

## Crosswalk between Public Health Accreditation and Health Impact Assessment



### Overview

This document describes how health impact assessment (HIA) can be used as a tool for local health departments to promote community health improvement while contributing to documentation that demonstrates conformity to the Public Health Accreditation Board’s Standards and Measures 1.5.

### Background

HIA is a systematic, structured process that brings together scientific data, public health expertise, and stakeholder input to (1) assess the potential health consequences of a proposed policy, project, plan, or program that does not have health as its primary objective and (2) craft recommendations for modifications that promote health, equity, and security.<sup>1</sup> It is often seen as one component of an overall Health in All Policies (HiAP) approach towards decision-making that emphasizes collaborations and partnerships across sectors. HIA is growing rapidly in the United States. In April 2015, The Health Impact Project documented 345 HIAs that are either completed or in progress in the United States (up from 54 in 2009).<sup>2</sup>

### HIA and Accreditation

As HIA becomes a widespread practice for assessing policies, programs, plans, and projects within communities, local health departments have the opportunity to use documentation from HIA activities to achieve or maintain accreditation from the Public Health Accreditation Board (PHAB). Oftentimes, however health department staff conducting the HIA have little to no involvement in the accreditation process. Siloing within a health department can prevent agencies from maximizing the data collection, analysis, evaluation, and community engagement activities led during the HIA. Therefore, this tool helps HIA practitioners better understand how an HIA can overlap with certain standards and measures of accreditation. Moreover, this tool can help accreditation coordinators with a limited understanding of HIA become aware of the multiple potential uses for an HIA. Many county and city health departments also consider HIA a large investment of time and resources for a single project in the community. While HIA often requires a substantial commitment of staff time and resources, the outcome and influence of the HIA are valuable to the community. The process of completing an HIA also generates a range of documentation that establishes evidence that certain standards and measures for public health accreditation have been met (see table below). For example, HIA might produce health data summaries, survey data summaries, data analyses, meeting agendas, committee minutes, dated distribution lists, attendance logs, brochures, flyers, website screen prints, news releases, posters, and policies that can be used during the accreditation process.

The following table is useful for health departments interested in effectively and efficiently promoting community health and equity and achieving accreditation. Target audiences for this document are HIA practitioners, accreditation coordinators, and health department staff who are new to or unfamiliar with HIA.

*Note: HIA cannot take the place of a Community Health Assessment (CHA) or a Community Health Improvement Plan (CHIP).*



## Crosswalk between PHAB Standards and Measures (Version 1.5) and HIA Projects

Standards	Measures	Example Documentation from a HIA that Could Demonstrate Conformity to a PHAB Measure	Phase of HIA
<b>Domain 1</b>			
1.2: Collect and maintain reliable, comparable, and valid data that provide information on conditions of public health importance and on the health status of the population	1.2.3 A. Primary data: <ul style="list-style-type: none"> <li>• Collection of primary quantitative health data</li> <li>• Collection of primary qualitative health data</li> <li>• The use of data collection instruments</li> </ul> ( <a href="#">See page 36.</a> )	Example: Community surveys and stakeholder interviews to collect primary quantitative and qualitative data.  Example: Agenda/meeting notes from an HIA Community Advisory Board meeting that includes a discussion of a community survey and the first page of the actual community survey.	Scoping and Assessment
1.3: Analyze public health data to identify trends in health problems, environmental public health hazards, and social and economic factors that affect the public's health	1.3.1 A: Data analyzed and public health conclusions drawn  ( <a href="#">See pages 42–44.</a> )	Example: Quantitative primary data to be collected via community survey and a regression analysis of the data that can be used to draw conclusions from data.  Example: Community surveys, local crime statistics, and a walkability audit to be analyzed by the local health department and used to draw public health conclusions stated in the final HIA report.	Assessment and Reporting
	1.3.2: Statewide public health data and their analysis provided to various audiences on a variety of public health issues  ( <a href="#">See page 45.</a> )	Examples: Notes from meetings in which the HIA final report is discussed and findings are shared; a press release related to the final HIA report; and an e-mailed final report document.	Reporting
1.4: Provide and use the results of health data analysis to develop recommendations regarding public health policy, processes, programs, or interventions	1.4.1 A: Data used to recommend and inform public health policy, processes, programs, and/or interventions  ( <a href="#">See page 51.</a> )	Example: A final HIA report with the set of recommended policy, program, plan, or project changes to enhance public health outcomes.	Reporting, Monitoring, and Evaluation
	1.4.2 T/L: Tribal/community summaries or fact sheets of data to support public health improvement planning processes at the tribal or local level  ( <a href="#">See pages 54–55.</a> )	Example: Data obtained in the HIA process made available on the health department website, in local newspapers and newsletters, and flyers posted around the community.	Assessment and Reporting

## Crosswalk between PHAB Accreditation and HIA Projects

Standards	Measures	Example Documentation from a HIA that could fulfill a PHAB measure	Phase of HIA
<b>Domain 3</b>			
3.1: Provide health education and health promotion policies, programs, processes, and interventions to support prevention and wellness	3.1.2 A: Health promotion strategies to mitigate preventable health conditions Focusing on Point 3: Engagement of the community during the development of a health promotion strategy  ( <a href="#">See pages 96–98.</a> )	Example: The final HIA Report.	Scoping, Assessment, and Reporting
<b>Domain 4</b>			
4.1: Engage with the public health system and the community in identifying and addressing health problems through collaborative processes	4.1.1 A:  <ul style="list-style-type: none"> <li>• Establishment and/or engagement and active participation in a comprehensive community health partnership and/or coalition, or</li> <li>• Active participation in several partnerships or coalitions to address specific public health issues or populations.</li> </ul> ( <a href="#">See pages 116–118.</a> )	Example: Documentation of participation in or facilitation of various coalitions, including stakeholder coalitions, cross-sector Health in All Policies coalitions, or a group of cross-sector partners brought together to work on the HIA (minutes, work plans, agenda, progress reports, etc.).	Scoping, Assessment, and Reporting
	4.1.2 T/L: Stakeholders and partners linked to technical assistance regarding methods of engaging with the community  ( <a href="#">See page 120.</a> )	Examples: Website, Facebook, e-mail, electronic marquee, and various informational flyers for an HIA-related community engagement meeting.	Scoping, Assessment, and Reporting
4.2: Promote the community's understanding of and support for policies and strategies that will improve the public's health	4.2.1 A: Engagement with the community about policies and/or strategies that will promote the public's health  ( <a href="#">See page 122.</a> )	Examples: Community forum documentation; coalition meetings with specific community members, commissioners, city council members; surveys, door to door outreach, etc. with local citizens directly affected by proposed project/changes.	Screening, Scoping, and Reporting
	4.2.2 A: Engagement with governing entities, advisory boards, and elected officials about policies and/or strategies that will promote the public's health  ( <a href="#">See page 123.</a> )	Example: Community forum documentation, coalition meetings with specific community members, commissioners, city council members, etc.  Example: Minutes from Board of Health/Board of Supervisors meetings discussing HIA and proposed project, any presentations made.	Reporting

## Crosswalk between PHAB Accreditation and HIA Projects

Standards	Measures	Example Documentation from a HIA that could fulfill a PHAB measure	Phase of HIA
<b>Domain 5</b>			
5.1: Serve as a primary and expert resource for establishing and maintaining public health policies, practices, and capacity	5.1.1 A: The monitoring and tracking of public health issues that are being discussed by individuals and entities that set policies and practices that impact public health  (See page 126.)	Examples: Minutes or agendas from meetings of decision-makers (e.g., state legislature committees, city councils, or any other boards, commissions, or departments that address the social determinants of health) related to issues that might be appropriate for potential HIA projects.	Screening
	5.1.2 A: Engagement in activities that contribute to the development and/or modification of policy that impacts public health  (See page 127.)	Example: Mailing list of city and county officials who received the HIA executive summary, meeting minutes, etc.  Example: Distribution or presentation of HIA findings to the county board or to the planning commission that makes decisions on transit-related HIA projects.  Example: Documentation of public meetings, fact sheets, or official documents supporting the local health department's advocacy of the policy change.	Reporting
	5.1.3 A: Informed governing entities, elected officials, and/or the public of potential intended or unintended public health impacts from current and/ or proposed policies  (See page 128.)	Example: E-mails, documents, and meeting notes that provide impacts of project found by HIA sent to board of health, city council, the mayor's office, stakeholders, the public, etc.	Reporting
5.2: Conduct a comprehensive planning process resulting in a tribal/ state/community health improvement plan	5.2.3 A: Elements and strategies of the health improvement plan implemented in partnership with others  (See page 142.)	Example: Document the steps of the HIA process that addressed a priority identified in the Community Health Improvement Plan	Reporting
	5.2.4 A: Monitor and revise as needed the strategies in the community health improvement plan in collaboration with broad participation from stakeholders and partners  (See page 143.)	Example: Documentation of diverse collaboration with stakeholders during the HIA process that can also assist with additional related Community Health Improvement Plan strategies.	Screening and Scoping

## Crosswalk between PHAB Accreditation and HIA Projects

Standards	Measures	Example Documentation from a HIA that could fulfill a PHAB measure	Phase of HIA
<b>Domain 6</b>			
6.1: Review existing laws and work with governing entities and elected/appointed officials to update as needed	6.1.1 A: Laws reviewed in order to determine the need for revisions  (See pages 159–161.)	Example: HIA screening checklist to identify proposed statutes, regulations, rules, executive orders, ordinances, case law, or codes that might need an HIA.	Screening
	6.1.2 A: Information provided to the governing entity and/or elected/appointed officials concerning needed updates/amendments to current laws and/or proposed new laws  (See page 162.)	Example: HIA report that highlights recommendations for changes to enhance public health in a proposed statutes, regulations, rules, executive orders, ordinances, case law, and codes.	Reporting
<b>Domain 7</b>			
7.2 Identify and implement strategies to improve access to health care services	7.2.1: Process to develop strategies to improve access to health care services  (See pages 185–186.)	Example: HIA report, with reference to evidence-based practice and how it can be applied through HIA recommendations.	Reporting
<b>Domain 10</b>			
10.1: Identify and use the best available evidence for making informed public health practice decisions	10.1.1 A: Applicable evidence based and/or promising practices identified and used when implementing new or revised processes, programs, and/or interventions  (See pages 221–222.)	Example: Meeting minutes from an HIA presentation at a city council meeting, documentation of various dissemination efforts, HIA report, etc.	Reporting
10.2: Promote understanding and use of the current body of research results, evaluations, and evidence-based practices with appropriate audiences	10.2.3 A: Communicated research findings, including public health implications  (See pages 227–228.)	Example: Meeting minutes or presentation that shows that findings from completed, published HIAs were disseminated and explained to department staff or partners.  Example: A file documenting that a poster presentation or sharing session at a national conference that highlighted portions of the HIA was shared internally within the department.	Reporting, Monitoring, and Evaluation
<b>Domain 12</b>			
12.3: Encourage the governing entity's engagement in the public health department's overall obligations and responsibilities	12.3.1 A: Information provided to the governing entity about important public health issues facing the community, the health department, and/or the recent actions of the health department  (See page 259.)	Example: Proof of correspondence with county board (e-mails, board workshop, or presentation) on HIA report and findings.	Reporting

# [FACT SHEET]

June 2016



## References

1. National Research Council. (2011). *Improving Health in the United States: The Role of Health Impact Assessments*. Washington, DC: The National Academies Press, 2011. doi:10.17226/13229.
2. Henke, E., Rogerson, B. (2015). *HIA 101: Introduction to Health Impact Assessment*. Pew Charitable Trusts. Retrieved from <http://www.pewtrusts.org/en/research-and-analysis/analysis/hip/2015-national-health-impact-assessment-meeting-concurrent-breakout-sessions-i>.

## Acknowledgments

This document was made possible through support from the Health Impact Project, a collaboration of the Pew Charitable Trusts and the Robert Wood Johnson Foundation. NACCHO has convened a HIA Community of Practice to promote the field of HIA and develop tools for HIA practitioner use. This document is the product of a HIA Community of Practice Working

Group. The views expressed within do not necessarily represent those of the sponsors. NACCHO thanks the following HIA Community of Practice Workgroup members for their contributions to this report: Shannon Brownlee, Oakland County (MI) Health Division; Jackie Forbes, Kane County (IL) Health Department; Deena Pourshaban, Los Angeles County Health Department; Roxanne Smith, Louisa County (IA) Public Health; Stephanie Souter, Washington County (MN) Department of Public Health and Environment; Ann Stahlheber, Cuyahoga County (OH) Board of Health; Kenneth Steel, Maricopa County (AZ) Department of Public Health; and Jason Wilcox, Columbia/Boone County (MO) Department of Public Health and Human Services.

### FOR MORE INFORMATION, PLEASE CONTACT:

**Bridget Kerner, MS**

Program Analyst, Healthy Community Design  
202-507-4230  
[healthycommdesign@naccho.org](mailto:healthycommdesign@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.

1100 17th St, NW, 7th Floor Washington, DC 20036

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

© 2016. National Association of County and City Health Officials

[www.naccho.org](http://www.naccho.org)