

Performance Measure Guidance: COVID-19 Vaccination Supplemental Funding

Performance measures for the COVID-19 January 2021 supplemental funding

Supported through the Coronavirus Response and Relief Supplemental Appropriations Act of 2021, P.L. 116-260

Funding provided through NCIRD to the 64 immunization jurisdictions

Performance measure guidance for supplemental funding (January 2021) for IP19-1901 Immunization and Vaccines for Children cooperative agreement recipients

Background and Purpose

This document describes the specific performance measures that accompany the required activities described in the separate companion document (the COVID-19 supplemental funding guidance document). The performance measures are intended to be used by NCIRD and recipients to help:

- Support continuous monitoring and examine opportunities to improve performance and implementation of activities;
- Demonstrate accountability and return on investment to stakeholders (e.g., funders, public) by showing how NCIRD funds are being spent; and
- Clarify NCIRD project expectations and priorities.

NCIRD realizes that there are limitations to using performance measures to evaluate the scope of public health work being conducted by the awardees. For example, without a consideration of contextual factors, measures do not always fully represent how strongly or poorly a recipient is doing. Thus, it is important to have other ways of collecting project information to more fully demonstrate performance (i.e., workplan/milestone updates, progress calls, success stories, site visits). NCIRD will rely on a combination of these sources of information in order to more fully assess progress throughout the duration of the project.

Unless stated otherwise within the guidance below, these performance metrics will be collected quarterly through RedCap.

Intended Use of the Guidance

Please take some time to review the guidance and share it with the appropriate staff members in your jurisdiction who are involved in the implementation of these activities. Ensure that you and your staff members understand each measure and how it applies to your jurisdiction. Some of these measures will be monitored through data reporting already coming to CDC. NCIRD recommends that you develop a plan for how you will collect, organize, and synthesize this information for reporting.

While NCIRD has made every effort to consolidate data submission intervals, please note that some measures require a different frequency of reporting than others. Furthermore, due to the relatively long project period, recipients should anticipate and work with NCIRD to re-evaluate and potentially modify some measures due to shifts in priorities during the time frame of this project and efforts to improve the ability to monitor performance and progress. Some additional data collection for other measures may be required, and some measures may eventually become obsolete. NCIRD will make every effort to keep these changes minimal. If you have questions related to these performance measures, please contact your POB Project Officer.

Performance Measures

Each performance measure follows the relevant required activity. While awardees may describe other performance measures within their workplans, the performance measures described here are required.

1. Increase COVID-19 vaccination capacity across the jurisdiction, including among high-risk and underserved populations

- **Increase the number of vaccine provider sites, including through the use of pharmacies.** This can be done through a competitive application process, through enrollment of specific providers into such a program, or through other means

Performance Measure (PM) 1.1: Number of new vaccine providers, by type, enrolled as COVID-19 providers in the past quarter. (Provider types as listed on the COVID-19 Provider Agreement)

- **Enroll/train vaccine providers,** including complementary providers, to build capacity to vaccinate pediatric and adult populations in accordance with ACIP recommendations.

PM 1.2: Number of vaccine providers trained in proper vaccine administration and in vaccine storage/handling in the past quarter.

- **Enlist/educate adult providers,** including specialists that see high risk patients, to identify and refer patients to vaccination clinics if they are not themselves vaccinators

PM 1.3: Number of adult health care providers trained in the past quarter for the purposes of ensuring patients are appropriately immunized or referred for vaccinations.

- Fund local health departments to **expand** their **operations** (e.g., providing vaccinations during evenings, overnight, and on weekends) and to **increase** their **throughput**

PM 1.4: Number and percent of health departments with expanded operations in the past quarter. List examples of that expanded operations.

- Support public health **workforce recruitment and training** including working with health providers from rural communities, communities of color, and/or communities of high social vulnerability. ([CDC's Social Vulnerability Index \(SVI\)](#))

PM 1.5: Number of new public health workers hired (FTE, contractor, etc) in the past quarter .

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- Implement **vaccine strike teams, mobile vaccine clinics, satellite clinics, temporary, or off-site clinics** to travel and provide vaccination services in non-traditional settings and/or to supplement the work of local health departments in underserved communities

PM 1.6: Number and percent of strike teams, mobile clinics, or temporary off-site clinics held in the past quarter in underserved communities.

PM 1.7: Number of vaccine doses provided through strike teams, mobile clinics, or temporary off-site clinics in the past quarter in underserved communities.

2. Ensure high-quality and safe administration of COVID-19 vaccines

- Implement **site visits** to COVID-19 vaccination clinics to provide monitoring and quality assurance support (supportive supervision) and to promote quality improvement.

PM 2.1: Number and percent of site visits (in-person and virtual) to COVID-19 vaccination clinics in the past quarter for the purposes of ensuring proper vaccine administration, proper vaccine storage and handling, and improved quality assurance. Describe key issues identified and how resolved.

- Support vaccine administration sites by responding to issues, questions, and ensuring training as needed for new products or changes to products

PM 2.2: Number and percent of COVID-19 provider sites supported in the past quarter through trainings or response to issues/questions.

- Provide **supplies (including personal protective equipment (PPE)), equipment, and training** to providers and partners for:
 - ✓ **Vaccine storage and handling**, including monitoring **temperature** of vaccines
 - ✓ **Vaccine transport, including any vaccine-specific considerations**, for temporary mass vaccination clinics.
 - ✓ **Vaccine administration**

PM 2.3: Number of supplies/equipment, by type, delivered to providers and partners for vaccine storage and handling, in the past quarter. (Types: temperature monitoring devices, refrigerators, freezers, other). Describe any concerns regarding ability to obtain needed supplies/equipment.

PM 2.4: Number of supplies/equipment, by type, delivered to providers and partners for vaccine transport, in the past quarter. (Types: temperature monitoring devices, mobile vaccine storage units, other). Describe any concerns regarding ability to obtain needed supplies/equipment.

PM 2.5: Number of supplies/equipment, by type, delivered to providers and partners for vaccine administration, in the past quarter. (Types: needles, syringes, PPE, other). Describe any concerns regarding ability to obtain needed supplies/equipment.

- Ensure vaccine administration sites have appropriate capabilities to **address adverse events, including anaphylaxis**

PM 2.6: Number and percent of COVID-19 administration sites that have been assessed by the awardee as capable of addressing adverse events including anaphylaxis in the past quarter. The assessment should include that the provider has epinephrine on site, equipment to measure vital signs, and antihistamines.

- Support **provider training and reporting of vaccine adverse events** to VAERS

PM 2.7: Number and percent of provider sites trained on how to report to VAERS in the past quarter.

3. Ensure equitable distribution and administration of COVID-19 vaccines

- Monitor **vaccination coverage** among population subgroups, identifying populations and geographic areas with low coverage. **Implement and evaluate interventions** and direct vaccine and vaccination efforts to increase coverage

PM 3.1: Number of people and percent of population vaccinated with COVID-19 vaccine, by subgroups (subgroups are not mutually exclusive):

CDC will track and capture these data separately through other sources.

- Health care personnel
- Long-term care facility residents
- Front line essential workers
- Persons aged ≥75 years
- Persons aged 65–74 years
- Persons aged 16–64 years with high-risk medical conditions
- All persons aged ≥16 years

- Monitor and improve access to vaccinations in communities of high social vulnerability. ([CDC's Social Vulnerability Index \(SVI\)](#))

PM 3.2: Describe work to monitor and improve access to vaccinations in underserved communities or communities of high social vulnerability in the past quarter.

- Continue and expand on the work of **Vaccine Equity Committees (or similar committees)** to ensure transparency and engagement with the community

PM 3.3: Number of Vaccine Equity Committee (or similar) meetings held in the past quarter. Describe key activities of the committee in the past quarter.

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- Have a written plan to **address high-risk and specific populations** (including older adults) and how to reach each group, including **congregate settings (e.g. correctional facilities), homeless populations, essential workers**, and others.

PM 3.4: These plans, including related performance measures, must be included as part of the workplan due within 45 days of the NOA. If additional time is needed, these plans may be received no later than July 1, 2021.

- Partner, plan, and implement vaccination activities with **critical organizations**. These organizations could include but are not limited to:
 - ✓ Colleges and Universities
 - ✓ Occupational health settings for large employers
 - ✓ Churches or religious institutions
 - ✓ Federally Qualified Health Centers (FQHCs), including Community Health Centers (CHCs)
 - ✓ Pharmacies
 - ✓ Long-term care facilities (LTCFs), including independent living facilities, assisted living centers, and nursing homes
 - ✓ Organizations and businesses that employ critical workforce
 - ✓ First responder organizations
 - ✓ Non-traditional providers and locations that serve high-risk populations
 - ✓ Other partners that serve underserved populations

PM 3.5: Number and type of partner organizations that have implemented COVID-19 vaccination activities in the past quarter. Include also a short statement of the activities.

- Plan and implement vaccination activities with organizations and business that employ **frontline essential workers**

“ACIP used CISA guidance to define **frontline essential workers** as the subset of essential workers likely at **highest risk for work-related exposure** to SARS-CoV-2, the virus that causes COVID-19, because their work-related duties must be performed on-site and involve being in close proximity (<6 feet) to the public or to coworkers. ACIP has classified the following non–health care essential workers as frontline workers: **first responders (e.g., firefighters and police officers), corrections officers, food and agricultural workers, U.S. Postal Service workers, manufacturing workers, grocery store workers, public transit workers, and those who work in the education sector (teachers and support staff members) as well as child care workers.**”

[\(The Advisory Committee on Immunization Practices’ Updated Interim Recommendation for Allocation of COVID-19 Vaccine — United States, December 2020 | MMWR \(cdc.gov\)\)](#)

PM 3.6: Has the awardee initiated vaccination planning (or implemented vaccination activities) with the following industries or business sectors in the past reporting period: first responders, corrections, food/agricultural workers, postal workers, manufacturing workers, grocery store workers, public transit workers, teachers and educational support staff, child care workers.

4. Increase vaccine confidence through education, outreach, and partnerships
 - **Enhance/amplify messaging (including through translation)** to promote COVID-19 vaccination, especially among underserved populations (see also [CLAS Standards - Think Cultural Health \(hhs.gov\)](#))

PM 4.1: Describe COVID-19 communication / education activities, including among underserved and racial and ethnic minority populations, in the past quarter.

- Fund local **education campaigns** and approaches to adapting CDC materials to community audiences, including a focus on racial and ethnic minority groups

PM 4.1: Describe COVID-19 communication / education activities, including among underserved and racial and ethnic minority populations, in the past quarter. (same as above)

- **Share educational, outreach and marketing approaches and materials** with CDC and others engaged in similar activities to allow for national dissemination. Recipients are reminded to be cognizant of the statutory and policy requirements for acknowledging HHS/CDC funding when issuing statements, press releases, publications, requests for proposal, bid solicitations and other documents in accordance with [CDC General Terms and Conditions for Non-research Awards - Acknowledgement of Federal Funding](#) in your base award.

PM 4.2: Describe efforts to regularly share educational and outreach materials with CDC and/or others (e.g., Association of Immunization Managers, National Public Health Information Coalition in the past quarter for the purpose of facilitating national dissemination)

- Address vaccine education efforts to include addressing possible vaccine **misinformation** and increase **vaccine confidence and vaccine uptake**, including with racial and ethnic minority groups

PM 4.3: Describe work in the past quarter to address vaccine misinformation and to increase vaccine confidence and uptake, especially with racial and ethnic minority populations.

- **Fund local health department contracts** to promote COVID-19 and other vaccinations to increase vaccine confidence in racial and ethnic minority groups and to increase accessibility for people with disabilities

PM 4.3: Describe work in the past quarter to address vaccine misinformation and to increase vaccine confidence and uptake, especially with racial and ethnic minority populations. (same as above)

5. Develop and implement community engagement strategies to promote COVID-19 vaccination efforts

- Support broad education efforts that explain to the public options for how/where/when they can get COVID-19 vaccine in their communities

(This will be measured using PM 4.1: Describe COVID-19 communication / education activities, including among underserved and racial and ethnic minority populations, in the past quarter.)

- Fund partnerships for **community engagement to identify trusted voices that represent the diversity of affected communities** to promote vaccination and have bidirectional conversations in communities with vaccine hesitancy. These partnerships need to reflect the diversity of the jurisdiction's population.

PM 5.1: Describe the work of funded partnerships to engage with trusted communities, in the past quarter, promoting COVID-19 vaccination.

- Implement a **rapid community assessment** guide to diagnose potential barriers and **identify solutions to low vaccine uptake or vaccine confidence** in specific communities.

PM 5.2: Describe potential barriers and solutions, identified in the past quarter, for low vaccine uptake in specific communities.

- Fund **community-based organizations** and build local partnerships or coalitions to allow for coordinated activities across community organizations working to **promote vaccine confidence**. Examples of community-based organizations include social service agencies, nonprofit organizations, and formal and informal community groups, like neighborhood groups or recreational or special-interest clubs.

PM 5.3: Number of type of funded community-based organizations and/or coalitions that have engaged in activities, in the past quarter, to promote vaccine confidence. Provide short descriptions of that work.

6. Support high vaccination uptake in tribal nations

- As applicable, provide funding to support **Tribal Health Programs and Urban Indian Organizations** (e.g., for supplies, educational/communication materials, storage and handling equipment).. Any funding provided to Tribal Health Programs and Urban Indian Organizations should complement efforts supported through the Indian Health Service.

PM 6.1: Funding to Tribal Health Programs or Urban Indian Organizations should be reflected in the budget submitted within 45 days.

- Collaborate with Tribal organizations to develop **culturally appropriate materials** for their specific American Indian/Alaska Native (AI/AN) populations, as appropriate.

PM 6.2: Number and description of Tribal organizations collaborating with, in the past quarter, to develop culturally appropriate materials.

Partners to consider funding include, but are not limited to:

- ✓ Tribal Health Programs and Urban Indian Organizations
- ✓ Tribal Epidemiology Centers (TECs)
- ✓ Area Indian Health Boards
- ✓ Tribal WIC programs
- ✓ Tribal daycares
- ✓ Association of American Indian Physicians (AAIP) local affiliates
- ✓ National Association of Indian Nurses of America (NAINA) local affiliates
- ✓ Tribal & Urban Indian Health Immunization Coalition
- ✓ Alaskan Native Tribal Health Consortium (ANTHC)

7. Use immunization information systems to support efficient COVID-19 vaccination

- Promote and implement email and text messaging **reminder/recall** activities at either the state or provider level

PM 7.1: Describe work to promote and implement email and text messaging reminder/recall activities in the past quarter.

- **Monitor** and manage the COVID-19 **vaccine supply** in the jurisdiction and ensure that the vaccine is broadly available across the jurisdiction, including in the places where it is needed most

PM 7.2: Describe work in the past quarter to monitor COVID-19 vaccine supply ensuring that vaccine is where it is most needed.

- **Enhance IIS vaccine ordering and inventory capabilities** including improving business processes and tools for vaccine ordering and tracking inventory, use of the ExIS interface with VTrckS, training of providers, capacity for vaccine order reviews, automated tools to improve data quality (e.g., address validation), and help desk staffing

PM 7.3: Describe work in the past quarter to update the IIS to include the COVID-19 vaccine information to support CDS and use of VaccineFinder (in conjunction with the IIS for jurisdictions that will report inventory on behalf of providers).

- **Develop and enhance health information infrastructure and IIS upgrades to improve data quality and ensure robust reporting at the jurisdiction and Federal level** including onboarding to and staff to support ongoing use of the Immunization (IZ) Gateway, COVID-19 Data Clearinghouse, IZ Data Lake, Vaccine Administration Management System (VAMS), VaccineFinder, Privacy Preserving Record Linkage (PPRL) and related systems. Other ideas: Upgrade IIS to the latest version of the

platform, support data exchange, enhance IIS analytics and visualization capabilities, move to the cloud. <https://www.cdc.gov/vaccines/covid-19/reporting/requirements/index.html>

PM 7.4: Describe work in the past quarter to ensure data quality (i.e., for providers, vaccine inventory, orders, and doses administered) including data quality metrics that have been assessed. Describe work to triage and address data quality issues (e.g., with provider enrollment data in the Data Lake, provider information in VTrckS, and vaccine administration submitted to the Data Clearinghouse).

- Ensure **timely and accurate reporting** of vaccine administration, demographic, and other data. This includes sharing this information with local health entities and other appropriate partners within the jurisdiction.

PM 7.5: Describe efforts in the past quarter to ensure timely and accurate reporting of vaccine administration, demographic, and other data, including metrics that have been used to measure and monitor improvements. Describe work to onboard to the IZ Gateway to ensure IIS access to doses administered from partners and other jurisdictions.

- Implement and support systems to provide consumer access to immunization records including methods to securely document COVID-19 vaccination using a “digital vaccination card”.

PM 7.6: Describe activities in the past quarter to implement secure consumer access to immunization records, including methods using a digital vaccination card.