

Print Date: 1/7/22

National Initiative to Address COVID-19 Health Disparities among Populations at High-Risk and Underserved, Including Racial and

| Title:                         | Ethnic Minority Populations and Rural Communities |
|--------------------------------|---|
| Project Id:                    | 0900f3eb81cc6920                                  |
| Accession #:                   | CSTLTS-NPB-3/11/21-c6920                          |
| Project Contact:               | Christine Graaf                                   |
| Organization:                  | CSTLTS/DPPS/NPB                                   |
| Status:                        | Project In Progress                               |
| Intended Use:                  | Project Determination                             |
| Estimated Start Date:          | 03/15/2021  |
| Estimated Completion Date:     | 06/15/2023  |
| CDC/ATSDR HRPO/IRB Protocol #: |   |
| OMB Control #:                 |   |

# **Determinations**

| Determination                           | Justification   | Completed | Entered By & Role           |
|---|---|-----------|-----------------------------|
| HSC:<br>Does NOT Require HRPO<br>Review | Not Research / Other  45 CFR 46.102(l)  Other - Workplan template | 3/14/21   | Colman_Laura (mwu4) CIO HSC |
|   |   |           |                             |

| PRA: PRA Applies                | Qualifies for a statutory waiver:  Justification: As a result of the declared public health emergency, COVID-19, CDC#s COVID-19 related data collections currently fall under a PHE PRA Waiver as part of the 21st Century Cures Act. Recipients will be funded to plan and implement activities specifically related to mitigating COVID-19 in communities. If information collection activities continue beyond the period of the declared public health emergency or beyond the termination PHE PRA Waiver, all collections will become subject to requirements of the PRA and CSTLTS will work with the program to obtain necessary approvals prior to the expiration of the PHE waiver. | 21st Century Cures Act - Sec. 3087 (Public Health Emergency) | 3/15/21 | Wigington_Corinne J. (jgi2) OMB /<br>PRA |
|---------------------------------|--|--|---------|--|
| ICRO: Returned with No Decision |  |  | 3/15/21 | Zirger_Jeffrey (wtj5) ICRO Reviewer      |

# **Description & Funding**

# **Description**

Priority: Urgent

Date Needed: 03/15/2021

This item is associated with the publication of an emergency grant for state, local, US territorial, and freely associated state health **Priority Justification:** 

departments (or their bona fide agents) to address COVID-19.

**Determination Start Date:** 03/11/21

Included for PRA clearance is the work plan template associated with the NOFO for OT21-2103: National Initiative to Address Description:

COVID-19 Health Disparities among Populations at High-Risk and Underserved, Including Racial and Ethnic Minority Populations

and Rural Communities. The work plan template will be completed by applicants between March 16, 2021 and April 30, 2021.

IMS/CIO/Epi-Aid/Chemical Exposure Submission: Yes

2019 Novel Coronavirus Response **IMS Activation Name:** 

**Primary Priority of the Project:** Prevention, mitigation, and intervention strategies

Other Science Topic - Healthy Equity Secondary Priority(s) of the Project:

Task Force Associated with the Response: Not selected

| CIO Emergency Response Name:   | Not selected  |
|--|---|
| Epi-Aid Name:  | Not selected  |
| Assessment of Chemical Exposure Name:  | Not selected  |
| Goals/Purpose  | The purpose of the work plan template is to gather information from applicants regarding proposed grant activities. This information will be used to conduct the technical review process and to pre-populate the performance and fiscal monitoring forms recipients will complete quarterly throughout the period of performance. No other data of this kind are being collected as this is a novel grant being administered. Thus we are confident there is no duplication of effort.   |
| Objective:   | Applicants must develop and submit a high-level work plan for the 2-year period of performance. The work plan must align with the strategies and activities outlined in the NOFO. Specifically, activities must align to one or more of the following strategies: Strategy 1: 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 Strategy 2: 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 Strategy 3: Build, leverage, and expand infrastructure support for COVID-19 prevention and control among populations that are at higher risk and underserved Strategy 4: 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 Applicants are not required to implement all four strategies, but rather they should select the strategies and activities that best address their jurisdiction#s respective priorities and needs. Strategies should engage representatives of populations and communities to be served by this NOFO. CDC will also allow applicants to propose additional strategies and activities beyond those included in the NOFO to best achieve local outcomes. Any proposed new strategy or activity should include the rationale for the approach or a brief justification with evidence showing why it should be included. Applicants must use the template provided as Attachment B: CDC-RFA-OT21-2103 Work Plan. Applicant must name this file #[Name of Jurisdiction] Work Plan# and upload it as an attachment to www.grants.gov. |
| Does this project include interventions, services, or policy change work aimed at improving the health of groups who have been excluded or marginalized and /or decreasing disparities?: | Yes   |
| Project does not incorporate elements of health equity science:  | Not Selected  |
| Measuring Disparities:   | Not Selected  |
| Studying Social Determinants of Health (SDOH):   | Not Selected  |
| Assessing Impact:  | Yes   |
| Methods to Improve Health Equity Research and Practice:  | Not Selected  |
| Other:   | Not Selected  |
| Activities or Tasks:   | Programmatic Work   |
| Target Populations to be Included/Represented:   | Other - Applicants of the OT21-2103 NOFO  |
| Tags/Keywords:   | Health Equity   |

CDC's Role: CDC is providing funding

**Method Categories:** Other - Excel Work Plan Template

No

Information will be collected from applicants via the Excel work plan template submitted to CDC in Grants gov as a part of their Methods:

grant application. The proposed template ensures maximum quality while ensuring minimum burden to recipients. Descriptive

statistics (i.e., frequencies) may be generated from work plan reports.

Information will be collected from applicants via the Excel work plan template submitted to CDC in Grants.gov as a part of their Collection of Info, Data or Biospecimen:

grant application. We estimate 108 respondents and 2 hours per respondent = 216 burden hours total for completion.

Information collected will be used to conduct the technical review process and to pre-populate the performance and fiscal Expected Use of Findings/Results and their impact:

monitoring forms recipients will complete quarterly throughout the period of performance.

Could Individuals potentially be identified based on

Information Collected?

#### **Funding**

| Funding      | Funding Title   | Funding       | Original  | # Years | Budget |
|--------------|---|---------------|-----------|---------|--------|
| Type         |   | #             | Budget Yr | Award   | Amount |
| CDC<br>Grant | National Initiative to Address COVID-19 Health Disparities among Populations at High-Risk and Underserved, Including Racial and Ethnic Minority Populations and Rural Communities | OT21-<br>2103 | 2021      | 2       |        |

# **HSC Review**

## **HSC Attributes**

Other - Workplan template Yes

# **Regulation and Policy**

#### the IRB office

#### Estimated number of study participants

Population - Children Protocol Page #:

Population - Minors Protocol Page #:

Population - Prisoners Protocol Page #:

Population - Pregnant Women Protocol Page #:

Population - Emancipated Minors Protocol Page #:

No Selection

Suggested level of risk to subjects

Do you anticipate this project will be exempt research or non-exempt research

#### Requested consent process waviers

Informed consent for adults No Selection

Children capable of providing assent No Selection

Parental permission No Selection

Alteration of authorization under HIPPA Privacy

Rule

## **Requested Waivers of Documentation of Informed Consent**

Informed consent for adults No Selection

Children capable of providing assent No Selection

Parental permission No Selection

## Consent process shown in an understandable language

Reading level has been estimated No Selection

Comprehension tool is provided No Selection

Short form is provided No Selection

Translation planned or performed No Selection

Certified translation / translator No Selection

| Translation and back-translation to/from target language(s) | No Selection |
|---|--------------|
| Other method  | No Selection |
| Clinical Trial  |              |

Assigned to an intervention

No Selection

Evaluate the effect of the intervention

No Selection

Evaluation of a health related biomedical or behavioral outcome

Registerable clinical trial

No Selection

No Selection

# **Other Considerations**

Involves human participants

Exception is requested to PHS informing those bested about HIV serostatus

Human genetic testing is planned now or in the future

Involves long-term storage of identifiable biological specimens

Involves a drug, biologic, or device

Conducted under an Investigational New Drug exemption or Investigational Device Exemption

No Selection

## **Institutions & Staff**

#### Institutions

Institutions yet to be added .....

#### **Staff**

| Staff<br>Member | SIQT Exp.<br>Date | CITI Biomedical<br>Exp. Date | CITI Social & Behavioral<br>Exp. Date | CITI Good Clinical Practice<br>Exp. Date | Staff Role | Email     | Phone    | Organization         |
|-----------------|-------------------|------------------------------|---------------------------------------|--|------------|-----------|----------|----------------------|
| Christine       |                   |                              |                                       |  | Project    | khx2@cdc. | 404-498- | NATIONAL PARTNERSHIP |

 Graaf
 12/11/2023
 Coordinator
 gov
 0442
 BRANCH

#### Data

#### **DMP**

Proposed Data Collection Start Date: 3/16/21

Proposed Data Collection End Date: 6/15/23

Proposed Public Access Level: Restricted

Restricted Details:

Data Use Type: Other - Access to work plan information will be restricted to grant recipients and CDC

Data Use Type URL:

**Data Use Contact:** 

Public Access Justification:

Work plan information is specific to each funded recipient, although it is important to note that CSTLTS will conduct a program

evaluation and expects to make information gleaned from those analyses/reports available to the public.

How Access Will Be Provided for Data: Once funded, recipients will have access to the data provided via REDCap.

Plans for Archival and Long Term Preservation:

# **Spatiality**

Spatiality (Geographic Locations) yet to be added .....

#### **Dataset**

| Dataset                 | Dataset     | Data Publisher | Public Access | Public Access | External   | Download | Type of Data | Collection | Collection End |
|-------------------------|-------------|----------------|---------------|---------------|------------|----------|--------------|------------|----------------|
| Title                   | Description | /Owner         | Level         | Justification | Access URL | URL      | Released     | Start Date | Date           |
| Dataset yet to be added |             |                |               |               |            |          |              |            |                |



# U.S. Department of Health and Human Services

Centers for Disease Control and Prevention