

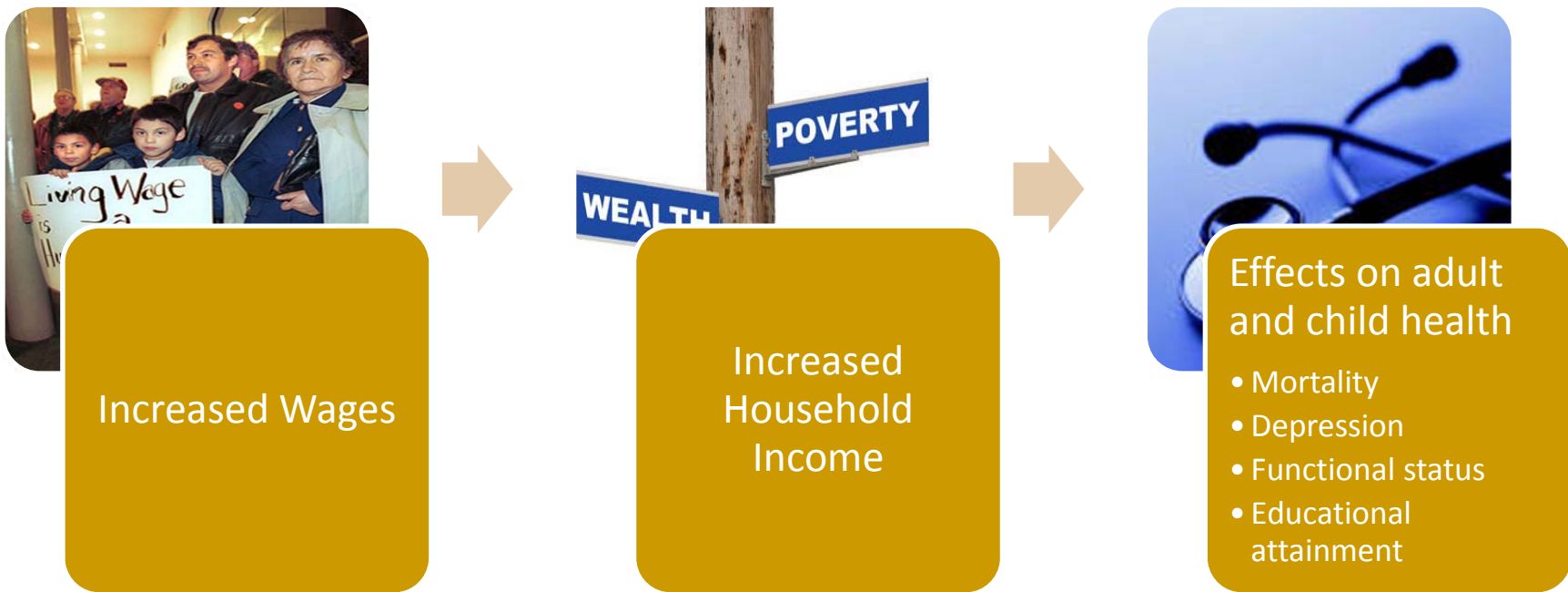
HIA and Labor Policies: Examples of Analytic Approaches



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Living Wage HIA: Causal Model



Living Wage: Analytic Approach



Estimation of
changes in
household income

Meta-analysis of
income-health
outcome effect
measures

“Quantitative Risk
Assessment”

Criteria For Studies Included in Meta-Analysis

- Longitudinal studies of income and mortality, hospitalizations, or health status
- Peer reviewed, English language, studies of the U.S. general population published between 1990 and 1998
- Income measured as a continuous variable at household, family or individual level
- Statistical adjustment for age, gender, year of income

HIA Findings: Estimated Health Effects of Living Wage for Workers with \$20K Family Incomes

Study/Outcome	Model	Effect Measure	Full Time Workers	Part Time Workers
Backlund, 1996				
Mortality-Male	Proportional Hazards	Hazard Ratio	0.94 (0.92-0.97)	0.97 (0.96-0.98)
Mortality-Female	Proportional Hazards	Hazard Ratio	0.96 (0.95-0.98)	0.98 (0.97-0.99)
Ettner, 1996				
Health Status	Ordered Probit	Relative Risk	0.94 (0.93-0.96)	0.97 (0.96-0.98)
ADL Limitations	Probit	Relative Risk	0.96 (0.95-0.98)	0.98 (0.97-0.99)
Work Limitations	Probit	Relative Risk	0.94 (0.92-0.96)	0.97 (0.95-0.98)
CES—Depression Scale	Two Part	Elasticity	-1.9%	-1.1%
Number of Sick Days	Two Part	Elasticity	-5.8%	-3.2%
Alcohol Consumption	Two Part	Elasticity	+2.4%	+1.3%
Duncan, 1998				
Completed Schooling	OLS Regression	Years of Schooling	0.25 (0.20-0.30)	0.15 (0.12-0.17)
H.S. Completion	Logistic Regression	Odds Ratio	1.34 (1.20-1.49)	1.18 (1.11-1.26)
Non-Marital Birth	Proportional Hazards	Hazard Ratio	0.78 (0.69-0.86)	0.86 (0.81-0.92)

Paid Sick Days: Causal Model



Need for Sick Leave from Work

- Injury, illness, or chronic condition, in worker or family member



Direct effects of Leave

- Recovery / care
- Medical visits
- Community / workplace exposure



Health outcomes of Leave

- Disease morbidity
- Appropriate service utilization
- Functional status / productivity
- Communicable disease incidence

Examples of analytic approach and data

Baseline Conditions

- Availability and utilization of paid sick leave
- Disease and illness prevalence
- Health care utilization

Direct Effects

- Differences in work leave ← existing analysis
- Differences in health care utilization ← existing / original empirical analysis
- Differences in adherence to work / school exclusion ← existing analysis

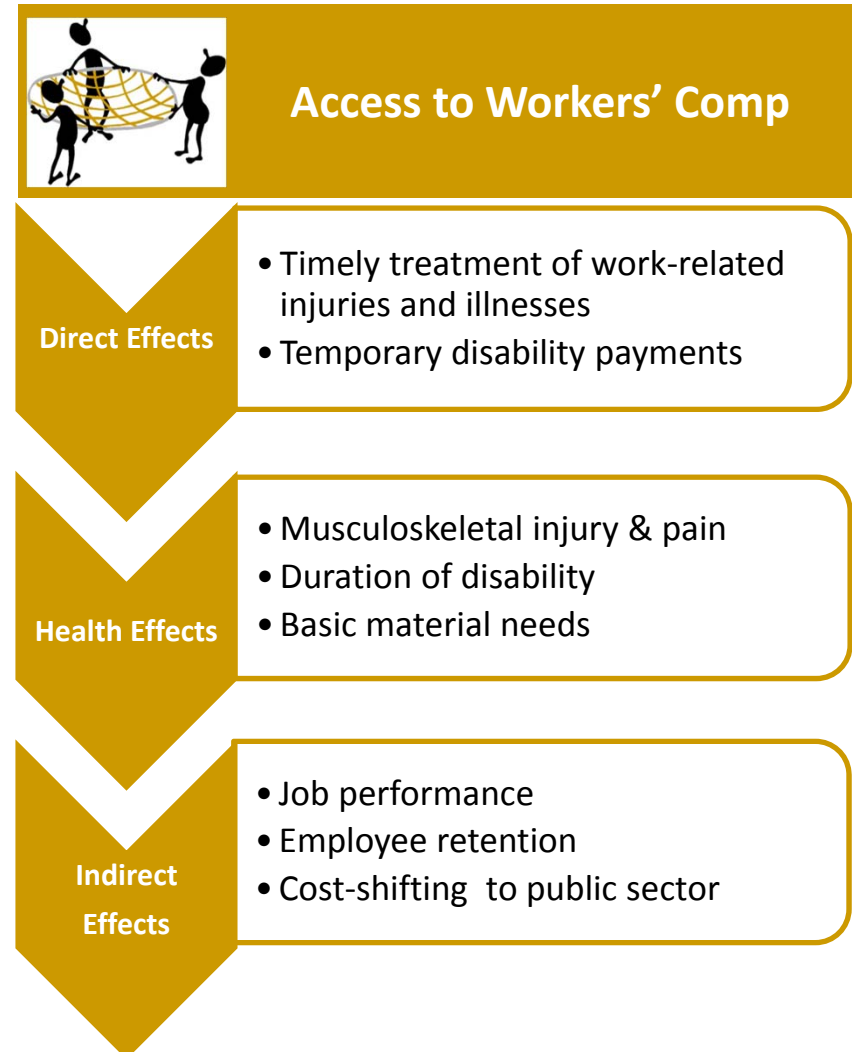
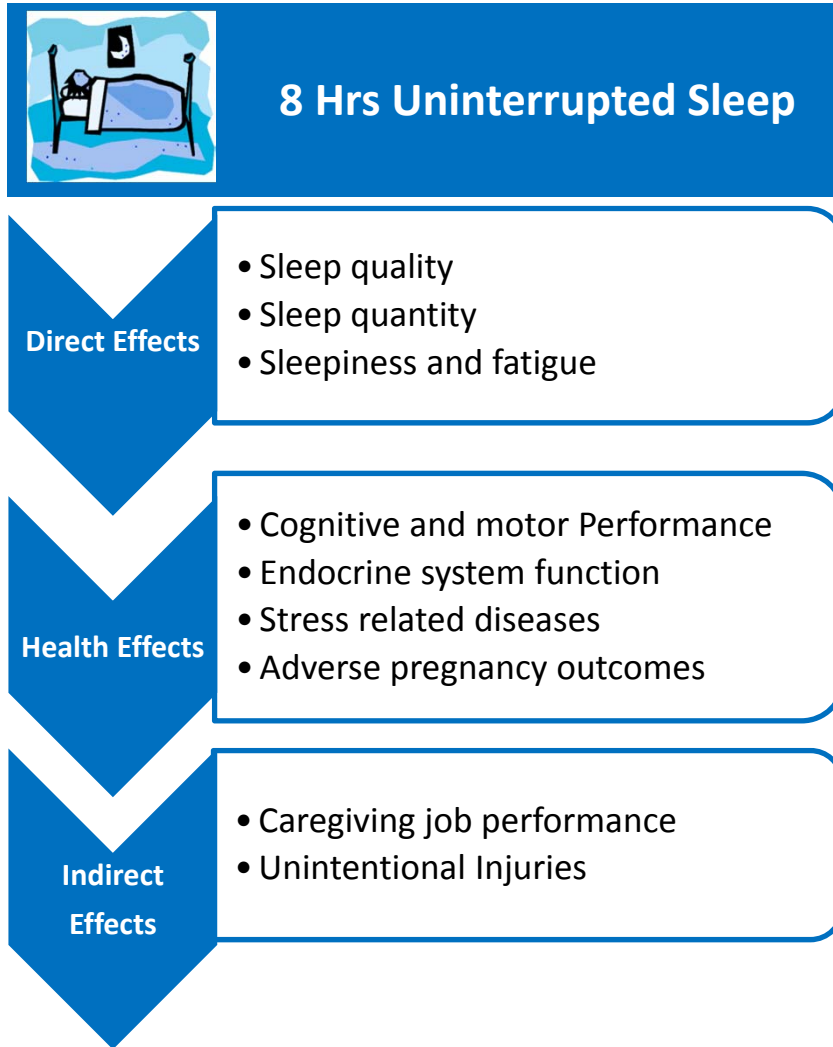
Health Effects

- Inferences on adult and child health care utilization
- Inference on influenza, norovirus, and foodborne disease epidemics

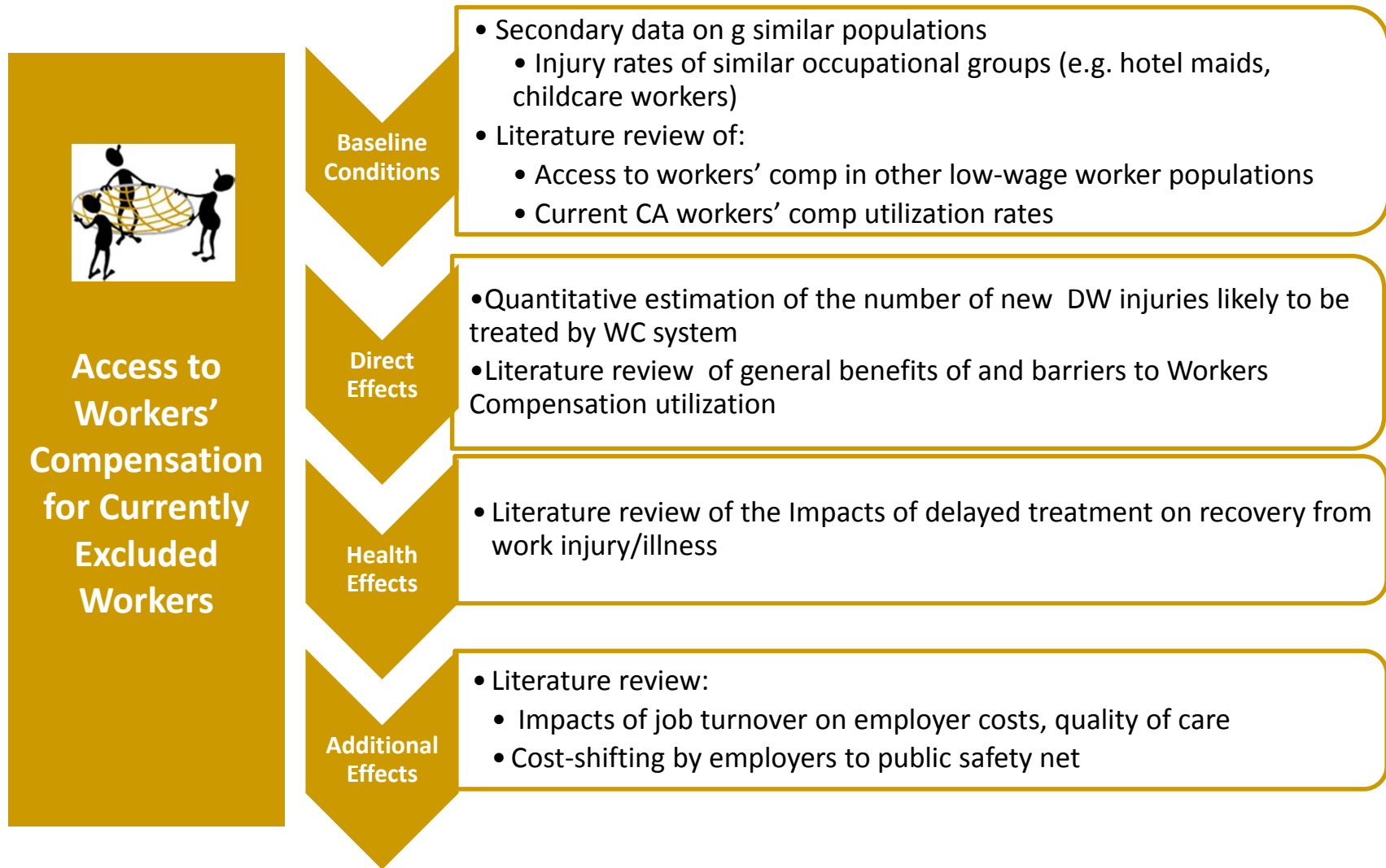
Paid Sick Days: Key Findings

- More workers taking leave from work to care for own illness, and for ill children and dependents
- Less chance of foodborne disease transmission in restaurants.
- Less chance of gastrointestinal disease transmission in long-term elderly care facilities.
- Better compliance with public health guidance for seasonal and pandemic influenza.
- Less income loss and threat of job loss for low-income workers.
- Fewer ER visits and delayed medical care for those with health insurance

Domestic Workers HIA: Causal Models



Data supporting analytic approach



Domestic Worker HIA: Key Findings and Recommendations

- 218,000 DWs in CA; many experience wage theft; not protected by safety & labor laws
- Compared to general workers, DWs experience higher risk of occupational injury
- Impacts of Workers' Comp:
 - Up to 620 domestic workers would be eligible for workers' comp benefits under AB 889
 - Prevention of long-term disability among workers;
- Impacts of Sleep:
 - Reduced risk of pre-mature death, chronic disease, and depression for some 24-hr/live-in

Recommendations

- Increase sleep protection to 8 hours
- Address barriers to worker utilization of legal benefits
- Improve data collections on domestic worker occupational health

Resources:

San Francisco Bay Area
HEALTH IMPACT ASSESSMENT COLLABORATIVE

HOME ABOUT US CASE STUDIES TOOLS PARTNERSHIPS TRAINING + MENTORSHIP POLICY DISCUSSION BOARD

TRAINING + MENTORSHIP
We provide presentations, lectures, and workshops, as well as technical support and mentorship nationally.

TOOLS
Collaborative members have developed and applied a number of innovative evidence-based tools. Find them here.

DISCUSSION BOARD
Post and review questions on starting your own HIA, resource and capacity needs, influencing decisions and more.

FAQ
Find answers to all your HIA related questions including "What is HIA?" and "What does

Who We Are
We are a group of academic, government, and non-profit HIA practitioners who have joined together to be more effective in conducting HIA, engaging stakeholders in partnerships, providing training, and helping to develop policy. [MORE >](#)

Case Studies
National Paid Sick Days HIA Released - June 2009: Collaborative members are excited to release an HIA of a proposed national paid sick days law. [MORE >](#)

WHAT'S NEW

Minimum Elements and Practice Standards for HIA - Newly Released!
November 2010
The HIA of the Americas Practice Standards subgroup is excited to release an updated version of the "Minimum Elements and Practice Standards for Health Impact Assessment (HIA)". Minimum Elements answer the question of "what essential elements constitute an HIA" as distinct from Practice Standards, which answer the question, "how to best conduct an HIA." Overall, the hope is to translate the values underlying HIA along with key lessons from HIA practice into specific standards for practice for each phase of the HIA process.

Draft San Francisco Public Housing Redevelopment HIA Released
August 2010
The UC Berkeley Health Impact Group is excited to release a public draft of a retrospective HIA of redevelopment of two public housing sites through the federal HOPE VI program. The HIA asked the

SF HIA Collaborative
www.hiacollaborative.org

SF Department of Public Health
www.sfphes.org

Healthy Development Tool
www.thehdmt.org

UC Berkeley HIA Group
<http://sites.google.com/site/ucbhia>

Human Impact Partners
www.humanimpact.org