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# TECHNICAL REPORT

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## Improving the Impact and Effectiveness of the National Vaccine Advisory Committee

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Prepared for the Department of Health and Human Services

This work was prepared for the U.S. Department of Health and Human Services National Vaccine Program Office. The research was conducted in RAND Health, a division of the RAND Corporation.

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Published 2009 by the RAND Corporation  
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## Summary

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The National Vaccine Program (NVP), the National Vaccine Program Office (NVPO), and the National Vaccine Advisory Committee (NVAC) were established by the National Childhood Vaccine Injury Act of 1986 (P.L. 99-660). The law required the Secretary of the Department of Health and Human Services (HHS) to establish an NVP to achieve optimal prevention of human infectious diseases through immunization and to achieve optimal prevention against adverse reactions to vaccines. The Assistant Secretary for Health (ASH) has been designated by the secretary to serve as the director of the NVP and is supported in this role by NVPO and NVAC. NVPO, housed within the Office of Public Health and Science, manages the NVP. The primary functions of NVPO are to develop and implement strategies for achieving the goals of the NVP as delineated in the National Vaccine Plan, in large part by coordinating and integrating the activities of all federal agencies involved in immunization efforts. In addition, NVPO coordinates and provides logistical support for and subject matter expertise to NVAC.

NVAC is a federal advisory committee formed to “advise and make recommendations to the Director of the NVP on matters related to the program’s responsibilities” (NVAC Charter, 2007, p. 1). Given the organizational structure laid out in the statute, NVAC has the potential to have a significant impact on national vaccine and immunization policy and practice. There is wide consensus, however, that NVAC has not achieved its potential. The fact that recommendations issued by NVAC are not routinely acknowledged by HHS and seem to have had little impact on policy considerations or development fuels frustration, particularly among NVAC members, about NVAC’s lack of influence.

This study seeks to identify the reasons that the committee has not had a greater impact and to suggest strategies to improve the effectiveness of the committee. The results of the evaluation will inform HHS, NVPO, NVAC, and other stakeholders regarding changes in organizational structures and processes that will increase the impact and effectiveness of NVAC in the future.

## Analytic Approach

We used a multipronged approach to evaluate the impact and effectiveness of NVAC. We began by constructing a logic model to provide a clear understanding of the key elements of the advisory committee (e.g., inputs, activities, outputs, environment, stakeholders), how they relate to each other, and how they contribute to achieving NVAC’s long-term goals. The logic model was used to organize the evaluation and identify focus areas for the study.

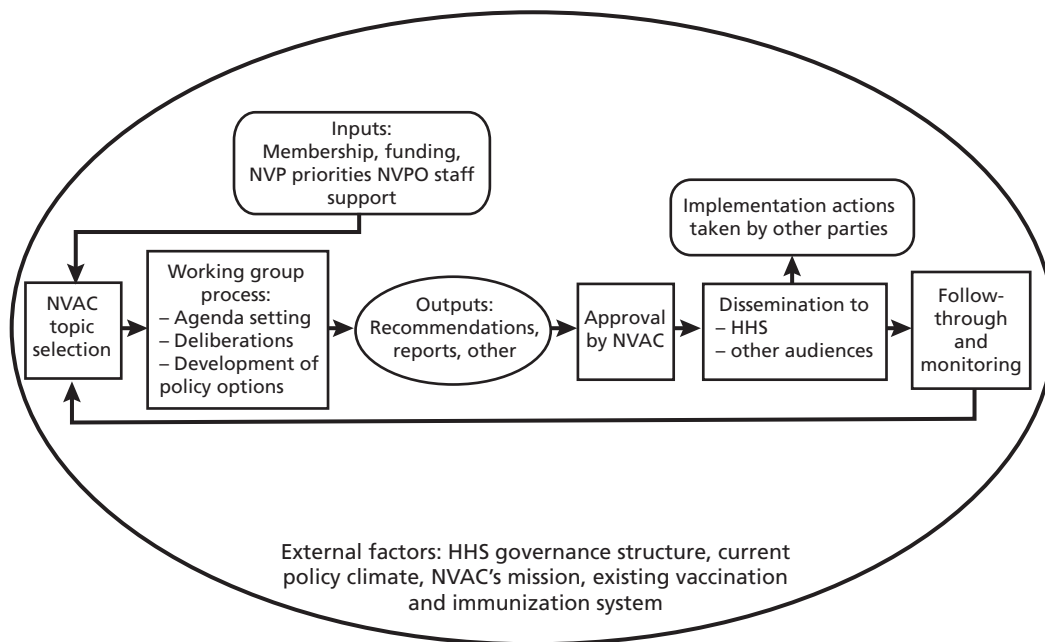
Multiple forms of data collection and analysis were used to inform the evaluation. First, we conducted a review of the literature on advisory committees to identify factors associated with their effectiveness. Second, we reviewed the set of recommendations made by NVAC since 1998 with a focus on characteristics, such as the target entity whose action was required for implementation, the level of specificity, and whether there was a measurable outcome. Finally, we conducted a series of 27 interviews with key informants to gather information on the perceived effectiveness of NVAC from a diverse set of stakeholders, including current and former NVAC members, representatives of stakeholder groups (e.g., professional medical societies, vaccine manufacturers), former assistant secretaries for health, and staff from HHS (i.e., NVPO and relevant HHS operating divisions).

## Findings

The findings from this study are derived from a synthesis of the information collected through the literature review, the interviews, and the review of NVAC recommendations. They provide important insights regarding current barriers to implementation and help to identify potential solutions.

Figure S.1 presents a map of an idealized process for developing and implementing recommendations. The findings from the literature review and key informant interviews were organized into this framework.

**Figure S.1**  
**The NVAC Process**



## External Factors

It is important to note that the ability of NVAC to influence policy and practice surrounding vaccine and immunization is affected by the environment in which it operates. The environment is shaped by factors that are beyond the direct control of the advisory committee, such as the political climate, the existing vaccine and immunization system, the HHS governance structure, and NVAC's chartered mission. We identified two environmental factors, in particular, that may hinder NVAC's effectiveness: its mission and HHS's governance structure.

**Mission.** NVAC's mission, laid out in its charter, is very broad. NVAC is charged with advising the Director of the NVP on the entire range of vaccine and immunization policy issues. While some interviewees felt the broad mission gives NVAC the flexibility to address the vaccine and immunization topics that are most pressing, others felt that it created problems. For instance, some noted that the broad mission results in a lack of focus, hindering NVAC's effectiveness. Other interviewees indicated that the broad mission creates substantial overlap in the topics covered by NVAC and other vaccine-related advisory committees, particularly the Advisory Committee on Immunization Practices (ACIP).

**HHS Governance Structure.** Many of NVAC's recommendations require actions by HHS operating divisions, such as the Centers for Disease Control and Prevention (CDC), the Centers for Medicare and Medicaid Services (CMS), and the National Institutes of Health (NIH). The recommendations, however, are not transmitted to these agencies directly. Rather, they are sent to the ASH for consideration. Even if the ASH decides to pursue such recommendations, he or she does not have budgetary or line authority over the operating divisions. As such, the ASH must rely on influence to effect change.

## Inputs

The ability of NVAC to effectively carry out its mission depends on its having access to adequate and appropriate resources. Findings from the literature review and the interviews suggest that problems with these inputs limit NVAC's effectiveness. There was a general consensus among interviewees that NVPO is underfunded and understaffed and that NVAC suffers as a result. Interviewees noted that NVPO's lack of resources hinders its ability to support NVAC's work processes, to assess NVAC recommendations, to conduct comprehensive implementation planning, to use their influence to foster implementation, and to fund related research and analysis.

While there was a general satisfaction with membership representation on the committee, interviewees noted several potential gaps. Many interviewees felt the public is underrepresented on NVAC. Interviewees also noted that NVAC could benefit from greater expertise in economics, policy analysis, and communications.

## Topic Selection

Interviewees expressed a strong desire for greater input from the ASH regarding the issues of greatest importance to HHS. They felt that such input would help the committee select topics where there was greater opportunity to affect change. Without input from the ASH on the vaccine and immunization topics of interest to HHS, NVAC generates its own topics for consideration and runs the risk of developing recommendations for which there is no immediate audience.

**Workgroup Process**

Many interviewees noted that topic-specific temporary workgroups often include people from organizations that are not represented on NVAC (e.g., advocacy groups, additional consumer representatives, additional subject matter experts), which increases the effectiveness of the group's recommendations. These interviewees thought that allowing a broader spectrum of stakeholders to be involved in the process helped generate recommendations that are more relevant, acceptable, and feasible. Some interviewees, however, were concerned that having broader representation in the process could lead to watered-down recommendations, particularly if the workgroup tries too hard to reach consensus.

**Outputs**

NVAC produces a range of outputs—recommendations, guidelines, standards of practice, and thought pieces that can influence policy in practice. The literature on advisory committees points to another strategy for increasing effectiveness—formulating recommendations that are directly related to the committee's charter and that are clear, focused, well defined, and actionable (Gallup Organization, 2005). Our review of NVAC recommendations suggests that many do not meet these basic criteria. In particular, the recommendations are often not written in a way that is specific enough to be easily actionable. Instead, they are stated as principles and lack detail on what actions are needed and who needs to take them.

**Dissemination**

Interviewees felt that current dissemination methods were inadequate to reach a wide audience. NVAC needs to think more strategically about its dissemination efforts. This should include clearly delineating who the intended audiences are, identifying innovative and effective ways to reach them, and crafting messages in such a way as to motivate and inspire the audience to take action.

**Implementation**

There was a general sense among interviewees that many of NVAC recommendations for HHS and its operating divisions are not acted on. Moreover, NVAC rarely receives any substantive feedback regarding the recommendations it has made. The inaction on the part of HHS may reflect a lack of interest in NVAC's work because NVAC is not addressing the issues of highest priority for HHS. If this is the problem, then NVAC can be made more effective by seeking more input from the ASH in selecting topics for consideration by NVAC workgroups.

**Follow-Through and Monitoring**

NVAC's work should not end with dissemination. Rather, it needs to invest time and resources in monitoring the status of recommendations. Having a system in place to monitor whether a recommendation has been implemented will not only assist in measuring the impact of NVAC, but, more importantly, can also foster accountability. Currently, NVAC does little to determine whether its recommendations have been acted upon. Thus, it does not have the information needed to identify dissemination needs, target its dissemination efforts, or hold organizations accountable.



## Strategies for Increasing the Effectiveness of NVAC

The strategies for improving the effectiveness of NVAC are not mutually exclusive. Rather, many are complementary and could even be synergistic. We present strategies for HHS (i.e., the Office of the Secretary of Health [OS] and ASH), NVPO, and NVAC, respectively.

### Strategies for OS and ASH

- Provide input, at least annually, to NVAC on highest-priority vaccine and immunization issues for HHS.
- Provide feedback, at least annually, to NVAC on recommendations issued in the past year with regard to their usefulness (e.g., clarity, actionability, relevance), which recommendations will be pursued, and what actions will be taken, and reasons for not pursuing others.
- Take an active role in facilitating the implementation of recommendations.
- Consider increasing the number of public representatives on NVAC.
- Evaluate opportunities to increase expertise in policy, economics, and communications on NVAC.
- Improve coordination between NVAC and other vaccine-related advisory committees, particularly ACIP.
- Provide greater resources for NVPO both in terms of staffing and funds to support research and analysis.

### Strategies for NVPO

- Provide more strategic direction to NVAC by clarifying and communicating the priorities of the National Vaccine Plan and identifying strategic opportunities to affect change.
- Work with the ASH to develop and execute implementation plans.
- Develop and provide NVAC with guidance for producing effective recommendations.
- Make the NVAC Web site more comprehensive and user friendly.
- Consider adding staff with expertise in policy, economics, and communications.

### Strategies for NVAC

- Proactively seek input regarding priority vaccine and immunization issues for HHS through regular meetings with the ASH.
- Craft recommendations that are more specific in terms of what actions are needed, who should take them, and over what time period.
- Think strategically about how to reach intended audiences.
- Monitor the status of recommendations on a regular basis.

Although its potential has not been fully realized to date, NVAC could have a significant impact on vaccine and immunization policy and practice. The likelihood of achieving this

potential would be enhanced by a renewed commitment by the ASH, NVPO, and NVAC to work together to identify high-priority issues, develop innovative solutions, and actively foster implementation.