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Program Planning and Evaluation

Overview

Program planning involves a variety of elements including identifying program need and capacity (including surge capacity), planning for resource allocation and use, assuring service delivery, preparing to respond to critical events, and evaluating outcomes. Undertaking a long-term strategic planning process can provide the framework needed for program planning. Strategic planning can help identify the organizational goals to be achieved over a specific period of time and the resources needed to achieve those goals.

Program evaluation is an essential organizational practice in public health; however, it is not practiced consistently across program areas, nor is it well-integrated into the day-to-day management of most programs. Program evaluation is a tool for using science as a basis for decision-making and action, making efforts outcome-oriented, and being accountable--principles that imply several ways to improve how public health activities are planned and managed. They underscore the need for programs to develop clear plans, inclusive partnerships, and feedback systems that allow learning and ongoing improvement to occur. One way to ensure that new and existing programs honor these principles is for each program to routinely conduct practical evaluations that inform their management and improve their effectiveness. The references listed below provide guidance for programs to evaluate a comprehensive immunization program and also smaller, individual programmatic components or activities.

When carrying out program planning activities, it is important to ensure that American Indian and Alaska Native (AI/AN) tribes are engaged in the process. AI/AN tribes have a unique political and legal status that distinguishes them from traditionally defined minority and other population groups. As sovereign nations, AI/AN tribes maintain a government-to-government relationship with the federal government. As a federal agency, CDC has special obligations to AI/AN tribes and is committed to fulfilling its critical role in assuring that AI/AN communities are safer and healthier. CDC policy (see: <http://www.cdc.gov/omh/TCP/TribalConsultation.htm>) calls for enhanced AI/AN access to CDC programs, including programs funded by CDC through grants and cooperative agreements. As recipients of 317 grants from CDC, immunization programs are thus required to engage AI/AN tribes in the planning and implementation of immunization program activities that affect AI/AN populations.

References

- CDC's Evaluation Work Group website: <http://www.cdc.gov/eval/index.htm>
- Introduction to Program Evaluation for Public Health Programs: A Self Study Guide: <http://www.cdc.gov/eval/evalguide.pdf>
- Framework for Program Evaluation in Public Health. MMWR 1999;48:RR-11 <ftp://ftp.cdc.gov/pub/Publications/mmwr/rr/rr4811.pdf>
- The Community Tool Box. <http://ctb.ku.edu/>
- Closing the Gap 2006 PowerPoint presentation slides. Available at: <http://www.cdc.gov/nip/home-partners.htm#progmgrs>

- Rein DB, Honeycutt AA, Rojas-Smith, L, Hersey, JC Impact of the CDC's section 317 immunization grants program funding on childhood vaccination coverage. American Journal of Public Health 2006;96(9):a548-1553
- 2007 Vaccines for Children Program Operations Guide: <http://www.cdc.gov/nip/home-partners.htm#progmgrs>
- All other chapters of 2007 Immunization Program Operations Manual (IPOM)
- Background on AI/AN population: <http://www.cdc.gov/omh/Populations/AIAN/AIAN.htm>
- CDC Tribal Consultation Policy: <http://www.cdc.gov/omh/TCP/TribalConsultation.htm>
- List of National, regional and local tribal health boards: <http://www.cdc.gov/omh/Populations/AIAN/AIANHB.htm>
- List of Tribal Epidemiology Centers: <http://www.cdc.gov/omh/Populations/AIAN/AIANEpiCntrs.htm>
- Indian Health Service (IHS): www.ihs.gov

Program Requirements

1.1 Document the process used by grantees to meaningfully engage American Indian tribal governments, tribal organizations representing those governments, tribal epidemiology centers, or Alaska Native Villages and Corporations located within their boundaries in immunization activities. Grantees must coordinate immunization program planning and implementation with tribal/638 health clinics, the Indian Health Service (IHS), and other entities that provide medical services to American Indian/Alaska Native (AI/AN) populations. This may include the sharing of resources awarded under this grant. A list of the states with federally and state recognized tribes is included at the end of this chapter.

Required activities

- 1.1a. As part of the grant application and progress reports, grantees must submit documentation that describes how tribes are involved in the planning and implementation of immunization program activities for AI/AN populations. This may include, but is not limited to:
1. Letters of support from a tribe or a tribal organization representing a group of tribes.
 2. Description of the process – a detailed accounting of how a grantee has meaningfully engaged tribes to include items such as:
 - a. Descriptions of meetings held with tribal stakeholders;
 - b. Copies of written agreements with tribes or tribal immunization programs;
 - c. Summaries of outreach efforts to tribes for participation in immunization activities related to the program components;
 - d. Documentation of how resources (funds, staff, technical assistance, etc.) are being shared with tribes to support immunization activities in tribal communities.

Recommended activities

- 1.1b. Facilitate the electronic exchange of immunization data between tribal and/or IHS facilities and state immunization information systems (IIS).
- 1.1c. Monitor immunization coverage for AI/AN populations.

- 1.1d. Include tribal and/or IHS health care facilities in each of the program component areas.
- 1.1e. Include tribes in resource sharing arrangements that are available to local and county governments (e.g. grants, contracts, etc.).
- 1.1f. Ensure inclusion of tribes in immunization coalitions.
- 1.1g. Assist tribes in developing legal infrastructure to support immunization activities (e.g., school entry immunization requirements for tribal schools, health-care worker vaccination, etc.)

1.2 All grantees will actively engage in self-evaluation and utilize the findings to inform and improve planning and implementation of program activities to more effectively carry out their mission of achieving and sustaining high immunization rates and maximizing programmatic outcomes. CDC will provide technical assistance and develop trainings and resources to increase grantee capacity in program evaluation.

Required activities

1.2a All grantees will be required to develop and submit an evaluation plan to CDC. Once CDC provides feedback on the evaluation plan, grantees are required to implement the plan; upon completion, a new evaluation plan should be developed and the review and implementation cycles repeated. The timeline for planning and implementing an evaluation will vary based on topic chosen and factors unique to each grantee. Grantees should consult with CDC via their project officers at the start of each new evaluation.

Given the large scope of immunization programs, it is not feasible to evaluate the entire program at once; therefore, programs should choose one of the following components, distinct activities within a component, or other immunization activities for their evaluation. For example, grantees may choose to look specifically at vaccine wastage within the “Vaccine management and accountability” component.

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|---|--|
| <input type="checkbox"/> Adolescent vaccination | <input type="checkbox"/> Population Assessment |
| <input type="checkbox"/> Adult vaccination | <input type="checkbox"/> Provider Quality Assurance |
| <input type="checkbox"/> Education/training | <input type="checkbox"/> Surveillance |
| <input type="checkbox"/> IIS | <input type="checkbox"/> Vaccine management and accountability |
| <input type="checkbox"/> Perinatal hepatitis B | <input type="checkbox"/> Women Infants and Children Program |

All evaluation efforts should ensure that the diverse perspectives of relevant stakeholders are represented throughout the evaluation process.

Stakeholders should be included from the beginning to:

- Reduce distrust and fear of evaluation
- Increase their awareness of and commitment to the evaluation process

- Increase the chances that stakeholders will adhere to subsequent recommendations that may affect their activities
- Increase the credibility of your evaluation findings

The CDC Immunization Program Evaluation (IPE) workgroup has created the **Guide to Immunization Program Evaluation** and other evaluation resources (available at the IPE website at <http://www.cdc.gov/vaccines/programs/progeval/>) to assist grantees with their evaluation activities. This Guide provides step-by-step guidance on developing evaluation plans and includes examples, worksheets, and tables. This Guide is based on the CDC Program Evaluation framework¹ which includes the following six steps:

1. Engage stakeholders
2. Describe the program
3. Focus the evaluation design
4. Gather credible evidence
5. Justify conclusions
6. Ensure use and lessons learned.

Grantees should also use the requirements, recommendations and resources outlined in the 2008-2012 IPOM chapter(s) related to their selected component to design their plans.

1.2b Annually, grantees will be required to submit reports to support their progress towards conducting their current evaluation.

1.3 Additional Activities

Recommended activities

- 1.3.1 Identify the type of programmatic data currently collected and how they are used to monitor program effectiveness.
- 1.3.2 Review how objectives and activities are prioritized.
- 1.3.3 Establish a process for reviewing and revising long- and short-term objectives.
- 1.3.4 Establish a process for monitoring contracts with local health departments and others including performance measures/indicators.
- 1.3.5 Develop in collaboration with the preparedness program a plan for vaccination in the event of an influenza pandemic. Planners should refer to: Pandemic Influenza Vaccination: A Planning Guide for State, Local, Territorial, and Tribal Planners. This guide was sent to Immunization and Preparedness program managers on December 11, 2006. It can be obtained by contacting the CDC immunization project officer.

**List of States with Federally and State-Recognized Tribes
or Urban Indian Health Programs**

(Available at: <http://www.ncsl.org/programs/statetribe/tribes.htm>)

Alabama
Alaska
Arizona
California
Colorado
Connecticut
Delaware
Florida
Georgia
Idaho
Illinois
Iowa
Kansas
Louisiana
Maine
Massachusetts
Michigan
Minnesota
Mississippi
Missouri
Montana
Nebraska
Nevada
New Jersey
New Mexico
New York
North Carolina
North Dakota
Oklahoma
Oregon
Rhode Island
South Carolina
South Dakota
Texas
Utah
Virginia
Washington
Wisconsin
Wyoming

This document can be found on the cdc website at:

<http://www.cdc.gov/vaccines/vac-gen/policies/ipom/downloads/chp-01-program-plan-and-eval.pdf>