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Examination of Jail and Prison Policies Related to STD Prevention

Attachment 2 Project Summary

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PROJECT SUMMARY

DATE:

PROJECT TITLE: Examination of Jail and Prison Policies Related to STD Prevention

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FUNDING SOURCE: Centers for Disease Control/Partnership for Prevention

PROJECT PERIOD: January 1, 2015-December 31, 2015

PROJECT OVERVIEW

A description of this project is provided below. It is anticipated that this study qualifies for Exemption, according to 45 CFR 46.101(b)(2), for the following reasons: it involves collection of interview data from persons being interviewed in their professional capacity, interviews will not be audio- or video-recorded, key informants' personal identify will not be linked to the information they provide during the interviews, the study poses less than minimal risk to the participants, and the information to be collected is not of a personal or sensitive nature.

Importance/Justification

Researchers and practitioners alike report a link between STD contraction and involvement with the criminal justice system (Hammet, 1999, p.21; Porter et al., 2010; Wolfe et al., 2001). Many of the social conditions associated with high involvement in the criminal justice system are the same conditions associated with high rates of STDs (Hogben & Leichliter, 2008). Communities with disproportionate numbers of specific sub-populations, such as black men, moving in and out of custody are more likely to experience factors associated with neighborhood destabilization, gender ratio imbalances and disrupted sexual networks (Clear, 2007); therefore, sexually active individuals in incarceration-involved communities may be more likely to engage in high-risk sexual behaviors associated with these destabilizing circumstances (Thomas & Torrone, 2006; Adimora & Shoenbach, 2005). In addition, the routine removal of community residents may disrupt family support systems; destabilize access to employment, social benefits, and housing; and otherwise increase stigma and stress—all social determinants that are positively associated with contracting and transmitting an STD. (Dumont et al., 2013; Thomas et al., 2009; Cohen et al., 2000).

Laws and policies create collateral consequences for previously incarcerated individuals that impair their ability to return to their families, jobs, homes, and former lives. (Hancock, 2012). These collateral effects of incarceration—heightened stigma, financial and housing insecurity, loss of medical insurance, and absence of socially supportive relationships, etc.—are all associated with high rates of STDs (Holtgrave, 2003). In medically underserved communities, the extended duration of infection increases morbidity and possibility for transmission of infection to others. (Marks, 2005). Timely STD prevention, testing, and treatment are important to minimizing the duration of infectiousness and limit the transmission of STDs (Anderson, 2009).

Understanding the complex interplay between incarceration-involved individuals and communities and STD morbidity requires understanding the laws and policies that directly and indirectly affect the stability of communities and the accessibility of STD testing, treatment, and prevention services during incarceration and post-release. This project was developed by the Public Health Management Corporation (PHMC) in partnership with the Division of STD Prevention at the Centers for Disease Control and Prevention (CDC) to examine the relationship between the law and successful prevention of STDs (sexually transmitted diseases) in vulnerable populations (i.e. populations at increased risk for STDs such as sex workers, homeless persons, impoverished persons, and persons who use drugs). Additionally, the project was developed to begin to explore how prison policies further promote or suppress successful STD prevention among populations that are more frequently incarcerated than other populations, as well as the communities to which they return.

This project is comprised of two major components: One component involves a 50-state examination of laws related to incarceration and social determinants of health, specifically focusing on employment, housing, and public benefits that may impact incarcerated populations' STD risk. This component does not involve human subjects. The second component involves primary qualitative data collection methods to gather information from key informants (e.g. prison/jail staff, health care providers) about jail and prison policies related to STD testing and treatment services, Medicaid, and linkage to reentry services and programs. **The second component of this project is the focus of this submission for IRB review.**

Goals/Objectives

The goal of the qualitative data collection component of this project are to better understand jail and prison policies around the United States, primarily at the county-level, related to STD testing and treatment during incarceration, Medicaid both during incarceration and upon release from jail or prison, and reentry services immediately prior to and upon release. To accomplish this goal, the project has the following objectives:

1. Develop an inventory of county jails and prisons in the eight jurisdictions in the country that reported a high number of STD infections across 3 of 4 disease areas (gonorrhea, primary and secondary syphilis, chlamydia, and HIV) in 2012

(NCHHSTP), including LA County, CA; Cook County, IL; Miami-Dade County, FL; Kings County, NY; Fulton County, GA; Dallas County, TX; Philadelphia County, PA; and Harris County, TX and identify the jail/prison in each county with the highest number of persons in custody who are serving sentences for drug-related crimes.

2. Conduct semi-structured phone interviews with 1-3 key informants (i.e. jail/prison staff and/or health care provider for incarcerated individuals in the facility) to explore policies related to STD testing and treatment during incarceration, Medicaid both during incarceration and upon release from jail or prison, and reentry services immediately prior to and upon release.
3. To use qualitative data to better understand how these policies may impact STD rates among incarcerated populations and the communities to which they return.

METHODS

Sample Size**:**

PHMC staff will interview a minimum of 1 and maximum of 3 Key Informants per jurisdiction for a range of 8-24 Key Informants in the sample.

Target population/eligibility criteria

Key Informants will be staff overseeing the provision of or providing health care services to individuals in custody in each jail or prison. These may include executive staff (i.e. Chief of Medical Operations), physicians, nursing staff, and/or STD counselors/testers.

Sampling

The sampling strategy is as follows:

a. Conduct Internet research to identify initial key informants and/or most appropriate recipient of introductory letter within the identified jail(s) or prison(s)
    a. Send email/letter to jail/prison administrative staff or health care providers (i.e. Chief of Medical Operations) to explain purpose of overall study and jurisdictional research to request phone or in-person interview with a health care staff member and to explain that a follow up phone call will be made within 7 days of the date of the letter.
    b. Obtain referrals to additional KI(s) in each jurisdiction from interview participants.
    a. Where possible, KI who referred additional KIs will be asked to facilitate the connection between interviewer and KI.

Describe the intervention

Not applicable

Data Collection

A semi-structured Key Informant Interview Guide has been developed by the research team in consultation with CDC (See attached). Qualitative measures include open-ended questions to gather information about prison policies, protocols and/or practices related to:

- STD screening, testing, treatment protocols and procedures during incarceration and upon release
- The degree to which pre-existing STDs are treated and followed upon incarceration
- Linkage to services and resources upon release, including health care and assistance obtaining health insurance/Medicaid

Due to limited resources, it is anticipated that the interviews will be conducted over the telephone. If feasible, interviews with Philadelphia prison staff may be conducted in-person at the facility. No audio- or video-recording of interviews will be conducted. Instead, PHMC staff will take detailed notes during the interview. Immediately following the interview, PHMC staff will use the notes taken during the interview to develop a detailed summary of the interview. All names and identifiers will be removed from the notes. MaxQDA, a qualitative analysis software package, will be used to code and analyze the data. During the analysis process, data will be tagged with codes to identify key concepts and themes. Themes and coding categories will be organized into a codebook that will contain code definitions, instructions on the appropriate use of a code, and examples of when a particular code should be applied. A bulleted report will be written to summarize key emergent themes related to prison STD screening, treatment and prevention policies, with quotes from key informants to illustrate these themes.

Who is collecting the data

All Key Informant interviews will be conducted by Archana Bodas LaPollo, MPH, Senior Project Director in PHMC's Research and Evaluation Group. She has extensive experience with research design, quantitative and qualitative instrument development, data collection and data analysis.

Compensation

None

Data/Records Management

Where are the data being stored

As mentioned above, no audio- or video-recording of interviews will be conducted. Instead, PHMC staff will take detailed written notes during the interview. Immediately following the interview, PHMC staff will use the notes taken during the interview to develop a detailed typed summary of the interview. All names and identifiers will be removed from the notes.

Protection of identifying information

All documentation of Key Informants' personally identifying information will be kept in a password-protected file, separate from the information they provide during the interview and only accessible by PHMC project staff. Notes/transcripts of the interviews will be de-identified; that is, no names or identifiers will be included. The only

information that will be reported will be the counties in which Key Informants worked.

HUMAN SUBJECTS

Informed consent procedures

Verbal, as opposed to written, consent will be obtained over the phone, prior to beginning each Key Informant interview.

Risks and how risks will be minimized

This project involves less than minimal risk in that personal information about the Key Informant will not be obtained. Interview questions will focus on jail and prison policies and the Key Informants' perceptions of their impact on incarcerated individuals' health.

Benefits (individual, organizational, and community benefits as relevant)

This component of this research study will provide a better understanding of the complex interplay between incarceration-involved individuals and communities and STD morbidity through this examination of policies that directly and indirectly affect the accessibility of STD testing, treatment, and prevention services during incarceration and post-release. Primary qualitative data collected as part of this project will inform the larger study, which aims to examine county- and state laws impacting incarcerated populations' increased risk for STDs.

ATTACHMENT:

- Key Informant Semi-Structured Guide