Guidance and Tools for Conducting Rapid Health Impact Assessments:
Applying a Health Lens to Policy and Program Decisions in Los Angeles County
Version 1.2 (July 2019)

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Introduction

The Los Angeles County Department of Public Health's (LACDPH) Center for Health Impact Evaluation (CHIE) is a multi-disciplinary center housed in the Chief Science Office that uses Health Impact Assessment (HIA) as a tool for promoting Health in All Policies (HiAP). HiAP is a collaborative approach to improving the health of all people by incorporating health considerations into decision-making across sectors and policy areas. HIA is a systematic process for assessing the potential impacts of pending policy, program or project decisions outside of the traditional health sector on the health of populations and the distribution of those effects within populations. HIAs inform decision-makers by providing recommendations on ways to augment the potential health benefits and/or mitigate the potential harms of proposed programs, projects or policies using a broad conception of health that includes both health outcomes (e.g., diseases, disabilities, conditions) and the social determinants of health (SDOH; e.g., housing, income, social connections).

> **What is an HIA?**
>
> An HIA is a systematic process that:
>
> 1. Examines potential health effects of a proposed policy, program or project.
> 2. Uses best available data sources and analytical methods.
> 3. Engages impacted stakeholders in the process.
> 4. Provides recommendations to monitor and manage potential effects.

To date, there have been hundreds of HIAs completed in a wide range of sectors across the U.S.[1] and the growing demand for HIAs is a testament to their value in promoting health and equity in public policy. HIA is a relatively new field in the U.S., so while there is broad consensus on basic practice standards and minimum elements,[2] individual HIAs vary in terms of the methods used, which in turn depend on the availability of staff and data resources. A critical variable in HIA practice is time. Full-scale HIAs typically take between one and two years to complete, a time frame often incompatible with the needs of decisions makers and the dynamic pace of the policy making process.[3] HIA practitioners are challenged to maximize analytical rigor and stakeholder engagement while remaining responsive to the timing of decisions they are aiming to inform.

Currently, the political determinants of health do not get due consideration (due to lack of resources and funding), which has led to a growing demand for better insights into public policy analysis in the health research field. The growing field of HIAs is showing promise as a holistic approach to mitigating the potential health consequences of policies; however, comprehensive HIAs take at least one to two years to complete.[4,5] This has created demand for a way to accomplish essential parts of an HIA in a rapid but sufficiently rigorous manner. Public agencies that directly or indirectly impact population health often must respond to urgent requests for information on projects and policies under active consideration, many of which come to their attention late in the process. Hence, there is a demand for ways to assess potential health impacts on an accelerated timeline. Others have recognized the need for so called "rapid" HIAs (RHIA) and several RHIA definitions and guidance documents have been developed.[3,6,7,8,9] The general consensus is that, given their shorter time frame, RHIAs must rely more heavily on readily available data, narrow the scope of health impacts they assess, and engage impacted stakeholders in a more time-limited fashion.

CHIE recently completed a systematic review of 27 self-identified RHIAs in the U.S.[10] Based on the results of this review and a review of existing HIA and RHIA guidance documents, the CHIE team developed this toolkit to guide the conduct of RHIAs in LA County.[a] The average length of time to completion in the self-identified RHIAs we reviewed was 5 months (with a range of 1-12 months). **Thus, for the purpose of this toolkit we define the timeframe for a rapid HIA to be between 4-6 months.** This document is intended to provide LACDPH staff, other local health agencies, and staff of agencies outside of the health sector with guidance on when and how to conduct a 4-6 month HIA.

RHIA Process

There is broad international consensus on the required procedural steps in conducting an HIA. These six steps (screening, scoping, assessment, recommendations, reporting, monitoring/ evaluation) have been described extensively elsewhere.[11] For this toolkit, we have adapted our descriptions of the six steps to the context of a shorter decision-making timeline requiring that an HIA be complete in within a 4-6 month timeframe. After describing the steps in an RHIA, we provide a series of appendices with worksheets, templates and other tools referenced in the descriptions below. We encourage you to use these tools as you consider the application of RHIA to your work and we welcome the opportunity to assist you.

Table 1. Rapid HIA Process Overview

Screening	Determine the need for and value of an RHIA, whether the assessment will provide useful information to stakeholders, and whether there is sufficient time (i.e., 4-6 months) for the HIA to be completed in order to inform a policy/program decision.
Scoping	Identify who will conduct the RHIA and with what resources, deliverables, timeline and oversight. Identify which health impacts will be evaluated and what populations and/or communities will potentially be impacted. Identify methods for analysis, sources of data, and strategies for engaging impacted stakeholders within a limited timeframe.
Assessment	Visually depict the predicted health impacts of various aspects of the program/policy through a logic model. Conduct a baseline health profile of the potentially impacted community. Estimate the potential health impacts quantitatively and/or qualitatively.
Recommendations	Suggest specific and feasible strategies for mitigating potential adverse health impacts and for maximizing potential positive health impacts.
Reporting	Document and present the RHIA findings and recommendations to stakeholders and decision-makers.
Monitoring/Evaluation	Evaluate the RHIA process, the impacts of the RHIA on the targeted program/policy decisions, and/or the impacts of the RHIA and related decisions on health determinants and outcomes in the impacted population.

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[a] Sources used to help develop this toolkit included documents and reports from: *Human Impact Partners, National Resource Council, Environmental Protection Agency* and *UCLA's Health Impact Assessment Clearinghouse: Learning and Information Center.*

Screening

> *Determine the need for and value of an RHIA, whether the assessment will provide useful information to stakeholders, and whether there is sufficient time (approx. 6 months) for the RHIA to be completed in order to inform a policy/program decision.*

Screening is perhaps the most important step in conducting an RHIA. Screening establishes the potential value and the feasibility of an RHIA. It is expected that many screening processes will result in a decision *not* to conduct an RHIA. Unlike other analytic methods, HIAs are designed to influence a specific pending program/policy decision and are not conducted simply to enhance a knowledge base.

With a shorter amount of time in which to conduct the assessment, all of the feasibility criteria for a typical HIA become more constrained. For example, while it is always important to have sufficient research-based evidence to support the potential impacts you are assessing, in the case of RHIA this evidence should already be published - preferably in the form of a systematic literature review or a rigorous program evaluation. Also, while is it always important to get buy-in from decision makers on the value of an HIA for informing a pending decision, in the context of a more constrained decision-making timeline the level of buy-in should be higher to avoid a decision being made before the HIA is complete.

Attachment A--*Request for Rapid Health Impact Assessment*--should be completed by programs within DPH (or other County Departments or community-based organizations) that have identified a pending policy decision and are interested in conducting an RHIA. Once this document is completed and submitted to CHIE, members of the CHIE team will review it and determine whether we can commit CHIE resources to the proposed RHIA. CHIE may also determine that the project is better suited for a longer time horizon (i.e., a more comprehensive HIA).

Attachment B-- *RHIA Screening Tool*--is used by CHIE to identify RHIAs in LA County that we will support with technical assistance on the remaining steps in the RHIA process. Members of the CHIE team will complete the screening tool based on information provided on the *Request for RHIA* (Attachment A). We encourage all LA County health stakeholders interested in receiving DPH support on their RHIAs to submit a completed *Request for a Rapid Health Impact Assessment* to CHIE.

Finally, we developed **Attachment C**--*Tips and Guidance for Conducting a RHIA*--the purpose of this checklist is to highlight important considerations when you are conducting an RHIA.

Scoping

Identify who will conduct the RHIA and with what resources, deliverables, timeline and oversight. Identify which health impacts will be evaluated and what populations/communities will potentially be impacted. Identify methods for analysis, sources of data, and strategies for engaging impacted stakeholders.

The scoping stage sets the boundaries and objectives for an HIA.[12] For the purposes of 'rapid' scoping, we suggest that the following minimum set of scoping activities be undertaken and documented to help guide the RHIA:

- Identify the policy, program or project whose impact you intend to assess.
    - If the policy/program is multi-faceted, try to identify the provisions that are most relevant to your work and/or that have the most potential impacts on health.

- Identify the people that will work on the RHIA and approximate percent of time/effort.
    - With a short time frame, it is critical that those involved are able to dedicate sufficient time to the project during the months allotted. Based on the results of a systematic review[10], the results indicated that on average study teams were comprised of: (1) *Project Manager,* (1) *Project Coordinator*, (1) *Data Analyst,* and (2) *Subject Matter Experts*.[b]

- Identify a steering committee for the HIA.
    - Identify membership that includes the decision maker (or a representative of the decision maker), the core RHIA team, expert advisers, and impacted stakeholders (e.g., members of the communities potentially affected by the policy or program).
    - Schedule a minimum of three meetings so that the steering committee can periodically check in on progress and provide input and feedback. We recommend meetings corresponding with: 1) screening/scoping, 2) recommendations, and 3) reporting (members of your project team, community partners and executive staff of represented agencies can often accelerate the dissemination of report findings).
    - In a rapid context, time can be saved by identifying an existing body that can serve as your HIA steering committee. For example, County Public Health Departments that have a Community Health Improvement Plan (CHIP) can use the CHIP Community advisory structure to identify an HIA steering committee.

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[b] Respondents noted the same person often filled more than one of the coordinator, manager & data analyst roles.

- Identify what health impacts will be assessed in the HIA.
  - o How are you defining the impacted population (geographic, sociodemographic characteristics, etc.)?
  - o Try to narrow down the list of potential impacts to a subset that is most likely to be impacted or most closely linked to the policy/program elements of interest (see first bullet), and for which you have the best available data to inform the assessment (see methodology bullet below)

- Outline the methodological approach.
  - o What are the sources of data you will use to characterize current conditions and estimate potential health impacts? What geography/population will be your focus?
  - o For a rapid HIA you will most likely need to use existing survey data to characterize current conditions along with existing literature reviews and/or existing models of exposure-outcome relationships from published epidemiological studies.
  - o If you plan to collect data from the impacted stakeholders (e.g., through key informant interviews), this may require to you get human subject approval from your local Institutional Review Board (IRB), so be sure to start this process as early as possible.
  - o What methods will be used to assess the impacts (e.g., qualitative characterization of effects based on a literature review and/or key informant interviews, quantitative analysis, etc.)?

- Establish a plan for engaging impacted stakeholders.[c]
  - o Who are your key stakeholders?
  - o Given the short time frame, you may not be able to do any formal data collection involving stakeholders as part of the assessment process (e.g., focus groups, surveys, semi-structured interviews, etc.), but at the very least you should set up a process for eliciting input from stakeholders during the phases of the HIA process: most importantly, the screening, scoping and recommendation phases. Impacted stakeholders can also play a key role in the communication of findings.
  - o If there is good representation of impacted community stakeholders on your steering committee, then your steering committee process (described above) can serve as an opportunity for community engagement. However, if you feel that the steering committee will not provide impacted communities with a comfortable setting in which to voice their concerns, ideas, and local knowledge with respect to the HIA, then we recommend one or two separate community meetings for this purpose—ideally one during the scoping phase and one during the recommendation phase.

Assessment

> *Visually depict the predicted health impacts of various aspects of the program/policy through a logic model. Conduct a baseline health profile of the potentially impacted community. Estimate the potential health impacts quantitatively and/or qualitatively.*

The assessment stage consists of three primary tasks. The first is the development of an HIA pathway diagram. The second, is a baseline demographic and health profile of the population impacted by the policy/program. The third is and estimation of potential health impacts of the policy/program on the population in question.

Pathway Diagram

A draft HIA pathway diagram (sometimes referred to as a logic model) may also be developed as part of the scoping process, but it may need to be revised in response to information gathered during the assessment phase. The HIA pathway diagram provides a visualization of the relationships between the components of the policy/program in question and potential impacts on the health of a population. It thus represents the theory behind the impacts that you will assess during the assessment phase.

There is no exact formula for how to create an HIA pathway diagram and they will all look somewhat different, but they typically consist of four levels: 1) Policy/Program Components, 2) Policy/Program Impacts (i.e., the proximal intended impacts of the policy/program components), 3) Intermediate Health Outcomes (i.e., determinants of health in the target population including changes in social/economic conditions, exposures, behaviors, etc.), and 4) Health Outcomes (e.g. CVD, Asthma, Obesity, etc.).

Figure 1 below provides a simple example of a logic model describing a jail diversion program. For a more comprehensive version of this framework, refer to **Attachment D.** A helpful guide on how to develop an HIA pathway diagram can be found at the *UCLA Health Impact Assessment Clearinghouse*.

Figure 1. Jail Diversion HIA Pathway Diagram
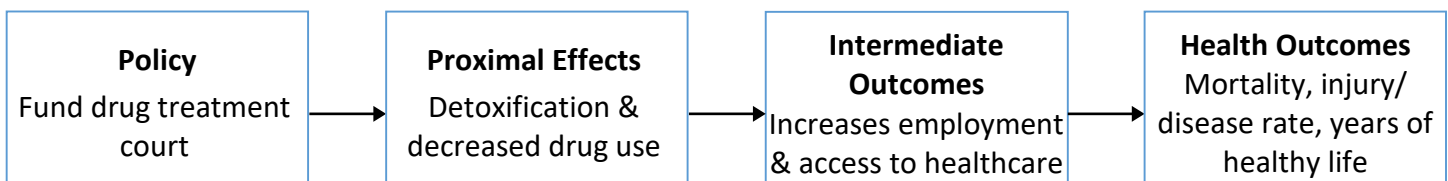
Attachment E provides a list of potential health impacts that could be considered in the development of an HIA logic model. It is considered good HIA practice to assess *all* potential health impacts of a program/policy, both positive and negative, for which there is research-based evidence. This avoids the appearance of the HIA being beholden to a narrow set of interests in a few selected impacts.

In the case of a rapid HIA, one way to shorten the time to completion is to limit the assessment to health impacts deemed most important in terms of their magnitude and likelihood of effect. This selection of impacts should be based as much as possible on available data and should be done transparently with input for all relevant stakeholders.

Baseline Population Profile

A Health Impact Assessment provides a set of predictions/estimations about how a policy or program will affect (i.e., change) the health of a population. In order to predict changes in future population health determinants and outcomes, it is essential to have a clear picture of the current state of health and determinants of health in the target population and of any social and economic inequities in those health determinants and outcomes. In the case of rapid HIAs, there is usually not time to collect any new population data, so practitioners must make do with what is readily available.

If the population is defined geographically then it should be fairly easy to get data from a number of sources (see **Attachment F**). However, even if population data are available, a rapid timeline will require that those conducting the HIA focus on the subset of demographic and health data that are immediately relevant to the policy/program elements and health impacts being assessed. In most HIAs, particularly rapid ones, the baseline population profile should summarize only those sociodemographic and health-related indicators that measure concepts depicted in the HIA logic model.

As described above, the scoping process should include a plan for stakeholder engagement. A potential engagement strategy is to use community stakeholders as a source of data during the assessment phase. Stakeholders can provide useful data on key policy components and health impacts to consider and on baseline health conditions.

In the context of a rapid HIA with a limited timeframe, it is essential to get strategic input from stakeholders at key points in the HIA process, through community meetings or through stakeholder representation on the HIA steering committee. However, if time permits, opportunities to conduct stakeholder interviews, focus groups or brief surveys should be considered.

Estimation of Impacts

The estimation of health impacts should ideally allow stakeholders to compare the relative importance of the impacts selected for inclusion in the HIA.[13] In practice, this can be quite challenging, given that it is often difficult to develop a common measuring stick for different types of impacts using different data sources and analytic methods. Impacts can be estimated either quantitatively or qualitatively.

Quantitative Assessment[d]

Quantifying health impacts can add precision to the estimation of the magnitude of effects. Quantitative estimates require data on:

1) The frequency of health outcomes under baseline conditions, including the distribution of outcomes across population sub-groups;
2) The change in distribution of health determinants of interest (i.e., the exposure); and
3) The exposure-response relationship. Given that exposure response functions exist only for a small subset of the known causal relationships between health determinants and health outcomes, quantitative assessment is not always feasible for an HIA, let alone an RHIA.

One well-established approach to the quantitative estimation of health risks from chemical/physical environmental exposures is called Health Risk Assessment (HRA) or Health Risk Analysis.[14] In the case of RHIAs that examine the potential impacts on health on quantifiable changes in these types of environmental exposures, HRA can be a powerful analytic tool. HRA principles can also be applied to the quantification of impacts of social determinants of health, as long as the required exposure response function has been established through rigorous epidemiologic studies.

A good example of the latter are HIAs that have estimated the health impacts of changes in wage policies.[15,16] Finally, it may be possible to conduct secondary analyses of publicly available data sets to assess the potential impacts on health outcomes of a variety of determinants, provided that the datasets contain measures of the concepts in the HIA pathway diagram and that HIA stakeholders agree that it is reasonable to extrapolate the findings to the population impacted by the policy/program in question.

Qualitative Assessment

Qualitative assessment of health impacts in an HIA refers to the application of consensus-derived judgments about the relative magnitude, severity, likelihood and/or distribution of health impacts of policy/program components. It does not mean that the research evidence used to arrive at those judgments is necessarily qualitative in nature. In fact, most HIAs use systematic literature reviews of quantitative epidemiologic studies of exposures and outcomes of interest to inform their characterizations of health impacts and their recommendations. Moreover, even if an impact can be quantified, unless there is an agreed upon standard or threshold for what is considered healthy or unhealthy, a judgment will need to be made about the relative importance of the impact along the dimensions that are considered relevant to the HIA steering committee.

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[d] NACCHO convened an HIA Community of Practice to build capacity for conducting HIAs. The Modeling Tools Workgroup developed an annotated catalogue of quantitative models that can be applied to HIA, which you can access at https://www.naccho.org/uploads/downloadable-resources/Collection-of-Health-Impact-Assessment-Predictive-Modeling-Tools.xlsx.

There is no gold standard for how to characterize health impacts. Some HIAs use rank order categories (e.g., high, medium, low; limited, moderate, substantial). If such categories are used, there must be clear definitions of what they mean, as well as consensus among steering committee members about how the health impacts are characterized. It may not always be feasible to compare potential impacts on a common scale, but HIA practitioners should always strive to make their estimation of impacts as transparent and useful as possible for the reader. We developed a stakeholder engagement crosswalk, outlining the 4 key methods of engagement that could be conducted during a RHIA prioritized by least resource intensive to highest resource need. (See **Attachment G.**)

<u>Accelerated Literature Review:</u>

Conducting a systematic literature review can be labor and time intensive. In addition to project-specific evaluations provided by partners in the scoping phase, identifying systematic reviews or meta-analyses already conducted on your specific topic will help accelerate your rapid HIA review process. Graduate students are another good resource for conducting literature reviews, so it is important to tap into existing relationships or arrangements your health department may have with local universities.

County Health Rankings and Roadmaps, and Active Living Research are possible resources that can expedite the process of conducting a literature review since they have already made the connections between specific sectors and health. Other possible search engines include PubMed, Google Scholar, Science Direct, Medline, the Community Guide, and Cochrane Collection. (See **Attachment H.**)

Potential Assessment Methods for RHIAs:
- Descriptive analyses of baseline characteristics of target population using secondary data sources
- Review of literature on specific health impacts assessed (or use of existing reviews)
- Key informant interviews, focus groups, or web surveys (Qualtrics, Survey Monkey, and Mail Chimp) with impacted stakeholders
- Quantitative analysis of programmatic data
- Secondary analyses of relevant population survey data
- Quantitative modelling of impacts using existing epidemiologic models

Note: A typical RHIA would only employ one or two of these methods.

Recommendations

> *Suggest specific and feasible strategies for mitigating potential adverse health impacts and for maximizing potential positive health impacts.*

Based on the assessment and characterization of potential impacts that a policy, program or project may have on health determinants and outcomes, the HIA team in consultation with the steering committee develops a set of recommendations designed to mitigate any negative health impacts and/or enhance any positive impacts. In the final RHIA report and executive summary (see below), the recommendation section is often the first section stakeholders will read. It is thus critical that the recommendations be tied to the evidence provided in the assessment and that they be feasible and actionable.

- **Basing Recommendations in the Evidence:**
    1. Include a brief justification with each recommendation. This will allow you to link the recommendations to specific findings from your assessment. This not only adds legitimacy to your recommendations, but it also helps your recommendations to stand alone in case the reader doesn't have time for a close reading of your analysis of impacts.
    2. Use verbal cues that link individual recommendations to the elements of the assessment that support them.

- **Feasible and Actionable Recommendations:**
    1. The key to crafting effective recommendations is to make sure that they could be feasibly implemented by the decision makers and implementers involved.
        - Try to craft your recommendations using the kinds of framing and regulatory language that a particular implementer is used to seeing.
        - Conduct research on the jurisdictions and decision making powers of potential implementers so that your recommendations are not beyond the realm of what is possible.

As with the other steps in the HIA process, the nature and content of recommendations will be highly context dependent. For example, in some situations it may not be possible to alter the provisions of a policy document that has already been introduced, but it may be possible to make recommendations about how the policy is implemented. In other contexts, recommendations can be made more actionable by the preparation of an implementation plan that include information, such as parties responsible for implementation, timeline, and links to indicators to be monitored.[17] In situations where a lack of useful data makes impact estimation difficult, it may be appropriate to make recommendations about additional analyses or data sources that should be made available in the future.

Reporting

> *Document and present the RHIA findings and recommendations to stakeholders and decision-makers.*

HIA practitioners should consider the following minimum elements when developing their final report. The final report should include:

1. **Introduction:**

   The introduction should provide relevant background information on the policy/program topic area and the results of the **screening** process. It should describe the specific policy or program the HIA is intended to inform and the reasons why the HIA was conducted.

2. **Scope:**

   This section should describe the HIA team and other resources, the HIA steering committee, the logic model, what health impacts were assessed and why, and the methodologies used in the assessment. This section should also describe the stakeholder engagement process.

3. **Assessment:**

   The assessment section is the meat of the final RHIA report. It should provide a baseline profile of health determinants and health conditions relevant to the HIA conducted. It should also characterize each of the health impacts selected for assessment. Typically, the impacts of a policy/program on health will occur through pathways involving specific social determinants of health (e.g., new transit-oriented development decreases heart disease through increased physical activity). Thus, one helpful way to organize the assessment section is to begin with a description of the relevant sociodemographic and health conditions in the target area and then include separate sections for each health determinant pathway assessed.

   These latter sections can include both baseline conditions for the social determinant of health and estimated policy/program impacts on the health determinant in the population. The assessment section should detail the analytic methods used to characterize the impacts, including any assessment methods that involved the engagement of stakeholders. Depending on the complexity of the methods, you may want to create a technical appendix that describes the methods in more detail.

4. Recommendations/Conclusions:

One of the primary purposes of conducting an HIA is to formulate evidence-based recommendations for maximizing potential positive impacts and minimizing potential negative impacts of the policy or program in question. The final section should provide clear and concise recommendations linked to the health impacts assessed.

Other Dissemination Strategies:

1. **Oral Presentations Tailored to Multiple Audiences**
2. **Policy Briefs**
3. **Earned Media**
4. **Blogs**
5. **Links on HIA related websites**

The section should provide as much detail on specific approaches for carrying out the recommendations as is feasible and should focus on actions that are within the control of decision makers that will read the report. While an extensive evaluation plan is not usually within the scope of a rapid HIA (see below), the concluding section of the report should recommend key considerations for evaluation and monitoring once the HIA results have been disseminated. Information in the conclusion section on specific challenges and opportunities that emerged during the course of the HIA can also serve a useful evaluative purpose (see below).

The HIA reporting process should offer all stakeholders engaged in the HIA a meaningful opportunity to review the report and provide feedback before it is finalized for dissemination. In a rapid context, stakeholder review can be expedited by involving or informing them at each step in the HIA process so that the final report contains material already familiar to them. Although HIA reports come in many formats, they are typically accompanied by a policy brief or executive summary. For an example of an Executive Summary we developed for the Parks after Dark RHIA, see **Attachment I**.

Monitoring/Evaluation

Evaluate the RHIA process, the impacts of the RHIA on the targeted program/policy decisions, and/or the impacts of the RHIA and related decisions on health outcomes in the impacted population.

Despite the recent rapid growth of the HIA field in the U.S., it is still relatively young and will need to demonstrate impacts on policy processes and outcomes if it is to become more widely institutionalized as a tool for promoting public health. While evaluation and monitoring are considered standard practice for HIA, this step of the HIA process is the one that often gets left out, at least in written reports. The same is the case for Rapid HIAs.[7]

While a more constrained timeline is a potential threat to the careful consideration of opportunities for evaluation and monitoring, we briefly describe below three levels of HIA evaluation and suggest ways to address them within the shorter time horizon of a rapid HIA. We developed **Attachment J: RHIA Tracking: Impact and Outcome Indicators** to assist HIA practitioners in tracking relevant impacts of the HIA.

Process Evaluation:

HIA process evaluations help determine how well HIAs adhere to basic HIA practice standards (e.g., following the 6 basics steps of an HIA) and identify any related challenges and enabling factors. Process evaluations are often conducted on a group of HIAs by an external evaluator. A key way for RHIA practitioners to contribute to the knowledge base on HIA process is to be sure to clearly describe (in the HIA report) how each of the six process steps were carried out over the course of the HIA. In the conclusion section, try to identify barriers or enabling factors that stood out in terms of their impact on the HIA process.

Impact Evaluation/Monitoring:

HIA impact evaluations help to determine how effective HIAs are in influencing the policy decisions that they were intended to inform. As with process evaluation, external evaluators often conduct impact evaluations of groups of HIAs. Regardless of the timeframe for completion of an HIA, impacts on policies and/or programs generally don't occur until after the HIA is completed and presented to the decision makers. Thus, while impacts usually can't be included in an RHIA report, all RHIA practitioners should continue to monitor and document impacts (e.g., in a simple spreadsheet) after the final report is complete. As noted in a review conducted by Pew Charitable Trusts, maintaining an HIA's influence after its release by tracking the uptake of recommendations is essential for post-HIA monitoring.[18]

Outcome Evaluation/Monitoring:

HIA outcome evaluations examine the effects of HIAs on health outcomes in the impacted population. While outcome evaluations are usually outside of the scope of RHIAs, an important way that RHIA practitioners can contribute to the field of HIA outcome evaluation is to identify potential indicators of relevant determinants of health and health outcomes that the policy/program is predicted to impact. These indicators can be included as part of an outcome monitoring recommendation in the final report.[3]

Process Evaluation
Who was involved and how was the assessment was carried out (e.g. compared to best practices)?

Impact Evaluation
Were recommendations implemented? Did the HIA directly impact the decision?

Outcome Evaluation
Were positive health benefits maximized and adverse health risks minimized?

Conclusion: This guidance was developed for the Los Angeles County Department of Public Health (LACDPH) and other local health departments, to assist programs in responding to urgent requests for information on the potential health impacts of projects and policies under active consideration.

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Attachment A: Request for Rapid Health Impact Assessment

DATE: Enter date here.

FROM: *Name and Position*

DIVISION/PROGRAM: Enter text here.

TENTATIVE PROJECT TITLE: Enter text here.

What is an HIA? An HIA is a systematic process that:

1. Examines potential health effects of a proposed policy, program or project.
2. Uses best available data sources and analytical methods.
3. Engages impacted stakeholders in the process.
4. Provides recommendations to monitor and manage potential effects.

How 'rapid' is 'rapid'? Consider about 4-6 months to be the approximate amount of time to completion. Research questions, data sources and the analysis plan must be focused, and stakeholder engagement is limited. Rapid HIAs are usually conducted within the time constraints of the decision-making process.

REQUIRED INFORMATION

1. **Project and Timing**
   - *What is the topic area (e.g., childhood immunizations, adult obesity, school retention)?*
   - *What is the proposed policy, project or program to be assessed?*
   - *What decision will the HIA inform and who will make the decision?*
   - *Is there sufficient time to conduct the HIA before a decision is made? Are there specific decision points where an HIA could be helpful to inform the decision process?*

2. **Objectives**

How does the decision have the potential to impact health and health inequities? Describe what you want to learn from the HIA and how its results could be used by decision-makers.

3. **Stakeholders**
   - *What stakeholders might be impacted and/or have an interest in the health impacts of the program/policy under consideration? Include both stakeholders who are proponents of the program/policy and stakeholders who may not be supportive. Specify if stakeholders are only at the local level or also at state or federal levels.*
   - *Are you aware of any existing advisory groups or committees that consist of key stakeholders?*
   - *Identify who the decision-makers are and if they are open to considering health impacts of the proposed intervention.*

4. Research Question(s)

Will the proposed program/policy have positive and/or negative impacts on health? List the <u>specific</u> questions the HIA will try to answer. If possible, describe the likely health impact(s), the population group(s) likely to be affected, and health outcomes used to measure results.

Examples:
- *What is the potential decrease in violent crime rates in Athens that could occur as a result of improved access to Holly Park and organized recreational activities?*
- *What is the potential increase in math and reading academic performance scores that could occur as a result of improved school attendance among K-12 students?*

5. Team Members and Roles

Identify individuals in your division or program who may collaborate in the HIA and their potential roles. If partnerships with other DPH programs or external organizations are planned or may be needed, please identify them here, as well as any staff members already involved in project conversations.
Also, explain the type of support needed (e.g., data analysis, literature review, coordinating and facilitating focus groups, etc.).

6. Dissemination of Results

Describe the anticipated work product, and how you would like to present results to internal and external audiences. (e.g., policy brief, report or presentation to key decision makers, manuscript submission to peer-reviewed publication). Explain/describe how findings and recommendations will be used to inform decision-making Explain if there are any deadlines or other dates relevant for the completion of the study or dissemination of results. (For example, conferences, Board meetings, ballot measure, etc.)

7. Other Funding Sources (If Applicable)

Describe potential sources of funding, if any. If the motivation for the study is a request for proposals or similar funding opportunity, please provide details here, including deadlines.

8. Data Sources

The capability to conduct an RHIA depends on the availability of existing data sources. Are you aware of any existing data or information that suggest it would be feasible to conduct an HIA on this policy/program of interest? Please describe any data sources you already have, such as:

- *Demographic characteristics of target population*
- *Baseline epidemiologic data (illness incidence, prevalence, mortality rates, immunization coverage, hospitalization rates, etc.)*
- *Effectiveness of intervention being studied and other alternatives, such as current practice*
- *Epidemiological evidence for the association between the physical/social environment and health outcomes identified in the research question.*
- *Expert opinions*
- *Economic costs of disease to healthcare system, businesses, or households*

Attachment B: CHIE Tool for Reviewing RHIA Proposals

Phase 1: All questions listed here must all be answered "**Yes**" in order to for the proposal to be considered by CHIE and to move to Phase 2. Please seek Technical Assistance from CHIE if you responded "No" or "Not sure" to any of these questions.

Phase 2: The following questions will help CHIE determine if your proposal is an acceptable candidate for a RHIA. Each "Yes" response is scored as one point, "No" is scored as zero points, and "Not sure" indicates additional background research may be necessary. **Scoring guide:** 0-3, not a good candidate; 4-6 additional research needed; 7-8 good candidate.

Phase 1	
Rapid HIA <u>Mandatory</u> Questions	**Circle One** **(Yes = 1 pt. /No = 0 pts.)**
Timing and Influence	
1. Is the policy/program decision clearly defined?	Yes/No/Not sure
2. Can a Rapid HIA be conducted before the policy decision is made?	Yes/No/Not sure
3. Are decision-makers and stakeholders open to considering health impacts of the proposed policy, project or program?	Yes/No/Not sure

If all questions to Phase 1 are answered "Yes" → proceed to Phase 2

Phase 2	
Rapid HIA <u>Prioritizing</u> Questions	**Circle One** **(Yes =1 pt. /No =0 pts.)**
Supporting Evidence	
1. Is there scientific evidence that establishes the link between the intervention and health impacts?	Yes/No/Not sure
2. Are the health impacts not widely acknowledged and understood by decision-makers and stakeholders?	Yes/No/Not sure
3. Is there data readily available to assess the health impacts of this decision?	Yes/No/Not sure
Reach	
4. Does the intervention target health conditions that are widely experienced in Los Angeles County?	Yes/No/Not sure
5. Does the intervention have the potential to alleviate severe health conditions (e.g. disabling, life-threatening, or harm future generations)?	Yes/No/Not sure
6. Does the intervention have the potential to reverse or undo existing inequitable health conditions/disparities?	Yes/No/Not sure
Opportunity	
7. Are there no other similar interventions of the same scale in LA County?	Yes/No/Not sure
8. Is there potential to leverage strengths and resources through partnerships with departments across DPH?	Yes/No/Not sure

Attachment C: Tips and Guidance for Conducting a RHIA

Conducting an HIA on an accelerated timeline, while adhering to HIA minimum standards of practice, can be a challenging and daunting task for HIA practitioners. The purpose of this checklist is to highlight important considerations when you are conducting an RHIA.

Screening

- ☐ Can the HIA can be completed **before** the program/policy decision is made?
- ☐ Is the policy/project topic of the pending HIA a priority for your organization and stakeholders?

Scoping

- ☐ Do you have two people (ideally a program manager and a data analyst) who can devote a significant amount of their time to the RHIA throughout its duration?
- ☐ Do you have at least 1-2 subject matter experts you can call on for help as needed (i.e., experts in a non-health related topic that is key to your RHIA)?
- ☐ **Decision makers:** Meet with decision-makers early on (**screening**) to determine whether they are open to considering recommendations derived from an HIA.
- ☐ **Community**: It may be too cumbersome to develop a full community advisory board. We recommend developing a steering committee including your core RHIA team and expert advisor(s).

Assessment

The following should be considered when conducting your RHIA:
- ☐ Existing data outlining baseline population characteristics.
- ☐ Meta-analyses/systematic reviews conducted on your policy topic.
- ☐ Pre-existing community groups to provide input during the scoping & recommendation phases.
- ☐ Key-informant interviews and or semi-structured interviews.
- ☐ If your project team has more than one data analyst, it is possible to conduct secondary analyses.
- ☐ Development of a pathway diagram is a core component of the RHIA and should visualize the relationship between the policy/program on its impacts on health outcomes.

Recommendations

- ☐ Effective recommendations are based on evidence derived from your assessment and likelihood of implementing these recommendations are feasible.

Reporting

- ☐ The final RHIA report is tailored to multiple audiences and should include an introduction, scope, overview of assessment methods, and recommendations/conclusions.
- ☐ Develop a short (e.g. 2 page) Executive Summary/Policy Brief.

Monitoring/Evaluation

- ☐ Develop a simple communication plan, where you plan to connect with your RHIA partners/decision-makers (perhaps once a month for 6 months following the RHIA release) monitoring whether recommendations were implemented.

Attachment D: Example Logic Diagram of Short- and Long-Term Impacts of Women's Re-entry Court[19]
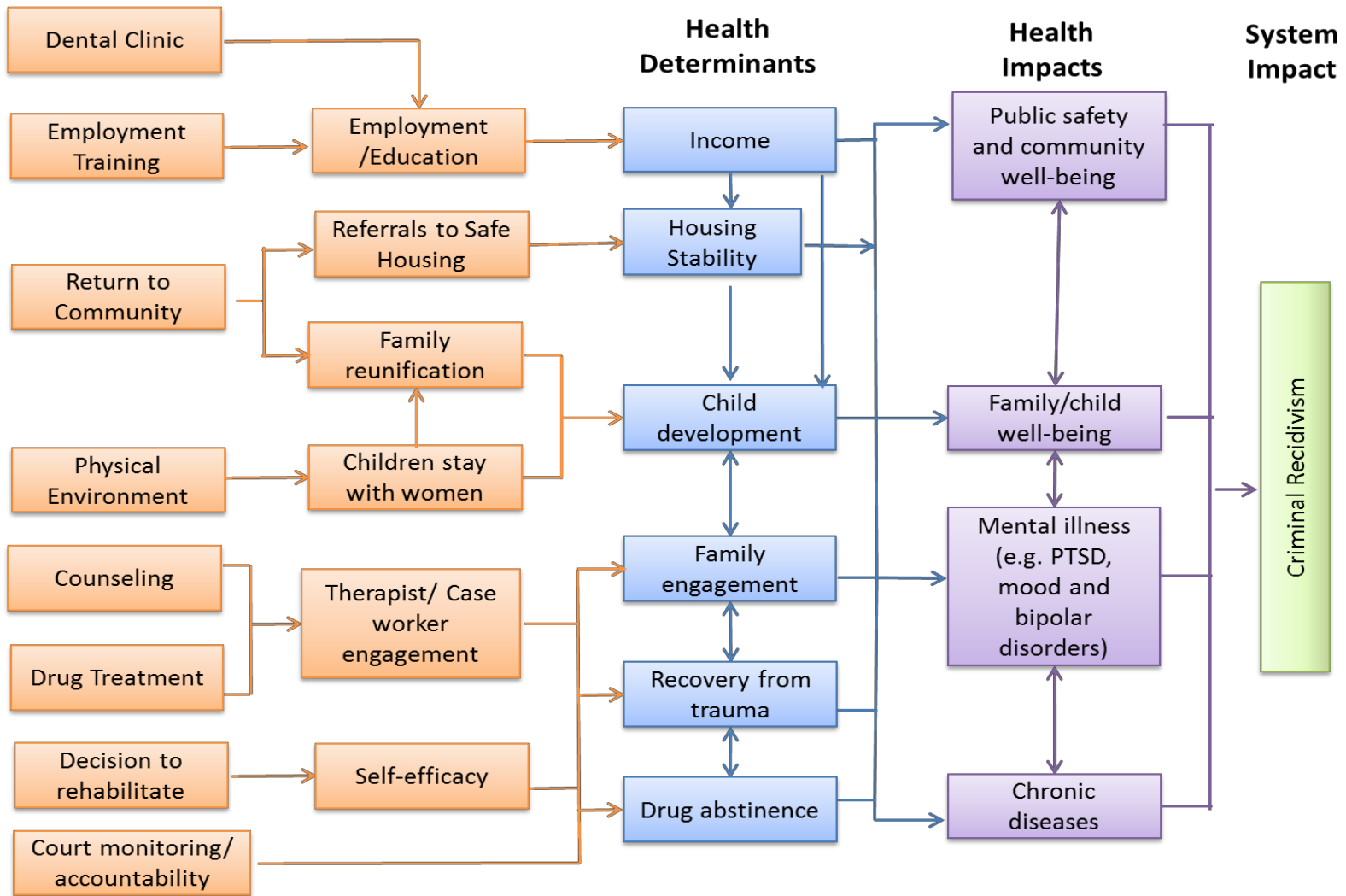
Attachment E: List of Possible Determinants of Health[9]

Biological	Lifestyle Factors	Personal Circumstances	Social & Community	Environmental Conditions	Economic Conditions	Access to Facilities & Services
Age Sex Genetic Factors	-Diet - Smoking - Passive smoking - Alcohol - Prescription drugs - Substance use - Exercise - Recreation - Sexual behaviors -Mental Health - Other health behaviors	- Family relationships - Employment Status -Working Conditions -Income -Skills level -Level of education -Transportation -Housing ownership -Housing conditions	- Social contact –Social support -Relationships with neighbors -Participation & membership of local groups -Peer pressures -Discrimination -Fear of discrimination -Level of crime & anti-social behavior -Fear of crime & anti-social behavior	- Air Quality - Water Quality - Soil Quality - Noise Levels - Vibration Levels - Smell Levels - View - Civic Design - Land Use - Green spaces - Waste Disposal - Use of Natural Resources - Hazards - Public Safety Measures	- Business Activity - Job Creation - Availability of Employment - Quality of Employment - Distribution of Income - Availability of Training - Technological Development	- Workplaces - Employment opportunities -Employment Services - Housing - Shops - Banking Services - Community Facilities - Advice & Info. - Public Transport - Education Training - Health Care Social & Child Services

Attachment F: Available Data Sources for Conducting HIAs[17]

Resource/ Organization	Data Source	Description	Website
Baseline demographic data			
U.S. Census Bureau	American FactFinder	Provides access to data about the U.S., Puerto Rico, and the Island Areas from multiple U.S. Census Bureau censuses and surveys, including: Decennial Census, American Community Survey (ACS), American Housing Survey (AHS), Economic Census, Census of Governments, Population Estimates Program.	http://factfinder2.census.gov/
	Decennial Census	Provides demographic, social, and economic data at state, county, city, zip code, census tract, block group, and block levels, every 10 years.	http://www.census.gov/
	American Community Survey (ACS)	An ongoing survey that releases results each year. Instead of actual counts, it provides estimates based on a random sample of the population. It is used to collect data on demographic, social, and economic characteristics at state, county, and sometimes smaller levels (e.g., zip code tabulation area) depending on the year; for example: age, sex, race, family and relationships, income and benefits, health insurance, and education.	http://www.census.gov/programs-surveys/acs
	American Housing Survey (AHS)	A national housing sample survey that gathers information on U.S. housing unit count & characteristics, and the households that occupy those units.	http://www.census.gov/programs-surveys/ahs/
	Economic Census	Provides a profile of national and local economies every five years.	http://www.census.gov/programs-surveys/economic-census.html
U.S. Department of Housing and Urban Development (HUD)	HUD User Datasets	Provides access to Fair Market Rents data, Special Tabulations of Households, and many other original HUD datasets.	http://www.huduser.org/portal/pdrdatas_landing.html
	Fair Market Rents	Gross rent estimates that include the shelter rent plus the cost of all tenant-paid utilities, except telephones, cable or satellite television service, and internet service. Used to determine how much rent should be covered through Section 8 for individuals with low income.	http://www.huduser.org/portal/datasets/fmr.html
	Special Tabulations of Households	Produces tabular statistical summaries of household counts by income, tenure, age of householder, and housing conditions for select U.S. geographic areas.	http://www.huduser.org/portal/datasets/spectabs.html
U.S. Department of Labor	Bureau of Labor Statistics (BLS)	Databases, tables, and calculators on essential economic information such as labor market activity (e.g., employment or unemployment), working conditions (e.g., pay and benefits), and price changes. Data are available at the state, county, and sometimes smaller geographic scales.	http://www.bls.gov

Health Data			
U.S. Centers for Disease Control and Prevention (CDC)	Behavioral Risk Factor Surveillance System (BRFSS)	World's largest, on-going telephone health survey. This survey, which is run by CDC and conducted by individual state health departments, examines behavioral risk factors in the U.S.	https://www.cdc.gov/brfss/
	National Center of Health Statistics (NCHS)	Provides access to data, documentation, and questionnaires for various national health surveys, such as the National Health Interview Survey (NHIS), National Health and Nutrition Examination Survey (NHANES), National Vital Statistics System (NVSS), and National Immunization Survey (NIS).	https://www.cdc.gov/nchs/
	National Health and Nutrition Examination Survey (NHANES)	A program of studies designed to assess the health and nutritional status of adults and children in the U.S. The survey is unique in that it combines interviews and physical examinations.	https://www.cdc.gov/nchs/nhanes/index.htm
	National Health Interview Survey (NHIS)	Data on a broad range of health topics are collected through personal household interviews. For over 50 years, the U.S. Census Bureau has been its data collection agent. Survey results have been instrumental in providing data to track health status, health care access, and progress toward achieving national health objectives.	https://www.cdc.gov/nchs/nhis/index.htm
	Youth Risk Behavior Surveillance System (YRBSS)	Monitors six types of health-risk behaviors that contribute to the leading causes of death and disability among youth and adults (i.e., behaviors that contribute to unintentional injuries and violence; sexual behaviors that contribute to unintended pregnancy and sexually transmitted diseases, including HIV infection; alcohol and other drug use; tobacco use; unhealthy dietary behaviors; and inadequate physical activity) and measures the prevalence of obesity and asthma among youth and young adults.	https://www.cdc.gov/HealthyYouth/data/yrbs/index.htm
University of California at Los Angeles	California Health Interview Survey (CHIS) / State Health Survey	A state survey conducted every two years that provides key health statistics for adults, adolescents, and children. Data are available at the state, county, region, and service planning area levels in California.	https://healthpolicy.ucla.edu/chis/Pages/default.aspx
Los Angeles County Department of Public Health	Los Angeles County Health Survey / County Health Survey	A periodic, population-based survey that provides information about the health of county residents on topics such as health outcomes, health behaviors, the built environment, and access to medical care. Data are available for Los Angeles County and its service planning areas and health districts.* *similar health survey data may be available for other counties and locales*	http://publichealth.lacounty.gov/ha/hasurveyintro.htm

Food and Nutrition Data			
U.S. Department of Agriculture (USDA)	Food and Nutrition Service	Provides access to various nutrition and hunger data, including data on food security, food assistance and nutrition programs, and Supplemental Nutrition Assistance Program (SNAP) and Summer Food Service Program (SFSP) participation rates and economic benefits.	https://www.fns.usda.gov/data-research
Education Data			
Los Angeles Unified School District	School Directory / School Profile & Performance	Provides a school directory/locator, profiles of school demographics (e.g., enrollment, ethnicity, graduation rate, suspensions/expulsions, attendance rates), and school report cards (e.g., academic performance index, English and Math proficiency	*School Directory:* https://schooldirectory.lausd.net/schooldirectory/ *School Profile and Performance:* http://www.ed-data.org/district/Los-Angeles/Los-Angeles-Unified
California Department of Education	Dataquest, Ed-data	Reports for accountability (e.g. API, AYP), test data, enrollment, graduates, dropouts, course enrollments, staffing, and data regarding English learners. In addition, Ed-data provides information on State, county, district, and school level reports covering topics such as students, staffing, finances, and performance.	http://www.cde.ca.gov/ds/
National Center for Education Statistics	Education Data Analysis Tool (EDAT), Elementary/Secondary Information System (ELSi)	The Education Data Analysis Tool (EDAT) allows you to download NCES survey datasets to your computer. EDAT guides you through selecting a survey, population, and variables relevant to your analysis. The Elementary/Secondary Information System (ElSi), It is a fast, easy way to obtain basic statistical data on U.S. schools.	https://nces.ed.gov/

		Transportation Data	
Federal Transit Administration (FTA)	National Transit Database	Provides monthly and annual financial and operating data on transit agencies throughout the U.S., including expenditures, revenue sources, service delivery, and trip length.	https://www.transit.dot.gov/ntd
U.S. Department of Transportation, Federal Highway Administration	National Household Travel Survey (NHTS)	A national inventory of daily travel and includes information on the purpose and means of travel, travel time, day and time of travel, and traveler demographics.	https://nhts.ornl.gov/
	Highway Performance Monitoring System (HPMS)	Shapefiles containing interstates, arterial roadways and collector roadways by state and by year.	https://www.fhwa.dot.gov/policyinformation/hpms/shapefiles.cfm
California Highway Patrol	Statewide Integrated Traffic Records System (SWITRS)	A database of California collision data, including bicyclist and pedestrian collisions.* Custom reports are available by criteria, such as jurisdiction, location, or date.	https://www.chp.ca.gov/programs-services/services-information/switrs-internet-statewide-integrated-traffic-records-system
Metro Transit	Transit Services	Provides maps of transit routes, as well as service frequency, average ridership, and fare data.	https://www.metro.net/
		Multi-Sector Data	
Public Health Alliance of Southern California	The California Healthy Places Index (HPI)	The California Healthy Places Index (HPI) is a powerful new tool, developed by the Public Health Alliance of Southern California, to assist you in exploring local factors that predict life expectancy and comparing community conditions across the state. The HPI provides overall scores and more detailed data on specific policy action areas that shape health, like housing, transportation, education and more. This website offers other resources everyone will find useful, including an interactive map, graphs, data tables, and policy guide with practical solutions for improving community conditions and health.	https://healthyplacesindex.org https://phasocal.org

Attachment G: Stakeholder Engagement Methods in a Rapid HIA Context[e]

Key Informant Interview				
Stakeholder: Government, Agency and/or Community Organization				
Definition	**Activities**	**Example from an RHIA:** King Street State Multimodal Hub: Health Impact Assessment[20]		**Phases of HIA**
Qualitative in-depth interviews with stakeholders who have a particular expertise or experience relevant to the HIA. (Can be phone or face to face interviews).	1. Determine what information is needed from different targeted stakeholder groups. 2. Choose key informants from each targeted group. 3. Draft interview guide/questionnaire. 4. Analyze data for key themes, using standard qualitative data analysis methods and/or qualitative analysis software (e.g. Atlas TI).	**Objective of RHIA:** Identify potential health concerns and develop a series of recommendations as the Seattle Department of Transportation launches an effort to improve infrastructure surrounding King Street Station. **Engagement**: HIA practitioners conducted a series of qualitative interviews with seven community agencies who serve vulnerable populations in Seattle (e.g. seniors, individuals with physical or mental health disabilities and who are homeless). They conducted all the interviews over the course of two weeks via phone, e-mail or in person and developed an interview guide. **Methods:** (1) Identified agencies and organizations that the project team should talk too. (2) Developed interview guide which included introduction script, and complete list of questions. Questions assessed their knowledge of the issue at hand, how it would impact the population they work with, needs of vulnerable populations and what their recommendations would be for reducing the negative consequences of the project. **HIA phases:** Scoping		-Screening -Scoping -Assessment -Recommendations

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[e] Methods are listed in order of relative intensity of resource requirements.

Facilitated Meetings/Advisory Groups			
Stakeholder: Government, Agency and/or Community Organization			
Definition	**Activities**	**Example from an RHIA:** **Findings and Recommendations of the Rapid Health Impact Assessment of School Integration Strategies in Minnesota**[21]	**Phases of HIA:**
Convenings of representatives from multiple organizations to provide them with an opportunity to contribute to and influence all aspects of the HIA process.	1. Develop goals, agenda, and list of key stakeholders to invite. 2. Set up meeting logistics based on goals (duration, frequency, location). 3. Run the meeting (identify facilitator, note takers, small and large group exercises, etc.). 4. Follow-up with attendees after the meeting is complete to share concrete take-always, lessons learned and next steps.	**Objective of RHIA:** In collaboration with ISAIAH, Human Impact Partners conducted a Rapid HIA to evaluate the health effects of Minnesota Bill HF0247, which proposed to reauthorize integration funding to schools. **Engagement:** HIA practitioners convened a 12 member stakeholder panel, which included representatives from ISAIAH, teachers, school district administrators, school board member, parents, academic researchers, and racial justice advocates. **Methods**: (1) Engaged Stakeholder Panel for a one-day scoping meeting discussing objectives, research questions, health outcomes and discussion of pathways. (2) Held second meeting with Stakeholder Panel to come to a consensus on health impact and recommendations. **HIA phases:** Scoping and Assessment/Recommendations	-Screening -Scoping -Recommendations

Focus Groups			
Stakeholder: Government, Agency and/or Community Organization			
Definition	**Activities**	**Example from an RHIA:** [Evaluating Transportation Access to Healthy Food Sources: A Rapid Health Impact Assessment in Alachua County Florida](#)[22]	**Phase of HIA**
A data collection method targeting specific population sub-groups that have similar experiences and that may be affected by the policy decision at hand. Focus groups bring the perspectives of impacted groups to bear of the various phases of the HIA.	1. Identify the population(s) affected by the policy decision and gauge their interest in participating in your focus group. 2. Human subject approval may be required from your local Institutional Review Board (IRB), so start this process early. 3. Develop focus group protocol/guide. Be sure questions are at a reading level appropriate to your audience. 4. Identify the number of focus groups to be conducted (as a rule of thumb, each focus group should have between 4-10 participants). 5. Try to use the same moderator(s) across all groups to enhance data reliability. 6. Analyze data for key themes, using standard focus group data analysis methods and/or qualitative analysis software (e.g. Atlas TI).	**Objective of RHIA:** Uncover issues related to transportation disparities that exist in low-income and minority neighborhoods and how these barriers can affect access to healthy foods for individuals in those neighborhoods. **Engagement:** HIA practitioners conducted 2 focus groups with area residents who would be impacted by the policy decision. The objectives of these focus groups were to understand barriers to accessing healthy food for residents within the Tower Road Triangle. Results from focus groups were used to describe baseline characteristics of the affected population. **Methods:** (1) The first focus group included 11 participants and the second focus group had 13 participants. (2) Focus groups were conducted via a semi-structured interview format to elicit in-depth discussions about access to healthy foods, transportation, modes to healthy food sources. Results were used to help inform recommendations **HIA phase:** Assessment	-Assessment

Surveys				
Stakeholder: Government, Agency and/or Community Organization				
Definition	**Activities**	**Example from and RHIA:** **Assessing the Impact of a Transportation Utility Fee in Columbia, MO**[23]		**Phase of HIA**
A data collection method aimed at characterizing of individual's knowledge, experiences, behaviors, attitudes, beliefs and/or circumstances, in a quantifiable form. In the context of a rapid HIA, surveys should focus on topics relevant to the HIA that cannot be accessed through other existing sources.	1. Identify the population that will be participating in your survey. 2. Human Subject approval may be required by your IRB. 3. Develop the survey and determine whether it will be identifiable or anonymized. 4. Determine method of dissemination (e.g. face to face, telephone, online or mail) given the population you are surveying. It is also possible to conduct mix-methods.	**Objective of RHIA:** Assess the potential health effects of funding expanded public transit in Columbia via a designated transportation utility fee and providing a series of recommendations based on findings. **Engagement:** HIA practitioners developed a Columbia Transit ridership survey that was administered over a period of two weeks by Transit staff and volunteers on buses and various locations throughout Columbia. **Methods:** RHIA study team identified community members as their target population conducted at a wide range of facilities, which includes social service agencies, health care facilities, and other locations to assess dependence on public transit and missed health care. (2) This RHIA survey used of volunteers, completing 456 surveys gathering information on current and potential transit users' attitudes toward the bus system and funding mechanisms (see Appendix 1 for full survey). **HIA phase:** Assessment		-Assessment

Attachment H: Databases for Conducting a Literature Review[17]

Database	Description	Website Link
Cochrane Library	A collection of databases containing medicine and healthcare-related information.	http://www.cochranelibrary.com/
MEDLINE/ *PubMed*	Contains journal citations and abstracts for biomedical literature from around the world. PubMed provides free access to MEDLINE and links to full text articles when possible.	http://www.ncbi.nlm.nih.gov/pubmed
Google Scholar	Provides a search of scholarly literature across many disciplines and sources, including theses, books, abstracts, and articles.	http://scholar.google.com/
LexisNexis Academic	Provides access to government and legal information, including government and political news, legal news, law reviews, and state and federal statutes and case law.	https://www.lexisnexis.com/hottopics/lnacademic/
JSTOR	A digital library of more than 1,500 academic journals, books, and primary sources.	http://www.jstor.org/
TRID/TRIS (Transportation Research Information Services)	An integrated database that combines the records from the Transportation Research Board's (TRB's) Transportation Research Information Services (TRIS) Database and the Organization for Economic Cooperation and Development's (OECD's) International Transport Research Documentation (ITRD) Database. Provides access to transportation research worldwide.	http://trid.trb.org/
Ovid/Ovid MEDLINE	Ovid is a medical research platform that allows users to search content and productivity tools. Ovid MEDLINE is a comprehensive biomedical database that is updated daily and offers access to bibliographic citations and author abstracts from more than 5,500 biomedicine and life sciences journals.	http://www.ovid.com/site/index.jsp

Centers for Disease Control and Prevention	Public health literature on the prevention and control of infectious and chronic diseases, injuries, workplace hazards, disabilities, and environmental health threats.	http://www.cdc.gov/
HealthFinder	Healthfinder® is a free portal to reliable health information, developed by the U.S. Department of Health and Human Services. The site provides an easy-to-use, searchable index of carefully reviewed health information from over 1,500 government agencies, nonprofit organizations, and universities.	http://healthfinder.gov/
National Cancer Institute	The National Cancer Institute is a branch of the U.S. National Institutes of Health. It has extensive literature on cancer in addition to clinical trials	http://www.cancer.gov/

Attachment I: Example of an RHIA Brief: Parks after Dark Rapid Health Impact Assessment[24]

Health Impact Evaluation Center
Better policies for healthy communities

COUNTY OF LOS ANGELES
Public Health

Potential Costs and Health Benefits of Parks After Dark
Executive Summary

September 2014

About this Health Impact Assessment

The Department of Public Health recently conducted a rapid health impact assessment (HIA) to inform decision-making around the County of Los Angeles (County) Parks After Dark (PAD) strategy. Parks After Dark is a summer evening park program that started in 2010 and is coordinated by the County Department of Parks and Recreation in collaboration with DPH, the Sheriff's Department and other partners. With declining resources and funding, the future of PAD is uncertain. Ongoing dialogue among PAD leadership and partners is now underway to determine how to re-prioritize County resources to support this model as part of a formal strategic planning process. The rapid HIA contributed to this decision-making process by examining three alternative planning options: 1) continue PAD programming as is, 2) expand PAD to include additional parks, or 3) discontinue PAD. The rapid HIA sought to synthesize existing program data and research on the potential impact of PAD on crime, perception of safety, physical activity, and cross-sector collaboration.

Communities with High Crime and Obesity

Disadvantaged communities across Los Angeles County and nationwide are disproportionately impacted by violence and chronic disease.[1] If the community does not feel safe, they are less likely to be physically active and engaged in the community, resulting in social isolation and poor health. PAD and similar Safe Summer Park programs connected to gang violence reduction efforts in the County have shown potential to reduce crime, increase physical activity, and address health inequities.[2]

PAD began as the violence prevention strategy of the County's Gang Violence Reduction Initiative at 3 parks in 2010. It has since evolved into a cross-sector collaboration to promote healthy and active living through increased access to a wide range of recreation programs, cultural and educational activities, youth leadership opportunities, and health and social services.

Due to PAD's initial success in reducing violence, high attendance, and community and County leadership support, it was expanded to 3 additional parks in other communities with high crime rates and obesity prevalence. Expansion was possible through a Community Transformation Grant, which has ended two years earlier than anticipated. To assist with future planning options, the rapid HIA identified 10 potential expansion parks in communities with high rates of violence, obesity prevalence, and economic hardship (Table 1).

Table 1. Summary of Current and Potential Expansion Locations for Parks After Dark

Current Locations
- City Terrace (East Los Angeles)
- Jesse Owens (South Vermont)
- Loma Alta (Altadena)
- Pamela (Duarte)
- Roosevelt (Florence-Graham)
- Watkins (Florence-Graham)

Potential Expansion Locations
- Athens (Willowbrook)
- Belvedere (Monterey Park)
- Bethune (Florence-Graham)
- East Rancho Dominguez (Compton)
- Enterprise (Willowbrook)
- Mona (Willowbrook)
- Obregon (East Los Angeles)
- Robinson (Palmdale)
- Salazar (East Los Angeles)
- Washington (Florence-Graham)

Crime and Health

Violent crime has public health consequences beyond physical injury and death – it affects brain development, mental illness, and chronic diseases.[3,4]

- Parks and recreation centers with supervised programs that engage youth and families during evening hours have been found to help decrease crime.[5-7] Violence prevention, gang intervention and case management services have been key to the success of these efforts.

- The rapid HIA found a decrease in crime around original PAD parks. This was likely related to coordinated prevention and intervention activities initiated through the 2010 County Gang Violence Reduction Initiative, including resource/ employment fairs, youth mentoring programs, and juvenile re-entry services.

- Compared to pre-PAD crime levels, the decrease in crime in 2013 around original PAD parks could save an estimated $460,000 per park annually in costs of crime (law enforcement, supervision/ custody and legal adjudication) to county government.

Table 2. Summary of Crime Data near PAD Parks Compared to non-PAD Parks[8]

Original PAD Parks (began in 2010)
Part of the Gang Violence Reduction Initiative

Crimes decreased by 32% in PAD park communities, and increased by 18% in nearby non-PAD park communities from 2009 to 2013. This translates to 14 fewer crimes per park since the original PAD began.

Newer PAD Parks (began in 2012)
Not part of the Gang Violence Reduction Initiative

Crime decreased in 1 out of 3 new PAD parks. This park had higher male youth participation as compared to other PAD parks.

Overall, there has not been a clear change in crime in newer PAD parks between 2011 and 2013, as compared to non-PAD parks.
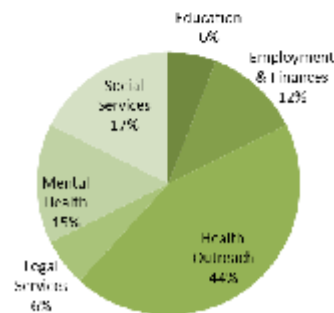
Perception of Safety

Fear of violence can be a barrier to park use and active living, and fear varies by demographic characteristics. For example, safety issues have been found to discourage women from being physically active and outdoors.[9]

- Community policing and supervised recreational activities have been shown to increase neighborhood perception of safety and promote park usage,[10,11] both of which can lead to healthier outdoor lifestyles and better social cohesion.

- PAD participants reported that the presence of Deputy Sheriffs during evening hours encouraged them to visit the park. Of those participants who regularly do not feel safe in their neighborhood, 80% felt safe during PAD.[12]

- Survey responses from community members and partner agencies suggested that expanding PAD could increase opportunities for residents to get to know each other, improve social cohesion, and make communities safer.
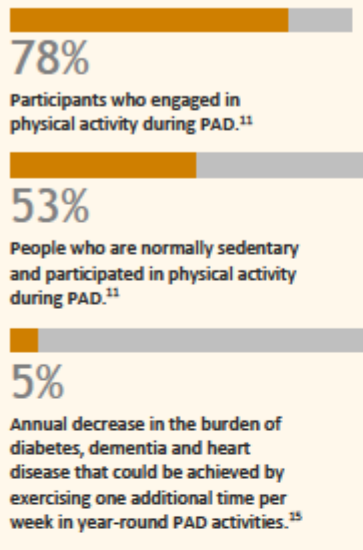
Cross-Sector Collaboration

Cross-sector collaboration can provide more efficient delivery of health and social services and improve population health.[16] Additionally, a cross-sector preventative approach that provides health and social services is a best practice to reduce community and gang violence.[17,18]

- Stakeholders reported PAD increased collaboration across many agencies and community organizations, which may improve access to services and positively impact the health and quality of life of community members.

- Key informants identified additional opportunities to build cross-sector collaboration, such as stronger partnerships with local organizations that offer employment and youth development services.

Figure 1. Organizations at PAD Resource Fairs by Sector Type, Summer 2013 (35 total)

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Figure 2. Summary of PAD Physical Activity Data

78%

Participants who engaged in physical activity during PAD.[11]

53%

People who are normally sedentary and participated in physical activity during PAD.[11]

5%

Annual decrease in the burden of diabetes, dementia and heart disease that could be achieved by exercising one additional time per week in year-round PAD activities.[15]

Physical Activity and Health

Increased physical activity has many health benefits, such as reducing the risk of heart disease, depression, diabetes, breast cancer, colon cancer, dementia, and premature death.[13,14]

➲ People who exercised at PAD reported participating in team sports, swimming, walking club, exercise class and other dancing activities for an average of 1 to 2 hours per visit.

➲ If PAD participants continued weekly physical activity on a year-round basis, the resulting decrease in chronic disease could save $85,000 in direct and indirect costs annually per park. These costs include hospital care, medications, home health care, and productivity losses.[15]

➲ There are significant limitations of the physical activity and health assessment due to the lack of information on frequency of visits and pre- and post-physical activity levels.

➲ Overall, the rapid HIA found that even a small increase in weekly physical activity can substantially improve health among people who do not regularly exercise. To maximize these health benefits, PAD should continue to have activities that attract women and improve outreach to older adults.[11]

Conclusions

➲ Expansion of PAD, as part of a comprehensive violence reduction initiative, could further reduce crime and promote better social cohesion in disadvantaged County communities. Favorable implications for down-stream health consequences, such as mental illness and chronic diseases, could be realized through these efforts.

➲ Expansion of community policing and supervised park programming through PAD could further reduce barriers to park use and physical activity. Increased physical activity may reduce chronic diseases, especially heart disease, depression, and diabetes; however additional program evaluation is needed to track individual participants before and after PAD summer programming.

➲ The potential cost of crime avoided (based on findings from the original 3 PAD parks) is greater than the average cost of PAD, which includes costs of implementing rapid HIA recommendations (e.g. gang intervention outreach worker.)

➲ Opportunities for additional cross-sector collaboration and services co-located at the parks could improve access to health and social services, and increase community resilience.

Table 3. Summary of Average PAD Costs

$132,000

PAD costs include Park staff, Deputy Sheriffs, services and supplies, and HIA recommendations (PAD Coordinator, program evaluation and gang intervention workers). DPH and other County resources are not included in this estimate.

$460,000

Estimated costs savings to county government from crime avoided in 2013 for each of the original PAD program locations, as compared to pre-PAD crime in 2009*

$85,000

Annual cost of illness that would be avoided if PAD participants sustain weekly exercise levels throughout the year.

*Based on the 2006 Los Angeles County Law Enforcement budget, and average crime types in PAD reporting districts.

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Recommendations

The rapid HIA made 9 overall recommendations to maximize potential health benefits of PAD. Priority recommendations were:

- ➲ The County should target expansion of PAD to parks in communities with high crime rates and obesity prevalence that lack evening summer activities for youth and families.
- ➲ PAD staff should link participants to existing recreational programs available during other times of the year to sustain increase in park use and exercise.
- ➲ PAD leadership should hire gang intervention outreach workers and establish youth leadership and employment opportunities. County leadership should examine whether there is a need to reinstate a coordinated violence reduction initiative.
- ➲ The County should dedicate at least one full-time staff person to oversee PAD strategic planning and program implementation year-round, focusing on building partnerships with county and community organizations that offer services for at-risk youth and their families and engaging community.
- ➲ PAD leadership should further evaluate and track the costs and benefits of PAD by dedicating resources for a formal evaluation and collaborating with other local Safe Summer Parks programs for a regional study.

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Attachment J: RHIA Tracking: Impact and Outcome Indicators

Impact Indicators	Measure (How will you capture whether the impact was achieved?)	Person Responsible for Tracking (i.e. HIA practitioner, collaborating partner, etc.)	Method of follow-up (phone, email stakeholder, in-person, online search)	Timing of follow-up (1, 3, 6 months after final HIA report was released)
Evidence of HIA influencing policy decision				
Evidence that recommendations were implemented				
Evidence of increased collaboration with community stakeholders				
Evidence of increased collaboration with agencies outside the traditional health sector				
Evidence of increased awareness of health implications of policy decisions outside of health sector				
Evidence of changes in the determinants of health identified in the HIA				
Evidence of changes in health outcomes identified in the HIA				