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## EXAMINING SOCIAL DETERMINANTS OF HEALTH OF FORMERLY INCARCERATED CALIFORNIA STUDENTS WHO GRADUATED FROM PROJECT REBOUND

Ashley C. Adams

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EXAMINING SOCIAL DETERMINANTS OF HEALTH OF FORMERLY  
INCARCERATED CALIFORNIA STUDENTS WHO GRADUATED FROM  
PROJECT REBOUND

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A Project  
Presented to the  
Faculty of  
California State University,  
San Bernardino

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In Partial Fulfillment  
of the Requirements for the Degree  
Master of Social Work

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by  
Ashley Adams  
May 2023

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## ABSTRACT

Project Rebound is an educational based program that supports justice impacted individuals in obtaining higher education. The purpose of this study is to explore specific social determinants of health for these justice impacted students, and how these social determinants may improve after graduation. Specifically, this study will examine participants' housing, mental health, substance use, employment, and finances during and after their participation in Project Rebound. This study is important, as there is little research on Project Rebound, their alumni, and how social determinants of health may be impacted by enrollment. This study is quantitative, and uses online surveys to gather results. Between-subjects t-tests were used to determine significance, and a priori power analysis was conducted for each variable. The survey found that there was a significant difference between the alumni's first year of enrollment at Project Rebound and their last year after graduation in housing quality, housing stability, stress levels, general mental health, alcohol use, general substance use, financial strain, and financial stability. However, the obtained sample size was only adequate to test the study hypothesis in housing quality and housing stability

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# CHAPTER ONE: INTRODUCTION

## Problem Formulation

Social determinants are defined as conditions in the environment that affect someone's health outcomes and functioning (CDC, 2021). Social determinants of health (SDoH) factors are economic stability, education access and quality, health care access and quality, neighborhood and physical environment, and the social community (CDC, 2021). Additionally, social determinants of mental health factors also include the above, in addition to access and quality of mental health and substance abuse treatment (World Health Organization, 2014).

Justice impacted refers to individuals who have been charged, convicted, incarcerated, or detained in any capacity or carceral setting. For these populations and other vulnerable groups, these social determinants are even more profound (Bronson et al., 2017). For instance, justice impacted individuals face higher rates of mental health and substance use disorders than the general population (McNiel et al., 2005). This population also faces higher risks of homelessness, physical disabilities, and death than the general public. Additionally, almost one half of men and over two thirds of women that have been incarcerated have a chronic physical health condition that requires treatment (Bureau of Justice Statistics, 2016).

In the United States, the rate of mass incarceration and community supervision have grown exponentially, with about 1.8 million being incarcerated at any given time, including an additional 3.9 million under community supervision (Bureau of Justice Statistics, 2021). Ninety five percent of those incarcerated in the United States will be released from prison. California has one of the highest recidivism rates in the country, with 68% being rearrested within 3 years of release, and 46% being re-incarcerated (California Department of Corrections and Rehabilitation, 2021). San Bernardino County is California's largest county by size, and holds the second largest number of incarcerated individuals in the state. The biggest threats to reincarceration are similar to the social determinants of health - lack of housing, social support, education, and employment, plus a lack of support for physical, mental health, and substance abuse issues (Woods, 2013). In addition to these, lower-income communities are more likely to have lower quality of food and housing, experience food insecurity and a lack of access to resources. Chronic health conditions also tend to be higher in prevalence (Zenk et al., 2010). For instance, San Bernardino County has higher rates of obesity (34%), cardiovascular disease (7.1%), and sexually transmitted diseases (139%) than California state (San Bernardino County, 2020).

Education is an important social determinant of health. In reentry populations, higher education attainment acts as a protective factor against recidivism. In order to promote matriculation in higher education for reentry

populations, programs like Project Rebound were created, in which comprehensive support is provided - not just for their education, but also in career advising, social networking, case management services, and some financial assistance. The support offered through Project Rebound also overlaps with social determinants of health, however, what is not understood in the literature is the potential secondary effects programs like Project Rebound may have on the overall health of justice impacted individuals.

Despite programs like Project Rebound, there still exists a bias and discrimination against justice impacted individuals in higher education. While not all justice impacted individuals are interested in higher education, those that are interested face barriers from admissions, enrollment, internships, and matriculation. For instance, in admissions applications, many higher education institutions use prior criminal history in their admission decisions (Evans et al., 2019). Additionally, the practice of mandating this information during admissions may deter justice impacted individuals from even applying to avoid that stigmatization (Evans et al., 2019). This puts justice impacted individuals at a further risk of recidivism. Project Rebound aims at assisting justice impacted individuals during all stages of their higher education journey - from applications, enrollments, tutoring, and graduation.

## Purpose of the Study

This study will explore SDoH for justice impacted alumni at a higher education institution in Southern California, who were also enrolled at Project Rebound. More specifically, this study will examine these participants' housing, mental health, behavioral health, employment, and finances during and after their participation in Project Rebound.

This study aims to see if Project Rebound works as a protective factor against these SDoH, and whether there are areas in which Project Rebound can further support these individuals during their admissions, enrollment, and graduation. While these participants are enrolled at Project Rebound, it is expected that they receive empowerment and proper knowledge that helps them address these SDoH as they graduate, and after graduation. If an individual still struggles with financial stability after graduation, it would require more research to determine if this is an area Project Rebound could better support, or if it is a systemic societal issue.

This study will consist of an online survey that will be sent to graduates of one higher education institution in Southern California, who are also enrolled in Project Rebound. This method was used for this study to ensure complete anonymity of these respondents due to the nature of questions asked. Justice impacted individuals may be less likely to share these answers due to their impacted in the criminal justice system if anonymity was a concern.

## Significance of the Project for Social Work Practice

Southern California is home to a larger percentage of justice impacted individuals than California, and also shares a higher recidivism rate than the rest of California (Vera, 2022). These factors that increase recidivism are also linked to SDoH. Programs like Project Rebound are vital to targeting these high rates of recidivism, however, there is a lack of research on how these programs can also target SDoH and support better health outcomes.

Education is a major factor against recidivism, and is also an important SDoH. Those enrolled in Project Rebound have higher retention rates than the rest of students enrolled at California State schools. However, despite this research, it remains unclear how alumni fare in regard to these SDoH after graduation. Successful reentry into society is dependent on addressing SDoH of justice impacted individuals. Targeting SDoH like housing security, employment and financial resilience, and health and wellbeing can also lower the risk of recidivism (Health Affairs, 2021). Those enrolled in Project Rebound receive different levels of support for academic and psychosocial barriers, and staff at Project Rebound aim to empower and educate these enrollees on how to navigate society as a student, and prepare them for graduation.

This study has the potential to contribute to both micro and macro social work. This study can inform clinical staff of a further need for treatment options in Project Rebound, like appropriate referrals to mental health or substance use professionals, in-house counseling opportunities, or stress management

workshops. Additionally, this study has the potential to contribute to needs for policy, legislative, and community advocacy. For instance, if alumni are still struggling with obtaining proper levels of employment, perhaps there is a further need to stronger enforce legislation like “Ban The Box”, or if housing is still a concern after graduation, perhaps stigma in the community needs to be addressed.

## CHAPTER TWO: LITERATURE REVIEW

### Introduction

This chapter will describe Social Determinants of Health (SDoH), and how these factors can impact vulnerable populations disproportionately, especially justice impacted individuals. This chapter will focus on the social determinants related to housing, financial stability, mental health, substance use, and education. This chapter will also explore Project Rebound as an existing intervention, and why SDoH is the theory guiding conceptualization of this study.

### Social Determinants of Health

#### Reentry Populations

Social determinants of health are more discerning for justice impacted populations. Compared to the general population, justice impacted individuals are more likely to be a person of color, and are more likely to be uninsured, undereducated, and live in poverty (Tyler, 2017).

#### Housing

Homelessness is prevalent in reentry populations. A study done by California Health Policy Strategies (2019) found that about 70% of homeless individuals surveyed had experience in the criminal justice system. Justice impacted individuals also face stigma in securing housing, as landlords often

conduct criminal background checks and exclude based on these findings. Additionally, federally subsidized housing provides reduced rent for low income individuals, but often excludes justice impacted individuals, as public housing authorities are allowed to deny based on criminal record (California Health Policy Strategies, 2019). In a new 2020 update to the California Code Of Regulations, Division 4.1 - Department of Fair Employment and Housing, Section 12265 - Prohibited Uses of Criminal History Information (2022), the regulation states that a landlord cannot use one's criminal history to discriminate against an individual based on protected class (gender, race, ethnicity, etc), but does not state that denying based on criminal history alone is discriminatory.

Strong family relationships have a protective factor against recidivism, however, incarceration strains these relationships significantly. Those who are released from incarceration who have strained relationships often cannot share family housing, yet cannot afford housing on their own.

### Financial Stability

Economic stability is a primary social determinant and barrier to successful reentry for justice impacted individuals. Despite laws like "Ban the Box" in California, justice impacted individuals still struggle with limited employment opportunities. In 2018, The Fair Employment and Housing Act was created, which forbids employers with five or more employees from asking job candidates about their conviction history before making them a job offer



(California Department of Fair Employment and Housing, 2022). Despite this law, employers were still asking about criminal history. In October 2021, California Department of Fair Employment and Housing created an initiative to research and correct these violations by employers (Department of Fair Employment & Housing, 2021). In consequence, justice impacted individuals still earn more than 11% less per hour, and about 40% less per year than those without a criminal record (Duwe & Clark, 2014).

A study conducted by the Federal Bureau of Prisons (2016) found that 60% of those released from prison were unemployed. The study also found that vocational programs in prisons and jails provided poor GED programs, no special learning programs, and unaccredited occupational training programs. Additionally, many programs offered no basic skill programs, and classes were often taught by inmates. In consequence, justice impacted individuals often struggle to obtain employment after incarceration due to lower education levels, less job skills, and limited work history (Lockwood et al., 2015).

A secondary issue to financial stability and unemployment relates to health insurance. In California, once incarcerated, individuals have their Medi-Cal benefits suspended during their incarceration. Previously before 2021, California terminated the Medi-Cal benefits of incarcerated individuals. California has no system or processes to reinstate benefits after release. In fact, only 28% of jails in the United States assess for Medicaid eligibility during release (Altibi et al.,

2021). Recently, California created CalAIM, which hopes to rectify this gap by creating a robust system that screens for eligibility, provide warm handoffs to healthcare providers, and ensure all eligible individuals leaving jails will be enrolled in Medi-Cal by 2023 (Department of Health Care Services, 2022).

### Mental Health and Substance Use

Incarcerated individuals often have a high prevalence of mental health and substance use disorders. For instance, over 60% of incarcerated individuals in jails self-reported a mental health concern compared to about 10% of the general population (Tyler, 2017), and two-thirds self-reported a substance use disorder, compared to about 3% of the general population. Additionally, only 22% of those incarcerated individuals received any sort of treatment for their substance use disorder while incarcerated (Davis et al., 2010). One theory of the diminishment of mental health status in prisons and jails is related to the stigma that comes from a criminal record. Research found that experiencing and anticipating stigma can be tied to depression and anxiety - two mental health disorders that the Bureau of Justice Statistics (2017) noted to be prevalent in this population. Stigma also makes it difficult for formerly incarcerated individuals to obtain employment, despite the attainment of a college degree (Cerdeira-Jara et al. 2020), and unemployment can significantly increase depression anxiety in the general population (Frech et al., 2022). Another study conducted by Turney et al. (2013), found that there was an association between discrimination due to a criminal record and psychological stress. Tyler (2017) also noted that the general public

tended to have more negative attitudes towards individuals struggling with a drug addiction than those with mental illness. They also were unfavorable towards supporting these individuals when it came to finding insurance, housing, and employment.

Additionally, as mentioned above, many incarcerated individuals lose their health insurance, and do not re-enroll in Medi-Cal after release. Because of this, mental health and substance use treatment is often delayed, if pursued at all. Research by Davis et al., (2011) found that in California, over half of incarcerated individuals reported a mental health concern, while only half of those reported that treatment was available for inside prison or jail. Thus, when these individuals are released, they likely need additional mental health treatment in the community. Additionally, lack of insurance, and lack of employment often lead formerly incarcerated individuals to delay care, as they often cannot afford it.

### Education

Incarcerated and formerly incarcerated individuals have lower levels of education than the general population. Of those incarcerated in the United States, over 50% have not completed high school, while over 50% of incarcerated individuals were illiterate (Tobin Tyler, 2017).

Education can be both a social determinant of health and a protective factor for formerly incarcerated individuals. For instance, not only does obtaining an education (High School Diploma/GED or higher) lower social and

psychological need for formerly incarcerated individuals, but it also lowers recidivism (Scott, 2016). Despite this, GED programs in prisons and jails are often underfunded, understaffed, and sometimes run by incarcerated individuals themselves (Bureau of Justice Statistics, 2016). Although GED programs aim to support incarcerated individuals in obtaining education, there is a clear difference in income level between those with a GED and those with a high school diploma (Ewert, 2012), even before accounting for the stigma of a criminal record. Ewert also found that those with a GED are less likely to pursue a college degree.

### Existing Interventions

Research shows that for justice impacted individuals, an educational program can lower chances of recidivism and social needs, provide a sense of belonging, and prepare individuals for employment. Despite these, only 5% of justice impacted individuals pursued a college level degree (Ewert, 2012). Programs like Project Rebound aim to change this percentage by providing support during admissions, enrollment, and graduation.

California only provided 8 million dollars out of a 12.8 billion dollar budget in funding for re-entry programs in 2021 (State of California, 2021). Despite this overall lack of funding, Project Rebound was instead granted 1 million dollars from a \$300 million education budget in 2021 (State of California, 2021). Project Rebound utilizes a strength-based case management system to support justice impacted students (Anderson & Jones, 2019), which can include both on campus

and off campus referrals for academic and personal support, financial support for class materials, and a social club to connect with similar students (Anderson & Jones, 2019). Project Rebound was created in 1967 at San Francisco State University, and has grown to 14 campuses in California (California State University, 2022). Its mission is to support the higher education and successful reintegration of justice impacted individuals at California State Universities. Previous research shows that, from 2016 – 2020, the recidivism rate of Project Rebound students was 0%, while the state’s recidivism rate hovered at 50% during the same time frame (The California State University, 2022).

### Theories Guiding Conceptualization

The theory guiding conceptualization of this study is the Social Determinants of Health (SDoH) theory. As mentioned previously, these are factors that can influence health outcomes and health disparities (World Health Organization, 2022). SDoH accounts for up to 50% of health outcomes, showing that non-medical factors are just as important as medical factors in health and wellness. These SDoH are also factors linked to recidivism in justice impacted populations, making them important to study in those who have been released from incarceration. Because education is a protective factor in recidivism, and is also a SDoH, Project Rebound as a program was important to study under this context.

## CHAPTER THREE:

### METHODS

#### Introduction

This chapter will discuss the purpose of this study, which is to explore specific SDoH of justice impacted individuals who graduated from Project Rebound in Southern California. It will also discuss study design, sampling, recruitment process, data collection, instruments utilized, procedures, analysis, and the protection of human subjects.

#### Study Design

Because there is no current research involving graduates of Project Rebound program, and because there is a lack of research on SDoH of justice impacted alumni in general, this study is exploratory. Additionally, there is a lack of social work perspective in the small amounts of research on SDoH for justice impacted individuals.

This study will also utilize quantitative research methods in the form of a survey. This allows for complete anonymity in responses, which is important for this topic as some questions are sensitive, and may cause concern surrounding data security and the criminal justice system. Quantitative research also allows for the ability to examine differences between alumni's first year at Project Rebound and after graduation.

One major limitation of this study is the sample size. Because this study utilizes only one Project Rebound location, and alumni can change their contact information throughout the years, it was especially difficult to reach a large number of participants. Additionally, in order to protect anonymity further, no identifying information like emails were collected on the surveys. Because the survey was open to any who have the link, it may be possible that individuals who responded were not Project Rebound alumni.

This study aims to answer questions around specific SDoH concerning housing, behavioral health, employment, and finances, specifically how these factors differ from their first year enrolled at Project Rebound, and after graduation, and if they are still struggling with any factors today.

### Sampling

This study used quota sampling of Project Rebound graduates from one higher education institution in Southern California. Quota sampling segments the population into mutually exclusive sub-groups. For this study, the sub-group consisted of gender (M, F). As a larger percentage of graduates are male, this sampling method allows for the collection of female data. This study also attempted to utilize quota sampling for race (White, Latino/a, Black), however, there was a lack of racial data on graduates when recruiting participants, which made this impossible to do.

This study aimed to receive data from 30 participants, however, barriers to contacting participants made recruitment extremely difficult. Because of this, data from only 14 participants were collected.

### Data Collection and Instruments

Quantitative data was collected through an online survey utilizing Google Forms between May and June 2022. These questions were formatted to first ask a specific question related to their first year enrollment, followed by that same question related to the past year (after graduation). The time frame attached to each question was written in UPPER CAPS to ensure visibility in the difference in questions. These answers were collected automatically in Google Sheets. No question was marked mandatory to ensure individuals could skip questions they did not feel comfortable answering.

The independent variable for this study is enrollment time (first year, after graduation), which is a nominal, dichotomous variable. The dependent variables are interval, which are housing stability, severity of mental health, severity of substance use, and financial health. Additionally, the dependent variables housing quality, and employment level are nominal categorical.

The survey was adapted from The Accountable Health Communities Health-Related Social Needs Screening Tool, which was created by the Centers for Medicare & Medicaid Services in 2017 (Centers for Medicare & Medicaid, 2017). Questions in the sections marked Living Situation, Financial Strain,



Substance Use, and Mental Health were taken in their entirety. Sections not adapted for this survey were related to disabilities, physical activity, education, family support, safety, and food, as they were not related to topics that were being researched for this survey.

### Living Situation

These questions were aimed at examining pre and post graduation quality of housing and stability of housing. For quality of housing, there were a variety of instances that would affect health outcomes that one might find in their home, like mold or insects. Each instance that was checked off received a point towards an end score. For housing stability, the question asked if the individual had a consistent, stable place to live throughout that year.

### Financial Strain

These questions aimed to assess how well someone was able to afford basic necessities, what their employment level was at that time, and if they had lost their employment at that time. Additionally, a question was asked related to health insurance, if they currently had health insurance and what type.

### Substance Use

Substance use measures consisted of questions relating to alcohol use, incorrect prescription drug use, and illegal drug use. Additionally, the scores of each question were combined for an additional variable aimed at measuring if the individual may be suffering from substance use disorder.

## Mental Health

Mental health measures consisted of questions related to depression, pleasure in activities, and stress. Additionally, the scores for each question were combined for an additional variable aimed at measuring if the individual may be suffering from mental health concerns.

Although this instrument was adapted from the Center for Medicare and Medicaid Services (CMS), a federal government entity, there were no psychometric studies on this instrument at this time. However, this instrument has been used nationally to assess health related service needs and related services in 28 states (Centers for Medicare and Medicaid Studies, n.d.) This study also chose to measure two variables differently than the original instrument. For the variables measuring mental health and substance use, the original instrument developed a threshold of 3 or higher to indicate a possibility of mental health or substance use concerns. This study chose to analyze the variables as points towards an end score, as the threshold does not allow for variability in the analysis to be assessed, which is important to find significant differences in the pre and post responses to determine how effective Project Rebound was in tackling this issue. Additionally, there are no psychometric studies on this instrument, however, this instrument is used nationally by the Centers for Medicare and Medicaid Studies (a federal government entity), to measure for health-related services.

## Procedures

The first step in this data collection process was to access the alumni registry for one higher education institution's Project Rebound, along with approval from the Program Director to conduct the study. Alumni were called on the phone, and a phone conversation template was created and used that outlined the purpose of the study (Appendix A), informed consent (Appendix B), and any risks that may take place due to participation. If alumni agreed to participate, an email attachment was sent detailing informed consent and recruitment. The email also specified that, after they complete the survey, they can email back stating they finished, and a \$5 Starbucks gift card would be e-sent. Additionally, a debriefing attachment (Appendix C) was added to the email listing mental health support centers in Southern California for those who might have had adverse reactions to any questions asked on the survey. The recruitment process started on April 22nd, 2022 and ended June 12th, 2022.

The survey was conducted using Google Forms (Appendix D), which fed into a Google Sheets document, where the data was housed. After completing data collection, the timestamp collected on the Google Sheets document was changed to ID number (1-14). Then, the Google Sheets tab was locked and protected so no further changes could be made. The Sheets document was also private, and was only shared with this researcher's Supervisor.

This researcher also attended an Alumni meeting hosted by the higher education institution on June 11th, and handed out printed surveys to identified

alumni. Those paper copies were added to the Google Sheets document, then shredded.

### Protection of Human Subjects

During recruitment, all phone calls were made with no additional individual within earshot. Additionally, all emails were sent to only one email address at a time to ensure confidentiality. The list of alumni gathered from Project Rebound was copied to a secure Google Drive, then permanently deleted after data collection. The Google Forms that housed the survey did not collect email addresses or identifying information from any participant. Because of complete anonymity, this researcher informed participants that they must email back after completion in order to obtain their \$5 gift card, as it would not be clear to this researcher that they completed the survey. Additionally, each time stamp was removed from the Google Sheets document for further protection of anonymity. The Google Sheets document is protected and only visible to this researcher and their Supervisor.

### Data Analysis

After data collection, the dependent variables were transcribed numerically. Additionally, scores from questions 10 through 15 in the Mental Health section, and 16 through 21 in the substance use section were combined to form new variables (general mental health concerns, general substance use

concerns). These questions were adapted from the The Accountable Health Communities Health-Related Social Needs Screening Tool, where these scores were combined for an overall score.

Data was analyzed in SPSS and G\*Power. A t-test with paired samples was run for the following variables: housing stability, housing quality, mental health and severity, substance use and severity, and financial health. A t-test with paired samples is needed for these variables as the dependent variables are interval and the independent variables are nominal dichotomous. A McNemar test will be run for the following variables: employment level, and loss of employment. A McNemar test is needed for these variables as the dependent variables are nominal categorical, while the independent variable is nominal dichotomous. In addition, descriptive statistics will be used to provide a breakdown of the demographic variables. Additionally, a Power Analysis will be run in G\*Power, as the sample size of this study's data is small.

### Summary

This study will examine specific SDoH of graduates of a Project Rebound in Southern California through an online survey. This survey will help identify any areas in which alumni are still struggling with after graduation, and how well Project Rebound mitigates secondary health concerns. Quantitative methods will best facilitate this comparison

## CHAPTER FOUR:

### RESULTS

#### Introduction

Chapter four discusses the demographic breakdown of survey participants. It also discusses the between measures t-test results for the variables housing stability, housing quality, stress levels, alcohol use, prescription and illegal drug use, and financial strain and stability. These results will show that, although statistically significant, the sample size obtained is simply not large enough to determine true effect

#### Demographics

The following is the demographic breakdown of the 14 participants gathered for this survey. 57.1% of survey participants were male, while 42.9% were female. 50% identified as Hispanic, while 42.9% identified as white, and 7.1% identified as black. Additionally, participants' ages ranged from 26 to 60, with a mean age of 38 and standard deviation of 8.72..

#### Housing

A paired-samples t-test was conducted to evaluate the impact of the intervention on housing stability. There was a significant difference in housing stability from First year of enrollment ( $M = 1.21$ ,  $SD = 1.051$ ) to the past year after graduation ( $M = 0.43$ ,  $SD = 0.514$ ),  $t(13) = 4.204$ ,  $p = <0.001$ .

An a priori power analysis was conducted using G\*Power version 3.1.9.7 (Faul et al., 2007) to determine the minimum sample size required to test the study hypothesis. Results indicated the required sample size to achieve 80% power for detecting a medium effect, at a significance criterion of  $\alpha = .05$ , was  $N = 13$  for a between subjects T-test. Thus, the obtained sample size of  $N = 14$  is adequate to test the study hypothesis.

A paired-samples t-test was conducted to evaluate the impact of the intervention on housing quality. There was a significant difference in housing quality from First year of enrollment ( $M = 0.71$ ,  $SD = 0.825$ ) to Past year after graduation ( $M = 0.14$ ,  $SD = 0.363$ ),  $t(13) = 2.511$ ,  $p = 0.013$ .

An a priori power analysis was conducted to determine the minimum sample size required to test the study hypothesis. Results indicated the required sample size to achieve 80% power for detecting a medium effect, at a significance criterion of  $\alpha = .05$ , was  $N = 15$  for a between subjects T-test. Thus, the obtained sample size of  $N = 14$  is not adequate to test the study hypothesis

### Mental Health

A paired-samples t-test was conducted to evaluate the impact of the intervention on stress levels. There was a significant difference in stress levels from First year of enrollment ( $M = 3.71$ ,  $SD = 0.469$ ) to Past year after graduation ( $M = 3.29$ ,  $SD = 0.726$ ),  $t(13) = 2.482$ ,  $p = 0.014$ .

An a priori power analysis was conducted to determine the minimum sample size required to test the study hypothesis. Results indicated the required sample size to achieve 80% power for detecting a medium effect, at a significance criterion of  $\alpha = .05$ , was  $N = 21$  for a between subjects T-test. Thus, the obtained sample size of  $N = 14$  is not adequate to test the study hypothesis.

As this survey was adapted from The Accountable Health Communities Health-Related Social Needs Screening Tool, the variable scores for stress, depression, and enjoyment were combined. A paired-samples t-test was conducted to evaluate the impact of the intervention on overall mental health scores. There was a significant difference in overall mental health scores from First year of enrollment ( $M = 9.29$ ,  $SD = 2.301$ ) to Past year after graduation ( $M = 6.93$ ,  $SD = 2.165$ ),  $t(13) = 4$ ,  $p = <0.001$ .

An a priori power analysis was conducted to determine the minimum sample size required to test the study hypothesis. Results indicated the required sample size to achieve 80% power for detecting a medium effect, at a significance criterion of  $\alpha = .05$ , was  $N = 13$  for a between subjects T-test. Thus, the obtained sample size of  $N = 14$  is adequate to test the study hypothesis.

### Substance Use

A paired-samples t-test was conducted to evaluate the impact of the intervention on alcohol use. There was a significant difference in alcohol use from First year of enrollment ( $M = 1.50$ ,  $SD = 1.454$ ) to Past year after graduation ( $M = 0.71$ ,  $SD = 0.825$ ),  $t(13) = 2.797$ ,  $p = 0.008$ .



An a priori power analysis was conducted to determine the minimum sample size required to test the study hypothesis. Results indicated the required sample size to achieve 80% power for detecting a medium effect, at a significance criterion of  $\alpha = .05$ , was  $N = 23$  for a between subjects T-test. Thus, the obtained sample size of  $N = 14$  is not adequate to test the study hypothesis.

A paired-samples t-test was conducted to evaluate the impact of the intervention on prescription drug use. There was no significant difference in stress levels from First year of enrollment ( $M = 0.57$ ,  $SD = 1.089$ ) to Past year after graduation ( $M = 0.29$ ,  $SD = 0.611$ ),  $t(13) = 1.749$ ,  $p = 0.052$ .

An a priori power analysis was conducted to determine the minimum sample size required to test the study hypothesis. Results indicated the required sample size to achieve 80% power for detecting a medium effect, at a significance criterion of  $\alpha = .05$ , was  $N = 92$  for a between subjects T-test. Thus, the obtained sample size of  $N = 14$  is not adequate to test the study hypothesis.

A paired-samples t-test was conducted to evaluate the impact of the intervention on illegal drug use. There was no significant difference in stress levels from First year of enrollment ( $M = 0.43$ ,  $SD = 0.852$ ) to Past year after graduation ( $M = 0.36$ ,  $SD = 0.745$ ),  $t(13) = 0.563$ ,  $p = 0.291$ .

An a priori power analysis was conducted to determine the minimum sample size required to test the study hypothesis. Results indicated the required sample size to achieve 80% power for detecting a medium effect, at a

significance criterion of  $\alpha = .05$ , was  $N = 21$  for a between subjects T-test. Thus, the obtained sample size of  $N = 14$  is not adequate to test the study hypothesis.

As this survey was adapted from The Accountable Health Communities Health-Related Social Needs Screening Tool, the variable scores for alcohol, prescription drug use, and illegal drug use were combined together. A paired-samples t-test was conducted to evaluate the impact of the intervention on overall substance use scores. There was a significant difference in overall substance use scores from First year of enrollment ( $M = 2.50$ ,  $SD = 2.981$ ) to Past year after graduation ( $M = 1.36$ ,  $SD = 1.781$ ),  $t(13) = 2.511$ ,  $p = 0.013$ .

An a priori power analysis was conducted to determine the minimum sample size required to test the study hypothesis. Results indicated the required sample size to achieve 80% power for detecting a medium effect, at a significance criterion of  $\alpha = .05$ , was  $N = 52$  for a between subjects T-test. Thus, the obtained sample size of  $N = 14$  is not adequate to test the study hypothesis.

### Financial Stability

A paired-samples t-test was conducted to evaluate the impact of the intervention on financial strain for basic needs. There was a significant difference in financial strain for basic needs from First year of enrollment ( $M = 3.29$ ,  $SD = 1.139$ ) to Past year after graduation ( $M = 2.57$ ,  $SD = 1.089$ ),  $t(13) = 4.372$ ,  $p = <0.001$ .

An a priori power analysis was conducted to determine the minimum sample size required to test the study hypothesis. Results indicated the required sample size to achieve 80% power for detecting a medium effect, at a significance criterion of  $\alpha = .05$ , was  $N = 21$  for a between subjects T-test. Thus, the obtained sample size of  $N = 14$  is not adequate to test the study hypothesis.

A paired-samples t-test was conducted to evaluate the impact of the intervention on financial stability. There was a significant difference in financial stability levels from First year of enrollment ( $M = 2.79$ ,  $SD = 1.528$ ) to Past year after graduation ( $M = 2.21$ ,  $SD = 1.122$ ),  $t(13) = 2.104$ ,  $p = 0.028$ .

An a priori power analysis was conducted to determine the minimum sample size required to test the study hypothesis. Results indicated the required sample size to achieve 80% power for detecting a medium effect, at a significance criterion of  $\alpha = .05$ , was  $N = 46$  for a between subjects T-test. Thus, the obtained sample size of  $N = 14$  is not adequate to test the study hypothesis.

An interesting fact was that 100% of participants stated that they had health insurance at the time of the survey. 57.1% stated they had private health insurance, 35.7% stated they had Medicaid or Medicare, and 7.1% stated they had VA healthcare.

Participants were asked whether they lost their employment at any time during their first year of enrollment at Project Rebound, and whether they had lost their employment at any time in the past year. A McNemar's test determined

that there was not a statistically significant difference in employment loss between first year enrollment and past year,  $p = .375$ .

## CAPTER FIVE: DISCUSSION

### Introduction

This chapter will discuss the results from the study, focusing specifically on the variables that achieved proper sampling size. This chapter will also discuss the limitations of this study, along with recommendations for social work practice.

### Discussion

The main purpose of this study was designed to investigate the possible secondary health issues that Project Rebound could influence. Project Rebound provides certain academic and financial support to students, and this study hoped to investigate further avenues that Project Rebound could explore to better support these students. Although the sample size is too small to possibly detect a true effect, this study showed that enrollees could benefit from housing and mental health support, alcohol use awareness, and financial planning.

#### Housing

One of the two variables that was significant, and also had sufficient sample size, was that of housing stability - compared to their first year enrolled at Project Rebound, graduates had more stable housing arrangements, whether that be from obtaining better employment opportunities, developing relationships,

or being more financially stable. The results do indicate that individuals enrolled during their first year are more likely to have unstable housing, which is something that Project Rebound can further tackle with housing referrals, case management, or on campus housing support. Research shows that unstable housing is associated with increased risk of recidivism (Jacobs et al., 2020), along with a contributing factor of health inequity (WHO Commission on Social Determinants of Health, 2014), which adds importance to Project Rebound's secondary effect on housing needs after graduation.

The quality of housing situations for enrolled students was also significantly different from first year of enrollment to after graduation, however, the required sample size to test this hypothesis was larger than the obtained sample size. This means it's hard to say for certain whether participants did in fact have lower quality housing during their first year compared to after graduation. Lower quality of housing is linked to poor health and behavior outcomes in children, exposure to environmental hazards that cause cancer, and an increase in respiratory illness (Office of Disease Prevention and Health Promotion, 2020). Housing quality could have improved due to alumni being able to obtain higher paid employment - more research needs to be done to examine why exactly housing quality improved.

### Mental Health

There were significant differences in stress levels between first year students and after graduation, however, the sample size obtained was much

smaller than the sample size needed to determine true effect. However, examining the answers to this question found that respondents' answers were frequently 'daily' or 'weekly', regardless of whether they were new to the program or graduated, was the question regarding stress. This showed that students and working adults are continually experiencing higher levels of stress in their day to day, and stress management techniques or classes could help support them throughout their life. These high levels of stress scores is particularly worrisome, as chronic stress can lead to cardiovascular disease (Steptoe & Kivimäki, 2012), depression (Monroe et al., 2009), problems regulating emotions (Kim et al., 2013), increased anxiety (Vyas et al., 2004), poorer nutrition (Lucassen et al., 2014), and impaired sleep (Astill et al., 2013). This could mean that regardless of age, justice impacted individuals at all points in their lives may have increased risk of poorer health outcomes due to stress levels.

Additionally, the scores received for general mental health needs were significant, and achieved a sufficient sample size. This indicates that the secondary effects of Project Rebound have a significant effect on mental health needs during their enrollment and subsequent graduation.

### Substance Use

There were no variables related to substance use that achieved the required sample size for determining effect. Additionally, there was one variable that obtained significance, which was that of alcohol use. This indicates that there may be some struggle between first year students and drinking alcohol,

however, it can appear that enrollment in Project Rebound may support individuals in sobriety or cutting back on alcohol use. This is important, as alcohol misuse can lead to abuse and addiction, worse mental health (Jacob et al., 2019), and cardiovascular disease (Snow et al., 2009). Because alcohol use scores decreased after graduation, further research should look into whether the environment of the university campus contributed to these higher alcohol use, or if Project Rebound's events and community provided an alternate environment for social events.

Additionally, there was a significant difference in first year substance use compared to after graduation, however, the sample size was not sufficient to detect a true effect. Because prescription drug use and illegal drug use scores were not significant, it may be that alcohol use scores skew the results of the general substance use needs scoring.

### Financial Stability

The results for both financial strain and financial stability were significant, however, they both did not achieve the proper sample size to detect a true effect. It does appear that individuals struggle with paying for basic services during their first year of enrollment, and either through their participation in Project Rebound, or achieving better employment, their ability to pay for basic services increases. This is important, as financial strain can lead to depression (Price et al., 2002), impaired sleep (Hall et al., 2009), higher rates of stress, and poorer nutritional status (French & Vigne, 2019).



## Limitations

There were several limitations to this study. Recruitment for this study was extremely difficult, as graduates had changed their phone numbers, or didn't answer telephone outreach. In the future, this study could be conducted as part of an orientation program at Project Rebound, with the idea that after graduation, the same study is given to compare values to. This would not only ensure higher participation, but may provide more accurate results as participants are responding in current time, rather than being asked to recall information that may be 5+ years in the past.

Secondly, because of small sample sizes, the analyses of each variable only has a small chance of detecting a true effect. These results may also be distorted by systematic error.

Additionally, this study had to be refined in a manner to fit the current pandemic situation and availability of participants. Previously, there was a plan for a qualitative aspect to this study, where participants would be asked to further elaborate on survey answers, and discuss their feelings and observations on Project Rebound, including areas that could be improved upon in regards to the variables (housing, mental health, substance use, financial stability). In the future, qualitative surveys could inform opportunities for Project Rebound to additionally support their students.

In relation to the pandemic, financial situations of millions of Americans hung in the balance, as layoffs and downsizing were frequent. Because of this, employment and financial related questions may have been impacted.

#### Recommendations for Social Work Practice, Policy, and Procedure

Individuals who are justice impacted are part of a vulnerable population that have worse outcomes than the general population. Many of these social determinants of health are also factors that may affect recidivism. Supporting justice impacted individuals in education, mental health, substance use, housing, and financial stability can decrease these negative health outcomes if they are targeted correctly.

In California, there are a few different educational programs that tailor their academic support for justice impacted students, however, there is a lack of similar programs in some other states. Social workers have the ability to create these educational based programs that hope to bring about social justice, lower negative health outcomes for justice impacted students, and potentially lower recidivism.

Project Rebound can further support their enrolled students by offering housing options on campus. They can also provide stress reduction workshops, mental health support, alcohol use awareness, and financial literacy and support. Further research needs to be done on other health risks these graduates face, and whether the COVID pandemic affected their financial stability. Additionally,

social workers should conduct a qualitative study on areas that these students feel is most vital to their success after graduation.

### Conclusion

The findings from this study indicated many different things. They showed that graduates had more stable housing, better financial stability, less mental health and substance use needs, and held adequate health insurance. Further research is needed with stronger sampling size to determine just how significant these variables are for this population, while exploring further social determinants and how they impact these students.

APPENDIX A:  
RECRUITMENT

## RECRUITMENT

This study has been approved by the California State University, San Bernardino Institutional Review Board

**Project Title: Examining Social Determinants of Health of Formally Incarcerated Individuals who have graduated Project Rebound**

Hello, my name is Ashley Adams. I am an MSW student doing research looking at how well Project Rebound prepared you for world outside of campus, and any issues you may still be having after graduation. I'm also curious about any ideas you may have that would have better supported you during your time in college. Would you be interested in answering some questions about your experience?

[If yes] Participating in this study includes a 15 minute survey about your age, gender, enrollment date, and brief questions about your housing, employment, and wellbeing. You do not have to answer any questions that you do not feel comfortable answering, or any that you simply do not want to.

[If yes] Excellent, thank you! First, I want to explain how I will keep your information confidential and safe. Please read this confidentiality statement and sign it, then we can get started! If you are having difficulties reading anything, please let me know and I will read and explain it to you.

APPENDIX B:  
INFORMED CONSENT

## INFORMED CONSENT

### **INFORMED CONSENT**

The study in which you are asked to participate is designed to examine how well Project Rebound has prepared its graduates, and what barriers to employment, housing, health care, and behavioral health care are still being experienced. The study is being conducted by Ashley Adams, a graduate student, under the supervision of Dr. Armando Barragan, Associate Professor in the School of Social Work at California State University, San Bernardino (CSUSB). This study has been approved by the Institutional Review Board Social Work Sub-Committee at CSUSB.

**PURPOSE:** The purpose of this study is to investigate how well Project Rebound has prepared graduates of their program, and if any improvements could be made. It also aims to address any additional barriers graduates face after graduating the program.

**DESCRIPTION:** You will be asked questions regarding your experience in Project Rebound via a survey. You will also be asked questions regarding your employment, behavioral health needs, housing status, and financial health.

**VOLUNTARY PARTICIPATION & RIGHT TO WITHDRAW:** Your participation in this study is entirely voluntary and you are free to refuse participation or withdraw at any time. Your decision to withdraw will not result in any penalty or loss of benefits to which you are entitled. Participants can skip any question that they do not want to answer. Not answering questions will not affect the compensation you will receive.

**CONFIDENTIALITY STATEMENT:** All responses will be collected remotely and stored in a secure, locked folder on a laptop computer. No identifying information will be collected, your name will not be connected to your responses and hence your data will remain completely anonymous. All information gained from this research will be kept confidential. No one else besides the researcher will have access to the data. The results from this study will be submitted for professional research presentations and/or publication to a scientific journal.

**DURATION:** This survey will take approximately 10-15 minutes.

**RISK & BENEFITS:** There may be long-term benefits for the betterment of Project Rebound, including new research regarding its effectiveness in supporting formally incarcerated individuals in their quest for education. Risks include bringing up difficult memories regarding substance abuse or mental health concerns that may not have been dealt with. No discussion will be had related to previous incarceration / convictions.

**QUESTIONS OR CONCERNS:** If you have any questions or concerns regarding this study, please feel free to contact Dr. Armando Barragan at (909) 537-5559, or [Armando.Barragan@csusb.edu](mailto:Armando.Barragan@csusb.edu)

**RESULTS:** Results of the study can be obtained from the Pfau Library Scholar Works database: (<http://scholarworks.lib.csusb.edu/>) at California State

University, San Bernardino after July 2023.

.....  
This is to certify that I read the above and I am 18 years or older

\_\_\_\_\_

\_\_\_\_\_

By typing X in the space below, you acknowledge that you have been informed and understand the nature and purpose of this study. You acknowledge that you are at least 18 years of age and freely consent to participate.



APPENDIX C:  
DEBRIEF

## DEBRIEF

### **Study of Social Determinants of Health of Project Rebound Alumni**

#### Debriefing Statement

This study you have just completed was designed to investigate social determinants of health of Project Rebound students, particularly during the first year of enrollment and after graduation. We are particularly interested in how Project Rebound may support students in terms of their housing needs, mental health and substance abuse needs, and employment.

Thank you for your participation. Due to the nature of these questions, you may have experienced adverse emotions. If you need further assistance for your mental health or substance use, below is a list of resources in the Southern California area. If you have any questions about the study, please feel free to contact Ashley Adams or Professor Barragan at (909) 537-3501 . If you would like to obtain a copy of the group results of this study, please contact Professor Barragan at College of Social and Behavioral Science at the end of Summer Quarter of 2023.

#### **Mesa Counseling Services**

850 E. Foothill Blvd., Rialto | (909) 421-9301 | Open 8 a.m. – 5 p.m. Monday through Friday

Phoenix Community Counseling Center

820 E. Gilbert St., San Bernardino | (909) 387-7200 | Open 8 a.m. – 5 p.m. Monday through Friday

#### **South Coast Community Services**

1030 Nevada St., Ste. 200, Redlands | (909) 792-0747

34324 Yucaipa Blvd., Ste. B – D, Yucaipa | (909) 790-0210

**Valley Star Community Services**

1585 S D. St., Ste. 101, San Bernardino, CA 92408 | (909) 388-2222 | Open 8 a.m. – 5 p.m. Monday through Friday

**Barstow Counseling Center**

1841 E. Main St., Barstow | (760) 255-5700 | Open 8 a.m. – 5 p.m. Monday through Friday

**Family Services Agency**

11424 Chamberlaine Way, Ste. 11-12, Adelanto | (760) 246-0947 | Open 8 a.m. – 5 p.m. Monday through Friday

23406 Crestforest Dr., Crestline | (909) 338-4689 | Open 8 a.m. – 5 p.m. Monday through Friday

**Lutheran Social Services**

32770 Old Woman Springs Rd., Ste. C, Lucerne Valley | (760) 248-6612

41945 Big Bear Blvd., Ste. 222, Big Bear Lake | (909) 866-5070

82820 Trona Rd., Trona | (760) 372-5159

**Needles Behavioral Health Center**

1600 Bailey Ave., Unit 2, Needles | (760) 326-9313 | Open 8 a.m. – 5 p.m.

Monday through Friday (Closed every other Friday)

**Victor Valley Behavioral Health**

12625 Hesperia Rd., Victorville | (760) 995-8300 | Open 8 a.m. – 5 p.m. Monday through Friday

**Victorville Center**

12188 Hesperia Rd., Victorville | (760) 477-2199 | Open 8 a.m. – 5 p.m. Monday through Friday

**Valley Star Yucca Adult (FSP)**

7281 Dumosa Ave., Ste. 4, Yucca Valley | (760) 853-4755 | Open 8:30 a.m. – 5 p.m. Monday through Friday

**Mariposa Community Counseling**

2940 Inland Empire Blvd., Ontario | (909) 458-1350 | Open 8 a.m. – 5 p.m. Monday through Friday

**South Coast Community Services**

1425 W. Foothill Blvd., Ste. 310, Upland | (909) 835 -4800  
11780 Central Ave., Ste. 205, Chino | (877) 527-7227

**Vista Community Counseling**

17053 E. Foothill Blvd., Fontana | (909) 347-1300 | Open 8 a.m. – 5 p.m. Monday through Friday

**West End Family Counseling**

855 N. Euclid Ave., Ontario | (909) 983-2020  
Open Monday 9 a.m. – 7:45 p.m., Tuesday 9 a.m. – 6:45 p.m., Wednesday 9 a.m. – 5:45 p.m., Thursday 9 a.m. – 4:45 p.m., and closed on Friday

APPENDIX D:  
SURVEY QUESTIONS

# SURVEY QUESTIONS

10/11/22, 7:41 AM

Examining Social Determinants of Health of Project Rebound Graduates

## Examining Social Determinants of Health of Project Rebound Graduates

1. What is your gender?

*Mark only one oval.*

- Male  
 Female  
 Other/Prefer not to say

2. What is your race?

*Check all that apply.*

- White  
 Hispanic  
 Black  
 Prefer not to say  
 Other: \_\_\_\_\_

3. What is your age (in years)?

\_\_\_\_\_

4. When did you graduate?

\_\_\_\_\_

*Example: January 7, 2019*

5. What degree did you receive?

*Mark only one oval.*

- Bachelors  
 Masters  
 Other

#### Living Situations

6. What is your living situation during your FIRST YEAR at Project Rebound?

*Mark only one oval.*

- I had a steady place to live  
 I had a place to live, but I was worried about losing it in the future  
 I had a place to live, but I lost it  
 I did not have a steady place to live (I was temporarily staying with others, in a hotel, in a shelter, living outside on the street, on a beach, in a car, abandoned building, bus or train station)  
 Do not wish to answer

7. Think about the place you lived your FIRST YEAR at Project Rebound. Did you have problems with any of the following?

*Check all that apply.*

- Pests such as bugs, ants, or mice  
 Mold  
 Lead paint or pipes  
 Lack of heat  
 Oven or stove not working  
 Smoke detectors missing or not working  
 Water leaks  
 None of the above  
 Do not wish to answer

8. What is your living situation during the PAST YEAR?

*Mark only one oval.*

- I have a steady place to live
- I have a place to live, but I am worried about losing it in the future
- I had a place to live, but I lost it
- I did not have a steady place to live (I was temporarily staying with others, in a hotel, in a shelter, living outside on the street, on a beach, in a car, abandoned building, bus or train station)
- Do not wish to answer

9. Think about the place you have lived in the PAST YEAR. Do you have problems with any of the following?

*Check all that apply.*

- Pests such as bugs, ants, or mice
- Mold
- Lead paint or pipes
- Lack of heat
- Oven or stove not working
- Smoke detectors missing or not working
- Water leaks
- None of the above
- Do not wish to answer

**Mental Health**



10. During your FIRST YEAR at Project Rebound, did you often have little interest in or pleasure in doing things you used to enjoy?

*Mark only one oval.*

- Never
- Once or twice
- Monthly
- Weekly
- Daily
- Do not wish to answer

11. During your FIRST YEAR at Project Rebound, how often were you feeling down, depressed, or hopeless?

*Mark only one oval.*

- Never
- Once or Twice
- Monthly
- Weekly
- Daily
- Do not wish to answer

12. Stress means a situation in which a person feels tense, restless, nervous, or anxious, or is unable to sleep at night because his or her mind is troubled all the time. In your FIRST YEAR at Project Rebound, did you feel this kind of stress?

*Mark only one oval.*

- Never
- Once or twice
- Monthly
- Weekly
- Daily
- Do not wish to answer

13. In the PAST YEAR, do you often have little interest in or pleasure in doing things you used to enjoy?

*Mark only one oval.*

- Never
- Once or twice
- Monthly
- Weekly
- Daily
- Do not wish to answer

14. In the PAST YEAR, how often do you feel down, depressed, or hopeless?

*Mark only one oval.*

- Never
- Once or twice
- Monthly
- Weekly
- Daily
- Do not wish to answer

15. Stress means a situation in which a person feels tense, restless, nervous, or anxious, or is unable to sleep at night because his or her mind is troubled all the time. In the PAST YEAR, have you felt this kind of stress?

*Mark only one oval.*

- Never
- Once or twice
- Monthly
- Weekly
- Daily
- Do not wish to answer

**Substance  
Use**

The next questions relate to your experience with alcohol and other drugs. Some of the substances are prescribed by a doctor (like pain medications), but only count those if you have taken them for reasons or in doses other than prescribed. One question is about illicit or illegal drug use, but we only ask in order to identify community services that may be helpful for those also struggling at Project Rebound.

16. During your FIRST YEAR at Project Rebound, did you have 5 or more drinks in a day (males) or 4 or more drinks in a day (females)? One drink is 12 ounces of beer, 5 ounces of wine, or 1.5 ounces of 80-proof spirits.

*Mark only one oval.*

- Never
- Once or twice
- Monthly
- Weekly
- Daily or almost daily
- Do not wish to answer

17. How many times during your FIRST YEAR at Project Rebound did you used prescription drugs for non-medical reasons? Non-medical reasons includes reasons besides why they were prescribed, or without a prescription)

*Mark only one oval.*

- Never
- Once or twice
- Monthly
- Weekly
- Daily or almost daily
- Do not wish to answer

18. How many times during your FIRST YEAR at Project Rebound did you use illegal drugs? (These include stimulants, hallucinogens, opioids, and inhalants)

*Mark only one oval.*

- Never
- Once or twice
- Monthly
- Weekly
- Daily or almost daily
- Do not wish to answer

19. In the PAST YEAR, did you have 5 or more drinks in a day (males) or 4 or more drinks in a day (females)? One drink is 12 ounces of beer, 5 ounces of wine, or 1.5 ounces of 80-proof spirits.

*Mark only one oval.*

- Never
- Once or twice
- Monthly
- Weekly
- Daily or almost daily
- Do not wish to answer

20. In the PAST YEAR, did you used prescription drugs for non-medical reasons? Non-medical reasons includes reasons besides why they were prescribed, or without a prescription)

*Mark only one oval.*

- Never
- Once or twice
- Monthly
- Weekly
- Daily or almost daily
- Do not wish to answer

21. In the PAST YEAR did you use illegal drugs? (These include stimulants, hallucinogens, opioids, and inhalants)

*Mark only one oval.*

- Never
- Once or twice
- Monthly
- Weekly
- Daily or almost daily
- Do not wish to answer

**Employment**

22. What is the highest type of employment you had during your FIRST YEAR at Project Rebound?

*Mark only one oval.*

- Full time  
 Part time  
 Per diem / unreliable hours  
 Unemployed  
 Do not wish to answer

23. Did you lose your employment at any time during your FIRST YEAR at Project Rebound?

*Mark only one oval.*

- Yes  
 No  
 n/a - Unemployed  
 Do not wish to answer

24. What is the highest type of employment you had in the PAST YEAR?

*Mark only one oval.*

- Full time  
 Part time  
 Per diem / unreliable hours  
 Unemployed  
 Do not wish to answer

25. Did you lose your employment at any time during the PAST YEAR?

*Mark only one oval.*

- Yes
- No
- n/a - Unemployed
- Do not wish to answer

26. If you are CURRENTLY employed, is this job related to your degree?

*Mark only one oval.*

- Yes
- No
- N/A
- Do not wish to answer

27. During your FIRST YEAR at Project Rebound, how hard was it for you to pay for the very basics like food, housing, medical care, and heating?

*Mark only one oval.*

- Very Hard
- Somewhat hard
- Neither hard nor easy
- Somewhat easy
- Very easy
- Do not wish to answer



28. In the PAST YEAR, how hard was it for you to pay for the very basics like food, housing, medical care, and heating?

*Mark only one oval.*

- Very Hard
- Somewhat hard
- Neither hard nor easy
- Somewhat easy
- Very Easy
- Do not wish to answer

29. How difficult was it for you to live on your total household income during your FIRST YEAR at Project Rebound? (This includes all spending, including the basic necessities)

*Mark only one oval.*

- Very Hard
- Somewhat hard
- Neither hard nor easy
- Somewhat easy
- Very Easy
- Do not wish to answer

30. How difficult was it for you to live on your total household income in the PAST YEAR? (This includes all spending, including the basic necessities)

*Mark only one oval.*

- Very hard
- Somewhat hard
- Neither hard nor easy
- Somewhat easy
- Very easy
- Do not wish to answer

31. Do you CURRENTLY have health insurance?

*Mark only one oval.*

- Yes - Private insurance
- Yes - Medicaid / Medicare
- Yes - VA healthcare
- Yes - Other
- No
- Do not wish to answer

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APPENDIX E:  
IRB APPROVAL

## IRB APPROVAL

April 20, 2022

### **CSUSB INSTITUTIONAL REVIEW BOARD**

Administrative/Exempt Review Determination

Status: Determined Exempt

IRB-FY2022-176

Armando Barragan Jr. Ashley Adams  
 CSBS - Social Work  
 California State University, San Bernardino  
 5500 University Parkway  
 San Bernardino, California 92407

Dear Armando Barragan Jr. Ashley Adams:

Your application to use human subjects, titled "Examining Social Determinants of Health of Formerly Incarcerated California Students who graduated from Project Rebound" has been reviewed and determined exempt by the Chair of the Institutional Review Board (IRB) of CSU, San Bernardino. An exempt determination means your study had met the federal requirements for exempt status under 45 CFR 46.104. The CSUSB IRB has weighed the risks and benefits of the study to ensure the protection of human participants.

This approval notice does not replace any departmental or additional campus approvals which may be required including access to CSUSB campus facilities and affiliate campuses. Investigators should consider the changing COVID-19 circumstances based on current CDC, California Department of Public Health, and campus guidance and submit appropriate protocol modifications to the IRB as needed. CSUSB campus and affiliate health screenings should be completed for all campus human research related activities. Human research activities conducted at off-campus sites should follow CDC, California Department of Public Health, and local guidance. See CSUSB's [COVID-19 Prevention Plan](#) for more information regarding campus requirements.

You are required to notify the IRB of the following as mandated by the Office of Human Research Protections (OHRP) federal regulations 45 CFR 46 and CSUSB IRB policy. The forms (modification, renewal, unanticipated/adverse event, study closure) are located in the Cayuse IRB System with instructions provided on the IRB Applications, Forms, and Submission webpage. Failure to notify the IRB of the following requirements may result in disciplinary action. The Cayuse IRB system will notify you when your protocol is due for renewal. Ensure you file your protocol renewal and continuing review form through the Cayuse IRB system to keep your protocol current and active unless you have completed your study.

- **Ensure your CITI Human Subjects Training is kept up-to-date and current throughout the study.**
- **Submit a protocol modification (change) if any changes (no matter how minor) are proposed in your study for review and approval by the IRB before being implemented in your study.**
- **Notify the IRB within 5 days of any unanticipated or adverse events are experienced by subjects during your research.**

**Submit a study closure through the Cayuse IRB submission system once your study has ended.**

If you have any questions regarding the IRB decision, please contact Michael Gillespie, the Research Compliance Officer. Mr. Michael Gillespie can be reached by phone at (909) 537-7588, by fax at (909) 537-7028, or by email at [mgillesp@csusb.edu](mailto:mgillesp@csusb.edu). Please include your application approval number IRB-FY2022-176 in all correspondence. Any

complaints you receive from participants and/or others related to your research may be directed to Mr. Gillespie.

Best of luck with your research.

Sincerely,

*Nicole Dabbs*

Nicole Dabbs, Ph.D., IRB Chair

CSUSB Institutional Review Board

ND/MG

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