Introduction to Logic Model for 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

This logic model will serve as a resource to guide program development and activity implementation, as well as evaluation plans.

Inputs are the actual resources to plan and implement the strategies and activities, both material and intellectual.[1] The main inputs for the Health Disparities Grant are COVID-19 federal funding, CDC and other partner organizations' technical assistance, existing or untapped community resources, as well as the priorities of the communities served.

Contextual factors are external to the program but relevant to program planning, implementation, and/or outcomes.[1] Relevant contextual factors for the Health Disparities Grant may include:

- Federal, local, and state entities and communities will provide support to implement these activities
- Recipients will receive funding as a part of a fast-paced emergency response
- Recipient activities may evolve over the period of performance due to COVID-19 epidemiological changes (e.g., case burdens)
- Outcomes may be applicable to other emergency responses and public health issues in the future

Assumptions or other considerations may include predisposing, enabling, or reinforcing factors relevant to the program and/or barriers relevant to the program.[1] Assumptions for this Health Disparities Grant may include:

- Flexibility of funding and activity implementation due to the nature of the grant structure
- Recipients have a foundation to immediately implement these strategies and activities
- Recipients are not required to implement all strategies and activities - they can identify which jurisdictional public health needs to prioritize and determine appropriate strategies to address those needs
- Additional advancements towards health equity will be achieved as a result of implementing these strategies and activities

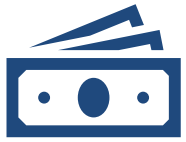
Centers for Disease Control and Prevention
Center for State, Tribal, Local, and Territorial Support

[1]Checklist of key considerations for development of program logic models. https://wmich.edu/evaluation/checklists

OT21-2103 Logic Model

Inputs
If resources are provided to recipients…

Government funding



Technical assistance

Communities

1

Strategies
to implement flexible strategies focused within COVID 19 activity areas*…

1. Expand existing and/or develop new mitigation and prevention resources and services
- Testing, contact tracing, and case investigation
- Quarantine and Isolation
- Vaccine administration support
- Evidence-based policies, systems, and environmental strategies

2. Increase/improve data collection and reporting
- Data collection, analysis, or reporting
- Data systems infrastructure
- Evaluation

3. Build, leverage, and expand infrastructure support
- Health equity training
- Inclusive workforce
- Organization infrastructure and plans
- Health equity staffing

4. Mobilize partners and collaborators
- Partnerships
- Culturally appropriate messaging
- Community capacity/engagement
- Council, community group, coalition, or other working group

2

Outcomes
we expect these to occur…

- **Improved state, local, territorial, freely associated state health departments and community capacity and services to prevent and control COVID-19 infection (or transmission)**
- **Improved and increased testing and contact tracing**

3

To achieve our ultimate goal

Reduced COVID-19-related health disparities

4

All in support of populations at high risk and underserved, including racial and ethnic populations and rural communities.

5

*Activity areas are based on preliminary work plans submitted by recipients

Appendix A: Overview of Strategies and Activities

This program is composed of four overarching strategies that aim to both address disparities in the current COVID-19 pandemic and set the foundation to address future responses. These strategies and activities are suggestions; others are acceptable with justification. For each strategy that is selected, recipients are encouraged to prioritize the bolded activity plus any others they deem most appropriate for their needs.

1. Expand existing and/or develop new mitigation and prevention resources and services

- **Expand testing and contract tracing**
- Vaccine coordination, quarantine and isolation options, and preventive care and disease management
- Tailor and adapt evidence-based policies, systems, and environmental strategies
- Identify and establish collaborations with critical partners to connect community members to programs/resources and lessen adverse effects of mitigation strategies

2. Increase/improve data collection and reporting

- **Improve data collection and reporting for testing and contact tracing**
- Build on plans for collecting and reporting timely, complete, representative, and relevant data
- Develop strategies to educate providers, community partners, and programs on the importance of data and how to collect it
- Develop and implement plans to disseminate health equity-related data and related materials tailored to be culturally and linguistically responsive
- Develop key principles and resources for collecting, analyzing, reporting, and disseminating health equity-related data
- Ensure adequate resources for data infrastructure and workforce

3. Build, leverage, and expand infrastructure support

- **Expand the infrastructure to improve testing and contact tracing**
- Establish, enhance, or implement leadership-level health equity offices, workgroups, task forces, or positions
- Convene and facilitate multi-sector coalitions or advisory groups
- Update jurisdictions' COVID-19 plans and health equity plans
- Build and expand an inclusive public health workforce

4. Mobilize partners and collaborators

- **Build community capacity to reach populations that are disproportionately affected with effective culturally and linguistically tailored programs and practices**
- Build and implement cross-sectoral partnerships to align public health, healthcare, and non-health (e.g., housing, transportation, social service) interventions
- Develop mechanisms such as community advisory groups
- Develop and disseminate culturally and linguistically responsive COVID-19 prevention communications
- Build community capacity that includes traditional organizations (e.g., public health, healthcare) and non-traditional partners
- Identify and establish collaborations with critical partners affiliated with and who provide services to populations that are underserved and at higher risk for COVID-19