

## Health in All Policies Technical Assistance Evaluation, January–June 2018



### Introduction

In January 2018, with assistance from the Centers for Disease Control and Prevention, the National Association of County and City Health Officials (NACCHO) piloted a Health in All Policies (HiAP) technical assistance (TA) program for local health departments (LHDs) interested in implementing or currently implementing HiAP initiatives. At the end of the program period, NACCHO asked participants to complete an evaluation of the program. The purpose of this report is to describe the findings from the HiAP TA program evaluation.

NACCHO defines HiAP as a “change in systems that determine how decisions are made and implemented by local, state, and federal governments to ensure that policy decisions have neutral or beneficial impacts on health determinants.”<sup>1</sup> Because TA for HiAP initiatives can vary widely, NACCHO developed an online application so that health departments interested in receiving assistance could clarify their needs. Fifteen LHDs were selected to receive assistance. The period of TA was from January 2018 through June 2018; however, all TA recipients were encouraged to continue to reach out to NACCHO staff providing TA for as long as they needed past the project period.

The TA program consisted of an initial phone call with each LHD to review their application and determine their specific needs. Communication with each LHD ensured that the resources could be tailored. Following the initial calls, NACCHO staff composed detailed TA summary reports, including resources such as templates, guides, and examples that were discussed during the initial calls. After the calls, TA recipients were tasked with reviewing the summary reports and reaching back out to NACCHO when they needed additional support or encountered new challenges.

### Summary of Results

After sending a request to participants to complete an evaluation of the program, NACCHO received responses from nine of the 15 health departments, yielding a response rate of about 60%. Evaluation questions aimed to evaluate participants’ knowledge of



HiAP, their LHDs’ knowledge of HiAP, their experience with the TA program, their success in meeting goals for the HiAP TA program, the utility of the summary report, and any needs for additional HiAP support after the program.

The evaluation data showed the following:

- Overall, respondents found the summary report format useful and were satisfied with the TA program.
- Most of the respondents revealed that LHDs need (a) more TA in developing funding strategies, (b) examples of local level HiAP success stories, (c) regularly scheduled monthly or bi-monthly TA, and (d) training for local government staff.

Based on NACCHO members’ high level of interest in HiAP TA, additional resources would be required to meet demand for this service.

### Description of Evaluation

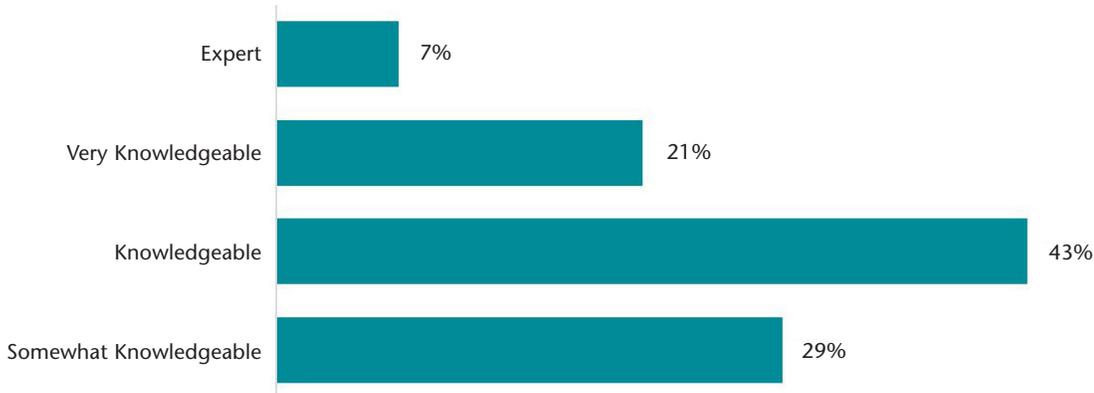
The evaluation was conducted in June 2018 in the form of a 10-question online survey including both qualitative and quantitative questions. The questions consisted of multiple choice, short-answer, and “check all that apply” questions. The multiple choice questions asked participants to rate different aspects of the TA program or their knowledge of HiAP using a five point Likert scale. The evaluation was sent via e-mail to the health departments that participated in the TA program.

## PART 1

### Post-Assessment Individual Knowledge of HiAP

The evaluation assessed how knowledgeable respondents felt they were about HiAP after participating in the program. Responses showed that about a quarter of the respondents (28%) felt they were experts or very knowledgeable after receiving TA. However, almost three-quarters of the respondents were only knowledgeable or somewhat knowledgeable after receiving TA. As Figure 1 illustrates, most of the respondents are aware of HiAP initiatives. With 7% expressing expert knowledge of HiAP, more advanced educational and practical resources should be developed in future cohorts to appropriately meet participants' needs.

Figure 1: Individual Knowledge of Health in All Policies (n=14)



### Agency Knowledge of HiAP

In addition to their own reported knowledge on HiAP initiatives, respondents also shared that their LHDs gained knowledge of HiAP after participating in the program. The results show that 50% feel their agencies are somewhat knowledgeable, 36% feel their agencies are knowledgeable, and 14% feel their agencies are very knowledgeable. None of the respondents rated their agencies' knowledge of HiAP as expert or not at all knowledgeable.

Figure 2: Agency Knowledge of HiAP (n=14)



## PART 2

### Experience with the TA Program

The evaluation asked respondents to rate their experience with the TA program overall. For those who were neutral about the TA program, half felt their goal and objectives were partially met. These goals and objectives are reviewed in detail in a later section.

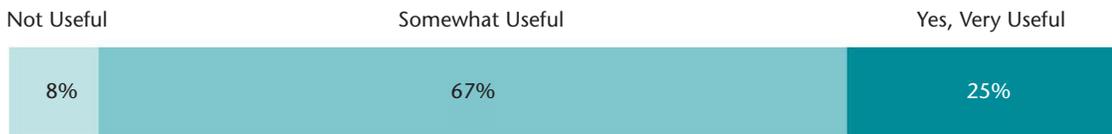
Figure 3: Overall Experience with the TA Program (n=14)



## Usefulness of Summary TA Report

The evaluation also measured the usefulness of the summary TA report. As indicated in Figure 4, an overwhelming majority of participants found the summary report to be somewhat helpful in guiding HiAP efforts. Accordingly, the summary report will continue to be an important component of TA in future cohorts.

Figure 4: Usefulness of the Summary Report (n=12)



## Progress toward Goals and Objectives

The respondents were asked to describe how effective the TA process was in helping them meet goals and objectives related to HiAP. Most respondents (58%) said their goals and objectives were partially met. Another 34% said their goals and objectives were met completely. One respondent wanted feedback and an evaluation of their agency’s action plan; although NACCHO staff offered to review the action plan, the participant did not follow through in sending that document. This respondent was the only one who indicated that their goals and objectives were not met.

In addition to noting whether their goals and objectives were met, respondents also indicated the need for the following:

- Some form of a “HiAP 101” that would introduce key concepts and first steps in becoming politically engaged;
- More training and guidance on outreach and communication related to HiAP to support cross-sector collaborations that are vital for successful HiAP initiatives; and
- Increased understanding of how HiAP relates to other public health concepts like population health and health equity.

## Requests for Additional Support

To determine what additional support NACCHO should focus on providing to LHDs, the evaluation asked program recipients to check all that apply from a list of possible HiAP resources.

Figure 5: Additional Support (n=12)



### Other Types of Assistance Noted by Respondents

“A national community of practice established for HiAP; perhaps facilitated bi-monthly calls or online chats.”

“A program/training to help local health departments start at ‘square one’ of the process. Where do we begin?”

## [FACT SHEET]

February 2019



### Challenges and Lessons Learned

NACCHO encountered a few challenges implementing the pilot HiAP TA program. First, many health departments were confused about the HiAP application and assumed it came with financial support. NACCHO also received a significant number of inquiries about types of TA that have been provided in the past. Because this was a pilot program, there were no examples available to share. If NACCHO continues this program, a fact sheet detailing types of TA available and explaining that no financial support is tied to this project would be most helpful.

Second, the HiAP TA program was largely based on NACCHO's disability inclusion TA program; however, unlike other public health programs, providing comprehensive assistance on HiAP is generally not feasible within a one-hour phone call. HiAP implementation is a process that can easily take years to fully integrate into a community. Therefore, LHDs need ongoing TA over long periods of time, not just over the course of five months.

Third, within the first three weeks of the application period, 15 LHDs had submitted applications, 45 had started an application but not completed it, and over 300 people had opened the application. Due to this response and the initial plan to provide rolling TA, NACCHO quickly changed course and closed the application period early. Even so, it was difficult for NACCHO staff to accommodate the TA needs of 15 LHDs at once.

### Conclusion

LHDs play a pivotal role in HiAP initiatives. Through the NACCHO TA program, stakeholders increased their knowledge about how to implement and support HiAP; however, much remains to be accomplished. LHDs fall along a wide spectrum of experience with HiAP. NACCHO recommends creating and sharing resources to meet LHDs' needs, whether they are beginning to explore HiAP or have decades of experience. In addition, NACCHO faces the ongoing challenge of internal capacity to respond to a high demand for TA in this public health specialty.

### References

1. NACCHO. (2014). Local Health Department Strategies for Implementing Health in All Policies [fact sheet]. Retrieved August 15, 2018, from <https://www.naccho.org/health-in-all-policies>

### Acknowledgements

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**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 improve the health of communities by strengthening and advocating for local health departments.

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