

Frequently Asked Questions

Logic Model and Performance Measures Webinars – 9/21/21 and 9/23/21

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

Strategy and Performance Measure Alignment

1. *If the grant is not funding the specific work done in each strategy, do we need to report on that work?*

The reporting will be menu style, where recipients will 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 will report because of the engagement of partnerships across all strategies in this grant.

2. *Will we be reporting on numbers for each strategy as a whole or for individual activities under each strategy?*

Performance measures will be reported for each strategy level as a whole.

3. *Some activities were listed under a specific strategy but may make progress toward a measure under other strategies. Should we report those activities under the other strategies as well?*

No, please do not report the same activities or counts twice under different performance measures. CDC suggests aligning to the measure that best represents the activity.

Performance Measure Guidance Clarification

1. *What is meant by “plans for countermeasures and adaptation services” under measure 1.1 (OT21-2103 Performance Measures Guidance pg. 5)?*

This may include the development or updating of a discrete plan, protocol, policy, or strategy for countermeasures and mitigation resources or services. It can also include assessment activities and broader plans that address resources and services.

2. *Will you provide definitions or examples of specific types and counts? Specifically, what counts as one unit?*

There are definitions and more details in the OT21-2103 Performance Measures Guidance document. This document provides specifics on data elements under each measure in the Performance Measure Detailed Guidance section. If you have specific questions, please email 2103evaluation@cdc.gov or your project officer.

3. *How are we supposed to quantify “number of improvements” to data? It seems like there will be a lot of variation in terms of counts, depending on how people break down their activities.*

There are examples of what may constitute improvements to data in the OT21-2103 Performance Measures Guidance document (pgs. 10–11). If you have specific questions, email 2103evaluation@cdc.gov or your project officer.

4. *Data projects take a long time to complete, so when do you count a project as an improvement?*

CDC suggests counting an improvement when it is realized and completed within your jurisdiction or health department. For example, if you are working on completeness of data by race and ethnicity, the improvement will be counted once reporting complete data occurs.

5. *Is there a place to document progress activity developments (hiring staff, implementing contracts) to capture work being done if we don't have the quantitative data yet?*

Yes. In addition to reporting on performance measures every quarter, recipients will report on progress toward activities in their work plans. CDC suggests documenting progress toward activities there.



6. *For reporting isolation and quarantine (IQ) resources and services, does this mean counting placements in county-run IQ facilities, or something broader?*
CDC suggests reporting on IQ services that support the recipient's jurisdiction using OT21-2103 funding. If it falls within that scope, the recipient can count placements.
7. *For clarification, where training or hires include improving data management, should this be under 2.1? If so, is it reasonable for a hire to be an improvement in both 2.1 and 3.1?*
Please report all data systems and staffing related to data infrastructure improvements under measure 2.1.
8. *If we are unable to get exact numbers for contact tracing and case investigation, will an average number suffice?*
Yes, an average or estimate is acceptable if recipients are unable to obtain exact numbers.
9. *What does CDC define as prevention and mitigation activities related to contact tracing?*
Contact tracing activities may include improved data collection and reporting related to contact tracing, additional infrastructure to implement contact tracing services, or improved communication around contact tracing. These are just examples, and there may be more specific activities depending on jurisdiction needs. Please contact 2103evaluation@cdc.gov or your project officer for any further clarifications.

REDCap Reporting Forms and Processes

1. *Can more than two people have access to REDCap from our jurisdiction?*
Yes, CDC will allow additional contacts for access to REDCap (beyond the initial two contacts); send your requests (and cc your project officer and principal investigator) to OT21-2103Support@cdc.gov. **Please limit the number of new user requests to reduce processing delays.** CDC recommends access for anyone who has knowledge of day-to-day operations or overall scope and budget of the grant. These individuals will interact with REDCap for progress reporting and performance measurement throughout the grant period. Note that access may take about 2 weeks to complete.
2. *What is the difference between REDCap and GrantSolutions?*
The Research Electronic Data Capture (REDCap) is a secure web application for building and managing online surveys and databases. CDC is using REDCap as the grant management platform for OT21-2103. REDCap is used to manage the programmatic aspects of this grant, including revising your work plans, documenting progress, and reporting on performance measures. GrantSolutions is used to manage the administrative aspects of the grant, including the initial application, notice of award document, and official closeout. Refer to the [consolidated reporting schedule](#) for information about the required reports and systems for submitting reports.
3. *How can I share the REDCap forms with others (e.g., team members without REDCap access, subrecipients)?*
There are two options for viewing the REDCap reporting forms. Note that data must be entered into REDCap to be compliant with reporting requirements.
 - 1) Request access for any user asked to perform data entry for this grant.
 - 2) Use the collaboration aids provided to collect information from multiple parties. Please note that all final reports must be submitted in REDCap; the collaboration aids will not be accepted for submission.

4. *Can we get a copy of the measurement survey/form—because the people who have the data are not the people who have access to REDCap for data entry.*

Yes, CDC has created collaboration aids to collect information from multiple parties. Please note that all final reports must be submitted in REDCap; the collaboration aids will not be accepted for submission.

5. *Can we enter data in phases and then save the information until we finally submit?*

Yes, the blue save button at the top and bottom of your screen will allow you to save information entered. Please make sure to save your work as you go. For awareness, each form has a "Complete" drop-down field where you can set the form status:

- Incomplete—Use to mark the form as a draft or in progress
- Unverified—Use when multiple users have entered data and final reconciliation is needed
- Complete—Use to mark your data as final

You must manually mark the form as complete when you are finished with the form; the status does not automatically change to “complete” if all fields are entered.

6. *How can you download the performance measure REDCap fields as a PDF?*

You can download a PDF of any form or the entire work plan by following these steps.

A. To export a single form:

- 1) Go to rdcp.cdc.gov, log in, and select this grant from the **My Projects** list.
- 2) Navigate to the **Record Status Dashboard** and select a form to export.
- 3) At the top of the form, under the name of the project, you will see the field “Actions:” next to a drop-down menu of PDF options labeled **Download PDF of Instruments(s)**.
- 4) Select the desired PDF type from the drop-down menu. To reduce white space in your PDF, choose the (compact) option.
- 5) Your form will download as a PDF, which you can save, print, or attach to an email.

B. To export your entire work plan:

- 1) Go to rdcp.cdc.gov, log in, and select this grant from the **My Projects** list.
- 2) Navigate to the **Record Status Dashboard** and open your record.
- 3) At the top of the form, under the instructions for the Record Home page, you will see a drop-down menu of PDF options labeled **Choose action for record**.
- 4) Select the desired action type from the drop-down menu. To reduce white space in your PDF, choose the (compact) option.
- 5) Your work plan will download as a PDF, which you can save, print, or attach to an email.

Targets

1. *Can CDC define the time frame for targets?*

Recipients will set their own targets in the first reporting cycle for the measures they plan to work within. These targets will be for the entire 2-year period of performance.

2. *When we are setting targets, can we adjust them quarterly or annually?*

CDC is working through a process for recipients to update targets with appropriate justification. We encourage you to do your best to estimate targets so there are limited changes, but understand this is an evolving situation. Stay tuned for more guidance and email 2103evaluation@cdc.gov or your project officer with specific questions.

3. *Do we provide a target for each measure or a target for each strategy?*

Recipients will provide a target for each measure that they will report on during the period of performance.

Partnerships

1. *Can we include counts of partnerships that aren't tied directly to 2103 funding?*
Please count partnerships that are tied to the OT21-2103 grant in some way so that CDC is best able to monitor the impacts of this specific grant instead of overall work to address COVID-19 health disparities.
2. *For measure 4.1 (Partnerships), what is meant by "proportion" of?*
The proportion of partnerships will be calculated automatically in REDCap using the counts of new, existing, and expanded partnerships as the numerators and total partnerships (funded and unfunded) as the denominator.
3. *Do you want all partnerships from all strategies to be counted for measure 4.1?*
Yes, CDC suggests reporting all partnerships related to OT21-2103 funding in measure 4.1.
4. *Would a coalition composed of multiple partnerships be counted as one partnership or multiple?*
Please report all unique partnerships when reporting under 4.1 according to the specific "Partner Type" (options provided align with the work plan options). If there are multiple partnerships within a coalition, you would report them as multiples rather than one partnership. For example, if your jurisdiction is mobilizing a coalition that consists of eight partner organizations, this would count as eight partnerships. **Note:** This guidance is updated from what was shared during the webinar.
5. *If partners engage in unfunded improvements that might otherwise fit under 2.1 or 3.1 (support our data collection or infrastructure related to disparities), should we still not report it? If not, is there any guidance on reconciling that an unfunded partner may be counted in 4.1 but not 2.1 and 3.1?*
Recipients may report on unfunded partner activities like the example provided if the activity is funded but the partner is not, OR if the partner is funded but the activity is not. Please do not report if neither the activity nor partner receive funds from OT21-2103.

Epidemiology and Laboratory Capacity (ELC) Measures and Reporting

1. *Will we be required to report on measures 1.2 and 1.3 (which correspond to ELC measures) for OT21-2103, or will the data be available through established reporting mechanisms?*
OT21-2103 recipients will be reporting on measures 1.2 and 1.3 if they are using grant funds to implement or contribute to testing or contact tracing activities. If recipients are funded by both OT21-2103 and ELC, they can use the same information reported to ELC with the addition of reporting the data by racial and ethnic populations. If recipients are not funded by ELC, measures 1.2 and 1.3 are optional for the first reporting cycle.
2. *If we aren't using OT21-2103 funds to implement the activities under Strategy 1, but we do have ELC funds that are used to support those activities, will we have to report on these measures under OT21-2103?*
If recipients are not using OT21-2103 funds to implement or contribute to testing and contact tracing, they do not need to report on OT21-2103 measures 1.2 and 1.3 and should report only to ELC. Please report only on measures that are using OT21-2103 funds in some capacity.
3. *Our ELC manager said E.2 is calculated by CDC from lab data submission. ELC guidance says "CDC currently has this data and there is no need to report at this time." Is this true of measure 1.2 under this grant?*
Please report measure 1.2 directly into REDCap for OT21-2103 to best capture racial and ethnic populations data. CDC will continue to monitor reporting requirements across funding streams and to identify opportunities to reduce burden.

4. *For case investigations and contact tracing data, is this just for cases assigned to our health department, or for all residents in our jurisdiction? We ask because the data streams depend on which agency a case is assigned to.*

Please try to report on case investigation and contact tracing data that are tied to OT21-2103 funding so CDC can best measure the impacts of this specific grant. Depending on your intended work, this may consist of data from more than one stream.

Overlap of CDC Funding Streams and Reporting

1. *Because of overlap of funding streams, can there be overlap in the data we turn in, or do we need to try to separate out data by funding stream?*

CDC understands there may be some overlap in data. Please pay attention to the specifics of what is required for OT21-2103 measures and ensure you are reporting data that is related so CDC can best monitor and evaluate the outcomes of this grant. CDC will implement data validation and quality checks to ensure appropriate reporting for this funding stream.

2. *Will CDC integrate reporting and evaluation measures so recipients do not have to report on the same indicators for multiple grants?*

CDC is working to reduce as much burden as possible for recipients by using similar measures and minimizing reporting requirements.

3. *For the measures, are you looking for totals, whether or not the activity is fully funded by the grant? For example: number tested, number investigated These are funded from multiple funding streams. Do you want the number funded from this grant or the total?*

If OT21-2103 funds are used to support testing and contact tracing, CDC wants to know the total but broken down by racial and ethnic populations in measures 1.2 and 1.3 that align with ELC measures. For example, recipients will provide the total number of tests conducted as well as disaggregate by the following racial and ethnic populations:

- Alaska Native, non-Hispanic
- American Indian, non-Hispanic
- Asian, Non-Hispanic
- Black or African American, non-Hispanic
- Hispanic, Latino or Latinx
- Native Hawaiian and Pacific Islanders, non-Hispanic
- White, non-Hispanic
- Multiple race, non-Hispanic
- Unknown-

Geography

1. *If we report by census tract, it seems that would be an inordinate amount of point and click. Is there a maximum number of geographic units we should consider when selecting at which geographic level to report?*

CDC does not intend to collect all data for OT21-2103 from the lowest geographic level and will collect aggregates for Strategy 1 measures. However, please share the lowest geographic level at which you can report the data, and enter the corresponding information in the open-ended text box in the report form for Strategy 1 measures. For example, if you collect testing data at the county level, select "County" and input the county names in the open-ended descriptive field. This will help CDC understand geographic reporting capacity and allow for unique recipient geographic situations.

2. *We will have multiple geographic areas within a strategy. Is there a way to address the questions in the reporting template by different geographic areas being addressed under a strategy?*

Please provide only the lowest level geographic area for which you can report data for Strategy 1 measures. For example, if testing data is available at the county level, select “County” and insert the list of counties in the REDCap form. Recipients will still report measure data at aggregate levels, but CDC is working to understand reporting capacity at different geographic levels across recipients.

Data Management Plan (DMP)

1. *Are DMPs required for reporting any of the measures?*

No, DMPs are not required for datasets created or analyzed for the purpose of progress reporting or monitoring.

2. *If we are analyzing multiple public health datasets, do they each need their own DMP, or can we develop one DMP?*

A DMP should include the datasets that are related to one project. While some projects may be associated with only one dataset, other projects may be associated with multiple public health datasets. In those situations, the DMP should reflect the full scope of the project and include the multiple datasets. CDC expects that if there are different descriptions (such as dataset location, public access level, or associated documentation or resources) specific to an individual dataset, these will be delineated by dataset in the DMP.

Evaluation Plan

1. *Are evaluation plans required for this grant?*

No, evaluation plans are not required to be submitted to CDC for review and approval for OT21-2103. We encourage you to create plans for your own evaluation work, but they do not need to be submitted to CDC.

Logic Model

1. *Are there intermediary outcomes? Reducing health disparities is a lofty goal and may take a longer time and additional resources.*

During the period of performance, CDC will mainly monitor and report out on the improvements to capacity and services and improved and increased testing outcomes. There will be additional enhanced evaluation projects at CDC that investigate the impacts of reducing COVID-19 health disparities over time.