

UNDERSTANDING CONNECTIONS BETWEEN PUBLIC HEALTH  
DISTRICTS AND INDIVIDUALS WHO HAVE RECENTLY BEEN  
RELEASED FROM CARCERAL SYSTEMS IN IDAHO

By

Ashley Harris



A thesis

submitted in partial fulfillment

of the requirements for the degree of

Master of Public Health in Leadership and Management

Boise State University

August 2023

© 2023

Ashley E Harris

ALL RIGHTS RESERVED

BOISE STATE UNIVERSITY GRADUATE COLLEGE

**DEFENSE COMMITTEE AND FINAL READING APPROVALS**

of the thesis submitted by

Ashley Elizabeth Harris

Thesis Title: Understanding Connections Between Public Health Districts and Individuals who have been Recently Released from Carceral Systems in Idaho

Date of Final Oral Examination: 28 April 2022

The following individuals read and discussed the thesis submitted by student Ashley Harris, and they evaluated the student's presentation and response to questions during the final oral examination. They found that the student passed the final oral examination.

Sarah Toevs, Ph.D. Chair, Supervisory Committee

Desmond Banks, Ph.D. Member, Supervisory Committee

Taylor Neher, Dr.P.H. Member, Supervisory Committee

The final reading approval of the thesis was approved by Sarah Toevs, Ph.D., Chair of the Supervisory Committee. The thesis was approved by the Graduate College.

## **DEDICATION**

I would like to dedicate this thesis to my family, friends, and mentors.

First of all my parents Drs. Jerry and Camille Harris, who consistently encouraged me to pursue higher education. Without their guidance, I would not have accepted admission into this Masters program which turned out to be an incredibly enriching experience. I would like to thank my younger siblings Daniel and Laura for always making me laugh and keeping me humble. I would also like to thank my friends for forcing me to be social and maintain a balanced lifestyle while in school. A special thank you to my buddy Camryn for putting up with me while we took every single class in this program together. I would like to thank my undergrad mentors Dr. Ayokunle Hodonu and Dr. Bryon Hemphill for encouraging me to pursue a masters degree. I would also like to thank some of my graduate mentors Dr. Neher, Dr. Schafer, and Dr. Mann for their encouragement and guidance throughout this program.

## **ACKNOWLEDGMENTS**

I would like to acknowledge the hard work of my committee members. I would have been unable to complete this project without the guidance and support of Dr. Toevs, Dr. Banks, Dr. Neher, and Dr. Schafer. I would also like to acknowledge the Idaho Public Health District Directors whose support was key to this project moving forward to completion. I would finally like to thank the Idaho Public Health District Staff for taking the time out of their busy schedules to complete the interviews necessary for this project.

# **ABSTRACT**

## **Background**

Gaining a better understanding of the relationship between public health and individuals recently released from the carceral system in Idaho is vital. According to the Federal Bureau of Justice Statistics, in 2020 Idaho had the highest female incarceration rate of all US states at twice the national average (Bureau of Justice Statistics, 2020). The incarceration rate of women and girls has increased nearly 834% in the last 40 years and rates in Idaho follow this trend (Steinberg, 2018). Compared to 62% of women in prisons nationally, 80% of women in local jails report having children under the age of 18 (Glaze and Maruschak, 2016). Idaho has additional cause for concern, as the state has the highest incarceration rate of both non-violent offenders and drug offenders (Bureau of Justice Statistics, 2020).

The focus of this work is with individuals who are recently released. With 95% of incarcerated populations projected to be released and 5% currently serving life sentences (Hughes and Wilson, 2003), public health interventions focused on this population are extremely important. Idaho released 4,001 individuals from prison in 2020; this number does not include the re-entry rates for city or county jails (Carson and Cowhig, 2020). These statistics are one aspect of why public health efforts are essential to aid in the transition from incarceration to free living.

This project is in alignment with the core mission of those working in

public health to improve health in communities served. Additionally, the Idaho Public Health Districts (PHD) have goals of evaluating the programs and interventions for underserved populations. Many of the PHDs in Idaho are working towards public health accreditation with the Public Health Accreditation Board. As a part of this process, the PHDs continue to make efforts towards more equitable health outcomes in our communities.

A necessary part of this process is to uplift outcomes for recently released populations—populations who are highly at risk for disparate outcomes involving epidemiology, mental health, substance abuse among others (Prina, 2022). Many individuals in this population are at risk upon release and face challenges including access to identification, housing, employment, healthcare, among other necessities. The purpose of this project is to establish connections between the public health districts and recently released populations.

### **Aim**

The purpose of this study is to explore the connections between the public health districts and individuals recently released from carceral systems in Idaho. Prior to this study, little was known about the programs and support available to this population from the PHDs. Key-informant interviews were conducted with employees from the seven public health districts and used to describe the existing landscape, barriers, and opportunities. The goal of this project was to document existing connections and use this information as a foundational benchmark for future enhancements to aid in the health and wellbeing of individuals recently released from carceral systems in Idaho.

## **Methods**

Using Grounded Theory, we documented existing connections and used this information as a foundation for enhancing the health and wellbeing of individuals recently released from carceral systems in Idaho. The seven public health district directors in Idaho identified one or more staff members to participate in one 45-60 minute web-based interview. All interviews were conducted via Zoom. The interview protocol was approved by the Boise State University Institutional Review Board under IRB #186-SB22-139. Questions were developed by the researcher and reviewed and piloted with members of the thesis committee. The interview questions were designed to gather information about public health resources, programs, outreach strategies, future opportunities, and efforts to serve individuals disproportionately impacted by carceral systems.

## **Results**

Most respondents (6/7) stated that public health played a significant role in helping individuals transition from the carceral setting to the community. The same number of respondents stated that it is highly important for public health to be involved in these transitions, rating the importance at least an 8 out of 10. Additionally, the same number stated that public health provided many programs, however few specifically targeted this priority population. All reported that the current efforts in place were fairly to highly successful, however many stated that the PHDs had limited ways to measure the success of prospective programs. In regards to needed partnerships, (3/7) stated that there



was a need to expand current partnerships. Some respondents (2/7) stated there was a need to expand partnerships for housing efforts. Many (5/7) respondents stated that outreach efforts for this priority population were non-existent in their PHD. None of the respondents stated that the current outreach efforts were adequate with more outreach efforts needed. In regards to networking efforts, almost all (6/7) respondents described their current Board of Health as not being opposed to efforts to reach recently released populations, especially the benefits of such programs.

### **Conclusion**

These key-informant interviews are vital to helping us describe the existing landscape, barriers, and opportunities of re-entry programs in Idaho. The current connections between public health and individuals recently released from carceral systems in Idaho is present but weak. There is much room for improvement in efforts to assist this highly vulnerable population including expansion and streamlining of services, additional outreach efforts, establishing measures of success, and continued networking with Boards of Health and community partners.

## TABLE OF CONTENTS

DEDICATION .....	iv
ACKNOWLEDGMENTS .....	v
ABSTRACT .....	vi
Background .....	vi
Aim .....	vii
Methods.....	viii
Results.....	viii
Conclusion .....	ix
TABLE OF CONTENTS.....	x
LIST OF TABLES .....	xv
LIST OF FIGURES .....	xvi
LIST OF ABBREVIATIONS.....	xvii
Chapter 1: Introduction.....	1
Background.....	1
State of the Problem.....	2
Purpose.....	3
Rationale .....	4
Research Questions.....	4

Questions for the key informant interviews:.....	5
Definition of Terms.....	5
Study Limitations and Rationale.....	6
Summary .....	7
Chapter 2: Literature Review .....	8
Recently Released Population Statistics .....	8
Recently Released Population Healthcare Challenges and Barriers .....	8
Importance of Public Health’s Relationship to Individuals who are Recently Released .....	10
Public Health Programs for Recently Released- Substance Abuse .....	10
Public Health Programs for Recently Released- Epidemiology .....	12
Public Health Programs for Recently Released- Mental Health.....	13
Theory and Theoretical Considerations.....	14
Research Question/Variables.....	15
Summary .....	16
Chapter 3: Methods.....	17
Introduction.....	17
Research Design.....	17
Setting .....	18
Respondents .....	18

Data Collection Procedures.....	19
Data Analysis Procedures .....	20
Summary.....	20
Chapter 4: Results .....	21
Respondent Characteristics.....	21
Theme: Perceived Role of Public Health.....	21
Topic: Description of this Role.....	22
Topic: Factors Influencing this Role.....	23
Theme: Programs or Services Currently Available .....	24
Topic: Success of Current Efforts.....	25
Topic: Needed Additional Programs. ....	26
Theme: Outreach Efforts.....	27
Topic: Success of Current Outreach Efforts. ....	28
Theme: Partnerships.....	29
Topic: Additional Partnerships Needed. ....	29
Theme: Disproportionately Affected Individuals; Women, Youth, and Non- Violent Offenders.....	31
Topic: Opportunities. ....	32
Theme: Recommendations and Insights .....	32
Topic: Opportunities. ....	33

Topic: Barriers.....	34
Theme: Networking with Local Board of Health.....	34
Chapter 5: Discussion.....	36
Current connections between public health districts and individuals who have recently been released from carceral systems in Idaho.....	36
Identification of Key Concepts and Gaps.....	37
Addressing Barriers.....	38
Access to Healthcare.....	38
Access to Transportation.....	39
Funding for Public Health Programs.....	40
Measures of Impact of Public Health Programs.....	41
Strengths.....	41
Limitations.....	42
Summary.....	43
References.....	44
Appendix A.....	52
Interview Guide.....	52
Appendix B.....	55
Letter of Recruitment.....	55
Consent Document.....	58

Appendix C .....	60
The Idaho Corrections Systems .....	60
Appendix D.....	63
2020 Female Incarceration Rate per 100,000 Residents.....	63
2019 Non-Violent Offenders Incarceration Rate .....	65
2019 Drug Offenders Incarceration Rate .....	66

## **LIST OF TABLES**

Table 2.1 The Idaho Public Health Districts

Table 3.1 The Idaho Corrections Systems

## **LIST OF FIGURES**

Figure 1.1 2020 Female Incarceration Rate per 100,000 Residents.

Figure 1.2 2019 Non-Violent Offenders Incarceration Rate.

Figure 1.3 2019 Drug Offenders Incarceration Rate.



## **LIST OF ABBREVIATIONS**

CCA- Corrections Corporation of America

EOH- Environment and Occupational Health

FQHCs- Federally Qualified Health Center

IDHW- Idaho Department of Health and Welfare

IDOC- Idaho Department of Corrections

LEPC- Local Emergency Planning Committee

PHD- Public Health District

SRO- School Resource Officer

WIC- Women, Infants, and Children Program



## CHAPTER ONE: INTRODUCTION

### **Background**

Gaining a better understanding of the relationship between public health and individuals recently released from the carceral system in Idaho is vital moving forward. Idaho currently has the 16th highest incarceration rate of all US states (Bureau of Justice Statistics, 2020) . Idaho currently has a rate of 761 incarcerations in state prisons, local jails, federal prisons, and other confinement systems per 100,000 residents (Bureau of Justice Statistics, 2020). Within this data set, 72% of all individuals in the Idaho carceral system are non-violent offenders (Bureau of Justice Statistics, 2020). This is in comparison to the national average of 45%. Additionally per the Bureau of Justice Statistics, Idaho also has the highest incarceration rate of drug offenders out of all US states in 2020. Thirty-three percent of individuals in the Idaho carceral system are drug offenders compared to the national average of 15% (Bureau of Justice Statistics, 2020).

Many women in Idaho carceral settings are incarcerated for non-violent or drug offenses (Bureau of Justice Statistics, 2020). According to the Bureau of Justice Statistics, Idaho had the highest female incarceration rate in 2020, with 110 per 100,000 female residents in the system or twice the national average (Bureau of Justice Statistics, 2020). The incarceration rate of women and girls has increased by 834% in the last 40 years and Idaho is leading the way (Steinberg, 2018). Compared to 62% of women in prisons nationally, 80% of women in local jails report having children under the age of 18 (Glaze and Maruschak, 2016). According to the Bureau of Justice Statistics, Idaho had the highest incarceration rate of non-violent offenders in 2020.

For recently released populations, continuity of substance abuse services is essential and highly lacking in most jurisdictions in the United States (Victor et al., 2022). This critical lack of coverage has devastating consequences for recently released inmates. Numerous studies have shown that recently released members have drastically higher mortality rates post-release, and one of the leading causes of death in this population is accidental overdose (Victor et al., 2022). Therefore, an understanding of substance abuse resources and programs for individuals who have recently been released from carceral systems in Idaho is key.

With 95% of incarcerated populations being released in the future and just 5% currently serving life sentences (Hughes and Wilson, 2003), public health interventions focused on this population are extremely important. Idaho released 4,001 members of its prison population in 2020, however this number does not include the re-entry rates for city or county jails (Carson and Cowhig, 2020). Recently released populations are highly at risk for disparate outcomes involving epidemiology disease outbreaks, mental health, substance abuse, and long term care (Prina, 2022). Many individuals in this population face challenges upon release including access to identification, housing, employment, healthcare, among other necessities. These challenges lead to disparities in health outcomes. Therefore, public health efforts are essential to aid individuals in the transition from incarceration to free living.

### **State of the Problem**

Individuals who have been recently released are “disproportionately poor, disenfranchised, and chronically ill,” (Kinner and Wang, 2014) making public health interventions focused on this population essential to public safety. Upon release from the

carceral system in Idaho, individuals face a number of complex issues including lack of transition support, social stigma, the lack of housing, employment, among other challenges. There was an insufficiency in the understanding of the public health efforts currently in place to assist this transition, prior to this study.

### **Purpose**

The purpose of this study was to explore the connections between the PHDs and individuals recently released from carceral systems in Idaho. Little was known about the programs and supports available to this population through the PHDs. Key-informant interviews were conducted with employees from the seven PHDs and used to describe the existing landscape, barriers, and opportunities. The goal of this project was to document existing connections and use this information as a foundation for enhancing the health and wellbeing of individuals recently released from carceral systems in Idaho.

The objective was to interview staff at all seven PHDs within the State of Idaho. Our objective was to use Grounded Theory to better understand the policies and interventions for managing public health efforts for recently released populations within their prospective jurisdictions. In these PHDs, initiatives regarding epidemiology, mental health, substance abuse, health care services, and services to uplift the social determinants of health are all facilitated by different staff. Therefore, no one person is in charge of all efforts for recently released populations. My questions were addressed to one staff member who was most knowledgeable in the services offered to this population, as identified by a Public Health District Director. This was to provide insight for future public health policy efforts regarding individuals recently released from the Idaho corrections systems.

### **Rationale**

The rationale for this project was to better understand the relationships currently in place between public health and individuals recently released from carceral systems in Idaho. Additionally, this project sought to understand the current role of public health initiatives for recently released populations with more clarity. Ultimately the goal of this project was to provide a stepping stone for future public health interventions by describing current public health efforts. Goals included to document existing connections for a foundation to enhance the health and wellbeing of individuals recently released.

### **Research Questions**

The research question for this project was to explore the connections between local PHDs and individuals recently released from the carceral system in Idaho. This project examined the role public health has in providing resources, programs, outreach strategies, future opportunities, and efforts to serve individuals disproportionately impacted by carceral systems. Questions about these programs and services were addressed to staff at the local PHDs.

This project was in alignment with the public health's core mission to improve health outcomes in communities served. Additionally, the Idaho Public Health Districts' (PHD) have goals of accreditation and evaluation of programs and interventions for underserved populations. According to the 2015-2019 strategic plan for all the Idaho Public Health Districts, one of the top goals is to, "evaluate and improve the quality of programs and interventions," (Spencer et al., 2015). Many of the Public Health Districts in Idaho are working towards public health accreditation with the Public Health Accreditation Board (Spencer et al., 2015). As a part of this process, the PHDs have

made efforts towards more equitable health outcomes in our communities (Spencer et al., 2015) (Spencer et al., 2018). A necessary part of this process is efforts to uplift outcomes for recently released populations- populations who are highly at risk for disparate outcomes involving epidemiology, mental health, substance abuse, and long term care (Prina, 2022). The purpose of this project was to gain a better understanding of the connections between the PHDs and individuals who are recently released so that long-term health outcomes for this highly vulnerable population can be improved by aiding PHD evaluation efforts.

### **Questions for the key informant interviews:**

Please refer to Appendix D

### **Definition of Terms**

**Recently Released:** having been released from a carceral setting one to twelve months prior (Wang et al., 2013).

**The Idaho Correctional System:** 18 state prisons, 0 federal prisons, 44 county jails, and 50 city jails (Idaho Department of Corrections, 2020). See Appendix B for Table 3.1 The Idaho corrections systems with each facility's PHD jurisdiction fall under.

**Grounded Theory:** a specific research methodology introduced in 1967 by sociologists Glaser and Strauss (Glaser et al., 1968). In this theory, the investigator is the primary instrument of data collection and analysis uses induction to derive meaning from the data. The end result of this form of qualitative study is a theory that is “grounded” in the data (Glaser et al., 1968).

**The Idaho Public Health Districts 1-7:** Panhandle, North Central, Southwest, Central, South Central, Southeastern, and Eastern.

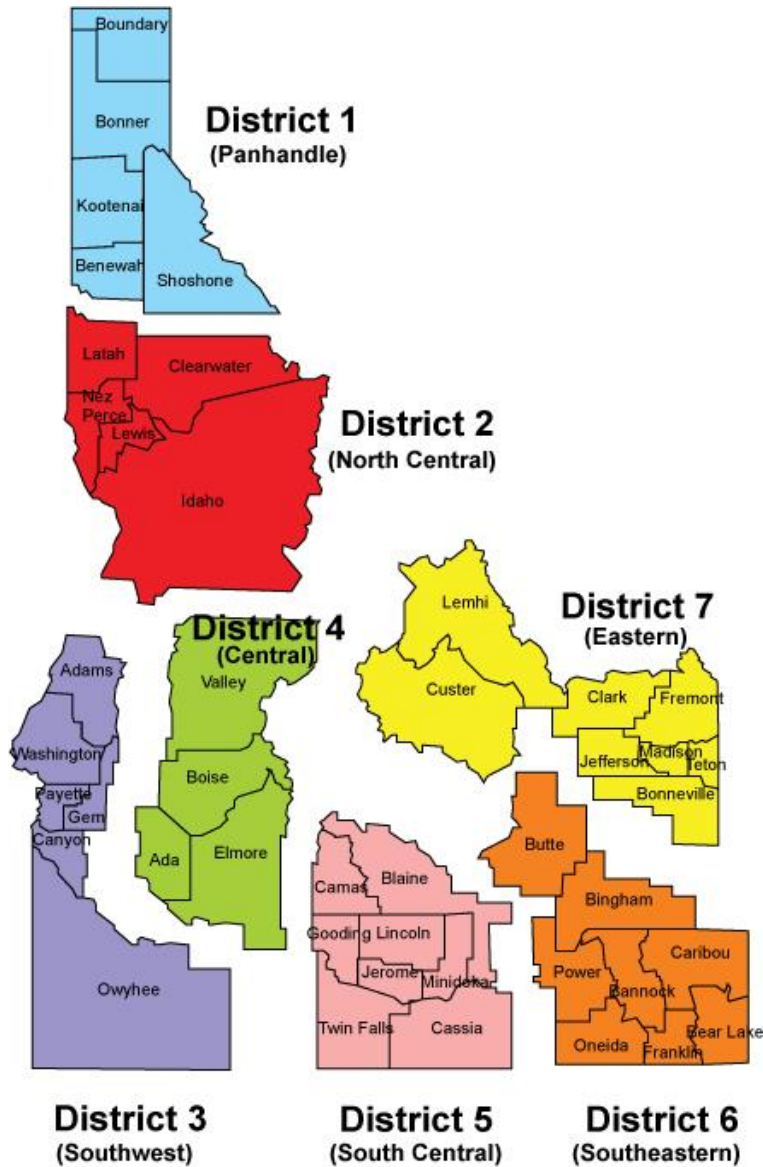


Table 2: The Idaho public health districts and counties according to the Idaho Department of Health and Welfare (Idaho Public Health, 2020).

### Study Limitations and Rationale

Prior to this project, little was known about the programs and supports available to this population from the PHDs. Key-informant interviews were conducted with employees from the seven PHDs and used to describe the existing landscape, barriers, and opportunities. This study was subject to information limitation in the form of recall



bias as is reflected in the discussion below. Data was collected from the interviews with administrators and staff members. Results are limited to the State of Idaho.

### **Summary**

The purpose of this project was to explore the connections between the PHDs and individuals recently released from carceral systems in Idaho. Due to the uniquely high incarceration rates in Idaho and the highly vulnerable nature of this population group, this project was vital. There are many opportunities for improvement in public health policy supporting this population, particularly concerning epidemiology, mental health, and substance abuse. To understand what interventions are currently in place regarding these topics, interviews were conducted with key informants from all 7 Public Health Districts within the State of Idaho. By gaining a better understanding of public health's role in aiding the transition out of the carceral setting, future public health policy improvements can be more effective.

## CHAPTER TWO: LITERATURE REVIEW

### **Recently Released Population Statistics**

As of 2018, the United States had the largest prison population globally, accounting for nearly 25% of the world's prison population (Walmsley, 2018). According to the US Bureau of Justice, 5,500,600 persons are currently under the supervision of adult correctional systems taking into account the population on probation, parole, and in jails and prisons (Bureau of Justice Statistics, 2020). As of 2020, 1,764,900 adult persons were incarcerated in US jails and prisons (Bureau of Justice Statistics, 2020). Over 700,000 are released yearly back to their home communities (Adams et al., 2019). With 95% of incarcerated populations scheduled to be released in the future and just 5% currently serving life sentences (Hughes and Wilson, 2003). One-third (33%) of released individuals return to the carceral system (Rhodes et al., 2016). Individuals who have been recently released are “disproportionately poor, disenfranchised, and chronically ill,” (Kinner and Wang, 2014) making public health interventions focused on this population essential to public safety. The high rate of recidivism indicates that reentry is challenging and public health policy changes should be made.

### **Recently Released Population Healthcare Challenges and Barriers**

Improvements to public health outcomes for ex-prisoners should be made due to “human rights, public health, criminal justice, and economic grounds” (Kinner and Wang, 2014). It has been demonstrated in studies for years that recently released populations have extremely high mortality rates (Harding-Pink, 1990). Arguments to improve the quality and accessibility of healthcare for recently incarcerated populations are often contradictory to current policy. Federal law requires suspension or termination of

Medicaid benefits when someone is incarcerated, then upon release efficient systems to reinstate Medicaid are rare (Prina, 2022).

The Federal Medicaid Inmate Exclusion Policy leads to Medicaid being suspended or terminated upon incarceration in the United States, resulting in a lack of health care coverage upon re-entry. However while some states reinstate Medicaid coverage upon release, Idaho is one of the states that terminates Medicaid coverage upon incarceration (Gollu and Zapryanova, 2022). A qualitative study in 2011 asked 29 recently released inmates about their experiences regarding mental and physical healthcare in the two months post-release. This study found that the respondents reported multiple challenges regarding stress and anxiety, inadequate preparation for release, and a total lack of continuity of care for mental and physical needs (Binswanger et al., 2011).

However, accessibility is not the only hindrance with many individuals facing medical discrimination upon release (Frank et al., 2014). Discrimination against recently incarcerated populations by healthcare professionals is unfortunately quite common. A cross-sectional survey in 2014 found that 42% of the recently released respondents had experienced discrimination by healthcare professionals (Frank et al., 2014). Between accessibility issues and discrimination, many individuals who are recently released face many barriers to receiving health care services upon release.

One of the main structural barriers for those individuals in the re-entry process is transportation. The state of Idaho has highly limited public transportation services in general (Burkhardt, 1999) (Kane and Foltz, 2010). Upon release from carceral facilities, individuals who served longer sentences may find that their driver's license has expired. These individuals then need to find other means of transportation to DMV centers to

renew their license (Kim et al., 2010). Renewal of a driver's license can be a daunting task for individuals who no longer have a permanent address upon release. For many states, individuals have to show proof of permanent address in order to get a drivers license (Giuliani, 2007).

### **Importance of Public Health's Relationship to Individuals who are Recently Released**

The health in carceral settings affects the general public when residents are released. This creates a unique opportunity for public health to positively impact the health of the general public through health initiatives for recently released populations. It is extremely important to link community health resources with correctional facilities so that prisoners can transition to the community without unnecessarily taxing public resources or falling through the cracks (Greifinger, 2007). With approximately 641, 000 persons released yearly from prisons, the cumulative number of recently released persons in society continues to grow (Massoglia and Remster, 2019). Public health professionals need to advocate for individuals in the re-entry process. "Everyone should be able to access quality health care and education inside and out of prison..." The community should health support individuals who are recently released "...to find meaningful employment, housing, and education" (Moore and Elkavich, 2008).

### **Public Health Programs for Recently Released- Substance Abuse**

Substance abuse prevention in recently released populations is vital. Continuity of substance abuse services is essential and highly lacking in most carceral jurisdictions in the United States. This critical lack of coverage has devastating consequences for recently released inmates. Numerous studies have shown that recently released members

have drastically higher mortality rates post-release, and one of the leading causes of death in this population is accidental overdose (Mital et al., 2020).

The Idaho Department of Corrections website states that 85% of current inmates have substance abuse problems (Idaho Department of Correction, 2022). According to a study in 2009, "Not treating a drug-abusing offender is a missed opportunity to improve public health and safety simultaneously. Integrating treatment into the criminal justice system would provide treatment to individuals who otherwise would not receive it, improving their medical outcomes and decreasing their reincarceration rates" (Chandler et al., 2009). However, at the time of release, whatever substance abuse treatments members of the carceral system receive are promptly ended.

Many studies have shown that recently released members have drastically higher mortality rates post-release, and one of the leading causes of death in this population is accidental overdose (Merrall et al., 2010) (Binswanger et al., 2012) (Strang, 2013) (Brinkley-Rubinstein et al., 2017) (Mital et al., 2020). Studies have indicated an increased risk of drug-related death soon after release from prison, particularly in the first two weeks (Merrall et al., 2010). Because imprisonment reduces the tolerance of heroin users, incarceration is especially dangerous for opioid drug users (Mital et al., 2020). A systematic review conducted in 2019 found, "to mitigate the impact of the opioid-related overdose crisis, it is crucial to scale up OAT and opioid-related overdose prevention strategies (e.g., NLX [naloxone]) within a continuum of treatment before, during, and after incarceration," (Malta et al., 2019). A 2017 study on effective harm reduction strategies for individuals who are recently released emphasized the importance of "implementing overdose education, risk assessment, medication assisted treatment, and

naloxone distribution programs,” (Brinkley-Rubinstein et al., 2017). Harm reduction strategies such as these are crucial for reducing rates of overdose in recently released populations (Brinkley-Rubinstein et al., 2017).

### **Public Health Programs for Recently Released- Epidemiology**

The ecology of jails and prisons has a concentrated disease burden of infectious diseases compared to the general population. In comparison with local communities, members of the carceral populations have an “increased prevalence of human immunodeficiency virus infection, hepatitis B virus infection, hepatitis C virus infection, syphilis, gonorrhea, chlamydia, and *Mycobacterium tuberculosis* infection” (Bick, 2007). Incarcerated individuals are also at “increased risk of acquiring blood-borne pathogens, sexually transmitted diseases, methicillin-resistant *Staphylococcus aureus* infection, and infection with airborne organisms, such as *M. tuberculosis*, influenza virus, and varicella-zoster virus”(Bick, 2007).

It is established practice that the results of positive epidemiology tests for mandatory reportable diseases are forwarded to and processed by Public Health Departments (Thomas and Reeves, 2022). "Both correctional and public health administrators have an obligation to protect the public from communicable diseases, and indicates that correctional facilities provide public health departments with an ideal opportunity to find and treat individuals with sexually transmitted diseases who would not normally seek out public health clinics," (Craig and York, 2003). Public health screenings of communicable diseases in the carceral systems allow practitioners to reduce disease burdens and reach underserved populations.

However, additional steps can be taken to reduce the community disease burden upon release. A study in 2018 conducting a multilevel, multivariate analysis on the impact of prison release and HIV incidence in the Southern United States found that a ten-person increase in prison release rates resulted in a 4% increase in HIV incidence in the general population over five years (Ojikutu et al., 2018). While it has already been established that the release of members of the prison population has many benefits, including but not limited to, reduced community costs, reduction in overcrowding, reduction in the disease burden for prisons, plus social and economic benefits for the former inmates and their families. Therefore the conclusion of this paper was not that the reduction of the prison population should be slowed to reduce the disease burden on the general population. Instead, public health "HIV prevention interventions should promote timely linkage to on-going treatment for released inmates living with HIV" (Ojikutu et al., 2018). There is much that public health is currently doing regarding epidemiology in carceral settings, and there are many opportunities for additional interventions, especially those for recently released members of the carceral population.

### **Public Health Programs for Recently Released- Mental Health**

The United States carceral system can be an interruption in the continuity of care for serious mental health conditions of those incarcerated ex. anxiety, depression, bipolar disorder, and others. Additionally, the period of incarceration has been shown to exacerbate mental health conditions in many individuals (Remch et al., 2021). Upon release, what little care incarcerated individuals receive in prison or jail settings is promptly ended leaving individuals responsible for the continuity of their own care. Without Medicaid coverage, many individuals who are recently released cannot afford or

access continuous mental health services. This critical lack of care has devastating consequences for individuals in the re-entry process.

Numerous studies have shown that the suicide rates for recently released populations- have a much higher rate than that of the general population, especially within the first month of release (Pratt et al., 2006). Twenty-one percent of suicides occurred within the first 28 days after release (Pratt et al., 2006). A 2013 systemic review on suicide rates among individuals who are recently released showed that the risk of suicide in released prisoners was 6.76 times that of the general population (Jones and Maynard, 2013). A systemic review on suicide rates found that individuals, “on probation are a very high risk group for completed suicide, and factors associated with this include drug overdose, mental health problems, and poor physical health. There is a clear need for high quality partnership working between probation and mental health services, and investment in services, to support appropriate responses to suicide risk,” (Sirdifield et al., 2020). Continued partnership in care for mental health services is key for individuals who are recently released. Lack of treatment has tragic consequences.

### **Theory and Theoretical Considerations.**

Relevant theories that informed or guided this study include Grounded Theory. Prior to this study, there was a gap in the literature regarding the current relationship between public health and individuals who are recently released using open-ended questions. Therefore, Grounded Theory was used to guide the methods used in this study. We used key informant interviews to develop an understanding of the current state of the relationship. *The Discovery of Grounded Theory* defines Grounded Theory as "faithful to the everyday realities of the substantive area is one that has been carefully induced from



the data," (Glaser et al., 1968). This project is focused on developing a theory to better understand the current relationships between public health and recently released populations using this ground up approach. Individuals who are in the re-entry process face many health-related disparities due to numerous issues including but not limited to, medicaid applications, housing, job loss, lack of continuity of many health services, etc. Therefore, a theory to better understand the current relationships between public health and recently released populations was needed to determine what areas health promotion, service delivery, and marketing could be potentially improved.

### **Research Question/Variables.**

The connections between local PHDs and individuals recently released from carceral systems in Idaho were examined by gathering information via key informant interviews on the role of public health in providing resources and programs, outreach strategies, future opportunities, and efforts to serve individuals disproportional impacted by carceral systems. Questions focused on the present relationships between public health in Idaho and programs for individuals who are recently released. The following topics were of particular interest: epidemiology, mental health, and substance abuse services for those recently released. A call for research published in 2020 stated there is much to "learn [about] what different public health actors are doing or should be doing to address health inequities related to mass incarceration" (Brinkley-Rubinstein and Cloud, 2020). Individuals who are in the re-entry process face many challenges and health disparities. I asked what the PHDs in the State of Idaho are doing to prevent inequities in outcomes.

## Summary

Idaho has one of the highest incarceration rates compared to all 50 states. According to the Federal Bureau of Justice Statistics, in 2020 Idaho had the highest female incarceration rate of all US States at twice the national average (Bureau of Justice Statistics, 2020) (Carson and Cowhig, 2020). The incarceration rate of women and girls has increased 834% in the last 40 years and rates in Idaho follow this trend (Steinberg, 2018). Sixty- two percent of women in prisons and 80% of women in local jails report having children who are minors (Glaze and Maruschak, 2016).

Additionally, Idaho has the highest incarceration rate of non-violent offenders according to the Federal Bureau of Justice Statistics (Bureau of Justice Statistics, 2020). Idaho also has the highest rate of incarceration of drug offenders (Bureau of Justice Statistics, 2020). With 95% of incarcerated populations being released in the future and just 5% currently serving life sentences (Hughes and Wilson, 2003), a greater understanding of public health interventions in place for this population are extremely important.

There was a need to understand what public health efforts are in place for, epidemiology, health care access, mental health services, and substance abuse prevention services. The goal of this project was to document existing connections and use this information as a foundation for enhancing the health and wellbeing of individuals recently released from carceral systems in Idaho.

## **Chapter 3: Methods**

### **Introduction**

Data was collected from a qualitative oral survey to better understand the relationship between the Idaho carceral system, re-entry, and public health. This survey was designed by myself and my thesis committee. The same survey was distributed to the staff at all seven Idaho Public Health Districts. Survey questions were regarding the relationships between public health and recently released populations from the state prisons, county jails, and city jails in the State of Idaho (Idaho Department of Corrections, 2020). Survey questions specifically asked about those disproportionately affected by the Idaho correctional system including- women, non-violent offenders, and substance abuse offenders.

### **Research Design**

The design of this research project was to conduct a qualitative oral survey with representatives from all seven PHDs. The variables of this project were the different policies in place for the different health districts and the number and type of correctional facilities within each district.

In Idaho, some correctional facilities are privatized and run by the Corrections Corporation of America (CCA). The public health difference between public and privately run facilities may be a factor. However, as of 2014, there is only one private facility in the State of Idaho, the Correctional Alternative Placement Program facility in Southwest Idaho, which houses medium to low-security male inmates for substance abuse. Idaho's largest prison, the Idaho State Correctional Center, had previously been under the CCA (Simmons, 2020). However, the State of Idaho discontinued its contract

in 2014 following an FBI investigation into the facility that same year after it [CCA] had understaffed the Idaho Correctional Center by thousands of hours in violation of the state contract (US Attorney's Office District of Idaho, 2015). However in 2020, due to overcrowding, the State of Idaho has sent over 1,000 inmates to privately run correctional facilities in Arizona, managed by CoreCivic, formerly CCA (Simmons, 2020). Additionally, there are another 600 Idaho inmates in Texas at another privately run correctional facility managed by the GEO Group (Simmons, 2020). These out-of-state privatized facilities are not reflected in Table 3.1 regarding all the state correctional facilities. However, members of these populations would be included in the state's recently released populations.

### **Setting**

Interviews were at a time and date that worked best for all public health staff interviewed prior to December 20, 2022. All interviews were conducted via Zoom to maintain consistency. Interviews were completed using web-based technology (Zoom) in a location of the respondent's choosing. Alternatively, interviews could have been conducted via a phone call if the respondent prefers.

The interview protocol was approved by the Boise State University Institutional Review Board under IRB #186-SB22-139. The interview questions were regarding public health resources and programs, outreach strategies, future opportunities, and efforts to serve individuals disproportionately impacted by carceral systems.

### **Respondents**

Respondents were key-informants from the seven PHDs in Idaho. The respondent population were employees from the seven PHDs. These individuals were

identified by the director of each district health department as being knowledgeable in public health resources and programs, outreach strategies, and future opportunities for individuals who are recently released. PI Dr. Sarah Toevs and Co-PI Ashley Harris met with the Idaho PHD Directors to introduce this research study and asked them to identify individuals in their respective organizations who would be most qualified to provide information on programming for individuals recently released from the carceral system. The Co-PI recruited potential respondents via an email message that was carbon copied (cc) to their respective director and the PI. The respondent population varied by gender, ethnic background, and health status and all were over the age of 18. No staff or members of the Idaho carceral population were interviewed.

### **Data Collection Procedures**

Respondents were asked to complete one (1) virtual or phone interview. Before the interview began, the consent information was reviewed and the respondent indicated their consent to participate in the interview. The respondents were asked if they consent to recording the interview. If yes, the session was recorded. The interviewer led the respondent through the questions included on the interview script. If applicable, the recording was stopped when the interview was completed. The respondents were thanked for their time.

Data collection took place in a location of the respondent's choosing. The interviewer conducted interviews in a private location. Results from the interviews were transferred to a qualitative database for analysis and stored on a secure, password-protected university-based server. The analysis occurred at the home offices of the researchers.

Interviews were completed using web-based technology (Zoom) in a location of the respondent's choosing. Alternatively, interviews could have been conducted via a phone call if the respondent preferred.

### **Data Analysis Procedures**

All recordings and data files were stored in a file on the university secured server (Fircreek). The file is available only to study personnel. The Co-PI transferred the recording and interview notes to the secured server upon completion of the interview. Names of respondents were not recorded or maintained on notes taken during the interview. The thesis and any reports or manuscripts written do not include identifying information and findings are reported in aggregate. All recordings and data files are kept in a file on the university secured server (Fircreek). The analysis occurred at the home office of the evaluators. Any paper containing identifiable information was saved in the PI's office in a locked cabinet.

### **Summary**

It is necessary to explore the relationship between public health and recently released populations. This study was innovative in using qualitative interviews to explore this relationship. No studies that had previously been conducted regarding understanding the relationship between public health and recently released populations in Idaho. The findings of this study help us gain a better understanding of the connections between public health and individuals who have recently been released within a year from carceral systems. This may lead to identification of promising practices, enhanced programming and outreach, and other unforeseen benefits.

## CHAPTER 4: RESULTS

The aim of this study was to explore the role of public health in the transition of those individuals recently released from carceral systems within the state of Idaho. In addition to the overarching theme of the perceived role of public health, topics regarding a description for this role and factors that influence this role emerged. We describe these topics and how participants explained them below with the intention to increase understanding of the needs of those recently released from carceral systems within the state of Idaho.

### **Respondent Characteristics**

All seven Idaho PHDs were represented in the virtual interviews. Each of the PHDs identified one staff member to participate in an interview. All seven virtual interview respondents have worked in Public Health for at least one year. All seven respondents had an undergraduate degree.

### **Theme: Perceived Role of Public Health**

When asked to identify how important it is for public health to be involved in assisting individuals transition from carceral institutions to the community, almost all (6/7) ranked this as “high” or an 8-10 on a 10-point scale. One respondent shared that it is very important for public health to be involved because those in transition need a lot of help. The PHD is able to provide that help at a low cost. When asked to describe factors that influenced their ratings, some referenced the role of public health while others identified existing services that would be of value to this population. Comments from participants included: public health departments can leverage a neutral base to help

people connect with resources and our goal is to create equitable services that help people at risk to help everyone live healthy lives, and to help people at risk. Many listed programs and resources available through PHDs such as WIC, medical screenings, immunizations, substance abuse prevention, and the ability to connect individuals with resources in the community. Concerns about limited capacity and a lack of social workers and staff trained to do this work were also identified. One respondent stated that their PHD currently offered no programs and services aimed at this population. However, there are many programs where this population may benefit. Services included health screens for IDOC, drug overdose prevention, suicide prevention training for probation officers, and WIC enrollment. The majority of respondents listed many programs available at the PHD, however many of these resources do not specifically target members of the priority population- individuals recently released from Idaho carceral settings.

Topic: Description of this Role.

Participants were asked to describe the role public health plays in helping individuals transition to the community from being incarcerated. Responses ranged from one respondent stating their PHD currently played a very small role to others stating a broad overview of PHD efforts to promote health education for all residents. When asked to provide a description of this current role, the first respondent stated that currently the PHD played a very small role because communities have limited resources. They used to have a contract with juvenile corrections to do health education, but no longer provide those services. Additionally, they have never had contracts with adult corrections in their jurisdiction. Another respondent provided a broad overview saying that the role of the



PHD is ensuring community needs are met including making sure that people have access to health care. The PHD services are offered on a sliding fee scale. Services include epidemiology to prevent disease, public health preparedness to prevent disasters, going into homes of parents with kids under the age of 5 to provide guidance and connect them to resources in the community, among many other services.

Another respondent stated their PHD currently does a multitude of health promotion work in local carceral settings. They mentioned that in the prisons, the PHD does some suicide prevention. They went on to say that with tobacco prevention prisoners quit while incarcerated, PHD provides health education on what not to do while being released to help people quit old habits. Additionally they stated the PHD provides opioid overdose training to those individuals incarcerated, EMS, and law enforcement to help prevent overdose upon release from the carceral system.

Topic: Factors Influencing this Role.

Participants also described factors that influenced their rating of the perceived role of public health. Factors influencing higher scores of PHD health promotion efforts included WIC, parents as teachers, medical screenings, immunizations, substance abuse prevention, and other programs the PHD offers. When asked about these factors, one respondent said their goal is to create equitable services that help people at risk and help everyone live healthy lives. They help people at risk by providing services assisting physical and mental health. Factors include personal lived experience, seeing impact of projects to help outcomes, and seeing how disconnected community resources are. Therefore, the PHD needs to connect people to access these resources. Another respondent developed their perspective of public health in this transition based on the

multitude of programs like WIC, parents as teachers where educators go into parents homes to teach them how to be an involved and active parents, medical screenings, immunizations, and the tobacco cessation- diaper incentive programs for new moms. Additionally, lower scores were influenced by a lack of resources and staff to do the necessary work to provide similar programs to this population. One respondent said that factors influencing the perspective of public health playing a smaller role in this transition was limited capacity and staffing training to do this work as well as limited resources to branch out and the number of social workers needed.

### **Theme: Programs or Services Currently Available**

Respondents were asked to identify programs or services at the PHDs that are available to individuals who were recently released. Almost all (6/7) stated that public health provided many programs or services for individuals transitioning back into the community. Respondents stated that their PHDs offer many services and programs, however few of these specifically target those individuals recently released from carceral settings. According to one respondent, there are no programs and services aimed at this population, but many programs where this population may benefit. These individuals may benefit from programs required by the state to be offered at PHDs. These programs include; WIC enrollment, vaccinations, health screens, epidemiology services, testing and treatment of diseases on a sliding fee scale, and a multitude of health promotion efforts. Additionally, services included Hep C, HIV, and STD testing on a sliding fee scale After reviewing the programs described, most PHD's do not have programs specifically targeting recently released populations but offer many services which these populations may benefit from.

However, during interviews several of the staff at certain districts mentioned services which directly target this population and are not performed by other districts and not required by the state. Services include the tobacco cessation- diaper incentive program for new moms, an adult crisis center, suicide prevention, opioid overdose prevention services, and vaccination clinics in prisons, among others. One respondent said their PHD offered naloxone training and opioid education. Another respondent stated their PHD offered free community health screenings for A1c, blood pressure checks, and referrals to health care providers. A different respondent stated that they performed health screens for IDOC and suicide prevention training for probation officers.

However, one respondent stated that there were only a few resources targeting this specific population being provided by the health clinic because the majority of re-entry services are facilitated by nationwide re-entry business outside of the PHD. This respondent stated that services offered by the PHD included transportation to the re-entry business where they help individuals in this transition. Additionally, services offered by the public health department include medication management, free health care for chronic diseases, and reportable disease reporting.

Topic: Success of Current Efforts.

Participants were to determine the level of success for current services available to individuals recently released from Idaho carceral systems. The consensus of the respondents was that PHD efforts are fairly successful with room for improvement. However, responses in regards to this success level varied slightly. Additionally, several respondents stated that most PHDs have limited methods of measuring success for current efforts. This implies that perspectives of current programmatic success levels are

open to individual interpretation. When asked to provide a description of their PHD's program success level, one respondent stated that current efforts are seen as fairly successful. However, there are currently issues with transportation in getting individuals who are recently released to and from facilities offering resources. But programs including suicide prevention efforts and overdose prevention efforts are reputable in the community. Another respondent described how they developed their understanding of the successes of public health in this transition as the PHD offers many services but does not keep records of the numbers of people using those services. Interviewed staff from the Idaho PHDs widely viewed current public health efforts as successful, however they have limited means of measuring those success levels. This leaves statements of programmatic success levels open to individual interpretation.

Topic: Needed Additional Programs.

Respondents were asked about what additional programs or services they would like to see in their community. Potential programs include streamlining current services, a one stop shop in the community for all re-entry services, or starting re-entry programs in the carceral setting. Many described programs to streamline resources and medical services for individuals who are recently released. As one respondent stated, needed programs included programs where family and clinical services and community health can overlap with an internal referral system. One described need was for a central hub to overlap medical, mental health, workforce, and housing services. The respondent said this could look like a center where individuals could get their driver's license, find employment, and find housing, like a one stop shop for all these resources. At this clinic the health department could provide healthcare services. Many participants stated the

need to begin re-entry education and efforts prior to the time of release, so that upon re-entry individuals are familiar with how to access services.

According to these responses, respondents are aware of the current programs in place for re-entry and the level of success of those programs. Respondents are aware of the need for health education and health promotion programs to address a wide variety of concerns. They are also aware of the limited ways to measure the effectiveness of these programs. Respondents are especially aware of the need to expand current programs to allow efforts to be more impactful (5/7).

### **Theme: Outreach Efforts**

Respondents were then asked to describe their perception of current efforts by the PHDs to reach individuals recently released with advertising services and programs to this population. Perceived efforts to reach these individuals ranged from none to many. Of the seven PHDs interviewed, five did not have outreach efforts specifically advertising services and programs to recently incarcerated individuals. According to one respondent, current outreach efforts are nonexistent at the moment as it is an untapped effort. According to one respondent current outreach efforts include nothing that is directly reentry focused. However, they believed that flyers and marketing materials for Narcan are distributed on all the city link buses and gas station bathrooms in high overdose areas and individuals recently released may see these materials when using transport to and from jails or prisons. In addition, this population [individuals who are recently released] may also benefit from WIC marketing materials. The PHDs do engage in outreach efforts, however there are minimal efforts specifically targeting this

population. The success of these efforts ranged from unable to gauge to very successful. None of the respondents stated that the current outreach efforts were adequate.

However two PHDs do conduct health education efforts in the carceral settings within their community providing tobacco cessation, suicide prevention, and overdose prevention services. All efforts are to help aid those upon release. According to one respondent, outreach efforts at their PHD include going to county jails and juvenile detention facilities about tobacco cessation, free dental cleaning services in carceral facilities, flyers in juvenile detention, emails to wardens in jails, among other programs.

Topic: Success of Current Outreach Efforts.

Participants were asked to determine the level of success of current outreach programs available to those recently released from Idaho carceral systems. Responses for this question ranged from unable to gauge to highly successful. When asked about current outreach efforts, the majority of respondents stated "none" concluding that the PHD should do more. Most PHDs have limited ways to measure success of current outreach efforts. When asked to provide a description of this current success level one respondent said they have really successful home visiting programs but the rest of community engagement is done by another re-entry program.

While some participants believed that certain outreach efforts at their PHD were successful, overall the PHDs have limited abilities to measure engagement levels. One participant stated that their efforts are working but they need to increase outreach efforts. However, there are barriers to increasing efforts because of grant funding requirements. Another respondent said that more could be done to reach out to this population group. Regarding the ability of the PHDs to measure engagement levels in programs, one

participant said that they do not know how many people are using the services. While a couple staff members believe their programs are successful, the majority of respondents (5/7) stated that they are unable to gauge the success of current programs.

### **Theme: Partnerships**

When asked to identify partnerships with external organizations or agencies the PHD maintains that could assist you with reaching this population, respondents listed many ongoing partnerships. These partnerships included; local hospitals, EMS, law enforcement, re-entry services, homeless shelters, and foodbanks, among others.

According to one respondent, partnership is super important because the PHDs have limitations but with other organizations they can provide much more services.

Respondents were very understanding of the importance of maintaining key partnerships to help reach recently released populations. Additionally, respondents were very familiar with a wide variety of community partnerships already in place. One respondent stated that the PHD maintains many partnerships. Partnerships include, Federally Qualified Health Centers, housing projects, interfaith sanctuaries, health screenings, county health coalitions, the juvenile justice system, and local police. According to another respondent, current partnerships included local law enforcement, EMS, and fire departments, prosecutors offices, partnerships with recovery centers, homeless shelters, and safe and sober homes.

#### Topic: Additional Partnerships Needed.

Participants were to determine what additional partnerships are needed for individuals recently released from Idaho carceral systems. Many respondents said there is

a need for expanding current partnerships to reach a larger population (more counties), housing services, and foodbanks. Respondents are especially aware of the need for expansion of current programs and partnerships to serve rural communities better (3/7). According to one respondent they have a great community with many individuals wanting to be involved. Because of this, they have great partnerships in the county where the PHD is located but they need to expand those efforts to the surrounding rural counties. Many respondents stated the need to expand current partnerships to broader communities. Many counties in Idaho are very rural and have a need for expanding current services to their communities.

Additional comments on needed partnerships included schools could provide parenting classes for parents, a community hub for re-entry services, local food pantries, housing establishments, and regional transit to provide transportation to those in the re-entry process. Additionally, housing support and behavioral health services are needed for those in the re-entry process. According to these responses, PHD staff are aware of the current partnerships in place for re-entry and gaps in those partnerships that could be improved. Respondents are aware of the need to maintain community partnerships. They are also aware of gaps in current services for re-entry.

Additional partnerships needed include:

- Expanding current partnerships
- Housing efforts
- Veterans
- Churches
- Schools



- Central re-entry hub
- Foodbanks
- Transportation
- Behavioral health services

**Theme: Disproportionately Affected Individuals; Women, Youth, and Non-Violent Offenders**

When asked to identify programs delivered through the PHD with women, youth, and non-violent offenders in mind- population groups in Idaho that are disproportionately affected by the criminal justice system- most respondents (6/7) stated that few programs currently exist that would directly benefit these groups including those not recently released. This was supported by interview respondents, who described several programs at the PHD benefiting these general demographics including those individuals not in the re-entry process. The majority of respondents referenced (WIC) or the Womens, Infants, and Children program run by the PHDs. When asked what programs exist specifically for women, youth, and non-violent offenders, one respondent stated WIC or the Idaho PHD program for women's infants and children is the program most focused on these demographic groups. WIC provides nutrition for pregnant mothers and babies. The responded mentioned a breastfeeding program for women, a limited smoking cessation program, suicide prevention programs, and drug overdose prevention programs. But for other issues, individuals have to go to the crisis center to get help. WIC is offered through all of the seven PHDs within the State of Idaho and features a wide variety of programs for all women, infants, and children- not just individuals who are recently released.

Topic: Opportunities.

According to these responses, respondents are aware of the key concepts and gaps in the current programs available to those in the re-entry process. Respondents are aware of the need to assist disproportionately affected individuals. Respondents are especially aware of the need for additional funding to fill gaps in current programs and services (3/7). Several respondents even have plans to apply for additional funding for services. Opportunities for funds include opioid settlement funds and tobacco cessation grants. Additionally, transportation from carceral facilities to public health resources. However, there are many limitations to the grant funding opportunities. According to one respondent they are dependent on grant funding from projects from the CDC. The CDC sends those funds to the IDHW who then distributes them to the PHDs. However, those grant amounts are pretty low (\$5,000-\$10,000) which does not allow the PHD to hire another staff member to run that program. Larger grants would be needed to fill gaps in programs and services. The IDHW would have to apply for those grants and then disperse them to the PHDs.

**Theme: Recommendations and Insights**

When asked to identify additional programs they would like to see for individuals transitioning from a carceral setting to the community, responses varied widely. Several mentioned education on community resources, housing efforts, employment assistance, overdose prevention, and a support system for individuals who are recently released with counselors. According to one respondent, housing and transportation services are issues

in all of the counties they serve. However, in the meantime funding for social workers to help individuals navigate the currently available resources is vital.

When asked to describe what demographic groups would benefit the most from additional programs, responses varied. Several respondents mentioned children, parents, and those with substance abuse disorders. Multiple respondents stated that beneficiaries would include individuals recently released with substance abuse disorders. Another respondent said that the main beneficiaries would be children as the main demographic of substance abusers are 24-30 year olds. This age group is also those who are more likely to have children.

Topic: Opportunities.

Participants were asked to describe what opportunities exist for starting these programs. Many respondents stated funding opportunities through either settlement funds or governmental grants. One respondent stated that opportunities exist in tobacco and opioid settlement funds disbursement from the IDHW. Another respondent stated that they just received some opioid settlement funds so they are now providing medicated opioid use disorder treatment. However, they want to expand services to include a mental healthcare provider or a counselor to assist individuals recovering from substance abuse disorders because individuals are better off if they have treatment and counseling services together. While several funding opportunities exist through opioid and tobacco settlement fund grants, there are still many barriers for expanding programs. One participant commented that minimal opportunities for starting programs exist.

Topic: Barriers.

Respondents were asked to identify what barriers exist to starting these programs. Many responded that limited staff and lack of funding, among other issues, were barriers to starting programs. One respondent stated that they have more barriers right now than opportunities. They are lacking staff, resources, and training. There are partners wanting and willing to help with new programs. It just takes focus and funding to make programs happen. Staffing at the PHDs is a significant hurdle to starting programs to successfully assist individuals in the re-entry process. Other respondents addressed the hurdles that this population faces upon re-entry. One respondent stated that housing is a really difficult challenge for individuals recently released from carceral settings. There is not enough low income subsidized housing or space and emergency shelters for individuals. However, the PHD does not have the capacity to assist with this issue currently. According to respondents, barriers to starting these programs include a lack of staff and resources at the PHDs as well as the many hurdles that individuals face upon re-entry.

**Theme: Networking with Local Board of Health**

When respondents were asked to identify how receptive the members of the Board of Health for their district are for funding programs designed to reach recently released populations, almost all (6/7) stated that they thought their local Board of Health would not be opposed. Some (3/7) stated that they thought the members of the Board of Health for their district would be fairly supportive of funding programs for recently released populations. This was reinforced by interview respondents, who described their Board of Health members and their history of supporting similar efforts. One respondent shared that their Board of Health would be hugely supportive because of the presence of

a county commissioner with professional experience in carceral settings, meaning that PHD would have strong support from their Board of Health for additional programs.

However, this general sense of support from the local Board of Health is not true for every PHD in the state of Idaho. Another respondent stated that they [the Board of Health] would be receptive if there was a funding source. However, currently their funding comes from only the counties. The counties have to prioritize programs. They would not be receptive to funding these programs if they have to shuffle money to this population instead of the current programs.

## CHAPTER 5: DISCUSSION

**Current connections between public health districts and individuals who have recently been released from carceral systems in Idaho**

It is particularly important to better understand the relationships between public health and individuals who are recently released in Idaho to promote the health of disproportionately affected groups including women, youth, and non-violent offenders. Upon re-entry, these individuals face many challenges which the PHDs have the opportunity to assist. Local PHDs in the State of Idaho have the unique ability to provide equitable services to meet the needs of many at risk. Opportunities exist for the PHDs to continue promoting health equity through expansion of services for individuals recently released from carceral settings.

From these key-informant interviews, connections between public health and individuals recently released from carceral systems in Idaho is present at the moment but weak. These key-informant interviews helped us understand the existing landscape, barriers and opportunities of re-entry programs in Idaho. Using Grounded Theory, we documented existing connections and use this information as a foundation for enhancing the health and wellbeing of individuals recently released from carceral systems in Idaho. There are many programs offered at the PHDs, however few specifically target this population. Current programs are widely understood to be successful, however the PHDs have limited ways of measuring program effectiveness. Many additional programs are needed to expand and streamline services. Continued networking efforts with the local Boards of Health is crucial to promote additional services for this highly vulnerable population.

### **Identification of Key Concepts and Gaps**

Based on information provided by respondents, re-entry programming is very important to PHD staff. Respondents are aware of the need for public health to be involved and support reentry efforts and aware of efforts to reach these populations. Respondents are also aware of the need to have many programs in place to address a wide variety of issues and the gaps in coverage of programs and partnerships for these populations. There are improvements that could be made in offering programs that specifically target this priority population, individuals in the re-entry process. Additionally, respondents are aware of the limitations in measuring the success of current programs. Respondents are aware of lacking outreach efforts to promote programs to this priority population. They are also informed about the need for future efforts to expand and streamline programs and services. Some barriers to re-entry programs include a lack of funding and staffing shortages. However, several health districts already have plans for applying for grant funding to overcome these barriers. Respondents are also aware of the necessity for continued networking efforts with the local Boards of Health to promote additional services. Most believe that their current Board of Health would not be opposed to additional re-entry programs, but respondents understand the need for advocacy efforts for this highly vulnerable population. Connections between public health and individuals recently released from carceral systems in Idaho are present at the moment but weak. There is much room for improvement in efforts to assist this highly vulnerable population including expansion and streamlining of services, additional outreach efforts, establishing

measures of success, and continued networking with Boards of Health and community partners.

### **Addressing Barriers**

Barriers to re-entry services include access to healthcare, transportation, and funding for public health services. According to study interviews, respondents would like to see programs for transportation services in their communities. Additional transportation services are needed to allow individuals recently released to access public health departments. Respondents would also like to see more Medicaid enrollment services, especially starting re-enrollment prior to release. Upon release many described a need for streamlining resources and medical services. One described the need for a central hub to overlap medical, mental health, employment services, and housing services. The respondent said this could look like a center where individuals could get their driver's license, find employment, or find housing like a one stop shop for all these resources. At this clinic the health department could provide healthcare services.

#### Access to Healthcare

The main systemic barrier for those recently released from carceral systems to access healthcare in the United States is Medicaid re-enrollment. The Medicaid Inmate Exclusion Policy leads to Medicaid being suspended or terminated upon incarceration in the United States, resulting in a lack of health care coverage upon re-entry. The most complete method of addressing this issue is by ending the Medicaid Inmate Exclusion Policy through the Medicaid Re-entry Act (Khatri and Winkelman, 2022). Federal bill H.R.955 would reinstate Medicaid coverage for all individuals recently released from



carceral facilities (Khatri and Winkelman, 2022). The Medicaid Re-entry Act has currently been approved by the US House of Representatives but is awaiting approval by the US Senate (Khatri and Winkelman, 2022). Idaho is one of the states that terminates Medicaid coverage upon incarceration (Gollu and Zapryanova, 2022). According to interviews in this study, currently no Idaho PHDs offer medicaid enrollment services for those recently released from Idaho carceral systems. Upon release from carceral facilities, individuals in the state of Idaho are personally responsible for enrolling in Medicaid, a process that is inherently difficult for those with low literacy levels, non-English speakers, and those who cannot access internet and computer facilities (Stuber and Bradley, 2005). All of the Idaho PHDs currently offer medical services for all community members on a sliding fee schedule. However, without Medicaid coverage many individuals can not afford the reduced costs of medication and healthcare services. Prior to Bill H.R. 955 being passed, Idaho PHDs should expand services to provide Medicaid re-enrollment services. According to one respondent, they have a grant to start re-entry work while people are still in jail. They have been working with county jails in order to get individuals signed up for Medicaid before they leave the carceral setting. According to this statement, one PHD in Idaho is assisting with Medicaid enrollment services. However, all individuals recently released from Idaho carceral settings would benefit from the PHDs offering these services.

#### Access to Transportation

According to a study, (Kim et al., 2010) one of the main structural barriers for those individuals in the re-entry process is transportation. The state of Idaho has highly limited public transportation services in general. Very few PHDs offer transportation

services for those in re-entry, with one offering services. Many of the respondents stated that expansion of transportation services was necessary for those in the re-entry process. However, there is currently a lack of funding for these services. According to one respondent, transportation is a major need in their community as they currently have no public transportation systems resulting in individuals having to walk or rely on others for rides. Idaho should expand public transportation efforts as it is a good investment for rural communities with many benefits (Burkhardt, 1999).

Upon release from carceral facilities, individuals who have served longer sentences may find that their driver's license has expired. For many states, individuals have to show proof of permanent address in order to get a drivers license. An example of this can be a utility bill, as my family learned from personal experience.

Many halfway houses require IDs for individuals to stay there. Therefore, housing and transportation access post incarceration go hand in hand. This can leave many individuals who are recently released caught in a catch-22 situation where homelessness is the only option unless they have a strong support system. To alleviate many of these issues, states could help individuals who are recently released by only requiring individuals to show previous drivers licenses as valid ID and providing transportation upon release to the local DMV.

#### Funding for Public Health Programs

According to this study, funding issues include; few resources to expand programming and a lack of resources to address epidemiological outbreaks within the carceral systems and upon release. Some respondents (3/7) stated the need for funding and resources for public health to provide additional services for those in re-entry.

Funding is needed for testing and treatment in the carceral settings and upon release. In Idaho Public Health Districts 3 and 4 there is an ongoing syphilis outbreak especially among homeless and recently released populations (Audrey Dutton, 2023). According to the leading epidemiologists in PHD 3 and 4, there is a lack of funding and resources for testing and treatment in carceral facilities (C. Craig, work communication, March 17, 2023). Then upon release, these populations are difficult to contact due to possibly not having a permanent address or phone number on file. These contributing factors make it difficult for medical professionals and epidemiological staff to follow up with individuals upon release into the community.

#### Measures of Impact of Public Health Programs

According to this study, a barrier for public health programs is establishing and implementing evaluation strategies. Interviewees viewed current public health efforts as successful, however they reported limited means of measuring the success of their actions. According to one respondent, the PHD offers many services but does not keep record of the numbers of people using those services. Therefore, there is a need for efforts at the PHDs to measure the current levels of success of programs so that potential changes can be made to improve efforts. Transformational change can be made through continued quality improvement efforts at the PHDs (Riley et al., 2010).

#### **Strengths**

A major strength of this study was that all Idaho Public Health Districts were represented in the interviews. Interviews gathered the strengths and opportunities for public health programs for all counties in the State of Idaho. Additionally, all participants are de-identified in the results. Committing to de-identification and no use of

quotes over the course of the study, permitted key informants to be more candid in their responses.

### **Limitations**

The findings of this study should not be generalized to the public health field, as the study was strictly regarding public health connections to recently released populations in Idaho. However, the methods of this study could be replicated to study connections between public health and individuals recently released from carceral systems in other states. Similar studies may choose to modify questions to best fit their state context.

This study only sampled Idaho PHD staff. It did not consider the experiences of staff at the Idaho Department of Health and Welfare. It also did not consider the experiences of individuals recently released from Idaho carceral systems. Individuals who are recently released are protected populations. This study should be expanded in the future to include the experiences of those who have navigated the re-entry process. It should also include IDHW staff, who also play an essential public health role within the State of Idaho.

Recall bias was a limiting factor in this study. For example, when asked what programs or services are offered to this population (4/7) respondents stated WIC. WIC is a program that is offered at all (7/7) PHDs within the State of Idaho. Respondents may have just forgotten to mention this program. Additionally, only (4/7) respondents mentioned disease reporting. However, all (7/7) PHDs within the State of Idaho have epidemiology sections which handle mandatory disease reporting per CDC guidelines (Thomas and Reeves, 2022). Respondents may have just forgotten to mention this program.

How respondents understood the wording of certain questions was a limiting factor in this study. For example when asked what programs or services are offered to this population, most respondents stated services that are offered to all members of the general population which also benefit the members of the priority population. One respondent summarized this saying, that they do not currently offer any programs specifically for this population however individuals recently released would benefit from all programs that the PHD offers.

### **Summary**

Gaining a better understanding of public health's relationships with the carceral systems in Idaho is vital. This is particularly important for women, youth, and non-violent offenders. Findings from this study indicate that the current connections between public health and individuals recently released from carceral systems in Idaho is present but weak with much room for improved efforts. Many interview respondents stated that it is highly important for public health to be involved in these transitions. However, there are also many gaps and opportunities for additional services. Many interview respondents stated that there is a need for additional outreach efforts, expansion of services, transportation services, and Medicaid enrollment services. There is much room for improvement in efforts to assist this highly vulnerable population including expansion and streamlining of services, additional outreach efforts, establishing measures of success, and continued networking with Boards of Health and community partners.

## References

Adams, M., Klinsky, S., & Chhetri, N. (2019). Barriers to sustainability in poor marginalized communities in the United States: The criminal justice, the prison-industrial complex and foster care systems. *Sustainability*, 12(1), 220.

Audrey Dutton, I. C. S. M. 4. (2023, March 4). *Public health officials declare an outbreak of syphilis in Idaho*. Idaho Capital Sun. Retrieved April 7, 2023, from <https://idahocapitalsun.com/briefs/public-health-officials-declare-an-outbreak-of-syphilis-in-idaho/>

Bick, J. A. (2007). Infection control in jails and prisons. *Clinical Infectious Diseases*, 45(8), 1047-1055.

Binswanger, I. A., Nowels, C., Corsi, K. F., Long, J., Booth, R. E., Kutner, J., & Steiner, J. F. (2011). "From the prison door right to the sidewalk, everything went downhill," a qualitative study of the health experiences of recently released inmates. *International journal of law and psychiatry*, 34(4), 249-255.

Binswanger, I. A., Nowels, C., Corsi, K. F., Glanz, J., Long, J., Booth, R. E., & Steiner, J. F. (2012). Return to drug use and overdose after release from prison: a qualitative study of risk and protective factors. *Addiction science & clinical practice*, 7, 1-9.

Binswanger, I., & Elmore, J. G. (2015). Clinical care of incarcerated adults. UpToDate. ver, 17.

Brinkley-Rubinstein, L., & Cloud, D. H. (2020). Mass incarceration as a social-structural driver of health inequities: A supplement to AJPH. *American Journal of Public Health*, 110(S1), S14-S15.

Brinkley-Rubinstein, L., Cloud, D. H., Davis, C., Zaller, N., Delany-Brumsey, A., Pope, L., ... & Rich, J. (2017). Addressing excess risk of overdose among recently incarcerated people in the USA: harm reduction interventions in correctional settings. *International journal of prisoner health*.

Brinkley-Rubinstein, L., McKenzie, M., Macmadu, A., Larney, S., Zaller, N., Dauria, E., & Rich, J. (2018). A randomized, open label trial of methadone continuation versus forced withdrawal in a combined US prison and jail: Findings at 12 months post-release. *Drug and alcohol dependence*, 184, 57-63.

Bureau of Justice Statistics. Key statistic: total correctional population. Washington, DC: US Department of Justice, Bureau of Justice Statistics; 2020. <https://bjs.ojp.gov/data/key-statistics>

Burkhardt, J. E. (1999). Economic impact of rural transit services. *Transportation research record*, 1666(1), 55-64.

Carson, E. A., & Cowhig, M. P. (2020). Mortality in state and federal prisons, 2001–2016 statistical tables. Washington, DC: US Department of Justice, Office of Justice Programs, Bureau of Justice Statistics.

Chandler, R. K., Fletcher, B. W., & Volkow, N. D. (2009). Treating drug abuse and addiction in the criminal justice system: improving public health and safety. *Jama*, 301(2), 183-190.

Craig, R., & York, J. G. (2003). The Shared Responsibilities of Corrections and Public Health. *Corrections Today*, 65(6), 64-65.

Frank, J. W., Wang, E. A., Nunez-Smith, M., Lee, H., & Comfort, M. (2014). Discrimination based on criminal record and healthcare utilization among men recently released from prison: a descriptive study. *Health & justice*, 2(1), 1-8.

Glaser, B. G., Strauss, A. L., & Strutzel, E. (1968). The discovery of grounded theory; strategies for qualitative research. *Nursing research*, 17(4), 364.

Glaze, L. E., & Maruschak, L. M. (2016). Parents in prison and their minor children.

Gollu, G., & Zapryanova, M. (2022). The effect of Medicaid on recidivism: Evidence from Medicaid suspension and termination policies. *Southern Economic Journal*, 89(2), 326-372.

Giuliani, J. A. (2007). *Real Identification Act Requirements for State Issued Drivers' Licenses and Identification Cards: A Policy Analysis*. NAVAL POSTGRADUATE SCHOOL MONTEREY CA.

Greifinger, R. (Ed.). (2007). *Public health behind bars: from prisons to communities*. Springer Science & Business Media.

Harding-Pink, D. (1990). Mortality following release from prison. *Medicine, Science and the Law*, 30(1), 12-16.

Hughes, T. A., & Wilson, D. J. (2003). *Reentry trends in the United States*. Washington, DC: US Department of Justice, Bureau of Justice Statistics.

Hyde, R., & Brumfield, B. (2003). Effect of co-payment on the use of medical services by male and female prisoners. *Journal of Correctional Health Care*, 9(4), 371-380.



Idaho Department of Corrections. (2020). *Idaho Inmate Search*. templeton1.org. Retrieved May 3, 2022, from <https://templeton1.org/idaho/>

Idaho Department of Correction. (2022, June 23). *Substance Abuse Services: Idaho Department of Correction*. Substance Abuse Services. <https://www.idoc.idaho.gov/content/prisons/treatment-programs/treatment/substance-abuse#:~:text=Chemical%20dependency%20continues%20to%20be,address%20the%20s,ubstance%20abuse%20problems>.

Idaho Public Health. (2020). *District- Public Health*. Idaho Public Health. Retrieved May 9, 2022, from <https://www.idahopublichealth.com/district-2>

Jones, D., & Maynard, A. (2013). Suicide in recently released prisoners: a systematic review. *Mental Health Practice, 17*(3).

Kane, S. L., & Foltz, B. E. (2010). Idaho Transportation Department 2009 customer satisfaction survey.

Kariminia, A., Law, M. G., Butler, T. G., Levy, M. H., Corben, S. P., Kaldor, J. M., & Grant, L. (2007). Suicide risk among recently released prisoners in New South Wales, Australia. *Medical journal of Australia, 187*(7), 387-390.

Khatri, U. G., & Winkelman, T. N. (2022). Strengthening the Medicaid Reentry Act—supporting the health of people who are incarcerated. *N Engl J Med, 386*(16), 1488-1490.

Kim, D., Porter, J. D., Doolen, T., & Pietz, A. J. (2010). *Issuance of driver licenses and identification cards to prisoners: appendix B, detailed data by state* (No. OR-RD-10-22). Oregon. Dept. of Transportation. Research Section.

Kinner, S. A., & Wang, E. A. (2014). The case for improving the health of ex-prisoners. *American Journal of Public Health*, 104(8), 1352-1355.

Lilly, J. R., & Knepper, P. (1992). An international perspective on the privatization of corrections. *The Howard Journal of Criminal Justice*, 31(3), 174-191.

Malta, M., Varatharajan, T., Russell, C., Pang, M., Bonato, S., & Fischer, B. (2019). Opioid-related treatment, interventions, and outcomes among incarcerated persons: a systematic review. *PLoS medicine*, 16(12), e1003002.

Massoglia, M., & Remster, B. (2019). Linkages between incarceration and health. *Public Health Reports*, 134(1\_suppl), 8S-14S.

Merrall, E. L., Kariminia, A., Binswanger, I. A., Hobbs, M. S., Farrell, M., Marsden, J., ... & Bird, S. M. (2010). Meta-analysis of drug-related deaths soon after release from prison. *Addiction*, 105(9), 1545-1554.

Mital, S., Wolff, J., & Carroll, J. J. (2020). The relationship between incarceration history and overdose in North America: a scoping review of the evidence. *Drug and alcohol dependence*, 213, 108088.

Moore, L. D., & Elkavich, A. (2008). Who's using and who's doing time: incarceration, the war on drugs, and public health. *American Journal of Public Health*, 98(Supplement\_1), S176-S180.

Neher, T. L., Udochi, A. L., Wilson, K. A., Guillory, D. M., Zaller, N. D., & Zielinski, M. J. (2020). Conducting Health Research in Carceral Systems: Considerations and Recommendations. *American journal of public health*, 110(S1), S52-S55.

Ojikutu, B. O., Srinivasan, S., Bogart, L. M., Subramanian, S. V., & Mayer, K. H. (2018). Mass incarceration and the impact of prison release on HIV diagnoses in the US South. *PloS one*, 13(6), e0198258.

Pratt, D., Piper, M., Appleby, L., Webb, R., & Shaw, J. (2006). Suicide in recently released prisoners: a population-based cohort study. *The Lancet*, 368(9530), 119-123.

Prina, L. L. (2022). Foundations Help Improve Health In Prison And Jail And After Release. *HEALTH AFFAIRS*, 41(1), 150-151.

Remch, M., Mautz, C., Burke, E. G., Junker, G., Kaniuka, A., Proescholdbell, S., ... & Naumann, R. B. (2021). Impact of a prison therapeutic diversion unit on mental and behavioral health outcomes. *American journal of preventive medicine*, 61(5), 619-627.

Rhodes, W., Gaes, G., Luallen, J., Kling, R., Rich, T., & Shively, M. (2016). Following incarceration, most released offenders never return to prison. *Crime & Delinquency*, 62(8), 1003-1025.

Riley, W. J., Parsons, H. M., Duffy, G. L., Moran, J. W., & Henry, B. (2010). Realizing transformational change through quality improvement in public health. *Journal of Public Health Management and Practice*, 16(1), 72-78.

Simmons, T. (2020, January 24). *IDOC likely to house more than 1,000 inmates in shuttered private Colorado Prison*. ktvb.com. Retrieved April 28, 2023, from <https://www.ktvb.com/article/news/crime/idaho-department-of-correction-inmates-corecivic-colorado/277-c3526d5d-06c6-40b5-9b59-ab0877615339>

Sirdifield, C., Brooker, C., & Marples, R. (2020). Suicide and probation: A systematic review of the literature. *Forensic Science International: Mind and Law, 1*, 100012.

Spencer, B., Collett, M., Biesecker, T., Julius, C., Bowyer, M., McCulloch, T., & Taylor, M. (2015). *Strategic Plan 2015-2019*. Idaho Public Health Districts. Retrieved May 9, 2022, from <https://www.idahopublichealth.com/district2/dataresources/Strategic-Plan-FY15-PHD-Report.pdf>

Spencer, B., Collett, M., Biesecker, T., Julius, C., Bowyer, M., McCulloch, T., & Taylor, M. (2018, June 30). *Strategic Plan 2018-2022*. Idaho Public Health Districts. Retrieved May 9, 2022, from [https://www.phd5.idaho.gov/Documents/Strategic-Budget/Strategic\\_Plan\\_2018-2022.pdf](https://www.phd5.idaho.gov/Documents/Strategic-Budget/Strategic_Plan_2018-2022.pdf)

Steinberg, N. G. S. (2018). " It's Here, but You Can't Always Get to It": The Experience of Women in Prison with Gynecological Care. The University of Iowa.

Strang, J., Bird, S. M., & Parmar, M. K. (2013). Take-home emergency naloxone to prevent heroin overdose deaths after prison release: rationale and practicalities for the N-ALIVE randomized trial. *Journal of Urban Health, 90*, 983-996.

Stuber, J., & Bradley, E. (2005). Barriers to Medicaid enrollment: who is at risk?. *American Journal of Public Health, 95*(2), 292-298.

Thomas, R., & Reeves, M. (2022). Mandatory Reporting Laws. In *StatPearls [Internet]*. StatPearls Publishing.

US Attorney's Office District of Idaho. (2015, May 22). *FBI concludes lengthy investigation of Corrections Corporation of America*. District of Idaho | FBI Concludes Lengthy Investigation of Corrections Corporation of America | United States Department

of Justice. <https://www.justice.gov/usao-id/pr/fbi-concludes-lengthy-investigation-corrections-corporation-america>

Victor, G., Zettner, C., Huynh, P., Ray, B., & Sights, E. (2022). Jail and overdose: Assessing the community impact of incarceration on overdose. *Addiction*, *117*(2), 433-441.

Walmsley, R. (2018). World prison population list (world prison brief), Issue. Institute for Criminal Policy Research.

Wang, E. A., Zhu, G. A., Evans, L., Carroll-Scott, A., Desai, R., & Fiellin, L. E. (2013). A pilot study examining food insecurity and HIV risk behaviors among individuals recently released from prison. *AIDS Education and Prevention*, *25*(2), 112-123.

**Appendix A**  
**Interview Guide**

## Respondent Interview

Hi my name is Ashley Harris and for my Masters of Public Health thesis at Boise State University, I am working to understand connections between public health districts and individuals who have recently been released from carceral systems in Idaho. This population includes all of those recently released from the 18 state prisons, 44 county jails, and 50 city jails throughout Idaho. Many of the Public Health Districts have goals to assure access for vulnerable populations. Understanding re-entry programs in Idaho is a particularly important aspect of assisting vulnerable populations. As you may know, Idaho has the highest incarceration rate for women in the US. The majority of these women face issues related to substance use disorders and/or behavioral health.

Your feedback is confidential and your name and public health district will not be used when reporting the findings. Does this sound like something you would be interested in participating in?

1. Please tell me about your background in public health.
  - a. How long have you been employed in PH?
  - b. What types of positions have you had?
  - c. What is your educational background?
2. Describe your current role in the Public Health District.
  - a. What section or department in the PHD is your position located (ex clinical, health promotion, epi, eoh)?
  - b. How long have you been in this position?
3. From your perspective, what role does public health play in helping individuals transition from a carceral setting to the community?
  - a. On a scale of 1-10 with 1 low and 10 high, how important is it for public health to be involved in these transitions OR to connect with individuals transitioning back into the community?
    - i. What factors influenced your rating?
4. Describe the programs or services currently in place for individuals transitioning back into the community? Prompts (if needed): disease reporting, chronic disease management, Medicaid enrollment, mental health and substance use services, suicide prevention, etc.
 

[If no programs exist, skip to 6]

  - a. How successful do you think these efforts are? Please describe
  - b. What additional programs would you like to see?
5. What outreach efforts are conducted to engage this population in the programs available through the district?
  - a. How successful are these efforts?
    - i. Are they adequate?

6. What partnerships with external organizations or agencies does the PHD maintain that could assist you with reaching this population? For example, law enforcement, courts, probation officers, carceral system, housing supports.)
  - a. What additional partnerships are needed?
7. If you had unlimited resources, what programs would you like to see for individuals transitioning from a carceral setting to the community?
  - i. What demographic groups would benefit the most from these programs?
  - ii. What opportunities exist for starting these programs?
  - iii. What are the barriers?
8. As you may know, there are several population groups in Idaho that are disproportionately affected by the Idaho criminal justice system including women, youth, and non-violent offenders.
  - a. Are there any programs delivered through the public health district with these population groups specifically in mind?
  - b. Outside of programs designed for individuals in the re-entry process, can you think of any efforts currently in your district for these populations?
  - c. What opportunities may exist?
9. From your perspective, how receptive do you think the members of the Board of Health for your district are to funding programs designed to reach recently released populations?

#### Closing

Thank you for your time. The information you shared is incredibly useful for understanding connections between public health districts and individuals who have recently been released from carceral systems in Idaho. Is there anything I have not asked that you think I should know?

#### Debriefing Statement

Thank you for sharing this information with me. It will be used to inform future public health and re-entry initiatives.



## **Appendix B**

### **Letter of Recruitment**

Recruitment Email Message:

**Introduction, Informed Consent, and Scheduling a Time**  
**[send from BSU email]**

Subject Line: Exploratory study of the connections between public health districts and individuals who have recently been released from carceral systems in Idaho - your input is needed

*Cc: Dr Toevs*

*Attachment: PDF of Consent document*

NOTE: remove “highlight format” before sending

**Message contents**

---

Dear [first and last name],

Hello X,

My name is Ashley Harris from Boise State University. I am in the Masters of Public Health program where I am completing a thesis on the connections between Public Health Districts and individuals who have recently been released from carceral systems in Idaho.

I recently had the opportunity to meet with Public Health Director X to explain my study. They recommended I contact you to gather information about the connections between your public health department and individuals who have recently been released from carceral systems in Idaho.

I am requesting your participation in a virtual interview as a component of my thesis project. The input you provide is confidential and will be used to inform and enhance future programs. Your name will not be used when reporting the findings.

The interview should take about 45-60 minutes.

If you are interested, I ask that you:

1. Review the attached informed consent document, and in your reply message, *please copy and paste the following*: **“I have read the information provided in the consent document and consent to participate in an interview.”**
2. Use the link below to select the date and time convenient for you for an interview. If the dates and times do not align with your schedule, please provide a few alternatives.

<https://doodle.com/bp/ashleyharris5/thesis-interviews>

Your voice is important to understanding the landscape for individuals recently released from the carceral system. Please respond to this message by XX XX, 2022.

I look forward to hearing from you. Please let me know if you have any questions.

Sincerely,

Ashley Harris  
MPH Student  
School of Public and Population Health  
Boise State University

## Consent Document

### **Exploratory study of the connections between public health districts and individuals who have recently been released from carceral systems in Idaho Interview Consent Document**

Thank you for your interest in participating in an interview conducted as part of my thesis regarding Connections between Public Health districts and Individuals who have Recently been Released from Carceral Systems in Idaho. You have been invited to participate as you are someone knowledgeable about connections between public health and populations exiting the carceral system.

Before you begin this interview, here are some things to know:

- I am asking you to complete an interview that will take 45-60 minutes of your time.
- This interview is for exploratory purposes-only. Our goal is to better understand the current connections between public health and individuals recently released from carceral systems in Idaho.
- Your choice to participate in this interview is 100% voluntary. You can stop when you want and you don't have to answer all the questions.
- I won't use your email or personal information about you in our reporting of results. I won't give it away, sell it to advertisers or send you spam.
- With your permission, I will record the interview so I can be sure to catch everything you say. The recordings will be transcribed and deleted and only project personnel will have access to the transcripts. If you prefer, the interview will not be recorded.
- I will not use your name in the reports written from the information collected. Direct quotes will not be used and any information reported will do so in a way that does not identify you.

If you have any questions or concerns about participating in this project please contact Dr. Sarah Toevs at Boise State University, [stoevs@boisestate.edu](mailto:stoevs@boisestate.edu) or phone: 208-426-2452. This survey and analysis process have been approved by the Boise State University Institutional Review Board under Protocol IRB #186-SB22-139.

**Please respond to this email message stating that you have read the form and consent to participate. You can copy and paste the following into your reply.**

**“I have read the information provided in this consent document and consent to participate in an interview.”**

**Thank you.**

## **Appendix C**

### **The Idaho Corrections Systems**

	<b>District 1</b>	<b>District 2</b>	<b>District 3</b>	<b>District 4</b>	<b>District 5</b>	<b>District 6</b>	<b>District 7</b>
<b>Public Health Districts</b>	<b>Panhandle</b>	<b>North Central</b>	<b>Southwest</b>	<b>Central</b>	<b>South Central</b>	<b>Southeastern</b>	<b>Eastern</b>
<b>Prisons</b>		St Lewiston Juvenile Corrections Center	Nampa Community Work Center	Correctional Alternative Placement Program	Twin Falls Community Center	Pocatello Women's Correctional Center	St Anthony work Camp
		Idaho Correctional Institution Orofino	Nampa Juvenile Corrections Center	Idaho Correctional Center	Snake River Juvenile Detention Center		St Anthony Juvenile corrections Center
		North Idaho Correctional Institution		Idaho Maximum Security Institution			Idaho Falls Community Work Center
				Idaho State Prison			
				South Boise Women's Correctional Center			
				South Idaho Correctional Institution			
				East Boise Community Work Center			
<b>County Jails</b>	Boundary County Jail	Latah County Jail	Adams County Jail	Valley County Jail	Camas County Jail	Butte County Jail	Lemhi County Jail
	Bonner County Jail	Nez Perce County Jail	Washington County Jail	Boise County Jail	Gooding County Jail	Bingham County Jail	Custer County Jail
	Kootenai County Jail	Lewis County Jail	Payette County Jail	Ada County Jail	Blaine County Jail	Power County Jail	Clark County Jail
	Benewah County Jail	Clearwater County Jail	Gem County Jail	Elmore County Jail	Lincoln County Jail	Bannock County Jail	Fremont County Jail
	Shoshone County Jail	Idaho County Jail	Canyon County Jail		Jerome County Jail	Caribou County Jail	Jefferson County Jail
			Owyhee County Jail		Twin Falls County Jail	Oneida County Jail	Madison County Jail
					Cassia County Jail	Franklin County Jail	Teton County Jail

						Bear Lake County Jail	Bonneville County Jail
<b>City Jails</b>	Spirit Lake City Jail	Lapwai City Jail	New Plymouth City Jail	Meridian City Jail	Filer City Jail	Soda Springs City Jail	Ucon City Jail
	Rathdrum City Jail	Kamiah City Jail	Weiser Jail	Idaho City City Jail	Shoshone Jail	Pocatello City Jail	Idaho Falls City Jail
	Post Falls City Jail	Lewiston Jail	Wilder Jail	Horseshoe Bend City Jail	Sun Valley Jail	Shelley Jail	St Anthony City Jail
	Coeur d'Alene City Jail	Moscow Jail	Homedale Jail	Garden City City Jail	Twin Falls Jail	Inkom Jail	Stanley Jail
	Sandpoint Jail	Orofino Jail	Nampa Jail	Boise City Jail	Wendell Jail	Montpelier Jail	Iona Jail
	St Maries Jail	Cottonwood Jail	Payette Jail	Meridian Jail	Ketchum Detention	Preston Jail	Rigby Jail
	Kellogg Jail	Grangeville Jail	Caldwell Jail	Cascade Jail	Kimberly Jail	Blackfoot Jail	Rexburg Jail
	Plummer Jail	Troy Jail	Emmett Jail	Boise Jail	Rupert Jail	Chubbuck Jail	Salmon Jail
	Pinehurst Jail		Fruitland Jail	Mountain Home Jail	Buhl Jail	George Jail	Ashton Jail
	Ponderay Jail		Parma Jail		Gooding Jail	American Falls Jail	Challis Jail
	Hayden Lake Jail				Hagerman Jail	Aberdeen City Jail	
					Hailey Jail	Fort Hall City Jail	
					Heyburn Jail		

Table 3.1 (Expanded). The Idaho corrections systems with each facility's public health district jurisdiction fall under. Addresses according to the Idaho Department of Corrections Online Inmate Search tool: <https://templeton1.org/idaho/>



## **Appendix D**

### **2020 Female Incarceration Rate per 100,000 Residents**

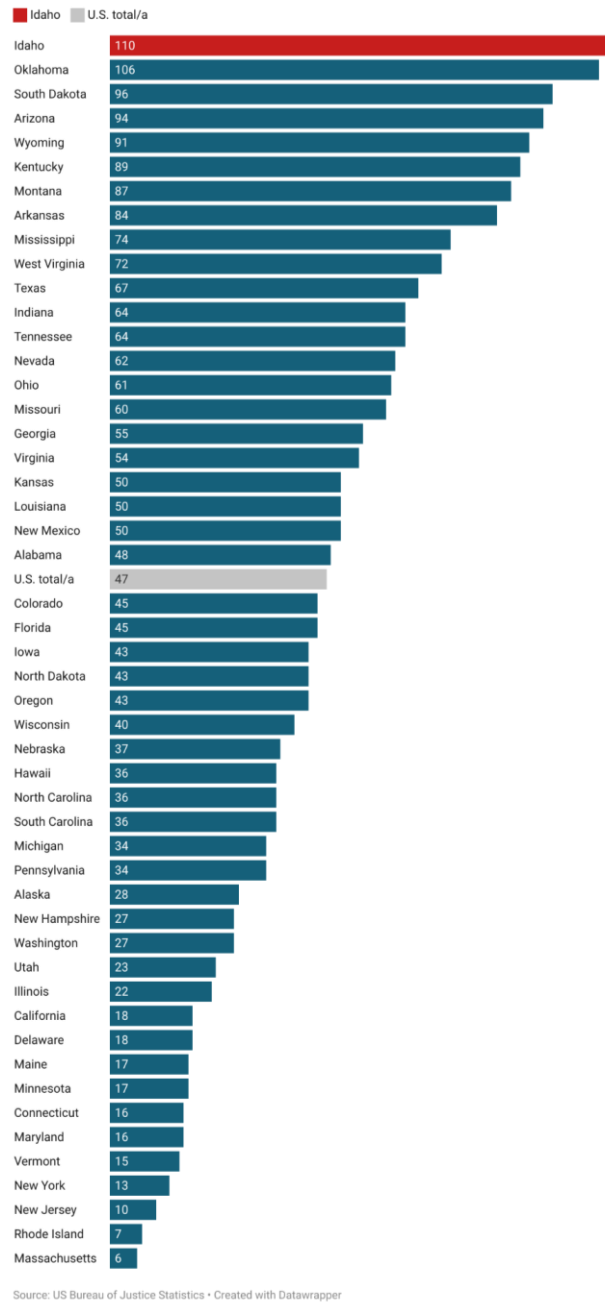
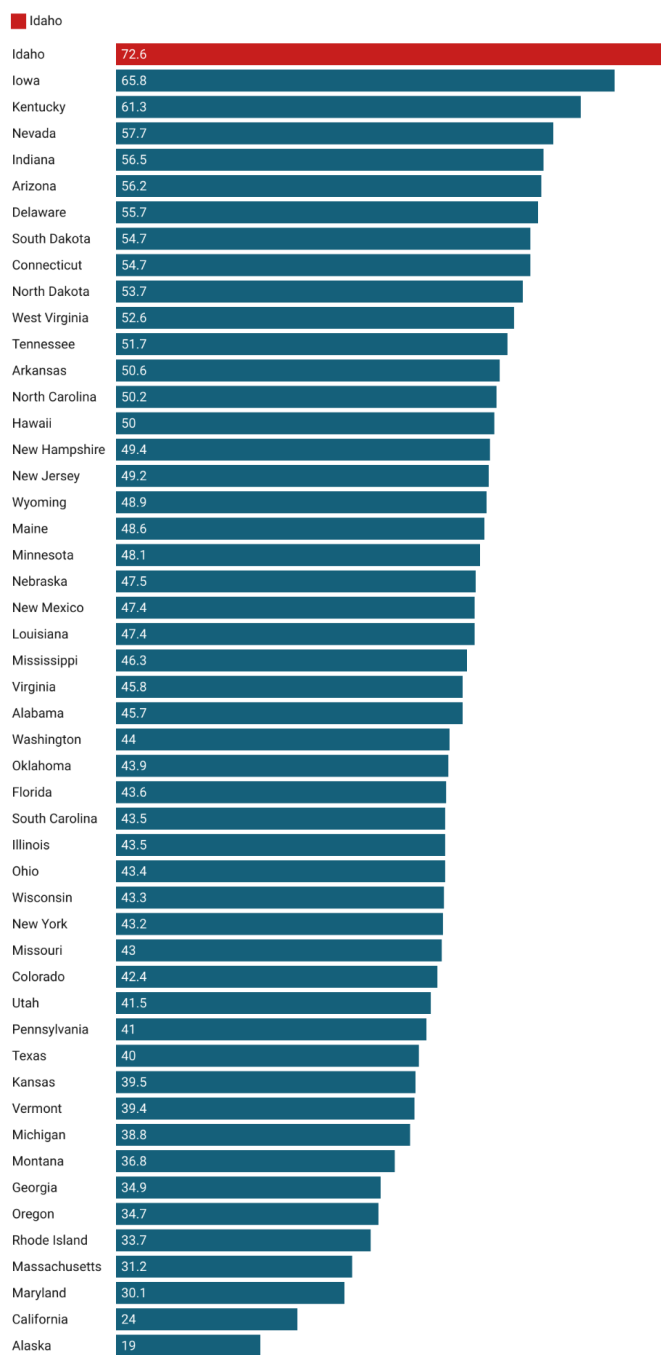


Figure 1.1 2020 Female Incarceration Rate per 100,000 Residents. Idaho has the highest female incarceration rate per 100,000 residents out of all 50 US States with an incarceration rate more than double the national average of 47.

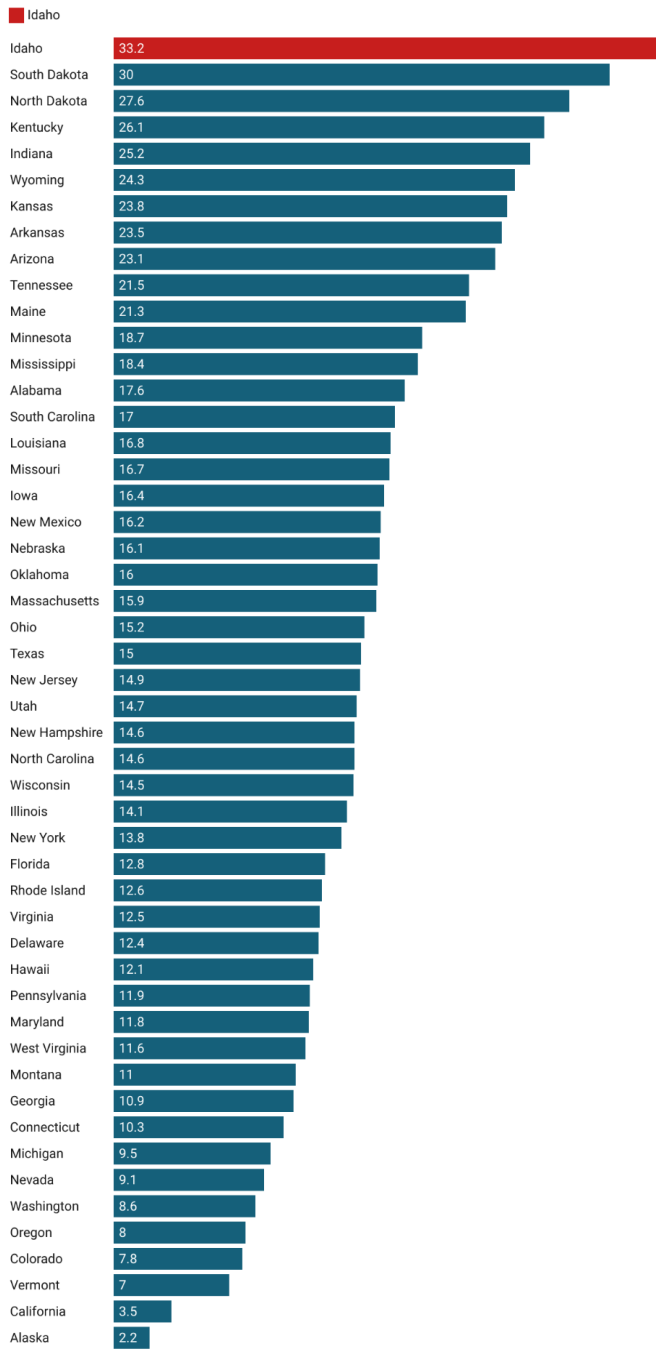
## 2019 Non-Violent Offenders Incarceration Rate



Source: Federal Bureau of Justice Statistics • Created with Datawrapper

Figure 1.2 2019 Non-Violent Offenders Incarceration Rate. Idaho has the highest incarceration rate of non-violent offenders in the custody of state correctional authorities and privately operated facilities contracted to states.

## 2019 Drug Offenders Incarceration Rate



Source: Federal Bureau of Justice Statistics - Created with Datawrapper

Figure 1.3 2019 Drug Offenders Incarceration Rate. Idaho has the highest incarceration rate of substance abuse offenders in the custody of state correctional authorities and privately operated facilities contracted to states.