



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

Implementing a Culture of Health among Delaware's Probation Population

Research In Progress Webinar

Wednesday, November 15, 2017 12:00-1:00pm ET/ 11:00am-12:00pm CT

Funded by the Robert Wood Johnson Foundation

Agenda

Welcome: **CB Mamaril, PhD**, RWJF [Systems for Action](#) National Coordinating Center,
University of Kentucky College of Public Health

Presenters:

Daniel O’Connell, PhD, Senior Scientist, Center for Drug and Health Studies, and
Assistant Professor, Department of Criminal Justice, University of Delaware
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Christy Visher, PhD, Director, Center for Drug and Health Studies, and Professor,
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Commentary: **Glen P. Mays, PhD, MPH**, Director, Systems for Action
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Questions and Discussion: Moderated by Dr. Mamaril



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Implementing a Culture of Health among Delaware's Probation Population

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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. Incentives are not part of the current study. ***Stay Tuned***

The People Problem

- There are over 2 million people incarcerated in the USA.
- 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.
(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.
- Heightened risk of chronic diseases such as hypertension, asthma, and cervical cancer among prison inmates, even after controlling for known confounders such as age.
- 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.

The System Problem

- Health is not traditionally considered a responsibility of Probation Departments
- Yet it is a place where people are in need of health care visits on a regular and predictable basis
- Probation cannot take on the responsibility of health screening and referrals
- Delaware DOC Was willing to allow people to come in and conduct screening.

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)

The System Problem 2

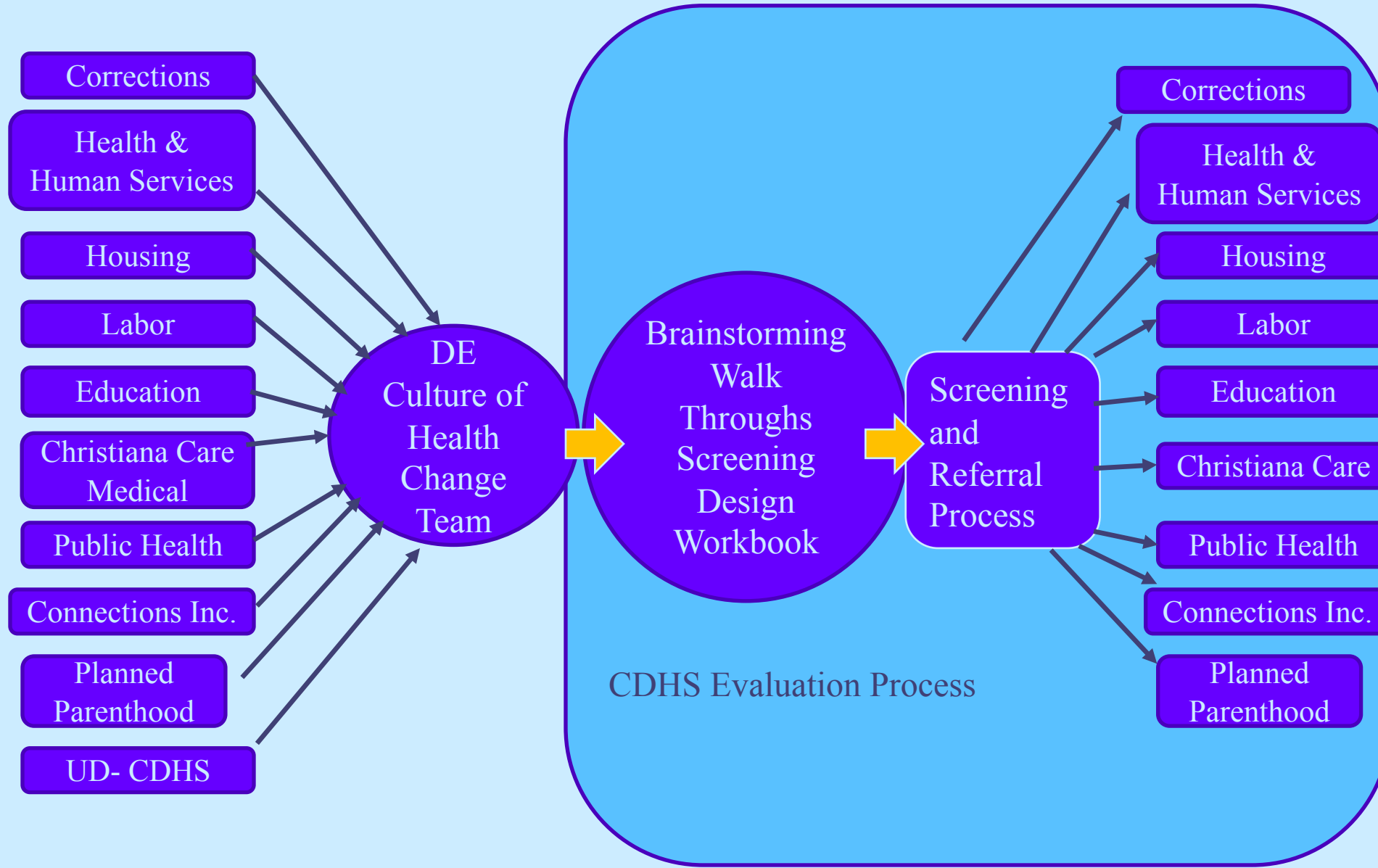
- Multiple issues affecting health are addressed by multiple agencies.
- Often siloed.
- Any approach to fully address needs must combine efforts across multiple agencies.

(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.

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.

Delaware Culture of Health Change Team Process



The work of the Local Change Team?

- ❑ Representatives from 9 State agencies and Health Providers met over 6 months to identify barriers and facilitators to providing health screening to probationers and linking them to care.**
- ❑ 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**

Can a Local Change Team Increase Health Care Provision Among Probationers?

- ❑ The project implemented a Change Team approach to focus the efforts of multiple agencies to improve the alignment, collaboration and synergy of health and other social service delivery to this traditionally hard to reach and underserved population.**
- ❑ Representatives from 9 State agencies and Health Providers use change team format to identify barriers and facilitators to providing health screening to probationers and linking them to care.**
- ❑ Team created an interactive workbook for probationers.**
- ❑ A health Practitioner was placed on site to provide screening**
- ❑ RCT test of whether on site screen and referral links more persons to care.**

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

- $N = 400. 200 \times 2.$

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.

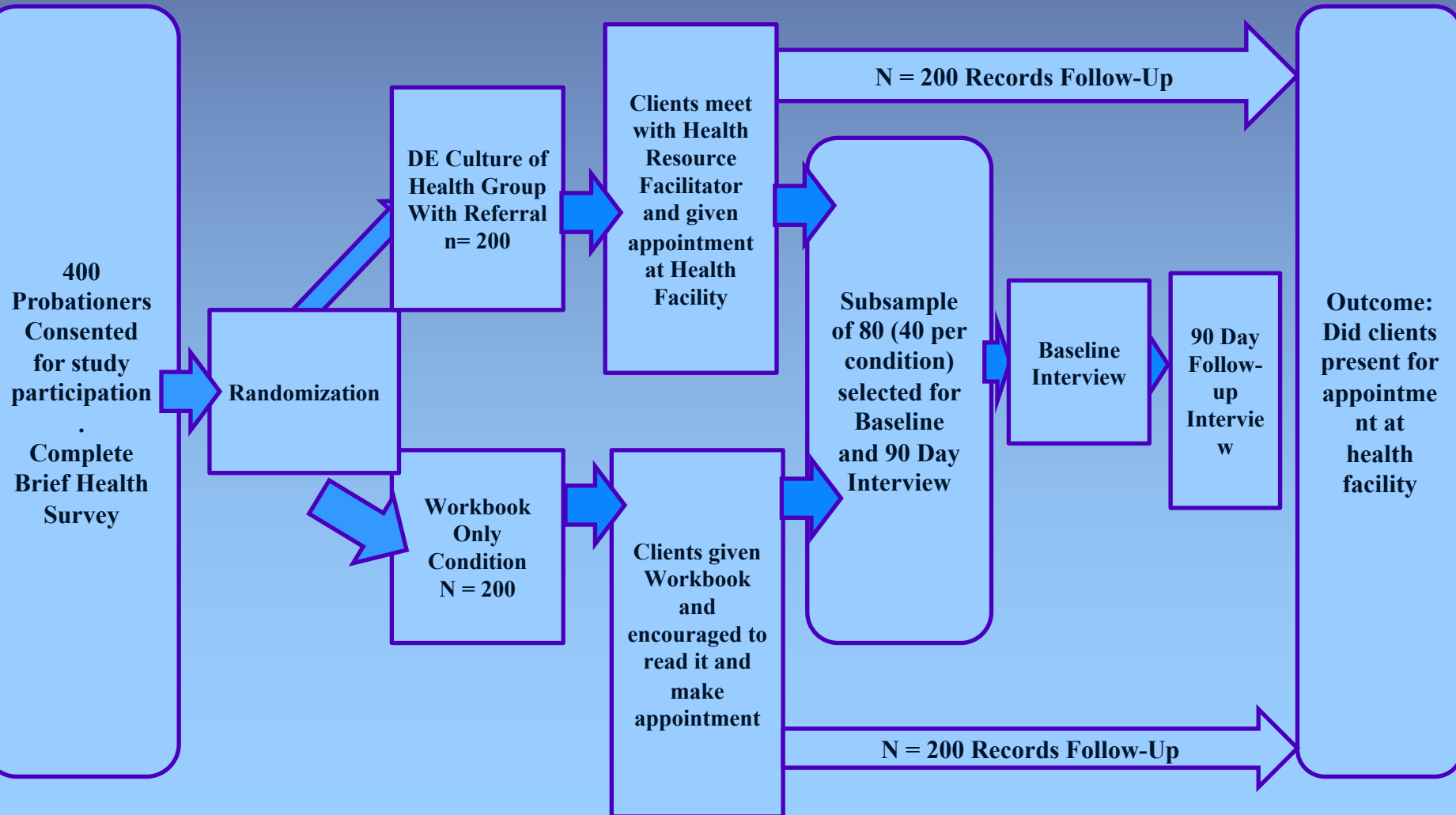
Data: Electronic health and Medicaid data.
Treatment access data from agencies.

Survey Data from probationers at baseline

Interview data: 80 probationers (40 from each condition) at baseline and 90 days.

Randomization: Urn program.

Project & Research Design



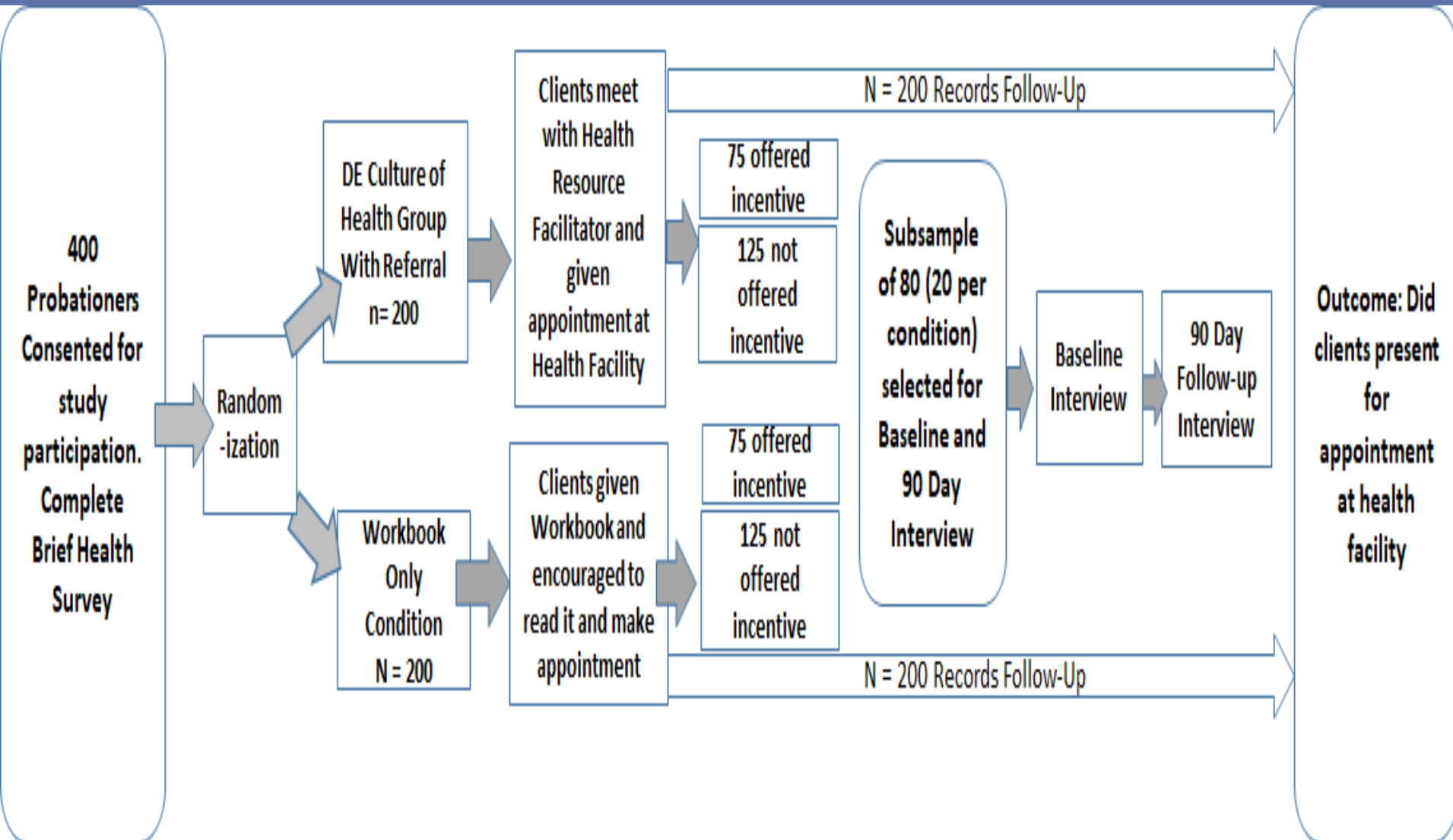
Preliminary Report

- 112 people randomized through September, 2017.
 - 70% male, 66% Minority, 11% Hispanic
- 54 = Culture of Health
- 58 = Workbook control
- 36 Dr. Appointments made
- 3 kept.
- OUCH.
- Clients recognize the benefit of having a general care physician.
- Post appointment; they meant to go, but things came up.
- Change team did doing more brainstorming.

Incentives?

- Medical team suggested the use of incentives.
- Research suggests this can increase follow through.
- RWJ has approved the approach.
- IRB Approval October, 2017.

Revised Research design Including Incentive Arms



Preliminary Survey Results

Reason For Not having a Regular Dr.	
Don't Know how	11%
Transportation	5%
Time constraints	8%
Cost	3%
No Insurance	8%
Worried	3%
Have a Dr.	43%

Been Told by a Dr. That yo have....	
Depression	40%
High Blood Pressure	18%
Anxiety	35%
HCV	13%
Asthma	26%
ADD/ADHD	17%
PTSD	12%
Diabetes	9%
Bipolar Disorder	18%
STI	4%
Obesity	8%

Preliminary Survey Results

Where do you normally go for medical care?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Primary Care Doctor	54	46.2	51.9	51.9
	Clinics	7	6.0	6.7	58.7
	VA	1	.9	1.0	59.6
	Urgent Care	6	5.1	5.8	65.4
	Emergency Room	31	26.5	29.8	95.2
	None- I self care	4	3.4	3.8	99.0
	6	1	.9	1.0	100.0
	Total	104	88.9	100.0	
Missing	System	13	11.1		
Total		117	100.0		

Do you currently have health insurance?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes, through my job	8	6.8	7.1	7.1
	Yes, through someone in my family	5	4.3	4.4	11.5
	Yes, medicaid	81	69.2	71.7	83.2
	Yes, other	3	2.6	2.7	85.8
	No	16	13.7	14.2	100.0
	Total	113	96.6	100.0	
Missing	System	4	3.4		
Total		117	100.0		

Preliminary Survey: Guns

Know Anyone Injured by Gunfire	
Family Member	28%
Close Friend	23%
Someone from Neighborhood	16%
Other	4%
No One	41%

PTSD Screen.

Q21.

Forty-eight% exhibit one or more.

22% = 2+

11% = 3+

9% = all four.

Q 21. If you answered yes to question 20, please mark below if you have experienced any of the following things in the PAST 30 DAYS. **(PLEASE MARK ALL THAT APPLY)**

- ☐ Have had nightmares about it or thought about it when you did not want to?
- ☐ Tried hard not to think about it or went out of your way to avoid situations that reminded you of it?
- ☐ Were constantly on guard, watchful, or easily startled?
- ☐ Felt numb or detached from others, activities, or your surroundings?

Questions?

THANK YOU



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Archives

<http://systemsforaction.org/research-progress-webinars>

Upcoming

Wednesday, December 6, 12-1pm ET/ 9-10am PT

HOUSING FOR HEALTH: CROSS-SECTOR IMPACTS OF SUPPORTIVE HOUSING FOR HOMELESS HIGH USERS OF HEALTH CARE

Ricardo Basurto Davila, PhD, MS, Chief, Policy Analysis Unit, LA County Dept. of Public Health and Corrin Buchanan, MPP, Program Manager, Housing for Health, LA County Dept. of Public Services

Wednesday, December 6, 12-1pm ET/ 9-10am PT

HOUSING FOR HEALTH: CROSS-SECTOR IMPACTS OF SUPPORTIVE HOUSING FOR HOMELESS HIGH USERS OF HEALTH CARE

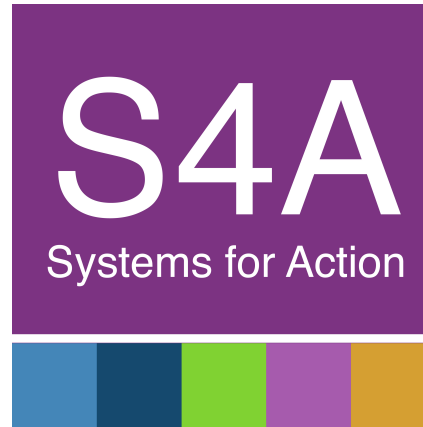
Ricardo Basurto Davila, PhD, MS, Chief, Policy Analysis Unit, LA County Dept. of Public Health and Corrin Buchanan, MPP, Program Manager, Housing for Health, LA County Dept. of Public Services

Wednesday, January 10, 12-1pm ET/ 9-10am PT

IMPROVING POPULATION AND CLINICAL HEALTH WITH INTEGRATED SERVICES AND DECISION SUPPORT

Joshua Vest, PhD, MPH, Associate Professor, Health Policy and Management, and Director, Center for Health Policy, Indiana University-Purdue University Indianapolis

Thank you for participating in today's webinar!



For more information about the webinars, contact:

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Speaker Bios



Daniel J. O'Connell (Ph.D. in Criminology, University of Delaware, 2004) is a Senior Scientist with the Center 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. He is currently Principal Investigator of a Robert Wood Johnson Project aimed at improving access to health care among the Delaware Probationer population. His other projects center around improving evidence based practices in Corrections and Law Enforcement. 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 NIDA-funded collaborative, Criminal Justice Drug Abuse Treatment Studies (CJ-DATS), which studies 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., where her work included *Returning Home*, a longitudinal study of men and women released from prison in four states. 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*.