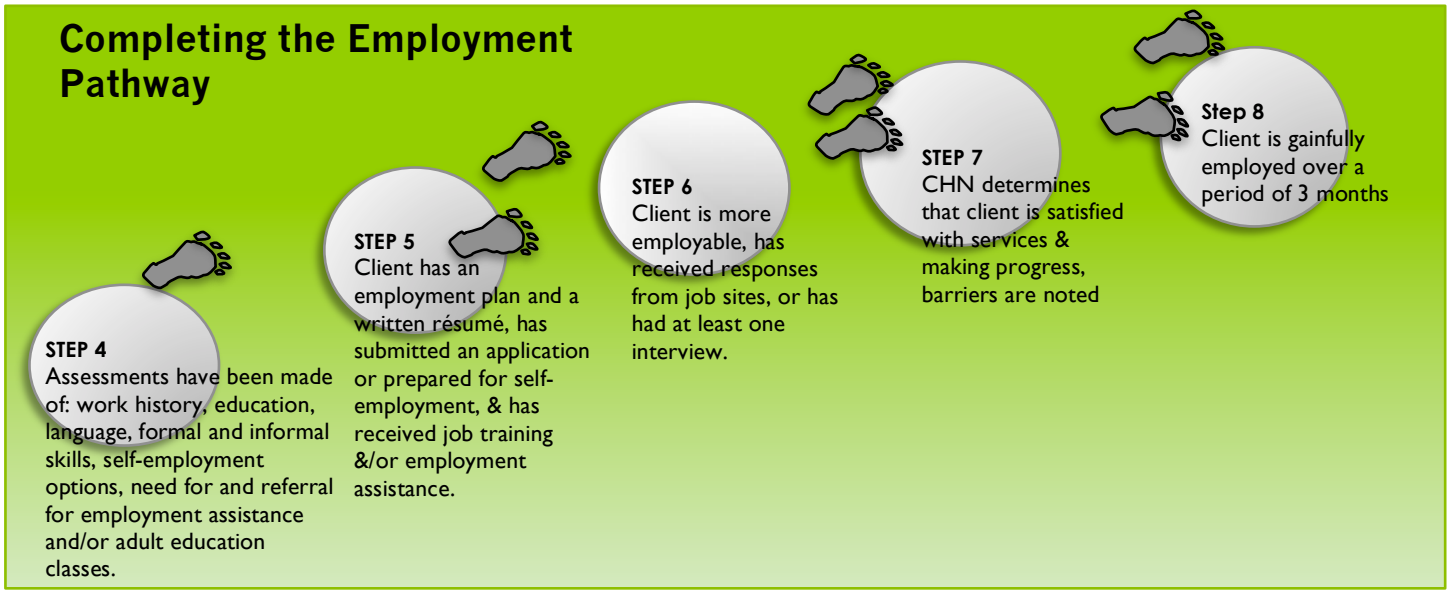
Pathways to a Healthy Bernalillo County

Employment Pathway Return on Investment Analyses

Since 2010, completion of the Employment pathway has generated approximately $8.1 million in income for Pathways clients and the communities in which they live and work. Every $1 spent on the Employment pathway produced almost $13 in additional income for extremely needy county residents. However, even this substantial benefit-cost ratio doesn't fully capture the pathway's potential benefits. Employment has been shown to improve physical and mental health in ways that can't be fully explained by the income it produces. Unfortunately, for most Pathways participants, employment is not a solution to the problem of poverty or an antidote to its negative health impacts. Rarely are the jobs obtained by Pathways clients sufficient to lift them from poverty or eliminate their need for public aid.

Every $1 spent on the Employment pathway produced almost $13 in income for Bernalillo County's most vulnerable residents.

Navigators help employment pathway clients assess their qualifications, prepare and post resumes, apply for jobs, prepare for interviews, move through the hiring process, and acclimate to employment. Securing employment for Pathways clients can be a lengthy and difficult process, requiring navigators to use their ingenuity and draw upon their extensive community connections to help clients get and keep jobs. One-in-three Pathways clients (1,176) attempted the Employment pathway and one-in-seven (533) completed it, remaining gainfully and consistently employed for *a minimum* of three consecutive months.



Community health navigators help Pathways clients surmount tremendous barriers to employment

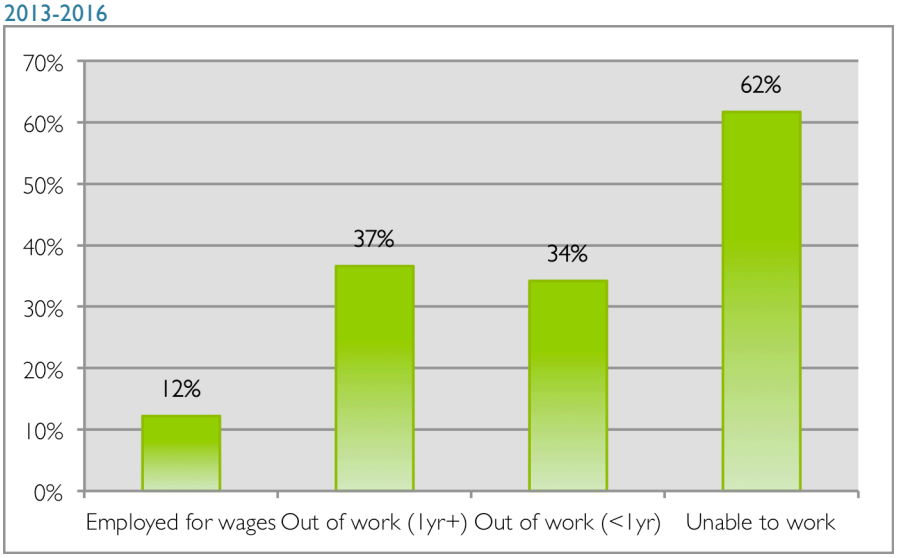
- Forty-two percent of clients who pursued the Employment pathway had recently been released from jail or prison. Three-quarters of formerly incarcerated job seekers felt that their criminal records diminished their chances of employment.
- Employment clients were over twice as likely as other Pathways clients to have had problems at work or in school due to substance abuse (51% versus 23%).
- Fifty-three percent had experienced mental illness.
- Two-thirds did not graduate high school.
- Twenty-eight percent were single mothers with no parenting support.
- Seventy-seven percent lacked reliable transportation
- Thirty-nine percent lacked reliable telephone access
- Sixty-two percent needed help with dependent care.
- Forty percent were not proficient in English

Employment is a central pillar in the economic and social infrastructure that enables individuals to lead healthy lives. The five pathways most frequently pursued by Employment pathway clients were: Housing (32%), Health Care Home (28.2%), Education/GED (22.5%), Food Security (19.6%), and Depression/Behavioral Health (19%). For many Pathways clients, employment is key to sustaining the other gains they have made through the program, including stable housing, a healthcare home, and food security. Employment also improves self-esteem and enhances social networks, which provide individuals with the fortitude to take on major life challenges such as leaving an abusive relationship, living sober, or staying out of jail.

The relationship between employment and health

Employment status is a social determinant of physical and behavioral health.[1] Employment impacts health by affecting income, access to healthcare, and emotional wellbeing. The linkage between inadequate income and poor health is well established. In addition to providing income, employment can also be a source of health insurance coverage, which is another key determinant of healthcare access.[1]

Chart 1: Bernalillo County adults: Self-rated health in "fair" or "poor" by employment status 2013-2016

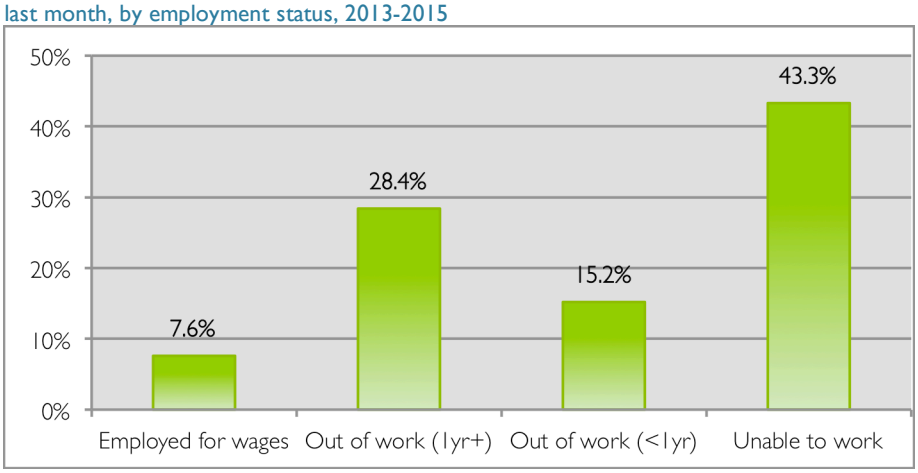


Source: Centers for Disease Control and Prevention (CDC). Behavioral Risk Factor Surveillance System Survey Data. & New Mexico Department of Health.

Unemployment has also been shown to negatively impact both mental and physical health in ways that are independent of its effect on income and healthcare access. Researchers surmise that the adverse physical health effects of unemployment are related to loss of income, diminished standards of living, and unhealthy behaviors, like alcohol and tobacco consumption, that may be exacerbated by deprivation and stress.[2] [3] In Bernalillo County, as in the rest of the U.S., involuntarily unemployed adults are more likely than employed adults to describe their physical health as "fair" or "poor" (**Chart 1**).[4] [5] The health of unemployed Pathways clients is even worse– 89 percent of Employment pathway completers described their health as "fair" or "poor" upon entry to the Pathways program.

The loss of a job has been shown to severely impact mental health, more than doubling the probability of depression.[6] [7] [8] Numerous mechanisms, including financial hardship, stress, social stigma, loss of self-esteem, and a diminished sense of control, link unemployment with mental health impairments.[9] [10] Upon entry to the Pathways program, 92 percent of Employment pathway completers said that they were currently disabled by depression and 64 percent said that they had been unable to obtain behavioral healthcare when they needed it.

Chart 2: Bernalillo County adults: Mental health was "not good" 14 or more days in the last month, by employment status, 2013-2015



Pre-existing psychological problems increase the likelihood of becoming unemployed and mental health impairments reduce the chances of finding a new job,[11] thus, the chronically unemployed confront a vicious circle wherein their ill health creates a barrier to employment and lack of employment further exacerbates their health problems. However, research also indicates that the mental health impacts of unemployment are may be independent of a worker's mental health before they became unemployed, [12] meaning that anyone, not just

[1] Employment is a major source of healthcare coverage for many workers. However, many low wage/low income workers, including Pathways clients, cannot access employer-sponsored health insurance either because their employer doesn't offer it, they have not been

those already afflicted, can experience debilitating psychological problems as a result of unemployment.

Low-income adults are more likely than other New Mexico adults to report poor mental health, regardless of employment status, but the income disparity in mental health status is greatest for individuals who have been unemployed for over one year (**Chart 2**).

Not surprisingly, given its effects on mental and physical health, unemployment has been shown to increase the risk of mortality from all causes, including suicide.[13] Death rates have been shown to increase 50 to 100 percent in the year following unemployment and remain significantly elevated for the next 20 years, reducing a 40-year-old's life expectancy by an average of 1 to 1.5 years.[14] A recent synthesis of over 40 studies concluded that the experience of unemployment, both past and present, increased the risk of death by almost two-thirds.[15] Unemployment has been associated with unhealthy behaviors that increase the risk of premature mortality, including increased consumption of alcohol and tobacco and reduced physical activity. It is also likely that health characteristics and behaviors that increase the likelihood of unemployment also increase the likelihood of premature mortality. However, research has shown that pre-existing health problems and behaviors explain only part of the relationship between unemployment and premature mortality.[16] [17]

Among Employment pathway completers who took the exit interview, 97 percent described their health as "fair or poor" upon entry to the Pathways program and 34 percent described their health as "fair" or "poor" upon exit.

Re-employment after a period of joblessness, has been associated with marked improvements in behavioral health and smaller, but still significant, improvements in physical health, including decreased risk of mortality.[18].[19] [20] [21] [22] Clients who completed the Employment pathway were more likely than other Pathways participants to describe their health as "improved" or "greatly improved" on the exit survey. Eighty percent of clients who completed the Employment pathway, and 75 percent of clients who did not attempt the Employment pathway reported that their health had "improved" or "greatly improved" since participating in Pathways.

Living in a household with one or more unemployed workers has been associated with poor self-rated health.[23] Similarly, communities with high rates of unemployment tend to have relatively poor health outcomes[24] and above-average rates of crime and violence.[25]

Lasting impacts of temporary unemployment

Unemployment can undermine health and earning capacity in ways that persist for years after the individual has found another job. The negative impacts of unemployment, including mental health impairments and increased mortality, increase with the duration of unemployment.[26] [27] [28] The longer an individual remains unemployed, the less employable they become.[29] This is due, in part, to the erosion of work-related skills and work-related social networks; but it also reflects the reluctance of employers to hire people with sustained periods of joblessness.[30] Long periods or repeated bouts of unemployment also reduce the rate at which an individual's wages grow over time and thus impact lifetime earning potential.[31]

Desperate efforts to make ends meet during periods of unemployment can have long-lasting repercussions. Individuals who are unable to cover their basic expenses with income from work may resort to illicit activity. Because criminal convictions are severe barriers to employment, even a brief foray into illegal activity can severely compromise lifetime job prospects.

Earned Income

Many of the adverse health impacts of unemployment are related to loss of income. A 2011 study of the long-term unemployed and under-employed found that 63 percent skipped dental visits, 56 percent deferred needed health care, and 40 percent did not fill prescriptions.[32]

Upon entry to the Pathways program, 79 percent of Employment pathway completers said they had been unable to afford needed healthcare and prescription medications.

Since 2010, completion of the Employment pathway has generated roughly $8.1 million in income for Pathways clients and the communities in which they live and work. In addition to $6.8 million in earnings, workers benefitted from approximately

$1.3 million in refundable federal and state income tax credits. This income, although profoundly valuable to the workers and their families, was not sufficient to lift the majority of Employment pathway completers out of poverty.

To complete the Employment pathway the client must remain employed for at least three months. Nationwide, low-wage, low-income workers stay in a job for an average of 2.2 years.[33] This is well below the average duration of employment for U.S. workers generally (4.2 years),[34] but probably longer than many Pathways clients remain employed, due to their transient lifestyles, health impairments, and numerous employment challenges. The Pathways program conducts exit interviews with all program graduates who can be reached by phone. Exit interviews are conducted an average of 107 days after program completion. Thirty of 45 Employment pathway completers were still employed at the time of the exit interview, suggesting that two-thirds of employment pathway completions result in *at least* 6 months of employment.

The analysis of earnings assumes that one third of Employment completers remain employed for 45 days, one third remain employed for six months, and the remaining one third remain employed for 2.2 years – the national average employment duration for low-income, low-wage workers nationwide.[35]

Table 1: Estimated annual and total earnings of Employment pathway completers by average duration of employment

		Earnings per Worker	
Clients	Employment duration	Annual earnings	Total earnings
176	45 days	$1,688	$1,688
176	180 days	$6,750	$6,750
176	2.2 years	$13,688	$30,113

Pathways clients typically find work in service or retail businesses such as car washes, hotel housekeeping, Wal-Mart, and fast food restaurants. Navigator notes indicate that many Pathways clients work fewer hours than they would like and some hold down multiple jobs at once. The estimate of client earnings assumes that workers earn $8.75 per hour, the City of Albuquerque's 2016 minimum wage,[2] and work an average of 30 hours per week (**Table 1**).

Table 2 2016 poverty thresholds

Household size	
1	$11,770
2	$15,930
3	$20,090
4	$24,250
5	$28,410
6	$32,570
7	$36,730

Poverty despite work

None of the scenarios modeled – 45 days, 6 months, or a full year of employment -- generates enough income to lift a household of two above the poverty threshold (**Table 2**). Even working full time and year round for $8.75 per hour produces gross income of $18,200, slightly above the poverty threshold for a household of two but still well below the amount needed to cover a single individual's basic expenses for a year without other aid. Researchers from MIT estimated that the basic cost of living for a single Bernalillo County adult totaled $21,514 in 2015 and that a two-person household needed $46,062 before taxes just to make ends meet.[36]

Tax credits help low wage workers make ends meet

The federal Earned Income Tax Credit (EITC) is a significant share of income for many working families. The EITC is a refundable tax credit, meaning that credit amounts in excess of tax liability are returned to the filer in the form of a refund check. To qualify for EITC, workers must have earned income and adjusted gross income within certain limits; (**Table 3**). Single workers without children qualify for modest EITC benefits, but low-income working parents can qualify for credits as high as $6,269 in 2016 (**Table 4**).

Table 3 2016 Earned Income Tax Credit Income limits

Filing status	Number of Qualifying Children Claimed			
	Zero	One	Two	Three or more
Single, Head of Household or Widowed	$14,880	$39,296	$44,648	$47,955
Married Filing Jointly	$20,430	$44,846	$50,198	$53,505
Source: Internal Revenue Service				

[2] Albuquerque's 2016 minimum wage is $7.75 if the employer provides healthcare and/or childcare benefits worth at least $2,500 per year. Albuquerque's minimum wage is adjusted annually based on changes to the Consumer Price Index (CPI) and will increase to $8.80 effective January 1, 2017.

Table 4: Maximum EITC amounts for tax year 2016 by number of children
$2 to $506 with no qualifying children.
$9 to $3,373 with one qualifying child.
$10 to $5,572 with two qualifying children.
$11 to $6,269 with three or more qualifying children.
Source: Internal Revenue Service

To be eligible for EITC, workers and their qualifying children must have Social Security numbers that are valid for employment. Many low-income working DACA[3] recipients therefore qualify for the EITC. Other undocumented workers, including those who have consistently paid federal income and payroll taxes and never requested a refund, do not. Pathways clients who are paid "under the table" or otherwise avoid engagement with the tax system may forego valuable EITC benefits for which they might otherwise qualify.

Fifty percent of Employment pathway completers have dependent children at home and 28 percent are single parents. Based on estimated average annual earnings, Employment pathway completers qualify for between $399 and $2,781 in annual EITC benefits, although, as depicted in **Table 4**, the actual range of potential benefits is much wider. Assuming 75 percent of workers who gained employment through Pathways filed for EITC,[4] Employment pathway completers generated $1.1 million in EITC income over the life of the Pathways program.

The State of New Mexico augments the federal EITC with the Working Families Tax Credit, a fully-refundable state income tax credit equal to10 percent of the federal EITC. Low-income workers may also qualify for the New Mexico Low Income Comprehensive Tax Rebate, another fully refundable state income tax credit.[37] The "typical" Employment pathway completers depicted in **Table 5** qualify for between $247 and $349 in state income tax credits.

Table 5 Employment pathway completers: Estimated annual income from employment by average duration of employment

Clients	Employment duration	Average annual earnings	Federal EITC	NM Refundable Tax Credits	Total income from employment (1 year)
176	45 days	$1,688	$399	$247	$2,334
176	180 days	$6,750	$1,608	$303	$8,661
176	2.2 years	$13,688	$2,781	$349	$16,818

Completion of the Employment pathway has generated approximately $8.1 million in income for Pathways clients and their dependents since 2010 (**Table 6**).

Table 6. All employment pathway completers: Total income from employment

	Total
Total wages	$6,780,560
Total EITC	$1,071,856
Total State tax credits	$232,046
Total income from employment	$8,084,462

Impact on Healthcare Costs

Unemployment tends to decrease workers' use of preventive medical services.[38] Reduced utilization of preventative care may save money in the short-term, but failure to prevent or adequately control chronic diseases can result in far higher long-term healthcare costs.[39] Thus the full impact of unemployment on a worker's healthcare costs may manifest years after the episode of unemployment.

As noted earlier, unemployment more than doubles the probability of depression. The relationship between mental illness and increased healthcare costs is well established.[40] Patients with depression have average annual healthcare costs roughly 240 percent higher than those of non-depressed patients.[41] Compared to patients without behavioral health

[3] Deferred Action for Childhood Arrivals (DACA) is a Obama administration executive action started in 2012 that allows certain undocumented immigrants who entered the US before their 16th birthday and before June 2007 to receive a renewable two-year work permit and exemption from deportation. DACA confers non-immigrant legal status but does not provide a path to citizenship.

[4] half as single filers with no dependents and half percent as married or head of household with an average of two dependent children

conditions, behavioral health patients have more physician office visits, hospitalizations, and trips to the ED, most of which are for ambulatory sensitive, non-behavioral health concerns. [42] [43]

Benefit-Cost Analyses

Benefit-cost analyses have shown that work experience programs for low-income, long term unemployed job seekers generate benefits in excess of costs for public sector funders.[44] [45] [46] Quantifiable benefits – both to the job seeker and the general public – arise primarily from increased labor market earnings, but employment also reduces public sector costs related to public assistance, food assistance, publicly subsidized health insurance, criminality, and incarceration.[47]
Many of the benefits of employment, including improvements in mental health and changes in healthcare costs, are not readily quantified for the Pathways population. Still, a comparison of the additional $8.1 million in income earned by Pathways participants to the $626,808 cost of administering the Employment pathway suggests that every $1 spent on the Employment pathway produces almost $13 in benefits.

Conclusion

By helping clients find and keep jobs, Pathways navigators make it possible for them to sustain other gains made through the Pathways program. Not only does employment generate the income needed to keep a family housed and fed, it improves self-esteem, reduces isolation, and can enhance mental and physical health. However, for most Pathways participants, employment is not a solution to the problem of poverty or a cure for its negative impacts on health. Rarely are the jobs obtained by Pathways clients sufficient to lift them from poverty or eliminate their need for supplemental food, housing subsidies, and other supports reserved for economically vulnerable community members.

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[1] Maaike van der Noordt; Helma IJzelenberg; Mariël Droomers; Karin I Proper. Health Effects of Employment: A Systematic Review of Prospective Studies. Occup Environ Med. 2014;71(10):730-736.
[2] McKee-Ryan F, Song Z, Wanberg CR, et al. Psychological and physical well-being during unemployment: a meta-analytic study. J Appl Psychol 2005;90:53–76.
[3] Hammarstrom A. Health Consequences of Youth Unemployment: Review from a Gender Perspective. Social Science and Medicine. 1994;38(5):699–709.
[4] M. Bartley, Unemployment, Stress, and Health, In Encyclopedia of Stress (Second Edition), edited by George Fink, Academic Press, New York, 2007, Pages 797-803,
[5] Ezzy, D. Unemployment and mental health: a critical review. Soc Sci Med 1993; 37:41–52.
[6] Maaike van der Noordt; Helma IJzelenberg; Mariël Droomers; Karin I Proper. Health Effects of Employment: A Systematic Review of Prospective Studies. Occup Environ Med. 2014;71(10):730-736.
[7] S. M. Montgomery, D. G. Cook, M. J. Bartley, and M. E. J. Wadsworth, "Unemployment pre-dates symptoms of depression and anxiety resulting in medical consultation in young men," International Journal of Epidemiology, vol. 28, no. 1, pp. 95–100, 1999.
[8] Karsten I. Paul, Klaus Moser, Unemployment impairs mental health: Meta-analyses, Journal of Vocational Behavior, Volume 74, Issue 3, June 2009, Pages 264-282
[9] Wanberg CR. The individual experience of unemployment. Annu Rev Psychol 2012;63:369–96.
[10] W. Bolton and K. Oatley, "The longitudinal study of social support and depression in unemployed men," Psychological Medicine, vol. 17, no. 2, pp. 453–460, 1987
[11] Karsten I. Paul, Klaus Moser, Unemployment impairs mental health: Meta-analyses, Journal of Vocational Behavior, Volume 74, Issue 3, June 2009, Pages 264-282
[12] M. Bartley, Unemployment, Stress, and Health, In Encyclopedia of Stress (Second Edition), edited by George Fink, Academic Press, New York, 2007, Pages 797-803,
[13] Milner A, Page A, LaMontagne AD (2013) Long-Term Unemployment and Suicide: A Systematic Review and Meta-Analysis. PLoS ONE 8(1): e51333.
[14] Austin Nichols, Josh Mitchell, and Stephan Lindner. "Consequences of Long-Term Unemployment." Urban Institute, 2013. Retrieved from:http://www.urban.org/uploadedpdf/412887- consequences-of-long-term-unemployment.pdf
[15] Roelfs, David J. et al. "Losing Life and Livelihood: A Systematic Review and Meta-Analysis of Unemployment and All-Cause Mortality." Social science & medicine (1982) 72.6 (2011): 840–854. PMC. Web. 24 Nov. 2016.
[16] Roelfs, David J. et al. "Losing Life and Livelihood: A Systematic Review and Meta-Analysis of Unemployment and All-Cause Mortality." Social science & medicine (1982) 72.6 (2011): 840–854. PMC. Web. 24 Nov. 2016.
[17] Daniel Sullivan and Till von Wachter,"Job Displacement and Mortality: An Analysis Using Administrative Data," Quarterly Journal of Economics, 2011, http://www.columbia.edu/~vw2112/papers/sullivan_vonwachter_qje.pdf;
[18] Wanberg CR. The individual experience of unemployment. Annu Rev Psychol. 2012;63:369-96.
[19] McKee-Ryan F, Song Z, Wanberg CR, et al. Psychological and physical well-being during unemployment: a meta-analytic study. J Appl Psychol 2005;90:53–76
[20] Murphy, G. C., & Athanasou, J. A.The effect of unemployment on mental health. Journal of Occupational and Organisational Psychology, 1999 72: 83-99.

[21] Karsten I. Paul, Klaus Moser, Unemployment impairs mental health: Meta-analyses, Journal of Vocational Behavior, Volume 74, Issue 3, June 2009, Pages 264-282
[22] M. Frese and G. Mohr, "Prolonged unemployment and depression in older workers: a longitudinal study of intervening variables," Social Science and Medicine, vol. 25, no. 2, pp. 173–178, 1987.
[23] L Giatti, S M Barreto, C Comini César (2008). Household context and self-rated health: the effect of unemployment and informal work..J Epidemiol Community Health. Volume 62, Issue 12 2008; 62:1079-1085
[24] Hillemeier M, Lynch J, Harper S, Casper M. Data Set Directory of Social Determinants of Health at the Local Level. Atlanta: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention; 2004.
http://www.cdc.gov/dhdsp/docs/data_set_directory.pdf
[25] Austin Nichols, Josh Mitchell, and Stephan Lindner. "Consequences of Long-Term Unemployment." Urban Institute, 2013. Retrieved from:http://www.urban.org/uploadedpdf/412887- consequences-of-long-term-unemployment.pdf
[26] Karsten I. Paul, Klaus Moser, Unemployment impairs mental health: Meta-analyses, Journal of Vocational Behavior, Volume 74, Issue 3, June 2009, Pages 264-282
[27] McKee-Ryan F, Song Z, Wanberg CR, et al. Psychological and physical well-being during unemployment: a meta-analytic study. J Appl Psychol 2005;90:53–76
[28] Milner A, Page A, LaMontagne AD (2013) Long-Term Unemployment and Suicide: A Systematic Review and Meta-Analysis. PLoS ONE 8(1): e51333.
[29] Austin Nichols, Josh Mitchell, and Stephan Lindner. "Consequences of Long-Term Unemployment." Urban Institute, 2013. http://www.urban.org/uploadedpdf/412887- consequences-of-long-term-unemployment.pdf
[30] Kroft, Kory, Fabian Lange, and Matthew J. Notowidigdo. 2012. "Duration Dependence and Labor Market Conditions: Theory and Evidence from a Field Experiment." Working Paper 18387. Cambridge, MA: National Bureau of Economic Research. http://papers.nber.org/papers/w18387.
[31] Barnette, Justin, and Amanda Michaud. 2012. "Wage Scars from Job Loss." Working paper. Akron, OH: University of Akron. http://www.uakron.edu/dotAsset/2264615.pdf.
[32] Geewax, M. "The Impacts of Long-Term Unemployment," part of an NPR special series, Still No Job: Over a Year without Enough Work, December 12, 2011. http://www.npr.org/2011/12/09/143438731/the-impacts-of-long-term- unemployment as quoted in Austin Nichols, Josh Mitchell, and Stephan Lindner. "Consequences of Long-Term Unemployment." Urban Institute, 2013. http://www.urban.org/uploadedpdf/412887- consequences-of-long-term-unemployment.pdf)
[33] Statistics generated using data from Sarah Flood, Miriam King, Steven Ruggles, and J. Robert Warren. Integrated Public Use Microdata Series, Current Population Survey: Version 4.0. [Machine-readable database]. Minneapolis: University of Minnesota, 2015.
[34] U.S. Bureau of Labor Statistics. Table 6. Median years of tenure with current employer for employed wage and salary workers by occupation, selected years, 2006-16 http://www.bls.gov/news.release/tenure.t06.htm
[35] Statistics generated using data from Sarah Flood, Miriam King, Steven Ruggles, and J. Robert Warren. Integrated Public Use Microdata Series, Current Population Survey: Version 4.0. [Machine-readable database]. Minneapolis: University of Minnesota, 2015.
[36] Glasmeier, A.K. Living Wage Calculation for Bernalillo County, New Mexico. Living Wage Calculator, 2015 Update. Retrieved from: http://livingwage.mit.edu/counties/35001
[37] 7-2-14 NMSA 1978
[38] Tefft, N., & Kageleiry, A. (2014). State-Level Unemployment and the Utilization of Preventive Medical Services. Health Services Research, 49(1), 186–205.
[39] Maciosek, M. V., et al. "Greater use of preventive services in US health care could save lives at little or no cost." Health affairs (Project Hope) 29.9 (2010): 1656.
[40] Paul E. Greenberg, MS, MA; Andree-Anne Fournier, MA; Tammy Sisitsky, MA; Crystal T. Pike, MBA; and Ronald C. Kessler, PhD. The Economic Burden of Adults With Major Depressive Disorder in the United States (2005 and 2010). J Clin Psychiatry 2015;76(2):155–162. http://www.psychiatrist.com/jcp/article/Pages/2015/v76n02/v76n0204.aspx
[41] Melek, Stephen P. Norris, Douglas T. Paulus, Jordan. (2014, April) Economic Impact of Integrated Medical-Behavioral Healthcare. Implications for Psychiatry Milliman American Psychiatric Association Report
[42] How Much Do Mental Health and Substance Use/Addiction Affect Use of General Medical Services? Extent of Use, Reason for Use, and Associated Costs Can J Psychiatry August 2016 0:20160706743716664884v1-706743716664884
[43] Schmitz N1, Wang J, Malla A, Lesage A. (2007). Joint effect of depression and chronic conditions on disability: results from a population-based study. Psychosom Med. 2007 May;69(4):332-8.
[44] Washington State Institute for Public Policy December 2015. http://www.wsipp.wa.gov/BenefitCost/Program/572
[45] Vinokur, A. D., Van Ryn, M., Gramlich, E. M., & Price, R. H. (1991). Long-term follow-up and benefit-cost analysis of the Jobs Program: a preventive intervention for the unemployed. Journal of Applied Psychology, 76(2), 213.
[46] Redcross, C., Deitch, V., Farrell, M. Benefit-Cost Findings for Three Programs in the Employment Retention and Advancement (ERA) Project. The Employment Retention and Advancement Project May 2010. Retrieved from: Benefit-Cost Findings for Three Programs in the Employment. Retrieved from: http://www.acf.hhs.gov/sites/default/files/opre/benefits_cost.pdf
[47] Washington State Institute of Public Policy. Job Search and Placement: Benefit-Cost Results. November 24, 2016. Retrieved from: http://www.wsipp.wa.gov/BenefitCost/ProgramPdf/569/Job-search-and-placement