

*Health Impact Assessment*  
**Screening and Scoping of Immigration Reform**  
*January 2010*

I. Introduction

There are currently over 12 million undocumented residents living in the United States. These residents and their families live and work along side us in our communities but, because they are not documented, they are more vulnerable and face inequities in many parts of their lives that lead to adverse physical, mental and social health outcomes.

Congress may consider Comprehensive Immigration Reform (CIR) legislation in the first few months of 2010. Those familiar with the legislation believe that any debate regarding CIR must happen well before the congressional mid-term elections or, if not then, it will be delayed until after those elections.

Health Impact Assessment (HIA) is a combination of procedures, methods and tools that systematically judges the potential, and sometimes unintended, effects of a policy, plan, program or project on the health of a population and the distribution of those effects within the population (IAIA 2006). HIA can be used to improve the quality of public policy decision-making by providing evidence-based recommendations that can be used to enhance predicted positive health impacts and minimize or eliminate negative ones. In fall 2009, Human Impact Partners proposed conducting a HIA on the proposed policy of legalizing undocumented residents as part of CIR in order to provide the decision-making process with data regarding the health impacts of the proposal on undocumented residents, their families and their communities.

To initiate the process, HIP developed a summary of the proposed HIA, a number of pathway diagrams delineating potential relationships between the policy and health, identified a set of research questions to guide the potential HIA, and pursued funding to conduct the HIA. HIP also partnered with the Northwest Federation of Community Organizations (NWFCO) to lead the project. NWFCO works closely with networks involved in immigration reform. Through this HIA, HIP also intended to build NWFCO's capacity to conduct and participate in HIAs in the future. Other groups that expressed interest in participating in the HIA and publicizing findings included the Center for Community Change, the Center for American Progress, and the Immigration Policy Center.

After several months of unsuccessfully pursuing funding for the health impact assessment, HIP and NWFCO concluded that completing a HIA on the topic in the short timeframe required without funding was infeasible and decided to put the project on hold. Nonetheless, in an effort to advance the field of HIA and to highlight the potential relationships between the policy and health, HIP felt it was important to share the preliminary screening and scoping findings that emerged from the process. This document reflects that decision. Below you will find the goals that guided the process, the results of the screening process, preliminary scoping questions and potential data sources.

## II. Goals for the HIA

Our goal was to gain a better understanding of the individual and societal impacts of legalizing undocumented immigrants to increase support for Comprehensive Immigration Reform. A HIA on the proposal to legalize undocumented residents could be used to:

1. Increase awareness among the general public and elected officials of the health effects that the policy would have on undocumented workers, their families and current citizens;
2. Increase support for Comprehensive Immigration Reform by providing elected officials and advocates with data to inform and support CIR;
3. Increase awareness about HIA as a tool/method for identifying health impacts of public policy decision-making.

HIA is a structured but flexible process that includes 5 steps. The first, *screening*, involves determining whether or not a HIA is warranted. The decision to conduct a HIA on legalizing undocumented immigrants reflects the completion of the screening step. The second step, *scoping*, involves determining which health impacts to evaluate, the methods for analysis, and the workplan for completing the assessment. This document lays out the initial findings of the screening and scoping.

After scoping, three steps remain:

- *Assessment* includes gathering existing conditions data, impacts analysis (using data, expertise, and experience along with qualitative and quantitative research methods to judge the magnitude and direction of potential health impacts) and making evidence based recommendations.
- *Reporting* and communicating findings.
- *Monitoring* the effects of the HIA on the decision and its implementation as well as on health determinants and health status.

This HIA did not move beyond the scoping phase.

### III. Screening

*The first question for screening is whether a project, plan or policy has been proposed, a final decision about whether to adopt the proposal has not been made, and whether there is sufficient time to conduct an analysis before the decision is made.*

In this HIA, while no clear proposal had yet been put forward, past immigration reform proposals included a component to legalize undocumented immigrants. The expectation is that CIR in 2010 will include a similar component. As of late 2009, we anticipated that Senator Schumer would introduce his Comprehensive Immigration Reform legislation in January 2010, with debate regarding the bill lasting through end of March (at least).

*The second question in our screening was whether the policy had the potential to affect social determinants of health that impact health outcomes of a population, and whether those impacts were being considered without the HIA.*

Typically, immigration is not thought of from a health perspective or, if it is, it is usually with negative connotations (e.g., immigrants bring disease). Given this, we felt that a HIA could serve to highlight other health impacts that have yet to be discussed in the immigration policy debate. We hypothesized that there were two levels at which the policy could affect health and health determinants – individual and community.

For individuals, determinants of health that could be impacted included stress related to deportation and vulnerability within systems of housing, employment, health care, education; access to housing; working conditions; job security; and access to health care. All of these could lead to impacts on chronic disease, communicable disease, occupational injuries and mental health outcomes. Individual effects on children include the stress resulting from parental deportation, child abuse or neglect, and school performance. For communities, determinants of health could be impacted include crime; tax revenues; communicable diseases; and social services. See below Scoping section for a more thorough understanding of these impacts.

*Our next question in screening was whether evidence, expertise, and/or research methods existed to analyze health impacts associated with the decision being considered.*

In our initial review, there seemed to be research on individual health determinants and immigrants. The National Health and Nutrition Examination Survey (NHANES) appeared to be a potential source of data for examinations of individual level health determinants for immigrants. We also located a number of studies and reports on the social impacts of immigration, such as research on the effects of immigration on the labor market, government spending, and Medicaid use. However, we found that additional work was required to define the pathways through which the policy might impact the health of communities, as these relationships were more indirect and complex.

*Our next set of questions were whether the proposal being considered could potentially impact health inequities, whether the impact on health outcomes was potentially significant, and whether the proposal was neither too closely nor too distantly related to health.*

In sum, we found that the proposal would definitely impact health inequities as undocumented immigrants experience significant social and economic burdens. Much anecdotal and

documentary evidence also illustrates a strong culture of fear among undocumented immigrants, particularly in states that treat undocumented immigrants with strong punitive measures. We also found that health arguments were not being used in immigration reform debates, but that there could be significant health impacts.

*The next questions related to whether decision-makers and/or those stakeholders who have the capacity to influence the decision-makers were likely to use the HIA findings and recommendations to inform the decision-making process, whether through regulatory requirements or voluntarily, and whether partners were available to participate in the HIA process.*

For this HIA, no regulatory requirements existed to compel the use of HIA findings. We found that findings would primarily be used to influence policy-makers and public opinion. For example, Senator Schumer, Congressman Gutierrez, and others in Congress might be particularly open.

Other organizations that would use findings included Center for American Progress and the Center for Community Change. Both organizations stated that depending on the findings, they might organize press conferences, a video, a blogger call, op-eds, Hill briefings, and a shorter report that gets sent to all Hill offices. Other collaborators that could potentially participate in the HIA process included National Immigration Law Center, Immigrant Policy Center, National Council of La Raza, Community Catalyst, American Immigration Law Foundation, America's Voice, and Center for Immigration Studies.

*We also asked whether the HIA could help lead to institutional and/or systemic changes that lead to better health outcomes for all.*

We did not think that the HIA would help change public opinion about undocumented immigrants generally. Furthermore, legalizing 12 million undocumented immigrants would not, as a policy, lead to systemic change around how/why immigrants migrate to the United States more generally. The Comprehensive Immigration Reform bill may have other components that are more systemic, but were not selected as the focus of this HIA.

*Finally, we assessed whether resources, including funding, personnel time, technical capacity, and leadership, were available to conduct the HIA.*

To answer this question, we developed a list of potential funders. Given funding, HIP could lead the HIA project and would have staff time to dedicate to it.

#### IV. Scoping

Initially, the scope of the HIA planned to 1) investigate the existing health-related conditions of undocumented immigrants, their children, and their communities and 2) predict the health-related impacts of a legalization policy on those populations.

Our overarching hypotheses were that legalizing 12 million undocumented immigrants would increase income, employment stability, educational opportunities, housing stability and access to health care, and that these improvements would lead to changes in five domains, including:

- Decreased occupational injuries and premature mortality
- Decreased communicable and chronic disease
- Decreased crime
- Increased public revenue streams
- Increased stability for families and children

The first phase of scoping included developing a series of pathway diagrams that hypothesized impacts on the above domains. See Appendix 1 for the pathway diagrams. These pathway diagrams then informed the specific hypotheses and research questions for each of the domains. Below we delineate the hypotheses, existing conditions data needs, impact analysis research questions, and potential data sources for: 1) occupational injuries and premature mortality, 2) crime, 3) communicable and chronic disease, 4) public revenue, and 5) stability for families and children.

In developing research questions for these hypotheses, we identified baseline data needs to assess impacts across all pathways. These included:

- Income differences between undocumented and documented residents
- Occupational class differences between undocumented and documented residents
- Educational differences (e.g., school performance and educational attainment) between undocumented and documented residents
- Health insurance access and health care use differences between undocumented and documented residents

*NB:* Ideally, we wanted to make comparisons between undocumented and documented residents (the latter referring to native-born residents plus those legally residing in the U.S.). However, we recognized that data limitations may not allow for comparisons at this level. Thus, our next preference was for the ability to compare undocumented residents to native-born residents, and undocumented residents to legal immigrant residents. Finally, if this level of disaggregation was not possible, we are reconciled to comparisons between all immigrant residents (undocumented and documented combined) and U.S.-born residents.

#### *IV.a. Occupational injuries, preventative care and premature mortality*

##### Hypotheses:

- As undocumented residents become documented, occupational injuries and fatalities will decrease among both those residents as well as the occupational class.
- As undocumented residents become documented, use of preventative care will increase.
- As undocumented residents become documented, premature mortality will decrease.

##### Existing conditions:

- Distribution of undocumented workers in various occupational classes.
- Distribution of occupational injury and fatality rates among various occupational classes.
- Access to preventative care and individual health behaviors among undocumented immigrants and documented residents.
- Distribution of stress and stress-related illnesses among undocumented immigrants and documented residents.
- Causes of death among undocumented immigrants and documented residents.
- What mediates the differences in various health outcomes and death rates?

##### Impact analysis:

- What would be the impact of legalizing undocumented immigrants on:
  - Decreasing occupational injuries and fatalities among immigrants and the occupational class
  - Increasing preventative care and individual health-related behaviors in the undocumented community
  - Decreasing stress and stress-related illness in the undocumented community
  - Reducing premature mortality in the undocumented community

##### Data sources:

- Peer-reviewed literature
- Grey literature
- Public agency data (e.g., OSHA, HHS, CDC)

#### *IV.b Communicable and Chronic Disease*

##### Hypotheses:

- Undocumented residents who become documented will have better communicable and chronic disease health outcomes than if they stayed undocumented.
- Communicable disease rates for the general population will improve as undocumented residents become documented.
- These are mediated by health insurance/medical benefits, income, employment, education and housing.

##### Existing conditions:

- Communicable disease rates for undocumented immigrants and documented residents.
- Chronic disease rates for undocumented immigrants and documented residents.
- What mediates the differences in various disease rates?
- Changes in communicable and chronic disease rates over time for undocumented immigrants as they stay undocumented in the US.

##### Impact analysis:

- What would be the impact of legalizing undocumented residents on communicable and chronic disease rates for those residents?
- What would be the impact of legalizing undocumented residents on communicable and chronic disease rates at the community level?

##### Data sources:

- Peer-reviewed literature
- Grey literature
- Interviews with public health officials and doctors
- Public agencies (e.g., CDC, HHS)

#### *IV.c. Crime*

##### Hypotheses:

- Violent crime rates among undocumented residents are lower than documented residents; non-violent crime rates may be higher.
- As undocumented residents become documented, non-violent crime rates will decrease.
- As crime decreases, actual and perceived safety improves for the surrounding communities.
- Areas that spend greater resources on immigration enforcement also experience higher crime rates than if they spent those resources on other types of law enforcement.

##### Existing conditions:

- Violent and non-violent crime rates among undocumented immigrants and documented residents.
- What mediates the differences between crime rates?
- What are perceptions of crime in communities with high numbers of immigrants?
- Is there a relationship between employment (or lack of) and criminal activity?
- Is there a relationship between housing and criminal activity, whereby lack of housing contributes to higher crime rates?
- What is the amount spent on tracing, detaining, and deporting undocumented residents (e.g., ICE raids, in courts) compared with other types of law enforcement?
- Is there evidence of immigration enforcement being conducted by local police departments?

##### Impact analysis:

- What would be the impact of legalizing undocumented residents on crime rates?
- Would stable employment prevent violent or non-violent crime among undocumented immigrants?
- Would secure housing prevent crime among undocumented immigrants?
- Does more crime (or the perception of crime) increase stress and stress-related illness?
- Does more crime (or the perception of crime) prevent people from walking, going to the park, or exercising in neighborhoods?
- Do areas with high spending on immigration enforcement show higher crime rates?

##### Data sources:

- Peer-reviewed literature
- Grey literature
- Interviews with law enforcement officers
- Public agencies (e.g., Homeland Security, DOJ)

#### *IV.d. Public Revenues*

##### Hypotheses:

- As undocumented immigrants become documented, the tax base/revenue would increase.
- As undocumented immigrants become documented, use of public local/state/federal programs could either increase or decrease.

##### Existing conditions:

- Which employment sectors are undocumented immigrants employed in?
- What proportion of employers in these sectors offer health insurance?
- What percentage of undocumented immigrants has health insurance?
- What are the channels through which immigrants would gain access to health care (e.g., private-employer provided, individually purchased and public)?
- How many immigrants might obtain health insurance through employers via their entry into the formal labor market?
- What are current rates of individual health insurance purchasing?
- Are there any tax revenues received directly or indirectly from immigrants?
- What are current estimates of adult undocumented immigrants' use of public programs?
- What are outcomes associated with public program use?

##### Impact analysis:

###### *Use of public programs*

- Would we expect use of public programs to increase or decrease? Which ones and by how much?
- What are the links between preventative care (including doctor visits, improved nutrition, physical activity) and improved health outcomes for individuals and communities?
- How are outcomes of public program use connected to health (e.g., Education → knowledge → health, unemployment → job → income → health, etc)

###### *Funds for public programs*

- What are estimates of increases in tax revenue from newly legalized immigrants?
- Do the increases in tax revenues outweigh the increases in spending (if we estimate increased spending)?
- If there were an increase in public funds due to new payroll taxes, where would these monies go (list all programs)?
- If they go to certain example programs, what could be the potential impact?

##### Data Sources:

- Peer-reviewed literature
- Grey literature
- Public agency data

#### *IV.e. Stability for Children and Families*

##### Hypotheses:

- Documented children in families with an undocumented parent have poorer health outcomes than other documented children due to less access to public services, poverty, and living in fear.
- Documented children in families with an undocumented parent have poorer educational outcomes than other documented children and therefore will not be able to contribute as meaningfully to the workforce and may face other obstacles.
- Documented children in families with undocumented parents could have their families broken up and may end up in foster care, which is associated with poor health outcomes.
- Undocumented children face similar issues as documented children of undocumented parents and have additional poor health outcomes associated with fear of deportation.

##### Existing conditions:

- How many undocumented children are there currently? How many documented children have undocumented parents?
- How many children have had their parents deported or otherwise detained for extended periods of time? What happens to those children? E.g., live with relatives, foster care, deported
- What are the impacts on children of only having one parent involved in their upbringing?
- How many children in undocumented families enter foster care? How does foster care impact health outcomes for those children? For communities?
  - Increase crime rates and impacts – e.g., injury, fatality, stress
  - School outcomes and impacts – e.g., lower income, lower capacity workforce, lower productivity, less business innovation
  - Public spending
- What are the impacts on children of living in fear that they or their parents are in danger of being deported? E.g., impacts on school outcomes, stress, access to public service
- Do documented children of undocumented residents and/or undocumented children have less access to public services and what are the associated impacts on health? If so, which? E.g., education, housing, medical care, unemployment
- How many children in undocumented families live in poverty and what are the associated impacts on health?

##### Impact Analysis:

- What would be the impact of legalizing undocumented residents on health outcomes for documented children, and on poverty and education for those documented children? What are implications for them when they are adults?
- What would be the impact of legalizing undocumented children on their health outcomes? What are implications for them when they are adults?

##### Data sources:

- Peer-reviewed literature
- Grey literature
- Interviews with people involved with foster care system
- Focus groups with undocumented parents
- Interviews with social workers that work with undocumented

## V. Conclusion

The screening and scoping of this HIA highlight some significant opportunities to assess the health-related impacts of immigration reform proposals on both individuals and communities. The results would likely add a innovative and constructive perspective to the debate around Comprehensive Immigration Reform. Unfortunately, there is a dearth of data to assess these impacts, which increases the level of resources necessary to conduct the Health Impact Assessment. As this became more apparent, HIP and NWFCO agreed that conducting the HIA in the absence of funding was infeasible.

While the foundations we contacted expressed interest in a HIA on Comprehensive Immigration Reform, they were not able to commit the necessary funds. Moreover, recent changes in Congress has also thrown into question whether Comprehensive Immigration Reform will be debated in 2010.

Given funding and a receptive political climate, an immigration policy HIA would be a worthwhile endeavor. Should the opportunity present itself again, the material presented here may be valuable for advancing that effort.