

Public Health Infrastructure Grant: National Grant Monitoring and Evaluation Plan

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Executive Summary (August 2024)

Introduction

This National Grant Monitoring and Evaluation (“National Evaluation”) Plan describes the overarching, mixed-methods approach to monitoring and evaluating the Center for Disease Control and Prevention’s (CDC) [OE22-2203 Strengthening U.S. Public Health Infrastructure, Workforce, and Data Systems Grant](#) (also known as the Public Health Infrastructure Grant or PHIG). The plan describes which components of PHIG will be evaluated, how they will be evaluated, and how findings will be communicated and used. Figure 1 illustrates the key aims of the National Evaluation. The evaluation plan is a culmination of multiple engagements with intended users of the National Evaluation findings over Year 1 of PHIG.



Figure 1. Key Aims of the National Evaluation

PHIG funded 107 public health departments (“PHIG recipients”) and three national partners to support recipients in implementing the grant. National partners include the Association of State and Territorial Health Officials (ASTHO), the National Network of Public Health Institutes (NNPHI), and the Public Health Accreditation Board (PHAB). NNPHI, PHAB, and their subcontractors comprise the National Evaluation Team (NET), working together to conduct the National Evaluation (Figure 2).

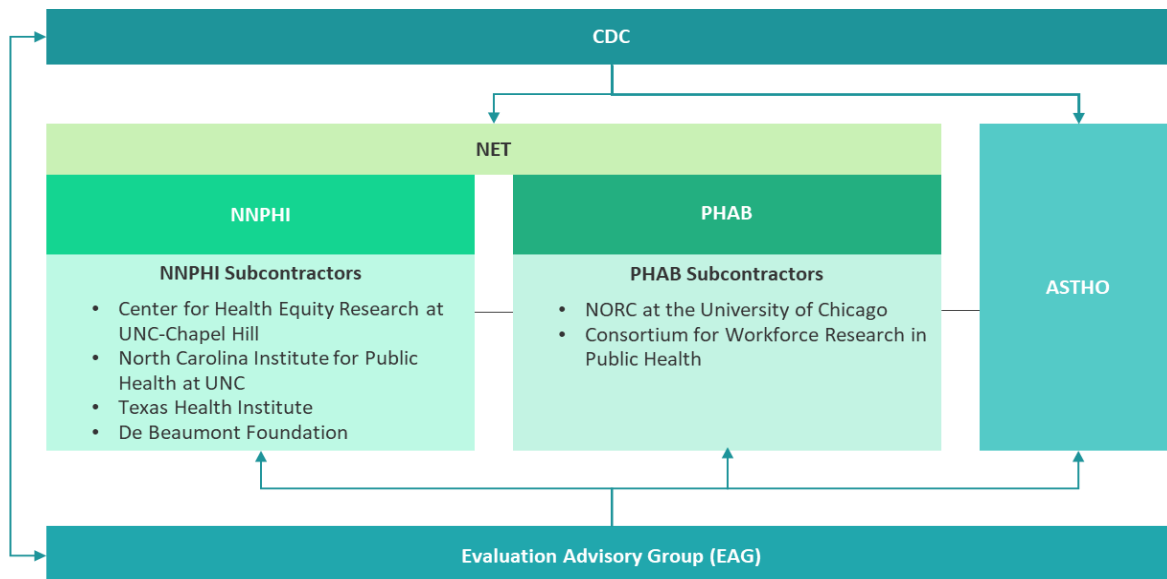


Figure 2. Structure of the PHIG National Partners and NET

National Monitoring and Evaluation Approach

The NET is using the CDC Framework for Program Evaluation in Public Health (CDC Evaluation Framework) and utilization-focused evaluation principles to inform the National Evaluation Plan, from design to dissemination.^{1,2,3} The proposed approach seeks to ensure evaluation activities meets needs of intended users and ultimately inform decision-making and program improvement. Central to each step of this approach is incorporating an Evaluation Advisory Group (EAG), including representatives from PHIG recipient organizations, national partners, CDC PHIG programmatic staff, and public health organizations. The EAG uses a participatory approach to build on the experience and expertise of its diverse members, promote information sharing

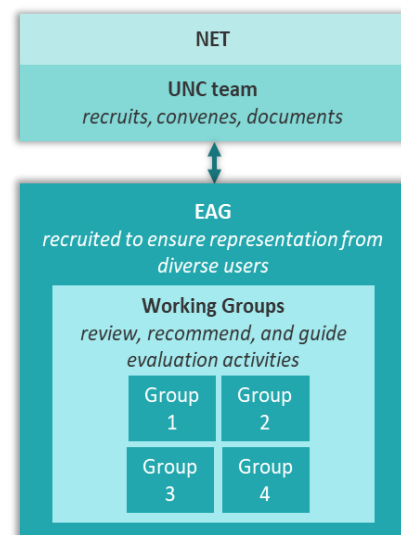


Figure 3. EAG structure

¹ Centers for Disease Control and Prevention (CDC). Framework for Program Evaluation. Published April 27, 2023. Accessed September 8, 2023. <https://www.cdc.gov/evaluation/framework/index.htm>

² Patton MQ. Utilization-focused evaluation (U-FE) checklist. Published online January 2013: https://wmich.edu/sites/default/files/attachments/u350/2014/UFE_checklist_2013.pdf

³ Patton MQ. *Essentials of Utilization-Focused Evaluation*. Sage; 2011.

and peer learning, and ensure products and decisions benefit all evaluation users. In Year 1, all EAG members collaborated as a cohort. Beginning in Year 2, in addition to annual and potential ad-hoc convenings with all members, EAG members will split into working groups dedicated to sub-evaluation design, development, data interpretation, and support. Figure 3 shows EAG structure. Figure 4 depicts the guiding evaluation framework.

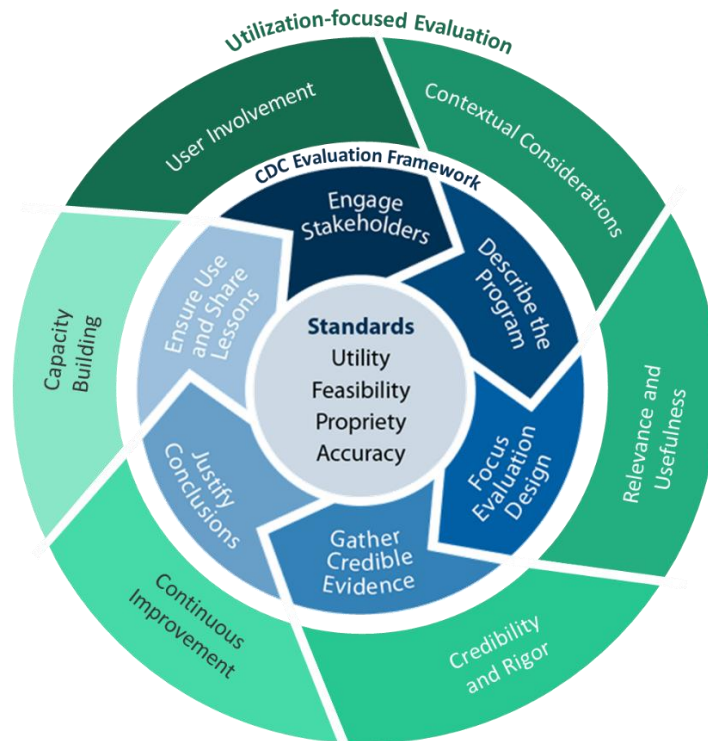


Figure 4. Overarching Principles of Utilization-Focused Evaluation (green) and Corresponding Elements of CDC Framework for Program Evaluation in Public Health (blue)

Figure 4 from CDC Office of Policy, Performance, and Evaluation (<https://www.cdc.gov/evaluation/framework>)

Step 1: Engage Users

Meaningful collaborator engagement is foundational to both the CDC Evaluation Framework and utilization-focused evaluation approach. Intended users of PHIG evaluation findings include CDC leadership and staff, PHIG recipients, national partners including training and technical assistance providers, HHS leadership, policymakers, and other public health partners. The intended uses of evaluation findings by these users are described in more detail in Table 1.

Table 1. Summary of Evaluation Users and Uses

Evaluation Users	Intended Uses
CDC Public Health Infrastructure Center Leadership	Communicate PHIG activities and outcomes to other CDC divisions, broader leadership, or policymakers and identify remaining gaps and needs in public health infrastructure to explain the benefit of sustained funding.
CDC PHIG Leaders [†]	Communicate to CDC Public Health Infrastructure Center Leaders and policymakers about PHIG’s contributions to building public health infrastructure and capacity. Make adjustments to the PHIG program to ensure it is effective at reaching intended goals and outcomes.
CDC PHIG Programmatic Staff [†]	Promote ongoing program improvement among recipients by sharing successful strategies implemented by other recipients.
PHIG Recipients (including local health departments indirectly funded) [†]	Learn from successes of peers to inform strategies for implementing activities during the grant and for sustainability after the five-year funding period.
National Partners (including specific workgroups* and Training and Technical Assistance providers) [†]	Improve activities implemented throughout the grant, including identifying areas for proactive training and technical assistance, and communicate promising practices and other evaluation findings to CDC and other key audiences.
Department of Health & Human Services Leadership	Understand what activities are being implemented with grant funding and the effectiveness of funding for building public health infrastructure.
Policymakers	Use PHIG findings to support continued investments in public health infrastructure and determine potential improvement to future funding opportunities.
Other CDC Offices and Public Health Partners Not Listed Above	Learn promising practices for how to support health departments.

[†]User group will be invited to participate in the EAG.

*Workgroups of the national partners include:

- National Partners Steering Committee
- TA Triage Workgroup
- Proactive TA Workgroup
- Communications Workgroup
- Reverse Site Visit Grantee Meeting Workgroup
- Data Modernization Initiative (DMI) Workgroup
- National Evaluation Team (NET) Workgroup

The EAG will serve as the key mechanism for engaging users in the design, analysis, interpretation, and dissemination of findings and ensuring findings are meaningful and actionable for broad audiences.

Step 2: Describe the Program

As described in the program logic model, PHIG aims to create a stronger public health system by allowing recipients the flexibility to implement one or more of three main strategies: 1) workforce, 2) foundational capabilities, and 3) data modernization. In the long term, the three strategies seek to improve public health infrastructure and access to the Foundational Public Health Services among local communities and populations. Several contextual factors, including funding for public health services after the end of the COVID-19 public health emergency and longstanding challenges with hiring and retaining public health staff, significantly influence the ability of recipients to implement the grant.

Step 3: Focus the Evaluation Design

The evaluation questions will aim to assess: 1) the outputs of PHIG, 2) the outcomes of PHIG, and 3) the implications of PHIG outputs and outcomes for public health infrastructure. The NET engaged intended users to develop seven specific monitoring and evaluation questions (Figure 5) that reflect their interests and information needs, each associated with a set of sub-questions that will guide the evaluation. The specific evaluation design, level of rigor, and methodology, will be unique to each evaluation activity (Table 2) and determined in consultation with CDC and the EAG to meet the information needs of intended users. Equity will be considered when conducting each evaluation activity and answering each question.

The NET has determined that the evaluation questions developed to date can be answered through existing data or through data the NET can feasibly collect within the evaluation time period. The NET may continue to update the evaluation questions as we assess the feasibility of additional sub-evaluation topics (e.g., an economic evaluation) in the future.

Equity will be considered across all evaluation questions
in alignment with the continuous commitment to equity in this grant program

Evaluation Question		Sub-questions	Justification for Inclusion
1	What activities are PHIG recipients and national partners implementing to address intended grant outcomes?	<ul style="list-style-type: none"> a) What activities are PHIG recipients implementing? b) What activities are local health departments funded by PHIG recipients implementing? c) What activities are national partners implementing? 	Question 1 aims to identify which strategies were implemented by PHIG recipients. Understanding the strategies or activities that were implemented is essential for connecting outcomes to specific activities, identifying promising practices, and determining why the outcomes occurred.
2	How does the grant contribute to strengthening the public health workforce?	<ul style="list-style-type: none"> a) How does the grant affect workforce hiring and recruitment? b) How does the grant affect retention of the public health workforce? c) How does the grant affect organizational culture and wellness (e.g., job satisfaction, burnout, morale)? d) How does the grant affect workforce capabilities? e) How does the grant affect the efficiency of workforce processes (e.g., human resources/hiring)? f) How does the grant affect the size of the workforce? g) How does the grant affect diversity, equity, inclusion, and accessibility within the workforce? 	Question 2 aims to identify how and the extent to which short- and intermediate-term outcomes were achieved. Through this question, the evaluation will identify effective strategies for strengthening the public health workforce.
3	How does the grant contribute to strengthening public health Foundational Capabilities?	<ul style="list-style-type: none"> a) How does the grant affect organizational systems, processes, and policies (e.g., procurement systems)? b) How does the grant affect interest, readiness, and participation in PHAB accreditation or reaccreditation? c) How does the grant affect implementation of other Foundational Capabilities? 	Question 3 aims to identify how and the extent to which short- and intermediate-term outcomes were achieved. Through this question, the evaluation will identify effective strategies for strengthening Foundational Capabilities.
4	How does the grant contribute to strengthening data modernization and systems?	<ul style="list-style-type: none"> a) How does the grant affect workforce capabilities to accelerate data modernization? b) How does the grant affect the modernization of data systems, tools, and analytic approaches? c) How does the grant affect data exchange, integration, and linkage? d) How does the grant affect the efficiency and burden of data collection and reporting? e) How does the grant affect data quality, including accuracy, completeness, and timeliness of core data sources? f) How does the grant affect accessibility, availability, and use of public health data? 	Question 4 aims to identify how and the extent to which short- and intermediate-term outcomes were achieved. Through this question, the evaluation will identify effective strategies for strengthening data modernization and systems.

Evaluation Question		Sub-questions	Justification for Inclusion
5	How do national partner activities affect PHIG recipients?	<ul style="list-style-type: none"> a) How do training, technical assistance, and other resources (e.g., communications, convenings, other tools) implemented by national partners affect recipient implementation of grant-funded activities? b) Do the training and technical assistance provided to PHIG recipients meet their needs? How can it be improved? 	Question 5 addresses a key PHIG strategy of partnerships and collaborations. Through this question, the evaluation will identify how the input of national partner activities can be improved to strengthen the implementation of the strategies.
6	What progress have recipients made toward achieving the long-term outcomes of the grant?	<ul style="list-style-type: none"> a) How is the grant affecting the infrastructure to provide and improve access to Foundational Public Health Services? <ul style="list-style-type: none"> i. How is the grant affecting recipients' ability to provide access to Foundational Public Health Services within specific local communities and populations, including priority populations (rural, racial/ethnic groups, underserved)? b) How is the grant affecting public health's capacity to respond to emerging threats? c) How is the grant affecting efforts to advance health equity and improve health outcomes? 	Question 6 addresses long-term outcomes in the PHIG logic model. These outcomes are anticipated to be achieved in longer than five years, but the evaluation will assess initial indicators of progress toward these outcomes where feasible.
7	What are lessons learned from the grant? What are the implications for the future of public health?	<ul style="list-style-type: none"> a) For each grant strategy... <ul style="list-style-type: none"> i. What promising practices are identified? ii. What promising practices are adopted successfully by other health departments? iii. What successes, facilitators, and barriers are identified in implementation of grant-funded activities? iv. What is learned about the relative effectiveness of various interventions? b) How does the grant affect partnerships between health departments, national partners, and other local, regional, or national organizations? c) What aspects of the way the grant is structured works well? What could be improved? <ul style="list-style-type: none"> i. To what extent does the flexibility of the funding affect recipients' activities and grant outcomes? d) How are PHIG recipients and national partners planning to sustain grant activities and outcomes once grant funding concludes? 	Question 7 spans across the logic model, aiming to identify what can be learned from how the grant accomplishes its short- and intermediate-term outcomes. Through this question, the evaluation will identify and summarize findings about implementing grant strategies that may inform future efforts for strengthening public health infrastructure.

Figure 5. National Evaluation Questions

Step 4: Gather Credible Evidence

The National Evaluation will use multiple data sources to inform the monitoring and evaluation questions. To minimize recipient burden, the NET will first draw from existing secondary data sources (including recipient-reported data), only collecting additional primary data to fill critical gaps. Potential secondary data sources include the following:

- **Recipient-reported data**, including PHIG recipient and national partner performance measures, PHIG recipient workplans/progress reports, PHIG recipient annual performance reports /continuation applications, and PHIG recipient and national partner targeted evaluation project plans
- **Training and Technical Assistance data**, including information collected via the Public Health Infrastructure Virtual Engagement (PHIVE) portal
- **Secondary survey data**, including the Public Health Workforce Interest and Needs Survey (PH-WINS) and the ASTHO and National Association of County and City Health Officials (NACCHO) Profile surveys
- **PHAB accreditation data**

Primary data sources may include a recipient survey and data from additional qualitative and quantitative data collection to fill gaps in addressing evaluation questions.

Step 5: Justify Conclusions

Three types of evaluation activities will comprise the National Evaluation: 1) grant monitoring activities, 2) cross-cutting evaluation activities, and 3) sub-evaluations (Figure 6).

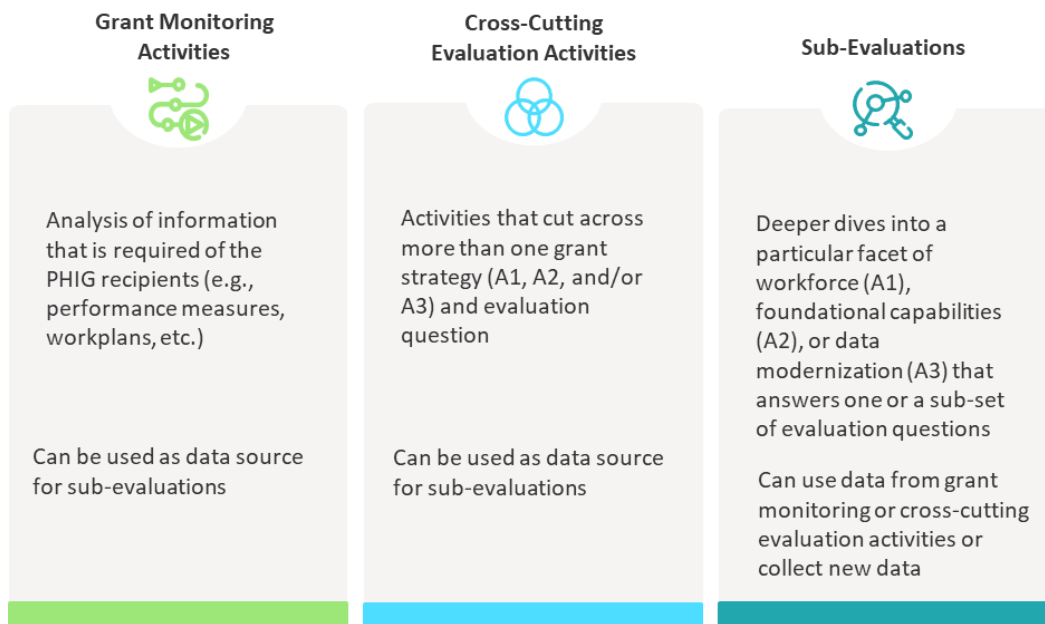


Figure 6. Types of National Grant Monitoring and Evaluation Activities

The NET will engage users to identify, design, and implement sub-evaluations. The key approach to engaging intended users is through the EAG and regular meetings with CDC. Sub-evaluation topics will evolve based on user needs throughout the grant period. For example, the NET will explore the feasibility of conducting an economic assessment to understand the return on investment of different grant strategies. Table 2 identifies the evaluation activities identified as of August 2024.

Table 2. Evaluation Activities









Type of Activity	Evaluation Activity Name
Grant Monitoring Activities	GM1: PHIG Recipient Performance Measure Analysis
	GM2: PHIG Recipient Workplan/Progress Report Analysis
	GM3: PHIG Recipient APR/Continuation Application Analysis (Successes/Challenges)
	GM4: Identification of PHIG Recipient and National Partner Promising Practices
	GM5: PHIG Recipient TEP Plan Analysis
Cross-Cutting Evaluation Activities	CC1: Recipient Survey
	CC2: Training/Technical Assistance Process Evaluation
	CC3: Foundational Capabilities and Workforce Gap Analysis
Sub-Evaluations	SE1: Assessing the Effectiveness of PHIG Recruitment, Hiring, and Retention Efforts
	SE2: Evaluating PHIG Strategies and Activities' Impact on Recipients' Workforce Development Process and Staff Competencies
	SE3: Exploring the Impact of PHIG Strategies on Health Departments' Foundational Capabilities
	SE4: Assessing the Strategies of Indirectly and Unfunded Health Departments
	SE5: Evaluating Efforts to Strengthen Community Partnership and Engagement
	SE6: Evaluating the Effectiveness of PHIG Training & Technical Assistance
	SE7: Data Modernization (<i>TBD</i>)
	SE8: Public Health Workforce Enumeration
	SE9: Evaluation of National Partner Activities

Step 6: Ensure Use and Share Lessons Learned

National Evaluation findings will be communicated to users on an ongoing basis to maximize the utility of the evaluation. The national partners will develop a comprehensive communications and dissemination plan in Year 2, but the NET anticipates developing both reporting and dissemination products throughout the grant. Reporting products submitted to the CDC may include the following:

- **Quarterly updates** in the form of PowerPoint presentations to CDC PHIG staff
- **Annual Evaluation Highlights Brief** with interim evaluation findings, outcomes, accomplishments, and recommendations related to each of the monitoring and evaluation questions
- **Final National Evaluation Report** at the conclusion of the grant summarizing evidence for each of the evaluation questions and sub-evaluation activities
- **Annual Sub-evaluation Updates** in a consistent format to be determined

Dissemination products will be responsive to the information needs of different intended users and may include:

	Executive summaries, one-pagers, or fact sheets
	Infographics
	Slide decks
	Peer-reviewed publications
	Online dashboards or data visualizations
	Promising practices, case studies, and success stories
	Toolkits
	Videos

The NET will develop and execute a coordinated approach for communicating and disseminating evaluation findings in collaboration with CDC, the national partners' Communications Workgroup, and the EAG to facilitate the use of the evaluation findings and recommendations. Specifically, the NET will coordinate with CDC on which dissemination channels to use. Potential channels may include press releases, webinars, podcasts, social media, and newsletters.