Promoting Health Insurance and Enrollment Literacy With Jail Inmates

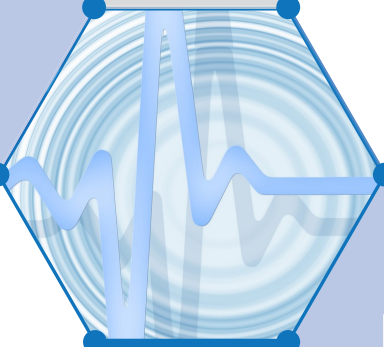
By David Young and Clarann Weinert

Health matters to the justice-involved population. Compared to the general population, inmates are seven times more likely to have chronic health conditions, infectious diseases, sexually transmitted infections, addictive behaviors, and medical and mental health co-morbidity.[1] Health matters to the criminal justice system because health-related factors are important and substantial predictors for recidivism.[2] Since becoming law in March 2010, the Patient Protection and Affordable Care Act (PPACA) has been touted as a major "game changer" for the justice-involved population.[3] One of the requirements of the PPACA is that states provide targeted outreach to underserved, vulnerable, hard-to-reach populations. Individuals in jails and prisons fit those criteria.[4]

Since 70 to 90 percent of inmates released from jails and prisons have no health insurance, they are frequent users of high-cost local emergency medical services.[5] Lack of health insurance coverage and lack of continuity of health care in the community upon release are associated with increased rates of recidivism, high health care costs, poor health outcomes and a 12-fold increase in the risk of death in the first two weeks after release.[6] With Medicaid expansion occurring in over 30 states, uninsured and underinsured justice-involved individuals are eligible for much needed medical services, especially treatment for substance abuse and mental health disorders. Many Medicaid-expansion states are realizing the advantage of enrolling eligible inmates in health insurance coverage.[7] Because of the complexity and multifaceted nature of the criminal justice system from state to state; enrolling the justice-involved population in health care coverage requires a variety of approaches.[8]

Project Design and Methods

The period of confinement in jail provides an excellent opportunity to engage, educate and promote enrollment in health insurance coverage. The project was designed to build and expand upon a prior successful project with inmates to improve health literacy, self-care management and health care decision-making.[9] All of the community partners and three members of the research team from the previous project were involved in the current project.



No matter how effective a health-based instructional curriculum is during incarceration, major barriers and impediments to health care coverage exist for inmates reentering communities.

The overall goal of the current project was to engage, educate and prepare inmates to enroll in health insurance coverage upon release from the local detention center. The specific objectives were as follows:

- To increase inmates' knowledge and understanding of the health reform law, mandatory benefits and consumer protections.
- To improve inmates' level of health insurance literacy.
- To educate and prepare inmates for making informed choices for health insurance coverage.

Key Stakeholders

This project was designed, developed and implemented as a community-based collaborative effort working with inmates housed at the local detention center. The following institutions, organizations and partners participated in the project:

- Gallatin County Detention Center.
- Gallatin County Mental Health Center.
- Gallatin County Reentry Task Force.
- Montana State University Extension Service, College of Nursing, Library, and Department of Sociology and Anthropology.
- Bozeman Public Library.
- National Network of Libraries of Medicine, Pacific Northwest Region, National Library of Medicine.

Workshop Sessions and Modules

The program was designed to provide small groups of participants five sessions (one per day), each about two hours in length, which were scheduled to run Monday through Friday for a maximum total of 10 hours. The workshop sessions were carefully scheduled around daily meals, regular lockdowns, and other programs and classes to avoid interruptions. The program design involved the following threefold intervention:

- Delivery of four instructor-led teaching/learning modules comprised of PowerPoint presentations with videos (see Table 1).
- Scheduled time for independent study/review.
- Distribution of nine health information and health insurance information handouts (see Table 2).

Two university student interns involved with the project served as instructors. Instructor-led sessions involving the presentation of teaching/learning modules were held Mondays, Wednesdays

Table 1. Teaching/Learning Modules

Module	Title	Day Presented	Videos in PowerPoint Presentations Title and Duration
# 1	Staying Healthy – Health Insurance Coverage & Better Self-care	Monday	Health Literacy – Multimedia from American College of Physicians (ACP) – 6.26 min Health literacy and patient safety: Help patients understand – American Medical Association (AMA) Foundation's Channel – 23.18 min Health and the City – Streets of New York – 2.30 min Institute of Medicine (IOM) Health Literacy Video – 3.26 min
# 2	The Affordable Care Act – Your Health	Wednesday	How does insurance work? – 1.53 min The You Toons Get Ready for Obamacare – Kaiser Family Foundation – 6.52 min
# 3	Financial Literacy and Health – Money Matters	Wednesday	Snapshots from the Kitchen Table – Family Budgets and Health care – Kaiser Family Foundation – 9:43 min
# 4	Making a Smart Choice – Your Health and Your Healthcare	Friday	How do Obamacare subsidies work? – 2.53 min How to choose a plan in the health insurance marketplace – HealthCare.gov – 1.49 min Affordable Care Act Explained – Obamacare Facts – TurboTax Tax Tip Video – 2.28 min

Table 2. Health Information and Health Insurance Information Handouts

Handout # & Schedule	Title	Description	Source
#1 Monday	*Staying Healthy – An English Learner's Guide to Health Care and Healthy Living*	A guide to enhance understanding of health information about how to take care of your health consisting of six chapters on important health topics	Florida Literacy Coalition, Florida's Adult and Family Literacy Resource Center
#2 Monday	*The Value of Health Insurance*	A basic description of health insurance and five things to know about health insurance	Health Insurance Marketplace, CMS Product No. 11631
#3 Wednesday	*Glossary of Health Coverage and Medical Terms*	A glossary of commonly used health insurance terms with definitions and graphics	OMB Control Numbers 1545-2229, 1210-0147, and 0938-1146
#4 Wednesday	*About the Health Insurance Marketplace*	A description of the Health Insurance Marketplace with three things to know and eight things to get ready now	Health Insurance Marketplace, CMS Product No. 11629
#5 Wednesday	*CUT THE COST of Health Insurance*	A five-point guide about the new tax credit that helps lower- and middle-income families	Consumers Union
#6 Wednesday	*How the Marketplace Works*	A one-page four-point description of how to create an account, apply, pick a plan and enroll	Health Insurance Marketplace CMS Product No. 11671
#7 Friday	*Talking with Your Doctor: A Guide for Older People*	A guide designed to improve communication between patients and their health care provider	National Institute on Aging, National Institutes of Health (NIH)
#8 Friday	*Seeking Drug Abuse Treatment: Know What to Ask*	A brief guide containing five questions to ask when searching for a drug abuse treatment program	National Institute on Drug Abuse, National Institutes of Health (NIH)
#9 Friday	*Looking for affordable health insurance?*	A 4 x 5 card listing three clinic locations with phone numbers where applicants can receive assistance from Certified Application Counselors (CACs) and Navigators	Community Health Partners (CHP), a federally-funded Community Health Center (CHC) with three locations – Livingston, Bozeman, and Belgrade

and Fridays in program rooms separate from the cell pods. Independent study/review workshops were held Tuesdays and Thursdays in the computer lab of the detention center. The four teaching/learning modules were loaded on the hard drives of the desktop computers in the computer lab. During the two independent study/review sessions on Tuesdays and Thursdays, at least one student intern was available at all times to provide oversight and to answer questions. All five sessions were designed to be interactive, allowing ample time for questions and answers.

Target Population/Recruitment/Participant Description

The target population was adult inmates housed in the detention center for more than seven to 10 days. A minimum of a 10-day length of stay was required to allow time for introduction of the project, recruitment and completion of 10 hours of workshop sessions. During the tenure of this project, the average length of stay in the detention center was 12 days and the average daily population was 170.

The recruitment approach involved announcing the project to correctional officers and inmates with distribution of flyers. Flyers and a schedule of the five workshops were posted in each of the nine pods. Participants were recruited by correctional officers and project staff. Prospective participants were informed the project would include filling out a consent form, pre- and post-program questionnaires, and attending all workshops as scheduled. In addition, they were informed that participation or nonparticipation would not impact or affect any aspect of their case, court appearance, adjudication and/or classification status. The project was designed to reach 70 to 100 inmates over an 11-week period.

Evaluation

The evaluation process was designed to assess if participation in the project enhanced an individual's knowledge of the PPACA, improved their understanding of the health insurance enrollment process, and better prepared them to make more informed health insurance coverage choices. The pre- and post-questionnaires were comprised of scales and questions, very similar to those used in the previous study.[9]

Results

A total of 73 inmates signed the consent form, completed the pre-program questionnaire and attended the Monday start-up workshop. Unfortunately, at some time during the weeklong workshops, a total of 13 dropped out. Five voluntarily chose not to continue for unknown reasons. Eight did not complete the program due to a number of circumstances, including being released, bonded out, moved to lockdown because of behavioral issues, reclassified and transferred to another pod, transferred to another jail/prison/treatment program, and/or excused for appointments with an attorney, health care provider or visitor. A total number of 60 participants completed the full program and provided useable evaluation data.

The majority of participants were men (55 percent). A third of the participants had never been married, less than one out of five were married (16.7 percent), 40 percent were divorced/separated, and the remaining 10 percent were in a cohabitating relationship. At the time of arrest, 40 percent were employed full-time, 23.3 percent part-time and 30 percent were unemployed. More than two out of three participants (69 percent) did not have health insurance during the past year. Nearly half (48.3 percent) had seen a health care provider more than three times in the past year and 26.7 percent had been hospitalized. For those seen at a hospital, over half (53.3 percent) received treatment in the emergency room and 28.5 percent were diagnosed with a chronic health condition (diabetes, asthma, heart disease, chronic obstructive pulmonary disease, cancer or arthritis).

The pre-questionnaire included questions about needs for health insurance coverage after release and what services would be needed to stay healthy. Half of the respondents indicated they would be looking for health insurance coverage for themselves and 20 percent indicated they would need coverage for themselves and their family. Fifty percent indicated they would need services including transportation, help finding services, mental health, dental health, addiction treatment or help with prescription medicines. The top three most needed services were "Help Finding Services" (66.7 percent), "Dental Health Services" (63.3 percent) and "Help with Prescription Medicines" (46.7 percent).

For each of the four sections of evaluation of the questionnaire packets, there were positive statistically significant results. On the post-program questionnaire, participants were asked to evaluate the strengths and weaknesses of the program and provide other relevant comments.

Major strengths noted were

- Very informative, helpful and detailed.
- Well-presented and easy to understand.
- Great information on the computers.
- Good interaction between instructors and other participants.

Weaknesses noted were

- No online/internet access on computers in the computer lab to research own questions.
- Not enough time allowed in the computer lab to review PowerPoint presentations.
- A lot of information to cover in a short period of time.
- Somewhat repetitive.

Post-Project Discussion

The findings of 69 percent of participants in our study not having health insurance coverage during the past year coincides well with a recent county report where 63 percent of 280 clients who had admitted to alcohol treatment did not have health insurance.[10] The threefold intervention design of the project using handouts, teaching/learning modules and interactive review time in the computer lab proved to be a useful and productive approach with inmates. Overall, participants showed improvement in their understanding of the PPACA, knowledge of basic health information, health insurance terms, and their level of confidence in making more informed choices in selecting an appropriate health insurance plan.

Lessons Learned

It is well-known that researchers face many challenges when it comes to conducting research involving vulnerable target populations. One major lesson learned from this study is that educational projects working with inmates have, by their very nature,

uncontrollable variables that can be significant barriers and limitations to outcome measurements. First and foremost are untoward events and circumstances that interrupt program interventions impacting the target population. Participants can be called out of program sessions for a number of reasons, and a major disruption in the jail invariably results in an immediate 100-percent lockdown and termination of all ongoing programs. Also, participants may drop out of program classes for personal reasons and/or conflicts with other participants.

Improving the health and wellness of the justice-involved population is a moral and ethical imperative for communities, counties, states and the nation as a whole.

No matter how effective a health-based instructional curriculum is during incarceration, major barriers and impediments to health care coverage exist for inmates reentering communities. Two state-controlled potential barriers are Medicaid expansion and Medicaid suspension or termination upon incarceration. States have the authority to either suspend or terminate Medicaid benefits at the time individuals are arrested and booked into jails. In a letter to state Medicaid directors in 2004, the Centers for Medicare & Medicaid Services (CMS) encouraged states "to 'suspend' and not 'terminate' Medicaid benefits while a person is in a public institution or Institute for Mental Disease (IMD)."[11] By 2014, a review of all 50 states by the National Association of Counties revealed that only 12 states suspended Medicaid benefits while 38 states continued to terminate Medicaid benefits upon incarceration.[12] Termination of Medicaid benefits results in delays in the reenrollment process, whereas, suspension allows for more immediate coverage upon release from incarceration.

In April 2016, CMS issued new Medicaid guidance for the justice-involved population to facilitate successful reentry into communities.[13] This new guidance says states must enroll or renew enrollment of incarcerated persons who meet all eligibility requirements. CMS encourages correctional facilities to collaborate and assist with prerelease Medicaid applications and to help transfer medical records to community-based providers at the time of release.[14] There is good evidence that providing access to appropriate health care and treatment services upon release into the community reduces health care costs and recidivism.[15]

Potential Impact

The health insurance literacy curriculum designed for this project using a threefold intervention delivered over a period of less than 10 hours has high potential to be replicated in other facilities. In addition, the curriculum has the potential to be added to educational programs used on hand-held tablet platforms in jails and prisons. Educational technology is underutilized in correctional settings and has the potential to enhance and expand correctional education and reduce recidivism.[16] A RAND Corp. study found that inmates who participate in education programs had 43 percent lower odds of recidivating compared to those who did not.[17] Further follow-up studies are needed to determine if participants completing the health insurance literacy curriculum have higher rates of enrollment in health care coverage than non-participants, in addition to better health and smoother reintegration into communities with reduced recidivism rates.

Conclusion

Poor health of the justice-involved population and lack of health care coverage is a public health issue, a public safety issue and costly for taxpayers.[18] The importance of Medicaid coverage for justice-involved individuals reentering communities cannot be overemphasized.[19] The federal "Medicaid Inmate Exclusion Policy" does not prohibit individuals from being enrolled in Medicaid while incarcerated.[20] In fact, the federal government sent a letter to all state health officials in April 2016 providing guidance on facilitating access to covered Medicaid services for eligible individuals prior to and after a stay in a correctional facility.[21] Additional guidance for corrections and criminal justice professionals about health care reform, the PPACA, and facilitating continuity of care from incarceration to the community was issued by the American Correctional Association and the Bureau of Justice Assistance in July 2016.[22] Improving the health and wellness of the justice-involved population is a moral and ethical imperative for communities, counties, states and the nation as a whole. The period of confinement in jail provides an excellent opportunity to engage, educate and promote enrollment in health insurance coverage. The threefold intervention design of the current project provides a useful and productive approach to engage, educate and prepare inmates to enroll in health care coverage.

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