

MODERATOR:

Welcome to today's Coffee Break presented by the Applied Research and Evaluation Branch in the Division for Heart Disease and Stroke Prevention at the Centers for Disease Control and Prevention.

We are fortunate to have **Rachel Davis and Dr. Aisha Tucker-Brown** as today's presenters, they are senior evaluators on **the Evaluation and Program Effectiveness Team**.

My name is **Julia Jordan** and I am today's moderator. I am an evaluator on the **Evaluation and Program Effectiveness Team**, as well.

Before we begin

**All phones have been placed
in SILENT mode.**

Issues or questions:

- Q & A box on your screen**
- AREBheartinfo@cdc.gov**



MODERATOR:

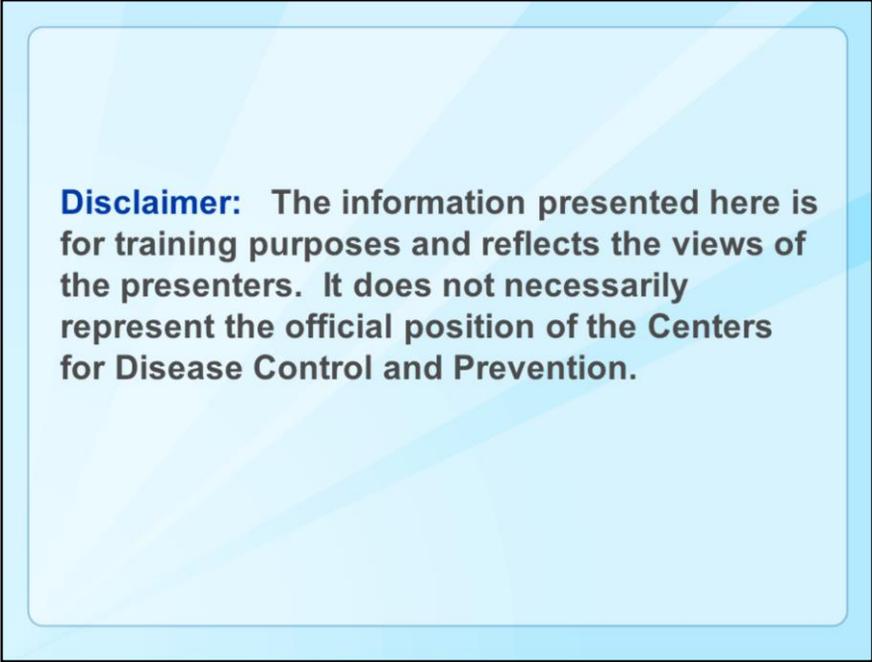
Before we begin we have a few housekeeping items.

All participants have been muted. However, to improve audio quality please mute your phones and microphones.

If you are having issues with audio or seeing the presentation, please message us using the chat box or send us an email at AREBheartinfo@cdc.gov

If you have questions during the presentation, please enter it on the chat box on your screen. We will address your questions at the end of the session.

Since this is a training series on applied research and evaluation, we do hope you will complete the poll and provide us with your feedback.



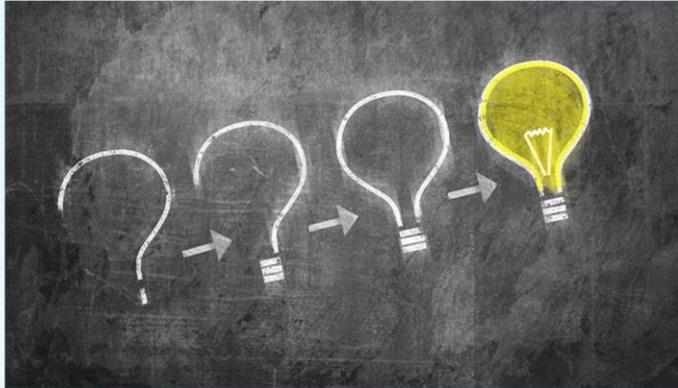
Disclaimer: The information presented here is for training purposes and reflects the views of the presenters. It does not necessarily represent the official position of the Centers for Disease Control and Prevention.

MODERATOR:

The information presented here is for training purposes and reflects the views of the presenters. It does not necessarily represent the official position of the Centers for Disease Control and Prevention.

So, without further delay. Let's get started. **Rachel** the floor is yours.

What's the message?



Good afternoon!

When we implement a public health program, we need to be able to share the impact of the program on certain health conditions or outcomes. We may ask ourselves or be asked by others to explain how, what and why we've chosen to implement a program or how resources expended to implement a program benefit the greater good. Coming up with messaging that clearly describes the significance of the program/intervention and accomplishments can be a challenge. Today we will share a few helpful tips to consider when developing and communicating health impact statements.

Health Impact

What Is *Health Impact*?

- ***Health impact* is the result of an intervention, program, or policy that contributed to a measurable change in health, behavioral, or environmental outcome in a defined community, population, organization, or system.**

What Is a *Health Impact Statement*?

- ***A health impact statement* is a brief summary in lay terms of the result of an intervention, program, or policy that contributed to a measurable change in health, behavioral, or environmental outcome in a defined population. The key elements of the health impact statement are the description of the problem, the description of the intervention, and the description of the health-related improvements.**

A Health impact statement is a brief summary in lay terms of the health impact of an intervention.

When we are talking about Health impact, we are talking about the measurable change in health, behavioral, or environmental indicators in a defined community, population, organization, or system that results from the implementation of a particular intervention (i.e., policy, program, etc.).

A strong health impact statement

- provides a communication statement that can be used to showcase the impact of public health work in the field.
- can help to improve program implementation, communicate the difference the program is making in people's lives, improve program visibility, and generate support for continuation.

Sharing a strong health impact statement with stakeholders helps to effectively communicate the impact of specific strategies implemented in the field. Knowledge of this impact can also help others to restructure or improve existing programs striving to achieve similar health outcomes, bring visibility to and potentially additional resources to the program itself or community impacted based on information shared in the health impact statement.

How can health impact statements be used?

- ❑ To develop reports for local and state government officials
- ❑ To develop communication messages for the media
- ❑ To report the program's success to funders and partners



The health impact statement can be used to inform key stakeholders and decision makers about a program in a simple and direct way. Some examples of how it can be used include:

- Reports to local and state government officials,
- Developing communication messages for the media, and
- to report on the program's success to funders and partners.

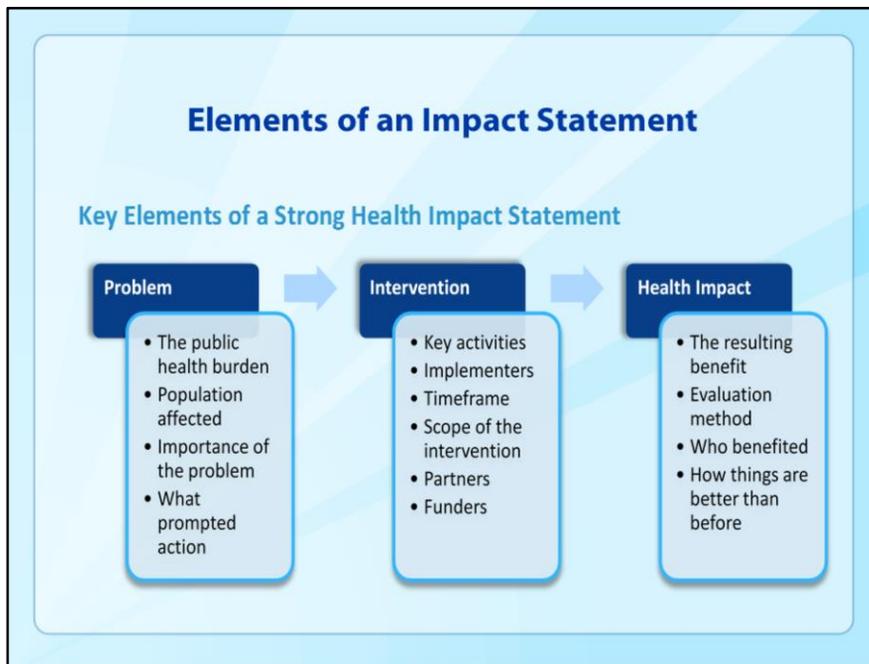
The health impact statement highlights the intervention elements that are making a difference in the lives of people for whom stakeholders have an interest and decision makers have a responsibility.

Who needs to hear the message?



While a health impact statement is always specific to a problem, an intervention, and an outcome, the target audience for a health impact statement may be specific or broad. It might be required, such as for evaluation reporting, and thus targeted to government officials, funders, or partners. Or, it might be used as a basis for communicating to the public and developing messages for media. Ultimately, the target audience is a group of people that need to understand the impact that the program is having.

Since a variety of stakeholders exist that need to hear your message, the timeliness and the way in which the message is communicated will vary. For instance there are stakeholders that have a high interest in the program such as the program staff, who want to know about the intervention/strategy implementation and what aspects may lead to health outcomes; however, they may have low levels of decision making and resource distribution power. Then there are stakeholders such as funders, who need to hear about the problem and how their resources contributed to the program impact. Decision makers, like policy makers and funders may also be interested in the cost-effectiveness of these interventions.



A health impact statement communicates a single easy to understand message about the effect(s) of an intervention or program. A strong health impact statement is brief, fits on one page or less, has short paragraphs, and addresses three key elements: the problem, the intervention, and the health impact. Thus, a strong health impact statement is easy to remember and meaningful to readers. As the following graphic illustrates, the entire health impact statement needs to stay on a message that is focused on the three key elements. Let's briefly review each section.

Health impact statements contain three parts/sections: problem/issue, intervention, and health impact. Let's briefly review each section.

Problem

- The public health burden
- Population affected
- Importance of the problem
- What prompted action

Describes the specific problem in the context of the affected population (1 paragraph)

The section should answer these “W” questions:

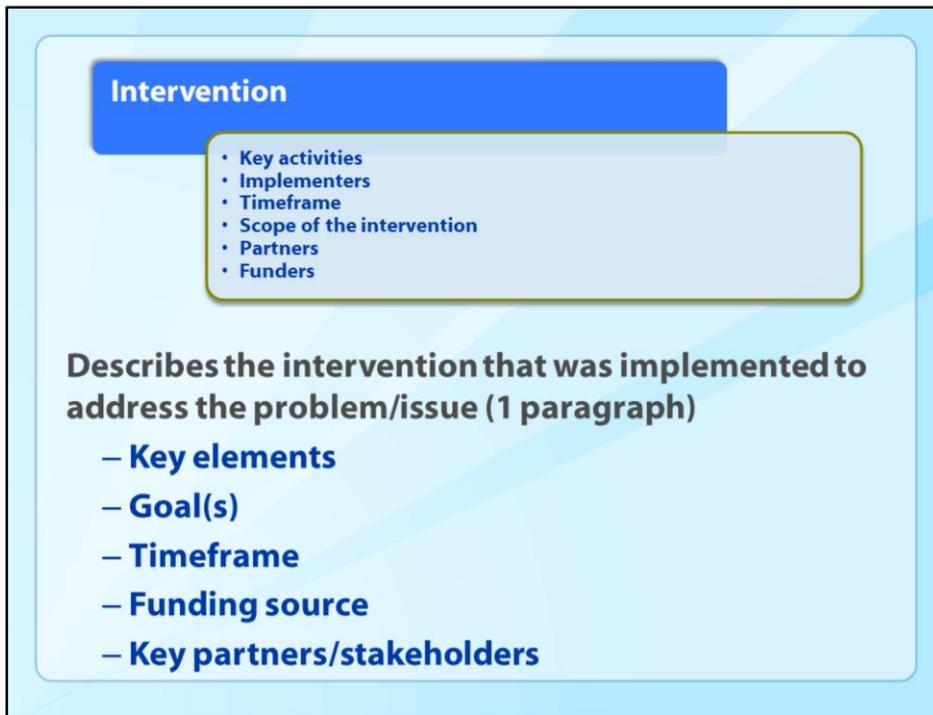
- **What?**
- **Why?**
- **Who?**

Begin with the end in mind. As you think about the problem/issue, think about what you want to demonstrate in terms of the health impact, and that will help you to identify appropriate and relevant information for the problem/issue statement.

The Problem/Issue should be clearly defined.

- And related to public health burden or challenges related to addressing burden.
- The description of the Problem/Issue should also *succinctly* highlight its importance. For example, the problem/issue may be important due to health, social and economic costs.
- The problem section should answer these “W” questions:
 - What is the public health burden or challenge? What prompted the intervention?
 - Why is it important?
 - Who cares about this issue?

Once you’ve completed the problem you’ll move on to the intervention.



- For the Intervention: Describe the intervention (strategy) that was implemented to address the problem/issue.
- [Pause] This description should include **key elements** of the intervention which are the activities that align to the strategy being implemented. Succinctly describe how the strategic activities are related to expected outcomes. In addition identify who implemented the intervention
- The intervention section will also include a simple declarative statement of the goal of the intervention.
- Highlight and credit the funding source (i.e., CDC, state or local health agency, community organization, etc.) that made the intervention possible. This is also important in demonstrating the value and worth of your program.
- Finally, the description should identify key partners or stakeholders and their roles to facilitate implementation of strategic activities related to accomplishing expected outcomes.

Health Impact

- The resulting benefit
- Evaluation method
- Who benefited
- How things are better than before

Describes the health impact resulting from a specific intervention (1 to 2 paragraphs)

- This is the *heart* of the health impact statement.
- Includes a brief description of the evaluation method.
- Focuses on quantitative outcomes of the intervention.
 - Behavioral
 - Environmental
 - Health

- The final section outlines the health impact. Health Impact refers to the **changes** observed in the diabetes issue as a result of the intervention.
- It describes the benefits of the intervention. Benefits include progress, expected short and intermediate outcomes, and overall impact of the intervention/s during the specified time period.
- Include a brief description of the evaluation method (**this could include** pre/post assessment, surveys, interviews, annual performance data, etc.)
- Focus on the quantitative outcomes of the intervention. **These include behavioral, environmental, and health outcomes.**

Health Impact

- The resulting benefit
- Evaluation method
- Who benefited
- How things are better than before

States how the problem was *solved* or *progress* was made

- Report measurable impact
- Relate the results to *real* people and *real* world problems
 - Who benefited and how?
 - How are things better now than before?

There's a little more about the impact section. The impact section should state how the problem was solved or progress was made.

Make the connection between the intervention and its health impact obvious. State the impact in terms of its impact on real people in the target population, organization, and community. **Who benefited and how? How are things better now than before? Be sure you're answering these questions as you put together your health impact statements**

Key decision-makers and stakeholders want to know the work accomplished made an *important* difference in reducing the public health burden. Therefore, report the impact that best demonstrates changes as a result of your program activities, not everything you did. Just what's important!

Suggestions for Developing Quality Health Impact Statements

- Keep It Brief (Ideally One Page)
- Use Simple and Plain Language
- Use Active Voice and Avoid Ambiguity
- Include Funding and Contact Information
- Consider Adding a Title

Some suggestions for developing quality Health impact statements are included on this slide.

Keep It Brief (Ideally One Page)

Remember to stay focused on what is directly relevant and supportive of the described health impact. Do not include extraneous details about the problem or list activities that did not produce results. Avoid too much detail about the program, especially with respect to planning. Ideally, all three sections will fit on one easy to read page with standard margins and font size. If not, review for extraneous details that can be cut and for sentences that can be shortened.

Use Simple and Plain Language

A strong health impact statement is written in simple plain language that can be understood by lay persons in the target audience who do not work in public health. It does not use technical jargon and acronyms that the audience will not automatically know. Details are minimal and do not include information on aspects of the problem or the intervention that are not relevant to the health impact. A strong health impact statement only reports those health impacts to which the intervention contributed. Sentences are short, easy to remember, without semicolons, and often written in a conversational style. CDC provides access to materials and resources to assist with writing in plain language.

Use Active Voice and Avoid Ambiguity

A strong health impact statement will convey action and results. Therefore, use active voice throughout and avoid any use of passive voice. The following is an example of a sentence that might typically be written in passive voice.

The increase in hypertensive community members with controlled blood pressure was the result of the health department's hypertension management program.

Now let's hear the same message written in active voice.

The health department's hypertension management program increased the number of hypertensive community members with controlled blood pressure.

The second sentence emphasizes that the health department took action on behalf of the population to address a problem.

A strong health impact statement is direct and to the point. It is not ambiguous. Avoid using words or phrases that show uncertainty or lack definitiveness, such as: "possible," "likely," "probably," "maybe," "might have," "may contribute," or "we predict."

Next Include Funding and Contact Information

At the bottom of the page, mention any required funding information and provide contact information for additional information. Consider adding testimonials or anecdotes if you haven't already. If they are particularly compelling and adding them will put your length over one page, then you can include them at the end on a second page or as an addendum.

Consider Adding a Title

Finally, consider adding a title. The title should be succinct and catchy. The intention of a title is to stimulate interest in reading further. It also provides a way to reference the health impact statement, especially if used in reports or by the media.

Common Pitfalls

- **The most common pitfall to an effective impact statement is poor timing**
- Too long and too many details.
- Listing activities only with no attention to results.
- Including too much program planning information, such as lists of curricula used and lists of objectives.

Next we'll talk about common pitfalls. A few things to avoid when developing your health impact statements are making an attempt to develop your health impact statement before you've completed your program or received and analyzed all data or outcomes. Be sure to develop short and concise messaging as communications that are too lengthy or do not clearly define or layout the three key areas (problem/issue, intervention and impact) mentioned earlier, or simply generating a list of activities does not provide enough information for decision makers and does not show the breadth of the impact your program has made.

Resources for Finding Examples

<http://outreach.uga.edu/wp-content/uploads/2014/11/impact-statements-examples.pdf>

<https://www.communications.cals.vt.edu/resources/impact-statements.html>

HEALTH IMPACT STATEMENT
Competition's Statewide Effort Improves Participation in Diabetes Self-Management

1. Problem
Diabetes has become increasingly common the past decade throughout the nation and across Vermont. According to data collected in 2014 by the Behavioral Risk Factor Surveillance System, 8.4% of Vermonters, including 18 years of age or older have been diagnosed with diabetes. In addition, there was an estimated 40,000 Vermonters newly diagnosed with diabetes in 2014, compared to about 33,000 in 2008. In 2012, more than half of the counties in the state did NOT have established or accredited diabetes self-management education (DSME) programs. In addition, 18 counties had low utilization of the DSME programs, indicating that people with diabetes were not "willing to go" to programs. Recognizing these problems, the Vermont Division of Public Health developed a DSME "Willing to Go" to increase the number of available DSME programs and the number of people with diabetes participating.

2. Intervention
We selected the DSME strategy with the goal of increasing the number of available programs and the participation of people with diabetes in these programs. Through funding provided to the Centers for Disease Control and Prevention, we worked one-on-one with clinics to address American Diabetes Association recognition and American Association of Diabetes Educators accreditation and implement educational materials. We also implemented marketing/education campaigns to increase the number of people with diabetes "willing to go" to DSME programs. This campaign showcased the quality of available programs in Vermont, shared business stories from competitors, highlighted the value of education and prevention, and took events to collaborate with key partners to spread the word. Identifying key state partners (i.e., clinics, primary care providers, pharmacists, community health workers, diabetes education centers, nearby diabetes centers, community-based organizations, nearby medical and faith-based organizations) helped to increase DSME program participation. The activities targeted DSME sites and clinics in Vermont to establish robust referral mechanisms and also targeted people with diabetes and counties with high diabetes burden.

3. Health Impact
As a result from these efforts, the activities have had a positive impact on Vermonters with diabetes. We reduced geographic gaps in services to provide DSME programs for people with diabetes "willing to go." Surveying DSME program sites from 2012 - 2017, we also identified an increase in the number of recognized or accredited DSME programs from 52 to 80. In addition, the number of counties establishing a DSME program increased from 48 (51%) to 74 (85%). Of the 74 counties with DSME programs, only 10 counties have DSME programs with low utilization in 2017 compared to 18 in 2012. This change represents a 47% decrease in the number of counties with low utilization.
An environmental scan revealed language, cultural, and transportation barriers that influenced people with diabetes "willing to go" to DSME programs. We provided related training and support to the counties with the highest diabetes burden (St. George, Rutland and Lamoille) to reduce these barriers. DSME programs provided transportation services to all participants in those counties that resulted in an increase in the proportion of people with diabetes who had at least one encounter at an accredited program from 9.8% (7%) in 2012 to 16.0% (12%) in 2017. To address language and cultural barriers, we established DSME programs that offered interpretation services and increased the number of providers representing the target population. However, increasing DSME programs and addressing societal and cultural barriers to encourage participation does not guarantee that people with diabetes "will go." Therefore, we will continue our efforts to reduce the burden of diabetes.

"We have one of the largest South American populations in the state, a number of them have been diagnosed with diabetes. Being a community provider or educator that is not language literate can separate these patients in the program and would participate and benefit the rest of the community."

Here are a few examples that you may reference when developing your health impact statement. The document to your right is a part of a health impact statement guide for State Public Health Actions and State and Local Public Health Actions programs. This example is a part of a toolkit, that will be shared broadly with grantees within the coming weeks. The links to your left are examples that may be helpful when developing your health impact statements and can be used to format your message.

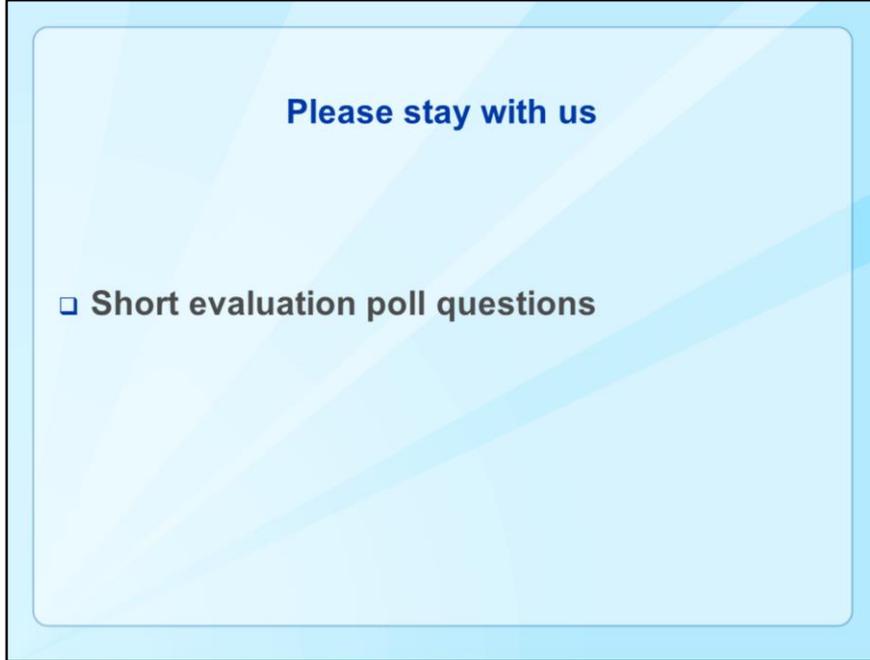


Thank you!!

Any Questions?



At this time, we'll take an questions but first we'll check to see if any questions have come in through the Q&A tab.



Please stay with us a few poll questions.'

Reminders!

All sessions are archived and
the slides and script can be accessed at:

<http://www.cdc.gov/dhdsp/pubs/podcasts.htm>

If you have any questions, comments, or topic
ideas send an email to:

AREBheartinfo@cdc.gov

All sessions are archived and the slides and script can be accessed at our
Division website. Today's slides will be available in 2-3 weeks.

If you have any ideas for future topics or questions, please contact us at the
listed email address on this slide.

Next Coffee Break

When: Tuesday, December 12, 2017

Topic: Overview of the new Best Practices Guide for Cardiovascular Disease Prevention Programs

Presenter: Nikki Hawkins



Division for Heart Disease and Stroke Prevention
National Center for Chronic Disease Prevention and Health Promotion



Our next Coffee Break is scheduled for Tuesday, **December 12, 2017** and is entitled “**Overview of the new Best Practices Guide for Cardiovascular Disease Prevention Programs**”.

Thank you for joining us. Have a terrific day everyone. This concludes today’s call.