

Evaluation of Technical Assistance for Local Health Impact Assessments



Executive Summary

Health impact assessment (HIA) is a tool used to evaluate the potential health outcomes of a proposed policy, program, plan, or project. Health departments use HIA to inform decision-makers of the potential health outcomes of decisions and recommend ways to increase the positive health outcomes of decisions. Since 2006, the National Association of County and City Health Officials (NACCHO) has supported local health departments (LHDs) to conduct HIAs through funding, technical assistance, peer mentorship, and, most recently, the development of the HIA Community of Practice.

As HIA practice continues to grow, evaluation is central to understanding the challenges and barriers health departments face in implementing HIA. In 2014, NACCHO administered online assessments to 14 LHDs that were awarded support from NACCHO's HIA program to understand how the program affected their HIA. In 2016, NACCHO assessed three additional funded sites and six unfunded sites. NACCHO posed questions about LHDs' capacity to conduct HIAs; support and funding; partnerships and collaborations; adoption of recommendations; impact and outcomes; challenges and barriers; mentor/mentee interactions; and satisfaction with NACCHO's HIA program.

Findings from the 2016 assessment revealed that LHDs that received funding from NACCHO considered HIA a high priority in their organizations. These funded organizations also reported that they believed they had a high capacity within their organization to conduct an HIA, compared to medium to low capacity reported among non-funded LHDs. Factors such as the number of trained staff, availability of funding, collaborations, and partnerships were all associated with increased capacity to conduct the HIA. All funded sites were "extremely likely" to participate in future HIAs while unfunded jurisdictions were only "likely" to do so. The majority of funded (67%) and unfunded (60%) sites said it was possible that HIA could become a core function in their health department in the future. The most frequently reported challenges to conducting an HIA were lack of funding and limited staff to devote to the project.

Local health departments should do the following to support HIA practice:

- Share stories and lessons learned from the field about how they have been able to improve opportunities for health.
- Pursue new avenues of sustainable funding for HIA.

National organizations supporting HIAs should do the following to support HIA practice:

- Develop or adopt measures and tools to gauge the efficacy of HIA practice and its outcomes.
- Explore best practices and models that can be used to incorporate HIA into public health core functions.
- Champion the development of additional needed resources.
- Support health department practitioners interested in engaging in HIA activities.



Introduction

Health impact assessment (HIA) is a tool used to evaluate the potential health outcomes of a proposed policy, program, plan, or project. Health departments use HIA to inform decision-makers of the potential health outcomes of decisions and recommend ways to increase the positive health outcomes of decisions. In the United States, the number of HIAs completed has increased from 54 in 2009 to 335 in 2016.¹ The National Association of County and City Health Officials (NACCHO) supports local health departments (LHDs) to conduct HIA through funding, technical assistance, peer mentorship, and most recently, the development of an HIA Community of Practice involving practitioners from 25 health departments.

As HIA practice continues to grow, evaluation is central to understanding the challenges and barriers health departments face while implementing HIA. In 2014, NACCHO completed an assessment of LHDs that were awarded support from NACCHO's HIA program. The purpose of this evaluation is to expand the data from the initial 2014 evaluation to include more recently funded health departments and a sample of health departments that applied for but did not receive funding from NACCHO to better understand differences between unfunded and funded health departments in their capacity to conduct HIA.

NACCHO's HIA Program

Since 2006, NACCHO has supported and elevated the practice of HIA among 24 LHDs in 17 states. Sixteen of the 24 funded LHDs were paired with an experienced HIA mentor that provided training, assistance, and guidance over the project period. Each funded HIA project was competitively selected through an applications process open to health departments nationwide. NACCHO has also produced several HIA-related tools and resources, including fact sheets about what HIA is and how to communicate its value to community partners, quick guide, and a crosswalk exploring intersections between public health accreditation and HIA. All of these resources are available on NACCHO's HIA webpage (<http://bit.ly/2b2OZHI>).

Methodology

In 2014, NACCHO administered an assessment to 14 health departments that were awarded support from NACCHO's HIA program during the previous four funding cycles: 2010–2011 through 2013–2014. The purpose of the assessment was to understand how NACCHO's HIA program affected HIA capacity at health departments that participated in the program. NACCHO gathered data using an online assessment tool, followed by in-depth focus groups. The assessment tool comprised of 58 closed- and open-ended questions that addressed eight categories: capacity to conduct HIAs, support and funding, partnerships and collaborations, adoption of

recommendations, impacts and outcomes, challenges and barriers, mentor/mentee interactions, and satisfaction with NACCHO's HIA program.²

NACCHO used the 2014 assessment tool as the basis for the 2016 HIA evaluation of three funded LHDs and six unfunded LHDs. The three funded LHDs received support from NACCHO's HIA program in the 2014–2015 funding cycle. The assessment tool was modified to include 32 closed- and open-ended questions for funded jurisdictions. The questions covered the following six categories: capacity to conduct HIAs, support and funding, partnership and collaboration, impacts and outcomes, challenges and barriers, and satisfaction with NACCHO's HIA Program.

The six unfunded LHDs applied for but did not receive funding from NACCHO's HIA program between 2010 and 2015. The assessment tool was modified to include 31 closed- and open-ended questions for those LHDs. The questions covered the following five categories: capacity to conduct HIAs, support and funding, partnership and collaboration, impacts and outcomes, and challenges and barriers. The unfunded health departments were invited to complete the assessment based on an HIA that they conducted without NACCHO funding. Of the six respondents, only four could provide complete response sets (i.e., two did not conduct an HIA after applying for funding from NACCHO's HIA program). Therefore, the total number of responses from the unfunded agencies ranges from four to six respondents depending on the question. NACCHO did not conduct in-depth interviews following the online assessment for this evaluation.

The following funded health departments were included in the 2016 evaluation:

- Kitsap Public Health District (WA);
- Mecklenburg County Health Department (NC); and
- Florida Department of Health in Lee County (FL).

The following unfunded health departments were included in the 2016 evaluation:

- Chicago Department of Public Health (IL);
- Tri-County Health Department (CO);
- Cleveland Department of Public Health (OH);
- Ingham County Health Department (MI);
- Kent County Health Department (MI); and
- Fall River Department of Community Services, Division of Health and Human Services (MA).

Findings

Capacity to Conduct HIAs

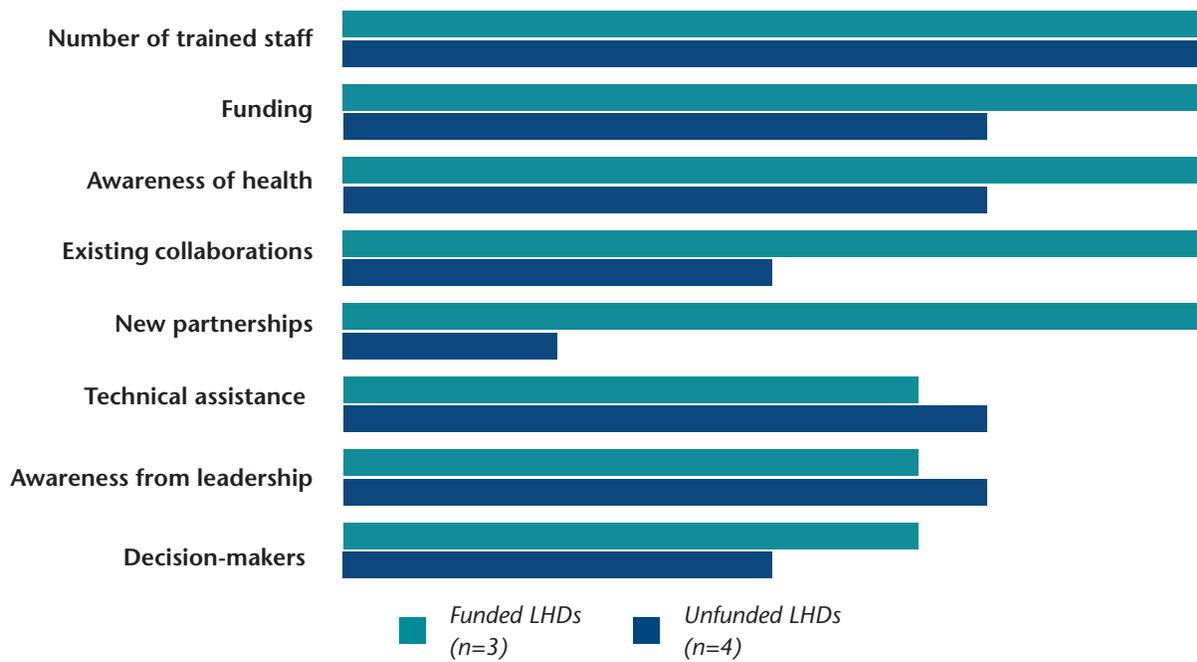
In the 2016 assessment, all three of the funded health departments considered HIA a high priority in their organization. This is consistent with the findings from the 2014 assessment, in which 50% of the respondents strongly agreed and 50% of respondents moderately agreed that HIA was a priority at their health department.²

However, only two (n=5) of the unfunded sites rated HIA as a high priority. Two other unfunded agencies placed HIA as a medium priority and one agency noted that HIA was only somewhat of a priority.

Participants were also asked about their current capacity to conduct an HIA. The funded sites reported having high (33%) or medium-high (67%) capacity to conduct an HIA. Unfunded sites (n=5) responded with a much lower current capacity to conduct HIA, with two jurisdictions reporting medium capacity, two jurisdictions reporting low capacity, and one jurisdiction reporting no current capacity to conduct an HIA.

Local health officials reported multiple factors that contributed to their capacity to conduct an HIA. All funded and unfunded sites indicated that an increase in the number of trained staff is associated with HIA capacity. Other factors that could influence HIA capacity are shown in Figure 1.

FIGURE 1. FACTORS THAT INCREASED CAPACITY TO CONDUCT HIA.

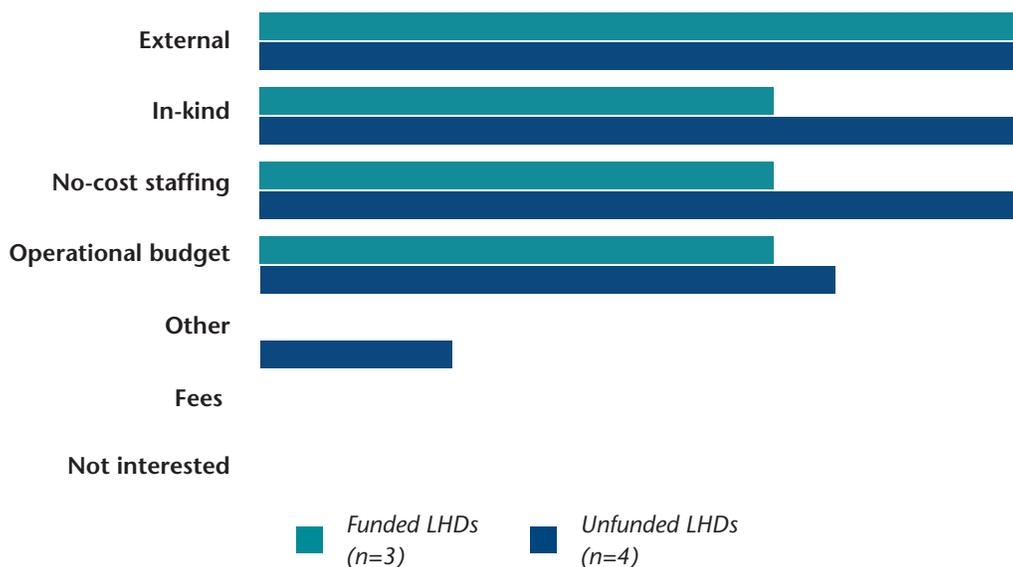


All of the funded sites indicated that it is “extremely likely” that their health department would participate in future HIAs. Responses from the unfunded sites were not as strong, with the majority indicating that participation in future HIAs was “likely.” Funded agencies were also more likely than unfunded agencies to state that they would lead, as opposed to participate in, future HIAs in their community. The majority of both funded (67%) and unfunded (60%) sites responded that it was possible that HIA could become a core function in their health departments in the future.

Support and Funding

In addition to receiving funding from NACCHO, funded sites financially supported their HIAs through their organizations’ core operational budgets. Unfunded sites most frequently cited in-kind staff time as the source of support. Two unfunded jurisdictions also responded they received some financial support from private foundation funding. Both funded and unfunded agencies will most likely support future HIAs through external funding such as grants. Other future funding sources could include in-kind donations, no-cost staffing plans (such as students or interns), or the organization’s operational budget. Future funding sources identified by respondents are illustrated in Figure 2.

FIGURE 2. FUNDING SOURCES FOR FUTURE HIAs.



Health departments can demonstrate the importance of HIA during the public health accreditation process. In the process of applying for accreditation, LHDs complete a community health assessment (CHA) and develop a community health improvement plan (CHIP). All of the funded sites noted that HIA was a priority in their CHA or CHIP. However, only two of the unfunded sites reported that HIA was a priority in their CHA/CHIP process.

Partnerships and Collaborations

All of the funded sites and 75% of the unfunded sites formed new partnerships while implementing their HIAs. Respondents reported forming partnerships with community agencies in the process of conducting their HIAs. Table 1 (page 5) lists the partners that the funded and unfunded LHDs worked with while completing their HIAs.

In 2016, NACCHO's HIA Community of Practice developed a Crosswalk for Public Health Accreditation and Health Impact Assessment to inform program staff and accreditation coordinators at local health departments of instances in which an HIA can create documentation that meets certain standards and measures of public health accreditation.³ Download the report at <http://bit.ly/2pCSWf9>.

All respondents (funded and unfunded agencies) indicated that in addition to new partnerships, they strengthened existing partnerships while conducting HIAs. Factors that helped with partnership formation included the following:

- Establishing interpersonal relationships that encourage collaboration;
- Scheduling regular meeting times;
- Having trained staff with experience in facilitation, engagement, and/or outreach;
- Taking the opportunity to learn about each other's priorities, missions, processes, and operations;
- Incorporating the HIA into the health department's strategic plan or vision;
- Having at least one staff who has time dedicated to the project; and
- Securing funding for the project.

The largest barrier to creating and sustaining partnerships, for both funded and unfunded sites, was time constraints. Other barriers included competing priorities and the HIA not being seen as a priority within the health department. Lack of funding was a major barrier for the unfunded sites.

TABLE 1. PARTNERSHIPS FORMED WHILE IMPLEMENTING HIAs

Partnerships	Funded LHDs (n=3)	Unfunded LHDs (n=4)
School system	100%	50%
Community-based organization	67%	75%
Planning	67%	50%
Parks/recreation	67%	50%
Transportation	67%	25%
Policymakers	67%	25%
Public safety	33%	50%
Economic development	33%	50%
Advocacy group	33%	50%
Public works	33%	25%
Housing department	33%	25%
Other	33%	25%
Environmental regulatory agency	33%	0%
Business/industry	33%	0%
State health department	33%	0%
Social services	0%	50%
Developer	0%	25%
Emergency management	0%	0%

Impact and Outcomes

In recent years the topics on which health departments conduct HIAs (e.g., transportation, education, criminal justice) have expanded. All respondents (funded and unfunded) stated that their HIAs addressed a part of the built environment. All funded LHDs and two unfunded LHDs indicated that their HIAs also addressed transportation. Other auxiliary topics cited were economic policy, environmental quality, food and agriculture, and labor and employment.

One funded agency and two unfunded agencies reported that one or more of the recommendations included in the HIA were accepted in full. The remainder of respondents reported that a decision had not been made yet.

Table 2 shows the percentage of funded and unfunded health departments that reported other notable impacts from their HIA projects. All respondents indicated that it was too soon to tell whether or not these outcomes contributed to the health of the community.

TABLE 2. PERCENTAGE OF HEALTH DEPARTMENTS THAT REPORTED OTHER NOTABLE IMPACTS FROM HIA PROJECTS

Outcome	Funded LHDs (n=3)	Unfunded LHDs (n=4)
Raising awareness of the interconnections with health in the community	100%	75%
Putting data-sharing agreements into place	100%	0%
Bringing to light new issues and concerns around health and/or equity not previously discussed or known	67%	75%
Educating stakeholders, partners, and decision-makers around upstream determinants of health	67%	75%
Making connections to health a priority	33%	50%



Challenges and Barriers

Lack of funding and limited staff were the largest barriers for both types of sites. Interestingly, lack of funding was somewhat more of a barrier for funded sites (n=2) than unfunded sites (n=1). Two of the unfunded jurisdictions received technical assistance from their non-NACCHO funders, one unfunded jurisdiction received technical assistance from a partner organization, and one unfunded jurisdiction did not receive any technical assistance at all.

Satisfaction with NACCHO's HIA Program

All three funded sites assessed in 2016 were very satisfied with NACCHO's demonstration site program. They responded that participation contributed highly to the completion (n=3) and to the quality (n=2) of the funded HIA projects.

Discussion and Recommendations

Similar to the results of the 2014 HIA assessment, the three funded health departments assessed in 2016 also reported improvements and positive outcomes from their participation in the NACCHO HIA project. Funded health departments' current capacity to conduct an HIA was somewhat lower than reported in the 2014 assessment; however, all funded agencies are likely to engage in an HIA in the future. All funded sites reported having the capacity to conduct HIA as compared to the unfunded sites, which reported much lower capacity to conduct an HIA. All funded sites formed new partnerships or collaborations. Some of the recommendations coming out from the HIAs were accepted by the decision-makers. Most projects observed additional benefits from the HIA, such as increased awareness of

the interconnectedness between health and sectors traditionally thought of as non-health sectors (e.g., built environment, transportation, planning).

NACCHO developed the following recommendations for LHDs and organizations that support HIA practice at LHDs based upon the results of the 2014 and 2016 assessments.

Local health departments should do the following:

- Share stories and lessons learned from the field about how they have been able to improve opportunities for health within their communities through the use of HIA and related activities.²
- Pursue new avenues of sustainable funding for HIA through private foundations, grant opportunities, or core operational budgets. Also, consider leveraging new and existing partnerships to get additional resources, in the form of staff time or funding support, and consider whether the health department is the appropriate government entity to be leading and funding the HIA.⁴

Local health departments should share stories and lessons learned from the field about how they have been able to improve opportunities for health within their communities through the use of HIA and related activities.²

National organizations supporting HIAs should do the following:

- Explore best practices and models for incorporating HIAs into public health core functions. Incorporating HIA into health department public health accreditation processes is one way to institutionalize HIA.³
- Support health department staff interested in HIA activities. Several health departments noted the importance of and the need for more trainings and technical assistance, especially for LHDs attempting their first HIA. NACCHO can connect health departments with resources, tailored on-site trainings, peer learning opportunities, and mentors. NACCHO has the expertise and is recognized by local health officials as a trusted source for the provision of these kinds of resources.²
- Champion the development of additional resources, such as more robust screening filters, that will help appropriately identify decision contexts that would benefit from an HIA.²
- Develop or adopt measures and tools to quantify the efficacy of HIA practice and its outcomes. Studies involving the return on investment of HIA could help to measure the impact and justify economic investment needed to complete an HIA.²



The primary limitation of the 2016 assessment is the small sample size, just three funded and six unfunded LHDs. One goal of the assessment was to collect information from health departments that did not receive NACCHO funding but did complete an HIA. Two of the six unfunded LHDs responded that they did not complete an HIA, which reduced the sample size to four unfunded sites for most of the questions. Because of the small sample size, conclusions from this assessment, particularly those that compare funded to unfunded sites, should be made with caution.

After years of practice and evaluation, HIA continues to be a useful tool for health departments, given its aim to influence decision-making processes in an open, multi-disciplinary, and structured way. HIA offers considerable benefits that can advance the work of local health officials in improving the quality of life and health outcomes attributed to health in all policies, land use planning, and community design decisions. As the number of LHDs using HIA in their communities expands, it is critical that health departments receive the necessary funding, guidance, and resources to advance HIA practice as a strategy for building healthier communities.⁴

Acknowledgments

This report was made possible through support from Cooperative Agreement #5U38OT000172-03 with the Centers for Disease Control and Prevention, U.S. Department of Health and Human Services. NACCHO is grateful for this support. The views expressed within do not necessarily represent those of the sponsors.

References

1. Health Impact Project. (2016). Health Impact Assessments in the United States. Pew Charitable Trusts. Retrieved from <http://www.pewtrusts.org/en/multimedia/data-visualizations/2015/hia-map>
2. NACCHO. (2016). Building Capacity for Local Health Departments to Conduct Health Impact Assessment [report]. Washington, DC: NACCHO. Retrieved from <http://eweb.naccho.org/prd/?na710pdf>
3. NACCHO. (2016). Crosswalk between Public Health Accreditation and Health Impact Assessment [fact sheet]. Washington, DC: NACCHO. Retrieved from http://www.naccho.org/uploads/full-width-images/report_HIAccreditation_june2016_160907_133720.pdf
4. NACCHO. (2015). Health Impact Assessment [statement of policy]. Washington, DC: NACCHO. Retrieved from <http://www.naccho.org/uploads/downloadable-resources/Programs/Community-Health/06-01-Health-impact-assessment1.pdf>

[REPORT]

May 2017



To learn more about NACCHO's Health Impact Assessment work, visit <http://www.naccho.org/programs/community-health/healthy-community-design/health-impact-assessment>.

FOR MORE INFORMATION, PLEASE CONTACT:

Bridget Kerner, MS

Senior Program Analyst, Environmental Health

202-507-4230

bkerner@naccho.org

NACCHO

National Association of County & City Health Officials

The National Connection for Local Public Health



The mission of the National Association of County and City Health Officials (NACCHO) is to be a leader, partner, catalyst, and voice with local health departments.

1201 Eye St, NW, Suite 400 Washington, DC 20005

P 202-783-5550 F 202-783-1583

© 2017. National Association of County and City Health Officials

www.naccho.org