COVID-19 Vaccination Supplement 4 (April 2021)

Funding equity and prioritizing populations disproportionately affected by COVID-19

Supported through the Coronavirus Response and Relief Supplemental Appropriations Act of 2021, P.L. 116-260 and the American Rescue Plan Act of 2021, P.L. 117-2

Funding provided through NCIRD to the 64 immunization jurisdictions

Guidance for the use of supplement 4 funding (April 2021) for IP19-1901 Immunization and Vaccines for Children cooperative agreement recipients

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Background and Purpose

On December 27, 2020, the President signed into law the Coronavirus Response and Relief Supplemental Appropriations Act of 2021 (P.L. 116-260). On March 11, 2021, the President signed into law the American Rescue Plan Act of 2021 (P.L. 117-2). Both laws include supplemental funding for coronavirus vaccine activities to support broad-based distribution, access, and vaccine coverage. More specifically, this supplement will be used to ensure greater equity and access to Coronavirus Disease 2019 (COVID-19) vaccine by those disproportionately affected by COVID-19.

Health equity is achieved when all individuals have the opportunity to attain their full health potential. Data show that long-standing systemic health and social inequities have put many racial and ethnic minority groups at increased risk of getting sick and dying from COVID-19. There is also evidence that some racial and ethnic minority groups, including non-Hispanic American Indian/Alaska Native persons, non-Hispanic Black persons, and Hispanic persons, are disproportionately affected by COVID-19. Data from APM Research Lab [January, 2021] show:

- Pacific Islanders, Latino, Black and Indigenous Americans have a COVID death rate at least double of White and Asian Americans.
- The cumulative COVID-19 death rate per 100,000 population was highest for non-Hispanic American Indian/Alaska Native persons at 168.4 deaths per 100,000.
- Non-Hispanic Black persons had a death rate of 136.5 deaths per 100,000 population, and Hispanic persons had a death rate of 99.7deaths per 100,000 population.

In New York City, the COVID-19 mortality rate for persons experiencing homelessness (PEH) who reside in shelters is 413 per 100,000 for PEH single adults, 353 per 100,000 for PEH adult families, and 227 per 100,000 for PEH families with children, compared with 231 per 100,000 for the general population.
https://www.coalitionforthehomeless.org/age-adjusted-mortality-rate-for-sheltered-homeless-new-yorkers/

Rural deaths due to COVID-19 continue to be higher on average compared to that for the nation as a whole. https://covid.cdc.gov/covid-data-tracker/#pop-factors_7daynewdeaths

Conditions in the places where people live, learn, work, play, and worship affect a wide range of health risks and outcomes, such as COVID-19 disease, severe illness, and death. As evidenced by the available data to date, populations that have been disproportionately affected by COVID-19 include, but are not limited to:

- People in racial and ethnic minority groups
    - Non-Hispanic American Indian
    - Alaska Native
    - Non-Hispanic Black
    - Hispanic
- People living in communities with high social vulnerability index
- People living in rural communities
- People with disabilities
- People with who are homebound or isolated
- People who are underinsured or uninsured
- People who are immigrants and/or refugees
- People with transportation limitations

To address these disparities, the purpose of this supplemental guidance, is to fund strategies that ensure greater equity and access to COVID-19 vaccine by those disproportionately affected by COVID. Criteria that can help you prioritize your selection of communities of focus may include:

- Communities that have experienced disproportionately high rates of SARS-CoV-2 (the virus that causes COVID-19) infection and severe COVID-19 disease or death
- Communities that have high rates of underlying health conditions that place them at greater risk for severe COVID-19 disease (e.g., heart disease, lung disease, obesity, see CDC website for detailed list)
- Communities likely to experience barriers to accessing COVID-19 vaccination services (e.g., geographical barriers, health system barriers)
- Communities likely to have low acceptance of or confidence in COVID-19 vaccines
- Communities where COVID-19 mitigation measures (e.g., mask wearing, social distancing) have not been widely adopted
- Communities with historically low adult vaccination rates
- Communities with a history of mistrust in health authorities or the medical establishment
- Communities that are not well-known to health authorities or have not traditionally been the focus of immunization programs

Sustainability is a key component of these activities so that the country is prepared for the potential need for a COVID-19 booster vaccination and to implement influenza vaccination both seasonally and for pandemic preparedness. These activities should improve access to COVID-19 vaccine, as well as other necessary vaccines, for at-risk individuals.

Funding Strategy

NCIRD is awarding additional supplemental funds totaling $3.15 billion to its "IP19-1901 Immunization and Vaccines for Children" recipients to support their program needs to focus on the work of implementing and expanding their respective COVID-19 vaccination programs. This funding comes from the Coronavirus Response

and Relief Supplemental Appropriations Act of 2021 (P.L. 116-260) and the American Rescue Plan Act of 2021 (P.L. 117-2).

This new funding will be awarded during Budget Year 2 of the cooperative agreement, and it will be available to recipients in furtherance of these activities through June 30, 2024.

Each current recipient under IP19-1901 will receive funds, and the amount available to each recipient is determined using a population-based formula with a statutorily-required adjustment for certain recipients. Direct assistance (DA) is available, as needed, to support existing immunization information system (IIS) contracts and anticipated needs should be addressed in the workplan and budget submitted.

Workplan and Budget Submission

The **funding will be made available** to each **recipient by April 2, 2021**. At that time, this guidance document will be uploaded to the Grants Management Module (GMM) as a Grant Note in GrantSolutions.

Within five business days of receipt of this guidance, the Authorized Official for each respective recipient is required to acknowledge receipt of this guidance as a Grant Note in GrantSolutions. The acknowledgement must be submitted on official letterhead and utilize the attached “Acknowledgement Letter for IP19-1901 – COVID-19 Supplemental Funds” template.

Within 60 days of receipt of the Notice of Award (NOA) associated with this supplement, recipient must submit its application documents in GrantSolutions as a Budget Revision **Amendment** as part of the recipient’s current award (IP19-1901) Budget Period 02.

Note: If a recipient does not submit the documents listed below and has not received written approval for an extension from CDC, then the Payment Management System (PMS) account associated with this award will be restricted. The restriction will result in a manual drawdown process that requires CDC approval of each PMS charge. This restriction will remain in effect until the recipient submits the documentation and is approved.

The application package must consist of the following documents:

Application for Federal Assistance 424

- One form for supplemental request - fill out the e-form in GrantSolutions

Budget Information 424a

- Total funding request- for supplemental project- provide form as an attachment

Detailed Workplan and Budget

- Detailed workplan and budget describing activities as further set out below. See separate application templates.
- Except where otherwise authorized by statute, 45 CFR 75 Subpart E – Cost Principles is applicable.

Terms and Conditions

Coronavirus Disease 2019 (COVID-19) Funds:

- A recipient of a grant or cooperative agreement awarded by the Department of Health and Human Services (HHS) with funds made available under the Coronavirus Preparedness and Response Supplemental Appropriations Act, 2020 (P.L. 116-123); the Coronavirus Aid, Relief, and Economic Security Act, 2020 (the "CARES Act") (P.L. 116-136); the Paycheck Protection Program and Health Care Enhancement Act (P.L. 116-139); and/or H.R. 133 - Consolidated Appropriations Act, 2021, Division M – Coronavirus Response and Relief Supplemental Appropriations Act, 2021; American Rescue Plan Act of 2021, (P.L. 117-2), agrees, as applicable to the award, to: 1) comply with existing and/or future directives and guidance from the Secretary regarding control of the spread of COVID-19; 2) in consultation and coordination with HHS, provide, commensurate with the condition of the individual, COVID-19 patient care regardless of the individual's home jurisdiction and/or appropriate public health measures (e.g., social distancing, home isolation); and 3) assist the United States Government in the implementation and enforcement of federal orders related to quarantine and isolation.

- In addition, to the extent applicable, Recipient will comply with Section 18115 of the CARES Act, with respect to the reporting to the HHS Secretary of results of tests intended to detect SARS–CoV–2 or to diagnose a possible case of COVID–19. Such reporting shall be in accordance with guidance and direction from HHS and/or CDC. HHS laboratory reporting guidance is posted at: https://www.hhs.gov/sites/default/files/covid-19-laboratory-data-reporting-guidance.pdf.

- Further, consistent with the full scope of applicable grant regulations (45 C.F.R. 75.322), the purpose of this award, and the underlying funding, the recipient is expected to provide to CDC copies of and/or access to COVID-19 data collected and evaluations conducted with these funds, including but not limited to data related to COVID-19 testing. CDC will specify in further guidance and directives what is encompassed by this requirement.

- To achieve the public health objectives of ensuring the health, safety, and welfare of all Americans, Recipient must distribute or administer vaccine without discriminating on non-public-health grounds within a prioritized group.

- When issuing statements, press releases, publications, requests for proposal, bid solicitations and other documents --such as tool-kits, resource guides, websites, and presentations (hereafter "statements")-- describing the projects or programs funded in whole or in part with U.S. Department of Health and Human Services (HHS) federal funds, the recipient must clearly state:

    1. the percentage and dollar amount of the total costs of the program or project funded with federal money; and,

    2. the percentage and dollar amount of the total costs of the project or program funded by non-governmental sources.

- When issuing statements resulting from activities supported by HHS financial assistance, the recipient entity must include an acknowledgement of federal assistance using one of the following or a similar statement.

- **If the HHS Grant or Cooperative Agreement is NOT funded with other non-governmental sources:**

  This **[project/publication/program/website, etc.]** [**is/was**] supported by the [**full name of the OPDIV/STAFFDIV**] of the U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling **$XX** with 100 percent funded by [**OPDIV/STAFFDIV**]/HHS. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by [**OPDIV/STAFFDIV]/**HHS, or the U.S. Government. For more information, please visit [**OPDIV/STAFFDIV website, if available**].

The HHS Grant or Cooperative Agreement IS partially funded with other nongovernmental sources:

  This [**project/publication/program/website, etc**.] [**is/was**] supported by the [full name of the **OPDIV/STAFFDIV**] of the U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling **$XX** with **XX** percentage funded by **[OPDIV/STAFFDIV**]/HHS and **$XX** amount and **XX** percentage funded by non-government source(s). The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by [**OPDIV/STAFFDIV**]/HHS, or the U.S. Government. For more information, please visit [**OPDIV/STAFFDIV website, if available**].

The federal award total must reflect total costs (direct and indirect) for all authorized funds (including supplements and carryover) for the total competitive segment up to the time of the public statement.

Any amendments by the recipient to the acknowledgement statement must be coordinated with the HHS Awarding Agency.

If the recipient plans to issue a press release concerning the outcome of activities supported by HHS financial assistance, it should notify the HHS Awarding Agency in advance to allow for coordination.

Termination

This award may be terminated in whole or in part consistent with 45 CFR 75.372

CDC may impose other enforcement actions in accordance with 45 CFR 75.371- Remedies for Noncompliance, as appropriate.

Activities

The activities supported by these funds are described within this section. Unless noted, every activity below is a required activity, consistent with the purpose of the appropriation. Recipients may also propose other additional activities within their submitted workplans with prior approval from their Program Operations Branch project officer.

- Note that **a minimum of 60% of total funds awarded must support local communities through local health departments (LHD), community-based organizations (CBO), and/or community health centers (CHC)**.

- In addition, **a minimum of 75% of total funding must focus on activities to ensure equity** by identifying vulnerable populations and directing funds to specific programs and initiatives intended to increase access, acceptance, and uptake of COVID-19 vaccination by populations disproportionately affected by COVID-19. This includes communities with high social vulnerability index (SVI). The remaining 25% of total funding may also be utilized to ensure equity or recipients may enhance or build upon activities under COVID-19 supplemental 3 (P.L. 116-136, Coronavirus Aid, Relief, and Economic Security Act).

When funding community-based organizations (new or established funded partners), recipients should consider: the geographic location of the organization (encourage funding organizations located in a variety of areas throughout the jurisdiction); the organization's rapport in the community of focus; the organization's experience working with communities most affected by COVID-19, including experience addressing the social determinants that influence populations most severely affected by COVID-19; and the organization's capacity to expand its services where other community-based organizations do not exist or do not have the capacity to support implementation of vaccination activities.

As a reminder, all providers receiving allocations of COVID-19 vaccine must have a signed COVID-19 Vaccination Provider Agreement on file with the recipient.

Required Activities

1. Improve understanding of disproportionately affected populations and barriers to vaccination access and uptake

- Use data to identify communities with social high vulnerability, high COVID-19 case burden, and/or disproportionately low COVID-19 vaccination rates. Use CDC's SVI or equivalent CDC SVI metrics at the ZIP code level, or another more granular level like Census tracts and other COVID-19 burden/vaccination data to identify specific communities of focus (e.g., geographic areas and the racial/ethnic minority groups or other vulnerable population(s) groups within them, such as the elderly and people with disabilities, communities with low car ownership, limited access to public transportation, the number of people who live within a defined radius of a vaccine provider, limited access or inability to effectively use technology, etc.). Leverage data-informed technical assistance offered to the IP19-1901 immunization awardees through CDC.
- Enter into a memorandum of understanding or other documented or memorialized partnership between the recipient as the immunization program and other relevant programs within the health department (e.g., Area Agencies on Aging, HIV, nutrition programs such as WIC, rural health, TB, STD, etc.) to accelerate outreach to and coordination with community-based organizations with a broad reach to populations at higher risk of COVID-19 and that are underserved and to promote vaccine awareness and uptake.
- Ensure completeness of reporting race and ethnicity, other demographic information, and location of vaccine administration and residence in data submissions to CDC.

Optional Activities

- Hold community listening sessions, town halls or other partner engagement sessions aimed at specific disproportionately affected populations (e.g., communities of color, incarceration facilities, etc.)
- Map vaccination coverage by ZIP code using recipient's immunization information system (IIS) or social vulnerability by U.S. Census Tract using CDC's SVI or its equivalent for critical populations to explore and improve vaccine delivery mechanisms and inform vaccination strategies and partnerships.

2. Leverage and support partnerships with local health departments

- For each identified community of focus, coordinate with local health departments or their equivalents serving those communities to develop and implement a plan to collaborate with other (non-immunization focused) programs within the local health departments or local government that have established community engagement programs, initiatives, or reach into those communities. The plan should prioritize outreach to programs that have proven or existing community engagement capacity or reach in the identified communities and leverage insights to support COVID-19 vaccination education, outreach, and/or administration. Recipients are required to complete the following activities; however, additional activities may be submitted as appropriate:
    - Require that local health departments identify additional programs within the department to plan and implement tailored outreach and use of mobile clinics to increase COVID-19 vaccination in sub-groups within racial and ethnic populations (e.g., HIV, nutrition programs such as WIC, rural health, etc.).
    - Fund interdepartmental educational campaigns, outreach, marketing approaches and materials with programs within the local health departments to increase acceptance of COVID-19 vaccination among racial and ethnic minority groups.
    - Provide subject-matter expertise during community events promoting and/or educating about COVID-19 vaccination in racial and ethnic population sub-groups. Examples of community events include townhalls, round-tables, and Q/A sessions.
    - Engage in existing community outreach activities and collaborate and/or contract with local Community Health Workers, immunization coalitions, and patient navigators to improve education and outreach to prioritized communities of focus. Please note, these efforts should complement other existing Federally-funded efforts.
- Connect local health departments, CHCs, and/or trusted healthcare organizations, including pharmacies, with communities of focus through mobile or other COVID-19 vaccination clinics in communities facing disparities to increase the number, range, and diversity of opportunities for vaccination.

3. Develop, cultivate, and/or strengthen community-based partnerships to reach disproportionately affected populations

- For each identified community of focus, identify community-based organizations, community leaders, coalitions, and local health clinics/centers to distribute funding to in order to support COVID-19 vaccination education, outreach, and/or administration in the community. Prioritize CBOs or leaders that the state, territory, and/or local health department has existing relationships with, and/or that have established capacity or reach in the community. Identify and partner with state and local education agencies (SEAs/LEAs), where available, to support COVID-19 vaccination education and outreach in the identified community.
- Develop and implement outreach campaigns and approaches to identify and train trusted messengers that represent the diversity of affected communities to promote vaccination through local media outlets, social media, faith-based venues, community events, and other community-based, culturally appropriate venues (e.g., faith leaders, teachers, community health workers, radio DJs, local shop owners, barbers, etc.).
- Fund partnerships that will improve vaccine uptake to ZIP codes that have been most severely affected by COVID-19 and that have high social vulnerability indexes.
- Connect vaccination providers with places of worship, community-based organizations, recreation programs, food banks/pantries, schools and colleges/universities, grocery stores, salons/barbershops/beauticians, major employers, and other key community institutions to set up temporary and/or mobile COVID-19 vaccination provider sites, especially in high-disparity communities.

- Engage and develop partnerships with leadership from correctional facilities (prisons, jails) and law enforcement to facilitate COVID-19 and influenza vaccination as appropriate.

4. Improve access to COVID-19 vaccines (expand and diversify opportunities for getting vaccinated)

- Ensure access to vaccination sites and appointments throughout the jurisdiction by using multiple types of locations and with flexible hours that are accessible to and frequented by the identified communities of focus.
    - Vaccination sites should include, but not be limited to pharmacies, healthcare facilities, community-based sites, and mobile sites, and both large-scale vaccination sites and small or on-site pop-up vaccination sites.
    - Hours should take into consideration 1) the needs of frontline workers and communities that may not be able to leave work during core daytime hours, and 2) the needs and capacity of community-based sites, as not all will be able to meet requirements of size, hours, and staffing. Some community-based sites may require additional staff/funding to stay open beyond normal operating hours.

- Coordinate with local community-based organizations to plan and implement pop-up, mobile, or other vaccination clinics during existing events for communities of high social vulnerability (e.g., HIV/STD screening services, food drives/pantries, health fairs, and adult education programs).
- Support increased staffing of culturally competent medical personnel that reflect the identified community who may administer COVID-19 vaccine at mobile or pop-up vaccination sites/clinics organized through community-based organizations. This could include partnering with minority community health workers and/or nursing students/phlebotomy students/residents from historically black colleges or universities in the surrounding areas.
- Fund efforts to increase equity of health information sharing across communities of focus. Areas of emphasis could include but are not limited to:
    - Provide funding, staffing, and/or technological support for call center, chat, or other triage services and surge support for the increased volume of questions from community members trying to access vaccines, determine eligibility, use online scheduling platforms, or asking other common questions.
    - Increase translation of website content into additional languages specific to those in the communities of focus (e.g., using HTML format).
    - Increase accessibility for individuals with disabilities (e.g., 508 compliance and websites that are keyboard friendly).
    - Support a mobile friendly version of website content for individuals without computers.
- Partner with nutrition, HIV, and STD programs to plan and implement mobile vaccine clinics to reach homebound individuals in communities of high social vulnerability.
- Simplify COVID-19 vaccine patient registration procedures. Prioritize offering vaccination options that do not require preregistration (e.g., at local community centers, schools, houses of worship, or other highly frequented and trusted sites in the community). Ensure patient registration options do not require the internet or digital platforms (such as phone or in-person registration). Ensure registration is accessible to those with limited English proficiency or limited literacy. It should be made clear that registration does not require nonessential documentation, such as proof of citizenship, that is likely to deter individuals from immigrant communities from seeking vaccination.

Optional Activities

- Support free or subsidized transportation options to access vaccination appointments either directly or indirectly through community partners (e.g., partner with local transportation services or transportation

network companies to provide no-cost transport to vaccination sites in communities of high social vulnerability).

5. Improve and expand messaging/education around vaccination

- Fund and hire a dedicated health communicator (100%) to support and implement the jurisdiction's vaccine communication, education, outreach, health equity, and programmatic strategies. The health communicator will work to increase vaccine confidence and reach people with different levels of health literacy, digital literacy, and science literacy, and serve as a vaccine and digital information resilience specialist for the jurisdiction. Other core activities include providing expertise to proactively address and mitigate the spread and harm of misinformation, develop and distribute regular vaccine insights reports based on social listening and media monitoring, support ongoing digital vaccine confidence communication strategies, and set up sustainable systems for vaccine confidence building activities. CDC will provide ongoing technical assistance to the specialist and facilitate coordination with other specialists across the country and coordinate efforts with national vaccine confidence efforts.
- Develop and implement community-based and culturally and linguistically appropriate messages that focus on COVID-19 spread, symptoms, prevention and treatment, and benefits of vaccination.
    - Leverage existing CDC social media and campaign resources, as appropriate.
    - Utilize community engagement forums, advisory groups, etc. to ensure the messages are appropriate and suitable for the audience.
- Fund communication strategies that accommodate different levels of health literacy, digital literacy, and science literacy.
- Fund resource modification or enhancement activities to develop tool kits, checklists, quick guides, etc. specific to increasing vaccine education and awareness in racial and ethnic communities.
- Support culturally sensitive methods to translate communication materials into community-specific languages or dialects to help ensure information is conveyed in an accurate manner and fosters meaningful community engagement.
- Support ongoing training of identified trusted messengers through provision of educational materials that utilize trauma-informed community engagement strategies that address vaccine hesitancy and misinformation, historical injustices, minimize mistrust, and advance health equity.
- Collaborate with trusted messengers to develop testimonial campaign. Testimonials could include representation from diverse groups of people including millennials, physicians, elderly, frontline workers, someone who lost a loved one, individuals who experienced a reaction following vaccination (or did not have a reaction), local or national celebrities of color, etc.

Optional Activities

- Support grassroots-style outreach campaigns through text messages, phone-banking, and/or safely conducted in-person vaccine availability and education information sharing, appointment sign-up options, and appointment and COVID-safety reminders.
- Support nonfunded local entities by sharing learnings and materials.

Please note – HHS is funding *Advancing Health Literacy to Enhance Equitable Community Response to COVID-19*. These grants will demonstrate the effectiveness of local government's implementation of health literacy strategies to enhance COVID-19 testing, contact tracing, and/or other mitigation measures in racial and ethnic minority and other socially vulnerable communities. The activities undertaken in this COVID-19 funding supplement to ensure equity in COVID-19 vaccination efforts should be complementary to activities undertaken in the HHS health literacy grants.

6. Strengthen recipient's coordination on vaccine equity efforts

- Increase coordination across and within recipient jurisdiction by designating a Vaccine Equity Official. If applicable, this official will coordinate with health equity coordinators or participate in health equity committees at the state and local levels. This official will also coordinate equity efforts with LHDs, CBOs, and/or CHCs. During the period of the award, 100% of this official's time should be spent on activities directly tied to increasing vaccine equity in their jurisdiction.
- Fund and hire an adult immunization coordinator (100%) to focus on COVID-19, influenza and other necessary vaccines for these populations that will serve as a safety net for at-risk individuals. Areas of focus should include quality improvement, reminder recall and other activities to improve adult coverage rates.
- Participate in cross-jurisdictional information sharing opportunities and collaboration to support sharing of best practices and group problem-solving.

Optional Activities

- Maintain repository of existing resources, organized by disproportionately affected populations, at the state and local level to provide transparency, accountability, and improved access to the public as well as internally. Example resources include:
    - funding streams
    - community-based organizations
    - faith-based organizations
    - sheriff's associations
    - homeless shelters

7. Continue to build on activities funded through the *Guidance for the use of supplemental funding (January 2021) for IP19-1901 Immunization and Vaccines for Children cooperative agreement*

Performance Measures and Reporting

- Progress on Milestones will be reported on a quarterly basis beginning 90 days after receipt of the Notice of Award (NOA). Recipients will be provided 2 weeks to update their progress and note any challenges encountered since the previous update.
- Financial reporting requirements shall be noted in the Terms and Conditions of the NOA. Updates to the reporting requirements will be provided as a Grant Note in GMM.
- The Immunization Services Division will work with the Office of Grants Services to limit the administrative burden on recipients.

Required Performance Measures

- Performance Measure: Describe work in the past quarter to identify and prioritize disproportionately affected populations for vaccination.
- Performance Measure: Describe work in the past quarter to partner with local health departments to promote vaccine awareness and uptake.
- Performance Measure: Provide a description of the work and successes/challenges of health department partnerships in reaching the high risk and underserved populations in the past quarter.
- Performance Measure: Provide a description of the work and successes/challenges of local partnerships in supporting community engagement and vaccine promotion in the past quarter.

- Performance Measure: Describe mobile COVID-19 vaccination efforts in the past quarter in communities facing disparities, including the number of events and the number of days the events were held.
- Performance Measure: Describe the vaccination services available through CBOs and other local partners in the past quarter.
- Performance Measure: Describe work in the past quarter to partner with community organizations, and other trusted sources to promote vaccine awareness and uptake.
- Performance Measure: Describe the work in the past quarter to simplify COVID-19 vaccine registration processes, including successes and challenges. Describe existing non-digital options for COVID-19 registration.
- Performance Measure: Describe work in the past quarter to work with trusted messengers to develop messaging campaigns, engage their communities, and build vaccine confidence.
- Performance Measure: Provide the process and timeline by which vaccine equity official will be identified/hired within the workplan and budget.
- Performance Measure: Completeness of race and ethnicity, other demographic data, and location of administration and residence data elements in reports submitted to CDC.
- Performance Measure: Vaccine administration rates in high SVI areas is equitable with the low SVI areas.
- Performance Measure: Vaccine administration rates in racial and ethnic minority populations is equitable with non-Hispanic white population.

Reporting

Summary of Reporting Requirements:

1. Quarterly progress reports on milestones in approved workplans.
2. Monthly fiscal reports specific to this supplemental funding award as defined in REDCap (beginning 60 days after NOAs are issued).
3. Performance measure data (vaccine uptake, uptake in sub-populations, timeliness and completion of reporting for example)
4. CDC will require recipients to develop annual progress reports (APRs). CDC will provide APR guidance and optional templates should they be required.
5. Data collected as a part of the activities supported with these funds shall be reported to CDC. The format will be determined at a later date.

OGS Contact:

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