

OT21-2103 Success Stories

AAA



Form Approved

OMB No. 0920-1282

Expiration Date 08/31/2026



*The CDC OT21-2103 Team is collecting success stories that highlight sample achievements of OT21-2103 recipients expending awarded funds and performing their proposed activities in accordance with this funding opportunity. **This effort is optional and not required as part of the grant funding agreement.***

This success story form allows writers to highlight and share how an OT21-2103 recipient is leveraging the grant resources to address COVID-19 related health disparities and advance health equity by expanding state, local, US territorial, and freely associated state health department capacity and services.

Tips for a strong success story

- Review the guidance document for more context and tips.
- Reference the optional "prompts to get started" and "questions" as guides and starting points to your story.
- Assume the reader does not have much context about recipients and efforts related to the OT21-2103 grant.
- Include content in a story telling manner; avoid listing activities and copy and pasting content without tailoring to tell a meaning story.

Form Instructions

- If possible, use Chrome as the browser while completing this form.
- Each success story may take an average of about 6 hours to develop content and submit this form.
- Feel free to draft the responses in a separate tool, like a Word Document, then copy and paste once ready to submit.
- Select "Save & Return" option to avoid losing work and especially before switching tasks.
- If you select the "Save & Return" option, then a new page will open with a unique URL link for the draft, so that the writer may return to continue editing and to share the draft with chosen collaborators or reviewers.
 - You may copy and paste the link for your records.
 - We recommend entering your email address to receive the link via email as well.
- If you select "Submit", then you will have the option to download a PDF version. An email with the PDF will also be provided to the submitter's email.
 - Please be sure to obtain the necessary reviews, approvals, and/or clearance from the recipient organization before submitting the success story.

CDC estimates the average public reporting burden for this collection of information as 370 minutes per response, including the time for reviewing instructions, searching existing data/information sources, gathering and maintaining the data/information needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing burden to CDC/ATSDR Information Collection Review Office, 1600 Clifton Road NE, M5 H21-8, Atlanta, Georgia 30333; ATTN: PRA (0920-0879).

By clicking the checkbox you agree that any content and material shared in the success story may be used by CDC and partners.



Attachment B— OT21-2103 Success Stories Form- REDCap

Success Story Background

Answer the form questions below to build your success story.

1. Success Story Title

Choose a tag line that is concise while highlighting the accomplishments you aim to share.

* must provide value

60 characters remaining

Challenge

2. What COVID-19 related health disparity(ies) did the OT21-2103 recipient target to improve capacity and services that address COVID-19 health disparities and advance health equity?

Optional: Prompts to help get you started

- What were the circumstances related to the disparity(ies) before you applied OT21-2103 resources to address them?
- How did the COVID-19 pandemic affect the health disparity(ies)?
- How does the health disparity affect the populations of focus you are trying to highlight?
- What other observations do you want the reader to know?

Expand

Optional: Before you move on to the next questions, you can use the checkboxes below to review your response.

Did you include proper details?

Did you provide supportive information or data?

Did you trim excess content?

Did you break your response into a logical flow?

Did you use jargon?

Did you spell out acronyms?

Did you use plain language?

Solution

3. How has the recipient addressed COVID-19 related health disparity(ies) and/or advanced health equity through use of OT21-2103 resources?

For your reference, the intended outcomes of the grant are to:

1) reduce COVID-19-related health disparities, 2) improve and increase testing and contact tracing among populations at higher risk and that are underserved, including racial and ethnic minority groups and people living in rural communities, and 3) improve state, local, US territorial and freely associated state health department capacity and services to prevent and control COVID-19 infection (or transmission) among populations at higher risk and that are underserved, including racial and ethnic minority groups and people living in rural communities.

Optional: Prompts to get started

- How were the OT21-2103 resources (e.g., financial, technical assistance) leveraged?
- Which of the three intended outcomes did the recipient target?
- Is there anything unique about how the recipient used the resources?
- How is the work advancing health equity?

800 characters remaining

[Expand](#)

Optional: Before you move on to the next questions, you can use the checkboxes below to review your response.

- Did you include proper details?
- Did you provide supportive information or data?
- Did you trim excess content?
- Did you break your response into a logical flow?
- Did you use jargon?
- Did you spell out acronyms?
- Did you use plain language?

Impact

4. What is the impact of the recipient's efforts addressing COVID-19 health disparities and advancing health equity?

Optional: Prompts to get started

- Will the positive implications of the efforts highlighted in the success story continue?
- Is it likely that the highlighted outcomes will become long lasting?
- Is it likely that the highlighted outcome will continue in a positive direction?
- Has the work led to fostering relationships with non-traditional partners?
- Has the work increased collaboration to tackle the focus area(s) highlighted in the success story?
- Were there any unintended consequences, lessons learned, etc.?

800 characters remaining

Expand

Optional: Before you move on to the next questions, you can use the checkboxes below to review your response.

- Did you include proper details?
- Did you provide supportive information or data?
- Did you trim excess content?
- Did you break your response into a logical flow?
- Did you use jargon?
- Did you spell out acronyms?
- Did you use plain language?

Success Story Support

Use the following section to upload files, submit hyperlinks, and enter additional text content for support.

5. Submit Files

Upload any supporting files (e.g., project photo, publication, promotional material).

Use the drop-down menu under material type to select the type of material that is associated with the file. Then use the upload file button to upload the file associated with the selected material.

	Material Type	Upload
Upload Set 1	<input type="text" value=""/>	Upload file
Upload Set 2	Testimonials Quote from partner/participant Sample of materials produced Press Release Promotional materials Project photo(s) Publication(e.g., news story, journal article) Video/audio clip Other	Upload file
Upload Set 3		Upload file
6. Submit Hyperlinks		
Share hyperlinks to supporting materials (e.g., link).		

Screenshot above demonstrates the drop-down list included in this section of the form.

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6. Submit Hyperlinks

Share hyperlinks to supporting materials (e.g., sample material, publication, press release).

Use the drop-down menu under material type to select the type of material that is associated with the hyperlink. Then use the hyperlink space to copy and paste the URL to the stated material.

	Material Type	URL
Link 1	<input type="text"/>	<input type="text"/>
Link 2	<input type="text"/>	<input type="text"/>
Link 3	<input type="text"/>	<input type="text"/>

7. Submit Text

Share here any supporting content (e.g., testimonial, quote from partner, peer, or other).

Please state the material type with submission.

Screenshot above demonstrates the drop-down list included in this section of the form.

7. Submit Text

Share here any supporting content (e.g., testimonial, quote from partner, peer, or other).

Please state the material type with submission.

	Material Type	Open Text
Text 1	<input type="text"/>	<input type="text"/> Expand
Text 2	<input type="text"/>	<input type="text"/> Expand
Text 3	<input type="text"/>	<input type="text"/> Expand

Screenshot above demonstrates the drop-down list included in this section of the form.

Recipient Information

Answer the questions below to categorize the success story.

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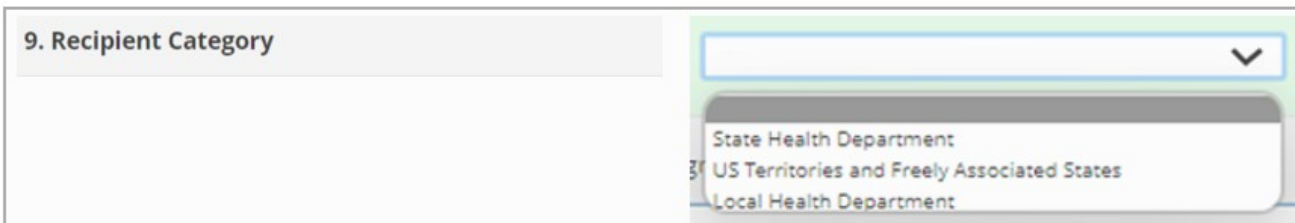


8. Recipient Name

Alabama Department of Public Health (ADPH)
Alameda County Health Care Services Public Health Department
Alaska Department of Health and Social Services - Division of Public Health
American Samoa Department of Health
Arizona Department of Health Services
Arkansas Department of Health
Austin Public Health
Baltimore City Health Department
Boston Public Health Commission
California Department of Public Health
Chicago Department of Public Health
City and County of San Francisco, Department of Public Health
City of El Paso Department of Public Health

Scr

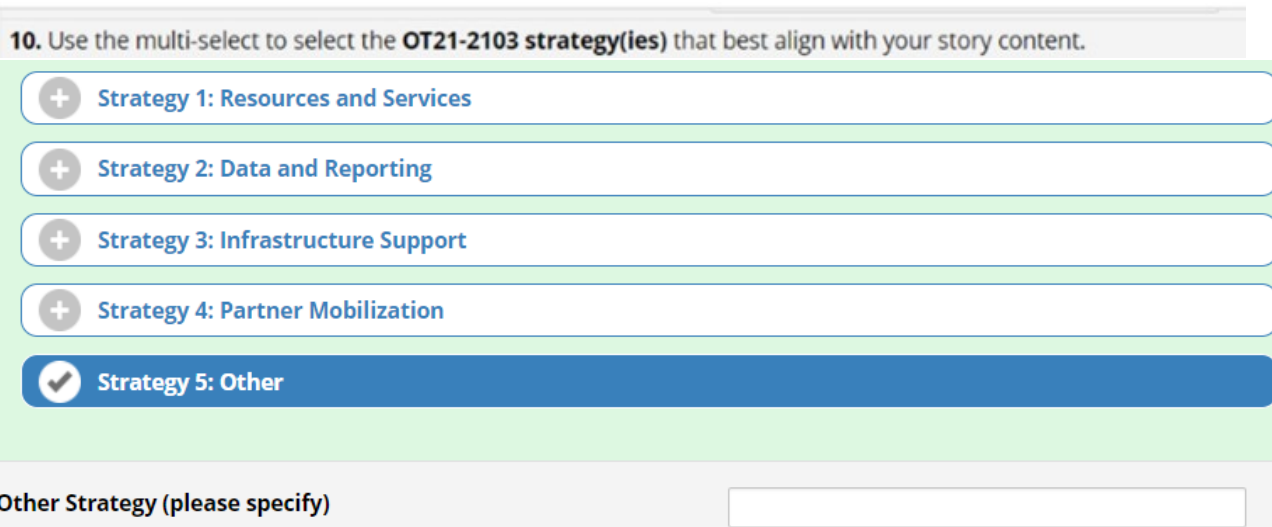
screenshot above demonstrates the drop-down list included in this section of the form.



9. Recipient Category

State Health Department
US Territories and Freely Associated States
Local Health Department

Screenshot above demonstrates the drop-down list included in this section of the form.



10. Use the multi-select to select the **OT21-2103 strategy(ies)** that best align with your story content.

+ Strategy 1: Resources and Services

+ Strategy 2: Data and Reporting

+ Strategy 3: Infrastructure Support

+ Strategy 4: Partner Mobilization

✓ Strategy 5: Other

Other Strategy (please specify)

Screenshot above demonstrates the branching logic if "Strategy 5: Other" is selected.

11. Use the multi-select to select the related population(s) of focus. Select all that apply. (Note: You may refer to the associated work plan activity for this information.)

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- Adults aged 65 and over
- Lesbian, gay, bisexual, transgender and queer (LGBTQ+) persons
- Non-US-born persons
- People experiencing homelessness
- People experiencing mental illness
- People experiencing poverty
- People living in other congregate housing (not legally bound)
- People living in rural areas
- People who are incarcerated
- People with disabilities
- People with substance use disorders

Racial/Ethnic Populations

- Religious minority
- Youth and young adults
- Other-please specify

Use the multi-select to select all **related ethnic population(s)**

- American Indian or Alaska Native
- Asian
- Black or African American
- Hispanic or Latino
- Middle Eastern or North African
- Native Hawaiian or Pacific Islander
- White

Screenshot above demonstrates the branching logic, if “Ethical/Racial Populations” is selected.

Other-please specify

Other Population Focus (if applicable)

Screenshot above demonstrates the branching logic, if “Other” is selected.

12. Use the multi-select to select the **applicable activity focus area(s)**.

- Addressing mistrust or hesitancy
- Communications
- Community capacity/engagement
- Contact tracing and case investigation
- Council, community group, coalition or other working group
- Culturally appropriate messaging
- Data collection or analysis
- Data systems infrastructure
- Evaluation
- Evidence-based policies, systems, and environmental strategies to address COVID-19
- Health education
- Health equity staffing
- Health equity training
- Healthcare
- Inclusive workforce
- Mental and behavioral health
- Organization infrastructure

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Partnerships



Preventive care and disease management



Programs/services/resources



Quarantine and Isolation



Social determinants of health



Testing



Vaccine administration support



Other-please specify

Partnerships



Academic institutions



Asian American and Pacific Islander Serving Institution



Community-based and civic organizations



Corporation, industry or private sector



Correctional facilities and institutions



Council, community group, coalition or other working group



Faith-based organizations



Federal agency (other than CDC)



Governmental organizations focused on non-health services



Healthcare providers



Health-related organizations (e.g., pharmacies, testing centers, community health workers)



Individual community members



Local businesses and business community networks and organizations (e.g., employers, local chambers of commerce, small business community groups)



Local governmental agencies and community leaders



Local health department



Mental or behavioral health



Non-governmental organization

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A vertical list of seven rounded rectangular buttons, each with a plus sign icon on the left and text on the right. The options are: Rural health clinics and critical access hospitals, Schools/school districts, Social services providers, State health department, State Offices of Rural Health or equivalent, Tribes, tribal organizations, and Other-please specify.

Screenshot above demonstrates the branching logic, if “Partnerships” is selected.

The text label "Other Activity Focus (if applicable)" is positioned above a single-line text input field.

Screenshot above demonstrates the branching logic, if “Other” is selected.

Submission

Please note that you can save a draft of the success story and return at any time.

- If you select *Save & Return*: A unique link will be provided so that you may return to the working draft. You can also share the link with chosen collaborators or reviewers.
- If you select *Submit*: A PDF copy of the story will be emailed to the email address you provided.

If you have updates or edits to the content after the story is submitted, please contact OT21-2103Support@cdc.gov.

13. Submitter Name
* must provide value

14. Submitter Business Email Address