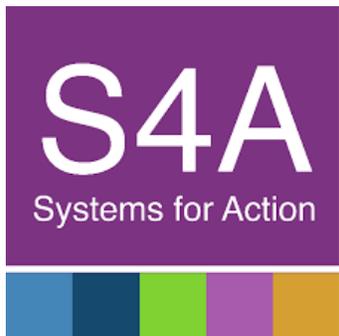


Implementing a Culture of Health Among Delaware's Probation Population

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



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

colorado school of
public health

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

Presenters: **Daniel O'Connell, PhD**
University of Delaware

Christy Visher, PhD
University of Delaware

Patricia Becker, PhD
The College of New Jersey

Q&A: **Chris Lyttle, JD**



Daniel J. O'Connell, PhD



UNIVERSITY OF
DELAWARE

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, PhD



UNIVERSITY OF
DELAWARE

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, PhD

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.

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.

- 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

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.

Binswanger, I., Redmond, N., Steiner, J., & Hicks, L. (2011). Health Disparities and the Criminal Justice System: An agenda for further research and action. *Journal of Urban Health: Bulletin of the New York Academy of Medicine*, 89 (1), 98-107.

Vaughn, G., DeLisi, M., Perron, B., & Abdon, A.(2012). Toward a criminal justice epidemiology: Behavioral and physical health of probationers and parolees in the United States. *Journal of Criminal Justice*, 40, 165-173.

- 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)

- 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

- 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.

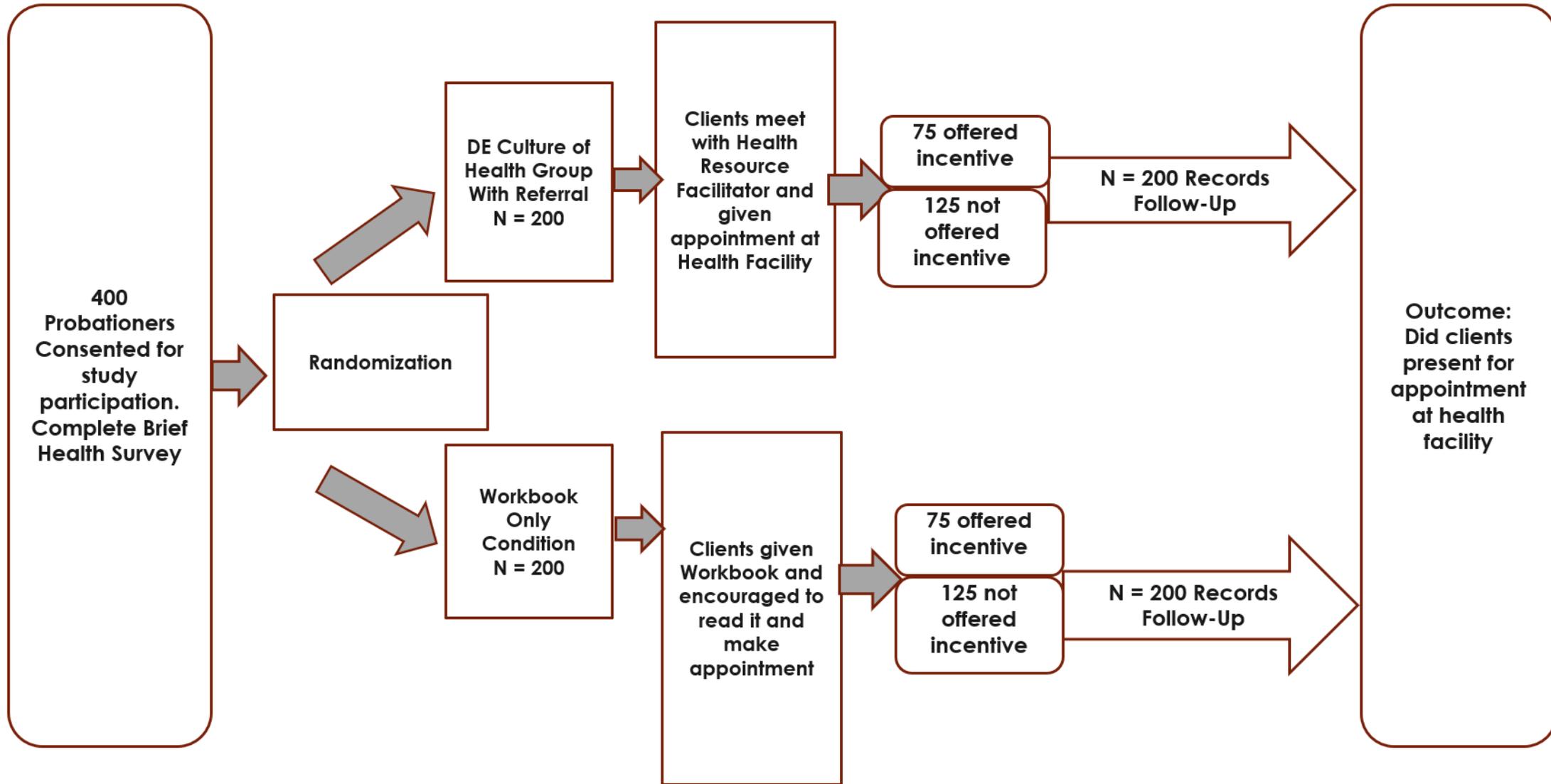
Belenko, S., Visher, C., & others. (2013). A cluster randomized trial of utilizing a local change team approach to improve the delivery of HIV services in correctional settings: study protocol. *Health and Justice*, 1, 8-20.

- 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

- 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.

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



- 403 people randomized
 - 72.7% male, 66.2% Minority
- 192 = Culture of Health
- 208 = Workbook Condition

Survey Results of Health Needs

How healthy would you rate yourself?	Percent
Very Healthy	16.3%
Healthy	42.5%
Somewhat Healthy	33.3%
Unhealthy	6.8%
Very Unhealthy	1.3%

Do you have a primary care doctor that you see regularly?	Percent
Yes	44.1%
No	55.9%

Survey Results of Health Needs

Reasons for not having a primary care doctor?	Percent
Don't know how to find one	33%
Transportation	9.1%
Time constraints	11.4%
Cost	8.5%
Don't need one	5.7%
No Insurance	19.9%
Worried	7.4%
Have a PCP	44.1%

Have you ever been told by a doctor that you have any of the following?	Percent
Depression	37.7%
High Blood Pressure	24.4%
Anxiety	37.4%
Hepatitis C	8.5%
Asthma	21.4%
ADD/ADHD	15.5%
PTSD	15%
Diabetes	7.7%
Bipolar Disorder	20.2%
Sexually Transmitted Diseases	5.5%
Obesity	6%

Survey Results of Health Needs

Usual Source of Medical Care?	Percent
Primary Care Doctor	51.1%
Clinics	7.4%
VA	1.3%
Urgent Care	2.6%
Emergency Room	27.8%
None – I self care	6.6%
Other	2.6%

Currently have health insurance?	Percent
Yes, through work	5.3%
Yes, through family	4.6%
Yes, Medicaid	69%
Yes, other	3%
No	18%

- *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 $p < .01$

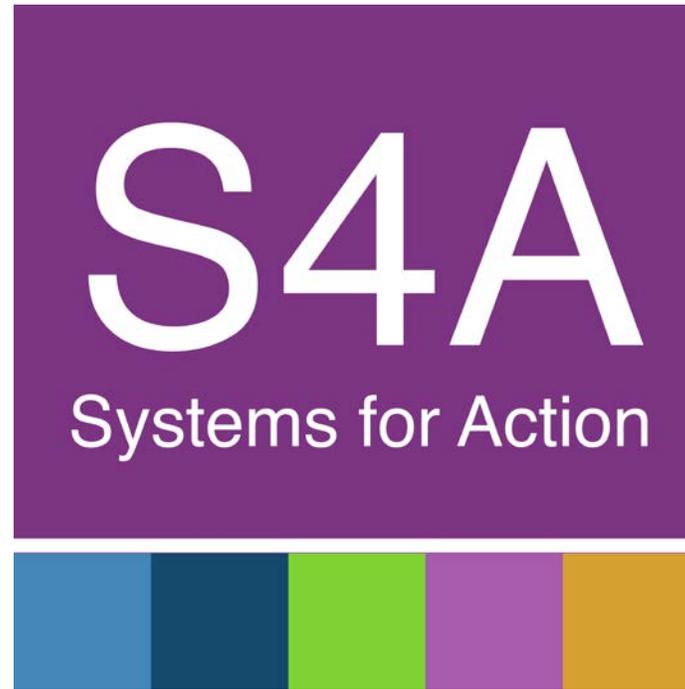
- Correctional organizations are both willing and able to coordinate with health organizations to provide access to health services to their populations
- Health care organizations and state health agencies were willing to meet and to coordinate with other entities in the Delaware Culture of Health Change 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*

- 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?



www.systemsforaction.org

 [@Systems4Action](https://twitter.com/Systems4Action)

Robert Wood Johnson Foundation
Systems for Action National Coordinating Center
www.SYSTEMSFORACTION.ORG

EVIDENCE BRIEF

SYSTEMS FOR ACTION

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

University of Delaware, Center for Drug & Health Studies (CDHS)

S4A Investigators:
Daniel J. O'Connell, PhD
Christy Visser, PhD
Patricia Becker, PhD

ABOUT S4A

Systems for Action (S4A) aims to discover and apply new evidence about ways of aligning the delivery and financing systems that support the Robert Wood Johnson Foundation's vision to build a Culture of Health. S4A seeks to identify system-level strategies for enhancing the reach, quality, efficiency, and equity of services and supports that promote health and well-being on a population-wide basis.

THE RESEARCH

The research team tested a linkage and referral to health care intervention for individuals on probation designed by a local change team that brought together actors from multiple agencies and tasked them with increasing general practitioner physician access for probationers.

WHAT'S THE PROBLEM BEING ADDRESSED?

There are 4.5 million people on probation or parole in the U.S.-- twice the incarcerated population. Probation is a period of time during which an individual is under supervision that is ordered by a court, either instead of serving time in prison or when conditionally released. Incarcerated populations are at heightened risk of contracting the coronavirus and while incarcerated and transmitting once back in the community.

The same inequitable conditions that contribute to involvement in the criminal justice system also lead to health inequities experienced by probationers. Virtually all demographic groups are represented in the probation system, but Black adults are 3.5 times more likely than whites to be in the system; men are 3.5 times more likely than women to be included. Probationers report elevated rates of health-related conditions such as mental health concerns and chronic conditions.^{1,2} In addition to unmet health care needs, probationers often face complex social issues including unstable housing, lack of employment, and barriers to transportation and educational opportunities.

The majority of people who are released from incarceration reenter the community under probationary supervision.³ Unmet health needs and the subsequent persistence of addiction and mental health issues may contribute to recidivism. People on probation face challenges in accessing health care and getting social needs met during probationary supervision period. The sectors that could help address these needs - including organizations focused on housing, education, health, social services, and employment- are not incentivized to ensure access to services for probation populations. In many states, individuals lose their eligibility for health and social services when they become incarcerated and must re-establish eligibility when they return to the community. This can amplify the challenge probationers face in accessing critical services.

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.

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

Systems for Action is a National Program Office of the Robert Wood Johnson Foundation and a collaborative effort of the Colorado School of Public Health, administered by the University of Colorado Anschutz Medical Campus, Aurora, CO.



Robert Wood Johnson
Foundation

colorado school of
public health