Up Next: **SPECIAL PANEL** Public Health Detailing for Criminal Justice Involvement





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Public Health Detailing for Criminal Justice Involvement

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Disclosures

• We have no disclosures.



Overview

- Public Health Detailing Program
- Why a Criminal Justice Involvement Campaign?
 - Key recommendations

Action Kit Materials

- Development
- Popular materials

Campaign Implementation

- Successes
- Barriers and overcoming objections
- Results





Why a Criminal Justice Involvement Campaign?

- Justice-involved individuals have a higher risk for chronic conditions, such as cardiovascular disease,^{1,2} hypertension and diabetes,³ in addition to substance use⁴ and mental health conditions.^{5,6,7}
- Due to structural racism, **people of color disproportionately bear the burden** of criminal justice system involvement in New York City (NYC).
- More than 40% of men released from state correctional facilities have reported discrimination by health care providers.⁸
- Patients who have been incarcerated may have experienced additional traumas (such as long sentences, solidarity confinement), with important short- and long-term impacts on health.
- Every office visit is an opportunity to engage and help patients who disclose a history of criminal justice involvement.



Criminal Justice System Involvement Campaign Key Recommendations

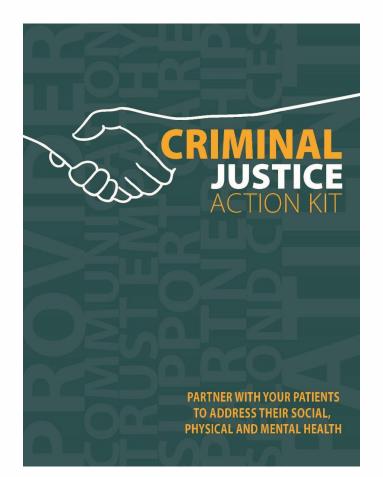
If your patient discloses a history of criminal justice involvement, the **NYC Health Department recommends** you:

- **1. Use nonjudgmental language** that validates their lived experiences and reassures them of your intention to provide care that reduces the potential health impacts of justice involvement.
- **2. Screen comprehensively** for chronic diseases and associated risk factors, infectious diseases, and behavioral health conditions, including substance use.
- **3. Adopt a trauma-informed approach** in your clinical and organizational practice.
- **4. Connect patients with local behavioral health services and community-based organizations** familiar with the social needs of justice-involved individuals.

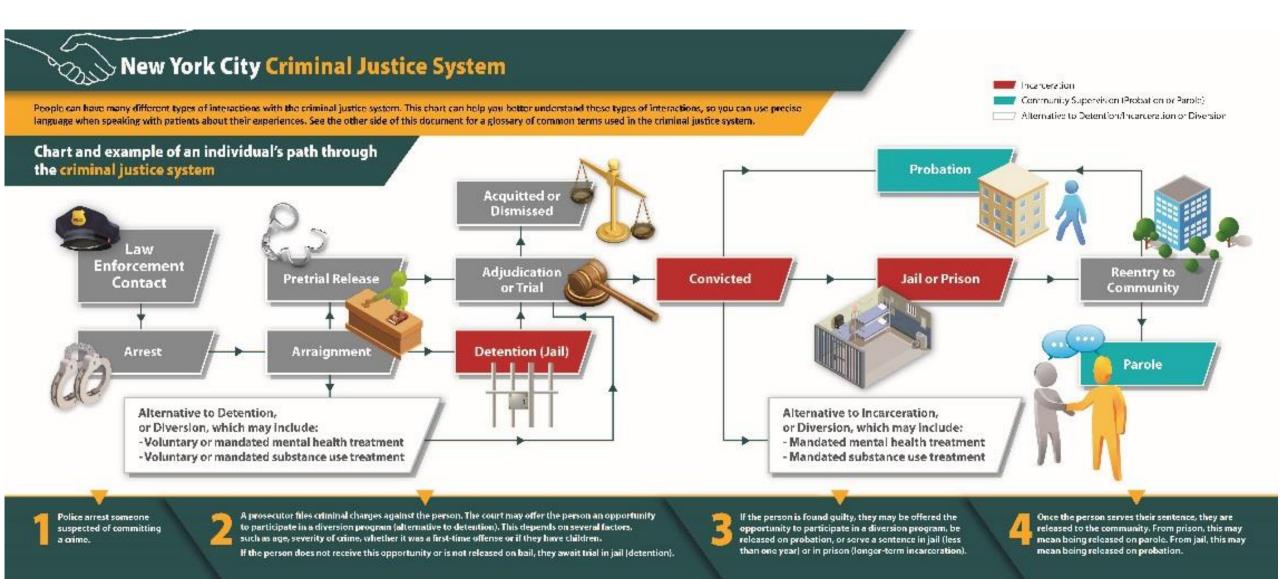


Materials Development/Themes/Needs

- Ground-softening campaign:
 - Educate on NYC's judicial system.
 - Communicate the importance of when a patient discloses a history of criminal justice involvement.
 - Adopt a trauma-informed care approach.
 - Connect patients with local health and social services.











Resources*

find location details online.

The Osborne Association[†]

find location details online.

osborneny.org

Locations in Long Island City and Upper Manhattan;

The Fortune Society serves clients from all five boroughs and

provides mental health services, employment services, education,

transitional services, assistance with benefits, recreation and meals,

as well as help with identification. No appointment necessary.

family services, care coordination, housing, substance use treatment,

Fortune Society's Reentry Resource Directory lists housing, legal,

employment, educational and mental health support services.

Visit the directory at fortunesociety.org/resource-directory.

O Locations in the Bronx, Harlem, Newburgh and Brooklyn;

The Osborne Association provides reentry and discharge planning. education, employment services, substance use treatment, healthy parenting and relationship programs, mentoring, video visiting for families and HIV prevention services, as well as help with housing. *For a full list of resources, see the Fortune Society's Reentry Resource Directory.

YOUR HEALTH MATTERS: HOW CRIMINAL JUSTICE INVOLVEMENT **MAY AFFECT YOUR HEALTI**

Volume 38 (2019) | No 2; 9-16

PROVIDING PRIMARY CARE TO PATIENTS WITH A HIST CRIMINAL JUSTICE SYSTEM INVOLVEMENT

- A history of involvement with the criminal justice system is associated with experienced tra and mental health outcomes, and challenges with housing, employment, education, and ed For patients who disclose a history of involvement with the criminal justice system:
- Adopt an empathetic, trauma-informed approach to care (see page 10).
 - · Provide comprehensive screening for chronic diseases and associated risk factors, infecti health conditions, and substance use.
- Offer connections to services and community-based organizations that are familiar with the with a history of criminal justice system involvement.

IS ISSUE (click to access) nditions commonly associated with criminal tem involvement (box) adverse social consequences of criminal justice volvement (box) **PPORTIVE CLINICAL ENVIRONMENT** patients who disclose a history of criminal justic (olvement (box) AUMA-INFORMED CARE trauma-informed care (box) PLICIT BIAS es to reduce implicit bias (box) OMMUNICATION ening and clear communication (box) GAINST COMMON INFECTIONS PROPRIATE SCREENING ealth screening and monitoring for people with

criminal justice system involvement (box)

for trauma and safety (box)

RM-REDUCTION APPROACH

ECTIONS TO RESOURCES

FOR PROVIDERS

FOR PATIENTS

nental health and substance use screening (box)

Criminal justice system involves many forms, including personal o arrest, court involvement, incarce prison, probation or parole (comn justice diversion to mental health treatment, or the involvement of a members.

A history of incarceration is asso health outcomes such as prematu: chronic conditions; increased rate diseases, drug overdose, and men elevated levels of stress and traum injury, isolation, and social depriv Patients who have been incarcera vulnerable to preventable premat immediate weeks and months afte communities.⁸ Patients with a hist adverse social outcomes that may

access or engage in care (Box 2).

last five years.

Epi Data Brief NYC

Criminal Justice System Involvement and Measures of Health among New York City Residents, 2017

A person's involvement in the criminal justice system may take multiple forms, Definition: including contact with police and with courts, through incarceration, probation or Criminal justice system parole, and through involvement of their family members. Historically, many public ement: respondents policies and practices in the United States (US) have been shaped by racism and were asked if they had ever been stopped, searched, or discrimination. This has created inequalities in the criminal justice system and guestioned by police; other institutions that limit or promote opportunity based on race. For example, the US criminal justice system disproportionately affects Black and Latino/a

NYC

potential relationship between criminal justice system involvement and health. More than one in three adult New Yorkers, or 2.4 million people, have experienced one or more types of criminal justice system involvement

individuals, their families and their communities.¹ The US incarceration rate is now

New York City (NYC) had about 50,000 jail discharges,3 19,000 people on parole

Research studies suggest that some types of criminal justice system involvement

population-level studies have explored the health of this population. Using data

from the 2017 NYC Social Determinants of Health (SDH) survey, this brief describes

the prevalence of select criminal justice system involvement variables among NYC

health and risk behavior. This information can be used to further understand the

adults by key demographic characteristics and by self-reported physical and mental

are associated with poor health outcomes.' However, health surveys often do not

and 11,000 Stop, Question and Frisk encounters.⁵ In 2015, there were an

routinely include people involved in the criminal justice system, and few

estimated 33,000 children in NYC with a parent who had been incarcerated.⁶

four times greater than it was in the 1970s and is the highest in the world.⁷ In 2017,

• In 2017, 29% of adult New Yorkers (an estimated 1.9 million people) reported ever being stopped, searched, or questioned by police. · Nine percent (an estimated 577,000 people) reported ever being physically threatened or abused by police



1 type, 1,434.000 people) reported having an immediate Criminal justice system (CIS) involvement refere to four exectlic bross of experience Critinal particle system (LSS) involvement reare is all a spacing up to respect respectively initial citing were stopped, exacting a cyaudion additional to a several system in additional to a stopped, and and a cyaudion additional to a several system in relation in metalest finally member who was inconcentiated or under probation or particles in the last fire years. This measure does not account for the frequency. family member who was incarcerated or under community mant Developer renerced each type of involvement. Prevalence estimates a timated number of adulte are rounded to the nearest 1,000 supervision in the Insets of Health (SDH) Sumey, 2017



Criminal Justice Action Kit



Successes

- Increasing provider knowledge that patients with a history of criminal justice involvement are a special population, and it has effects beyond the patient (for example, on family and friends)
- Increasing provider comfort addressing a criminal justice involvement disclosure
- Shifting norms around using person-first language
 - Ex-offender/convict versus a person with a history of criminal justice involvement
 - "Clean" versus currently abstaining from drug use
 - Noncompliant versus not adherent to medication

WORDS TO AVOID	PHRASES TO USE INSTEAD
Ex-offender, former felon, ex-criminal, ex-convict, delinquent	Person with a history of criminal justice involvement
Convict, inmate, offender, prisoner, felon	Person who is/was incarcerated, person with a history of criminal justice involvement
Parolee, probationer	Person on parole, person on probation, person under community supervision, person with a history of criminal justice involvement
Drug abuser, addict, junkie, drug user, alcohol abuser, substance abuser, dope fiend	Person who uses (or injects) drugs, person with a substance use disorder, person living with a substance use disorder
Drug abuse, substance abuse, alcohol abuse	Substance use or misuse
Clean	Currently abstaining from drug use, making changes to drug use
Noncompliant, unmotivated, resistant, non-adherent	Not adherent to medication, facing challenges with adherence, opted not to, has not begun treatment
High-risk group, higher risk group	Highly affected communities, underserved populations

Adapted from The Fortune Society's Social Justice and Health Equity Symposium: Care for People at the Intersections.



Barriers and Overcoming Objections

- Provider comfort level in assessing a history of criminal justice involvement and addressing disclosure
 - Provide resources on what to do when a patient self-disclosed a history of criminal justice involvement.
- Successful implementation of a trauma-informed care approach takes time.
 - Conduct a total office call to promote workflow considerations.
- Providers saw criminal justice involvement as a social issue, not a health issue, and would take too much time.
 - Offer evidence of health impacts of criminal justice involvement.



Evaluation Strategy

- A ground-softening campaign with different expectations for practice change
- Given the sensitivity and strong social component of the topic, we applied a trauma-informed care lens in our data collection.
- Utilized a Likert-type scale instead of open-ended questions, and focused less on clinical practice
 - Assessment questions still administered verbally by representatives



Examples of Assessment Questions

"On a scale of 1-5, with 1 being the lowest and 5 being the highest, **how knowledgeable do you consider yourself** about the criminal justice system overall?"

"On a scale of 1-5, with 1 being the lowest and 5 being the highest, **how comfortable are you** responding to your patient's disclosure of a history of criminal justice system involvement?"



Highlights From Results

- Between visits, the percentage of providers reporting:
 - Being moderately to very knowledgeable about the criminal justice system increased from 70% to 87%
 - Being moderately to very knowledgeable about specific health needs of people with a criminal justice involvement history increased from 87% to 96%
 - Feeling very comfortable responding to patients who disclose a history of criminal justice involvement increased from 83% to 91% at follow-up.



Highlights From Results

- Providers also reported taking additional steps, such as:
 - Screening for **food and housing instability**
 - Supporting patients with nonmedical issues related to family and social supports
 - Other challenges related to transitioning back into the community including employment and probation/parole demands

