

Sustainability of Health Impact Assessment Programs Among CDC-Funded State Health Departments

Centers for Disease Control and Prevention
National Center for Environmental Health

July 2017

Suggested citation: Centers for Disease Control and Prevention. 2017. Sustainability of health impact assessment programs among CDC-funded state health departments. Atlanta: U.S. Department of Health and Human Services.

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EXECUTIVE SUMMARY

The Centers for Disease Control and Prevention (CDC) has funded state and local health departments to conduct and build capacity for health impact assessment (HIA), a process to incorporate health into decision-making processes in nonhealth sectors, with a goal of creating sustainable HIA programs. In 2011 and 2014, CDC awarded two consecutive 3-year HIA cooperative agreements to six recipients in each cycle. The second HIA cooperative agreement was terminated after two years (2014–2016) because of a loss of federal funding for the program. CDC conducted a pilot study to assess the capacity of recently funded state health departments to sustain an HIA program without federal funding.

Telephone interviews were conducted during February 2–17, 2017, with nine current or past staff from five recently funded state health departments (Arizona, Georgia, Oregon, Massachusetts, and Minnesota). The mixed-methods interview consisted of a validated, 40-item Likert-scale Program Sustainability Assessment Tool (PSAT) and 13 open-ended questions. The PSAT assesses capacity for program sustainability across eight domains: environmental support, funding stability, partnerships, organizational capacity, program evaluation, program adaptation, communications, and strategic planning.

The average cumulative score across all 40 items of the PSAT survey ranged from 30.2 to 36.7 with a median of 32.0. In general, state PSAT scores correlated with HIA experience; states with more HIA experience scored higher and states with less HIA experience scored lower. Of the eight sustainability domains, program adaptation scored the highest and funding stability scored the lowest. Scores varied most across interviews in the strategic planning and funding stability domains. In the

qualitative analysis, several themes were identified for each domain and are described in detail in the full report. Participants noted two major barriers to HIA program sustainability at state health departments: access to consistent funding and access to trained and/or dedicated resources. To address the four key threats to HIA program sustainability identified in the qualitative interviews, state health departments could consider

- Identifying and setting aside consistent and reliable funds to support sustainability activities (e.g., networking and partnership maintenance, conducting impact evaluation, community outreach, local health department capacity building).
- Promoting and using the HIA process as a crosscutting agencywide tool, rather than deeming it as a standalone program, to advocate for ongoing, shared state-level funding.
- Incorporating affected communities into stakeholder development and communication activities to increase community investment in the HIA process and results.
- Engaging with and accommodating the needs of cross-sector partners early in the HIA process to foster strong, sustained cooperation.

In conclusion, it is unlikely that state health departments will be able to sustain HIA programs in the absence of long-term federal funding. As a step toward improving HIA program sustainability, HIA program administrators could consider decentralizing HIA programs by distributing HIA practice and capacity across multiple state health department programs and incorporating HIA as an optional tool for larger initiatives such as Health in all Policies.

INTRODUCTION

Health impact assessment (HIA) is used to identify and evaluate the health effects of a proposed plan, project, or policy before implementation by combining health considerations into decision-making processes across a range of sectors (e.g., transportation, education, and housing).

By incorporating scientific data, professional expertise, and input from stakeholders, HIAs are used to help decision makers avoid adverse health consequences and cost, as well as reduce environmental injustices among vulnerable populations (National Research Council 2011; U.S. Department of Health and Human Services 2011). HIAs have also been a central tool in the promotion of “Health in All Policies.”

In 2006, CDC’s Healthy Community Design Initiative (HCDI) started funding individual state and local health departments and national associations that support public health departments to conduct HIAs as a way to improve public health through community design (Centers for Disease Control and Prevention 2016). In 2011 and 2014, HCDI awarded two consecutive 3-year HIA cooperative agreements to six recipients in each cycle; recipients were state and local health departments and one city government. Recipients were expected to conduct several HIAs each year related to community design issues and to improve the capacity for and sustainability of the HIA practice within their jurisdiction. Funding for HCDI ended after fiscal year 2015. As a result, the second HIA cooperative agreement was terminated after 2 years (2014–2016). The 2014 recipients were five state health departments (Arizona, Georgia, Oregon, Massachusetts, and Minnesota) and one local health department (San Francisco).

CDC conducted a pilot study to assess the capacity of recently funded state health departments, which are at various stages in the HIA capacity building process, to sustain HIA

programs and their benefits over time without federal funding. By understanding the specific factors that contribute to or hinder HIA program sustainability, state health departments can bolster their existing resources, conduct more efficient program planning, and build capacity to continue using HIAs within their jurisdictions.

METHODS

The research team recruited participants by sending a recruitment email to the cooperative agreement point of contact at each CDC-funded state health department asking for referrals of two current or past state employees who had been involved with the HIA program during the funding period. Nine individuals across the five CDC-funded state health departments were asked to participate in the pilot study.

The mixed-methods interview consisted of a validated 40-item Program Sustainability Assessment Tool (PSAT) and 13 open-ended qualitative questions. The PSAT assesses capacity for program sustainability across eight domains: environmental support, funding stability, partnerships, organizational capacity, program evaluation, program adaptation, communications, and strategic planning (Luke et al. 2014).

Each of the eight domains contains five statements that require respondents to rank the extent to which their program achieves the stated goal. The Likert-scale response options range from 1 (little or no extent) to 7 (a very great extent). The PSAT has demonstrated high internal consistency and reliability across a sample of over 250 public health programs (Cronbach’s α ranging from 0.79 to 0.92).

The research team developed the qualitative portion of the interview to obtain more in-depth information on key aspects of sustainability believed to be important for HIA programs (see Appendix A). Ten of the qualitative questions mapped to one of the

eight PSAT domains and the remaining three questions targeted concepts related to future sustainability and HIA impact.

The research team completed nine 60-minute telephone interviews during February 2–17, 2017. After verbal consent from the participants, interviews were audio-recorded to supplement notetaking during the analysis phase.

Quantitative Approach

The cumulative PSAT score for all eight domains was calculated for each state; the average was used for states with two respondents. Cross-state means and standard deviations were calculated for each of the eight domains. State-specific means for each domain are not presented.

Qualitative Approach

Two researchers independently conducted an in-depth content analysis of the interview notes to identify conceptual themes, in addition to the domain themes that were embedded within ten of the research questions. The research team used grounded theory as a guiding analytic framework to determine the meaning of the interviews (Glaser and Strauss 1967; Strauss and Corbin 1990).

As themes emerged, the research team performed axial coding where they sorted the data into more narrow constructs, concepts, and categories. This approach allowed for data interpretation related to understanding enablers and barriers to HIA program sustainability and the identification of considerations for other state health departments interested in scaling up HIAs within their agency.

RESULTS

Sample

Eight of nine participants (89%) completed the PSAT survey and nine out of nine (100%) completed the qualitative portion of the interview. Therefore the qualitative results are based on one respondent for two states and on the average of two respondents for three states. Three state health departments had 6 or more years of HIA experience whereas the other two state health departments had 3 or fewer years of HIA experience. The average cumulative score across all 40 items of the PSAT survey ranged from 30.2 to 36.7 with a median of 32.0 (Table 1). In general, state PSAT scores correlated with HIA experience. States with more HIA experience scored higher (states A and B) and states with less HIA experience scored lower (states C and D), with state E being an outlier (lowest score, but high experience).

Table 1. HIA experience and cumulative PSAT score across all eight domains for five state health departments (n=8 participants)

State Health Department	Years of HIA Experience	Average Cumulative PSAT Score
A	7	36.7
B	6	35.7
C	2	32.0
D	3	31.8
E	6	30.2

Table 2 presents the cross-state mean score and standard deviation for each domain independently. Program adaptation scored the highest (5.6), while funding stability scored the lowest (2.8). Program evaluation and strategic planning varied the most across states (standard deviation [SD]=1.4), while program adaptation had the least amount of variance (SD=0.6).

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Table 2. Cross-state mean score and standard deviations of the eight PSAT domains for five state health departments (n=8 participants)

Domain	Cross-state Mean Score* (Standard Deviation)
Environmental Support	4.5 (0.9)
Funding Stability	2.8 (1.3)
Partnerships	4.4 (1.1)
Organizational Capacity	3.9 (1.3)
Program Evaluation	4.4 (1.4)
Program Adaptation	5.6 (0.6)
Communication	4.2 (1.3)
Strategic Planning	3.3(1.4)

* Possible range: 1–7, with a higher number indicating greater strength in the domain.

Qualitative Environmental Support

Overall, participants stated that the most beneficial support for sustaining an HIA program at a state health department is stable funding for dedicated staff resources. To obtain sustained funds effectively, participants identified a need for both internal and external support. Participants reported that agency leadership was the most beneficial type of internal support. High-ranking agency champions could effectively advocate for legislative support; promote HIAs as a tool to execute health department priorities; encourage cross-collaboration with other programs, departments/divisions, and bureaus across the health department; and facilitate relationship building with external partners and industries.

Externally, participants described a need for diverse partnerships across sectors with varying HIA agendas (higher education, coalitions, industry, legislators, other state agencies, etc.). Several state health departments reported effective leveraging of volunteer resources to support the execution of HIAs, which minimized both direct and indirect cost of state health

departments while simultaneously promoting the use of HIAs by external organizations in the community.

Funding Stability

All nine participants reported low levels of funding stability in the absence of CDC funding. Many HIA “programs” are funded by piecemeal or project-specific funding. Several participants reported using complementary grants to fund salaries among staff who have experience conducting HIAs. Challenges with obtaining program-level funding also extends to “HIA-mature” states that have current legislative policies in place dictating the use of HIA in decision-making. Because no funding is attached to these mandates, challenges persist for state health departments in the promotion and use of HIAs in other non-health related sectors. For example, participants reported how difficult it was to understand the value of HIA until they completed one; however, without funding, state health departments are only able to provide high-level expertise and guidance to industries completing HIAs for the first time as a regulatory requirement.

Partnerships

Although relationship building and stakeholder engagement is an activity within the HIA process, participants indicated that longer term relationships are critical to sustainability. Participants with strong, ongoing partnerships reported increased knowledge of and support for HIAs by partner agencies, as well as increased opportunities for additional work and collaboration. Respondents indicated that the most difficult aspect of building and maintaining partnerships was demonstrating the value of HIAs as a decision-making tool to non-health related sectors. Many participants reported that the key to the success of HIAs is a strong partnership network, which is a time-consuming process that begins before the project’s initiation and ideally would extend beyond the HIA report. Typically, partners do not fully buy into the process until they participate in an HIA (often via one or two representative persons).

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Cross-agency partnerships are often maintained through one-on-one relationships, so they are threatened by dissolution if one or both individuals change agencies. One participant described this risk as the “one-champion model.” In an attempt to leverage partnership as a source of sustainability, several participants stated the importance of including ongoing networking activities well beyond the end of the formal HIA process.

Organizational Capacity

Most state health departments reported that they conducted trainings for HIAs with bureaus across the state health department, local health departments interested in conducting HIAs, or current/future stakeholders participating in HIAs. Trainings served one of two aims: to provide an introductory overview of the HIA process, its use, and benefits, or to provide local health department employees with the comprehensive skills needed to conduct an HIA. On average, state health departments conducted in-depth training for 2-3 people with the aim of building organizational capacity. Of the seven participants reporting in-depth HIA training for staff members, three explicitly stated that the institutional knowledge was concentrated in one department. Staff turnover due to inconsistent salary support for HIA-specific staff was a perceived major barrier to maintaining organizational capacity at the state-level. Capacity is limited without staff salary support. Other bureaus are interested in using HIAs and see their potential value, but are stretched thin due to competing priorities and a lack of funding to support someone to roll out an HIA.

Program Evaluation

Eight of nine participants reported that they did not conduct a formal impact evaluation of the HIA program. Several people indicated that this would be challenging given the diversity of HIAs. As a requirement of the CDC-funding, states did conduct targeted evaluations for particular HIAs, but due to the proximity of the evaluation to the date of HIA completion,

coupled with limitations of time and resources, states were unable to assess the impact of health outcomes. Among those who did conduct some form of evaluation, only one state reported sharing the results with individuals and organizations beyond the funding agency. Most participants did not feel impact evaluation was a judicious use of the limited resources and funding available for the HIA program.

Program Adaptation

The HIA process was seen as a tool that was translatable across sectors to answer a range of questions. Most participants thought HIAs were best suited for larger projects because of the high allocation of time and resources necessary to conduct each phase of the HIA. Despite the fact that HIAs were seen as resource intensive, none of the participants were in favor of eliminating steps from the existing HIA process; they felt that each step was valuable to ensuring project efficacy. Several participants expressed a need for adaptations to include providing more in-depth scoping for project selection (when to use, why to use, etc.) as well as obtaining buy-in from the industry/partners before the project’s selection and not just during the stakeholder engagement phase. Three participants noted that writing the final report was a challenge among both state and local health departments given the complexity of the report requirements as well as limited skill sets of participating staff (data collection and analysis, evaluation, etc.). One state health department is adapting to this challenge by providing intensive one-on-one trainings and another is compiling a toolkit aimed at supporting staff in report writing.

Communication

Participants had varied views on the importance of communication as a means of sustainability. It is likely this disparity is due to the variation in communication methods used across health departments. Approximately half of the participants (4 of 9) reported communication as critical to the success of the HIA program. These

participants represented three health departments using different communication strategies. The first health department communicated HIA results via active communication strategies (community forms, focus groups, informal and formal neighborhood meetings), the second had a contractor develop project-specific community-targeted marketing materials, and the third communicated results through listservs, social media, and press releases. One participant felt that communication was most valuable when targeted toward policymakers rather than agency partners or community members. Participants that did not see the value of communication (3 of 9) worked in health departments that either did not share the results of the HIA to the general public or did so by distributing the final HIA report through listservs and websites. The remaining participants (2 of 9) who did not know/had no opinion about the importance of communicating the value of HIAs to the public represented one state health department where the HIA program experienced political opposition.

Strategic Planning

The majority (8 of 9) of participants reported that either HIAs were currently a strategic priority for their state health departments, or they saw HIAs fitting into other priorities either as a tool for promoting Health in all Policies and environmental health initiatives or as a result of state legislation. However, even in these instances, most did not see this contributing to sustainability in a concrete way because of the lack of financial support associated with the strategic priority (no direct funding). One participant explained, “it doesn’t [fit into the health department’s priorities] in a concrete way. There are no staff directly funded, there is not an official HIA program, etc. At a conventional level, it is very much a priority, but certainly it would be better if we had one person for which this was their only job.” Another participant stated, “It is a strategic priority to improve healthy community design,

but then again, I don’t know if it truly fits into the (health department’s) strategic priorities because [leadership] has not dedicated sustainable funding for a position. When we lost [the government grant] my position was at stake...I’m funded through other grants [now], which means my job isn’t about HIA anymore.”

DISCUSSION AND CONSIDERATIONS

Overall, participants noted two major barriers to capacity building and the sustainability of HIAs at state health departments: access to consistent funding and access to trained and/or dedicated resources. These major themes correlate directly to the three lowest scored items on the quantitative tool: funding stability, strategic planning, and organizational capacity. The following subsections consolidate more nuanced findings into four considerations for state health departments that can address the key threats to HIA program sustainability identified in the qualitative interviews.

Funding for Wraparound HIA Activities

In the absence of general funds that can be used to support HIA-specific work, state health departments reported challenges supporting the salaries of staff with the knowledge necessary to complete HIA work and promote its use externally. The project-specific nature of HIAs exacerbated these challenges. Many health departments reported funding their HIA program with project-specific or short-term funding opportunities (e.g., complementary grants, funding for specified projects, volunteer and donated services, emergency funding). Despite high levels of perceived environmental support by both internal and external champions, participants still faced funding challenges even when HIA became a legislative priority. One participant explained, “We don’t have a steady financial sponsor. We might get funding through the DOT but these are not sustainable sources because they are project-based funding. You may have support but it is dependent on the upcoming projects.” Lastly, even in instances where funding is secured,

because funding levels are so moderate and HIAs are so resource intensive, available dollars are allocated to HIA project-specific activities rather than HIA program sustainability activities.

Consideration 1: Identify and set aside consistent and reliable funds to support sustainability activities (e.g., networking and partnership maintenance, impact evaluation, community outreach, local health department capacity building).

HIAs As a Cross-Agency Tool, Not As a Program

Participants questioned the long-term viability of a standalone HIA program given the inconsistency of funding in recent years. Participants felt that a standalone HIA program limited the promotion of HIAs as a decision-making tool to a wide range of sectors. While describing their experience working on transportation initiatives, one participant stated, “We need to be clearer about the utility and power that HIA has to influence the projects we want to effect. We want to incorporate the health in all policies approach and become even more upstream for transportation projects and we think that HIAs will be a component of this but we want to move away from HIA as a standalone [solution].” Across all interviews, participants suggested incorporating HIAs into key health department initiatives and efforts housed across a variety of bureaus/divisions including Health in all Policies; Healthy People, Health Community; Health Equity; Chronic Disease and Prevention; and Social Determinants of Health. Restructuring the use of HIAs in this manner could potentially address many of the associated funding and execution challenges by allowing for a more fluid model of HIA implementation and potentially making a case for shared investment into the necessary resource. Furthermore, it would allow health department HIA experts to support this work part-time, facilitate project selection, bolster process improvement initiatives, and maintain ongoing capacity in the event of staff turnover.

Consideration 2: Promote and use the HIA process as a crosscutting agencywide tool, rather than deeming it as a standalone program, to advocate for ongoing, shared state-level funding.

Communication and Stakeholder Involvement with Community Members

Several participants expressed that effectively communicating long-term health outcomes to the communities was one untapped opportunity to achieving greater HIA sustainability. Throughout the domains, participants pointed out how rarely evaluation is used as a means of promoting HIAs to communities. One participant described their positive experience resulting from engaging the general public as though they were external partners: “It was important in those communities, it made them feel like they really had a voice and we were able to share those concerns. People were leery at first but at the end of the meetings they were very happy and knew the value [HIAs] had for their communities.” The results were greater community involvement in the HIA process, increased community-level action, and more nuanced and better informed opinions about the HIA decision in question. Involved and empowered community partners can bolster HIA visibility, particularly in disenfranchised and underserved communities where public health threats abound. One relatively untapped, potentially potent sustainability approach is bottom-up pressure by motivated and affected community members on regional industries, as well as local and state governments, to not only incorporate HIAs in the decision-making process, but to also stand behind the conclusions of the HIA.

Consideration 3: Incorporate affected communities into stakeholder development and communication activities to increase community investment in the HIA process and results.

Earlier Involvement of End-Users During the HIA Process

Participants believed that initiating networking activities and building partnerships earlier in the HIA process could help improve sustainability. State health departments expressed interest in leveraging government, quasi-government, industry, and non-governmental partnerships for project selection, scoping, shared financial buy-in, funding opportunity identification, and staff support. Participants reported a variety of strong connections to diverse partner organizations including universities, social policy organizations, coalitions, foundations, and public/private partnerships.

While diverse partnerships are imperative to the success, promotion, and sustainability of HIAs, some relationships are founded on required mandates and forced collaboration. Even in these instances, early, consistent, and substantial cooperation are key to ensuring a successful partnership and appropriate use of HIA findings to positively impact public health. One participant stated, “developing relationships means that you build [public health considerations] into the decision-making for all of these partners. They may have [the] critical resources and the buy-in to the decision-making process which pushes the [public health] agenda forward.” Identifying opportunities for collaboration early on is imperative to cross-sectors partners’ adoption of the HIA mission, process, and recommendations. One participant elucidated this experience in working with new and reluctant transportation stakeholders, “It took a long time to foster that relationship, because they see [incorporating HIAs into the process] as scope creep. And what happens if they don’t agree, or it costs more? [The transportation stakeholders] are concerned about the HIA affecting the project. They did change the project based on the HIA; however, the recommendations did not affect the construction. The win was the awareness of the health implications.” The initial HIA process is typically challenging but can be rewarding and

make long-lasting partnerships that include the permanent adoption of HIAs into non-health related sectors. Accommodating the needs of burgeoning cross-sector partners during early adoption of the HIA process is essential to success.

Consideration 4: Engage with and accommodate the needs of cross-sector partners early in the HIA process to foster strong, sustained cooperation.

CONCLUSIONS

The effectiveness of an HIA program at state health departments is dependent on consistent funding of positions for experienced HIA practitioners. Unfortunately, many state health departments are operating within major budget constraints and have to rely on project-specific and piecemeal money to complete HIAs, which might promote its sporadic use and uptake, but does little to build long-term capacity or sustainability.

Because of the project-specific nature of HIAs and the present environment (budget constraints, HIA process relatively unknown, lack of knowledgeable and dedicated resources within the health department, etc.), it is unlikely that previous CDC-funded state health department HIA programs will be sustainable in the absence of federal funding. However, participants praised the HIA process as an effective tool to incorporate public health considerations into the decision-making processes for other sectors (e.g., transportation, housing, education). As a step toward improving HIA program sustainability, HIA program administrators could consider decentralizing the HIA program by distributing HIA practice and capacity across multiple state health department programs and incorporating HIA as an optional tool for larger initiatives such as Health in all Policies.

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Domain	Question
Environmental Support	<ul style="list-style-type: none"> • Describe the types of internal and external support/champions you think are most beneficial to ensuring HIA Program sustainability? <ul style="list-style-type: none"> ○ (Note: internal=health department staff and leadership; external=other government agencies, nongovernment organizations, legislature, networks, coalitions, general public)
Funding Stability	<ul style="list-style-type: none"> • What sources of internal/external funding could your organization use to support HIAs? <ul style="list-style-type: none"> ○ Are there available funds within complementary programs within your health department (e.g., overlapping subject area(s), related goals and/or outcomes, shared subject-matter expert)? • Are there opportunities for external HIA funding support from other agencies or organizations that would be willing to pay for HIA services?
Partnerships	<ul style="list-style-type: none"> • In what ways, if any, do you see cross-sector partnerships or networks contributing to the sustainability of the HIA program?
Organizational Capacity	<ul style="list-style-type: none"> • How has HIA been integrated into your state health department or other state agencies? <ul style="list-style-type: none"> ○ How many staff have been trained on the HIA process? ○ How many of these staff members are seated in other branches/programs or agencies? • In what ways could the HIA process be further integrated or institutionalized into your health department or other state agencies? <ul style="list-style-type: none"> ○ Are there other programs in your health department where the HIA program could fit?
Program Evaluation	<ul style="list-style-type: none"> • Have you conducted an impact evaluation of the HIA program? <ul style="list-style-type: none"> ○ If yes, how did the evaluation contribute to sustainability? ○ With whom did you share the results of the evaluation? ○ If not, why?

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Domain	Question
Communications	<ul style="list-style-type: none"> • How important is it that the HIA program communicates the value of HIA to the public? <ul style="list-style-type: none"> ○ In what ways, if any, has your health department done so?
Program Adaptation	<ul style="list-style-type: none"> • How would you adapt the HIA process itself to <ul style="list-style-type: none"> ○ increase public health impact? ○ increase uptake by public health departments? ○ increase sustainability?
Strategic Planning	<ul style="list-style-type: none"> • How, if at all, does the HIA program or process fit into the health department's strategic priorities?
Sustainability Overview Questions	<ul style="list-style-type: none"> • Do you think your organization will conduct an HIA in the future? <ul style="list-style-type: none"> ○ Why or why not? • Do you think HIA programs are sustainable at state health departments? <ul style="list-style-type: none"> ○ Why or why not? • What would a sustainable state health department HIA program look like in terms of the following: <ul style="list-style-type: none"> ○ Primary activities/functions? ○ Funding amount and sources? ○ Staffing? ○ Engagement with local health departments?