

HIA Practitioner Story: Q&A with David Liners

At the National HIA Meeting in June 2015, the Health Impact Project honored two HIA teams for improving community health and well-being in their communities. In this interview, David Liners— Executive Director of WISDOM— shares his experience working on [an HIA](#) that assessed the potential health impacts of increasing Wisconsin's budget for the Treatment Alternatives and Diversion (TAD) Fund, which provides money to specialty treatment courts and criminal justice diversion programs.

Interviewer: Why was WISDOM interested in doing this [HIA]? What was the crossover between criminal justice issues and health?

David Liners: The most important connection between health and the criminal justice system, for us, was realizing that so many of the people that are caught into the criminal justice system are there because of mental health issues and/or substance abuse issues. And that, really ... the mass incarceration of people is treating a health problem with a criminal justice solution. And part of what we wanted just to drive home was we need to look at health problems as health problems. That if somebody's sick, they need to get better. They don't need to be punished. So that was very much the initial connection for us. And then as we went further, we also realized that the system itself — not only are we treating a public health problem with a criminal justice solution, but we're creating greater public health problems by using the wrong solution.

Interviewer: If [the Treatment Alternatives and Diversion Fund (TAD)] was fully funded, how could you see that changing [the health of] Wisconsin communities?

David: It would have an incredible impact on the health. One thing it would do is it would keep families together. Most people we have in jail and prison have families. And a lot of them have children. The majority of them have children who depend on them. And it would actually allow people to continue to provide for their own family. And continue to be a positive force in the community and in the family. So that would certainly be one impact.

[Another] is that we would just stop spending this incredible amount of money. I mean, we're talking hundreds of millions of dollars that we're spending on incarceration that could be saved. Even after allowing for the cost of the treatment. That could be put into things like education. That could be put into other kinds of programs for youth. That would start to deal with some of the root causes of some of the dysfunction that we have in parts of our communities.

So there's a lot of ways. It would impact the health of the individual who's now being incarcerated, whose health is not being improved. It would improve the health of families. It would improve the health of neighborhoods. And it would actually just kind of increase the capacity of our whole state to make much better choices with our money.

Interviewer: [Can you tell me] about the communities that are actually affected by this particular decision? What are the toughest challenges to health and well-being in some of these vulnerable communities?

David: Some of the communities that are most affected by incarceration are communities that really have very few other resources out there for them. I mean, jobs are in short supply, education is not of very great quality in a lot of cases. So we're dealing with communities that are really distressed [and] ... in poverty. And there are very few other avenues. There are very few other ways for people

to get a change into their life ... One of our core beliefs going forward is that we really need to make sure that future expansions of TAD are really going to be directed very specifically at communities of color and low income communities. It's such a good program. And it's so proven to be effective and worthwhile that our legislature expanded it. But they expanded it outward instead of expanding it more deeply into the communities that are in the greatest crisis ... TAD can be a tool to really change some of the hardest hit communities in Wisconsin. But we actually have to be very proactive about that. We have to be very intentional to be sure the resources get to those communities.

Interviewer: What came out of HIA? Did anything surprise you?

David: The thing I was most surprised about with the HIA when it was done was that not only could we reduce our prison population through alternatives, but we would actually reduce the crime rate at the same time. It was so counterintuitive ... I realized so many of us for so many years have kind of heard the dominant narrative. [That] we need jails and prisons to keep us safe.

That in fact, treatment would keep us safer. We knew it was a better thing for the individual. We knew that it cost a whole lot less money. But it never really dawned on us that it actually had the real potential to reduce crime ... once you saw it, you realized, well of course. Of course that's the case ... That would be a good example of how the HIA sort of helped to explode the dominant narrative. And say, there's a different way to look at this. And when you do, and you actually see the data that backs it up, it changes the whole paradigm people operate out of.

I think that was very important for us when we dealt with legislators. Because they were like, well it might save money. But are we going to save money at the cost of public safety? And because we had the HIA in hand, we were able to say, no. You're going to save money and enhance public safety. Because you're also helping people to be rehabilitated. Not just warehousing them and putting them back out with a high likelihood of doing the same thing that got them in trouble in the first place.

So that was one of the most surprising benefits of the HIA. One of the other benefits of the HIA, frankly, is that it gave us something in hand. When we went to visit with legislators, we went to visit with bureaucrats, we actually had something with data that actually demonstrated it.

Decision makers have actually shown a lot of respect for the HIA. It's been an interesting experience for us that people have actually begun to use it themselves ... without us bringing it to them. One of the things that was very surprising to us last year was that Dodge County — which is a little county in the middle of Wisconsin that we don't have any members in — that the Dodge County Board of Supervisors passed a resolution citing this HIA. Recommending that the state should increase TAD funding to reduce the prison population. So it actually had taken on its own life. And people were seeing it and respecting it. So it's been very much respected that the facts are solid and they're clear and there's no real disputing what's true. Now it's just a matter of what to do about it.

Interviewer: From a more personal perspective ... what are the outcomes that you're most proud of?

David: The thing we're most proud of is that we got a 400% increase in the TAD program directly because of the work connected to the HIA. It was not projected to be in the budget. It wasn't in the proposed budget. Nobody was talking about it.

The combination of getting a lot of people mobilized and having the good data actually caused a legislature in a very difficult budget year to make the decision. To increase funding very

dramatically. And that means, concretely, almost 1,000 people a year not going to jail or prison. Because they're being served by that increase.

So just that increase by itself is 1,000 people a year. It still needs to be a lot more. There's still a whole lot more people. There's still a really unacceptable number of people going to jail and prison. But sometimes if we need a reason to be encouraged, we just got to remember there's 1,000 people who aren't in jail and prison today because they had access to a TAD program.

Interviewer: What would you say to someone maybe from a nonprofit in another state who was thinking about taking on a health impact assessment? After having come through one, what's the value of the HIA process?

David: The process of doing the health impact assessment is, I would say, as valuable as the document itself, at the end. I think there's a great value in thinking a different way, in looking at the world a different way. There's a great value in getting data that can help to support you ... The deeper value of the health impact assessment is that it changes the way you think. It gives you a different lens for your own selves, for your own members, as well as for the people you're talking to. It helps people to look at it through that other lens.

One thing everybody can agree on is that health is good. Whether we think we should have bigger government or a smaller government. Whether we think we should have more regulation or less regulation. Whether we think all kinds of things along the political spectrum. I think we all can agree that we desire each other to be healthy and to be able to prosper. And this is a way to actually lift up a public policy using that criterion, which is probably the most basic human criterion of what's good that you can come up with.

Interviewer: Can you talk about how community concerns, on this particular issue, were incorporated into the HIA?

David: So the community was involved in a variety of ways in doing the HIA. The first was at the very beginning. I mean, it was actually a big meeting here at Madison. Where we presented the idea to a large group of our leaders about what an HIA was and how we might want to do it. So we had groups of people all along. Very representative — very broad, diverse groups of people — helping to shape the process from the very beginning. From even making the decision to explore doing it. All the way up to the scoping process and the like.

During the HIA itself, we had a lot of focus groups, which were just really energizing. It was great. A lot of people who were drug treatment court graduates or alternative program graduates who really loved having the chance to be able to tell their story. And to tell what it was that helped them become whole again. And a chance to actually express that, in a way. And the fact that ... they saw how that was backed up by the data ...

And then at the end, it was exciting. At the end, we had a couple thousand people in WISDOM who were walking around with HIAs in their hand who felt like experts. Because they understood this and they had been part of the process. And they felt very empowered and emboldened to go and talk to decision makers. To talk to editorial boards. To talk to their own congregations. To talk to whomever. Because, basically, we felt like, yeah, we know what we're talking about and we can prove it ...

The health impact assessment brought together our members, which includes some church folks from 17 different faith traditions. Very broad interfaith group of people of faith. But it also got some of our partners who are involved in agencies and in serving organizations. We also got some partners who are academics who had been looking at criminal justice to be involved. And then very importantly, we got the formerly incarcerated community very much involved from the very beginning

As a community organizer, the greatest satisfaction in our work is actually seeing people feel empowered to be able to speak. And to feel that they're being taken seriously. And to bring together people who normally wouldn't come together. But to bring people together around values and bring people together with a chance to actually make a difference.

David Liners is the Executive Director of WISDOM, a statewide faith-based community organization in Wisconsin. [Learn more](#) about how this HIA has helped increase access to alternatives to prison programs—benefiting thousands struggling with addiction, mental illness, and other health conditions.