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# **OT21-2103: National Initiative to Address COVID-19 Health Disparities Among Populations at High-Risk and Underserved, Including Racial and Ethnic Minority Populations and Rural Communities**

## ***Performance Measures Guidance v2.0***

**CDC-RFA-OT21-2103**

**Version 2.0 – August 2022**

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## Introduction and Purpose

The National Initiative to Address COVID-19 Health Disparities Among Populations at High-Risk and Underserved, Including Racial and Ethnic Minority Populations and Rural Communities provides funding to address COVID-19 and advance health equity (e.g., through strategies, interventions, and services that consider systemic barriers and potentially discriminatory practices that have put certain groups at higher risk for diseases like COVID-19) in racial and ethnic minority groups and racial populations within state, local, US territorial, and freely associated state health jurisdictions.

The *Consolidated Appropriations Act, 2021* (P.L. 116-260), which contained the *Coronavirus Response and Relief Supplemental Appropriations Act, 2021* (P.L. 116-260, Section 2, Division M) provided funding for strategies to improve testing capabilities and other COVID-19 response activities in populations that are disproportionately affected and underserved, including racial and ethnic minority groups and people living in rural communities.

Recipient work plans focus on one or more of the following strategies that align with grant performance measures:

OT21-2103 Strategy	Corresponding Performance Measure(s)
 <p><b>Strategy 1:</b> Expand existing and/or develop new mitigation and prevention resources and services to reduce COVID-19-related disparities among populations at higher risk and that are underserved</p>	<p><b>Measure 1.1:</b> Number of COVID-19 mitigation and prevention resources and services delivered in support of populations that are underserved and disproportionately affected by type</p> <p><b>Measure 1.2:</b> Number of COVID-19/SARS-CoV-2 tests completed by test type, results and race and ethnicity <b>[NOT REQUIRED]</b></p> <p><b>Measure 1.3:</b> Caseload, number of cases per case investigator, and number of contacts per contact tracer during the data collection period <b>[NOT REQUIRED]</b></p> <p><b>Measure 1.4:</b> Delivery and access to testing resources and services in support of populations that are underserved and disproportionately affected</p> <p><b>Measure 1.5:</b> Delivery and access to vaccination resources and services in support of populations that are underserved and disproportionately affected</p>

 <p><b>Strategy 2:</b> Increase/improve data collection and reporting for populations experiencing a disproportionate burden of COVID-19 infection, severe illness, and death to guide the response to the COVID-19 pandemic</p>	<p><b>Measure 2.1:</b> Number of improvements to data collection, quality, and reporting capacity for recipients, partners, and agencies related to COVID-19 health disparities and inequities</p>
 <p><b>Strategy 3:</b> Build, leverage, and expand infrastructure support for COVID-19 prevention and control among populations that are at higher risk and underserved</p>	<p><b>Measure 3.1:</b> Number of improvements to infrastructure to address COVID-19 health disparities and inequities</p>
 <p><b>Strategy 4:</b> Mobilize partners and collaborators to advance health equity and address social determinants of health as they relate to COVID-19 health disparities among populations at higher risk and that are underserved</p>	<p><b>Measure 4.1:</b> Number and proportion of new, expanded, or existing partnerships mobilized to address COVID-19 health disparities and inequities</p>

The performance measures associated with this grant are intended to be used by CDC and recipients to:

- Monitor implementation and progress toward achieving intended outcomes
- Demonstrate accountability to interested parties (e.g., funders, public) by showing how funds are being spent
- Maximize learning opportunities associated with the implementation and impacts of this grant

Recipients are not required to work in all four strategy areas, and therefore they are expected to report only on the measures that align with their selected strategies. The reporting is menu style, where recipients report only on measures for the strategies and activities they are working within. The exception to this is the partnerships measure (4.1), where all recipients who engage partners to support any of the strategies will report. Performance measures will be reported at the strategy level, not for individual activities under each strategy. Challenges or context related to performance measures can be expanded upon in the corresponding “Challenges or other information related to measure X.X” field.

To avoid double-counting, please do not report the same outputs from activities under different performance measures. Align to the measure that best represents the output. For example, if an activity relies on a new partnership to provide resources for expanded testing, you may count the testing as a resource or service under measure 1.1 and the partnership under measure 4.1.

CDC uses performance measures for OT21-2103 to monitor and evaluate the outcomes of this grant. CDC understands there may be some overlap in data from various funding streams. Please pay attention to the specifics of what is required for OT21-2103 measures and ensure data

related to this grant is reported. To support recipients in reporting for this funding stream, CDC will update performance measures and guidance based on data validation, quality checks, and input from recipients.

CDC recognizes that there are limitations to using performance measures to evaluate the scope of work being conducted by recipients, especially considering the flexible nature of this grant and associated contextual factors. Because of this, other methods of collecting information will be used to demonstrate performance more robustly (e.g., work plan updates, success stories, progress calls, focused evaluation projects). CDC will rely on a combination of these sources to assess progress throughout the period of performance.

### What's New in Performance Measures Guidance v2.0:

- Pages 8–17: Addition of measures 1.4 and 1.5 to better capture testing and vaccination support resources and services.
- Pages 19 & 21: Addition of subcategories for measures 2.1 and 3.1.
- Page 25: Expanded guidance on defining and reporting partnerships.
- Page 26: Measures 1.2 and 1.3 are now optional for all recipients.

### Organization of Guidance

For each measure, the following components are described:

- *Measure*: Name of measure
- *Applicable recipients*: Recipients the measure applies to
- *Rationale*: Provides context and reasoning for monitoring this measure
- *Data elements*: Specific variables (e.g., numerator, denominator) that will be reported by recipient or monitored by CDC
- *Additional guidance*: Additional information to help understand the measure, such as definitions for specific terms, inclusion/exclusion criteria, limitations to the measure, and other applicable information
- *Target*: Recipients will provide period of performance targets for their applicable measures during the initial reporting cycle. Recipients will then update progress toward their target quarterly. Targets will be used to provide guidance to recipients on the desired level of performance from CDC. They will also be used in discussion to identify gaps and opportunities to provide technical assistance.
- *Reporting frequency*: Specifies how often the measure will be reported
- *Reporting mechanism*: Describes how data will be reported
- *Additional considerations*: CDC will provide suggestions on how to report certain measures if recipients are able to provide more robust information.

### Intended Use of Guidance

We encourage recipients to review this guidance and share it with relevant staff members in each jurisdiction who are involved in reporting performance measures. This information is intended to ensure that recipients understand each measure and how it may apply to their work, as well as how they will report on measures throughout the period of performance.

Measures and guidance may be modified during the period of performance because of shifts in priorities and to improve performance monitoring. More data may be needed for measures, and there is the potential that new measures will be developed. CDC will make every effort to keep changes to a minimum.

Recipients will use the REDCap system to report their performance measures quarterly during the performance period. Offline Collaboration Aids are available that can be shared with partners but only data entered into REDCap will be accepted by CDC. If territories and freely associated states are unable to report in the REDCap system due to connectivity issues, please contact the designated project officer. For questions related to REDCap, reach out to [OT21-2103support@cdc.gov](mailto:OT21-2103support@cdc.gov).

If recipients have questions related to these performance measures, contact [2103evaluation@cdc.gov](mailto:2103evaluation@cdc.gov) or the designated project officer.

## Performance Measure Detailed Guidance

### Measure 1.1: Number of COVID-19 mitigation and prevention resources and services delivered in support of populations that are underserved and disproportionately affected by type

<b>Applicable Recipients</b>	All OT21-2103 recipients working within Strategy 1 (Expand existing and/or develop new mitigation and prevention resources and services) will calculate and report on this measure.
<b>Rationale</b>	<p>To reduce COVID-19 health disparities, it is critical to ensure equitable access to COVID-19 mitigation and prevention resources and services, such as personal protective equipment, contact tracing, testing, quarantine and isolation, and vaccination. <i>Source: <a href="#">CDC-RFA-OT21-2103</a></i></p> <p>CDC will use these data to understand how many resources and services are delivered for COVID-19 mitigation and prevention in support of populations that are underserved and disproportionately affected. The specific type of resource and/or service will allow for understanding the range and frequency of the varying activities delivered.</p>
<b>Data Elements</b>	<ul style="list-style-type: none"> <li>• <i>Number:</i> Count of types of COVID-19 mitigation and prevention resources and services delivered in support of underserved and disproportionately affected populations</li> <li>• <i>Type:</i> Categorical description of COVID-19 mitigation and prevention resources and services delivered in support of underserved and disproportionately affected populations             <ul style="list-style-type: none"> <li>○ Including, but not limited to:                 <ul style="list-style-type: none"> <li>▪ Vaccination support (excluding administration of vaccines)</li> <li>▪ Testing</li> <li>▪ Contact tracing</li> <li>▪ Case investigation</li> <li>▪ Quarantine and isolation</li> </ul> </li> </ul> </li> </ul>

	<ul style="list-style-type: none"> <li>▪ Preventive care and disease management (excluding provision of clinical care)</li> <li>▪ Personal protective equipment (PPE)</li> <li>▪ Wrap-around services related to COVID-19</li> <li>▪ Evidence-based policies, systems, and environmental strategies</li> <li>▪ Other navigation and support services to address COVID-19 risk factors</li> <li>▪ Communications about COVID-19 risk factors and mitigation/prevention</li> <li>▪ Plans for countermeasures and adaptation services (e.g., updating or developing discrete plan, policy, protocol, assessment, or strategy for countermeasures and mitigation)</li> </ul>
<b>Additional Guidance</b>	<p>It is recognized that all COVID-19 prevention resources and services listed above under “type” encompass evidence-based policies, systems, and strategies. When reporting under the “evidence-based policies, systems, and environmental strategies” category type, please report resources and services not already counted by the other types of resources and services in the list.</p> <p>Vaccination and vaccine support includes coordination activities related to administration of vaccines. Recipients should not count actual vaccine administration and rates, as grant funds are not allowable for that purpose.</p> <p><b>CDC is not asking for a count of individuals, items purchased, or population reach for this measure.</b> Please provide counts of the actual resources and services delivered within the categorical types listed under Data Elements.</p> <ul style="list-style-type: none"> <li>• Example: if a recipient has three different services related to vaccination (e.g., mobile clinic, on-site work vaccine sites, vaccine sites at a local fair), that will count as 3 resources or services provided under the “Vaccination and vaccine support” category.</li> </ul> <p>Report counts of resources and services delivered in the quarter(s) they are completed or realized within.</p>
<b>Target</b>	<p>Target to be set by recipient during initial reporting cycle for the two-year period of performance. Targets should be aggregate counts, not percentages. Recipients can update targets throughout the period of performance with proper justification and approval. Changes should be limited but CDC understands this is an evolving situation. To update a target please follow these steps:</p> <ol style="list-style-type: none"> <li>1. Contact project officer and copy 2103evaluation@cdc.gov with justification for the target change.</li> <li>2. If approval is granted, update the target and approved justification in REDCap during the next reporting cycle.</li> </ol>
<b>Reporting Frequency</b>	Quarterly

<b>Reporting Mechanism</b>	REDCap
<b>Additional Considerations</b>	If recipients have the capacity to report the number and type of resource/service at the county, parish, tribal land, census tract, or metropolitan statistical area (MSA) level, please provide that information to the lowest geographical level possible. Sharing the lowest geographic level at which recipients can report data helps CDC understand geographic reporting capacity and allow for unique geographic situations across recipients.

**Measure 1.4: Delivery and access to testing resources and services in support of populations that are underserved and disproportionately affected**

<b>Applicable Recipients</b>	Recipients who are using OT21-2103 funds to support COVID-19 testing will calculate and report on this measure. If recipients are not using OT21-2103 funds to implement or contribute to testing, they do not need to report on this measure.
<b>Rationale</b>	A major purpose of this funding is to build capacity and infrastructure for testing services in populations of focus. This measure will gather information on where, how, for whom, and with whom recipients deliver testing resources and services. Components will help CDC better understand how recipients deliver testing resources and services to better serve populations of focus in their jurisdictions.
<b>Data Elements</b>	<ol style="list-style-type: none"> <li>1. Number of testing resources and services delivered in support of populations that are underserved and disproportionately affected</li> <li>2. Populations of focus that were supported by testing resources and services <ol style="list-style-type: none"> <li>a. Number of testing resources and services delivered to population of focus</li> <li>b. Settings where testing resources and services were delivered to populations of focus</li> <li>c. How testing resources and services were delivered to populations of focus</li> <li>d. Partners mobilized to delivered testing resources and services to populations of focus</li> </ol> </li> </ol> <p>Data elements 2a–d will be reported for each relevant population of focus listed below. Please share challenges around reporting by racial and ethnic populations or additional racial and ethnic breakdowns used in the “Challenges or other information related to measure 1.4” field. Recipients are required to report by the following populations if they are using funds for testing services to support them:</p> <ul style="list-style-type: none"> <li>• Alaska Native persons</li> <li>• American Indian persons</li> <li>• Asian persons</li> <li>• Black or African American persons</li> </ul>

	<ul style="list-style-type: none"> <li>• Hispanic, Latino or Latinx persons</li> <li>• Native Hawaiian or Other Pacific Islander persons</li> <li>• White persons</li> <li>• People of multiple races</li> <li>• People living in rural areas</li> <li>• Unknown</li> </ul> <p>Recipients also have the option to report by other populations of focus that are supported through testing services. Reporting by these populations is optional; recipients are only required to report on racial and ethnic populations and rural populations listed above.</p> <ul style="list-style-type: none"> <li>• People experiencing poverty</li> <li>• People experiencing homelessness</li> <li>• Non-US-born persons</li> <li>• People with disabilities</li> <li>• Adults aged 65+</li> <li>• People with substance use disorders</li> <li>• LGBTQ+ persons</li> <li>• People living in other congregate housing</li> <li>• People who are incarcerated</li> <li>• Youth and young adults</li> <li>• People experiencing mental illness</li> <li>• People in religious minority groups</li> </ul>
<b>Additional Guidance</b>	<p>This example illustrates on how data elements will be collected. Refer to REDCap job aids for more details on data entry.</p> <ol style="list-style-type: none"> <li>1. Number of testing resources and services delivered in support of populations that are underserved and disproportionately affected: <u>10</u></li> <li>2. Did you deliver testing resources and services to the following populations of focus? If yes, provide the following:       <ol style="list-style-type: none"> <li>a. Alaska Native persons: Yes           <ol style="list-style-type: none"> <li>i. Number of testing resources and services delivered to this population: <u>3</u></li> <li>ii. Settings where testing resources and services were delivered to this population: <i>[Select percentage range for each: 0%, 1-25%, 26-50%, 51-75%, 76-99%, 100%]</i> <ol style="list-style-type: none"> <li>i. Childcare center/school</li> </ol> </li> </ol> </li> </ol> </li> </ol>

	<ul style="list-style-type: none"> <li>ii. <b>Community-based organization: 26-50%</b></li> <li>iii. Correctional facility or institution</li> <li>iv. <b>Faith-based organization (e.g., place of worship): 1-25%</b></li> <li>v. Home</li> <li>vi. <b>Local health department: 1-25%</b></li> <li>vii. Medical or clinical site (e.g., hospital)</li> <li>viii. Recreational facility</li> <li>ix. Senior residence or long-term care facility</li> <li>x. Shelter/group home</li> <li>xi. State health department</li> <li>xii. Tribal nation or area</li> <li>xiii. University or college</li> <li>xiv. <b>Worksite: 1-25%</b></li> <li>xv. Governmental organizations focused on non-health services</li> <li>xvi. Community</li> <li>xvii. Other—please specify</li> </ul> <p>iii. How were testing resources and services delivered to this population: <i>[Select percentage range for each: 0%, 1-25%, 26-50%, 51-75%, 76-99%, 100%]</i></p> <ul style="list-style-type: none"> <li>i. <b>At-home test kits: 51-75%</b></li> <li>ii. <b>Testing sites: 1-25%</b></li> <li>iii. Mobile testing</li> <li>iv. Partner events</li> <li>v. Other—please specify</li> </ul> <p>iv. Partners mobilized to deliver testing resources and services to this population: <i>[Select percentage range for each: 0%, 1-25%, 26-50%, 51-75%, 76-99%, 100%]</i></p> <ul style="list-style-type: none"> <li>i. Academic institutions</li> <li>ii. Asian American and Pacific Islander-Serving institution</li> <li>iii. <b>Community-based and civic organizations: 51-75%</b></li> <li>iv. Correctional facilities and institutions</li> <li>v. Faith-based organizations</li> <li>vi. <b>Healthcare providers: 1-25%</b></li> <li>vii. <b>Health-related organizations: 1-25%</b></li> <li>viii. Local governmental agencies and community leaders</li> <li>ix. Nongovernmental organizations</li> </ul>
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	<ul style="list-style-type: none"> <li>x. Rural health clinics and critical access hospitals governmental organizations focused on non-health services</li> <li>xi. Schools/school districts</li> <li>xii. Social services providers and organizations, including those that address social determinants of health</li> <li>xiii. State offices of rural health or equivalent, state rural health associations</li> <li>xiv. Tribes, tribal organizations</li> <li>xv. State health department</li> <li><b>xvi. Local health department: 1-25%</b></li> <li>xvii. Council, community group, coalition, or other working group</li> <li>xviii. Mental or behavioral health</li> <li>xix. Federal agency (other than CDC)</li> <li>xx. Corporation, industry, or private sector</li> </ul> <ul style="list-style-type: none"> <li>b. American Indian persons: <u>Yes/No</u></li> <li>c. Asian persons: <u>Yes/No</u></li> <li>d. Black or African American persons: <u>Yes/No</u></li> <li>e. Hispanic, Latino or Latinx persons: <u>Yes/No</u></li> <li>f. Native Hawaiian or Other Pacific Islander persons: <u>Yes/No</u></li> <li>g. White persons: <u>Yes/No</u></li> <li>h. People of multiple races: <u>Yes/No</u></li> <li>i. People living in rural areas: <u>Yes/No</u></li> <li>j. Unknown: <u>Yes/No</u></li> </ul> <p>For data elements 2a.ii, iii, iv—settings, how services are delivered, and partners mobilized in the example above—please select the closest percentage range. Ranges are provided as options because exact percentages might be difficult to calculate. Percentage totals may exceed 100% depending on the work recipients are implementing.</p> <p>How to estimate percentage range:</p> <ul style="list-style-type: none"> <li>• Denominator: The specific number of testing resources and services delivered for each population, separately (e.g., 100 for American Indian persons, 300 for Native Hawaiian or Other Pacific Islander persons).</li> <li>• Numerator: The specific number of testing resources and services delivered for each population within specific settings, by methods of delivery, and with partner types (e.g., 20 for American Indian persons</li> </ul>
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	<p>within Community-based organizations, 50 for Native Hawaiian or Other Pacific Islander persons through at-home tests).</p> <ul style="list-style-type: none"> <li>• Example: If 30/100 testing resources and services were delivered to a population of focus with the support of community-based organizations, choose 26-50% for “Community-based and civic organizations” under Partners mobilized.</li> </ul>
<b>Target</b>	<p>For measure 1.4, targets will be set using the following data elements that recipients are reporting on:</p> <ul style="list-style-type: none"> <li>• Total number of testing resources and services delivered in support of populations that are underserved and disproportionately affected (data element 1)</li> <li>• Number of testing resources and services delivered to relevant population(s) of focus (data elements 2.a–j.i)</li> </ul> <p>Targets to be set by recipient during initial reporting cycle for the two-year period of performance. Targets should be aggregate counts, not percentages.</p> <p><b>Recipients can update targets throughout the period of performance with proper justification and approval.</b> Changes should be limited, but CDC understands this is an evolving situation. To update a target, please follow these steps:</p> <ol style="list-style-type: none"> <li>1. Contact your project officer and copy <a href="mailto:2103evaluation@cdc.gov">2103evaluation@cdc.gov</a> with justification for the target change.</li> <li>2. If approval is granted, update the target and approved justification in REDCap during the next reporting cycle.</li> </ol>
<b>Reporting Frequency</b>	Data should be collected and reported in this manner starting in 2022 Quarter 1 (Jul-Sep 2022).
<b>Reporting Mechanism</b>	REDCap
<b>Additional Considerations</b>	<p>This measure is not asking for the individual or population reach of testing resources and services. It is also not asking for counts of individual tests administered. It is asking for the number of testing resources and services (e.g., 30) and percentage (e.g., 26-50% of 30 resources and services in school settings) supporting populations of focus.</p> <p>The Settings and Partner Type selection options in this measure align with those used in the work plans and other reporting forms.</p>

**Measure 1.5: Delivery and access to vaccination resources and services in support of populations that are underserved and disproportionately affected**

<b>Applicable Recipients</b>	Recipients who are using OT21-2103 funds to support COVID-19 vaccination support will calculate and report on this measure. If recipients are not using OT21-2103 funds to implement or contribute to vaccination support, they do not need to report on this measure.
<b>Rationale</b>	Since the release of the OT21-2103 grant, vaccination has become a primary tool for reducing COVID-19 health disparities. This measure will gather information on where, how, for whom, and with whom recipients deliver vaccination support resources and services. Components will help CDC better understand how recipients support vaccination efforts to better serve populations of focus in their jurisdictions.
<b>Data Elements</b>	<p>1. Number of vaccination resources and services delivered in support of populations that are underserved and disproportionately affected</p> <p>2. Populations of focus that were supported by vaccination resources and services</p> <ol style="list-style-type: none"> <li>a. Number of vaccination resources and services delivered to population of focus</li> <li>b. Settings where vaccination resources and services were delivered to populations of focus</li> <li>c. How vaccination resources and services were delivered to populations of focus</li> <li>d. Partners mobilized to delivered vaccination resources and services to populations of focus</li> </ol> <p>Data elements 2a–d will be reported for each population of focus listed below. Please share challenges around reporting by racial and ethnic populations or additional racial and ethnic breakdowns used in the “Challenges or other information related to measure 1.5” field. Recipients are required to report by the following populations if they are using funds for vaccination services to support them:</p> <ul style="list-style-type: none"> <li>• Alaska Native persons</li> <li>• American Indian persons</li> <li>• Asian persons</li> <li>• Black or African American persons</li> <li>• Hispanic, Latino or Latinx persons</li> <li>• Native Hawaiian or other Pacific Islander persons</li> <li>• White persons</li> <li>• People of multiple races</li> <li>• People living in rural areas</li> <li>• Unknown</li> </ul>

	<p>Recipients also have the option to report by other populations of focus that they are supporting through vaccination services. Reporting by these populations are optional; recipients are only required to report on the racial and ethnic populations and rural populations listed above.</p> <ul style="list-style-type: none"> <li>• People experiencing poverty</li> <li>• People experiencing homelessness</li> <li>• Non-US-born persons</li> <li>• People with disabilities</li> <li>• Adults aged 65+</li> <li>• People with substance use disorders</li> <li>• LGBTQ+ persons</li> <li>• People living in other congregate housing</li> <li>• People who are incarcerated</li> <li>• Youth and young adults</li> <li>• People experiencing mental illness</li> <li>• People in religious minority groups</li> </ul>
<p><b>Additional Guidance</b></p>	<p><b>This measure is not collecting data on vaccine doses administered or distributed, as grant funds are not allowable for those purposes. Vaccination support includes coordination activities related to administration of vaccines such as education and outreach and supporting vaccine clinics.</b></p> <p>This example illustrates how data elements will be collected. Refer to REDCap job aids for more details on data entry.</p> <ol style="list-style-type: none"> <li>1. Number of vaccination resources and services delivered in support of populations that are underserved and disproportionately affected: <u>15</u></li> <li>2. Did you deliver vaccination resources and services to the following populations of focus? If yes, provide the following:       <ol style="list-style-type: none"> <li>a. Alaska Native persons: Yes           <ol style="list-style-type: none"> <li>i. Number of vaccination resources and services delivered to this population: <u>8</u></li> <li>ii. Settings where vaccination resources and services were delivered to this population: <i>[Select percentage range for each: 0%, 1-25%, 26-50%, 51-75%, 76-99%, 100%]</i> <ol style="list-style-type: none"> <li>i. Childcare center/school</li> <li>ii. <b>Community-based organization: 26-50%</b></li> <li>iii. Correctional facility or institution</li> <li>iv. Faith-based organization (e.g., place of worship)</li> </ol> </li> </ol> </li> </ol> </li> </ol>

	<ul style="list-style-type: none"> <li>v. Home</li> <li>vi. Local health department</li> <li><b>vii. Medical or clinical site (e.g., hospital): 1-25%</b></li> <li>viii. Recreational facility</li> <li>ix. Senior residence or long-term care facility</li> <li><b>x. Shelter/group home: 26-50%</b></li> <li>xi. State health department</li> <li>xii. Tribal nation or area</li> <li>xiii. University or college</li> <li>xiv. Worksite</li> <li>xv. Governmental organizations focused on non-health services</li> <li>xvi. Community</li> <li>xvii. Other—please specify</li> </ul> <p>iii. How were vaccination resources and services delivered to this population: <i>[Select percentage range for each: 0%, 1-25%, 26-50%, 51-75%, 76-99%, 100%]</i></p> <ul style="list-style-type: none"> <li><b>i. Vaccination education and outreach: 51-75%</b></li> <li><b>ii. Vaccination clinic support (e.g., workplace, community): 1-25%</b></li> <li>iii. At-home vaccination support</li> <li>iv. Partner events</li> <li>v. Other—please specify</li> </ul> <p>iv. Partners mobilized to deliver vaccination resources and services to this population: <i>[Select percentage range for each: 0%, 1-25%, 26-50%, 51-75%, 76-99%, 100%]</i></p> <ul style="list-style-type: none"> <li>i. Academic Institutions</li> <li>ii. Asian American and Pacific Islander-Serving institution</li> <li><b>iii. Community-based and civic organizations: 51-75%</b></li> <li>iv. Correctional facilities and institutions</li> <li>v. Faith-based organizations</li> <li><b>vi. Healthcare providers: 26-50%</b></li> <li>vii. Health-related organizations</li> <li>viii. Local governmental agencies and community leaders</li> <li><b>ix. Nongovernmental organizations: 1-25%</b></li> <li>x. Rural health clinics and critical access hospitals governmental organizations focused on non-health services</li> <li>xi. Schools/school districts</li> </ul>
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- xii. Social services providers and organizations, including those that address social determinants of health
- xiii. State offices of rural health or equivalent, state rural health associations
- xiv. Tribes, tribal organizations
- xv. State health department
- xvi. Local health department
- xvii. Council, community group, coalition, or other working group
- xviii. Mental or behavioral health
- xix. Federal agency (other than CDC)
- xx. Corporation, industry, or private sector

- b. American Indian persons: Yes/No
- c. Asian persons: Yes/No
- d. Black or African American persons: Yes/No
- e. Hispanic, Latino or Latinx persons: Yes/No
- f. Native Hawaiian or Other Pacific Islander persons: Yes/No
- g. White persons: Yes/No
- h. People of multiple races: Yes/No
- i. People living in rural areas: Yes/No
- j. Unknown: Yes/No

For data elements 2a.ii, iii, and iv—settings, how services are delivered, and partners mobilized in the example above—please select the closest percentage range. We provided ranges because we understand that exact percentages might be difficult to calculate. Percentage totals may exceed 100% depending on the work recipients are implementing.

How to estimate percentage range:

- Denominator: The specific number of testing resources and services delivered for each population, separately (e.g., 100 for American Indian persons, 300 for Native Hawaiian or Other Pacific Islander persons).
- Numerator: The specific number of testing resources and services delivered for each population within specific settings, by methods of delivery, and with partner types (e.g., 20 for American Indian persons within Community-based organizations, 50 for Native Hawaiian or Other Pacific Islander persons through at-home tests).

	<ul style="list-style-type: none"> <li>• Example: If 30/100 vaccination resources and services were delivered to a population of focus with the support of community-based organizations, choose 26-50% for “Community-based and civic organizations” under Partners mobilized.</li> </ul>
<b>Target</b>	<p>For measure 1.5, targets will be set using the following data elements that recipients are reporting on:</p> <ul style="list-style-type: none"> <li>• Total number of vaccination resources and services delivered in support of populations that are underserved and disproportionately affected (data element 1)</li> <li>• Number of vaccination resources and services delivered to relevant population(s) of focus (data elements 2.a-j.i)</li> </ul> <p>Targets to be set by recipient during initial reporting cycle for the two-year period of performance. Targets should be aggregate counts, not percentages.</p> <p><b>Recipients can update targets throughout the period of performance with proper justification and approval.</b> Changes should be limited but CDC understands this is an evolving situation. To update a target, please follow these steps:</p> <ol style="list-style-type: none"> <li>1. Contact project officer and copy 2103evaluation@cdc.gov with justification for the target change.</li> <li>2. If approval is granted, update the target and approved justification in REDCap during the next reporting cycle.</li> </ol>
<b>Reporting Frequency</b>	Data should be collected and reported in this manner starting in 2022 Quarter 1 (Jul-Sep 2022).
<b>Reporting Mechanism</b>	REDCap
<b>Additional Considerations</b>	<p>This measure is not asking for the individual or population reach of vaccination support resources and services. It is also not asking for counts of individual vaccines administered or distributed. It is asking for the number of vaccination resources and services (e.g., 30) and percentage (e.g., 26-50% of 30 resources and services in Worksite settings) supporting populations of focus.</p> <p>The Settings and Partner Type selection options in this measure align with those used in the work plans and other reporting forms.</p>

**Measure 2.1: Number of improvements to data collection, quality, and reporting capacity for recipients, partners, and agencies related to COVID-19 health disparities and inequities**

<b>Applicable Recipients</b>	All OT21-2103 recipients working within Strategy 2 (Increase/improve data collection and reporting) will calculate and report on this measure.
<b>Rationale</b>	<p>Improving data systems and the collection, quality, and reporting of racial, ethnic, and rural health data for COVID-19 prevention and control will help to better identify populations and communities disproportionately affected, track resources distribution, and evaluate the effectiveness of advancing health equity. Improvements to data collection, quality, and reporting capacity among recipients and related partners are fundamental activities to reduce COVID-19 health disparities. <i>Source: <a href="#">CDC-RFA-OT21-2103</a></i></p> <p>CDC will use this measure to learn how and where data improvements assist in addressing COVID-19 prevention disparities and inequities. Data improvements may include efforts to enhance data collection, quality, reporting, and more.</p>
<b>Data Elements</b>	<ul style="list-style-type: none"> <li>• <i>Improvements</i>: Data collection, data quality, or reporting capacity that is developed, established, enhanced, maintained, increased, implemented, delivered, or otherwise made better within recipient organizations and across relevant partner or agency organizations             <ul style="list-style-type: none"> <li>○ <i>Partners</i> may include but are not limited to community-based organizations, social services providers, faith-based organizations, and academic institutions.</li> <li>○ <i>Agencies</i> may include but are not limited to governmental organizations focused on non-health services, health departments, and local governmental agencies.</li> </ul> </li> <li>• <i>Improvements to data collection and reporting</i>: Count of improvements to data collection and reporting capacity within recipient organization and count of improvements to data collection and reporting capacity within associated partner or agency organizations             <ul style="list-style-type: none"> <li>○ Including, but not limited to:                 <ul style="list-style-type: none"> <li>▪ Established plans for collecting and reporting timely, complete, representative, and relevant data</li> <li>▪ Established, enhanced, or maintained data systems</li> <li>▪ Workforce support for data collection and reporting to ensure collection of complete and representative data (e.g., race, ethnicity, and other populations of focus)                     <ul style="list-style-type: none"> <li>• Support may include informational technology (IT) staff, data coordinators, analysts and educators, modelers and other staff specifically related to data collection and reporting</li> <li>• Support may be associated with the recipient’s organization or a partner organization</li> </ul> </li> <li>▪ Developed key principles and resources for collecting, reporting, and disseminating data related to inequities and disparities</li> </ul> </li> </ul> </li> </ul>

	<ul style="list-style-type: none"> <li>▪ Implemented improvements to testing and contact tracing data collection and reporting</li> <li>▪ Developed monitoring and evaluation plans related to improving health disparities and inequities</li> <li>• <i>Improvements to data quality</i>: Count of improvements to data quality capacity within recipient organization and count of improvements to data quality capacity within associated partner or agency organizations <ul style="list-style-type: none"> <li>○ Including, but not limited to: <ul style="list-style-type: none"> <li>▪ Implemented strategies to educate on the importance of data to address disparities and inequities</li> <li>▪ Developed plans for data quality assurance and improvement</li> <li>▪ Delivered resources for data infrastructure and workforce in alignment with data modernization efforts</li> </ul> </li> </ul> </li> </ul>
<p><b>Additional Guidance</b></p>	<p>Starting in 2022 Quarter 1, this measure will include sub-categories for each data improvement type. This will better capture specific improvements recipients made. Please provide counts for each sub-category and REDCap will automatically calculate aggregate improvement counts.</p> <p><b>Improvements to data collection and reporting</b></p> <ul style="list-style-type: none"> <li>• Established plans for collecting, analyzing, and reporting data</li> <li>• Established, enhanced, or maintained data systems</li> <li>• Workforce support for data collection, analysis, and reporting</li> <li>• Developed key data principles and resources</li> <li>• Implemented improvements to testing and contact tracing data</li> <li>• Developed monitoring and evaluation plans</li> <li>• Other</li> </ul> <p><b>Improvements to data quality</b></p> <ul style="list-style-type: none"> <li>• Implemented health equity data education efforts</li> <li>• Developed plans for data quality assurance and improvement</li> <li>• Data coordination within or across departments and systems</li> <li>• Other</li> </ul> <p>Please report all data systems and staffing related to data infrastructure improvements under this measure and not under measure 3.1.</p> <p>Report counts of improvements in the quarter they are completed or realized within.</p>

<b>Target</b>	<p>Targets to be set by recipient during initial reporting cycle for the two-year period of performance. Targets should be aggregate counts, not percentages.</p> <p>Recipients can update targets throughout the period of performance with proper justification and approval. Changes should be limited but CDC understands this is an evolving situation. To update a target please follow these steps:</p> <ol style="list-style-type: none"> <li>1. Contact project officer and copy 2103evaluation@cdc.gov with justification for the target change.</li> <li>2. If approval is granted, update the target and approved justification in REDCap during the next reporting cycle.</li> </ol>
<b>Reporting Frequency</b>	Quarterly
<b>Reporting Mechanism</b>	REDCap
<b>Additional Considerations</b>	

**Measure 3.1: Number of improvements to infrastructure to address COVID-19 health disparities and inequities**

<b>Applicable Recipients</b>	All OT21-2103 recipients working within Strategy 3 (Build, leverage and expand infrastructure support) will calculate and report on this measure.
<b>Rationale</b>	<p>Sufficient workforce, infrastructure, and capacity are critical to providing equitable access to disproportionately affected and underserved populations. This grant aims to build, leverage, and expand infrastructure capacity within state, local, US territorial, and freely associated state health departments to ensure and expand equitable access to COVID-19 resources and services. <i>Source:</i> <a href="#">CDC-RFA-OT21-2103</a></p> <p>This measure will allow CDC to understand the infrastructure improvements made within jurisdictions and across partner organizations to address COVID-19 health disparities and inequities.</p>
<b>Data Elements</b>	<ul style="list-style-type: none"> <li>• <i>Improvements:</i> Infrastructure components and capacity that are new (developed or delivered something that did not exist previously), improved (made something that existed better), or expanded (increased something that previously existed) within recipient organizations and across relevant partner or agency organizations</li> <li>• <i>Improvements to infrastructure within recipient organization:</i> Count of improvements to infrastructure within recipient organization <ul style="list-style-type: none"> <li>○ Including, but not limited to:</li> </ul> </li> </ul>

	<ul style="list-style-type: none"> <li>▪ Expanded workforce through mechanisms such as contracts/contractors, hiring employees and/or temp workers, or bringing on volunteers (e.g., health equity roles and leadership, inclusive workforce)</li> <li>▪ Training and education delivered within recipient organization</li> <li>▪ Developed or updated health equity plans</li> <li>▪ Established health equity offices</li> <li>▪ Expanded contact tracing and testing infrastructure</li> <li>• <i>Improvements to infrastructure across relevant partner or agency organizations</i>: Count of improvements to infrastructure across relevant partner or agency organizations <ul style="list-style-type: none"> <li>○ Including, but not limited to: <ul style="list-style-type: none"> <li>▪ Training and education delivered within the community or partner organizations</li> <li>▪ Convened multisector coalitions or advisory groups</li> <li>▪ Improved cross-sector coordination and systems</li> </ul> </li> </ul> </li> </ul>
<p><b>Additional Guidance</b></p>	<p>Starting in 2022 Quarter 1, this measure will include sub-categories for each infrastructure improvement type. This will better capture specific improvements recipients made. Please provide counts for each sub-category and REDCap will automatically calculate aggregate improvement counts.</p> <p><b>Improvements to infrastructure within recipient organization</b></p> <ul style="list-style-type: none"> <li>• Expanded or enhanced workforce</li> <li>• Training or education delivered within recipient organization</li> <li>• Developed or updated health equity plans</li> <li>• Established health equity offices</li> <li>• Expanded contact tracing and testing infrastructure</li> <li>• Other</li> </ul> <p><b>Improvements to infrastructure across relevant partner or agency organizations</b></p> <ul style="list-style-type: none"> <li>• Training or education delivered within community or partner organizations</li> <li>• Convened multisector coalitions or advisory groups</li> <li>• Improved cross-sector coordination and systems</li> <li>• Other</li> </ul>

	<p>Note that this measure excludes infrastructure improvements to data systems and data related workforce support (e.g., IT specialists, data coordinators and analysts). Please report data systems infrastructure improvements in Measure 2.1. More details on what this includes can be found in Measure 2.1 data elements.</p> <p>Infrastructure improvements include those made within recipient organizations as well as those made in partner or associated organizations.</p> <p>Improvements can include newly developed, improved upon, or maintained infrastructure elements.</p> <p>Recipients may count staff who are retained because of OT21-2103 funds and activities.</p> <p>Report counts of improvements in the quarter they are completed or realized within.</p>
<b>Target</b>	<p>Targets to be set by recipient during initial reporting cycle for the two-year period of performance. Targets should be aggregate counts, not percentages.</p> <p>Recipients can update targets throughout the period of performance with proper justification and approval. Changes should be limited but CDC understands this is an evolving situation. To update a target please follow these steps:</p> <ol style="list-style-type: none"> <li>1. Contact project officer and copy 2103evaluation@cdc.gov with justification for the target change.</li> <li>2. If approval is granted, update the target and approved justification in REDCap during the next reporting cycle.</li> </ol>
<b>Reporting Frequency</b>	Quarterly
<b>Reporting Mechanism</b>	REDCap
<b>Additional Considerations</b>	

**Measure 4.1: Number and proportion of new, expanded, or existing partnerships mobilized to address COVID-19 health disparities and inequities**

<b>Applicable Recipients</b>	<p>OT21-2103 recipients who engage partners to support any of the strategies will calculate and report on this measure.</p> <p>This measure aligns with Strategy 4: Mobilize partners and collaborators.</p>
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<b>Rationale</b>	<p>Identifying and addressing current gaps and factors that influence COVID-19-related health disparities requires a collaborative approach. Collaborations between recipients and key partners will broadly address health disparities and inequities related to COVID-19. <i>Source: <a href="#">CDC-RFA-OT21-2103</a></i></p> <p>This measure will inform how many new, existing, or expanded partnerships are mobilized to reduce COVID-19 health disparities throughout the period of performance.</p>
<b>Data Elements</b>	<ul style="list-style-type: none"> <li>• <i>Mobilized</i>: Assembled or organized to act together in a coordinated way to bring about shared outcomes. Examples of partner mobilization include but are not limited to: <ul style="list-style-type: none"> <li>○ Built community capacity with traditional and nontraditional partners</li> <li>○ Built and implemented cross-sectoral partnerships</li> <li>○ Developed mechanisms such as community advisory groups</li> <li>○ Identified and established collaborations with critical partners who support populations of focus</li> </ul> </li> <li>• <i>Total partnerships</i>: Count of all new, existing, and expanded partnerships mobilized to address COVID-19 health disparities and inequities. This number will serve as the denominator in the proportion.</li> <li>• <i>New partnerships mobilized</i>: Count of new partnerships mobilized to address COVID-19 health disparities and inequities. New partnerships include any organization that the recipient has not worked with in the past in funded or unfunded capacities. This number will serve as the numerator of the proportion for new partnerships mobilized.</li> <li>• <i>Existing partnerships mobilized</i>: Count of existing partnerships mobilized to address COVID-19 health disparities and inequities. Existing partnerships include organizations that recipients are currently working with or have worked with previously to address COVID-19 health disparities and inequities. This number will serve as the numerator of the proportion for existing partnerships mobilized.</li> <li>• <i>Expanded partnerships mobilized</i>: Count of expanded partnerships mobilized to address COVID-19 health disparities and inequities. Expanded partnerships include those that recipients are currently working with or have worked with previously and will enhance through increased membership, mission, or funding. This number will serve as the numerator of the proportion for expanded partnerships mobilized.</li> <li>• The proportion of partnerships will be automatically calculated in REDCap using the counts of new, existing, and expanded partnerships as the numerators and total partnerships as the denominator. Please verify the accuracy of these proportions.</li> </ul>
<b>Additional Guidance</b>	<p><b>See Appendix A for additional guidance on when to count partners as new, existing, or expanded.</b></p> <p>Recipients should count all partnerships that are engaged with OT21-2103 under measure 4.1, even if the partnership is in support of another strategy (e.g., Resources/Services, Data). Both funded (partially or fully) and</p>

	<p>unfunded (e.g., contributing to activities) partnerships should be included when calculating and reporting this measure.</p> <p>Do not include plans, staffing, or materials in support of partnerships when reporting this measure.</p> <p>Please report partnerships according to the specific “Partner Type” options provided that align with the work plan.</p> <p>If there are multiple partnerships within a coalition, report the count of individual partnerships rather than one partnership. For example, if a jurisdiction is mobilizing a coalition that consists of eight partner organizations, this would count as eight partnerships.</p> <p>CDC recommends working internally and with partners to identify what “Partner Type” best represents the work being done in support of OT21-2103.</p> <p>Report counts of partnerships in the quarter they are completed or realized within.</p> <p>To avoid double counting, only count each partnership once even if partnerships evolve over the period of performance. Provide updates of how partnerships evolve in progress reports.</p>
<b>Target</b>	<p>Targets to be set by recipient during initial reporting cycle for the two-year period of performance. Targets should be aggregate counts, not percentages.</p> <p>Recipients can update targets throughout the period of performance with proper justification and approval. Changes should be limited but CDC understands this is an evolving situation. To update a target please follow these steps:</p> <ol style="list-style-type: none"> <li>1. Contact project officer and copy 2103evaluation@cdc.gov with justification for the target change.</li> <li>2. If approval is granted, update the target and approved justification in REDCap during the next reporting cycle.</li> </ol>
<b>Reporting Frequency</b>	Quarterly
<b>Reporting Mechanism</b>	REDCap
<b>Additional Considerations</b>	

## Appendix A: Additional Partnerships Guidance

The following table explains when recipients should report partnerships as new, existing, or expanded. Partnerships should only be counted once to avoid double counting. The exception is if a reported partnership expands during the period of performance.

	<b>New Partnership</b>	<b>Existing Partnership</b>	<b>Expanded Partnership</b>
<b>Definition</b>	A new partnership includes any organization that the recipient has not worked with in the past in funded or unfunded capacities. There is no pre-existing working relationship.	Existing partnerships include organizations that recipients are currently working with or have worked with previously—prior to 2103. There is a pre-existing relationship.	Expanded partnerships include organizations that recipients are currently working with or have worked with previously and that partnership will expand through increased membership, mission, or funding. There is a pre-existing relationship AND the work conducted has changed significantly.
<b>How to classify in the first quarter the partnership is reported on</b>	NEW Count = 1 EXISTING Count = 0 EXPANDED Count = 0	NEW Count = 0 EXISTING Count = 1 EXPANDED Count = 0	NEW Count = 0 EXISTING Count = 0 EXPANDED Count = 1
<b>How to classify partnership in subsequent quarters</b>	NEW Count = 0 EXISTING Count = 0 EXPANDED Count = 0 OR 1***	NEW Count = 0 EXISTING Count = 0 EXPANDED Count = 0 OR 1***	NEW Count = 0 EXISTING Count = 0 EXPANDED Count = 0 OR 1***

\*\*\*Partnership should only be counted as “expanded” if the scope of work, mission, funding, services, etc., have changed significantly from what was documented in prior quarters.

## Appendix B: Optional Measures

Measures 1.2 and 1.3 were required in quarters one through four for recipients using OT21-2103 funds for testing and contact tracing. Due to the addition of measures 1.4 and 1.5 starting in 2022 Quarter 1, these measures are fully optional and are not required for any recipients. If recipients are able and interested in continuing to report on these measures, they may do so. CDC will continue to monitor and analyze reported data. The reporting forms and existing data will remain available in the REDCap system.

### Measure 1.2: Number of COVID-19/SARS-CoV-2 tests completed by test type, results, and race and ethnicity

<p><b>Applicable Recipients</b></p>	<p>OT21-2103 recipients also funded by the Epidemiology and Laboratory Capacity for Prevention and Control of Emerging Infectious Diseases (ELC) who will use or plan to use OT21-2103 funds or activities to support COVID-19 testing will calculate and report on this measure. If recipients are not using OT21-2103 funds to implement or contribute to testing and contact tracing, they do not need to report on measure 1.2. For those recipients who are funded by ELC, data will also continue to be collected through the Clinical and Environmental Lab Results (CELR) line-level data.</p> <p>OT21-2103 recipients not funded by ELC that use or plan to use OT21-2103 funds or activities to support COVID-19 testing will calculate and report on this measure after the first reporting cycle.</p> <p>For more information on ELC and a list of recipients: <a href="#">CDC - ELC Cooperative Agreement - DPEI - NCEZID</a></p>
<p><b>Rationale</b></p>	<p>A major purpose of this funding is to ensure that a robust testing program for COVID-19/SARS-CoV-2 is in place for populations of focus. Recipients are expected to expand testing capacity, including working with non-public health laboratory (PHL) laboratories/community testing sites, to enable the jurisdiction to test sufficient numbers of its population in accordance with CDC guidelines and in alignment with a jurisdiction’s testing plan. This measure looks at the volume of COVID-19/SARS-CoV-2 testing conducted across a jurisdiction and may be used in conjunction with percentage of positive molecular tests to indicate whether a jurisdiction is sufficiently testing its population and suggested populations of focus.</p> <p><i>Source:</i> ELC Performance Measures Guidance for Project E: Enhancing Detection</p>

<p><b>Data Elements</b></p>	<ol style="list-style-type: none"> <li>1. Number of COVID-19/SARS-CoV-2 molecular tests conducted</li> <li>2. Number of COVID-19/SARS-CoV-2 serology tests conducted</li> <li>3. Number of COVID-19/SARS-CoV-2 molecular tests conducted that were positive</li> </ol> <p><b>REMOVED for v1.1:</b> <del>Number of individuals planned to be tested (molecular)</del></p> <p>Report this performance measure by racial and ethnic populations. If exact numbers are difficult to obtain, please indicate numbers for which race and ethnicity are unknown. <b>Please share challenges around reporting by racial and ethnic populations or additional racial and ethnic breakdowns used in the “Challenges or other information related to measure 1.2” field.</b> Populations to report by:</p> <ul style="list-style-type: none"> <li>• Alaska Native, non-Hispanic</li> <li>• American Indian, non-Hispanic</li> <li>• Asian, Non-Hispanic</li> <li>• Black or African American, non-Hispanic</li> <li>• Hispanic, Latino or Latinx</li> <li>• Native Hawaiian and Pacific Islanders, non-Hispanic</li> <li>• White, non-Hispanic</li> <li>• Multiple race, non-Hispanic</li> <li>• Unknown</li> </ul>
<p><b>Additional Guidance</b></p>	<p>This measure is about the total number of tests conducted. Numbers are inclusive of all tests conducted in the jurisdiction regardless of testing site. We understand there may be a substantial discrepancy between the number of tests conducted and number of individuals tested; however, at this point, there is no way to differentiate between these two numbers through the Clinical and Environmental Lab Results (CELR) line-level data received by CDC. We encourage jurisdictions to de-duplicate test results whenever possible to better understand the burden of COVID-19 within the population.</p> <p>There are limitations to using percent positivity as an indicator of adequate testing capacity, and results will be contextualized with other factors. For example, a high percentage of positive test results may indicate that testing is occurring among a disproportionately high-risk population, or that there is a high prevalence of COVID-19/SARS-CoV-2 overall circulating within the population. The percentage of positive test results among all molecular test results may also be used to help gauge whether a jurisdiction has sufficient testing capacity in place, especially</p>

	<p>when it is applied to specific populations (e.g., high-risk demographics) and geographical areas (e.g., densely populated urban areas).</p> <p><i>Number of tests conducted:</i> These include all tests (molecular, serology) and all test results (positive, negative, and indeterminant).</p> <p><b>Report testing counts in the quarter they are completed or realized within.</b></p> <p><b>REMOVED for v1.1:</b> <del><i>Number of individuals planned to be tested:</i> This information is collected via the Jurisdictional Testing Plans as mandated by legislative language.</del></p>
<b>Target</b>	<p>Targets to be set by recipient during initial reporting cycle for the two-year period of performance. Targets should be aggregate counts, not percentages.</p> <p><b>Recipients can update targets throughout the period of performance with proper justification and approval.</b> Changes should be limited but CDC understands this is an evolving situation. To update a target please follow these steps:</p> <ol style="list-style-type: none"> <li>3. Contact project officer and copy 2103evaluation@cdc.gov with justification for the target change.</li> <li>4. If approval is granted, update the target and approved justification in REDCap during the next reporting cycle.</li> </ol>
<b>Reporting Frequency</b>	Quarterly
<b>Reporting Mechanism</b>	REDCap
<b>Additional Considerations</b>	<p>This measure, data elements and definitions align with ELC Enhancing Detection Measure E.2. <b>If a recipient is funded by ELC and OT21-2103, they may report the same data for OT21-2103. However, please note that for OT21-2103, CDC is asking recipients to disaggregate the data by race and ethnicity, report directly to CDC, and only report if 2103 funds are used to implement or expand what recipients are doing with ELC funds.</b></p> <p>If recipients have the capacity to report the number and type of tests at the county, parish, tribal land, census track, or MSA level, please provide that information to the lowest geographical level possible. Sharing the lowest geographic level at which recipients can report data helps CDC understand geographic reporting capacity and allow for unique geographic situations across recipients.</p>

Measure 1.3: Caseload, number of cases per case investigator and number of contacts per contact tracer during the data collection period

<p><b>Applicable Recipients</b></p>	<p>OT21-2103 recipients also funded by ELC who will use or plan to use OT21-2103 funds or activities to support COVID-19 contact tracing and case investigation will calculate and report on this measure. <b>If recipients are not using OT21-2103 funds to implement or contribute to testing and contact tracing, they do not need to report on measure 1.3 and should report only to ELC.</b></p> <p><b>OT21-2103 recipients not funded by ELC that use or plan to use OT21-2103 funds or activities to support COVID-19 contact tracing will calculate and report on this measure after the first reporting cycle.</b></p> <p>For more information on ELC and a list of recipients: <a href="#">CDC - ELC Cooperative Agreement - DPEI - NCEZID</a></p>
<p><b>Rationale</b></p>	<p>This measure is essential for monitoring capacity and identifying case investigation and contact tracing staffing needs. This data will help provide important information about variations in workload over time and across jurisdictions within populations of focus.</p> <p><i>Source:</i> ELC Performance Measures Guidance for Project E: Enhancing Detection</p>
<p><b>Data Elements</b></p>	<ol style="list-style-type: none"> <li>1. Number of cases reported to the health department (confirmed and, if possible, probable)</li> <li>2. Number of cases sent to the case investigation team</li> <li>3. Number of case Investigators</li> <li>4. Number of contacts identified through case investigations</li> <li>5. Number of contact tracers</li> </ol> <p><b>REMOVED for v1.1:</b> During the data collection period, were the contact tracing staff separate from case investigation staff? Select one:</p> <ol style="list-style-type: none"> <li>a. Yes, they were all separate staff people</li> <li>b. Mostly separate, as some case investigators did some contact tracing (or vice versa)</li> <li>c. No, they were all the same staff, who did both jobs</li> </ol> <p>Report the number of cases reported to the health department and number of contacts identified through case investigations by racial and ethnic populations. If exact numbers are difficult to obtain, please indicate numbers for which race and ethnicity are unknown. <b>Please share challenges around reporting by racial and ethnic</b></p>

	<p><b>populations or additional racial and ethnic breakdowns used in the “Challenges or other information related to measure 1.3” field.</b> Populations to report by:</p> <ul style="list-style-type: none"> <li>• Alaska Native, non-Hispanic</li> <li>• American Indian, non-Hispanic</li> <li>• Asian, Non-Hispanic</li> <li>• Black or African American, non-Hispanic</li> <li>• Hispanic, Latino or Latinx</li> <li>• Native Hawaiian and Pacific Islanders, non-Hispanic</li> <li>• White, non-Hispanic</li> <li>• Multiple race, non-Hispanic</li> <li>• Unknown</li> </ul>
<b>Additional Guidance</b>	<p>If exact numbers are difficult to obtain, please provide the best estimate for these variables and provide an explanation in the note section.</p> <p><i>Definitions:</i></p> <p><i>Total number of cases</i> should include all confirmed and, if possible, probable.</p> <p><i>Number of cases sent to the investigation team</i> is the total number of cases expected to be interviewed. This may be the same number as or a subset of Data Element 1.</p> <p><i>Number of case investigators</i> is the total number of staff who were assigned cases to contact for an interview.</p> <p><i>Number of contacts</i> is the total number of contacts identified through case interviews.</p> <p><i>Number of contact tracers</i> is the total number of staff assigned to follow up on contacts.</p> <p>Potential Calculations (performed by CDC):</p> <ol style="list-style-type: none"> <li>1. Caseload per case investigator</li> <li>2. Caseload per contact tracer</li> </ol> <p><b>Report contact tracing and case investigations in the quarter they are completed or realized within.</b></p>
<b>Target</b>	<p>Targets to be set by recipient during initial reporting cycle for the two-year period of performance. Targets should be aggregate counts, not percentages.</p>

	<p><b>Recipients can update targets throughout the period of performance with proper justification and approval.</b> Changes should be limited but CDC understands this is an evolving situation. To update a target please follow these steps:</p> <ol style="list-style-type: none"> <li>1. Contact project officer and copy <a href="mailto:2103evaluation@cdc.gov">2103evaluation@cdc.gov</a> with justification for the target change.</li> <li>2. If approval is granted, update the target and approved justification in REDCap during the next reporting cycle.</li> </ol> <p>For measure 1.3, set a target that aggregates all the data elements of the measure.</p> <ul style="list-style-type: none"> <li>• Example: Target=1,000 (500 number of cases sent to case investigation team, 345 number of case investigators, 25 number of contacts identified through case investigations, 130 number of contact tracers)</li> </ul>
<b>Reporting Frequency</b>	Quarterly
<b>Reporting Mechanism</b>	REDCap
<b>Additional Considerations</b>	<p>This measure, data elements and definitions align with ELC Enhancing Detection Measure E.17. <b>If a recipient is funded by ELC and OT21-2103, they may report the same data for OT21-2103. However, please note that for OT21-2103, CDC is asking recipients to disaggregate the data by race and ethnicity and only report if 2103 funds are used to implement or expand what recipients are doing with ELC funds.</b></p> <p>If recipients have the capacity to report the performance measure at the county, parish, tribal land, census tract or MSA level, please provide that information to the lowest geographical level possible. Sharing the lowest geographic level at which recipients can report data helps CDC understand geographic reporting capacity and allow for unique geographic situations across recipients.</p>