Implementing a Culture of Health Among Delaware’s Probation Population

Strategies to Achieve Alignment, Collaboration, and Synergy Across Delivery and Financing Systems

Research-In-Progress Webinar
September 2, 2020
12-1pm ET
Agenda

Welcome: Chris Lyttle, JD
Deputy Director for Systems for Action

Presenters: Daniel O’Connell, PhD
University of Delaware
Patricia Becker, PhD
The College of New Jersey
Christy Visher, PhD
University of Delaware

Q&A: Chris Lyttle, JD
Daniel J. O'Connell (Ph.D. in Criminology, University of Delaware) is a Senior Scientist with the Center for Drug and Health Studies and Assistant Professor in the Department of Criminal Justice at the University of Delaware, where he teaches Criminology. His research specialties are research design and methodologies, intervention development and project management. His research projects center around improving evidence based practices in Corrections and Law Enforcement, and improving the health and lives of criminal justice involved persons. His publications include articles on drug treatment, prison management, HIV prevention interventions, program evaluation and criminological theory.
Christy Visher (Ph.D. in Sociology, Indiana University) is Director of CDHS and Professor of Sociology and Criminal Justice. She is Principal Investigator of the five-year, NIDA-funded collaborative, Criminal Justice Drug Abuse Treatment Studies (CJ-DATS). CJ-DATS is studying organizational strategies for improving the implementation of evidence-based practices for substance-abusing offenders as they leave prison and return to the community. Prior to joining the University of Delaware, she was Principal Research Associate with the Justice Policy Center at the Urban Institute in Washington, D.C. At the Urban Institute, she directed Returning Home, a longitudinal study of men and women released from prison in four states, and was co-Principal Investigator of the Multi-Site Evaluation of the Serious and Violent Offender Reentry Initiative. From 1993 to 2000, she was Science Advisor to the Director of the National Institute of Justice, the research arm of the U.S. Department of Justice. Her research interests focus on communities and crime, substance use, criminal careers, the role of social factors in criminal desistance, and the evaluation of strategies for crime control and prevention. She has published widely on these and other topics in numerous social science journals, and co-edited Prisoner Reentry and Crime in America, with Jeremy Travis.
Patricia Becker is an Assistant Professor in the Department of Criminology at The College of New Jersey. Dr. Becker holds a Ph.D. in criminology from the University of Delaware and a B.A. in sociology and criminal justice from La Salle University. She is focused on understanding the various dimensions of crime and victimization. Her ongoing research explores three areas: (i) the role—and importance—of families in the reentry process of justice-involved individuals, (ii) how parenting relates to recidivism and desistance, and (iii) how social and structural dynamics influence the relationship between family and crime.
Delaware’s Culture of Health Project

Study implementation of a **Local Change Team** to:

1. Coordinate the alignment, collaboration, and synergy across delivery and financing systems to provide health screening and linkage to care among Delaware’s Probationer Population.

2. Recognizing health as a holistic concern, the change team’s membership includes nine agencies and health providers and is designed to reduce health inequities through **cross-sector alignment and delivery improvement**.

3. The study’s focus on probationers and inclusion of community-based service partners investigates how information and decision support strategies (change teams) can improve health in community settings impacting diverse populations (probationers).

4. Test in a randomized Controlled Trial whether this works.
The People Problem

• There are over 2 million people incarcerated in the USA.
• While this gets the attention, there are almost 7 million people on probation.
• Probationers face many of the same health issues as the incarcerated population.
• Represent a traditionally hard to reach population
  – Minority
  – Young
  – Undereducated
  – Underemployed
Health of Probationers Compared to Non-Probationers

Data is lacking, but:

• Anxiety 1.6 times, Depression, 1.8 times, Asthma, 1.5 times, Sexually Transmitted Infections, 3 times.
• Substance abuse disorders between 3 and 7 times
• 12 times more likely to report past D&A treatment.
• Three times more likely to have receive mental health treatment.  

• Heightened risk of chronic diseases such as hypertension, asthma, and cervical cancer among prison inmates, even after controlling for known confounders such as age.


The System Problem

• Health is *not* traditionally considered a responsibility of probation departments.
• Yet it is a place where people in need of healthcare visit on a regular and predictable basis.
• Probation cannot take on the responsibility of health screening and referrals,
• *But can they partner with community based health organization to address health disparities by reaching out to this traditionally hard to reach population?*
• The Delaware Culture of Health Project attempted to answer this question.
Barriers to Health Care Among DE Probationers

- 80+% History of Drug or Alcohol
- 12-16% Seriously mentally ill
- 75% High School Drop Outs (6th grade Ed level)
- Face issues of joblessness, job skills
- Housing (homelessness),
- Transportation (14% have a valid license)
- Severed family ties
- Stigma
- (Reference: Delaware Department of Correction internal data)
Delaware’s Culture of Health Project

• Utilized the implementation of a Local Change Team
• Brought together a team to attempt to increase access to health care among Delaware probationers.
  – Created the Healthier You Workbook
  – Placed a Health Navigator in probation office to link people to healthcare
  – Tested via a randomized controlled trial whether the Health Navigator was more successful at linking individuals to care than just providing the workbook and suggestion that they make an appointment
(Modified)NIATX Change Teams

- Network for the Improvement of Addiction Treatment (NIATX)
- Facilitate action across agencies and systems possessing overlapping, but unique functions and approaches
- Engage in
  - Team Building Exercises
  - Empowerment and buy in exercises…
- …to create a team that can foster change and innovation across domains and agencies.

The Work of the Local Change Team

- Team identified buy in/ motivation as a key barrier

- Created a series of videos and placed a Healthier You TV channel in the probation waiting room

- Team created an interactive workbook for probationers.

- A health Care facilitator was placed on site to provide screening

- RCT test of whether on site screen and referral links more persons to care than workbook alone
RCT Hypothesis

• H0: Screening and referral of probationers by an onsite practitioner will lead to a greater proportion of probationers accessing services compared to those receiving an interactive workbook.

• H1: Screening and referral of probationers by an onsite practitioner will not lead to a greater proportion of probationers accessing services compared to those receiving an interactive workbook.
RCT Design

N = 400 (200 per condition)

• **Condition 1**: Provision of interactive Culture of Health Workbook coupled with on site screening and referral by a health practitioner.

• **Condition 2**: Provision of the interactive Culture of Health Workbook only.

• **Data**: Electronic health and Medicaid data. Treatment access data from agencies.

• **Survey Data**: from probationers at baseline

• **Interview data**: semi-structured interviews

• **Randomization**: Urn program
Research Design

400 Probationers Consented for study participation. Complete Brief Health Survey

Randomization

DE Culture of Health Group With Referral N = 200

Clients meet with Health Resource Facilitator and given appointment at Health Facility

75 offered incentive

125 not offered incentive

Outcome: Did clients present for appointment at health facility

N = 200 Records Follow-Up

Workbook Only Condition N = 200

Clients given Workbook and encouraged to read it and make appointment

75 offered incentive

125 not offered incentive

N = 200 Records Follow-Up
Final Report

• 403 people randomized
  – 72.7% male, 66.2% Minority

• 192 = Culture of Health

• 208 = Workbook Condition
## Survey Results of Health Needs

<table>
<thead>
<tr>
<th>How healthy would you rate yourself?</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very Healthy</td>
<td>16.3%</td>
</tr>
<tr>
<td>Healthy</td>
<td>42.5%</td>
</tr>
<tr>
<td>Somewhat Healthy</td>
<td>33.3%</td>
</tr>
<tr>
<td>Unhealthy</td>
<td>6.8%</td>
</tr>
<tr>
<td>Very Unhealthy</td>
<td>1.3%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Do you have a primary care doctor that you see regularly?</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>44.1%</td>
</tr>
<tr>
<td>No</td>
<td>55.9%</td>
</tr>
</tbody>
</table>
### Survey Results of Health Needs

<table>
<thead>
<tr>
<th>Reasons for not having a primary care doctor?</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Don’t know how to find one</td>
<td>33%</td>
</tr>
<tr>
<td>Transportation</td>
<td>9.1%</td>
</tr>
<tr>
<td>Time constraints</td>
<td>11.4%</td>
</tr>
<tr>
<td>Cost</td>
<td>8.5%</td>
</tr>
<tr>
<td>Don’t need one</td>
<td>5.7%</td>
</tr>
<tr>
<td>No Insurance</td>
<td>19.9%</td>
</tr>
<tr>
<td>Worried</td>
<td>7.4%</td>
</tr>
<tr>
<td>Have a PCP</td>
<td>44.1%</td>
</tr>
</tbody>
</table>

### Have you ever been told by a doctor that you have any of the following? | Percent |
<table>
<thead>
<tr>
<th></th>
<th></th>
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</thead>
<tbody>
<tr>
<td>Depression</td>
<td>37.7%</td>
</tr>
<tr>
<td>High Blood Pressure</td>
<td>24.4%</td>
</tr>
<tr>
<td>Anxiety</td>
<td>37.4%</td>
</tr>
<tr>
<td>Hepatitis C</td>
<td>8.5%</td>
</tr>
<tr>
<td>Asthma</td>
<td>21.4%</td>
</tr>
<tr>
<td>ADD/ADHD</td>
<td>15.5%</td>
</tr>
<tr>
<td>PTSD</td>
<td>15%</td>
</tr>
<tr>
<td>Diabetes</td>
<td>7.7%</td>
</tr>
<tr>
<td>Bipolar Disorder</td>
<td>20.2%</td>
</tr>
<tr>
<td>Sexually Transmitted Diseases</td>
<td>5.5%</td>
</tr>
<tr>
<td>Obesity</td>
<td>6%</td>
</tr>
</tbody>
</table>
Survey Results of Health Needs

<table>
<thead>
<tr>
<th>Usual Source of Medical Care?</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary Care Doctor</td>
<td>51.1%</td>
</tr>
<tr>
<td>Clinics</td>
<td>7.4%</td>
</tr>
<tr>
<td>VA</td>
<td>1.3%</td>
</tr>
<tr>
<td>Urgent Care</td>
<td>2.6%</td>
</tr>
<tr>
<td>Emergency Room</td>
<td>27.8%</td>
</tr>
<tr>
<td>None – I self care</td>
<td>6.6%</td>
</tr>
<tr>
<td>Other</td>
<td>2.6%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Currently have health insurance?</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes, through work</td>
<td>5.3%</td>
</tr>
<tr>
<td>Yes, through family</td>
<td>4.6%</td>
</tr>
<tr>
<td>Yes, Medicaid</td>
<td>69%</td>
</tr>
<tr>
<td>Yes, other</td>
<td>3%</td>
</tr>
<tr>
<td>No</td>
<td>18%</td>
</tr>
</tbody>
</table>
Key Findings

• **80 out of the sample of 403 persons (20%)** attended a doctor’s appointment

• Examining the data by condition, **45 persons (23%)** in the treatment condition attended a doctor’s appointment while **35 persons (17%)** in the control condition attended a doctor’s appointment
  – Chi-Square test was .09, greater than .05 but less than .1

• **223 (55.3%)** of the individuals screened already had a general care physician

• When selecting only those **176 people** who did not have a doctor, **20 individuals (26%)** in the treatment condition attended a doctor’s appointment while only **10 (10%)** individuals in the control condition did
  – This difference was significant at p<.01
Lessons Learned

• Correctional organizations are both willing and able to coordinate with health organizations to provide access to health services to their populations.

• Health care organizations and state health agencies were willing to meet and to coordinate with other entities in the Delaware Culture of Health Change Team to develop the screening and referral model utilized in the pilot study.

• The pilot study demonstrated proof of concept:
  – *Placing a health mentor in a probation office significantly increased the likelihood of a probationer attending a healthcare appointment.*
Sustainability

- It is clear that resources are not currently available to maintain an onsite mentor in the probation office.

- *These results indicate that while an onsite mentor is preferred, it is enough to equip individuals on probation with the health resources needed to make appointments in order for some (35 out of 200, or 17.5%) to engage with a health care provider.*
Patricia Becker, PhD
Assistant Professor in the Department of Criminology at The College of New Jersey
Questions?

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Testing the Impact of a Referral Program to Link Probationers to Primary Care

Evidence Brief
If you would like to receive a certificate of completion for today’s ResProg webinar, please complete the survey at the end of the session.

One will be emailed to you.
Upcoming Webinars

September 16th | 12pm ET

**Addressing the Health and Social Needs of Justice-Involved Young Adults**

George Naufal, PhD and Emily Naiser, PhD, Texas A&M University

September 30th | 12pm ET

**Using Regional Governing Boards to Align Services for Rural Children of the Opioid Crisis**

Alicia Bunger, PhD, The Ohio State University
**Acknowledgements**

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