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Assessing Health Needs of the Burlington Probation and Parole Population

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INTRODUCTION

The Burlington Probation and Parole population confronts numerous social, economic, and healthcare challenges upon their return to the community. While health and healthcare issues of inmates have been studied extensively, the health status and medical issues of the reentry offenders, particularly in rural areas have not been previously assessed. Data about health risks, major medical issues, and lifestyle choices among offenders on parole in the rural setting may prove helpful in the identification of preventative measures and development of strategies to promote positive health behaviors among the target population. The aim of this study is to evaluate the health risks among offenders on parole in the Burlington area and guide recommendations towards improving their health outcomes through community and educational initiatives. We also sought to gain a better understanding of the barriers within the rural setting that prevent positive health behaviors among the parolees upon their reintegration into the community.

METHODS

Study population. Men and women 18–60 years old of the Burlington Probation and Parole office have been chosen to participate in this study. A low-risk offender on parole was defined as an individual released from prison in the past 6 months who was non-institutionalized at the time of study, living in the community, and was assigned to a parole officer for further supervision.

Survey design. A 30-question health-risk assessment was designed to gather data including health risks and quality of life of the parolees in the Burlington area. The questionnaire evaluated health-related needs and challenges of the parolee population (access to clinics, possession of health insurance, parolee's concerns and wishes regarding their health status, etc.). Additionally, the survey assessed parolee's knowledge of available health services and attitudes towards tobacco use, diet, and their current health habits. Demographic data was also gathered to evaluate characteristics specific to parolees in the rural setting. The questionnaire was administered in-person on a voluntary basis by the research group and Burlington Probation Office employees at both the Burlington, VT office and a worksite in Winooski, VT. In total, 122 surveys were administered, of which none were excluded.

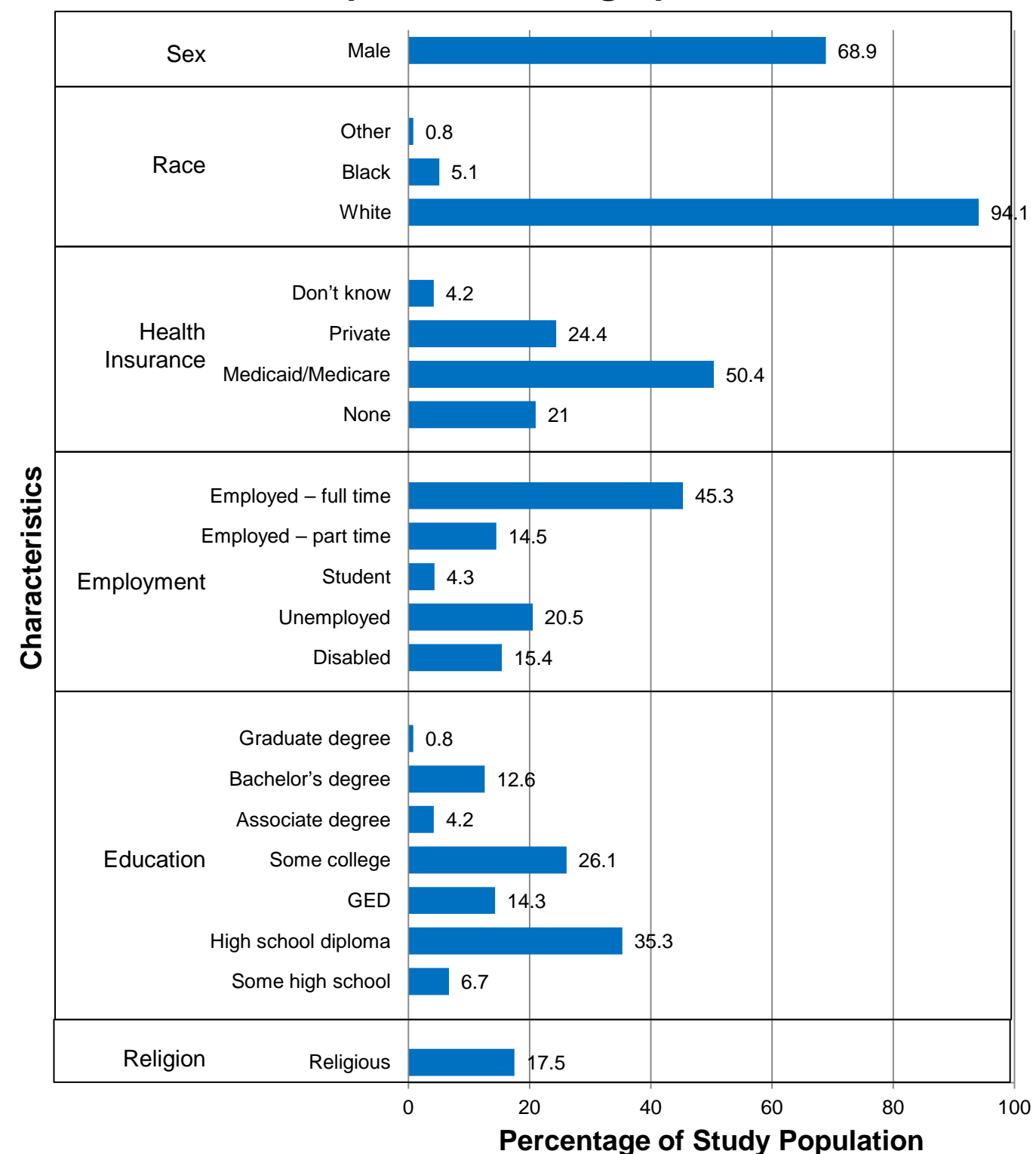


"[I need] a provider who looks at my mental health record, not my domestic assault record."

"[I worry about] what past drug use has done to my body"

"[I worry about] not being able to afford hospital bills if I get sick"

Population Demographics



DATA ANALYSIS

Statistical analysis was performed using SPSS Statistics 20 software (SPSS, Inc., Chicago, IL, USA). Analytical findings allowed us to describe the major areas of healthcare improvement for low-risk offenders that require solutions. These findings were compared with those outlined in the Healthy Vermonters 2009 data.

Comparison of Study Population to Healthy Vermonters Data

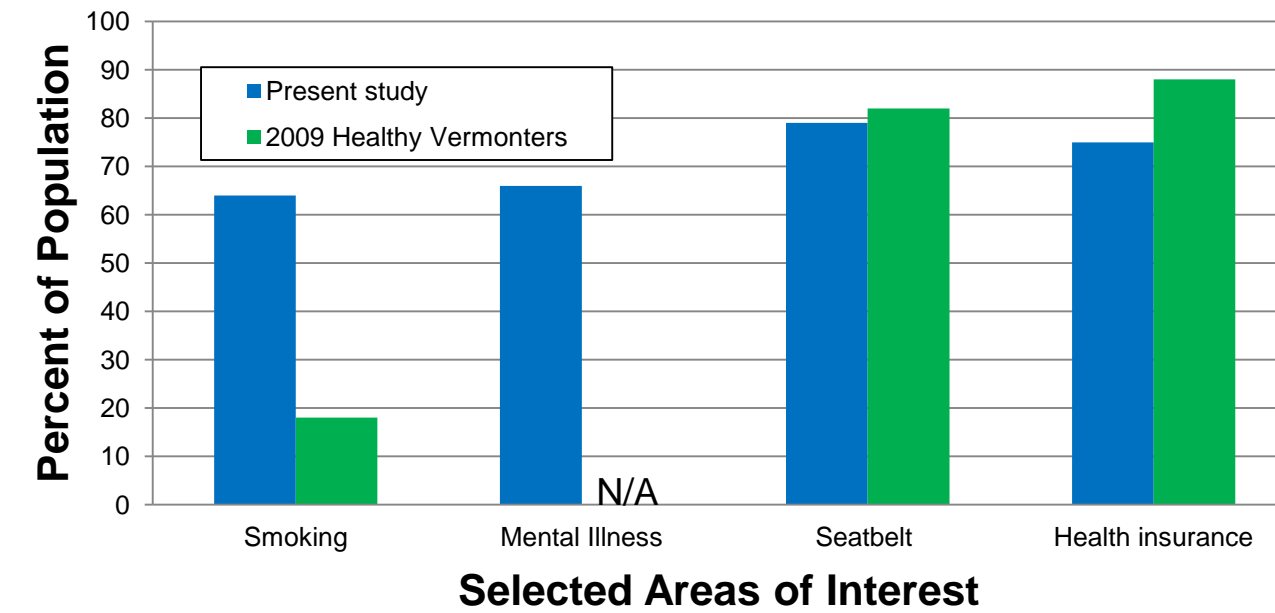
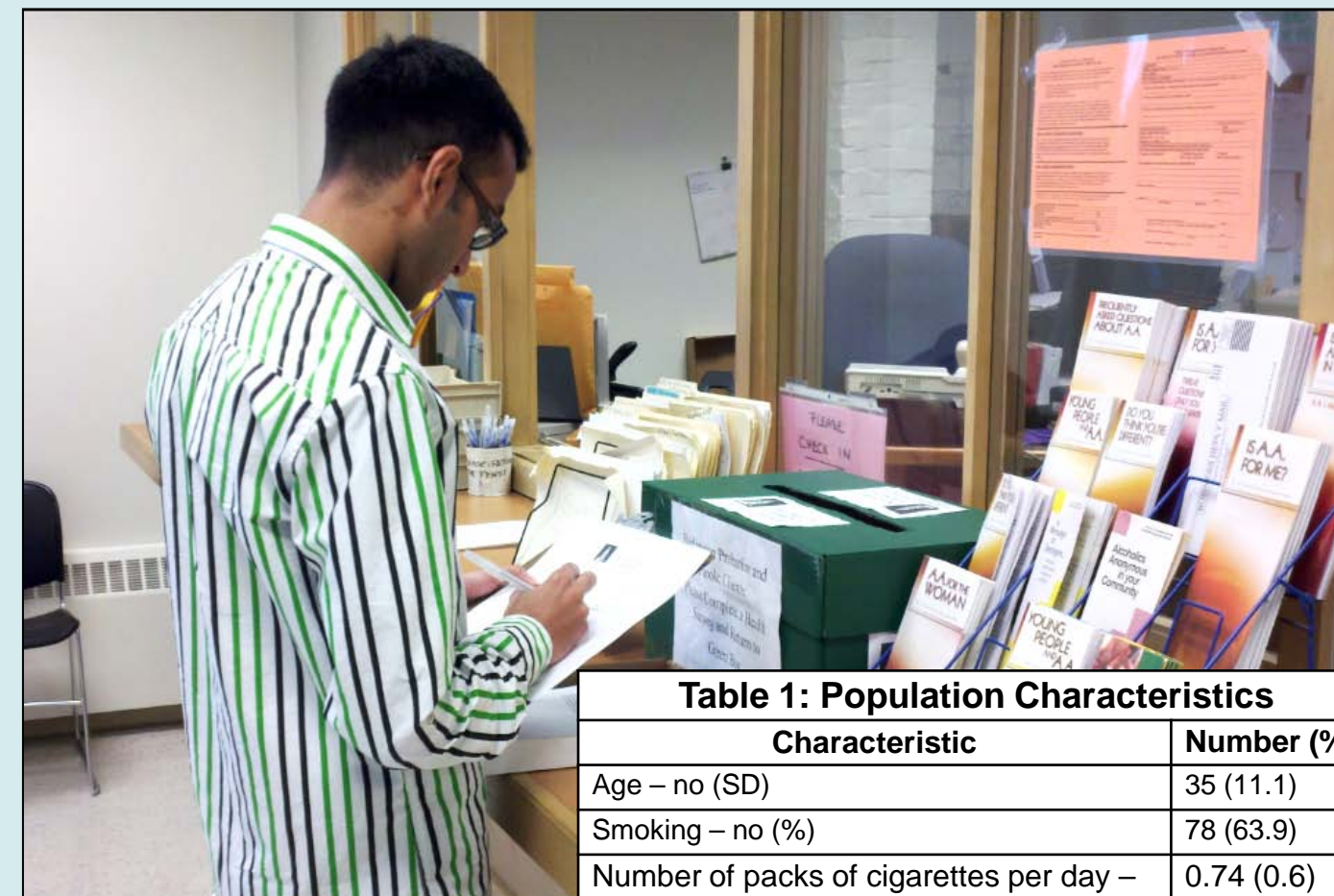


Figure Legend - Smoking: 63.9 % of respondents reported currently smoking cigarettes, average no. packs per day is 0.74 ± 0.6 . Healthy Vermonters 2009 reported 18.0 % of people smoke cigarettes. **Mental Illness:** 66.0 % of respondents reported a diagnosis of mental illness including depression, ADHD, anxiety, Bipolar Disorder, or Schizophrenia. Data was not available for the percentage of Vermonters suffering from depression. **Seatbelt:** 79.0% of respondents reported seatbelt use compared to 82% of Healthy Vermonters. **Health Insurance:** 74.8 % of respondents reported having health insurance. Healthy Vermonters 2009 reported 87.5 % of people have health insurance.



"[I worry] that doctors will not properly treat me"

"[I wish I could] quit smoking: reach a balance of work, diet and exercise"

"[I need] treatment for substance abuse and co-occurring disorders"

"[I need] a steady doctor or family doctor"

Table 1: Population Characteristics

Characteristic	Number (%)
Age – no (SD)	35 (11.1)
Smoking – no (%)	78 (63.9)
Number of packs of cigarettes per day – mean (SD)	0.74 (0.6)
Survey responders who reported being a patient in the ER at least once during the last 12 months – no (%)	53 (47.3)
Sad or depressed – no (%)	
Never	15 (12.7)
Sometimes	88 (74.6)
Most of the time	14 (11.9)
All of the time	1 (0.8)
Nutrition	
Exercise 30 minutes/day at least 3 days/week	89 (73.6)
Soda	
No. (%)	70 (57.4)
Drinks/week – mean (SD)	6.0 (8.3)
Safe sex practice	
Condom use	44 (36.7)

RESULTS & DISCUSSION

Demographic characterization of survey responders showed that the majority were Caucasian males in their mid-30s with at least a high school diploma, and part-time employment. Survey data identified five problem areas for healthcare improvement. These areas were identified based on explicitly expressed needs from the survey, noted deviation from Healthy Vermonters 2009 standards, as well as available community resources. The identified problem areas were mental illness/depression, smoking, safe sex practices, health insurance status, and nutrition/fitness. Some positive findings include an overall awareness of the importance of healthy lifestyle choices. Many respondents reported dissatisfaction with their current weight, diet, and fitness level and were interested in learning about available services. Additional comments made by respondents implied an awareness that changes to their smoking and eating habits would be beneficial to their health. To improve the health of this community, we have made evidence-based resource pamphlets for the Burlington Probation and Parole Department recommending community resources to help with these problem areas.

CONCLUSION

The healthcare needs of the Burlington Probation and Parole population have never before been comprehensively assessed. Our project has generated preliminary data which describes the health problems, needs, and concerns of this population. Smoking and mental illness/depression have been identified as prominent areas of concern. Future directions should include identification of the most successful resources as well as an in-depth training for staff to address these problem areas.

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