terms or categories you use for your gender identity? You can choose as many as you want. (Check all that apply)

(If their response is not included) Some of the options are:

<input type="checkbox"/> Woman or girl	<input type="checkbox"/> Questioning
<input type="checkbox"/> Feminine leaning	<input type="checkbox"/> Not listed – please specify: _____
<input type="checkbox"/> Man or boy	<input type="checkbox"/> Don't know
<input type="checkbox"/> Masculine leaning	<input type="checkbox"/> I don't know what this question is asking
<input type="checkbox"/> Agender or no gender	<input type="checkbox"/> I don't want to answer (Declined)
<input type="checkbox"/> Non-binary	

Do you identify as transgender?

<input type="checkbox"/> Yes	<input type="checkbox"/> Don't know
<input type="checkbox"/> No	<input type="checkbox"/> I don't know what this question is asking
<input type="checkbox"/> Other – please specify: _____	<input type="checkbox"/> I don't want to answer (Declined)



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SOGI

Preface:
 "I'm going to ask questions about your gender identity."

Gender Identity:
[If responses don't match existing categories; probe for more details]

- "How do you describe your gender? You may use any words you like."
- "In addition to **[repeat their response]** are there other terms you use to describe your gender identity?"
- "Do you identify as transgender?"

Thank you.



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Data Form Activity
15 Minutes



Session #4



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Conclusion and Interview Tips

Closing

“As I said earlier, public health investigations are private. Please do not share names or other information you may know about people who are being asked to stay home or other people who may have been in contact with them. We appreciate your help keeping others safe.”

“Do you have any questions for me?”

“Thank you for your time. If you think of any questions, you can call the county health department at **LPHA contact number**.”

Note (safety concerns): If you have concerns about the safety of this person, or other people in the home, contact your supervisor after the call to discuss your concerns. This call is about contact tracing. Please don't begin to investigate issues of safety. You and your supervisor can talk through next steps.



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Tip 1: Wrong Number

Ask if familiar with Contact:

“Do you know how I can reach **contact's first name**?”

If No: “Thank for your time. I will note in our records that this isn't the correct phone number.”

If Yes: The correct phone number and try to reach Contact there.



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Tip 2: Interpreter Request

Ask about preferred language:

Ask if Contact would prefer to speak in a language other than English.

If Yes: "I will call you back with an interpreter. Which language do you speak?"

Follow agency/organization instructions for engaging an interpreter. After you have an interpreter on the line, proceed with the interview.



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Tip 3: Age of Consent

Contact Is Less than 15 Years Old:

"May I speak to the parent or guardian of **contact's first name**?"

*Contacts age 15-17 may opt for parent interview **OR** self-report.*



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Tip 4: Unable to Complete Interview

Too sick to continue:

"May I ask what symptoms you are having?" **note on assessment record**

OR say:

"If you have chest pain that doesn't go away, trouble breathing, disorientation or trouble talking, or bluish lips or face, please call 911 or go to the nearest emergency room immediately!"

If hospitalized or unable to self-report: Find out name of the hospital and the date of admission. See if spouse or family member can be interviewed if the Contact cannot speak. **Comment in the notes section; name and relationship with the client; ask if person has power of attorney if they are able to complete the interview on their behalf.**



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What are some of the opportunities you think your call provides when you call someone for contact tracing?



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Opportunities

- Build rapport and trust with empathy
- Inform and educate
- Correct or dispel myths/harmful information about COVID-19
- Connect people to vital resources and services



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Materials Reminder

Remember to Bookmark the training resources webpage!



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Question? Concerns?



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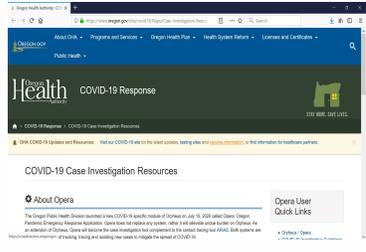
5 Next Steps



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Additional Training

- OPERA (Oregon Pandemic Response) data system
- Workflow and processes that are unique to your work setting



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5 OPERA

Please go to the Case Investigation Resources webpage to register for your Opera training after you get access from your team lead.




Additional Training Opportunities/ Resources

- Case Investigation Resources Website:
 - <https://www.oregon.gov/oha/covid19/Pages/Case-Investigation-Resources.aspx>
 - Opera instructional videos on demand.
 - Register for additional training opportunities.
- Directory of Useful Databases for Epidemiologists (DUDE)
- OPERA Training Environment
- Email us at: Training.Support@dhsosha.state.or.us





Evaluation

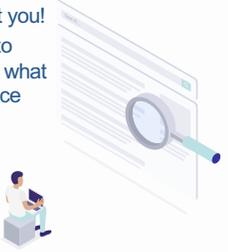
Please complete the evaluation!

We can only improve with your feedback!



THANK YOU!

- This would not be possible without you!
- Your dedication and commitment to keeping our community's health is what we need to get folks well and reduce the spread of the virus.



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