

Testimony of Lawrence-Douglas County Public Health
To House Committee on Welfare Reform
Neutral Written Testimony | HB 2101

Chairman Averkamp and members of the committee,

Thank you for allowing Lawrence-Douglas County Public Health (LDCPH) to provide written neutral testimony on HB 2101, which would prohibit municipalities from adopting and implementing a guaranteed income program. LDCPH serves Lawrence and Douglas County residents and works to create abundant and equitable opportunities for good health.

The intent of this testimony is to provide data related to guaranteed income programs throughout the United States. In 2024, LDCPH reviewed the health impact of these programs as part of a health impact assessment. The data for this assessment comes from various other pilot programs in the United States and Canada, PubMed, and Stanford Basic Income Lab. There are several health benefits that these programs have the potential to impact, including improved food security, improved housing stability and improvements to developmental outcomes for children.

LDCPH provided the following results to Douglas County in December 2024 as part of a review of a potential guaranteed income pilot program that was being considered as part of the 2024-2029 Community Health Improvement Plan, which LDCPH, in collaboration with partners, published in October 2024. **Overall, the assessment found that no negative impacts could be expected due to the program.** However, several positive and little to no impact social determinants of health were found.

The health impact assessment found the following positive factors:

- Positive impacts on housing and homelessness occurred in several programs. Research suggests that these programs provide access to more stable housing.
- Positive impact on food insecurity. Additional income for housing needs also provided additional funding for nutritious food.
- Poverty overall experienced a significant positive impact with these programs. Improvements to both housing and nutrition lifted families out of poverty.
- Early education outcomes also improved for children who participate, with their families, in these programs. These programs show promise in reducing parental burden and stress and allow children and their parents to spend more time together, which improves childhood development and reduces trauma.

The health impact assessment found the following no-impact or little impact factors:

- No impact on employment. Various programs reported that employment remained the same consistently throughout each program. Further, many participants chose to start their own businesses due to the freedom the program provided.
- There was a mixed income impact on participants. Most participants saw a loss of \$1,000 each month. However, those programs showed that while income decreased, mental health time for leisure activities increased, and work-life balance improved significantly.
- There was no recorded impact on children who are living in poverty with their families who are participating in the program. Children who experience poverty have a higher likelihood of chronic conditions and a higher risk of negative health consequences. The assessment also explored foster care and its connection to poverty. Research suggested that there was a mixed impact to children being placed in foster care during these programs, due to relationship improvements with parents and little to no data was collected.
- Chronic disease improvements, especially for women, were not studied in current available data. Chronic, high rates of stress are known to increase the likelihood of chronic conditions like heart disease, stroke, and asthma. These programs also do not have any impact on physical health.



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We have included the full assessment in this testimony for you to review as part of your consideration of HB 2101. Please reach out to the health department at 785-843-3060 should you have any additional questions or need additional information.

Sincerely,



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Health Impact Checklist for New and Existing Policies

Background

Lawrence-Douglas County Public Health (LDCPH) recognizes that health primarily happens outside of the doctor's office and is shaped by the conditions in which we are born, grow, live, work, and age. These conditions are influenced by many programs and policies which may appear to be unrelated to health, but which may have important health consequences, both positive and negative. Failure to consider the health consequences of policies could result in unintended harm or missed opportunities to improve health. LDCPH recognizes that we must balance many priorities and might not always have all the information we need to understand how our policy decisions impact the health of our community and its residents. When making decisions, and creating policies, LDCPH desires to identify the ways in which we might affect health and how to implement the policies in a way that have a neutral or positive impact on health.

One tool that can be used in this pursuit is the Health Impact Checklist (HI-C) Assessment. The HI-C Assessment can be used to identify and address potential unintended (positive or negative) health impacts of a policy on specific groups. Like the Health Equity Impact Assessment, which has also been implemented at LDCPH, the HI-C Assessment considers a health in all policies approach to implementing new and existing policies.

Goal:

- Define decision making using a health in all policies approach.
- Reduce the potential for unintended consequences that may perpetuate disparities and harm either directly or indirectly.

Procedure:

This tool should be used during the decision-making process about a new or revised policy or may be used retrospectively to evaluate policies through a health in all policies lens. This assessment may be applied to the development or review of community policies, programs, ordinances, resource allocations, regulations, and other initiatives, such as those considered by the Douglas County Commission, municipalities, or other decision-making bodies and could accompany a position statement submitted to those organizations.

Acknowledgement:

This assessment was adapted from a similar checklist created by the Kansas Health Institute for use at LDCPH with our policies and procedures. Blue Cross and Blue Shield of Kansas (BCBSKS) provided funding for this assessment through the *Pathways to a Healthy Kansas* program.

Health Impact Checklist Assessment (HI-C): the questions below are designed to ensure that policies promote health in all policies approach and promote health equity. The questions below may not be able to be answered for every policy but serve as a platform for further discussion prior to the adoption of any new policies.

Date: 9/20/2024
Person/Group Completing the HI-C: Shelby Ostrom on behalf of Douglas County, Kansas
Policy/Proposal Name: Guaranteed Income/Universal Basic Income Pilot
What is the question that needs to be answered by the HI-C Assessment? Will the proposed guaranteed income pilot program have an unintended negative health consequence(s) for proposed participants?

Section 1: Screening and Completion of the Health Equity Impact Assessment

In accordance with LDCPH policies, a Health Equity Impact Assessment (HEIA) must accompany all policies that meet the HEIA criteria. This includes LDCPH policies, practices, and programs that are either internal, primarily affecting current or prospective LDCPH staff, or external, which would likely affect community members and clients. Many proposed policies will meet the criteria of both the HEIA and the HI-C assessment.

<p>1a. Does this policy have the potential to impact the agreed upon definition of health in all policies (A collaborative approach that integrates and articulates health considerations into policymaking across sectors to improve the health of all communities?)</p> <p><input checked="" type="checkbox"/> Yes, continue with HI-C Assessment</p> <p><input type="checkbox"/> No, consider discontinuing HI-C</p> <p><input type="checkbox"/> Unsure (if you are unsure, contact the Community Health Team at the Health Department or visit with someone at the organization that is considering the policy)</p>
<p>1b. Has a Health Equity Impact Assessment (HEIA) been completed?</p> <p><input type="checkbox"/> Yes, continue with HI-C Assessment</p> <p><input type="checkbox"/> No, consider a HEIA first</p> <p><input checked="" type="checkbox"/> Unsure (if you are unsure, contact the Community Health Team at the Health Department or visit with someone at the organization that is considering the policy)</p>

<p>1c. What is the anticipated timeline for this proposal? Will it use any significant resources from LDCPH?</p>
<p>This proposal will not use significant resources from LDCPH other than time to complete this assessment on behalf of members of the guaranteed income pilot program group. As of the completion of this assessment, there has not been a timeline determined for the program. However, the Douglas County commission will be expected to vote on the program proposal sometime after the release of the Community Health Improvement Plan (CHIP), which occurred</p>

in October 2024. Further, this report will be used as a data-supported tool to share with potentially funding sources for the pilot program, which could occur at any time.

Section 2: Summary

Please provide a summary of the policy and describe your findings and recommendations from the HI-C assessment.

2a. Key Points of Proposal

Douglas County is considering implementing a guaranteed income pilot program for residents in the county. This pilot program would be geared towards female headed households who already had children under 18 or were expecting children. The expected participants will fall within the ALICE threshold, which considers individuals and families who are asset limited, income constrained and employed. This program, which was introduced in the Community Health Improvement Plan for Douglas County would provide a \$500 stipend per month to families who meet the criteria during the pilot, with hopes of lifting them out of poverty. Guaranteed income programs, also known as universal basic income, are programs in which communities receive stipends from various entities regardless of their own individual incomes. The goal of these policy interventions is to improve the overall wellbeing of families and individuals who are living in poverty by providing them secure and consistent pay. Several pilot programs, which are catalogued by the Stanford Basic Income Lab, note that these programs improve historical inequities by lifting marginalized communities out of poverty, and provide access to better community resources.

2b. Impacted Social, Economic, and Environmental Conditions

- Employment
- Income/Access to a livable wage
- Housing/Houselessness
- Food Insecurity
- Poverty
- Birth Outcomes
- Children Who Experience Poverty
- Chronic Diseases Impacting Women
- Early Education and Childhood Development
- Children Staying With Parents/Staying Out of Foster Care

2c. Potential Health Impacts

Employment: no impact to employment recorded. Current research suggests that employment either stays the same or decreases slightly.

Income/Access to a livable wage: overall mixed impact to income. Research suggests that there is a loss of \$1,000 per month for pilot participants. However, this loss is due to less hours worked, improved mental health, and more time for leisure activities.

Housing/Houselessness: positive impact to housing and/or homelessness. Research suggests that pilot programs provide access to more stable and long-term housing.

Food Insecurity: positive impact of food security. Research suggests that additional income for housing provides more individual income for food as well.

Poverty: positive impact on poverty. Research suggests that improvements to food security and stable housing lift communities and families out of poverty.

Birth Outcomes: positive impact on birth outcomes. Studies have suggested that guaranteed income pilot programs with money given directly to pregnant participants show improved birth weight and lower preterm births.

Children Experiencing Poverty: unclear impact on children who are experiencing poverty. While we know that children who are experiencing poverty are at a higher risk of negative health consequences, the impact of these pilot programs on children is unclear.

Chronic Disease Impacting Women: Unclear impact on chronic disease, particularly diseases that impact women. While we know that higher rates of stress can increase the likelihood of chronic conditions, these pilot programs do not show any impact on physical health, especially for women.

Early Education and Childhood Development: positive impact on both early education and childhood development. These pilot programs show promise in reducing parental stress and allowing for children and parents to spend more time together, which improves childhood development.

Children Staying With Parents/Staying Out of Foster Care: mixed impact on children staying with parents. Most studies suggest that while parental relationships are improved, there was no data collected on foster care and case workers entering the home.

2d. Impacted Population(s)

The impacted population will be female-headed households in Douglas County with children under 18 years old. While no population has been identified for the pilot program, the impacted population should still be considered for the pilot.

2e. Final Recommendations

1. Host a series of focus groups and/or data walks with priority, potential applicant pool populations to gather additional thoughts and feelings on the program. Use findings to inform pilot program objectives and goals.
2. Consider how the stipends for the program will be distributed. Would it be through a direct deposit, cash card/debit card, or check. Consider how the money might be tracked for evaluation purposes if necessary to program objectives.
3. Evidence suggests that many participants in these pilot programs invest time in starting their own businesses and/or pursuing education. Consider a partnership between Peaslee Tech or similar technical schools to provide educational pathways for participants to begin classes or learn more about entrepreneurship.
4. Consider the priority population for the program. Consider if it should be narrow, wide, inclusive, or only include certain zip codes, etc. Also consider how marketing and promotion for “applications” to the program is done to increase program participation.
5. To maximize the positive health impacts of birth outcomes, food security, housing, and increased economic security, etc. Consider providing additional resources and services for participants in the program after its conclusion to reduce any negative after-program consequences.

6. Consider how the pilot program will be evaluated. This could include the hiring of an external evaluator, continual data collection from program participants during and after the program, and how data will be collected.

Section 3: Scope

3a. Please provide a background and rationale for this proposal/policy. Including who will be involved.

In the 2023 Community Health Assessment, poverty was identified as a key priority and indicator of health in Douglas County. The statistics collected in the CHA were used to develop strategies for the 2024-2029 Community Health Improvement Plan (CHIP), which was released by Lawrence-Douglas County Public Health and several community partners in October 2024. One of the strategies identified for improving poverty in Douglas County was the introduction of a guaranteed income pilot program, specifically targeted to female-headed households in the county with children under 18 years old who are experiencing poverty. The program will be using the ALICE threshold to determine the eligibility of participants. ALICE stands for asset limited, income constrained and employed. The current threshold in Douglas County is 66.4%, the goal of this program will be to raise that threshold to 80% over a period of 5 years. The policy stipulates that female-headed households who qualify will need to apply for the program and will receive a monthly stipend, regardless of their current income, to use for expenses such as childcare, food, medicine, and transportation. The stipend is expected to be around \$500 and will not have limits on what it can be used for.

Guaranteed income programs, also known as universal basic income, are programs in which communities receive stipends from various entities regardless of their own individual incomes. The goal of these policy interventions is to improve the overall wellbeing of families and individuals who are living in poverty by providing them secure and consistent payments. Several pilot programs, which are catalogued by the Stanford Basic Income Lab, note that these programs improve historical inequities by lifting marginalized communities out of poverty, and provide access to better community resources. Further, these programs are intended to create an income floor for a community.ⁱⁱ These pilots, according to research, are proven strategies to improve health, income security, and employment.

3b. Which of the following social, economic, and environmental conditions (determinants of health) does this proposal have the greatest potential to impact? (select at least three)

<p>Economic Stability</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Employment <input checked="" type="checkbox"/> Income/access to a livable wage <input checked="" type="checkbox"/> Housing/homelessness <input checked="" type="checkbox"/> Food insecurity <input checked="" type="checkbox"/> Poverty 	<p>Neighborhood and Physical Environment</p> <ul style="list-style-type: none"> <input type="checkbox"/> Housing quality <input type="checkbox"/> Safety of housing (environmental conditions) <input type="checkbox"/> Transportation 	<p>Education</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Early childhood education and development <input type="checkbox"/> High school graduation <input type="checkbox"/> Higher education <input type="checkbox"/> Language <input type="checkbox"/> Literacy
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	<input type="checkbox"/> Environmental conditions (clean air, clean water, etc.) <input type="checkbox"/> Access to healthy food <input type="checkbox"/> Safety <input type="checkbox"/> Walkability	
Community and Social Context <input type="checkbox"/> Civic participation <input type="checkbox"/> Toxic stress <input type="checkbox"/> Social isolation/resiliency <input type="checkbox"/> Incarceration <input type="checkbox"/> Relationships <input type="checkbox"/> Tobacco usage/access	Health and Health Care <input type="checkbox"/> Health coverage <input type="checkbox"/> Provider availability <input type="checkbox"/> Access to health care <input type="checkbox"/> Access to Behavioral Health Services <input type="checkbox"/> Quality of care <input checked="" type="checkbox"/> Chronic disease management (diabetes, heart disease, etc.), particularly impacting women.	Other (please list) <input checked="" type="checkbox"/> Birth Outcomes <input checked="" type="checkbox"/> Children Who Experience Poverty <input checked="" type="checkbox"/> Children Remaining with Parents/Staying Out of Foster Care.

3c. Does this proposal consider any of the following population groups? *(not already indicated above)*

No
 Racial/ethnic minority
 Age group
 Gender group
 Immigrants/refugees
 Sexual minority
 Person with a disability

3d. Please share the geographical location of this proposal.

The geographical location for this pilot is limited to Douglas County, KS.

Section 4: Description of Impacts

4a. What partners can help you find research regarding potential impacts of the proposal on the social, economic, and or/environmental conditions identified in Section 3? *(list at least one)*

Potential partners can include community foundations, nonprofit organizations, government agencies, universities or colleges, health care organizations, community coalitions, stakeholder groups, community organizations (including those representing populations experiencing facing significant barriers to health and well-being) and others.

Specific Partner	Partnership Contribution
Stanford Basic Income Lab (guaranteedincome.us)	The Stanford Basic Income Lab provides a dashboard of guaranteed income pilots throughout the United States that can be accessed for research purposes.
United Way of Kaw Valley (uwkawvalley.org)	UWKV hosts the Whole Family Initiative, which seeks to align services and systems to support the whole family and lift people out of poverty. This partner could provide data on current female-headed households who are living at or below the ALICE threshold in Douglas County.
Lawrence-Douglas County Public Health (LDCPH)	LDCPH serves as the publisher for the Community Health Improvement Plan. However, it also can provide additional policy and program research through this assessment.
Anti-Poverty Workgroup of the Community Health Improvement Plan	The anti-poverty workgroup is a group of partners and community organizations who have come together to develop strategies, goals, and objectives for the Anti-Poverty pillar of the community health improvement plan. The proposed pilot program is a strategy of the anti-poverty pillar for improving poverty in Douglas County. This group has collective knowledge on potential community impacts, including to clients and community members, and could provide that knowledge for this assessment, future data walks, and programmatic goals of the pilot itself.

4b. Describe how the proposal could impact the social, economic, and/or environmental conditions identified in Section 3 and how it could result in associated health impacts for the community overall.

Factor (as listed in section 3c.)	Impact of the proposal on the factor/condition	Impact of the factor/condition on health	Overall health impact
Employment	The most recent study on guaranteed income, completed in 2023, notes that there was no impact on employment and the quality of employment with the pilot program. However, many participants	According to the Robert Wood Johnson Foundation, a well-paying stable job allows workers access to healthier neighborhoods, access to high quality education, childcare services, and	<input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Mixed <input checked="" type="checkbox"/> None <input type="checkbox"/> Unclear

	found additional sources of income, including opening businesses. Many participants also participated in more leisure activities. ⁱⁱⁱ	additional insurance benefits that stabilize one's health. In addition, high quality employment can lengthen the lifespan and decrease emotional stress. ^{iv}	
Income/Access to a Livable Wage	While livable wage and employment are explicitly linked, guaranteed income pilots are targeted at providing additional resources to participants. The same study that looked at employment, saw an average decrease in yearly earning potential between the test and control groups. On average, participants lost \$1,500 more per year while participating in the program. However, the study also notes that participants were able to spend more time away from work due to stability with income. ^v	Research has confirmed that there is a positive correlation between one's health and their income and earning potential. Access to education and healthcare are key entry points in overall good health over time. ^{vi}	<input type="checkbox"/> Positive <input type="checkbox"/> Negative <input checked="" type="checkbox"/> Mixed <input type="checkbox"/> None <input type="checkbox"/> Unclear
Housing	Research indicates that there is a strong link between stable housing and access to guaranteed income. Guaranteed income programs significantly reduce the rent burden for low-income families, promoting both housing stability and mobility for people to	The health impacts of housing encompass several factors, including housing quality, safety, affordability, and stability. Housing is a key component of the healthy built environment, which provides stability for adults and for children. Unstable	<input checked="" type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Mixed <input type="checkbox"/> None <input type="checkbox"/> Unclear

	<p>move to better, and safer housing. Research suggests that deep impacts were also seen on food security and overall better mental health.^{vii}</p>	<p>and unsafe housing can cause negative health consequences such as lead, mold, or even asbestos poisoning (from paint), trauma (from evictions and instability in housing), asthma, and heating and cooling.^{viii}</p>	
Food Security	<p>Research suggests that guaranteed income programs support food security and reduce food insecurity through additional cash assistance that pays for other needs so more family funds can go towards food and other expenses.^{ix}</p>	<p>Research suggests that exposure to food insecurity can increase the probability of experiencing several chronic diseases, including, hypertension, cancer, asthma, diabetes, and kidney disease, to name a few. In addition, there is trauma associated with food insecurity.^x</p>	<p><input checked="" type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Mixed <input type="checkbox"/> None <input type="checkbox"/> Unclear</p>
Poverty	<p>The most recent, comprehensive study on guaranteed income shows that there is a strong link between these programs and reducing overall poverty. While there are other mixed outcomes, there is a positive correlation between poverty improvements and these programs due to cash payments that pay for food, rent assistance, and medical expenses that traditionally leave individuals in debt that creates poverty.^{xi}</p>	<p>Poverty is a key social determinant of health that refers to individuals who live below the US federal poverty level. Unmet social needs, environmental factors, and barriers to accessing healthcare can not only increase poverty, but also decrease overall health and wellbeing and influence health.^{xii}</p>	<p><input checked="" type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Mixed <input type="checkbox"/> None <input type="checkbox"/> Unclear</p>

<p>Birth Outcomes</p>	<p>A study conducted in Philadelphia which gave pregnant people cash payments of \$1,000 per month throughout their pregnancies and one year postpartum showed impressive promise at improving birth weight and preterm births. The payment amount was correlated to costs of housing and local childcare. The program also provided doula support, financial coaching, and child visits for the parents. These programs have also shown promise in improving mental and physical health for women and parents, which also is correlated to improved birth outcomes.^{xiii}</p>	<p>There is several traditional health inequities related to birth outcomes, especially for Black, Hispanic, and Native American mothers. Rates of preterm births and low birth rates are recorded higher in pregnancies among these groups of people. There are several health-related risk factors for birth outcomes. These include mental health inequities such as toxic stress, lack of prenatal care, lack of healthcare access, and racism can all cause impacts to health.^{xiv}</p>	<p><input checked="" type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Mixed <input type="checkbox"/> None <input type="checkbox"/> Unclear</p>
<p>Children Who Experience Poverty</p>	<p>A study done by the University of Washington indicated that cash payments for children’s education can significantly improve rates of poverty over a child’s lifetime. However, not many studies have been conducted on children whose parents receive stipends for their families.^{xv}</p>	<p>Childhood poverty is associated with several health impacts including developmental and motor delays, toxic stress, chronic illnesses such as asthma, anemia, and nutritional deficits that can cause obesity. Further, these health impacts can follow children into adulthood, which contribute to generational cycles of poverty.^{xvi}</p>	<p><input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Mixed <input type="checkbox"/> None <input checked="" type="checkbox"/> Unclear</p>

<p>Chronic Diseases Impacting Women</p>	<p>Guaranteed income programs are traditionally targeted towards families who experience poverty. Poverty is traditionally coupled with higher rates of chronic illness and less access to health services. According to research conducted by the University of Michigan, guaranteed income programs do not have a significant impact on improving physical health or chronic conditions. Further, no research has been conducted on the delineation between men and women. ^{xvii}</p>	<p>Women are at a higher risk of several chronic conditions such as Alzheimer's, cardiovascular disease, increased risk of recurrence of heart attacks and stroke and depression. ^{xviii} Further, women, especially female-headed households, are more likely to live in poverty, which can significantly impact their ability to treat these chronic conditions. ^{xix}</p>	<p><input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Mixed <input type="checkbox"/> None <input checked="" type="checkbox"/> Unclear</p>
<p>Early Education and Childhood Development</p>	<p>A guaranteed income pilot in Austin, TX showed promise in improving childhood development outcomes through reducing stress for parents and allowing them to be more present and invested in their children's education. By providing stability, these programs reduce stress and allow families to have more time to dedicate to education, spending time together, and improving their emotional bonds, all which have positive impacts. ^{xx} Similar</p>	<p>Early childhood education is a key metric in the overall health and wellbeing of children. Childhood development and education programs reduce the risk of risky behaviors and prevent or delay onset of chronic diseases in adulthood. Further, children who participated in early education programs had a lower risk of heart disease and other risk factors such as obesity, elevated blood sugar, high blood pressure, and high cholesterol. ^{xxii}</p>	<p><input checked="" type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Mixed <input type="checkbox"/> None <input type="checkbox"/> Unclear</p>

	results were seen in Cambridge, MA. ^{xxi}		
Children Staying with Parents/Foster Homes	While there are no studies directly linking children and parents staying together, several studies and pilot programs show promise at improving stability through housing and financial support. Further, many of the pilot programs also show an increase in positive relationships between parents and children that might not have been present without the pilot program. Stability has been shown to improve mental health, which in turn, could improve parental behavior towards children who might have otherwise been removed from the home. ^{xxiii}	There are several health benefits for children who can stay or remain in contact with their biological parents and family. Studies show that children who are in foster care show less signs of depression and other mental disorders, including improved attachment, less risk of risky behaviors, and lower risk of anxiety when in contact with biological families. ^{xxiv}	<input type="checkbox"/> Positive <input type="checkbox"/> Negative <input checked="" type="checkbox"/> Mixed <input type="checkbox"/> None <input type="checkbox"/> Unclear

4c. Based on the potential impact of the proposal on social, economic, and/or environmental factors identified in Section 3, identify populations who could be impacted and how the proposal might affect their health (could consider the population group in section 3d.)

Factor (as listed in section 3c.)	Impacted population (as listed in section 3d.)	Impact on health	Overall health impact
Employment	The potentially impacted population will be those female-headed households who participate in the program. The families, and children, will also be impacted by the program.	Research suggests that guaranteed income pilots have little to no impact on employment. So, we can anticipate that there will be no impact on employment for this program. However,	<input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Mixed <input type="checkbox"/> None <input checked="" type="checkbox"/> Unclear

		current employment levels could still affect health, especially in toxic stress.	
Income/Access to a Living Wage	The potentially impacted population will be those female-headed households who participate in the program. The families, and children, will also be impacted by the program.	Research suggests that, like employment, there is little to no impact on income. However, there could be some health impacts of this. Toxic stress due to earnings or income could continue to be a problem once the pilot ends.	<input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Mixed <input type="checkbox"/> None <input checked="" type="checkbox"/> Unclear
Housing	The potentially impacted population will be those female-headed households who participate in the program. The families, and children, will also be impacted by the program. In addition, Douglas County may also be impacted as well as the landlords.	Research suggests that housing stability improves with guaranteed income. Health impacts of this could include overall better environmental and stress-related health outcomes.	<input checked="" type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Mixed <input type="checkbox"/> None <input type="checkbox"/> Unclear
Food Security	The potentially impacted population will be those female-headed households who participate in the program. The families, and children, will also be impacted by the program.	Research suggests that food security and guaranteed income programs are directly linked. Positive health impacts could include improved weight, access to foods and healthy foods, and improve overall food stability.	<input checked="" type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Mixed <input type="checkbox"/> None <input type="checkbox"/> Unclear
Poverty	The potentially impacted population will be those female-headed households who participate in the program. The families, and children, will also be impacted by the program.	There is a direct impact to poverty-related outcomes and guaranteed income pilot programs. Health impacts of improved poverty outcomes could include overall	<input checked="" type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Mixed <input type="checkbox"/> None <input type="checkbox"/> Unclear

		improvements to health.	
Birth Outcomes	The impacted population will be pregnant women who are expecting children while in the program or who are up to 1 year postpartum.	This pilot program will positively impact the health of pregnant women in the program, particularly historic minorities such as Black, Hispanic and Native American women. As noted above, studies have shown that these pilot programs improve birth weight and preterm births through reduced stress and improved nutrition for mothers.	<input checked="" type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Mixed <input type="checkbox"/> None <input type="checkbox"/> Unclear
Children Who Experience Poverty	The impacted population will be the children of the participants in the pilot program.	There were a few studies that looked at the overall impact of poverty for children for guaranteed income programs. However, we know that poverty has a detrimental impact on children that can continue to adulthood. These impacts, including trauma, historical nutritional defects and developmental delays, can cause preventable chronic health conditions.	<input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Mixed <input type="checkbox"/> None <input checked="" type="checkbox"/> Unclear
Chronic Diseases Impacting Women	This condition would impact the women and heads of household in the program. Further, it could potentially impact the female children of participants in the long term.	There is little evidence to suggest that chronic diseases are positively impacted by guaranteed income programs, especially in the short term. However, we know that chronic conditions, especially	<input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Mixed <input checked="" type="checkbox"/> None <input type="checkbox"/> Unclear

		ones that come from stress, impact women at higher rates. These conditions include depression, heart disease and stroke risk, and Alzheimer's. However, due to the lack of evidence, we can not conclusively state that these pilot programs have an impact on the health and wellbeing of chronic conditions women face.	
Early Education and Childhood Development	This condition will impact the children and expected children of participants in the program.	Guaranteed income programs are proven at improving family relationships and parental stress. Further, there is also evidence to suggest that less parental stress can lead to improved childhood development and better early education outcomes for children.	<input checked="" type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Mixed <input type="checkbox"/> None <input type="checkbox"/> Unclear
Children Staying with Parents/Foster Homes	This condition will impact the children of the participants. It could also potentially impact the participants, and the future children of the participants.	There have been a few studies that have linked an increase in improved family relationships to guaranteed income programs. However, many of the health impacts were secondary to children staying out of foster care.	<input type="checkbox"/> Positive <input type="checkbox"/> Negative <input checked="" type="checkbox"/> Mixed <input type="checkbox"/> None <input type="checkbox"/> Unclear

4d. Please list any direct impacts of the proposal that have not been considered in section 4b. through 4c. if applicable.

Based on the findings above, more research needs to be conducted on chronic diseases and children living in poverty, as there were little to no impacts indicated in research. While we know

that poverty significantly impacts children, we can deduce that guaranteed income pilot programs may not have been studying the impact of the programs on children of participants. Further, the impact of chronic diseases, especially those impacting women, were unclear. While research suggests that there is a positive impact on chronic disease reduction, it does not delineate between men and women, suggesting that pilot programs may not have been targeted to a specific gender. We suggest finding opportunities in this pilot program to study these impacts.

4e. Have you engaged the potentially impacted populations? What are their perspectives on this policy?

In November 2024, the anti-poverty workgroup of the Community Health Improvement Plan participated in a data walk with data about the impacted population. The data walk was hosted at the Kennedy Early Childhood Center in Lawrence, which serves several members of the potentially impacted population of this proposal. The participants of that data walk shared that the data used for the data walk was difficult to see, however, showed interest in the program. At this time, this is the only potentially impacted group consulted for this proposal.

Section 5: Assessment Findings and Recommendations

5a. What partners can help you develop recommendations to address or mitigate the potential health impacts identified in Section 4?

Specific Partner	Partnership Contribution
LiveWell Douglas County	LiveWell Douglas County hosted a data walk at the 2024 Celebration Breakfast to gather feedback on the proposal. LiveWell Douglas County could potentially host another data walk or participate in additional evaluation methods.
United Way of Kaw Valley	UWKW should also be considered as a partner as they have several community navigators and community health workers who could promote the program to their clients and gather feedback.
Douglas County's Lived Experience Group	Douglas County has a lived experience compensation policy. Douglas County could consider creating a focus group targeted to the pilot.

5b. To what extent does evidence (data, literature, etc.) from other communities or organizations support the connections between similar policies and the impact above?

Within the last year, the National Bureau of Economic Research (NBER), conducted a multi-year study on various guaranteed income pilots throughout the United States. This evidence suggests that these pilot programs provide financial support to families and individuals to lift them out of poverty and support stable housing over time. While evidence linked to improved employment and income was limited, some data suggests that there is a human component to these

programs that allow participants to have more flexibility within their income and support their families in different, non-traditional, ways.^{xxv} The Stanford Basic Income Lab, which supports several guaranteed income pilot programs throughout the United States, shows that most of the income was spent in retail sales and services. This includes places like Target or Walmart (big box stores) where additional groceries and medical supplies can be purchased.^{xxvi}

5c. Based on the results of this checklist, suggest recommendations that can help maximize potential positive health impacts and or/mitigate potential negative health impacts of the proposal. *(suggest at least one)*

1. Host a series of focus groups and/or data walks with priority, potential applicant pool populations to gather additional thoughts and feelings on the program. Use findings to inform pilot program objectives and goals.
2. Consider how the stipends for the program will be distributed. Would it be through a direct deposit, cash card/debit card, or check. Consider how the money might be tracked for evaluation purposes if necessary to program objectives.
3. Evidence suggests that many participants in these pilot programs invest time in starting their own businesses and/or pursuing education. Consider a partnership between Peaslee Tech or similar technical schools to provide educational pathways for participants to begin classes or learn more about entrepreneurship.
4. Consider the priority population for the program. Consider if it should be narrow, wide, inclusive, or only include certain zip codes, etc. Also consider how marketing and promotion for “applications” to the program is done to increase program participation.
5. To maximize the positive health impacts of birth outcomes, food security, housing, and increased economic security, etc. Consider providing additional resources and services for participants in the program after its conclusion to reduce any negative after-program consequences.
6. Consider how the pilot program will be evaluated. This could include the hiring of an external evaluator, continual data collection from program participants during and after the program, and how data will be collected.

Section 6: Monitoring and Evaluation

6a. How will you evaluate the effectiveness of your proposed recommendation?

This pilot program will be evaluated on how well it lifts female headed households in Douglas County who fall within the ALICE threshold. This evaluation will need to occur throughout the pilot program, and after the program to determine, what impacts have continued to improve due to the program.

6b. How will results be monitored and shared with stakeholders and affected groups?

Douglas County and additional partners should consider hiring an external evaluator to evaluate the effectiveness of the program during the program and monitor additional results after the program. Both an after-action report and evaluation should be provided to the public and other stakeholders as part of the yearly reporting of CHIP objectives and outcomes.

Section 7: References and Sources

Please use this space for references and sources of above information.

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