Transitional Jobs
Health Impact Assessment

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What is Health Impact Assessment?
Health Impact Assessment is a systematic process that uses an array of data sources and analytic methods and considers input from stakeholders to determine the potential effects of a proposed policy, plan, program, or project on the health of a population and the distribution of the effects within the population. HIA provides recommendations on monitoring and managing those effects.
Democracy
Equity
Sustainable Development
Ethical Use of Evidence
Comprehensive approach to health

Gothenburg Consensus Paper, 1999
HIA Purpose

Through HIA report and communications
Project the health effects of a proposed project, plan or policy
Highlight health inequities
Provide recommendations
Shape public decisions & discourse
Make health impacts more explicit

Through the HIA process
Engage & empower community
Recognize lived experience
Build relationships & collaborations
Build consensus & promote transparency
HIA Addresses Determinants of Health

How does the proposed project, plan, policy affect

Democratic process
Housing
Air quality
Noise
Safety
Social networks
Nutrition
Parks and natural space
Private goods and services
Public services
Transportation
Social equity
Livelihood
Water quality
Education

and lead to health outcomes
The world could look different

- Development
- Farm Policy
- Incarceration
- Immigration
- Ports
- Education
<table>
<thead>
<tr>
<th>HIA Steps</th>
<th>Description</th>
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<tr>
<td><strong>Screening</strong></td>
<td>Determines the need and value of a HIA time, added value, engaged “deciders”, resources</td>
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<td><strong>Scoping</strong></td>
<td>Determines which health impacts to evaluate, methods for analysis, and a workplan</td>
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<td><strong>Assessment</strong></td>
<td>Provides: 1) a profile of existing health conditions 2) evaluation of potential health impacts</td>
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<td><strong>Recommendations</strong></td>
<td>Provide strategies to manage identified adverse health impacts or promote health benefits</td>
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<td><strong>Reporting</strong></td>
<td>Includes: 1) development of the HIA report 2) communication of findings &amp; recommendations</td>
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<td><strong>Monitoring / Evaluation</strong></td>
<td>Tracks: 1) impacts on decision-making processes and the decision 2) impacts of the decision on health determinants and outcomes</td>
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HIA is well-established in international arenas

- International Finance Corporation requires HIAs for large resource development projects
- European countries require more explicit health consideration (HIA) in land use and planning decisions
- Some of application in developing countries

HIA is emerging in the US

- West coast
  - California, Alaska, Oregon, Washington
- East coast
  - Massachusetts, D.C. metro area
- Midwest
  - Wisconsin, Minnesota, Illinois
## Criticisms of HIA

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<tr>
<th>Criticism</th>
<th>Response</th>
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<td><strong>HIA is costly</strong></td>
<td>Not as costly as treatment of health impacts in the long run</td>
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<td><strong>HIA is time-consuming and will slow decision-making processes</strong></td>
<td>Conducting the HIA early will bring issues to the front of the decision-making process, potentially speeding approval processes, and preventing costly litigation that delays projects</td>
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<td><strong>HIA will stop economic development</strong></td>
<td>The role of HIA is to identify mitigations and recommendations, not to say “don’t do that”</td>
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<td><strong>HIA is not scientific</strong></td>
<td>Role of HIA is to pull together disparate pieces of the best available evidence to make a broad statement about impacts</td>
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HIAs Completed or In Progress

Total N=119

Map Courtesy of A. Dannenberg, A. Wendel, CDC NCEH
- Pew Charitable Trusts
- Robert Wood Johnson Foundation
- Center for Disease Control and Prevention
- Association of State and Territorial Health Officials
- National Association of City and County Health Officials
- California Endowment
- Kresge Foundation
- Blue Cross Blue Shield of Minnesota
- Kansas Health Foundation
- National Network of Public Health Institutes
Goal: build a multi-sector HIA collaborative

Based on the San Francisco Bay Area Health Impact Assessment Collaborative model
Wisconsin Div. of Public Health, Dept. of Health Services
Bureau of Environmental and Occupational Health

2009 – 1 of 4 states awarded 2 years ASTHO funding
Website
HIA network
Outreach, Training, Technical assistance
Webinars, Workshops, Lectures
Implementation: Mini grants/pilots (5)

Healthiest Wisconsin 2020 - State Health Plan
The University of Wisconsin - Madison
- Population Health Institute (National Network of Public Health Institutes and Morgridge Center Grant)
- Global Health Institute
- Health In All Policies
  - Seed money from Worldwide Universities Network and newly renewed EU Center for Excellence grant
- Classroom Curricula
- Wisconsin Public Health Association
  - HIA section
  - HIA resolution
  - Training infrastructure
  - Policy actions

- Wisconsin Center for Health Equity (WCHE)
  - Reaching non-traditional partners
  - Health equity lens
  - Civic capacity building
  - Focus on social determinants of health
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Project Background
“Increasing National Capacity for HIAs: Utilizing the Nation’s Public Health Institutes”

A project of NNPHI and the Health Impact Project, a collaboration of the Robert Wood Johnson Foundation and The Pew Charitable Trusts

To promote and support the growth of the field of HIA nationwide by increasing the capacity of public health institutes (PHIs) to conduct HIAs in their respective regions.
Transitional Jobs

- Provide immediate wage-paid employment and supportive services to those who have difficulty finding and keeping employment.

- Provide an opportunity to develop skills and experience in local labor markets and a positive work history.

- Research suggests that participants in TJ programs may increase job security, increase wages over time, and decrease reliance on public benefits.
2009 – WI Act 28 Original Project
- up to 2,500 participants in key counties (Milwaukee, Dane, Racine, Kenosha, Rock, Brown)

2009 – WI Act 333 Enhanced Demonstration
- TANF emergency funds (ARRA)
- Removed ceiling – program statewide
- Sunset when funds gone – June 2013

Eligibility:
- 21-64 yrs, AND TANF eligibility: >age 24 limited to parents (or primary caregiver) of minor children
- not W-2 or UI eligible,
- Unemployed at least last 4 weeks
- FPL <150%

Employment:
- 20-40 hours/week
- At least minimum wage
- Employer reimbursed for wages at min. wage, federal and state taxes, workers’ comp insurance premiums
- Education and training may be provided during subsidized work, participants paid
- Contractors required to help participants secure unsubsidized work for 3 mos. post subsidized job phase; monitor and support for 6 mos.
2 year contracts with administering agencies
- 17 Project Contractors
- ~700 businesses have committed to hiring program participants
- ~3,300 participants
- ~1,000 secured unsubsidized work

Contracts ended June 30, 2012
- Last participants placed in Dec 2011 to allow for 6-mos service period
- In practice: some continuing
In the upcoming budget cycle, the decision to **end**, **continue**, **expand** or **modify** the project will be made in the following steps:

- The Department of Children and Families and the Department of Workforce Development will submit budget requests by September 15, 2012;
- The Governor releases his budget in January 2013;
- The Legislature will debate the budget through the session and pass a budget in June 2013, operational on July 1, 2013.
Specific health impacts of the jobs program – work permit policymakers to consider whether jobs programs provide additional benefits beyond alternative methods of income support.

Health very broadly defined
i.e.: mental health, violence, and community health

Model health outcomes for different target populations to inform possible program designs
Research Process

- Steering Committee
  - DCF, DWD, legislators, community organizations, technical experts
  - Still seeking business representation
- Lit Reviews
- Departmental data?
- Projections / forecasting
- Focus groups and key informant interviews
  - Participants and policymakers
What constitutes evidence?

(EBHP is) an approach that “helps people make well-informed decisions about policies, programmes and projects by putting the best available evidence from research at the heart of policy development and implementation” (Huw Davies, 2004)

- Questions. “what works?” AND “what is the nature of the problem?” “why does the problem occur?” and “what are different ways the problem might be addressed?”

- Evidence. Research and evaluation studies AND monitoring data, expert knowledge, and information from stakeholder consultations. State Studies, Case Studies, Best-Practice Reports.
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What this means for the Institute
- Grant provides national visibility for UWPHI as a leader in HIA
- Morgridge Challenge Grant for service learning course to develop capacity for emerging professionals
- Advantage of PHIs as administrative homes
  - Shifting political winds leave HIA vulnerable
  - PHIs consistent, sustainable, non-partisan, credible
- Broad intellectual resources
“To translate public health and health policy research into policy and practice”

- Engagement with “real-world” problems
  - Timely and relevant

- Community Engagement:
  - Bridge to public health and health policy practitioners
  - Promotes partnerships / breaks down barriers between research producers and users; academia and community

- Supports community health improvements
  - Community identified
  - Builds community capacity

- Develops cross-sector collaborations
  - Demonstrate how broad social, physical, economic determinants of health operate
  - Improve evidence base for programs/policies that improve health (data collection, evaluation opportunities, analysis)
- Natural fit

- Opportunity to create evaluation standards
  - Process
  - Outcome
  - Impact
How does HIA fit into your work?
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Thank you!