

Identifying and disseminating program practices

# Introduction

As part of AIM’s Cooperative Agreement with CDC, AIM is identifying and disseminating program practices, defined broadly to include strategies, activities, or approaches to support the work of immunization program awardees. Activities in immunization programs to increase coverage rates and to meet requirements of the IPOM/cooperative agreement are encouraged to be submitted.

These practices can include those that (1) address the needs of identified populations, (2) promote and foster collaboration, (3) ensure effective use of resources, (4) provide a framework for the development of future program practices with the potential of more successful outcomes, and/or (5) meet goals in vaccine preventable disease prevention. Summaries of the practices will be shared on the AIM website in a searchable database.

# CategorizatioN

Program practices submitted to AIM will be categorized in an online, searchable database using the following classifications:

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| **Program Practice Area(s)?** | AIM staff will categorize submissions based on practice area(s). Example: AFIX, VFC, HPV Vaccination. | |
| **Evidence- or Guideline-based?** | Yes | Current practice is based on guidelines or evidence-based models from published literature or the Community Guide. |
| No | Current practice is neither evidence-based nor evidence-informed. |
| **Evaluation data?** | Yes | The immunization program has assessed the effectiveness of the current practice. |
| No | The immunization program has no data collected or documented about the current practice. |
| Limited | The immunization program has limited or preliminary data collected or documented about the current practice. |

# Review process for Program Practices

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| * The submission process will not be competitive and there will be no minimum or maximum number of practices that can be submitted. |
| * All submissions will be reviewed by AIM staff for overall quality. |
| * AIM staff will follow up with programs accordingly for additional information. |
| * AIM staff will edit the program description for consistency and may request additional information from the program if clarification is needed. |
| * AIM staff will provide the final draft of the program description to program managers for final approval before posting on the AIM website. |

# submission Length

Brevity is key! The intent and expectation is not for programs to write a lengthy description about the activity, but rather to provide a brief “snapshot” of the activity. Utilizing the submission form, please keep submissions to 3 pages or less.

# Submission components

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| **Title and Keywords**  Include the title of the practice and up to five (5) main terms/phrases that describe the practice; try to think of how someone might want to search for your topic in the database. |
| **Evidence Based**  Indicate ‘Yes’ if there is an evidence-base for the practice, program, or activity (current practice is based on guidelines or evidence-based models, found in published literature or the Community Guide); include the reference. |
| **Background**  Briefly describe the scope of the immunization need or problem that is addressed by the program practice. |
| **Program Practice Description**  Describe the practice goals and objectives. What were the main implementation activities? Where and when did the practice take place? How much staff time was involved? What were the costs associated with the activity? What was the funding source? Identify the target population that the practice affected. If partners were involved, include who was involved, and how. |
| **Timeframe of Implementation**  Indicate the start and stop date of the practice. Practices that are currently ongoing and those that stopped any time after January 2015 are eligible for submission. |
| **Evaluation Data**  Indicate if the immunization program has assessed the implementation and/or effectiveness of the current practice. If yes, indicate how it was evaluated and include data that illustrates and demonstrates the scope of the impact. |
| **Conclusions/Lessons Learned/Key Factors for Success**  Share conclusions that paint a picture of how the implementation went. Describe any lessons learned from the process, any obstacles that were overcome to implement this project, and any changes the program would recommend making to future implementation plans. |
| **Supplemental Materials**  Feel free to submit additional materials and examples that can be used to strengthen the submission and assist other program managers with ideas, such as quotes, testimonials, press releases, PSAs, tables, graphs, photos, and websites. These materials will not count toward the 3-page limit. |

# Due Dates

Programs may submit a practice for consideration at any time throughout the year.

# Sumbission

Email the completed form to Mary Waterman ([mwaterman@immunizationmanagers.org](mailto:mwaterman@immunizationmanagers.org)) with the subject line “Program Practices Submission.” Or submit online: <https://practices.immunizationmanagers.org/program-practices-submission-form/>

# Bull’s Eye Award

All submissions have the opportunity to be reviewed for the AIM Bull's-Eye Award for Innovation and Excellence in Immunization, an award that is presented to a state, territorial or local (National Center for Immunization and Respiratory Diseases (NCIRD) awardees) immunization program in recognition of an outstanding immunization initiative. ***Only those initiatives that are currently ongoing or those that concluded during 2017 are eligible for the Bull’s Eye Award.*** Three Bull's-Eye Awards will be selected, and will be presented at the AIM Leadership in Action Conference (2018, San Diego, CA).

***\*\*PLEASE SEE the Bull’s-Eye Overview document for more information.***

# Recognition

Practices submitted will be recognized in a variety of ways. All practices submitted will be posted to the AIM website. Additionally, at least one practice per month (or more frequently, depending on number of submissions received) will be highlighted via the Program Pulse section in the weekly update; weekly updates are distributed to both AIM members and AIM partner organizations (such as ISD, OSTLTS, Corporate Alliance Members, etc). Programs submitting practices may also be invited to present their practice on an AIM General Member Webinar or to present during the AIM Annual Meeting.

# Questions

Please direct any questions about the Program Practices submission process to either Mary Waterman ([mwaterman@immunizationmanagers.org](mailto:mwaterman@immunizationmanagers.org)) or Anu Bhatt ([abhatt@immunizationmanagers.org](mailto:abhatt@immunizationmanagers.org)).