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Systems and Services Research to Build a Culture of Health
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EVIDENCE BRIEF

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

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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.

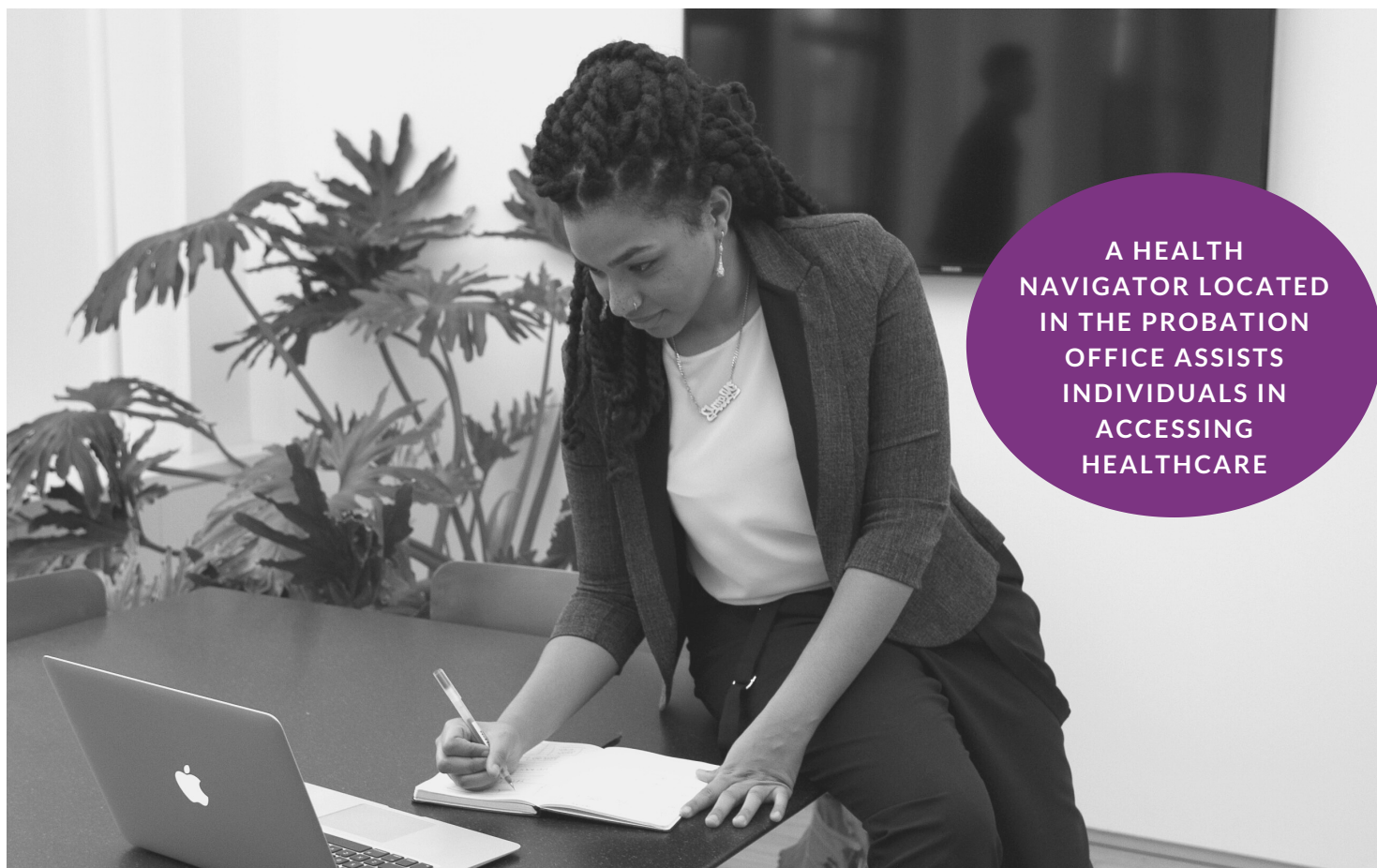
SOLUTION TESTED

The Delaware Culture of Health Project aimed to increase healthcare access for the probation population by aligning health and social service systems in a busy, urban probation office in New Castle County, Delaware.



Key elements of the project included:

- Placing a **health navigator** in the probation office to screen and refer individuals to healthcare services.
- Leading a **cross-system “change team”** to connect and empower actors from multiple agencies to see the system through the eyes of individuals on probation. The change team aimed to facilitate a more holistic approach to meeting individual needs. The change team included representatives with the ability to influence policy from the Delaware Departments of Correction, Labor, Education, and Health and Social Services, the Delaware State Housing Authority, as well as the largest medical system and community behavioral health system in the state, and was led by the head of the research team. The team aimed to leverage financing systems and coordinate services using a process improvement model called NIAT-x⁴ to facilitate a patient-lensed view of how to improve access to services for probationers.
- Developing an **informational resource guide**⁵ with health-related information tailored culturally and educationally to the probation population and suggested questions to ask a healthcare provider. The guide also included resources for local service availability and how to access them.
- Offering a **\$20 incentive** to probationers for attending an initial doctor’s appointment.



A HEALTH NAVIGATOR LOCATED IN THE PROBATION OFFICE ASSISTS INDIVIDUALS IN ACCESSING HEALTHCARE

THE RESEARCH

The research was conducted from 2016-2018 and had several goals:

- To test in a randomized trial whether on-site screening and referral, coupled with an incentive, was effective in linking probationers to medical care.
- To evaluate the multi-agency change team process.
- To identify barriers and facilitators to implementation and health care access.

The study randomized 400 individuals on probation to either the full intervention (on-site screening and referral to care) or the control group (an informational workbook only). The team used service utilization data to measure whether there were differences between the groups in terms of attending medical appointments. The researchers found that referral to a health navigator was associated with a modest but significant increase in the proportion of individuals accessing care through a primary care physician, among those who did not already have a regular doctor.⁶

“John” was recently released from prison and did not receive any information about health care prior to release. Meeting with the Health Navigator at the probation office helped him get connected to health care, which was one of the most important things for him post-release.



In the treatment condition, 45 of the participants who saw the health navigator (23%) attended a doctor’s appointment, compared to the control condition (received a workbook only) where 35 people (17%) attended a doctor’s visit. These results were not statistically significant ($p > 0.05$). When the researchers examined a subsample of 223 people who did not already have a regular doctor, 20 persons (26%) in the treatment condition attended a doctor’s appointment compared to 10 persons (10%) in the control condition. This difference was significant at $p < .01$. Examining a subset that received an incentive of \$20 gift card revealed that this incentive had no significant impact on the likelihood of attending the medical appointment.

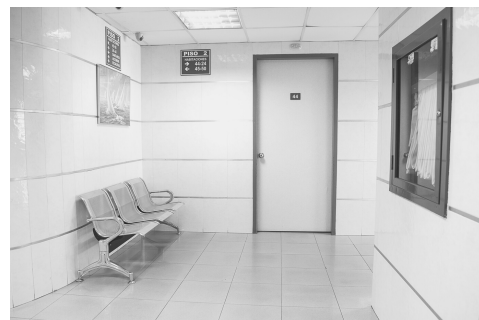
The team also conducted in-depth qualitative interviews with 20 study participants. Key findings from the qualitative interviews illuminated that many individuals do not seek out their primary care doctor for regular visits because they did not feel equipped to do so. For instance, many interviews revealed that individuals felt a sense of uncertainty surrounding how to get connected to health care. Many of these interviewees also discussed how obtaining health care was one of the most important things for them post-release and how this project assisted them in taking on this task.

The evaluation of the change team process and a review of implementation challenges revealed several themes:

1. CULTURE OF PROBATION

Maintaining on-going interest among probationers quickly became an issue. This was surprising to the Culture of Health team because individuals on probation expressed tremendous interest in wanting healthcare resources, but were uncomfortable participating at the probation office. As a solution to this problem, the Culture of Health team developed a system with the support staff at the probation office.

This system allowed for individuals to not lose their spot in line to see their officer when participating in the study. This solution made it possible for individuals to participate while they were waiting to see their probation officer rather than having to spend additional time at the probation office.

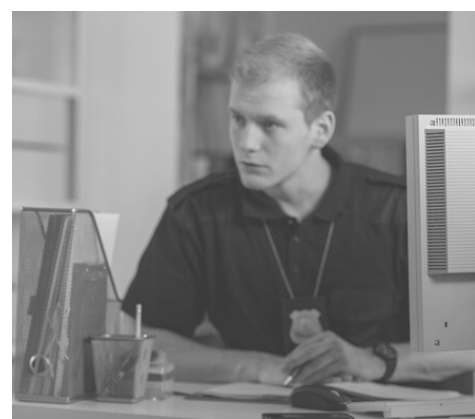


2. KEEPING THE IRON HOT

Over time, the research team saw dwindling participation on the change team from some of the agencies engaged in the process. To address this, they identified the key players in the change team that would have the most impact in establishing a culture of health among individuals on probation and worked one on one with them and their agencies. For this study, the key players that the research staff worked closely with were the Department of Corrections and the health care organization partner.

3. PROBATION OFFICER BUY-IN

When the program was introduced, the research staff had an information session with the probation officers. After this information session, the project began and the health navigators started spending two to three days at the probation office. It quickly became obvious that there was a lack of buy-in from some probation officers, evidenced by push-back and tense exchanges with the officers. To address this, the research team disseminated a short description of the project to all officers and provided a brochure that could be given out to their clients. Additionally, the health navigators worked diligently to notify officers when they were bringing one of their clients into their office to conduct the survey and referral process. This extra step -- to notify the officers -- streamlined the recruitment process because the health navigators could bring the client to their officer when they were finished with the survey. This solution cleared up any confusion and frustrations that officers may have had regarding where the client was when it was their appointment time.



RECOMMENDED ACTION

While the results of placing a health navigator in a probation office are modest, this study suggests that having screening and referral services at probation offices may increase the likelihood that probationers attend a healthcare appointment. Future research could explore different strategies to increase screening and referral - including resource guides.



At a broader level, the research findings suggest an opportunity for health and public health organizations to partner with correctional organizations, such as probation departments. This research team found a willingness and readiness to coordinate with health organizations to provide access to health services for probationers. The change team approach also demonstrated that representatives from multiple sectors can come together to design a screening and referral model to increase access to care.

THIS STUDY SUGGESTS THAT HAVING
SCREENING AND REFERRAL SERVICES AT
PROBATION OFFICES MAY INCREASE THE
LIKELIHOOD THAT PROBATIONERS ATTEND
A HEALTHCARE APPOINTMENT

There are important limitations of the study. The data was collected in a single urban probation office in the state of Delaware, which has a correctional system that operates under a unified umbrella, so the findings may not be generalizable to decentralized settings. Being a small state, building cross-sector relationships is more feasible in Delaware. The research investigated changes in health care utilization, not health care outcomes, so the study could not determine if the intervention led to improved health outcomes for probationers. Lastly, this project worked with the largest provider of health care in the state for client referrals and data on appearances for appointments, but the lack of access to state Medicaid data restricted them from getting a full picture of doctor's appointment visits outside of this primary health care provider.

[1] Binswanger IA, Redmond N, Steiner JF, Hicks LS. Health disparities and the criminal justice system: an agenda for further research and action. *J Urban Health*. 2012;89(1):98-107. doi:10.1007/s11524-011-9614-1.

[2] Semenza DC, Grosholz JM. Mental and physical health in prison: how co-occurring conditions influence inmate misconduct. *Health Justice*. 2019;7(1):1. Published 2019 Jan 5. doi:10.1186/s40352-018-0082-5

[3] Hughes T and Wilson DJ (2002). Reentry trends in the United States. Washington DC: US Dept of Justice, Bureau of Justice Statistics.

[4] NIATx National Program office website. University of Madison-Wisconsin. Available at: <https://www.niatx.net/>.

[5] Healthier You: Choosing a Health Lifestyle workbook. Center for Drug and Health Studies, University of Delaware. Available at: <http://systemsforaction.org/projects/implementing-culture-health-among-delawares-probation-population/tools/healthier-you-choosing-healthy-lifestyle-workbook>

[6] O'Connell DJ, Visher CA, Becker P. Linking individuals on probation to health care: a pilot randomized trial. *Health Justice*. 2020;8(1):8. Published 2020 Mar 31. doi:10.1186/s40352-020-00110-w