

# DEVELOPING A STRONG HEALTH IMPACT STATEMENT:

A GUIDE FOR 1305 AND 1422 FUNDED PROGRAMS

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# INTRODUCTION

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This document provides information and guidance on developing a health impact statement specifically for the CDC’s State Public Health Actions (1305) and State and Local Public Health Actions (1422) initiatives, which fund state and community activities to prevent and reduce the complications from multiple chronic diseases. It is important to disseminate the successes and outcomes of both of these initiatives. Health impact statements are an effective way for grantees to communicate to key stakeholders, decision makers, and lay audiences how the work of their programs has influenced health, behavioral, and environmental outcomes. CDC requires that 1305 and 1422 grantees submit health impact statements at the end of year 5 of funding in lieu of the traditional evaluation report.

The health impact statements should reflect an overall summation of the progress accomplished during the project period (representing July 1, 2013, to June 30, 2018, for 1305 grantees and September 30, 2014, to September 29, 2018, for 1422 grantees). These health impact statements will be due September 28, 2018 for 1305 grantees and December 29, 2018 for 1422 grantees. This guide provides guidance and a template for grantees to use in meeting that requirement and is intended to help grantees consider any additional planning, data collection, partnerships for data access, and other activities that might be needed to successfully report on their health impact and submit quality health impact statements.

## What Is Health Impact?

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

## What Is a Health Impact Statement?

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

## Why Is Developing Strong Health Impact Statements Important for 1305 and 1422 Programs?

A strong health impact statement provides a communication statement that grantees can use to showcase the impact that 1305 and 1422 work is having in their states and communities. A strong health impact statement can help to improve program implementation, communicate the difference the program is making in people’s lives, improve program visibility, and generate support for continuation.

## How Can the Health Impact Statement Be Used?

In addition to meeting the CDC evaluation reporting requirement (post-year 5 funding), the health impact statement can be used to inform key stakeholders and decision makers about a program in a simple and direct way. It can be used:

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

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

## Who Is the Target Audience for a Health Impact Statement?

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

One source for identifying the target audience for 1305 and 1422 grantees can be the Dissemination section of the Annual Evaluation Report (AER). The same target audiences and partners identified for dissemination products in the AER might be appropriate for the focused message of a health impact statement.

## 1305 and 1422 Evaluation and Health Impact

The strength of a health impact statement is dependent on clearly describing the problem, specific activities implemented to address the problem, and outcome data to describe the change (impact) that occurred. *Impact* is a measureable change and the health impact statement should be built on findings that clearly demonstrate that a change in the measured outcomes occurred. Ideally, health impact statements should be based on quantitative data; however, qualitative data can be used to indicate progress toward the intended change or to provide context for the resulting outcomes.

The health impact statement should focus on outcomes (e.g., increased community clinical linkages), not activities (e.g., provider training). For 1305 and 1422, there are three main types of outcomes.

1. Health outcomes measure prevalence of disease (e.g., diabetes), a health condition (e.g., hypertension), or health status.
2. Behavioral outcomes measure evidence of a conscious change made by the target population such as enrolling in a lifestyle change program or consuming nutritious foods and beverages.

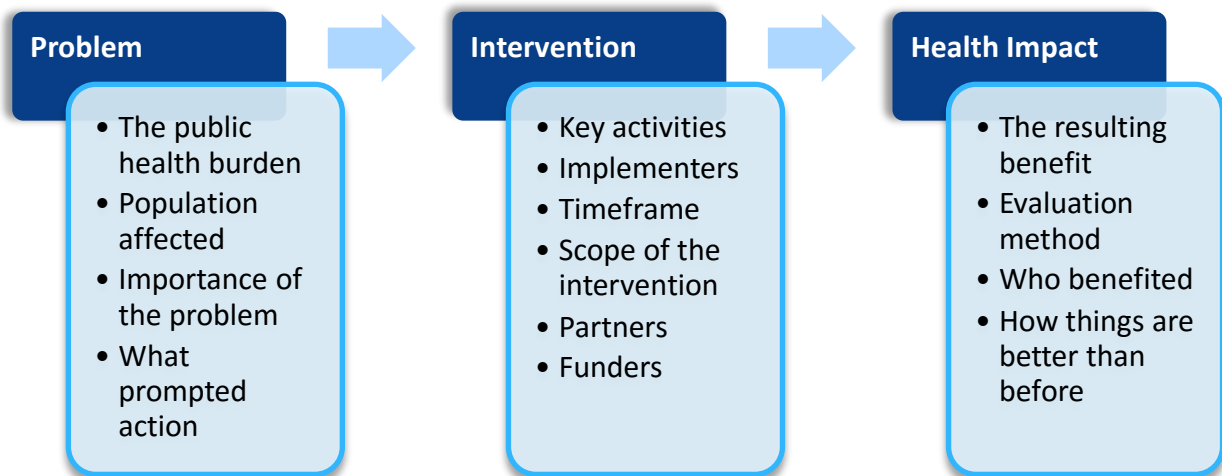
3. Environmental outcomes measure things that influence the target population such as social changes, economic changes, policy changes, or physical changes to the environment.

Reporting positive changes in health outcomes is preferable, however, changes in behavioral and environmental outcomes can be reported as health impacts when those changes directly impact health. For example, we know that lifestyle changes such as increasing physical activity levels can decrease the incidence of hypertension, and lead to better health in the population. While participation in a lifestyle change program is not a health outcome, it can have a health impact.

# KEY ELEMENTS OF A STRONG HEALTH IMPACT STATEMENT

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

## Key Elements of a Strong Health Impact Statement



### Guidance for Getting Started

Before you start writing the health impact statement take the time to make sure that the intervention for which you have outcome data shows a contribution to measurable improvements in those health outcomes. Select a performance measure from those identified by CDC for your specific interventions with a health, behavioral, or environmental outcome that has improved over the course of the intervention. The goal of the intervention should have been to improve outcomes related to the corresponding performance measure. If your health impact is measured by behavioral or environmental outcomes, you might need to include a sentence or two in the health impact statement that explains how the change in outcome improved or will improve health.

Two sources for identifying performance measures are the performance measure profiles and your Annual Progress Report (APR). The APR can help you to determine the data that will be available, how data should be described, and to identify opportunities to align data to the intervention and impact. Also, you can review baseline and annual data in the APR to structure the description of the problem, inform the description of the intervention, and to describe the health impact. See the table in Appendix A for resources that you can use to help develop the health impact statement.

## **KEY ELEMENT: A Clear and Relevant Description of the Problem.**

A strong health impact statement begins by clearly and succinctly illustrating the importance of the problem. It states the problem specific to the population affected in the locale where they live, work, attend school, or play. If the population is children in a community, then the problem is described only for those children in that community.

A strong description of the problem will also explain why the problem is important and needs to be addressed as well as who cares about it. This description will include how the problem is affecting health, and might include the effect it is having on personnel, budgets, productivity, learning, or quality of life.

The following is a description of a problem for the fictional state of Camperico. This example is based on realistic data and illustrates how a problem can be presented within a single paragraph.

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*Diabetes has become increasingly common the past decade throughout the nation and across Camperico. According to data collected in 2014 by the Behavioral Risk Factor Surveillance System, 8.4% of Camperico residents 18 years of age or older have been diagnosed with diabetes. In addition, there was an estimated 40,000 Camperico adults newly diagnosed with diabetes in 2014, compared to about 6,000 in 2000. In 2012, more than half of the counties in the state did NOT have recognized/accredited diabetes self-management education (DSME) programs. In addition, 19 counties had low utilization of the DSME programs, indicating that people with diabetes were not “willing to go” to programs. Recognizing these problems, the Camperico Division of Public Health developed a DSME Task Force to increase the number of available DSME programs and the number of people with diabetes participating.*

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### **Guidance for Writing the Description of the Problem**

Describe the problem as it relates to the affected population, organization, or system. Given the health impact should be quantified, you should also report baseline data or other measures that demonstrate the problem. Then, explain why this is an important issue for the affected population in the community, organization, or system. Your target audience should not only understand the problem, but also feel a connection to it. Your description of the problem should answer the following questions:

- What is the public health burden?
- Who is affected? (This can include demographics that are relevant to the problem.)
- Why is it important?
- What prompted action to implement the intervention?

Within the description of the problem, pay special attention to clearly stating the population affected. While it is important to include the community, organization, or system where the problem existed, it is people who experienced the negative effects of the problem. Emphasizing this helps to put a face on the problem and helps to reinforce its importance. Possible sources for describing the problem include your response to the funding announcement or a needs assessment that you conducted as well as the AER Strategy Background section, which describes the activities implemented, settings, and target populations.

### **KEY ELEMENT: An Intervention That Was a Response to the Problem.**

A strong health impact statement will describe the intervention as a response to the problem. It denotes action on the part of the organization to make things better. It is succinct and limited to the activities of the intervention that resulted in the positive health impact. Strengthening the link to outcomes, the description of the intervention will include a statement of the goal of the intervention, written simply, such as:

*The goal of the DSME strategy was to increase participation in DSME programs.*

In addition to describing the activities of the intervention, a strong health impact statement will also include who implemented the intervention, the key partners, and the funder. And it might include the costs or resources expended for implementation when that information is available.

Following is the description of the intervention for the Camperico example.

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*We selected the DSME strategy with the goals of increasing the number of available programs and the participation of people with diabetes in these programs. Through funding provided by the Centers for Disease Control and Prevention, we worked one-on-one with clinics to achieve American Diabetes Association (ADA) recognition and American Association of Diabetes Educators (AADE) accreditation and implement referral mechanisms. We also implemented a marketing/education campaign to increase the number of people with diabetes “willing to go” to DSME programs. This campaign showcased the quality of available programs in Camperico, shared success stories from completers, highlighted the skillset of educators and providers, and was used to collaborate with key partners to spread the word. Identifying key state partners (i.e., clinics, primary care providers, pharmacists, community health workers, diabetes education centers, worksite wellness councils, community-based organizations, minority coalitions and faith-based organizations) helped to increase DSME programs and participation. The activities targeted DSME sites and clinics in Camperico to establish robust referral mechanisms and also targeted people with diabetes and counties with high diabetes burden.*

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## Guidance for Writing the Intervention

In one or two paragraphs describe the intervention as the response to the problem by the implementers. A good place to pull this information might be the APR or activity status update that you submit to CDC. The activities you include should focus on those that resulted in the health impact rather than those that are tangential such as for planning. Include a declarative statement of the goal of the strategy (“The goal of the intervention was .....”). This goal statement will show the actions clearly were directed at addressing the problem to result in the reported health impact. Avoid the pitfall of providing too many details; focus primarily on answering the following questions:

- What were the key activities?
- Who implemented the intervention? (include partners)
- When was it implemented?
- What was the scope of implementation? (e.g., target population, number of participants, geographic area covered)
- How was it funded?

If the intervention was based on previous evidence of its effectiveness, then include that information in one or two sentences. The description of the intervention can be the most challenging part to keep brief, so regularly check what you have written against the health impact to ensure it is focused on providing context only for that health impact without additional information.

### **KEY ELEMENT: A Focused and Memorable Health Impact**

The focus and most memorable part of a strong health impact statement will be the description of the health impact that resulted from the intervention. Strong health impact statements will report how the problem was solved or progress was made through a positive change in health, behavioral, or environmental outcomes. A strong description of the health impact will be meaningful and stated in terms of impact on real people in the target population, organization, community, or health system. If continuation of the intervention is important, a strong description of the health impact will include the implications of continuing or not continuing the effort.

Following is the description of the health impact for the Camperico example.

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*In less than five years, the activities have had a positive impact on Camperico residents with diabetes. We reduced geographic gaps in services to provide DSME programs for people with diabetes “willing to go.” Surveying DSME program sites from 2012 – 2017, we also identified an increase in the number of recognized or accredited DSME programs from 52 to 60. In addition, the number of counties establishing a DSME program increased from 49 (51%) to 74 (83%). Of the 74 counties with DSME programs, only 10 counties have DSME programs with low utilization in 2017 compared to 19 in 2012. This change represents a 47% decrease in the number of counties with low utilization.*

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*An environmental scan revealed language, cultural, and transportation barriers that influenced people with diabetes “willingness to go” to DSME programs. We provided related training and support to the counties with the highest diabetes burden (Bell, Dange, Holt and Light) to reduce these barriers. DSME programs provided transportation services to all participants in those counties that resulted in an increase in the proportion of people with diabetes who had at least one encounter at a recognized/accredited program from 9,891 (7%) in 2012 to 18,369 (13%) in 2017. To address language and cultural barriers, we established DSME programs that offered interpretation services and increased the number of providers representing the target populations. As one DSME provider responded: “We have one of the largest Czech American populations in the state, a number of them have been diagnosed with diabetes. Having a consistent provider or educator that is from their own community and speaks their language increased the trust of these patients in the program and increased the likelihood that they would participate and spread the word within their community.” However, increasing DSME programs and addressing societal and cultural barriers to encourage participation does not guarantee that people with diabetes “will go.” Therefore, we will continue our efforts to reduce the burden of diabetes.*

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### **Guidance for Writing the Description of the Health Impact**

While the description of the health impact is the last key element of the health impact statement, you might want to write the description of the health impact before you write the description of the problem and the intervention. The reason is because everything else in the health impact statement needs to provide context that supports the health impact, which is the focus of the health impact statement. Therefore, by writing the description of the health impact first, you will have it available to check the relevance of everything else you write.

Key decision-makers and stakeholders want to know that the intervention made an important difference in reducing the public health burden. Therefore, report the impact that best demonstrates changes as a result of your program activities, not everything you did. In writing the description of the health impact, describe how the problem was solved or improvements were made as a result of the intervention. Report the measurements of your outcomes that quantify the change(s). Report only on measureable impact, not everything that happened. Within this section, include a very brief description (1 or 2 sentences) of the evaluation method, which could include a pre/post assessment, surveys, interviews, or annual performance data.

Write the description of the health impact as it relates to your target population and the community, organization, or system in which the intervention was implemented. After reading the description of the health impact, the reader should understand:

- Who benefited from the intervention, policy, systems or environmental change and how?
- What was the benefit to the community, organization, or system?

- How was the problem addressed and how things have improved?

Additionally, consider including a quote or anecdotal information that will further connect the health impact to those affected and who care about the problem. You might already have some usable quotes from your annual progress report or a success story that you submitted previously. If funding or sustaining the effort is an issue, you can also include a sentence on the future impact. Note, however, the focus of the health impact statement is on what already happened.

Possible sources for describing the health impact include the “results statement” from the performance measure profiles and the AER. The Camperico description of the health impact example in this guide reports on the number of counties establishing accredited or recognized DSME programs, and reports the proportion from baseline to the current year and percent change over the specified time period. This type of information can be drawn from the Performance Measure Results Statements. Additionally, the AER Findings/Results section of the evaluation report can inform the description of the health impact and help in identifying and framing the primary message for the health impact statement.

## Assembling and Finishing the Full Health Impact Statement

Assemble the three sections in the following order.

1. Description of the problem
2. Description of the intervention
3. Description of the health impact

### Keep It Brief (Ideally One Page)

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

### Use Simple and Plain Language

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

Review and edit the final draft of your health impact statement for active, simple, plain language. As you edit, keep in mind that the reader may not be familiar with technical phrases or acronyms that you use regularly.

### **Use Active Voice and Avoid Ambiguity**

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

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

And here is the same message written in active voice.

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

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

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

### **Include Funding and Contact Information**

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

### **Consider Adding a Title**

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

The next page provides a simple one page template that you can copy and use to think through and develop a health impact statement. The first version is a Word file with instructions for completing the form and the second version is a fillable .pdf that you can use when disseminating your HIS.

# HEALTH IMPACT STATEMENT TEMPLATE

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**NAME OF INTERVENTION/STRATEGY:** [Click here to enter text.](#)

## I. Describe the Problem **[\*\*\*Write this after writing the health impact\*\*\*]**

**[Concisely describe the importance of the problem. Identify the public health burden or challenge. Identify the population that is affected, describe what prompted the state to intervene and describe the problem as it relates to the outcomes. Explain why this problem is important, why it needs to be addressed, and who cares about this issue.]**

<p><u>Include:</u></p> <ul style="list-style-type: none"><li><input type="checkbox"/> The public health burden</li><li><input type="checkbox"/> Population affected</li><li><input type="checkbox"/> Importance of problem</li><li><input type="checkbox"/> What prompted action</li></ul>	<p><u>The Problem</u></p> <p><a href="#">Click here to enter text.</a></p>
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## II. The Intervention **[\*\*\*Write this after writing the health impact\*\*\*]**

**[Describe the intervention as a response to the problem above. Keep this section limited to the key elements of the intervention/strategy that led to the positive health impact(s). Include a goal statement. Include information on relevant partners, program/intervention implementers, and funder(s). Include information about costs or resources expended for the intervention's implementation.]**

<p><u>Include:</u></p> <ul style="list-style-type: none"><li><input type="checkbox"/> Key activities</li><li><input type="checkbox"/> Implementers</li><li><input type="checkbox"/> Timeframe</li><li><input type="checkbox"/> Scope of intervention</li><li><input type="checkbox"/> Partners</li><li><input type="checkbox"/> Funders</li><li><input type="checkbox"/> Evidence base for intervention (if applicable)</li></ul>	<p><u>The Intervention</u></p> <p><a href="#">Click here to enter text.</a></p>
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## III. The Health Impact **[\*\*\*Write this section first\*\*\*]**

**[Write one to two paragraphs that provide a concise description of how the problem was solved or progress was made as a result of the intervention. Identify the evaluation method (1-2 sentences) and focus on the expected outcomes of the intervention activities. Report positive quantitative changes in health outcomes. Make the connection between the intervention and its health impact obvious. State your impact in terms of impact on real people in the target population, organization, or community. If relevant, include implications of continuing or not continuing the effort.]**

<p><u>Include:</u></p> <ul style="list-style-type: none"><li><input type="checkbox"/> The resulting benefit</li><li><input type="checkbox"/> Evaluation method</li><li><input type="checkbox"/> Who benefitted</li><li><input type="checkbox"/> How are things better than before</li><li><input type="checkbox"/> Testimonial/anecdotal information (optional)</li><li><input type="checkbox"/> Implications for continuing (optional)</li></ul>	<p><u>The Health Impact</u></p> <p><a href="#">Click here to enter text.</a></p>
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Insert Org.  
Logo here

# HEALTH IMPACT STATEMENT

Insert name of intervention/strategy

## I. Problem

Blank area for describing the problem.

Insert Quote, Anecdote,  
or Photo

## II. Intervention

Blank area for describing the intervention.

## III. Health Impact

Blank area for describing the health impact.

# APPENDIX A: RESOURCES FOR DEVELOPING A HEALTH IMPACT STATEMENT

Grantees can use data and information from previous years' Evaluation and Annual Performance Reports (APRs) and the 1305/1422 Performance Measure (PM) Profiles to develop their health impact statements. Success stories may be used as a source of testimonials, quotes, or other information framing the problem, intervention, or health impact. Using key information from these existing resources may provide a *starting point* from which grantees can begin developing a health impact statement. This table illustrates the sections from each resource that can be used to inform the contents and information included in the health impact statement.

Health Impact Statement Sections	Problem/Issue	Intervention	Impact
<b>Performance Measure Profile Section</b>			
PM Results Statement			✓
Definitions of terms		✓	
Intended/Targeted Population		✓	
<b>Annual Performance Report (APR) Sections</b>			
Performance Measure Data Sources		✓	✓
Baseline and Annual Data	✓		
<b>Annual Evaluation Report Sections</b>			
Strategy Background	✓	✓	
Indicator Table		✓	✓
Findings/Results			✓
Dissemination	✓	✓	✓
<b>Success Stories Sections</b>			
Public Health Issue	✓		
Program Action		✓	
Impact			✓

## **APPENDIX B: EXAMPLE OF FULL HEALTH IMPACT STATEMENT**

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See next page.





# HEALTH IMPACT STATEMENT

## Camperico's Statewide Effort Improves Participation in Diabetes Self-Management

### I. Problem

Diabetes has become increasingly common the past decade throughout the nation and across Camperico. According to data collected in 2014 by the Behavioral Risk Factor Surveillance System, 8.4% of Camperico residents 18 years of age or older have been diagnosed with diabetes. In addition, there was an estimated 40,000 Camperico adults newly diagnosed with diabetes in 2014, compared to about 6,000 in 2000. In 2012, more than half of the counties in the state did NOT have established or accredited diabetes self-management education (DSME) programs. In addition, 19 counties had low utilization of the DSME programs, indicating that people with diabetes were not "willing to go" to programs. Recognizing these problems, the Camperico Division of Public Health developed a DSME Task Force to increase the number of available DSME programs and the number of people with diabetes participating.

*"We have one of the largest Czech American populations in the state, a number of them have been diagnosed with diabetes. Having a consistent provider or educator that is from their own community and speaks their language increased the trust of these patients in the program and increased the likelihood that they would participate and spread the word within their community."*

### II. Intervention

We selected the DSME strategy with the goals of increasing the number of available programs and the participation of people with diabetes in these programs. Through funding provided by the Centers for Disease Control and Prevention, we worked one-on-one with clinics to achieve American Diabetes Association recognition and American Association of Diabetes Educators accreditation and implement referral mechanisms. We also implemented a marketing/education campaign to increase the number of people with diabetes "willing to go" to DSME programs. This campaign showcased the quality of available programs in Camperico, shared success stories from completers, highlighted the skillset of educators and providers, and was used to collaborate with key partners to spread the word. Identifying key state partners (i.e., clinics, primary care providers, pharmacists, community health workers, diabetes education centers, worksite wellness councils, community-based organizations, minority coalitions and faith-based organizations) helped to increase DSME programs and participation. The activities targeted DSME sites and clinics in Camperico to establish robust referral mechanisms and also targeted people with diabetes and counties with high diabetes burden.

### III. Health Impact

In less than five years, the activities have had a positive impact on Campericans with diabetes. We reduced geographic gaps in services to provide DSME programs for people with diabetes "willing to go." Surveying DSME program sites from 2012 – 2017, we also identified an increase in the number of recognized or accredited DSME programs from 52 to 60. In addition, the number of counties establishing a DSME program increased from 49 (51%) to 74 (83%). Of the 74 counties with DSME programs, only 10 counties have DSME programs with low utilization in 2017 compared to 19 in 2012. This change represents a 47% decrease in the number of counties with low utilization.

An environmental scan revealed language, cultural, and transportation barriers that influenced people with diabetes "willingness to go" to DSME programs. We provided related training and support to the counties with the highest diabetes burden (Bell, Dange, Holt and Light) to reduce these barriers. DSME programs provided transportation services to all participants in those counties that resulted in an increase in the proportion of people with diabetes who had at least one encounter at an accredited program from 9,891 (7%) in 2012 to 18,369 (13%) in 2017. To address language and cultural barriers, we established DSME programs that offered interpretation services and increased the number of providers representing the target populations. However, increasing DSME programs and addressing societal and cultural barriers to encourage participation does not guarantee that people with diabetes "will go." Therefore, we will continue our efforts to reduce the burden of diabetes.