



CBO Public Health Equity Grant Activity Reporting

Activity Reporting Questions, October 2024

(Reporting period is July 1, 2024 through September 30, 2024)

Purpose & Timeline

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

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

- Please refer to the table below for the activity reporting dates each quarter
- Note that we went from requiring activity reporting twice per year to every quarter based on feedback that it was difficult to track activities over the 6 months in between reporting periods
- The activity reporting questions are **below**. Please note that you will report on the same set of “**core questions**” every quarter with additional questions required in October 2024 and at the end of the grant period (called “**expanded questions**”)
- At the end of the activity reporting survey, you will have the option to request a copy of your responses for your records
- Please contact your Community Engagement Coordination with any questions

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

Question Types (click on the question type below to jump to that section)

Core Questions.....	2
Expanded Questions.....	9

Core Questions

All Grantees

1. Please select all of the program areas you are working on with funding from OHA CBO Public Health Equity Funds.

- Adolescent and School Health
- Commercial Tobacco Prevention
- Overdose Prevention
- Public Health Modernization - Communicable Disease Prevention
- Public Health Modernization - Emergency Preparedness
- Public Health Modernization - Environmental Health and Climate Health
- Mpox Response
- Well Water

2. Please provide your contact information (full name, organization, role, email address, and phone number).

First name: _____

Last name: _____

Organization: _____

Role: _____

Email address: _____

Phone number: _____

3. Select all counties in which your funded activities took place in this reporting period from July 1, 2024, through September 30, 2024.

- Baker County
- Benton County
- Clackamas County
- Clatsop County
- Columbia County
- Coos County
- Crook County
- Curry County
- Deschutes County
- Douglas County
- Gilliam County
- Grant County
- Harney County
- Hood River County
- Jackson County
- Jefferson County
- Josephine County
- Klamath County
- Lake County
- Lane County
- Lincoln County
- Linn County
- Malheur County
- Marion County
- Morrow County
- Multnomah County
- Polk County
- Sherman County
- Tillamook County

SAMPLE

- Umatilla County
- Union County
- Wallowa County
- Wasco County
- Washington County
- Wheeler County
- Yamhill County

4. Select all populations you served through your funded activities in this reporting period from July 1, 2024, through September 30, 2024.

- American Indian/Alaskan native/indigenous communities
- Asian communities
- Black/African American/African communities
- Latino/a/x communities
- Pacific islander communities
- Slavic/Eastern European communities
- People with disabilities
- LGBTQIA2S+ communities
- Immigrant and refugee communities
- Rural communities
- Faith communities
- Houseless communities
- People with behavioral health conditions
- Other: _____

5. Did you perform your funded work in a language other than English?

- Yes
- No

6. Which language(s) did you use to perform your funded work?

- Arabic
- Chinese - Mandarin
- Chinese - Yue (including Cantonese)
- French
- German
- Hindi
- Japanese
- Korean
- Romanian
- Russian
- Somali
- Spanish
- Tagalog
- Ukrainian
- Vietnamese
- Other: _____

7. Please describe your progress on workplan activities in this reporting period from July 1, 2024, through September 30, 2024.

8. Please describe any challenges related to your workplan activities, and indicate what resources or supports OHA could provide to your organization to overcome these challenges.

9. Have any of your workplan activities changed during this reporting period from July 1, 2024, through September 30, 2024? We understand that your activities may need to change over time to meet your workplan objectives.

- No, my workplan activities have not changed
- Yes, my workplan activities have changed (please describe how they have changed): _____

10. Did you lead or participate in any community events/programs during this reporting period from July 1, 2024, through September 30, 2024?

If yes, you will be asked to provide a few details about the event(s). Your responses will be combined with all other responses. This information helps OHA to report on how many people were reached by funded activities.

- Yes
- No

11. Title of the event (e.g., North County Community Fair, Adult Recovery Meeting, Quarterly Commercial Tobacco Prevention Coalition Meeting).

12. List the number of people that your organization reached at the event. Your best guess is fine if you did not track attendance at the event.

13. Select the item below that best describes the primary purpose or outcome of the event.

- Identify and assess community priorities
- Provide culturally-specific and community-specific health education and communication
- Provide culturally-specific and community-specific public health programs, services, resources, and supports
- Mobilize communities to participate in and inform health policy priorities
- Other: _____

14. Which of your funded program areas was the community outreach event related to? (Select all that apply)

- Adolescent and School Health
- Commercial Tobacco Prevention
- Overdose Prevention
- Public Health Modernization - Communicable Disease Prevention
- Public Health Modernization - Emergency Preparedness
- Public Health Modernization - Environmental Health and Climate Health

15. Please describe anything else that you would like us to know about the event.

16. Materials Upload: Please use the File Upload feature below to upload materials from the event. Examples include videos, photos, brochures, etc.

* Click here to report on another community event that you led or participated in during this reporting period from July 1, 2024, through September 30, 2024.

17. Did you work with any partner organizations on your funded activities in this reporting period from July 1, 2024, through September 30, 2024?

If yes, you will be asked to provide a few details about the partnership(s). One goal of the Public Health Equity funding is to support collaboration between community partners. This information helps OHA report on the local partnerships supported by the funding.

- Yes
- No

18. Name of partner organization: _____

19. Which type of organization is this partner?

- Community- based organizations
- Local public health departments
- Other local/state government agency
- Tribal health departments
- Schools or school districts
- School-based health centers
- Universities or other academic organizations
- Health care systems, including clinics, federally qualified health centers, and medical provider offices,
- Other: _____

20. Please indicate whether this partnership is new in this reporting period or was an existing partner.

- New partnership
- Existing partnership

* Click here to report on another partner organization that you worked with during this reporting period from July 1, 2024, through September 30, 2024.

21. Please describe anything else you would like us to know about your work in this reporting period from July 1, 2024, through September 30, 2024:

22. Do you have any work examples (e.g., videos, reports, brochures) to share with OHA? If so, please upload them here.

Please note that this is optional. OHA is interested in your work examples so we can better understand and communicate about your important local work.

Click the "Browse" button below and select the file you would like to upload.

Expanded Questions

All Grantees

1. How many new staff were funded with your public health equity grant (either partially or in full) during the grant period from July 1, 2023, through September 30, 2024?

2. How many existing staff were funded with your public health equity grant (either partially or in full) during the grant period from July 1, 2023, through September 30, 2024?

3. Did having funding from the Public Health Equity grant provide your organization with the additional capacity to access funding from other sources during the grant period from July 1, 2023, through September 30, 2024?

One goal of the Public Health Equity funding is that it builds the capacity of organizations to access other funding and resources, which contributes to the sustainability of CBOs working on public health priorities.

- Yes
- No
- Not sure

Adolescent & School Health Grantees

1. Input the number of students for whom you provided stipends in the time period from July 1, 2023, through September 30, 2024.

2. Input the number of staff that were hired in schools from July 1, 2023, through September 30, 2024, as a result of this program.

Public Health Modernization - Communicable Disease Prevention Grantees

1. Please describe any ways in which you have used your Public Health Equity Grant funding to reduce the spread of syphilis in your community. This could include sexual health education, screening or other prevention activities, and/or care and treatment. Please provide specific examples.
- _____

Public Health Modernization – Emergency Preparedness Grantees

1. Using your Public Health Equity Grant funding, have you been able to improve or increase activities related to the following public health emergency preparedness goals (please check all that apply):
 - Support CBO business continuity (level of readiness to maintain critical functions after an emergency) by actions such as planning and participating in trainings and exercises, or participating in existing collaborative spaces, such as OHA listening sessions and Health Care Coalition (HCC) meetings
 - Establish and strengthen partnerships specific to public health emergency preparedness
 - Identify your CBO's role during emergencies among community and partners, including establishing memorandums of understanding with other stakeholders
 - Build sustained community capacity via evidenced-based and community-driven activities, including: distributing supplies and equipment that prevent impact from community emergencies and protect health system in surge, amplifying and adapting risk communications messages to your communities, or providing health education and training around emergency preparedness
 - Other (open-ended, fill in): _____

Public Health Modernization - Environmental Health and Climate Health Grantees

1. Using your Public Health Equity Grant funding, have you been able to improve or increase activities related to the following climate and health goals (please check all that apply):
 - Provide community expertise regarding climate and environmental health to local public health authorities (LPHAs) as they conduct community health needs assessments and develop plans to advance health equity

- Increase community understanding of health impacts from climate change/environmental health and strategies for increasing climate resilience
 - Design and/or deliver culturally-responsive curricula, training program, or workshop series
 - Design and or/deliver culturally-specific education materials or community outreach
 - Learn about and document local climate and environmental risks as well as community strengths and resilience that serve as protective factors
 - Identify community priorities on climate and environmental health issues for local public health plans
 - Carry out climate and health adaptation actions to address community health needs
 - Build social resilience by strengthening social bonds and networks among community members, be a bridge between community groups, and/or link with decision makers in the areas of climate and environmental health issues
 - Build policy development and advocacy skills of community members and promote community-led policy change that supports health in the areas of climate and environmental health issues
2. Please list climate-specific activities you plan to complete during this funding period (between now and June 30, 2025):

3. Please check the box for all areas of climate or environmental challenges that your activities focus on? (please check all that apply)
- Heat
 - Wildfire smoke or air pollution
 - Community disaster resilience
 - Food systems, community gardens, access to parks or community green spaces
 - Mental health around climate
 - Water quality or water security
 - Unsafe housing or recreation environments
 - Environmental Justice
 - Youth or leadership development
 - Industrial pollution, pesticides

Other (please describe): _____

Commercial Tobacco Prevention Grantees

1. Using your Public Health Equity Grant funding, have you been able to improve or increase activities related to the following commercial tobacco prevention goals (please check all that apply):

- Creating opportunities for learning and collaboration with others
- Bringing community together to build connection, resilience, and well-being
- Learning and sharing about the tobacco industry's practices and influence
- Sharing relevant data and research with community
- Learning about strengths, needs, and barriers to commercial tobacco-free living
- Working to prevent initiation, including working with youth
- Building connections to available cessation resources
- Developing new community-responsive resources and services that support commercial tobacco-free living
- Expanding partnerships and mobilizing communities around community goals
- Leading or supporting policy change efforts by sharing data and stories of impact with decision-makers
- Advancing best practice policies, systems, and environmental changes

Mpox Response Grantees

Please complete the below activity reporting questions for your work on the mpox response. For all questions, please consider your work from January 1, 2024, through September 30, 2024.

1. Describe how you conducted general community outreach for the mpox response (not focused on vaccines):

2. Describe how you engaged community in mpox vaccinations specifically:

For each mpox vaccine event that you supported, we will ask you for the date and location of the event, number of people vaccinated, and priority populations served.

3. What was the date of your first vaccine event?

4. What was the location for this mpox vaccine event? (Please include the county and zip code where the event took place)

5. How many people were vaccinated for mpox at this event?

6. Which priority populations were served at this event? (Please select all that apply)

- American Indian/Alaskan native/indigenous communities
- Asian communities
- Black/African American/African communities
- Children under 5
- Latino/a/x communities
- Pacific islander communities
- Slavic/Eastern European communities
- People with disabilities
- LGBTQIA2S+ communities
- Immigrant and refugee communities
- Rural communities
- Faith communities
- Houseless communities
- People with behavioral health conditions
- People who are unemployed or underemployed
- People with lower incomes
- People with high school diploma or less
- People who work outdoors
- Older adults over 65

- Other communities not listed above (please describe):

7. Do you have another mpox vaccine event to report?

- Yes
- No

8. Please describe any highlights from your funded mpox work. Highlights could include community events hosted, partnerships developed, or other outcomes from your grant activities:

9. We'd love to see examples of your work in community! If you would, please use the space below to upload any additional materials that represent your funded work. Examples include videos, photos, written stories, etc.

Click the "Browse" button below and select the file you would like to upload.

Well Water Grantees

Please complete the below activity reporting questions for your work on well water safety, testing, and mitigation. This work is often referred to as Lower Umatilla Basin Groundwater Management Area or LUBGMA. For all questions, please consider your work from January 1, 2024, through September 30, 2024.

1. As part of your core CBO activities, how many people have you provided education to around well water safety, testing, and mitigation?

By providing flyers and other written materials?

By discussing during client appointments/visits?

By discussing during classes or other group activities?

Other educational activities? Please describe:

-
2. As part of your core CBO activities, how many people have you assisted with well water testing?

By assisting someone to complete an application for testing and schedule testing appointments using the online application on the OHA website testmywell.oregon.gov or pruebadepozo.oregon.gov?

By providing a rapid test kit (test strips and information)?

Other assistance? Please describe:

-
3. Please describe the community events at which you provided educational materials about the health risks of contaminated well water.

How many community events did you provide educational materials about health risks of contaminated well water (distribute OHA nitrate fact sheet)?

Please list the name, date, and location of the event(s):

About how many people did you reach during those events?

About how many people did you reach in English?

About how many people did you reach in Spanish?

About how many people did you reach in other languages? Please list the languages and how many people were reached:

How many flyers or other educational materials did you hand out during these events?

How many flyers or other educational materials that you handed out were in English?

How many flyers or other educational materials that you handed out were in Spanish?

4. Did you provide rapid test kits (kits provided by OHA with test strips and information about how to use them) at any community?

- Yes
- No

5. Please describe the community events at which you provided rapid test kits.

Please list the name, date, and location of the event(s):

About how many people did you assist during those events?

About how many people did you assist in English?

About how many people did you assist in Spanish?

About how many people did you assist in other languages? Please list the languages and how many people were reached:

How many households did you assist by providing rapid test kits during the events?

How many households did you assist in English?

How many households did you assist in Spanish?

6. Did you provide well water testing assistance at any community events by helping people complete an online laboratory testing application form?

- Yes
- No

Please list the name, date, and location of the event(s):

About how many people did you assist during those events?

About how many people did you assist in English?

About how many people did you assist in Spanish?

About how many people did you assist in other languages? Please list the languages and how many people were reached:

How many households did you assist with well water testing during the events?

How many households did you assist in English?

How many households did you assist in Spanish?

7. Please describe any other outreach you did to get the word out about well water and well water testing?

Please describe the other outreach you did:

Please list the name, date, and location of the outreach:

About how many people did you reach with these efforts?

About how many people did you reach in English?

About how many people did you reach in Spanish?

About how many people did you reach in other languages? Please list the languages and how many people were reached:

How many flyers or other educational materials did you hand out during this other outreach?

How many flyers or other educational materials did you hand out in English?

SAMPLE

How many flyers or other educational materials did you hand out in Spanish?

8. Has your organization participated in on-site well water testing efforts coordinated by the state or county?

- Yes
- No

9. Please describe your participation in on-site well water testing efforts coordinated by the state or county.

How many hours of on-site well water testing has your organization participated in?

How many staff participated?

How many volunteers?

SAMPLE