

Do health impact assessments make a difference?

A national evaluation of HIAs in the United States

Center for Community Health and Evaluation

April 2014



Health impact assessments (HIAs) are evidence-based analyses that predict health benefits and risks of proposed laws, regulations, programs, and projects. HIAs provide decision makers with an opportunity to minimize health risks and enhance health benefits, allowing for more informed—and thus healthier—decisions related to land use, transportation, housing, education, energy, and agriculture. The Center for Community Health and Evaluation (CCHE) conducted an in-depth national study of 23 completed HIAs to evaluate their impacts and identify factors that maximize effects. This is the first national study of HIAs to emphasize the perspective of decision makers.

This brief outlines how HIAs change decision making and highlights evidence that HIAs can also lead to stronger cross-sector relationships, amplified community voices, and longer-term changes beyond the initial decision. Key evaluation findings include:

- HIAs can contribute directly to the decision-making process and help achieve policy outcomes that are better for health
- Attention to specific elements can increase likelihood of HIA success
- There are opportunities to advance the HIA field in the areas of stakeholder and decision maker engagement, dissemination, and follow-up

Methods: Twenty-three HIAs completed in the U.S. between 2005 and 2013 were selected based on diversity in geography, sector, and funding source. In 2012 and 2013, the CCHE evaluation team gathered detailed data from multiple perspectives, completing 166 interviews—including federal, state, and local elected and appointed officials, high-level department staff, and private sector leaders.

CCHE then rigorously analyzed the interview data using standard qualitative methods to compile individual case studies. From these the team identified themes that were corroborated with data from a web-based survey of 144 HIA practitioners.¹

¹For more detail on methods, please visit www.rwjf.org/en/research-publications/find-rwjf-research/2014/04/do-health-impact-assessments-make-a-difference-.html

“This research presented to us a very serious problem that we were aware of, but it brought light to it and it helped create action.”

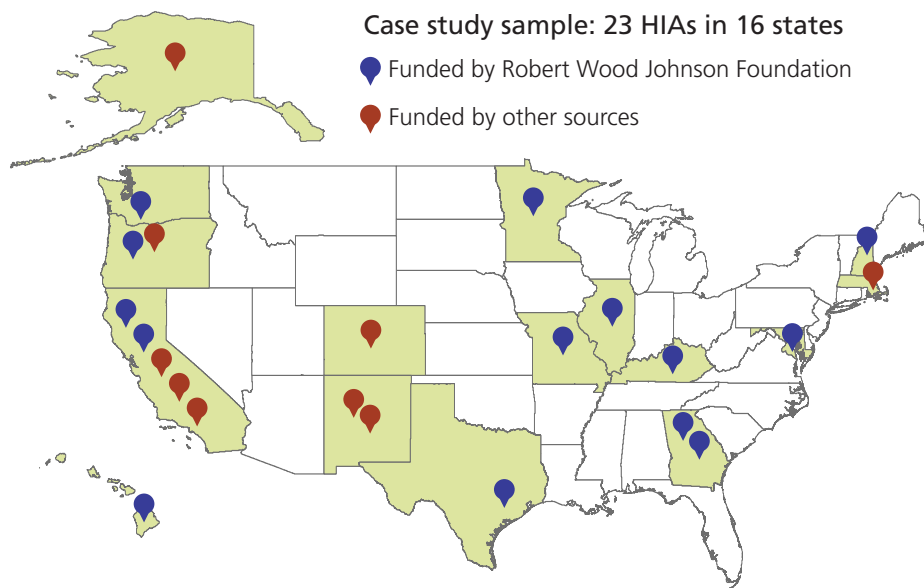
– Decision maker

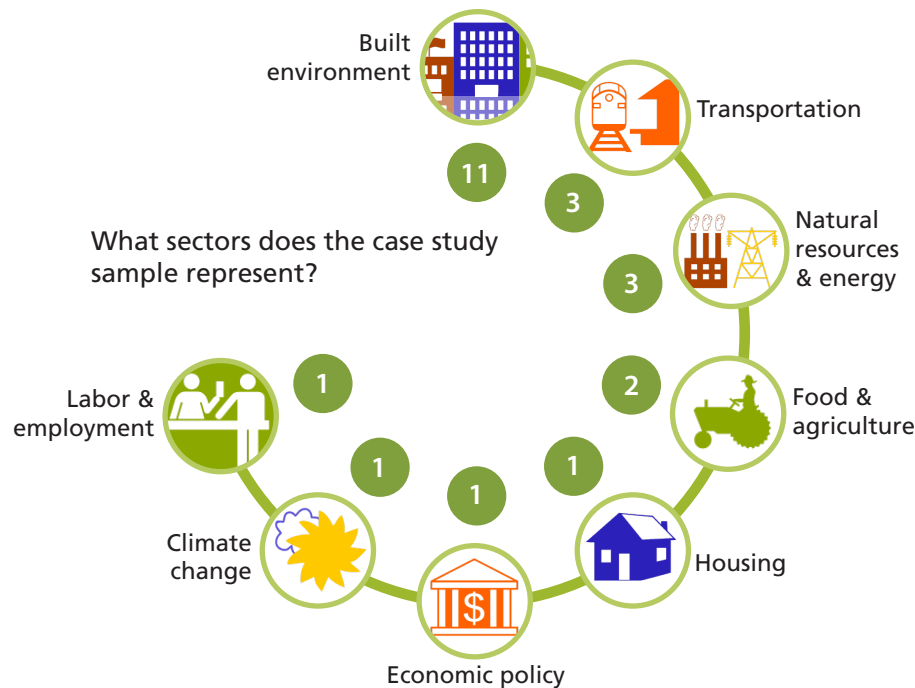
What impacts on decision making can be attributed to HIAs?

In 11 of the 23 HIAs, decision makers reported that the HIA contributed directly and concretely to the decision-making **process**—meaning that their decisions would have been markedly different without the HIA. In two cases, for example, county commissioners reported that the HIA showed how transportation policy is directly related to health determinants such as the built environment; as a result, the HIA shaped the direction of their land use planning. For some decision makers, the HIA provided enlightening data on the possible benefits from health-oriented recommendations. For example, one decision maker reported that the HIA deepened his understanding and shaped the direction of his ultimate decision to include urban forests in carbon emissions plans. In another case, an HIA convinced a state legislator to change his mind in a tough fiscal year and re-introduce a health promoting tax credit bill that had not passed in previous sessions.

Similarly, CCHE found that 11 HIAs directly contributed to decision target **outcomes**—the way projects, plans, and policies were developed or implemented. In each of these cases, specific HIA recommendations altered the trajectory of a policy or plan in ways that were intended to improve health or mitigate potentially adverse health consequences. In one case, HIA recommendations changed the building plans for a mixed-use urban redevelopment project to include open spaces for recreation and activity. Other examples were the adoption of new best management practices in an Environmental Impact Statement and the launch of a pedestrian infrastructure pilot project.

CCHE found that 14 HIAs influenced changes beyond the decision under consideration, resulting in the incorporation of health objectives into plans, policies, and programs established by non-health agencies. In one case, a public works department adopted a set of criteria for prioritizing sidewalk projects that now considers health outcomes and health equity. In another, a statewide chamber of commerce incorporated findings from a public health agency HIA into its health policy platform.





Eight HIAs contributed to longer-term outcomes beyond initial decision targets. For example, one HIA provided health information to inform a high level transportation plan and helped county level decision makers understand the connection between transportation design elements and health. As one commissioner observed, “no one asks for wider, faster roads—they want sidewalks, slower traffic, and safe places for their kids to ride a bike.” As a result of the HIA’s recommended bikeway facility improvements, county road standards, beyond the scope of the original transportation plan decision, now call for wider bicycle lanes.

What other impacts resulted from HIAs?

HIAs showed key stakeholders the health effects of non-health policies and programs.

In 16 cases, decision makers and other stakeholders credited the HIA with broadening their perceptions of health and helping them “connect the dots” between health and other factors. In some cases, the HIA brought disparate issues into focus to show how they are related, both to each other and to health. Examples included making the health connections between crime and alcohol outlets, agricultural policy and health policy, and housing and employment and health. As one state legislator put it, “This research [on rental subsidies and health] presented to us a very serious problem that we were aware of, but it brought light to it and it helped create action.”

HIAs built consensus among decision makers and their constituents and intensified cross-sector working relationships.

Policy and planning decisions involve the allocation of resources; not surprisingly, these decisions can be contentious. CCHE found that the HIA process and emphasis on data gave stakeholders the opportunity to discover common ground, identify shared values, and focus on objective data—all of which led to responsive decisions. For example, an HIA in a rural community allowed residents to express their feelings on controversial land use and transportation issues in a public, mediated setting. As a decision maker there noted, “we’ve learned to be collaborative and walk in each other’s shoes.”

“HIA was a perfect tool to bust silos and bring different fields together.”

– HIA team member

How are HIAs having an impact in communities throughout the U.S.?

A Board of County Commissioners created a new position that was shared between the health department and the planning department.

HIA recommendations were incorporated as mitigations in an Environmental Impact Statement.

County-level HIA recommendations regarding offsite alcohol sales were incorporated into a municipal zoning code.

A state legislator changed his mind in a tough fiscal year and was convinced by the HIA to re-introduce a health promoting tax credit bill that had not passed in previous sessions.

The HIA was the impetus for a nonprofit developer to create an urban “healthy corridor” and for the city to sponsor neighborhood orchards and gardens.

In 17 cases, the HIA process was responsible for institutionalizing and/or strengthening pre-existing relationships between individuals and organizations, or creating new and enduring relationships between public health and other agencies like transportation or planning departments.

HIAs amplified community member voices in the decision-making process.

HIAs were credited with bringing in or strengthening the voices and civic engagement of community members affected by policy and planning decisions. One HIA was initiated by community residents, which elevated concerns about inequitable impacts of transit-oriented development among decision makers. “Empowered is an over-used word,” said one community stakeholder, “but that’s what I saw this process do. Simple grassroots people express themselves individually and collectively and have a voice in a democratic process.”

What did the evaluation study learn about how to increase the likelihood of HIA success?

Screen and choose HIA targets wisely.

HIAs require an investment of time, resources, attention, and often social and political capital. Different decisions require different HIA approaches. Large controversial projects can be tricky to tackle, especially when public opinion is divided or the economic health of a community is at stake, yet HIAs provide an opportunity to bridge the divide between stakeholders. HIA decision targets with a high level of momentum and consensus offer a different set of challenges and opportunities, including a potentially short amount of time to gather and present data while an issue has decision makers’ attention. Veteran HIA practitioners recommend asking the following questions, alongside the HIA screening step, when deciding whether to conduct an HIA and determining its scope. Is momentum already building for the issue at hand? Do decision makers already have basic knowledge about health, or will the HIA be “getting health to the table” for the first time? What relationships already exist with decision makers? How will the HIA timing align with the decision-making process?

“Now when I go talk at a DOT or local transportation meeting, I can say, ‘according to the HIA . . .’ rather than just being an angry mom.”

– Community stakeholder

Invest in the right team.

The composition of the HIA team is crucial, since successful HIAs rely on many different kinds of expertise and typically require sustained and collaborative effort. Include people with content expertise in the decision under consideration, knowledge of the dynamics of the decision-making process, and skills in project management and stakeholder engagement. As one HIA practitioner put it, an HIA team needs people with competence in at least three key roles: “... someone who coordinates facilitation, someone to coordinate the data—ideally with HIA expertise—and a content specialist.”

Craft clear recommendations that spark action.

One of the gauges of an HIA’s success is the degree to which its recommendations are ultimately incorporated. To increase the likelihood of adoption and implementation, recommendations must be realistic and sector-specific, take into account the implementer’s authority to act, and address timelines and costs. Briefly stated, they must be actionable. A decision maker reading an HIA report should have a clear idea of what to do next.

Deliver compelling messages to the right audiences at the right times.

HIA teams need to make complex information accessible to many different audiences throughout the HIA process. In retrospect, some HIA team members wished they had communicated and disseminated HIA information through multiple channels (e.g., memos, e-mail updates) earlier in the process, not only at the recommendations stage. Many advised that HIAs should consider both the content and strategic timing of their communication and dissemination efforts, and tailor these to the needs of different audiences (e.g., decision makers, business audiences, community members). “Say it 10 times, in 10 different ways,” an HIA practitioner advised.

Engage decision makers throughout the process.

Key to HIA success is engaging decision makers throughout the HIA. Bringing decision makers on board as stakeholders or team members rather than viewing them as adversaries increases the chance that HIA recommendations will receive a fair hearing.

“Empowered is an over-used word, but that’s what I saw this process do. Simple grassroots people express themselves individually and collectively and have a voice in a democratic process.”

– Community stakeholder

Engage key stakeholders.

The voices of community members, influential champions, and other stakeholders can be deployed in ways that build momentum for considering and adopting HIA recommendations. For example, HIAs can channel stakeholder input into one clear voice—one county commissioner noted that when he hears from different factions that can’t reach consensus, he is unable to make responsive decisions. Stakeholders are valuable sources of political expertise and community knowledge. One activist, representing a vulnerable low-income population, championed an HIA that ultimately convinced decision makers to explicitly consider public health in Environmental Impact Statements.

Take advantage of HIA credibility.

“HIA gives public health gravitas,” noted one state official. Because of the complexity and controversy that underlie many policy and planning decisions, objective data help engage stakeholders and provide an evidence-based rationale for recommendations. As a web survey respondent recalled, “Our HIA was able to reach deep into the community and build relationships, mainly due to our neutral status.”

What are common challenges to conducting successful HIAs?

In 19 HIAs, the time and resources required to conduct the HIA were greater than the budgeted amount. In addition to **underestimating the overall level of effort**, HIA teams faced the following hurdles:

Engaging stakeholders and decision makers. This proved to be more complicated and difficult than anticipated, often because it was tough to broker competing demands, get on the radar of decision makers, or maneuver within politically charged and controversial topic areas.

Pace of decision making and political administration changes. In some cases the decision-making process moved faster than the HIA process, thereby undermining the utility of recommendations. By the nature of their policy and planning targets, HIAs often unfold in a rapidly shifting and unpredictable environment. One HIA team member shared, “The landscape had changed what we should do.” When elections change the composition of decision-making bodies there can be a change in dynamics that affects how HIA recommendations are received.

Access to relevant data. Generalized data about a city, county, or region are available but not always compelling or may mask critical disparities; more granular and neighborhood-level data could be influential, but often are less readily available.

Incorporating equity and vulnerable populations. Some HIA practitioners reported success in bringing equity considerations—recognition that some community members will experience different impacts of decisions—into the HIA process. Overall, though, the experiences were inconsistent, ranging from no experience at all (especially in areas that were not culturally or economically diverse), to including disparities data in the HIA report, to engaging stakeholders who could articulate concerns of vulnerable populations.

Following up on HIA recommendations. Maintaining the HIA's influence after its release is an often overlooked or missing step. HIA practitioners in 10 cases did not adequately disseminate the recommendations or follow up on implementation, losing crucial momentum. Practitioners of only one HIA in this evaluation had established a detailed monitoring roadmap.

What are some opportunities for addressing these barriers and building the field of HIA?

The evaluation findings, gathered from an in-depth study of 23 HIAs and a national web survey, demonstrate that HIAs shape the process and results of decisions—not only for the specific policy and planning targets of these HIAs, but often for broader issues as well. The evaluation also uncovered ways that HIAs currently fall short and identified untapped potential. The most promising leverage points for increasing HIA effectiveness lie in better engagement of decision makers, more dissemination of findings and recommendations, and follow through to keep an HIA relevant and useful. Based on a synthesis of the evaluation data, our suggestions for how challenges could be addressed and the field strengthened by practitioners, technical assistance (TA) providers, and funders include:



Opportunities for building the HIA field	Practitioners	TA providers	Funders
Focus technical assistance on essential HIA components that are especially challenging: realistic scoping, engaging stakeholders in meaningful ways, cultivating decision makers (as well as potential adversaries), facilitating high-functioning HIA teams, obtaining and using locally relevant data, planning how to disseminate findings, and tailoring communication messages and products to different audiences.		●	
Help HIA teams, decision makers, and stakeholders invest in follow-up by making this an expectation and providing simple tools for crafting actionable recommendations and developing plans that assign accountability for post-HIA monitoring.		●	●
Build community stakeholder engagement into criteria for reviewing HIA proposals and fund the elements that support community engagement (e.g., food for meetings, facilitation training).			●
Identify and share specific strategies and tools —such as using sector-specific language—that give HIA recommendations greater traction and make them more likely to be adopted.		●	
Bring equity considerations and the needs of vulnerable populations into the HIA process in more consistent and more meaningful ways. One way to address the perceived barrier of soliciting input from vulnerable populations is to think through meaningful and practical parameters: the resources and team skills needed, the HIA timeline, and how shared expectations will be developed and managed.	●	●	
Be flexible in timelines and deliverables for grant-funded HIAs to allow for changes in the decision-making process that affect completion of the HIA.			●
Make HIA practice guidelines more realistic about the challenges of actively engaging myriad stakeholders throughout the process and the feasibility of developing a monitoring plan that responsible parties will implement.	●	●	●