Building Capacity for Local Health Departments to Conduct Health Impact Assessment

NACCHO
National Association of County & City Health Officials
The National Connection for Local Public Health

Background

Given the impactful role that upstream determinants play in shaping health outcomes, the need for local health departments to incorporate health considerations into policy, planning, and program decisions is paramount.[1,2] With shrinking budgets, fewer staff, and a growing number of public health challenges, city and county health departments are working strategically and innovatively with cross-sector partners and community stakeholders to support and protect the public's health. Health impact assessment (HIA) provides a structured framework for public health practitioners to work at the intersection of health and policymaking by embedding health considerations into decision-making processes outside of the health sector. Practitioners utilize HIA to inform and advance decision outcomes that promote health at local and regional levels.

Given their authority, legal responsibility, and subject matter expertise, local health departments are uniquely positioned to promote the public's health. Through policy development and implementation, many health departments are involved in efforts to support improved health outcomes. The National Association of County and City Health Officials (NACCHO), with support from the Health Impact Project (a collaboration of the Robert Wood Johnson Foundation and The Pew Charitable Trust) and the Centers for Disease Control and Prevention, is increasing health department involvement in decision-making processes outside of the public health sector and extending their roles in decisions that impact health and equity through the use of HIA and other methods.

The goal of this report is to describe NACCHO's HIA Program, characterize city and county health department practices from NACCHO's demonstration sites, and identify program improvements and opportunities to support HIA practice. For the past decade, the association has supported the capacity of health departments to work at the intersection of policy and public health through the organization's built environment, HIA, and Health in All Policies (HiAP) projects. This report summarizes the progress made by health departments supported by NACCHO, highlights trends and promising models of HIA practice, identifies resource needs to institutionalize HIA practice, and explores ways HIA and similar activities can be incorporated into the core departmental operations in the absence of supplemental HIA funding.

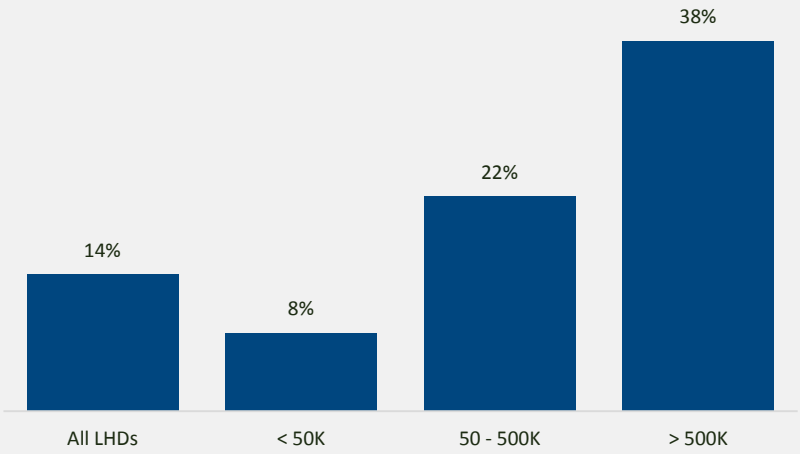
HIA Practice at Local Health Departments

One of the first HIAs conducted in the United States was completed by a local health department in 1999. The San Francisco Department of Public Health analyzed a proposed policy to increase the minimum wage for city contractors and leaseholders.[3,4] The HIA contributed to the passage of San Francisco's living wage ordinance and the passage of a subsequent city-wide minimum wage increase. Since then, the health department has been a trailblazer in the field of HIA and continues to engage in HIA to this day.

Demand for HIA knowledge and skills, along with participation in HIAs, has been growing among health departments nationwide. Additionally, attendance at HIA trainings and engagement in HIAs has continued to increase. In 2010, 10% of local health departments surveyed reported having attended an HIA training during the

previous two years.[5] In 2013, this percentage more than doubled to 21% of health departments surveyed.[6] The same trend can be seen with participation in HIAs. Only 4% of local health departments surveyed reported HIA participation in 2010; that percent more than tripled to 14% in 2013.[6,7] Moreover, health departments serving populations of more than 500,000 people are more likely to engage in HIAs than those serving smaller populations. Figure 1 illustrates the percentage of LHDs participating in HIA by population served.

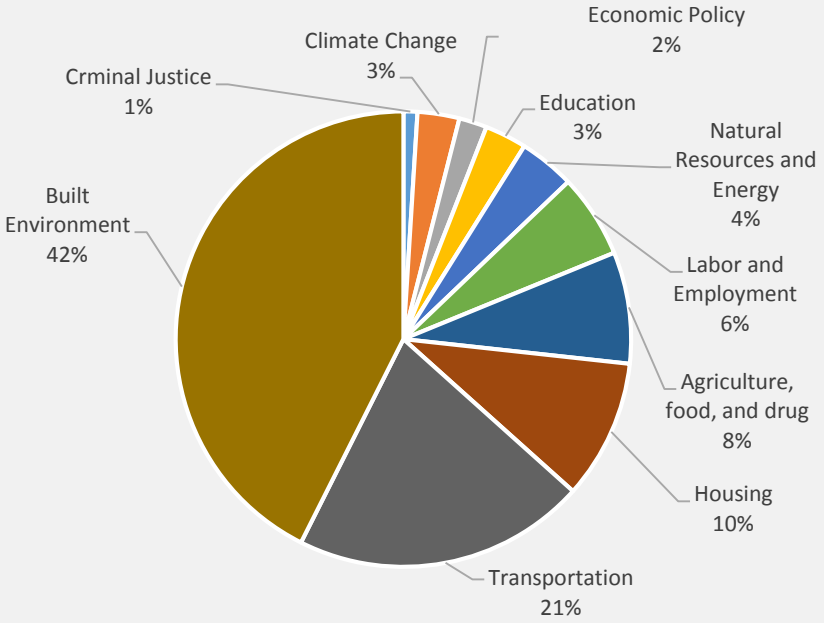
Figure 1: Percentage of LHDs participating in HIA (by population served)



n = 462
** In the past two years*
Source: 2013 National Profile of Local Health Departments

City and county health departments also lead or contribute to approximately one-third of all HIAs completed or in progress between 1999 and July 2014 in the United States, highlighting their important role as facilitators in the HIA field.[8] Consistent with national trends, most HIAs involving health departments addressed the built environment and the transportation sector.[8] See Figure 2 below for more details on HIAs by sector.

Figure 2: HIAs involving LHDs, by sector



n=101
Source: Health Impact Project, 1999 - 2014

HIA is one component of a broader HiAP strategy to expand the inclusion of health in the decision-making process to improve health outcomes.[9] In an unpublished survey of large local health departments by jurisdictional population conducted in 2013, 43% of respondents stated that they are implementing HiAP in their jurisdiction by building sustained capacity to conduct HIAs. Building sustained capacity is accomplished by routinely screening new policies, programs, and plans for HIA potential as they are developed and implemented. Half of the respondents stated that their health department had adequate staff to conduct an HIA or implement HiAP; however, only 41% agreed that their staff was adequately trained to conduct an HIA.[10] These findings highlight opportunities for additional HIA trainings targeting large jurisdictions interested in HiAP.

Health in all Policies (HiAP) is a change in the systems that determine how decisions are made and implemented by local, state, and federal government to ensure that policy decisions have neutral or beneficial impacts on the determinants of health. HiAP emphasizes the need to collaborate across sectors to achieve common health goals, and is an innovative approach to the processes through which policies are created and implemented.

NACCHO's HIA Program

Since 2010, NACCHO has supported and elevated the practice of HIA among 17 LHDs in 14 states by providing funding, technical assistance, mentorship opportunities, and training. Thirteen of these LHDs were paired with an experienced mentor that provided additional training, assistance and guidance over the project period. Each of these HIA projects were competitively selected through a Request for Application (RFA) process open to all LHDs nationwide. (See Table 1 below for details on these LHDs.)

NACCHO has also produced several HIA-related tools and resources, such as an online HIA training with the American Planning Association and the Centers for Disease Control (CDC) and an HIA quick guide.[11,12] These resources are housed on a dedicated HIA webpage.[13]

Table 1: LHDs supported by NACCHO to conduct an HIA, 2010–2015

Project year	Funder	Support provided by NACCHO	LHDs supported	HIA project	State	Population served (approx.)
2010	CDC	Technical assistance and access to peer learning community.	Cincinnati Health Department	75 Focus Area Plan Health Impact Assessment	OH	300,000
			Knox County Health Department	Community Garden Health Impact Assessment	TN	445,000
			Madison County Department	Madison County Coordinated Transportation Plan Health Impact Assessment	NY	72,000
			San Antonio Metropolitan Health Department	HIA of the Southern Edwards Plateau Habitat Conservation Plan	TX	1.4 million
2011–2012	Health Impact Project	Technical assistance, mentorship from experienced HIA practitioner, training webinars, access to peer learning community, and travel funds to the National HIA Meeting.	City of Independence Health Department	Independence Bike Lane Health Impact Assessment	MO	117,000
			Cuyahoga County Board of Health	HIA of the Euclid Avenue TLCI Plan	OH	1.3 million
			Spokane Regional Health District	Division Street Gateway Health Impact Assessment	WA	479,000
			RiverStone Health	South Billings Master Plan Health Impact Assessment	MT	154,000
2013–2014		Technical support, mentorship from	Delaware General Health District	Simon/Tanger Outlet Mall Health Impact Assessment	OH	185,000

Project year	Funder	Support provided by NACCHO	LHDs supported	HIA project	State	Population served (approx.)
	Health Impact Project	experienced HIA practitioner, training webinars, access to peer learning community, and travel funds to the National HIA Meeting.	Prince George's County Health Department	College Park/University of Maryland Metro and MARC Station TDDP/TDOZ Health Impact Assessment Project	MD	890,000
			New Orleans Health Department	A Health Impact Assessment of the Redevelopment of the Claiborne Corridor	LA	379,000
			Public Health Madison and Dane County	Fitchburg – Nine Springs Health Impact Assessment	WI	510,000
2013–2014	CDC	Received up to $15,000 each to conduct HIA project and technical assistance.	Fairfax County Health Department	HIA Richmond Highway Transit Center	VA	1.1 million
			Institute for Population Health	Hardest Hit Fund Demolition and Housing Stability Project: Health Impact Assessment	MI	689,000
2014–2015	CDC	Received $15,000 each to conduct HIA project and technical assistance. Kitsap Public Health District was also paired with an HIA mentor.	Kitsap Public Health District	Lower Banner Road Health Impact Assessment	WA	254,000
			Florida Department of Health in Lee County	Tice Community Connectivity and Redevelopment Plan (TCCRP) Health Impact Assessment	FL	661,000
			Mecklenburg County Health Department	LYNX Blue Line Health Impact Assessment	NC	991,000

Approach to Learning about the LHD Experiences with HIA

In order to examine the impact of NACCHO's HIA Program on the capacity of health departments supported by the program, NACCHO collected data using an online survey followed by in-depth focus groups. The survey was 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
- Satisfaction with NACCHO's HIA program

The first six categories are discussed in this report. *The findings from the last two categories, mentor/mentee interactions and satisfaction with NACCHO's HIA program, are located in the appendix.*

The survey was administered to the 14 health departments that conducted a NACCHO-supported HIA projects between 2010 and 2014. The survey had an 86% response rate with 12 of the 14 LHDs responding. The survey respondents included three LHDs from the 2010 CDC cohort, four LHDs from the 2011–2012 Health Impact Project cohort, four LHDs from the 2013–2014 Health Impact Project cohort, and one from the 2013–2014 CDC cohort.

The focus groups were coordinated and facilitated through conference calls with the project teams from the 2013–2014 Health Impact Project cohort. A set of 10 pre-identified questions were generated and shared in advance of the calls with the participants. The intent of the focus groups was to gain a deeper understanding of the experiences of city and county health departments conducting HIA projects. The focus groups were hosted on October 9, 2014 and October 13, 2014. A copy of the survey questions and focus group questions can be found in the Appendix.

The focus group facilitators recorded detailed notes during the conference call and later summarized the notes in order to analyze and identify significant themes. Survey data was exported to Excel and descriptive statistics were generated from the survey questions. The focus groups helped to further clarify and contextualize the findings from the survey data. The findings are highlighted below.

Findings

Capacity to conduct HIAs

The opportunity and incentive to learn to conduct HIAs through NACCHO's HIA Program helped to increase capacity of LHDs to engage in HIA. Overall, many of the survey respondents experienced increases in the number of staff trained in HIA and increased organizational capacity to conduct HIAs. Ninety percent saw increases in the number of trained staff after their participation in NACCHO's HIA Program. One survey respondent reported an increase in the number of trained staff from zero to 10. When asked to rate their organization's current capacity to conduct an HIA, 83% of respondents rated current capacity as medium or high.

The most common factors that led to an increase in organizational capacity included increased awareness of the connections among non-health sector issues and health impacts; increased number of trained staff; new partnerships and collaborations as well

as technical assistance and support. (See Figure 3 for more details.)

Participation in the NACCHO HIA program afforded LHDs the opportunity to have at least one core staff trained in the implementation of HIA. The trained staff member was then able to inform and/or educate other staff on the HIA process. The grant also gave health departments the incentive to learn about the HIA process with assistance from experienced experts when needed. Furthermore, the HIA program helped to raise awareness of resources and time needed for LHDs to conduct an HIA.

The most common factors that led to an increase in organizational capacity included increased awareness of the connections among non-health sector issues and health impacts; increased number of trained staff; new partnerships and collaborations as well as technical assistance and support.

*Figure 3: Factors that led to increase in capacity**

n = 10

*Multiple choice question, multiple selection of factors possible

The majority of the survey respondents were interested in pursuing continued participation in HIAs. Eighty-three percent stated that they are likely or extremely likely to participate in future HIAs, but not necessarily lead the effort, and 75% stated that they are likely or extremely likely to lead future HIAs. Two respondents commented that engagement in future HIAs is dependent on funding, and two respondents reported that they are applying for funding to support engagement in HIAs. A quarter responded that they have incorporated HIAs into their LHD's core functions or are planning to do so. In particular, Prince George's County Health Department is legislatively mandated to conduct an HIA review of the county's proposed site plans, design plans, and master plans.

One potential solution to overcome the barriers preventing three quarters of LHDs from incorporating HIAs into their organization's core functions is to increase training and maintain relationships with stakeholders beyond the length of the HIA. One respondent observed that building internal relationships around HIA within the health department may contribute to expanding capacity and interest within the agency. This increased interest may in turn help to incorporate HIA into core functions of the health department. For example, expanding and sustaining relationships with key internal stakeholders such as epidemiologists or providing trainings to LHD staff would increase the overall number of staff that could help conduct HIAs.

Another survey participant observed differences between the proactive and reactive stance that organizations often take when thinking about engaging in HIA work. A proactive stance would involve taking strategic measures to ready the organization to actively seek out and engage in HIA projects. This could involve hiring staff that would coordinate or conduct HIA, writing HIA responsibilities into personnel job descriptions, committing budgetary resources to support HIA work, committing high level staff to recognizing problems and opportunities with HIA, or actively maintaining cross-sector collaborations and proactively seeking out ways to integrate HIA. A reactive stance would involve responding to opportunities to engage in HIA as opportunities present themselves. Resources or staff time would not be dedicated ahead of time, but would be appropriated when needed. In these instances, the LHD partner may not be the lead organization on the HIA project. The participant also noted that there may be a hybrid approach, wherein the LHD strategically partners with other organizations to do high-level policy work.

Support and Funding

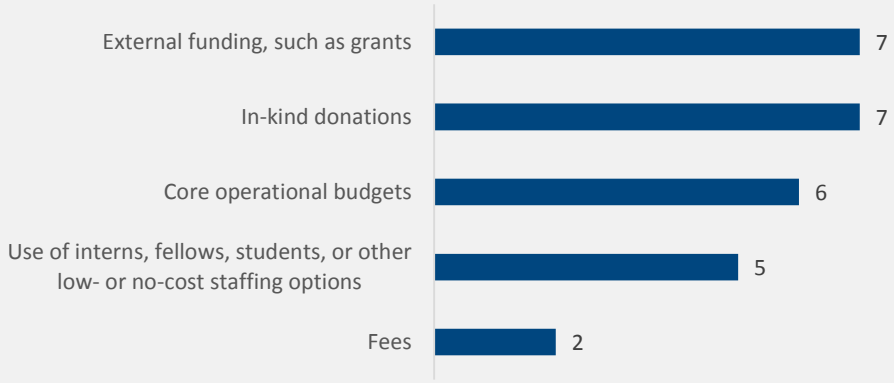
The amount of time spent conducting the HIA projects varied widely. The lowest reported time was 40 to 60 hours. The highest estimate was 10,000 hours or more; this project was a community-driven HIA of proposed updates to a master plan for a city park currently used as a golf course. Half of the surveyed LHDs reported the number of hours needed to conduct their HIAs ranged between 1,000 and 3,000 hours.

Fifty-eight percent of survey respondents stated that actual time spent was more than originally anticipated in the screening and scoping phase, and 33% stated that the time involved was equivalent to their initial expectations. One respondent commented during the focus group that the actual amount of time it took to conduct an HIA was about 200% more than they originally expected. One of the largest contributing factors for this huge disparity in anticipated and actual number of hours to conduct this particular HIA project was staff turnover; the lead project coordinator left the LHD early in the project period. This respondent went on to state that it would also be helpful to have a staffing contingency plan to prepare for possible staff changes in order to minimize potential disruptions.

Survey respondents also noted that involvement of other partners and contributors, in addition to the LHDs, was essential to carrying out their HIA project. Other municipal agencies or departments (e.g. the planning or the parks departments), community-based organizations or groups, contractors and consultants, and interns and fellows also contributed significant time to conducting the HIA project.

When asked about funding future HIAs, the majority of surveyed respondents identified a mix of sources their health department is likely to use. In-kind donations are defined as the giving of goods and services other than cash grants. See Figure 4 below regarding what sources respondents are likely to use to fund future HIA projects.

*Figure 4: Sources of funding for future HIA projects **



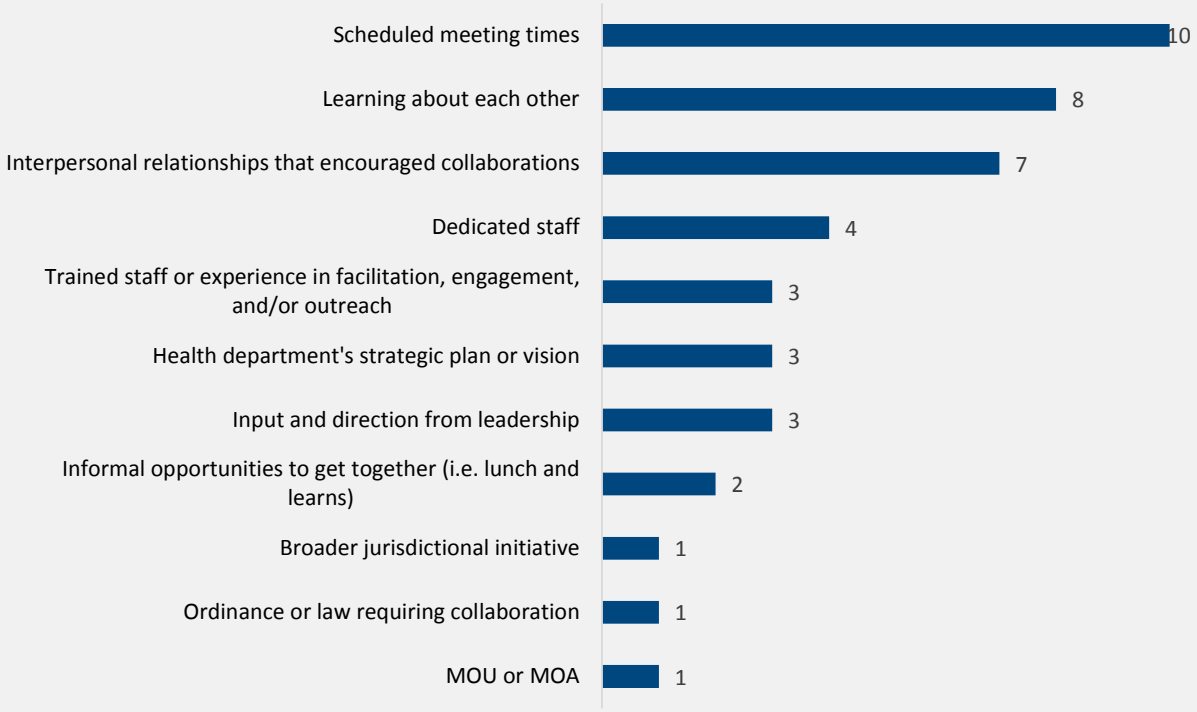
n = 12
* Multiple choice question; multiple selection of factors possible

Half of the surveyed respondents stated that they would use their core operational funds to conduct future HIAs; however, grants and other external sources of funding would also play a role. Alternative staffing capacities that utilize low- or no-cost strategies, such as students and interns, are additional ways for the LHDs to conduct HIA projects.

Partnerships and Collaborations

As result of participation in NACCHO's HIA project 83% of respondents stated that new partnerships were formed, and 58% stated that existing partnerships were strengthened. Figure 5 depicts the factors that led to new or strengthened partnerships.

*Figure 5: Factors that led to new partnerships or strengthening of existing partnerships**



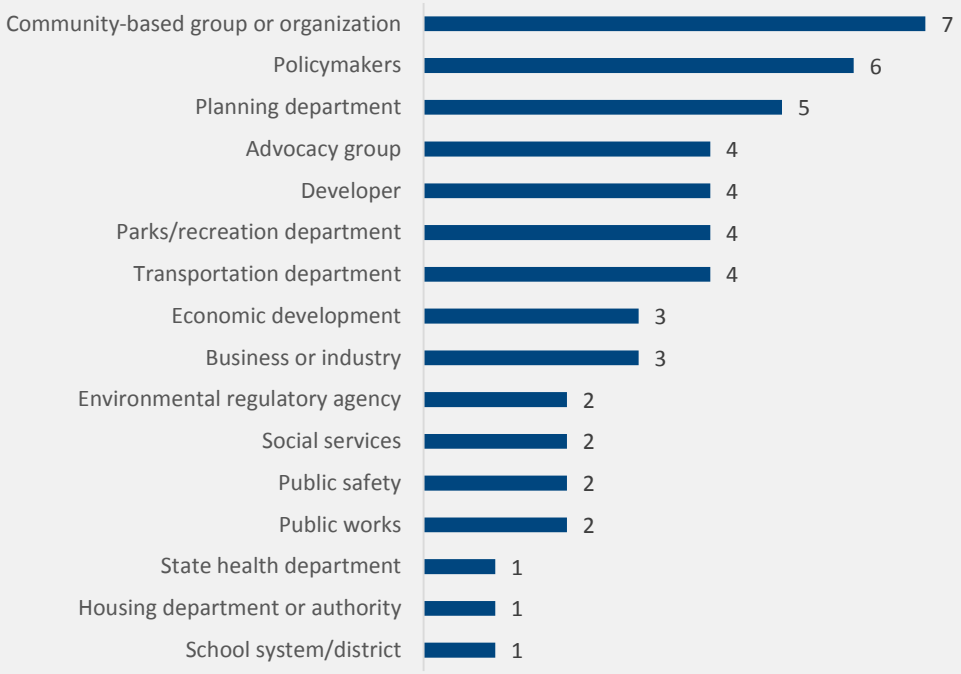
n = 10

* Multiple choice question; multiple selection of factors possible.

The top three factors that led to new or strengthened partnerships include scheduled meeting times, learning about each other, and interpersonal relationships that encouraged collaboration. These factors highlight the importance of setting aside time for partners to meet and learn about each other in order to build a relationship.

Ten LHD respondents reported developing new collaborations creating a total of 51 new partnerships as result of conducting the HIA. Several LHD respondents formed multiple new partnerships. Figure 6 depicts the number of new partnerships by sector. Over half formed new partnerships with community-based groups or organizations, policymakers, and planning departments.

*Figure 6: New partnerships formed from the HIA project**



n = 10
* Multiple choice question; multiple selection of factors possible

Although the majority of surveyed LHD respondents reported new or strengthened partnerships during the HIA project, they also noted several barriers to cultivating partnerships. The top-selected barriers include time constraints (50%), funding (40%), and competing priorities (30%).

Adoption of Recommendations

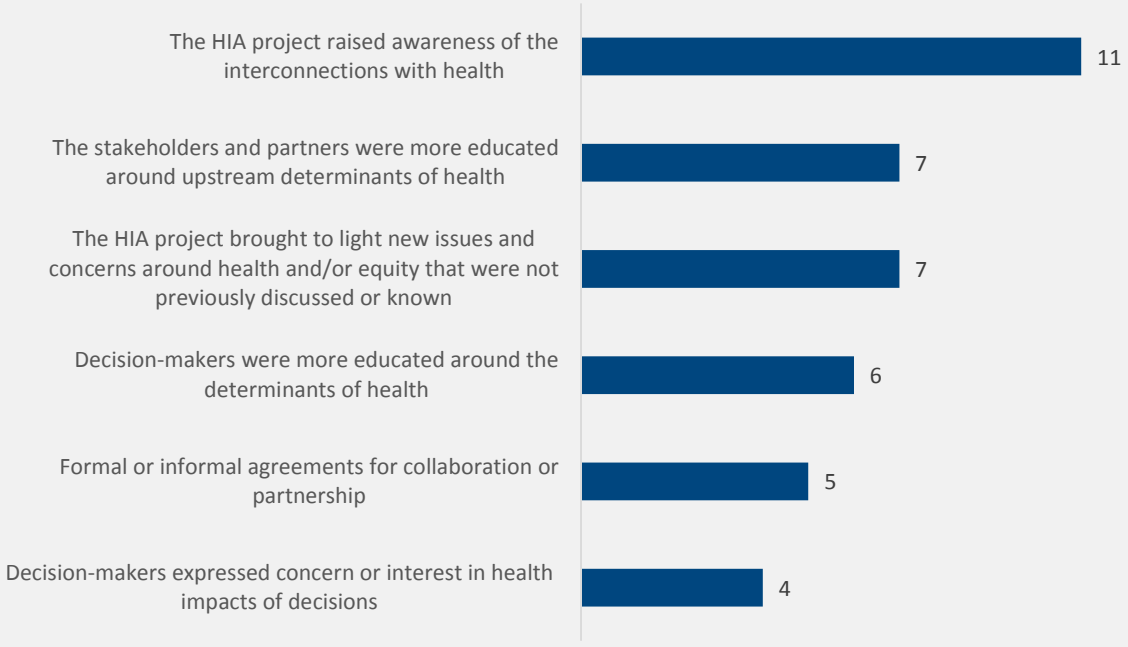
The majority of LHD survey respondents stated that one or more of their proposed recommendations were either accepted in full or modified before being accepted: 58% percent responded that one or more of their proposed recommendations were accepted in full, while 17% percent reported that one or more of the recommendations proposed were modified before being accepted. Only one LHD respondent stated that none of the recommendations were accepted. Two respondents stated that the decision the HIA is meant to inform has yet to be made.

One LHD respondent added that although some of their recommendations were not adopted, the HIA highlighted a need within the community for better park access that was previously unrecognized. Another LHD respondent credits the full adoption of their recommendations to the decision-makers' involvement throughout the HIA project and the development of alternatives. The recommendations provided the decision-maker with a roadmap to engage the targeted community. For example, in an HIA on expanding access to green space for recreational opportunities, the City worked with community members and organizations to implement some of the HIA recommendations, such as a movie night or providing opportunities for physical activity. Another LHD respondent commented that

the planning department responded positively to their recommendation and requested that the LHD write a new chapter in their Growth Policy Report giving specific recommendations for growth while injecting health themes.

Eighty-three percent stated that the goals and objectives of the HIA project were achieved. Other notable impacts beyond direct impacts on the decision outcome are shown in Figure 7. All surveyed LHD respondents highlighted that the HIA project raised awareness of the decision's connection to health. Additionally, the majority of projects helped to educate stakeholders and decision-makers about health determinants and shed new light on concerns about health and equity that were not known previously.

*Figure 7: Other notable impacts from HIA project**

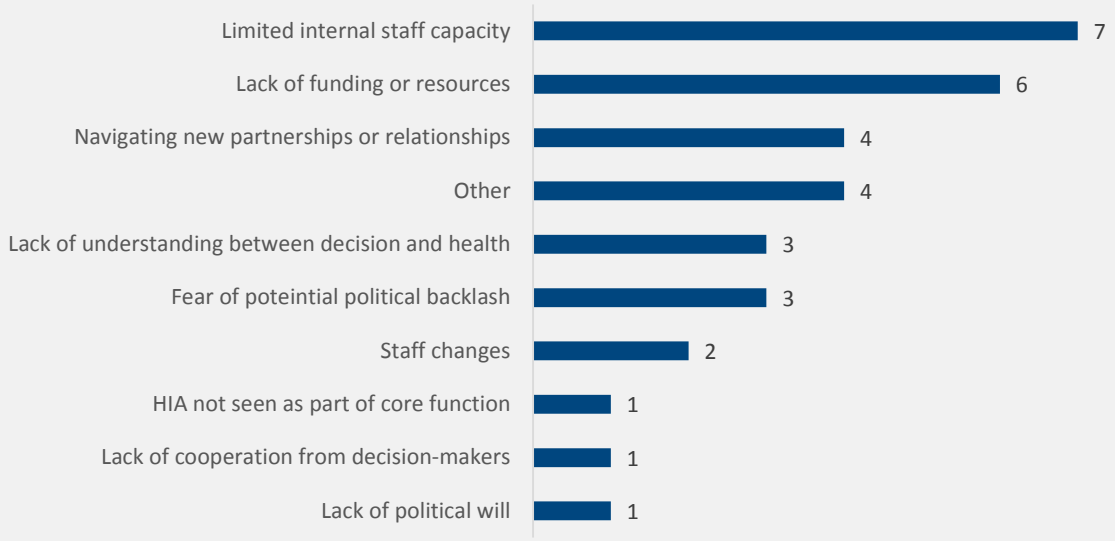


n = 11
* Multiple choice question; multiple selection of factors possible

Challenges and Barriers

LHD respondents were asked to select their top three challenges to conducting the HIA. The responses are shown in Figure 8 below. The top barriers included limited internal staff capacity and lack of funding or resources to conduct HIA. Navigating new partnerships and relationships was identified by one-third of LHD respondents as a notable barrier to conducting the HIA.

Figure 8: Top biggest challenges to conducting the HIA



n = 12

* Multiple choice question; respondents could select up to three challenges

respondents attempted to address their identified challenges. For example, to address the limited staff capacity, LHD survey respondents mentioned attending additional HIA trainings, reviewing HIA resources online, or speaking with others involved in HIA practice. One LHD respondent assigned more staff to the HIA and another LHD respondent reported leveraging additional grant and general funds to support the project. Other LHD respondents mentioned devoting personal time and energy to the project. To address staffing challenges, one LHD respondent sought to collaborate and communicate needs as much as possible to organizations and/or persons who could assist with fulfilling their needs. Another LHD respondent stated that having partners that were informed about connections between health and built environment was helpful because they were able to assist the LHD in articulating key messages to target audiences. Additionally, partners that are skilled communicators are particularly useful when navigating potential political pitfalls with decision-makers.

Twenty-five percent of LHD respondents noted substantial challenges related to the fear of political backlash and the political dynamics involved in the LHDs' participation in HIAs. These concerns most often impacted the ability of the LHD to make strong HIA recommendations, as well as the HIA itself. For example, one LHD respondent stated that because LHDs often report directly to the county or city's leadership, they need to ensure that the HIA aligns with the leadership's vision for a particular project or policy. These concerns may hinder the ability of LHDs to take stronger stances on proposed decisions or advance certain recommendations that are counter to the county or city's priorities.

As an agency of the local government, LHDs also often need to appear unbiased and neutral. Even though the appearance of neutrality may boost their credibility, it may also reduce their ability to make more

concrete and specific recommendations. It may even create more confusion due to a lack of clarity. One LHD respondent in particular did not feel empowered to make stronger recommendations and was asked to provide an unbiased report. They were hesitant to take either side on the issue and their recommendations were not as clear as a result. They presented a list of considerations instead. The LHD also commented that they would not have been taken seriously had they not presented the HIA findings and recommendations in an impartial manner. Ultimately, the list of considerations helped the LHD to sustain credibility and maintain relationships with stakeholders.

Although only two respondents listed staff turnover as their biggest challenge, staff challenges were pervasive in both the 2013–2014 CDC and Health Impact Assessment cohorts. Four of the six respondents experienced staff changes or turnover during the project period, which resulted in difficulty moving the project forward due to frustrations on the part of the LHD to complete the HIA project, loss of staff capacity and institutional knowledge of HIA, and additional technical assistance and mentoring to assist LHDs. One LHD respondent suggested that succession planning would help to alleviate challenges with changes in staffing. Another LHD respondent is planning to provide HIA training for all new staff to mitigate challenges presented by staff turnover.

Additionally, noteworthy observations were highlighted by the LHDs in the focus groups regarding the importance of screening, scoping, advice for LHDs new to HIA, and staff training:

- **Screening**: LHDs noted the importance of proper and rigorous screening. One LHD noted that it would be helpful if there was a rapid filtering process or even a pre-screening tool that could help identify which decisions would benefit from the use of an HIA.
- **Scoping:** Scoping is also crucial. A project prioritized around key issues will help communicate the work plan to decision-makers and stakeholders. In a resource and time-limited environment, project leaders will need to have a thorough understanding of how the HIA will be used to inform the decisions and the parameters of its analysis in order to stay within the scope of the project.
- **Advice for LHDs new to HIA:** For LHDs starting out with their first HIA, it would be very useful to identify someone in their state or close by who would be able to assist. Communication via the phone or email can be challenging and having an in-person, one-on-one relationship could more easily facilitate assistance. In addition to technical expertise, reliable funding is needed to support this type of work.
- **Staff training:** New staff often do not have knowledge or experience of political situations that are needed to conduct HIAs, and may require training on how to be politically sensitive. Project staff are stepping into another sector's realm of expertise and are often playing "catch up." It would be advantageous to incorporate HIA-related work directly into an individual's work plan or job description.

Discussion

Many health departments reported improvements and positive outcomes from their participation in the HIA project. The majority of participants rated their organization's current capacity to conduct HIA as medium to high, and most stated that they are interested in continuing to participate in or even lead future HIA projects. New partnerships and collaborations were also formed or strengthened as an outcome of the HIA project. Most of the new partnerships developed were reported to involve a higher degree of collaboration, interaction and trust. Additionally, the majority of respondents stated that one or more of their recommendations were accepted. Beyond directly impacting the decision outcomes, most projects also observed co-benefits of the HIA projects, such as increased awareness of the interconnectedness between health and upstream determinants of health. The HIA projects also brought to light new issues that were previously unrecognized.

Existing and emerging opportunities to expand HIA practice among LHDs were also identified. About half of the HIA projects were related to a priority recognized in community health assessment and improvement plans (CHA/CHIP).

As more LHDs become nationally accredited and complete their CHAs and CHIPs, which identify priority health issues and outline strategies for action, there may be more opportunities to address a health concern through the use of HIA.

Increased interest in HiAP also presents an opportunity to include HIA among a variety of tactics used to infuse health in the decision-making process.

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Increased interest in HiAP also presents an opportunity to include HIA among a variety of tactics used to infuse health in the decision-making process.

Although political considerations are not new to many LHDs, participating in HIAs presents novel challenges as LHDs may be working in sectors that do not traditionally work with public health and thus attempting to influence those sectors' decision-making processes requires more knowledge and experience. Turf issues and lack of experience in working in new areas may be obstacles initially.

These concerns highlight the need to invest upfront in relationships and collaborations across sectors to create avenues for communication, understanding, and trust.

Additionally, LHDs are often seen as local experts on the community's health and have trust and credibility among the community and various other sectors. They also may perceive the need to remain neutral and unbiased in their assessments in order to maintain that level of credibility and trust, which may present challenges to participating in politically-charged HIAs. As evidenced by the survey results, some LHDs may not feel empowered to make stronger recommendations or to take particular positions on the decision outcome not in alignment with their leadership, even if there is evidence from the assessment to justify their actions.

Health departments may not always be the preferred communicators of particular messages and may work with other key players who are better positioned and able to advance additional recommendations or push for policy alternatives. This also highlights additional need to improve communication and collaboration with external stakeholders such as community groups, businesses, or advocacy organizations.

The importance of partnerships and collaborations was a significant theme. Partnerships enable LHD-based practitioners to work across sectors, which is essential in conducting HIAs. Partnerships often also enable the efficient leveraging of resources. As reported by the respondents, a significant portion of the staff time needed to conduct the HIAs was contributed by organizations and agencies outside of the LHD.

On average, partners outside of the LHD provided 36 percent of staff time needed to conduct the HIA.

Resources and staff considerations were also major challenges. Respondents commented on the need to be cognizant of the amount of time and resources needed to conduct an HIA, especially one that is comprehensive in nature. Several LHDs commented on conducting different levels of HIAs (i.e. desktop, rapid, or comprehensive HIA) dependent on the constraints of the project (i.e. decision timeline) and having a process in place to appropriately screen and scope a project. Having and maintaining an adequate number of trained staff was also a large concern, as was the need to appropriately budget enough staff time to conduct the HIA. Another need identified was a more robust process for screening and scoping, which would help to create efficiencies by narrowing down and prioritizing the list of potential health concerns impacted by the decision outcome that could be assessed by the HIA project. Although resource and staffing issues around HIAs are not unique to LHDs, as governmental agencies, they do have considerations around prioritizing and justifying the use of public funds to inform policy decisions, especially in politically contentious contexts.

Several recommendations have been identified to better support HIA practice among LHDs based on this research:

- Continue to share stories and lessons learned from the field about how LHDs have been able to improve opportunities for health within their communities through the use of HIA and related activities.
- Continue to support LHD-based practitioners interested in engaging in HIA and HiAP activities. Several LHDs noted the importance of and the need for more trainings and technical assistance, especially for LHDs attempting their first HIA. NACCHO can serve as a bridge connecting LHDs with needed resources, tailored on-site trainings, peer learning opportunities and mentors. NACCHO has the expertise and is recognized by LHDs as a trusted source for the provision of these kinds of resources.
- Expand the mentorship model for LHD participation. One way to do this is by building the network of LHD-based HIA practitioners and fostering collaboration between seasoned practitioners and new practitioners conducting their first HIA.
- As the amount of time required to conduct an HIA is highly dependent on the scope and scale of the project, as well as the expertise of

the core project team, emphasize the importance of dedicating time to the screening and scoping steps of the HIA in order help to clarify the purpose of the HIA, identify priorities and contribute to the ability to streamline work processes.

- Support the development of additional needed resources, such as more robust screening filters, that will help appropriately identify decision contexts that would benefit from an HIA.
- Explore best practices and models that LHDs may be able to incorporate HIAs into their core functions, particularly where grant funding or any additional external resources were not available.
- Continue to develop measures and tools to gauge the efficacy of HIA practice and its outcomes.

Conclusions

One-third of all HIAs conducted in the United States are either led by, or involve, LHDs. Therefore, investing in and building health department HIA capacity would contribute to building and sustaining the field. In this report, we identify several benefits and impacts from LHDs' involvement in HIA projects, highlight important considerations among LHD-based practitioners and propose several recommendations to support and improve LHD practice of HIA.

Despite facing resource and political challenges, LHDs participating in a NACCHO disparities. The evaluation of the program highlights the importance of providing an infrastructure of support for LHDs to perform this work. NACCHO, as the voice of city and county health departments, is uniquely qualified to provide this infrastructure.

HIA project note the likelihood of future HIA implementation and are poised to build upon their experiences, taking into account their lessons learned. The sustainability of LHD HIA projects will further improve the health of their communities through this kind of community- and evidence-driven work. In addition to funding, findings suggest that LHDs need training for staff across a number of job types, dedicated staff time from within the health department and from their partners, and tools to facilitate stronger processes as they implement HIA. In addition to technical assistance from mentors and national partners, LHDs can benefit from peer-to-peer interaction and working with partners and community members who may be able to assist in navigating political situations. As the national organization representing the nation's 2,800 LHDs, NACCHO is well-positioned to respond to the capacity building needs of LHDs as they work to address upstream causes of health inequities. NACCHO can support HIA implementation through the provision of customized technical assistance, the development of tools and resources, the provision of on-site and online trainings, teaching LHDs how to leverage other national initiatives, and facilitating relationship-building at the local level.

The LHDs funded through NACCHO's program have contributed to moving the practice of HIA forward. This is very important as HIA practice continues to grow in the United States and is recognized as a tool to address inequity and health

Moving forward, NACCHO will continue to provide support and facilitate HIAs, as well as develop a Community of Practice among successful LHD HIA veterans. This Community of Practice will allow for the development of tools and resources that can better serve sustained LHD

participation in HIAs in the future. Ultimately, NACCHO hopes the Community of Practice will enhance avenues for navigating the HIA process so that any LHD that has the desire to participate can and will.

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Appendix A: Survey Details from Evaluation of NACCHO's HIA Programs

- **Respondents:** Total 16 respondents: 4 respondents (25 percent) were mentors; 11 respondents (69 percent) were mentees; and 1 respondent (6 percent) was neither. Of these 12 were LHD-based HIA projects.
- **Cohort affiliation:** Nineteen percent was affiliated with the 2010 CDC HIA Project; 25 percent were with the 2011 – 2012 Health Impact Project Mentorship project; 50 percent were with the 2013–2014 Health Impact Project HIA Mentorship Project; and 6 percent was part of the 2013–2014 CDC HIA Project.
- **Successful completion of HIA project:** Of the 12 responding LHDs, 58 percent reported that their participation in the NACCHO's HIA Program highly contributed the successful completion of the project; 25 percent stated moderate contribution, and 17 percent reported some contribution.
- **Quality of the HIA project:** Of the 12 responding LHDs, 25 percent reported that their participation in the NACHCO's HIA Program highly contributed to the quality of the HIA project; 50 percent stated moderate contribution; and 25 percent stated some contribution.
- **Comments on contribution of NACCHO's HIA Project on the completion and quality of HIA project:** "Without the guidance of the mentorship received, it would have been more challenging to implement the HIA." "Participation in the HIA Program precipitated our involvement in performing a full HIA." "Some barriers created by loss of staff were made up for by NACCHO Staff helping local staff stay on course and committed to the effort." "Valuable insights and guidance were obtained from the mentor to sort out the issues in transitioning through the steps of an HIA and accommodating the process when it was out of sync with the local planning agency timelines." "Participation also created an incentive to initiative our first HIA and ensure our completion of it."
- **Capacity:** Of the 12 responding LHDs, 83 percent stated that their participation in the HIA program increased or greatly increased their LHD's capacity to conduct HIAs; 1 (8 percent) stated no change; and 1 (8 percent) stated decreased capacity.
- **Willingness and interest:** Of the 12 responding LHDs, 67 percent stated that their interest or willingness increased or greatly increased due to their participation; 25 percent saw no change; and 1 (8 percent) saw a great decrease in willingness.
- **Mentor/ Mentee interactions:**
    - **Frequency of interaction:** Fifty-three percent rated the frequency of interaction as just right; 33 percent rated it as too little; and 13 percent were unsure.
    - **Value of mentor:** Fifty-five percent reported high value of the mentor to their HIA project; 37 percent reported some value; and 1 (9 percent) stated that the mentor had no value.
    - **Comments on mentor:** "Valuable having a mentor as a resource when specific questions would arise." "Mentor was valuable for providing out-of-the-box perspectives and shared experiences. They were also useful for sharing resources created and helping to educate project staff about health and planning topics." "Mentors were also helpful in providing guidance and encouragement, and were great at holding project teams accountable and on task."

- **Suggested improvements:** Forty percent selected setting aside more time with mentor/ mentee; 47 percent suggested more structured interactions; 40 percent elected having a mentor or mentee in the same geographic area; and 13 percent recommended formal agreement between mentor and mentee. *Multiple selections possible

- **Satisfaction:** Sixty-three percent stated that they were very satisfied with their experience in NACCHO's HIA Program; 25 percent were satisfied; 6 percent (1 respondent) stated they were unsure; and 1 respondent (6 percent) was very dissatisfied.
- **Value of different aspects of program:**
  - **Check-in calls:** Fifty percent found the check-in calls to be moderately or extremely valuable: 31 percent somewhat valuable; 13 percent slightly valuable; and 6 percent as no value.

Table A: Usefulness of program activities*

Question	Not useful	Slightly useful	Somewhat useful	Very useful	Unsure
Materials provided or referenced, such as the HIA toolkit	-	-	6 (60%)	4	-
Wiggio site	1	3 (60%)	1	-	-
Check-in calls	-	-	7 (58%)	5	-
Webinars	1	3	4 (36%)	3	-
Interaction with mentors	1	1	3	6 (82%)	-
Mentor's site visit	1	-	2	7 (70%)	-
HIA training	-	-	2	7 (78%)	-
Grantee meeting at Nat. HIA Meeting	-	-	2	4 (57%)	1
Attendance at the Nat. HIA meeting	-	-	1	6 (75%)	1
Kick-off call	-	2	7 (64%)	1	1

Overall, respondents were very satisfied with their participation in NACCHO's HIA program and got a great deal out of their experience. Over 60 percent were very satisfied with their participation and attributed the high quality and successful completion of their project to their participation. The majority also stated their participation greatly increased their organization's capacity to conduct HIAs, as well as their willingness and interest to engage in HIAs.

The majority of mentees reported finding high value of the mentor to their HIA project. Several found their mentor as a useful resource in answering questions and providing their perspectives and experiences. The majority of respondents also found the materials that NACCHO provided, the check-in calls, and kick-off calls to be somewhat useful. The majority rated their Interactions with mentors, the site visit, HIA training, and attendance

* Multiple responses possible.

at both the grantee meeting and conference were rated as very useful.

Suggested improvement included more enhanced use of an online website to house and share materials. Some LHDs suggested funds to assist with community engagement efforts as part of the HIA project. Additionally, webinars can be better tailored to be more relevant to each step of an HIA.

Appendix B: Focused Call Questions

Increased capacity

1. In what ways did your participation change your health department's capacity, willingness, and/or interest to continue working on HIAs?

2. In what ways did your participation highlight concerns and raise questions about your health department's capacity or willingness to be involved in HIAs?

3. What advice would you give to other local health departments of similar size who are interested in getting started with an HIA project for the first time?

Support and funding

4. Knowing that NACCHO's HIA Mentorship Program did not provide direct funding to support your HIA project, how did you initially plan to fund it?

5. What opportunities are there for local health departments to build HIAs into core departmental operations?

Impact and outcomes

6. What were some unexpected outcomes that occurred as a result of this project, either positive or negative?
7. What opportunities do you see for streamlining the HIA process such that you could accomplish similar outcomes with less time?

Challenges and barriers

8. What were your biggest challenges during the HIA project?

9. How did you overcome them or what did you attempt to overcome them?

Other:

10. Since we last met in August, has your LHD taken steps or is contemplating participating in or initiating an HIA?

HIA Survey

[Will need to copy and paste survey into this space once this is PDF'ed] See PDF copy of survey here: Copy of HIA survey.pdf

Demographic Information

Were you an HIA mentor or mentee?

- ❍ Mentor
- ❍ Mentee
- ❍ Neither

Which NACCHO HIA cohort were you affiliated with?

- ❍ 2010 CDC HIA Project
- ❍ 2011 - 2012 Health Impact Project HIA Mentorship project
- ❍ 2013 - 2014 Health Impact Project HIA Mentorship project
- ❍ 2013 - 2014 CDC HIA Project

What type of organization are you affiliated with?

- ❍ Non-profit
- ❍ Local health department
- ❍ State health department
- ❍ Public Health Institute
- ❍ Other _____

If you are affiliated local health department, what is the size of the population you serve?

- ❍ < 10,000
- ❍ 10,000 - 24,999
- ❍ 25,000 - 49,999
- ❍ 50,000 - 74,999
- ❍ 75,000 - 99,999
- ❍ 100,000 - 199,999
- ❍ 200,000 - 499,999
- ❍ 500,000 - 999,999
- ❍ > 1,000,000
- ❍ Not applicable

What is your jurisdiction's level of urbanization? Check all that apply.

- ❑ Urban
- ❑ Rural
- ❑ Suburban
- ❑ Frontier
- ❑ Not applicable

Capacity to Conduct HIAs

To what degree has your agency or organization prioritized addressing the multiple determinants of health and equity through HIA or other related approaches (i.e. Health in All Policies approaches)?

- ❍ Not a priority
- ❍ low priority
- ❍ somewhat of a priority
- ❍ Moderate priority
- ❍ High priority

Before your participation in the HIA project, how many staff members at your health department had experience in conducting HIAs or received training?

How many staff members does your local health department have now that are either experienced in conducting HIAs or have received training?

Did your participation in NACCHO's HIA Program contribute to the successful completion of the HIA?

- ❍ Did not contribute at all
- ❍ Some contribution
- ❍ No contribution
- ❍ Moderate contribution
- ❍ High contribution

Did your participation in NACCHO's HIA Program contribute to the quality of the HIA project?

- ❍ Did not contribute at all
- ❍ Some contribution
- ❍ No contribution
- ❍ Moderate contribution
- ❍ High contribution

Please provide concrete examples to elaborate on your responses to the above two questions.

Please rate your health department's capacity to conduct an HIA now?

- ❍ No capacity
- ❍ Low
- ❍ Medium
- ❍ Medium-high
- ❍ High capacity

Did your participation in NACCHO's HIA program impact your health department's capacity to conduct an HIA?

- ❍ Greatly decreased capacity
- ❍ Decreased capacity
- ❍ No change
- ❍ Increased capacity
- ❍ Greatly increased capacity

Please provide concrete examples to elaborate on your responses to the above two questions.

Did your participation in NACCHO's HIA Program increase your health department's willingness or interest to continue working on other HIA projects?

- ❍ Greatly decreased willingness or interest
- ❍ Decreased
- ❍ No change
- ❍ Increased
- ❍ Greatly increased willingness or interest

Did your participation in NACCHO's HIA Program increase the community's willingness or interest to be involved in HIA projects?

- ❍ Greatly decreased willingness or interest
- ❍ Decreased
- ❍ No change
- ❍ Increased
- ❍ Greatly increased willingness or interest

What factors led to increase in capacity of your health department to conduct HIA? Check all that apply

- ❑ increase in number of trained staff
- ❑ Funding
- ❑ Technical assistance and support
- ❑ Changing awareness or support of HIA from leadership
- ❑ New partnerships and collaborations
- ❑ Collaborations or interaction with existing partners and stakeholders
- ❑ Collaboration or interaction with decision makers
- ❑ Increased awareness of interconnections and impacts on health
- ❑ Other _____

What is the likelihood of your health department participating in future HIAs, but not necessarily leading or managing the project?

- ❑ Extremely unlikely
- ❑ Unlikely
- ❑ Likely
- ❑ Extremely likely
- ❑ Unsure

What is the likelihood of your health department leading future HIAs?

- ❑ Extremely unlikely
- ❑ Unlikely
- ❑ Likely
- ❑ Extremely likely
- ❑ Unsure

Please elaborate on your response to the previous two questions regarding likelihood of engaging in HIA.

Has your health department incorporated HIAs into their core functions or is planning to do so?

- ❑ Yes
- ❑ No
- ❑ Possibly
- ❑ Unsure

Support and Funding

What funding resources were used to support the HIA project (i.e. staff time, etc.)?

How much time (in hours) do you estimate was spent on conducting this HIA project, both directly paid for and in-kind support? This would include staff members affiliated with the health department as well as other municipal agencies or departments, community organization staff members, community members, students, interns, etc. who worked directly on moving the HIA project through the steps of the project.

What percentage of these hours do you estimate were provided as in-kind support?

- ❍ 0-10%
- ❍ 11-30%
- ❍ 31-50%
- ❍ 51-70%
- ❍ 71-90%
- ❍ > 91%

Was the total amount of time spent conducting this HIA more, less, or equivalent to what you anticipated?

- ❍ Less
- ❍ Equivalent
- ❍ More
- ❍ Unsure

What percentage of the total time to conduct the HIA did each type of potential contributor contribute to the HIA project? Additional instructions: Move the scale bars below to indicate percentage (0 - 100). If there was no involvement for a particular contributor, leave the scale bar at 0. The total should add up to 100%.

_____ Health department staff
_____ Other municipal agencies or departments
_____ Community-based groups or organizations
_____ Community members
_____ Contractors/ consultants
_____ Interns/ fellows
_____ Students
_____ University professor
_____ Other

Through what sources is your agency likely to fund future HIAs? Check all that apply.

- ❑ Funded through core operational budget
- ❑ External funding, such as grants
- ❑ Fees
- ❑ In-kind donations of time and resources
- ❑ Use of interns, fellows, or students, or other low/ no-cost staffing options
- ❑ Other _____
- ❑ Not interested in funding future HIA projects

Was the HIA project related to a priority in your community health assessment or improvement plan?

- ❍ Yes
- ❍ No
- ❍ Unsure
- ❍ Not applicable

Partnerships and Collaborations

Were new partnerships formed through your participation in the HIA project?

- ❍ Yes
- ❍ No
- ❍ Unsure
- ❍ Not applicable

Were existing partnerships strengthened in some way through your participating in the HIA project?

- ❍ Yes
- ❍ No
- ❍ Unsure
- ❍ Not applicable

If you indicated that new partnerships were formed, with whom were these made with and to what degree? Additional instructions: fill in whether and to what degree new partnerships were made. Definitions of degree of collaboration: Networking: Provides a forum for the exchange of ideas and information for mutual benefit Coordinating: involves exchanging information and altering activities for a common purpose Cooperating: Involves exchanging information, altering activities and sharing resources, requires a significant amount of time, high level of trust, and sharing of turf Collaborating: Includes enhancing the capacity of the other partner for mutual benefit and a

common purpose, in addition to the above activities

	New partnership made?			If yes, to what degree? (Leave blank if you marked No or Unsure in the first column)			
	Yes	No	Unsure	Networking	Coordinating	Cooperating	Collaborating
Planning department	❍	❍	❍	❍	❍	❍	❍
Transportation department	❍	❍	❍	❍	❍	❍	❍
Public works department	❍	❍	❍	❍	❍	❍	❍
Parks/ Recreational department	❍	❍	❍	❍	❍	❍	❍
Environmental regulatory agency	❍	❍	❍	❍	❍	❍	❍
Policy makers	❍	❍	❍	❍	❍	❍	❍
Developer	❍	❍	❍	❍	❍	❍	❍
Business or industry	❍	❍	❍	❍	❍	❍	❍
Community based group or organization	❍	❍	❍	❍	❍	❍	❍
School system/ district	❍	❍	❍	❍	❍	❍	❍
Public safety	❍	❍	❍	❍	❍	❍	❍
Social services	❍	❍	❍	❍	❍	❍	❍
Housing department or authority	❍	❍	❍	❍	❍	❍	❍
Economic development	❍	❍	❍	❍	❍	❍	❍
Emergency management	❍	❍	❍	❍	❍	❍	❍
State health department	❍	❍	❍	❍	❍	❍	❍
Advocacy group	❍	❍	❍	❍	❍	❍	❍
Other	❍	❍	❍	❍	❍	❍	❍

What factors helped to form new partnerships or strengthen existing one? Check all that apply.

- ❑ MOU or MOA
- ❑ informal opportunities to get together (i.e. lunch and learns)
- ❑ Scheduled meeting times
- ❑ Learning about each other's priorities, missions, processes, and operations
- ❑ Input and direction from leadership
- ❑ Health department's strategic plan or vision
- ❑ Trained staff or experience in facilitation, engagement, and/or outreach
- ❑ Ordinance or law requiring collaboration in some form
- ❑ Broader jurisdictional initiative
- ❑ Dedicated staff
- ❑ Funding
- ❑ Interpersonal relationships that encourage collaboration
- ❑ Other _____

What barriers to cultivating partnerships did you experience? Check all that apply.

- ❑ Time constraints
- ❑ Not a priority
- ❑ Funding
- ❑ Lack of buy-in or support from leadership
- ❑ Lack of understanding in how partnerships and collaborations are important to health department's work
- ❑ Lack of understanding of each other's priorities, mission, or concerns
- ❑ Lack of structure
- ❑ Lack of opportunity to interact
- ❑ Limited agency authority
- ❑ Competing priorities
- ❑ Culture that discourages collaboration across departments or agencies
- ❑ Other agency's missions/ goals counter to ours
- ❑ Interpersonal relationships prevent collaboration
- ❑ Different jurisdictions served
- ❑ Multiple agencies working on different pieces of project
- ❑ Other _____

Impacts and Outcomes

What was the subject of the HIA? Check all that apply.

- ❑ Built Environment
- ❑ Transportation
- ❑ Education
- ❑ Natural Resource and Energy
- ❑ Climate Change
- ❑ Food and Agriculture
- ❑ Labor and Employment
- ❑ Economic policy
- ❑ Maternal/ Child Health
- ❑ Environmental quality
- ❑ Other _____

Did the decision target(s) change in any way during the evolution of the project (i.e. the decision(s) the HIA was intending to impact)?

- ❍ Yes
- ❍ No
- ❍ Maybe
- ❍ Not applicable

If yes, please explain how the decision target(s) changed?

How did the decision makers respond to recommendations from the HIA project? Please check all that apply.

- ❑ One or more of the recommendations proposed were accepted in full
- ❑ One or more of the recommendations proposed were modified before being accepted
- ❑ None of the recommendations were accepted
- ❑ Decision(s) has not been made yet
- ❑ Other _____

Please elaborate on your response to the previous question.

What were the other notable impacts from the HIA project? Check all that apply.

- ❑ The HIA project raised awareness of the interconnections with health
- ❑ The HIA project brought to light new issues and concerns around health and/or equity that were not previously discussed or known
- ❑ The stakeholders and partners were more educated around upstream determinants of health
- ❑ Decision makers were more educated around the determinants of health
- ❑ Decision makers expressed concern or interest in health impacts of decisions
- ❑ Decision makers have made understanding connections to health a priority
- ❑ Data sharing agreements were put into place
- ❑ Formal or informal agreements for collaboration or partnership
- ❑ Changes proposed in how future decisions would be made based on HIA findings
- ❑ Other _____

What were the goals or objectives you all wanted to achieve with the HIA project?

Were these goals or objectives of the HIA project achieved?

- ❍ Yes
- ❍ No
- ❍ Too soon to tell
- ❍ Partially achieved. Please elaborate _____
- ❍ Unsure

Did the HIA contribute to improving the health of the community?

- ❍ Too soon to tell
- ❍ Unsure
- ❍ It did not improve
- ❍ It improved in the following ways _____

Challenges and Barriers

What were the top 3 biggest challenges to conducting the HIA project? Please select only 3 answers. For mentors: please answer this question in terms of the challenges that the mentee sites were experiencing while conducting their HIA project.

- ❑ Lack of funding or resources
- ❑ Staff changes
- ❑ Lack of political will
- ❑ Fear of potential for political backlash
- ❑ Lack of understanding regarding connections between decision and health
- ❑ Lack of leadership buy in
- ❑ Lack of cooperation from decision makers
- ❑ HIA not seen as part of local health department's core function
- ❑ Limited internal staff capacity
- ❑ Navigating new partnerships or relationships
- ❑ Other _____

What was attempted or done to overcome or address the challenge or barrier?

Mentor/ Mentee interactions

Taking an average across the entire project period, how often did you interact with your mentor or mentee?

- ❍ Daily
- ❍ 2-3 times a week
- ❍ Once a week
- ❍ Biweekly
- ❍ Once a month
- ❍ Bimonthly
- ❍ On an as-needed basis only
- ❍ Other _____

How would you rate your frequency of interaction?

- ❍ Too little
- ❍ Just right
- ❍ Too much
- ❍ Unsure

On average, how many hours per month did you interact with your mentor/mentee?

How valuable was the mentor to your HIA project?

- ❍ No value
- ❍ Little value
- ❍ Some value
- ❍ High value
- ❍ Unsure

What made your interaction with your mentor valuable or not valuable?

What topics were covered during your interactions with your mentor or mentee?

What suggestions do you have for improving your experience with your mentor or mentee? Check all that apply.

- ❑ Set aside more time with mentor/mentee
- ❑ Less time with mentor/mentee
- ❑ More structured interactions
- ❑ Formal agreement between mentor/mentee
- ❑ A mentor/ mentee in the same geographic area
- ❑ Other _____

Satisfaction with participation in NACCHO's HIA Program

How satisfied were you with your experience in NACCHO's HIA program?

- ❍ Very dissatisfied
- ❍ Dissatisfied
- ❍ Satisfied
- ❍ Very satisfied
- ❍ Unsure

How valuable were the check-in calls with NACCHO to your project?

- ❍ No value
- ❍ Slightly valuable
- ❍ Somewhat valuable
- ❍ Moderately valuable
- ❍ Extremely valuable

	Not useful	Slightly useful	Somewhat useful	Very useful	Unsure	Not applicable
Materials provided or referenced, such as the HIA toolkit	❍	❍	❍	❍	❍	❍
Wiggio site	❍	❍	❍	❍	❍	❍
Check-in calls	❍	❍	❍	❍	❍	❍
Webinars	❍	❍	❍	❍	❍	❍
Interaction with mentors	❍	❍	❍	❍	❍	❍
Mentor's site visit	❍	❍	❍	❍	❍	❍
HIA training	❍	❍	❍	❍	❍	❍
Grantee meeting at Nat. HIA Meeting	❍	❍	❍	❍	❍	❍
Attendance at the Nat. HIA meeting	❍	❍	❍	❍	❍	❍
Kick-off call	❍	❍	❍	❍	❍	❍
Other	❍	❍	❍	❍	❍	❍

How useful did you find these aspects of the HIA program to your project? Please note that not all of these aspects may apply to your particular cohort. In these cases, please mark "Not applicable."

What was most beneficial about participating in NACCHO's HIA program?

What was least beneficial?

What are your suggestions for improving any aspect of the program?

What other comments do you have regarding NACCHO's HIA program?

End of Survey

NACCHO

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