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Program Planning and Evaluation

Overview

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 conduct routinely practical evaluations that inform their management and improve their effectiveness.

Program planning involves a variety of elements including identifying program need and capacity (including surge capacity), planning for resource allocation and use, assuring local and state 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 resources needed to achieve those goals.

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

- 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
- List of Urban Indian Health Organizations: <http://www.ncuih.org/services.html>
- 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 2008-2012 Immunization Program Operations Manual (IPOM)

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 to ensure that their findings guide the program in making necessary changes to more effectively carry out their mission of achieving and sustaining high immunization rates and maximizing programmatic outcomes. CDC will provide feedback on the appropriateness of the proposed framework and focus. In addition, CDC will review proposed evaluation questions, and provide technical assistance, and develop training to increase grantee capacity in program evaluation.

Required activities

- 1.2a. As part of the submission of the continuing grant application for 2009, all grantees will be required to submit to CDC an evaluation plan that explains their framework or system for program assessment, defines the methods used for program self-evaluation, and describes how findings will be used to guide the program in making necessary changes to more effectively carry out their mission and maximize programmatic outcomes.
- 1.2b. As part of the submission of the continuing grant application for 2009, grantees will submit their proposed evaluation focus, and their list of stakeholders. Evaluations should focus on one or more of the following program components: childhood immunization, adolescent immunization, adult immunization, education/training, IIS, perinatal hepatitis B, population assessment, provider quality assurance, surveillance, and vaccine accountability and management.

Grantees will use the guidance and tools provided at the CDC Evaluation Working Group website (<http://www.cdc.gov/eval/index.htm>) to design the evaluation framework. The basic steps are identified in required activity 1.2c., and detailed information about the evaluation process is provided on the website. In addition, grantees should utilize the 2008 Program Announcement and the requirements, recommendations and resources outlined in the 2008-2012 IPOM to build their systematic evaluation approach or framework.

- 1.2c. Annually thereafter, grantees will submit, as part of the continuation grant application, progress report data supporting progress toward conducting program evaluation activities.

Steps in evaluation practice

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

Recommended activities

- 1.2d. Grantees' evaluation activities should be based on a systematic approach, such as that provided in the CDC's Framework for Program Evaluation in Public Health: <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr4811a1.htm>.
- 1.2e. All evaluation efforts should ensure that the diverse perspectives of relevant stakeholders (including but not limited to immunization program staff and managers, providers, immunization coalitions, minority health partners and administrative decision makers) are represented throughout the process. Partners and stakeholders should be identified upfront. Grantees should identify when it is appropriate to invite partners and stakeholders to the table to create momentum for the evaluation effort, including an assessment of willingness to participate in evaluation activities. Grantees should monitor communications and relationships throughout the process as it is fluid.

1.3 Additional Activities

Recommended activities

- 1.3a. Identify the type of programmatic data currently collected and how they are used to monitor program effectiveness.
- 1.3b. Review how objectives and activities are prioritized.
- 1.3c. Establish a process for reviewing and revising long- and short-term objectives.
- 1.3d. Establish a process to fiscally and programmatically monitor contracts with local health departments and others including performance measures/indicators.
- 1.3e. Analyze current staffing needs, including training and workforce development, as it relates to critical functions, workload, short-term and long-term strategic planning, and diversity. See the Public Health Core Competencies Workforce Guidance referenced in Chapter 8 of the IPOM for additional information.
- 1.3f. 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
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