



COVID-19

Case Investigation and Contact Tracing

Fundamentals





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COVID Response & Recovery Unit (CRRU)

Training Team

Acknowledgements:

The CRRU Training Team acknowledges there are institutional, systemic, and structural barriers that perpetuate inequity and have silenced the voices of communities over time.

We recognize community-engaged health improvement is a long-term and dynamic process. We are committed to continuous quality improvement, and to bring our best work in every way.



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CRRU Values Statement

The CRRU Training Team is committed to:

- Bringing a trauma-informed approach with a lens of cultural humility to empower the public health workforce to effectively engage with communities, especially those marginalized communities that experience institutional, systemic, and structural barriers.
- Delivering trainings that equitably support and embrace access to quality services and programs, toward the progressive elimination of avoidable disparities.
- Establishing trust and a sustainable dialogue with all training partners and participants.
- Being a trusted and valued resource to support Oregon's public health workforce.
- Offering a safe physical and virtual space to all participants, facilitators, and staff.



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## 1 Introduction




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## 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.



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## Learning Objectives

- Learn to talk about the SARS-COV2 virus and the COVID-19 disease process in plain language.
- Understand the role of the CDC, Oregon Health Authority, Local/Tribal Public Health Authorities and community members in preventing the spread of COVID-19 in Oregon.
- Learn approaches for trauma informed interactions.
- Understand Oregon's REALD and SOGI data collection initiatives.



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### Guiding Group Agreements

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



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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?**

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### Training Materials

#### Contact Tracing OR Case Investigation

- Syllabus
- Presentation Handout - for note-taking

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**Training Schedule**

**Welcome!**

Module 1: Introduction

Module 2: COVID-19

**Break: 5-10 Minutes**

Module 3: Preventing Community Spread

Module 4: Trauma Informed Principles


**Break: 5-10 Minutes**

Module 5: REALD and SOGI

Module 6: Next Steps

**End 12:00p.m.**

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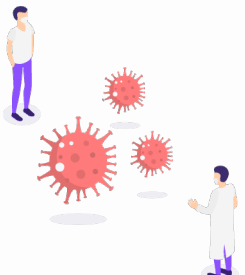
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**2 COVID-19**



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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, camels and bats.

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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**Coronavirus in a Nutshell**



<https://youtu.be/BIN-qoy9VOY>

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**Updates**

- Vaccines are widely available.
- Communities are slowly returning to normal.
- The virus is now endemic and annual booster shots may be recommended.
- New cases will be guided to isolate.
- Unvaccinated close contacts will be guided to quarantine.
- Fully-vaccinated close contacts may be exempt from quarantine.

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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
- Weakened immune system
- Chronic lung disease or asthma
- Cardiovascular disease
- Serious heart condition
- Uncontrolled diabetes
- 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

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

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



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!*

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

Source: CDC.gov

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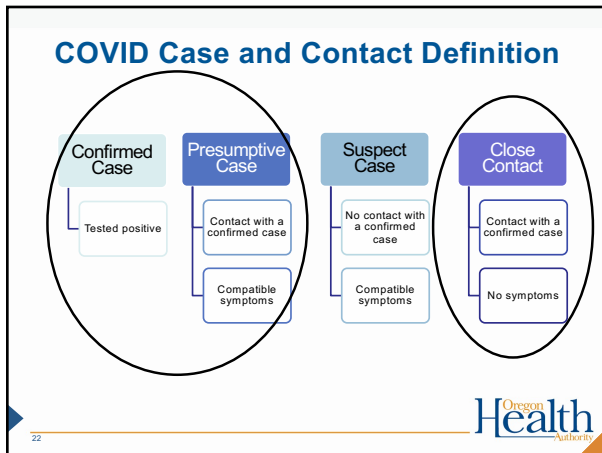
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### Isolation Protocols

Isolation is used to **separate Confirmed and Presumptive Cases separate from people who are not infected** (whether they are symptomatic or asymptomatic).

**OHA 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 discontinued **10 days after** the date of their **first positive test**.

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### Isolation Guidance

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 themselves from other household members
  - Stay in a specific “sick room” or area
  - Use a separate bathroom (if available)
- Avoid contact with household pets
- Don't share personal household items, like bedding towels, dishes, and utensils
- Wear a mask when around other people.

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**Quarantine protocols**

Quarantine is intended to **reduce the risk that a Close Contact unknowingly transmits infection to others.**

**OHA recommends 14 days**, but Local Public Health Authorities may establish shorter quarantine options for their jurisdiction.

- **10 Days** – Quarantine may be discontinued after Day 10, if **no symptoms** have been reported during daily monitoring.
- **7 Days** – Quarantine may be discontinued after Day 7, with a **negative test** and if **no symptoms** have been reported during daily monitoring.
  - Test should occur within 48 hours before the time of planned quarantine discontinuation.

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**Quarantine Guidance – Unvaccinated**

Unvaccinated people in quarantine should:

- Stay home for 7-14 days and monitor their health.
- Watch for symptoms of COVID-19 (Fever (100.4°F), cough, shortness of breath and 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 public health authorities.

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**Quarantine Guidance – Vaccinated**

**Vaccinated persons** who are exposed to a confirmed or presumptive case **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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## Isolation vs. Quarantine

### ISOLATION Applies to Confirmed and 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

- Purpose: Watch for symptoms
- Unvaccinated persons **QUARANTINE** at home for **7-14 days** (LPHA may implement flexible protocols)
  - Daily report of symptom status
- Vaccinated persons may be **EXEMPT FROM QUARANTINE**



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## Testing, Immunity 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!

### • Infection-based Immunity

- Wanes at approximately 3 months
- Reinfection is possible

### • 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.

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**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. Protection of persons, testing, treatment, isolation and quarantine when clearly necessary.
4. Management of property, ensure adequate availability of vaccines, pharmaceuticals and hospitals, as well abate hazards to the public's health; and
5. Communicate clear and authoritative information to the public.



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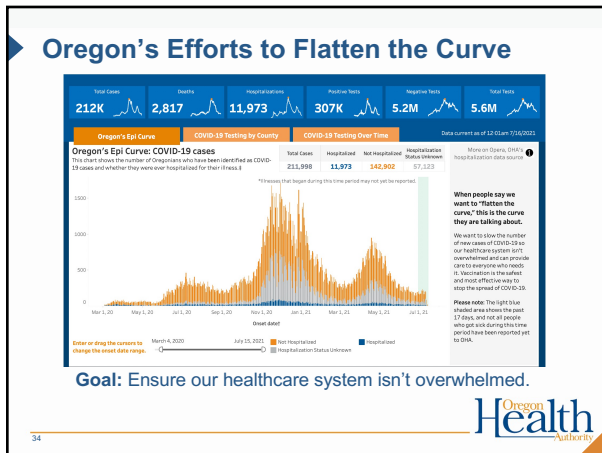
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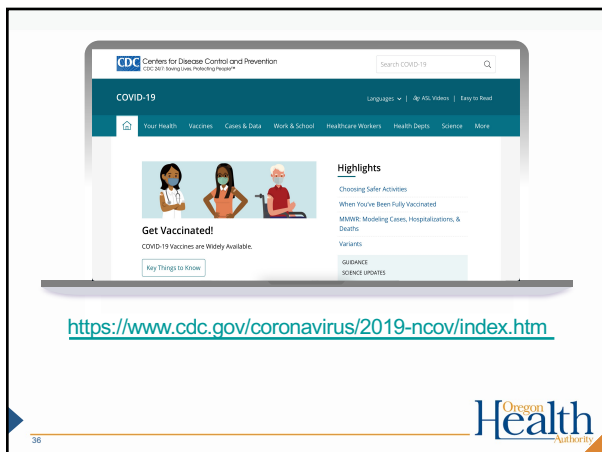
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**Summary**

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

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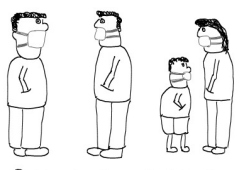
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Public display of Infection.

**Questions?**

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**3 Preventing Community Spread**



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**Topics**

- Roles in Preventing Community Spread
- 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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**Roles in Preventing Community Spread**

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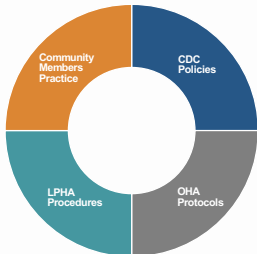
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**Roles in Preventing Community Spread**



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

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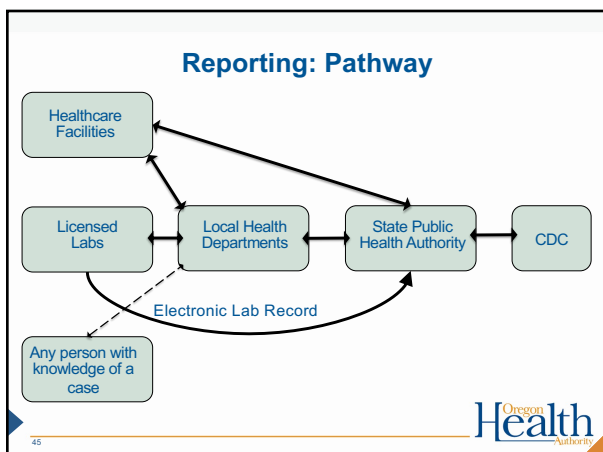
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Policies and Protocols

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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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**COVID-19 Investigative Guidelines**

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

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## Local and Tribal Public Health Authorities

Protocols and Procedures

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## Contact Tracing in Oregon

[https://www.youtube.com/watch?v=HKr0BO\\_dG5I](https://www.youtube.com/watch?v=HKr0BO_dG5I)

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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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## 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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## 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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## 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 Isolation or Quarantine Guidance**

- Isolation (Positive and Presumptive Cases)
  - Self-isolate for 10 days
  - Seek medical care for worsening symptoms
- Quarantine (Close Contacts)
  - Self-quarantine for 7-14 days (OHA guidance)
  - Report Symptoms (if they develop)
  - 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 monitor Contacts for symptoms.
- Provide personalized quarantine guidance.
- Connect with pandemic relief programs or refer to LPHA or CBO for case management.

## Community Members

- Follow recommendations and comply with guidance

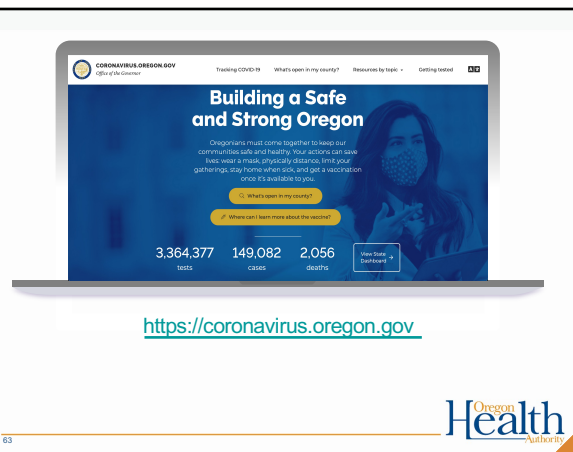


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## Resources



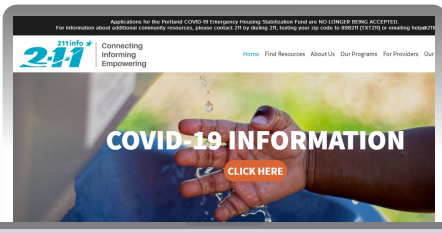
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<https://coronavirus.oregon.gov>



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Application for the Portland COVID-19 Emergency Housing Stabilization Fund and NO LONGER BEING ACCEPTED.  
For information about additional community resources, please contact 211 by dialing 211, visiting your city code to 800.271.2111 or emailing health@211info.org

211 Connecting Informing Empowering

Home Find Resources About Us Our Programs For Providers Our

**COVID-19 INFORMATION**

CLICK HERE

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

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**Summary**

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

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**Questions?**

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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



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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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### 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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### Bridging: Towards A Society Built on Belonging

<https://youtu.be/MZiSsuz1v4A>

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**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..



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**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 identify as communities of color and tribal members.

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### Impact on Prohibited Populations

**Systematically Marginalized:**

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

**Public Health role:**

- Address systemic oppression
- Facilitate access to direct care



**Oregon Health**  
Authoria

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### Trauma and Stress

Sustained Stress Response

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### Fundamentals of Trauma Informed Practice

**The 4 R's**

- Realize** how trauma affects the experiences and behaviors of the family, groups, organizations, communities and individuals.
- Recognize** the signs of trauma. These signs may be specific to gender, age, or setting.
- Respond** using language, behaviors and policies that respect children, adults, and staff members who have experienced traumatic events.
- Resist** re-traumatization. Stressful environments or specific practices can trigger painful memories, interfering with recovery and well-being. Organizations must review and change

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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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**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

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### 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



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### 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 behavior, 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-2017>

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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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## Resources

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<https://traumainformedoregon.org>

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**Summary**

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

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**Questions?**



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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)



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## 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.



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## 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

[illegible]



## 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?

**American Indian or Alaska Native**

☐ American Indian

☐ Alaska Native

☐ Canadian Inuit, Metis, First Nation

☐ Indigenous Mexican, Central/South American

**Hispanic or Latino/a/x**

☐ Hispanic or Latinx Central American

☐ Hispanic or Latinx Mexican

☐ Hispanic or Latinx South American

☐ Other Hispanic or Latinx

**Native Hawaiian or Pacific Islander**

☐ Guamanian

☐ Chamorro

☐ Micronesian

☐ Native Hawaiian

☐ Samoan

☐ Tongan

☐ Other Pacific Islander

**Asian**

☐ Asian Indian

☐ Chinese

☐ Filipino/a

☐ Hmong

☐ Japanese

☐ Korean

☐ Laotian

☐ South Asian

☐ Vietnamese

☐ Other Asian

**White**

☐ Eastern European

☐ Slavic

☐ Western European

☐ Other White

**Black or African American**

☐ African American

☐ African (Black)

☐ Caribbean (Black)

☐ Other Black

**Middle Eastern/Northern African**

☐ Northern African

☐ Middle Eastern

**Other Categories**

☐ Unknown

☐ Declined

☐ Other:

**If multiple races mentioned:**

Would you like to identify as multiracial or would you like to choose a primary race or ethnic category?

☐ Multiracial

☐ Primary race

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## REALD Language

**What languages 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

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## 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.]

<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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## Resources

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## REALD Reference Materials




**REALD Response Matrix**

“We ask everyone about their race, ethnicity, disability, preferred language and interpreter needs. We do so to ensure that everyone receives the highest quality of care. Therefore, we ask about your race, ethnicity, language and disability.”  
(Recommended messaging for health care settings).

<https://www.oregon.gov/oha/covid19/Documents/REALD%20Response%20Matrix.pdf>

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## SOGI Reference Materials

**Sexual Orientation and Gender Identity (SOGI)**  
*Terms and Definitions*


**Sex (sex)** - The legal, anatomical, and/or biological distinction, typically of male or female.

**Intersex (intersex)** - A variety of conditions in which a person is born with or develops a reproductive or sexual anatomy or physiology that may not seem to fit typical ideas of female or male or typical development of physical sex traits.

**Gender (gender)** - The human social, cultural, and psychological qualities that indicate masculinity, femininity or lack thereof.

**Gender Identity (identidad de género)** - An individual's internal, deeply felt sense of being a man, a woman, both, neither, or in-between. This may or may not match the individual's biological or legal sex.

[https://eca.state.gov/files/bureau/sogi\\_terminology.pdf](https://eca.state.gov/files/bureau/sogi_terminology.pdf)



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## Summary

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



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## Questions?





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Next Steps

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OHA CI-CT Training Series

- Case Investigation
  - OHA Case Investigation training
  - OPERA (Oregon Pandemic Emergency Response Application)
- Contact Tracing training
  - OHA Contact Tracing training
  - ARIAS (At Risk Identification Alerting System)



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Evaluation

**Please complete the evaluation!**

*We can only improve with your feedback!*

Contact: [training.support@dhsosha.state.or.us](mailto:training.support@dhsosha.state.or.us)



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Questions?



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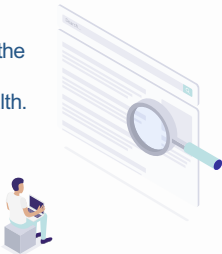
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THANK YOU!

- 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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