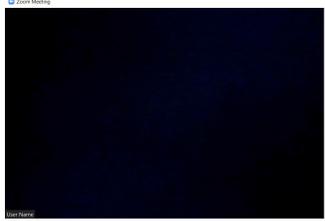


Welcome! We will start soon...

For phone audio, make sure your number is linked to your ZOOM Participant ID# using the

 or  button



1



VIDEO AND MICROPHONE CHECK!

- It's best if you have access to video and audio
- Feel free to keep your camera turned off, but please turn it on for breakout sessions to engage with others
- Please mute yourself when you are not talking
- Please "raise your hand" or use the chat box to ask questions
- Please let us know if you need any support



2

COVID-19
Case Investigation and Contact Tracing
Fundamentals



3

Training Schedule

Welcome and Introductions!

- Module 1: Introduction
- Module 2: COVID-19
- Break: 5-10 Minutes**
- Module 3: Prevent Community Spread
- Module 4: Trauma Informed Principles
- Break: 5-10 Minutes**
- Module 5: REALD and SOGI
- Module 6: Next Steps

End 12:00–12:30 p.m.



4

1 Introduction



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Who we are...

OHA COVID Response Training Team

Values and experience:

- We are Public Health educators and practitioners
- We work in academia and in community settings
- We have harm reduction experience and are comfortable conversing about sensitive topics
- We prioritize supporting communities at risk for additional harm
- We value training and outreach as a tool for bridging

Who else is in the room?



6

Transparency

This training is a collaborative effort:

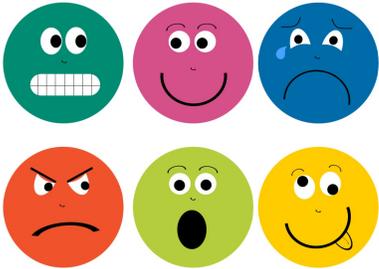
- It draws on “best practices” and resources from the Oregon Health Authority (OHA) and the Centers for Disease Control and Prevention (CDC).
- We work closely with state, county and local public health officials as well as community-based partners to respond to changing needs, protocols and capacity.



7

7

Training Participant Poll #1



8

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Guiding Group Agreements

- Ask questions
- Engage with curiosity
- Practice patience with yourself and others



9

9

Training Materials

Contact Tracing OR Case Investigation

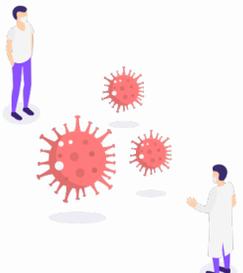
- Syllabus
- Presentation Handout - for note-taking



10

10

2 COVID-19



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Topics

- COVID-19 Basics
- Stay Home. Save Lives.
- Resources



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COVID-19 Basics



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What is it?

COVID-19 is a respiratory disease that is caused by the SARS-CoV-2 coronavirus. Coronaviruses aren't new—they are a large family of halo shaped viruses, common in many species of animals, that can be transmitted to humans. Common animal carriers include cats, cattle, bats, and camels.

The most common route for human infection is mucous membranes in our eyes, nose and mouth.




Source: CDC.gov

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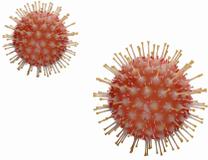
What's in a name?

CO = Corona

VI = Virus

D = Disease

19 = 2019




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15



English: <https://www.youtube.com/watch?v=BiN-gov9VOY>
 Spanish: <https://www.youtube.com/watch?v=PuSilvodRc>

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Updates

- Vaccines are widely available.
- Communities are slowly returning to normal.
- The virus is now endemic and annual booster shots are recommended.

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Higher Risk

- People ages 60+
- People who *live or work* in congregate settings like skilled nursing, assisted-living, psychiatric hospitals, correctional facilities and schools
- Pregnant people should be monitored
- Weakened immune system
- Chronic lung disease or asthma
- Serious heart condition
- Uncontrolled diabetes
- Cardiovascular disease
- Organ disease or organ failure



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How it Spreads

- Airborne—close contact between people (within 6 feet for 15+ mins (cumulative over 24 hours)
- Droplets/aerosol mist from coughs, sneezes, singing or talking of infected person are inhaled by non-infected person
- Contact with contaminated objects or surfaces
 - Possible but not the most common route
- Survival time on surfaces:
 - Cloth – up to 2 days
 - Plastic and wood – up to 3 days
 - Metal and glass – up to 7 days



Source: CDC.gov



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Infection Type

When a person is infected with the virus that causes COVID-19, they may or may not have symptoms:

- Average onset of symptoms is 5 days
- Peak infectiousness is two days *before* and one day *after* symptoms onset
- *Reinfection can occur!*

Symptomatic 55-60%: A person develops symptoms of the disease.

Asymptomatic 40-45%: A person may never develop any symptoms of the illness.



Source: CDC.gov



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Symptoms

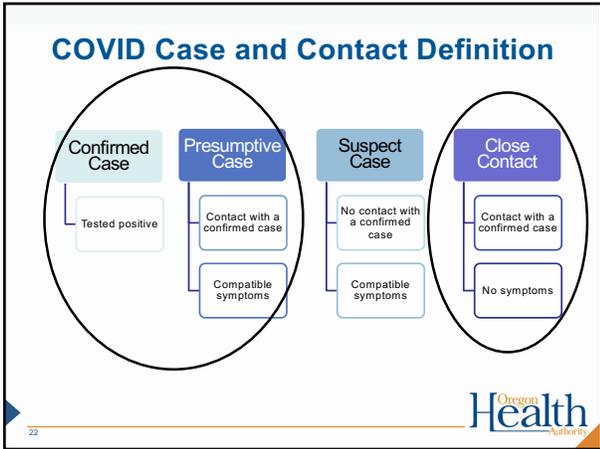
COVID-19 can cause a range of symptoms; from mild to severe. When symptoms do appear, they usually emerge between 2-14 days after someone is first exposed to the virus and may include:

- Fever
- Cough
- Shortness of breath
- Repeated shaking with chills
- Muscle pain
- Headache
- Sore throat
- New loss of taste or smell





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Cases and Contacts

Positive and Presumptive Cases

Isolation is used to **separate people infected with the virus from people who are not infected** (whether they are symptomatic or asymptomatic).

People who are in isolation should stay home until it's safe for them to be around others.

Close Contacts

Quarantine is intended to **reduce the risk that infected persons might unknowingly transmit infection to others**.

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Positive and Presumptive Cases

CDC recommends 10 days, but discontinuation should be a symptom-based decision.

For people who are:

- **Symptomatic** – Isolation and precautions can be generally discontinued **10 days** after symptom onset and **resolution of fever for at least 24 hours** (without the use of fever-reducing medications) and **with improvement of other symptoms**.
- **Asymptomatic** – Isolation and precautions can be generally be discontinued **10 days after** the date of their **first positive test**.

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Isolation Protocols

People who are in isolation should stay home until it's safe for them to be around others.

- At home, anyone sick or infected should separate from others.
- Stay in a specific "sick room" or area.
- Use a separate bathroom (if available).
- Avoid contact with other household members and pets.
- Don't share personal household items, like cups, towels and utensils.
- Wear a mask when around other people.



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Close Contacts

- **OHA recommends 14 days for all unvaccinated contacts in all settings.**
 - A shortened quarantine exception is only an option when needed to address staffing shortages for essential services (healthcare, infrastructure, etc.)
- **Vaccinated persons with an exposure to someone with suspected or confirmed COVID-19 are not required to quarantine if they meet the following criteria:**
 - Fully vaccinated (≥2 weeks following receipt of one dose of a single-dose vaccine, **or** ≥2 weeks following receipt of the second dose in a 2-dose series) and
 - Have remained asymptomatic since the current COVID-19 exposure



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Quarantine Protocols

Quarantine is intended to **reduce the risk that infected persons might unknowingly transmit infection to others.**

People in quarantine should:

- Stay home for 14 days and monitor their health.
- Watch for symptoms of COVID-19 (Fever (100.4°F), cough, shortness of breath or other symptoms).
- Stay away from others, especially people who are at higher risk for getting very sick from COVID-19.
- Follow directions from their state or local health department.



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Isolation vs. Quarantine

ISOLATION Applies to Positive and Presumptive Cases

- Confirmed or presumptive Cases
- Purpose: Prevent the spread of COVID
- Cases **ISOLATE** at home for a minimum of **10 days** AND until symptoms are absent or resolving for 24 hours

QUARANTINE Applies to Close Contacts

- Close Contacts
- Purpose: Watch for symptoms
- Unvaccinated persons **QUARANTINE** at home for **14 days**
- Vaccinated persons may be **EXEMPT FROM QUARANTINE.**



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Testing and Vaccination

- **Nasal Swab or Blood Test**
 - The virus can be detected as early as 3-4 days after exposure, but the entire incubation period is 14 days.
 - A negative test before the end of 14 days is **NOT** a guarantee that the infection won't take hold!
- **Vaccination**
 - Everyone above the age of 12 is eligible to be vaccinated.



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Treatment

- **NO cure for COVID-19**
- Antibiotics **cannot be used** to treat COVID-19, since it is a virus
- Most people who have symptoms or are sick with COVID-19, should:
 - Isolate at home
 - Get rest and stay hydrated
 - Manage their symptoms with over-the-counter medicines, such as acetaminophen
 - Stay in touch with their healthcare provider



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Debunking COVID-19 Myths

Myth: The increase in positive cases is because of increased testing.

Myth: The actual number of COVID-related deaths is much lower—the impact of the disease has been inflated.

Myth: Herd immunity is a good idea—we should try to achieve herd immunity by letting the virus spread throughout the population. **FALSE**

Myth: Only the elderly or those with underlying health conditions will get seriously ill and require hospitalization.

Myth: COVID-19 is no worse than seasonal flu.



31

Stay Home. Save Lives.



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State Emergency Health Powers Act

- During a Public Health emergency, State and local authorities are empowered to carry out the following functions:
 1. . Comprehensive planning for public health emergencies.
 2. Surveillance measures to detect and track public health emergencies.
 3. Management of property, ensure adequate availability of vaccines, pharmaceuticals and hospitals, as well abate hazards to the public's health.
 4. Protection of persons, testing, treatment, isolation and quarantine when clearly necessary; and
 5. Communicate clear and authoritative information to the public
- HIPAA permits the disclosure and use of protected health information during a Public Health emergency.



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Outreach and Education Resources
 Downloadable Resources and Social Media Cards
<https://govstatus.egov.com/OR-OHA-Contact-Collaborative>

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Public display of Infection.

Questions?

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BREAK
(5-10 Minutes)

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Poll #2



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3 Prevent Community Spread



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Topics

- Centers for Disease Control and Prevention (CDC)
- Oregon Health Authority
- Local and Tribal Public Health Authorities and Community Partners
- Community Members
- Resources

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What is CONTACT TRACING?

https://www.youtube.com/watch?v=HKr0BO_dG5I

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Roles in Preventing Community Spread



Community Members Practice

CDC Policies

LPHA Procedures

QHA Protocols

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Centers for Disease Control and Prevention

Principles and Policies



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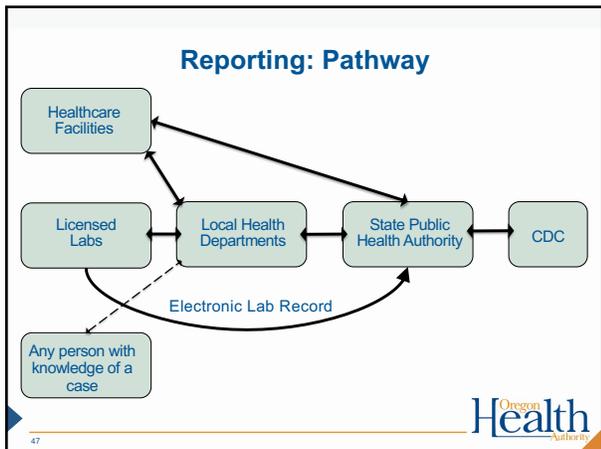
Role: CDC NNDSS

National Notifiable Diseases Surveillance System

Categories (partial list)	Delegated Authority
<ul style="list-style-type: none">• Vaccine-preventable• Food and waterborne pathogens• Sexually transmitted infections• Outbreaks• Diseases of "possible public health significance"	<ul style="list-style-type: none">• State Public Health Authority<ul style="list-style-type: none">– Healthcare Providers– Healthcare Facilities– Licensed Laboratories

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Policies and Protocols

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COVID-19 Investigative Guidelines

CASE TYPE	DEFINITION	PROCEDURE	ACTION	PERIOD
Confirmed Case	<ul style="list-style-type: none"> Positive test result Either asymptomatic or symptomatic 	Case Investigations	Isolation	10 days from onset of symptoms OR test date, AND free of symptoms for 24hr
Presumptive Case	<ul style="list-style-type: none"> 2+ symptoms: shortness of breath, cough, measured or subjective fever; new loss of smell or taste, or pneumonia on chest X-ray AND not explained by alt Dx Close contact with confirmed case (same HH, or <6', 15+m) 	Case Investigations	Isolation	10 days from onset, AND free of symptoms for 24h
Suspect Case	<ul style="list-style-type: none"> 1+ symptom not explained by alt Dx No test result, OR negative test result No defined exposure, OR presumptive case exposure 	Recommend Testing		Does not change other recommendations; continue to quarantine if close contact
Close Contact	<ul style="list-style-type: none"> Asymptomatic Confirmed or presumptive case exposure (same HH, or <6', 15+m) 	Contract Tracing Recommend Testing	Quarantine	7-14 days since last exposure; for unvaccinated. (Fully vaccinated may be exempt)



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Role: COVID-19 Reporting

In Oregon, the following COVID-19 events are reportable:

- COVID-19 laboratory results (positive and negative)
- COVID-19 related hospitalizations
- COVID-19 related deaths



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Local and Tribal Public Health Authorities

Protocols and Procedures





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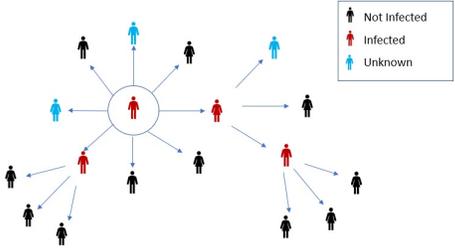
Role: Case Investigator

- Contact positive and presumptive Cases to conduct investigative interview.
- Collect demographics, health history, discuss travel, social interactions, and identify close contacts.
- Provide isolation guidance and information or education about reducing the risk of transmitting COVID-19 for themselves or their household members.
- Provide navigation or connection to pandemic relief programs.
- Refer to LPHA or CBO for case management when other services are needed.
- Link Cases to medical care and treatment, if needed.



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Results...



<https://dzone.com/articles/contact-tracing-apps-for-proximity-alerts>



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Role: Contact Tracer

- Notify Contacts of their exposure.
- Collect demographics and assess Contact for symptoms.
- Refer Contacts to COVID-19 testing.
- Provide quarantine guidance and information or education about reducing the risk of further exposure or acquiring COVID-19 for themselves and their household members.
- Check-in daily to monitor Contact for symptoms.
- Provide navigation or connection to pandemic relief programs.
- Refer to LPHA or CBO for case management when other services are needed.
- Link Contacts to medical care and treatment, if needed.



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Confidentiality

- You have access to confidential information
- You must first sign a confidentiality oath
- You agree to lots of things when you sign (if you don't know what you agreed to, then you should read it again)
- This is a delicate and frightening time for people, the public should be able to trust you with their information.




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Equipment and Materials

Phones

- Case investigators and contact tracers will not utilize their personal phones
- Secure phones will be issued

Computers

- Most case investigators and contact tracers will be working from issued or personal devices with remote access
- Reliable internet access and data entry ability will be needed




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Maintain Privacy

- Remember that this is all personal, protected information
- Do not share information with anyone in your home or social circle
- Having access to information or a database does not give you the right to look up your family, friends, acquaintances, nemesis, political figures




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Secure Physical and Digital Data

- **Physical, i.e. written notes or forms**
 - Must be locked in a place only you can access
 - Ultimately, must be shredded commercially
- **Digital files**
 - Must be saved to a secure location
 - Secure: firewall protected drives, accessed through your county or organization network
 - *Not secure:*
 - *your personal laptop hard drive*
 - *cloud-based programs like google docs or google sheets*



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Report Problems!

- If you are worried you can't comply with the guidance - tell your supervisor
- If an accidental data breach happens (of any size) – tell your supervisor




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Community Members

Practices




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Role: Families and Community Members

Comply with Quarantine or Isolation Guidance

- Quarantine (Close Contacts)
 - Self-quarantine for 14 days (OHA guidance)
 - Report Symptoms (if they develop)
 - Seek medical care for worsening symptoms
- Isolation (Positive and Presumptive Cases)
 - Self-isolate for 10 days
 - Seek medical care for worsening symptoms



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Role Comparison

Case Investigators

- Contact positive and presumptive Cases.
- Collect demographics, health history and identify close Contacts.
- Provide personalized isolation guidance.
- Connect with pandemic relief programs or refer to LPHA or CBO for case management.

Contact Tracers

- Notify Contacts of their exposure.
- Collect demographics and assess Contact for symptoms.
- Refer Contacts to testing.
- Connect with pandemic relief programs or refer to LPHA or CBO for case management.

Community Members

- Comply with isolation or quarantine guidance.



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How To Establish Authority

You call a Case or a Contact and the person immediately asks, "Why are you calling me?", "Who gave you my number?", "Is this even legal?"

*How will you establish your authority?
What will you say?*



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<https://coronavirus.oregon.gov>

Tracking COVID-19
What's Open in My County?
Resources
Testing and Vaccination

65



<https://www.211info.org>

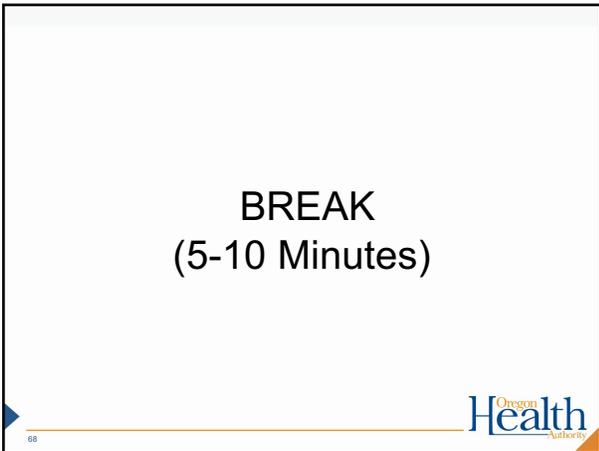
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Questions?

Oregon Health Authority

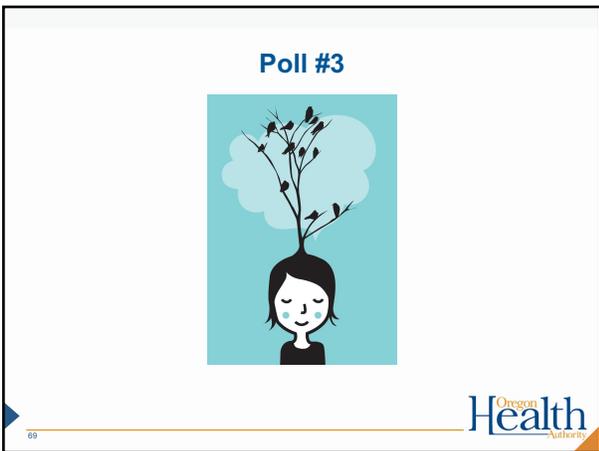
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BREAK
(5-10 Minutes)

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Poll #3



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4 Trauma Informed Principles



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Topics

- Trauma Informed Approach
- Community Impact
- Trauma and Stress
- Non-Violent Communication
- Motivational Interviewing
- De-Escalation
- Resources



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Trauma Informed Approach
Public Health Inquiry




72

Cultural and Social Lens

- Gain a better understanding of the cultures and identities of others. This involves learning about systemic discrimination and oppression experienced by other cultures.
- Consider your own cultural beliefs and identities, personal views and biases (preferences).
- Recognize and accept that cultural differences between people exist—and these differences don't mean that any group is better or worse than another.
- Avoid statements and behaviors that suggest your own culture or experiences are better than others.



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Inquiry Framework

-  Purpose: Center on health equity and obtain best possible data
-  Check on basic needs first
-  Trauma informed and culturally responsive approach
-  Utilize Motivational Interviewing
-  Practice situational awareness: actively listen for possible crisis situations, including medical or behavioral health emergencies



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<https://belonging.berkeley.edu>



75

Bridging with Trauma Informed Principles

- Safety
- Trustworthiness and transparency
- Peer support and self-help
- Collaboration and mutuality
- Empower voice and choice
- Cultural, historical, and gender issues



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Community Impact

Those most affected..




77

Most Impacted by COVID-19

Burden of Disease

Nationally, Black, indigenous and people of color represent a higher percent of COVID-19 confirmed cases compared to the general population:

- According to the CDC, one-third of people hospitalized by the virus nationwide are African American: two and a half times greater than the proportion of Black people in the overall U.S. population.
- In Oregon:
 - One-third of COVID-19 cases identify as Hispanic (while 12% of Oregon's population identify as Hispanic)
 - An additional 10% of cases of cases identify as communities of color and tribal members.



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Impact on Prohibited Populations

Systematically Marginalized: Public Health role:

- Communities that already face discrimination are exposed to additional harm
 - communities of color
 - undocumented individuals
 - people experiencing homelessness
 - people impacted by mental health
 - people experiencing addictions
 - people living with disabilities
- People relegated to under-resourced communities
 - low socioeconomic status
 - low educational achievement

- Address systemic oppression
- Facilitate access to direct care



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Trauma and Stress

Sustained Stress Response



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Trauma and Stress

Commit to equity:

- Foster trust and transparency
- Promote physical and emotional safety
- Help maintain a sense of connection
- Enhance feelings of empowerment



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Authoria

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Trauma and Stress

Meet people where they are:

- Listen actively and compassionately
- Reflect-back emotions and feelings
- Provide clear and honest communication
- Avoid problem solving for others




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Non-Violent Communication

Nurturing Compassion



83

Building Rapid Rapport

- Build and maintain trust
 - Discuss confidentiality
 - Share how the information will be used
- Take your time asking questions
- Pay close attention to their response
 - Don't make assumptions
 - Ask for clarification
 - Repeat back to the Case or Contact what you hear them say
- Allow for silence
- Adjust the script/question timing or flow to meet the needs and concerns of the Case or Contact
- Be supportive of information omission



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Active Listening, Empathy and Respect

- Remember, these are difficult times – the information you are providing may not be easy to hear
- Be prepared for a range of feelings when you call
 - Don't take their reaction personally
- Practice patience
- Seek to understand
 - Be an active listener by stepping back and listening to what they are saying
- Validate and reflect back feelings



85

Motivational Interviewing

Appreciative Inquiry




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Five Principles of MI

Motivational Interviewing is an interview process to help the person you are working with move through a process of change:

1. Express empathy while practicing reflective listening
2. Help the Case or Contact understand the difference between their goals and values and their current behaviors
3. Avoid arguing and confrontation
4. Adjust to the Case or Contact's resistance, rather than opposing them
5. Support self-confidence and optimism

FIVE PRINCIPLES OF MOTIVATIONAL INTERVIEWING

- Express empathy for the client
- Develop discrepancy between the client's goals and values and their current behaviors, particularly regarding substance use
- Avoid argumentation and direct confrontation
- Roll with client resistance, instead of fighting it
- Support the client's self-efficacy, or their belief that they can change



<https://belonging.berkeley.edu>
<https://www.hazeldenbettyford.org/education/bcr/addiction-research/adolescent-motivational-interviewing>

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MI Techniques

OARS

- Open Ended Questions
- Affirmation
- Reflective Listening
- Summarize what you've heard

Elicit-Provide-Elicit

- Ask detailed questions
- Respond with information
- Ask how they interpret it
- Neutral language:
 - Unconditional
 - Avoid I/You statements

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De-Escalation

Defuse Anger and Avoid Aggression

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De-Escalation Tips

- Refer to M.I. principles
- Use positive and helpful statements
- Listen to concerns and acknowledge feelings
- Understand that behavior is communication
- If the de-escalation isn't working, STOP, and reach out to your supervisor
 - You are not required to tolerate racism, abuse, insults, or other harmful/violent behavior while doing this work
- No person, group or set of conditions can guarantee that a conflict will proceed constructively

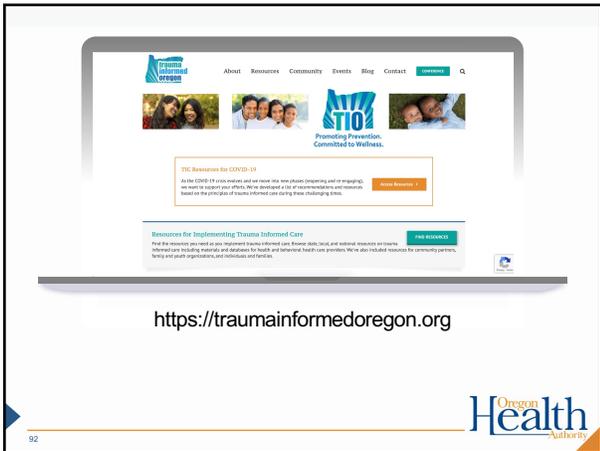
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5 REALD and SOGI



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Topics

- Race, Ethnicity and Language and Disability (REALD)
- Sexual Orientation and Gender Identity (SOGI)



95

Golden Rule vs. Platinum Rule

The Golden Rule
Treat others the way you want to be treated.

VS.

The Platinum Rule
Treat others the way they want to be treated.



96

Standardized Data Collection

Critical Building Blocks for Achieving Health Equity

Standardization of demographic data collection unmasks health inequities and institutional structures related to racism, discrimination and other forms of social oppression, that propel these inequities.

Comprehensive data allows public health to assess and address inequitable effects of COVID-19 on under-resourced communities that are relegated for people of color, people living with disabilities and other prohibited populations.

With REALD and SOGI data, OHA can:

- Design culturally appropriate and accessible interventions
- Improve access to prevention, testing, medical care and vaccinations
- Reallocate resources and power needed to effectively address inequities



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REALD Race and Ethnicity

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 Latino/a/x</p> <input type="checkbox"/> Hispanic or Latinx Central American <input type="checkbox"/> Hispanic or Latinx Mexican <input type="checkbox"/> Hispanic or Latinx South American <input type="checkbox"/> Other Hispanic or Latinx <p>Native Hawaiian or Pacific Islander</p> <input type="checkbox"/> Guamanian <input type="checkbox"/> Chamorro <input type="checkbox"/> Micronesian <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"/> African (Black) <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 Language

What language do you speak at home?

Would you prefer an interpreter to continue? Yes No

What is your preferred language when speaking with a healthcare provider?

What is your preferred language for written health communication?



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REALD Disability

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 or do you /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

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, etc...? Yes No



100

100

SOGI Sexual Orientation and 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 [specific categories that might be associated.]

Woman or Girl Questioning

Feminine leaning Not listed – please specify:

Man or Boy Don't know

Masculine leaning I don't know what this question is asking

Agender or No Gender I don't want to answer (Declined)

Non-binary

Do you identify as transgender?

Yes Don't know

No I don't know what this question is asking

Other – please specify: I don't want to answer (Declined)



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101

Questions?




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6 Next Steps



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Additional Training and Tools

- Case Investigation or Contact Tracing training
- OPERA(ORPHEUS) or ARIAS data system
- Continued use of training materials as reference resources

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Evaluation

Please complete the evaluation!

We can only improve with your feedback!

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Questions?



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THANK YOU!

- For your time and attention.
- For your commitment to reducing the spread of the COVID-19 virus and maintaining your community's health.



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