What’s IMPACT?

Improving Public Health Management for Action (IMPACT) is a fellowship program that aims to build a cadre of highly trained public health managers throughout the world. This workforce development program aligns with Division of Global Health Protection’s mission to enhance global health security by helping countries detect and control public health threats more rapidly.

IMPACT provides fellows with experience in public health program planning, management, and evaluation through specialized hands-on training, supervision, and mentorship. Development of this workforce will make IMPACT countries more proficient at translating research, theory, and scientific innovation into successful public health action.

Fellows spend around 25% of their time in the classroom, learning through interactive sessions and case studies. After completing the courses, they return to the field, where they gain on the job experience. Under guided mentorship and supervision, they produce products such as program plans, evaluations, budgets, community health assessments, and more.

IMPACT launched in Bangladesh and Kenya in spring 2016. Each country’s Ministry of Health (MOH) owns the program; the MOH employees all of the fellows. We are currently working to expand in Cambodia, Pakistan, and Togo. Currently, there are two tracks of IMPACT.

“[IMPACT] will be the same kind of signature program as Epidemic Intelligence Service and will address one of the major barriers in global health today—the gap between tools available and the delivery of those tools.”

Dr. William Foege
Former CDC Director and Senior Gates Foundation Fellow

Current IMPACT Tracks

<table>
<thead>
<tr>
<th>Fellow Type</th>
<th>Country</th>
<th>Length</th>
<th>Experience</th>
<th>Products completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Traditional</td>
<td>Bangladesh</td>
<td>2 years</td>
<td>Entry-to-mid level</td>
<td>Project Plan</td>
</tr>
<tr>
<td></td>
<td>Kenya</td>
<td></td>
<td></td>
<td>Evaluation</td>
</tr>
<tr>
<td></td>
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<td></td>
<td></td>
<td>Community Health Assessment</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Outbreak Response Management</td>
</tr>
<tr>
<td>Distinguished</td>
<td>Bangladesh</td>
<td>6 months</td>
<td>Senior level</td>
<td>Project Plan</td>
</tr>
<tr>
<td></td>
<td>Kenya</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Kenya’s first cohort of traditional fellows with IMPACT staff
Evaluation Results May 2016–May 2017

IMPACT is conducting a robust mixed-methods process, outcome, and impact evaluation. This past year, we focused on process evaluation, which will help us to improve IMPACT and to effectively expand to additional countries. The process evaluation describes ways in which we can improve the program’s structure, outreach strategy, course materials, and more. We used the Reach, Efficacy, Adoption, Implementation, and Maintenance (RE-AIM) Framework to assess key indicators. Our outcomes are listed below each metric, followed by a short process analysis.

Our Reach Needs to Grow to Create Impact

We want to reach applicants from a variety of districts to ensure a diverse pool of fellows.

The percentage of districts represented by applicants and fellows is below 50%

<table>
<thead>
<tr>
<th>Cohort</th>
<th>Districts Represented by Applicants</th>
<th>Districts Represented by Fellows</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bangladesh Traditional</td>
<td>41%</td>
<td>6%</td>
</tr>
<tr>
<td>Kenya Traditional</td>
<td>36%</td>
<td>9%</td>
</tr>
<tr>
<td>Kenya Distinguished</td>
<td>10%</td>
<td>7%</td>
</tr>
</tbody>
</table>

Process Notes: We will do additional outreach in current non-applying districts to increase district variety this applicant cycle. More importantly, we need to increase the number of accepted fellows to increase our reach and thus, overall impact. We currently have eight traditional (2-years) fellows in Kenya and six in Bangladesh. Twelve graduated from Kenya’s Distinguished Fellows Program (5-6 months).

Adoption at the Local Level

We want a diversity of sites, mentors, and supervisors that will be champions of the program.

42% of graduated distinguished fellows became mentors or supervisors for Kenya’s two year fellows

11 districts in Bangladesh and Kenya with an IMPACT fellow

Process Notes: We need to increase the number of districts with IMPACT fellows. We will further analyze adoption by looking at other staff members who uptake management practices modelled by the IMPACT fellow.
Effective at Increasing Knowledge and Driving Action

We want our fellows to learn, but more importantly, we want them to use what they learn.

**Fellows have increased their knowledge by participating in IMPACT**

*Fellows’ (in all three cohorts) self-assessment of knowledge, before and after IMPACT training*

<table>
<thead>
<tr>
<th>Course</th>
<th>Change in Knowledge</th>
</tr>
</thead>
<tbody>
<tr>
<td>Budget Basics</td>
<td>1.8</td>
</tr>
<tr>
<td></td>
<td>1.7</td>
</tr>
<tr>
<td></td>
<td>3.5</td>
</tr>
<tr>
<td>Project Management</td>
<td>1.9</td>
</tr>
<tr>
<td></td>
<td>1.6</td>
</tr>
<tr>
<td></td>
<td>3.5</td>
</tr>
<tr>
<td>Program Planning</td>
<td>1.7</td>
</tr>
<tr>
<td></td>
<td>1.6</td>
</tr>
<tr>
<td></td>
<td>3.3</td>
</tr>
<tr>
<td>Community Health Assessment</td>
<td>1.5</td>
</tr>
<tr>
<td></td>
<td>1.6</td>
</tr>
<tr>
<td></td>
<td>3.1</td>
</tr>
<tr>
<td>Program Evaluation</td>
<td>2.0</td>
</tr>
<tr>
<td></td>
<td>1.5</td>
</tr>
<tr>
<td></td>
<td>3.5</td>
</tr>
<tr>
<td>Supervision &amp; Delegation</td>
<td>2.2</td>
</tr>
<tr>
<td></td>
<td>1.4</td>
</tr>
<tr>
<td></td>
<td>3.6</td>
</tr>
<tr>
<td>Supply Chain Management</td>
<td>1.8</td>
</tr>
<tr>
<td></td>
<td>1.3</td>
</tr>
<tr>
<td></td>
<td>3.1</td>
</tr>
<tr>
<td>Public Health 101</td>
<td>2.2</td>
</tr>
<tr>
<td></td>
<td>1.1</td>
</tr>
<tr>
<td></td>
<td>3.3</td>
</tr>
</tbody>
</table>

1 = No knowledge or skills  2 = Slightly knowledgeable or skilled  3 = Moderately knowledgeable or skilled  4 = Very knowledgeable or skilled

**Process Notes:** In addition to student feedback, the IMPACT team observed course instruction. Courses with low knowledge change also rated lowest on the observation tool. While it is easy to assume the instructor did poorly, qualitative analysis showed course materials were not optimizing student performance. For example, the format of the biostatistics class materials hindered student-teacher interaction, and there wasn’t enough time to fully cover this difficult topic. IMPACT is revising these courses for future cohorts.

**Distinguished fellows are using what they learned**

- **78%** of graduated Distinguished Fellows reported using one or more of the didactic tools or topics at work at completion of the program.
- **71%** reported using items from Project Management.
- **57%** reported using items from Emergency Response.
- **42%** reported using items from Community Partnership.
- **42%** reported using items from Budgeting.

*“When I joined the program, I had a cholera outbreak in my county. The early skills I learned enabled me and my team to design interventions that, once applied, brought the outbreak to its end.”*

**Process Notes:** Distinguished Fellows (i.e. those with high seniority) are finding the topics relevant to their job, which helps to build IMPACT’s credibility in country. This preliminary outcome helps to show how our fellows are translating the science of public health into action.
**Implementing As Intended**

Instructors should maintain fidelity to the curriculum, and provide an engaging, interactive experience.

**Fellows are satisfied with the implementation of IMPACT**

<table>
<thead>
<tr>
<th>Statement</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall, training was a valuable experience</td>
<td>3.7</td>
</tr>
<tr>
<td>Guidance and feedback provided by the instructors was helpful</td>
<td>3.7</td>
</tr>
<tr>
<td>Instructors were engaging and interesting</td>
<td>3.7</td>
</tr>
<tr>
<td>The case study format provided a helpful method for learning the content</td>
<td>3.8</td>
</tr>
<tr>
<td>Sessions were well-planned and organized</td>
<td>3.6</td>
</tr>
<tr>
<td>Course materials were helpful in learning the content</td>
<td>3.6</td>
</tr>
<tr>
<td>Amount of time for each course was sufficient</td>
<td>3.1</td>
</tr>
</tbody>
</table>

(1 = Strongly disagree, 2 = Disagree, 3 = Agree, 4 = Strongly agree)

“The participatory method of learning and the case-study exercises helped me most.”

“Excellent content, wonderful facilitators, great learning environment.”

**Process Notes:** We are still analyzing the time needed for each course. Through observation of course instruction, we identified courses where we need to adjust course length or content. However, we still must determine the appropriate balance between coursework and on-the-job experience. To do this, we will look at how fellows apply what they have learned in the field.

**Maintaining Past CDC**

We want IMPACT to be institutionalized in each Ministry of Health.

Typically, programs wait until the last year to transition the program from the funder to the partnering organization. We have developed a step-down tool which gradually shifts specific responsibilities from CDC to the country’s Ministry of Health. IMPACT and country officials jointly identify program components the ministry can undertake each year. Over time, these components become more complex and substantial until the ministry has full programmatic ownership.

**Process Notes:** We developed the tool in conjunction with the Ministries; however, countries have not used it yet. We will implement the tool this year.

For more information about IMPACT, please visit: https://www.cdc.gov/globalhealth/healthprotection/impact