

# **Plenary II :**

## **Moving Upstream with Data and informed by People with Lived Experience in Correctional Systems**



# Presenters

## *Evaluating Trauma History and Social Needs Among Incarcerated Individuals and Datablitz Report*

\*Dr. Ruth Cronje, Professor Emerita University of Wisconsin—Eau Claire

## *Returning to the Community:*

### *A Quality Improvement Project for Systems Change*

\*Nycki Wallsch, Peer-Counselor, Free-Reclaiming Women's Freedom of the Chippewa Valley and Ex-Incarcerated People Organizing (EXPO)

\*Kelly Mahoney, BA Student, Administrative Assistant to EXPO

\*Dr. Pamela Guthman, DNP, RN-BC, APHN-PHN, Ret. UWEC College of Nursing Professor

# Community Partners

**Ex-Incarcerated People Organizing (EXPO):** Aims to end mass incarceration, eliminate all forms of structural discrimination against formerly incarcerated people, & restore formerly incarcerated people to full participation in the life of our community



**FREE- Reclaiming Women's Freedom of the Chippewa Valley:** Focused on the specific needs of women returning to the community, helping with access to housing, food, clothing, employment, and more, without judgement



**Eau Claire County Human Services Department (ECCHSD's):** Works to provide human services to the most vulnerable and needy residents of Eau Claire County, their programs impact over 10% of the population



**Chippewa Valley Justice Action Team (Clear Vision Eau Claire and Joining Our Neighbors & Advancing Hope – JONAH):** A citizen action group working to address poverty, mental illness, and incarceration.



# Public Health Framework: Improving Population Health

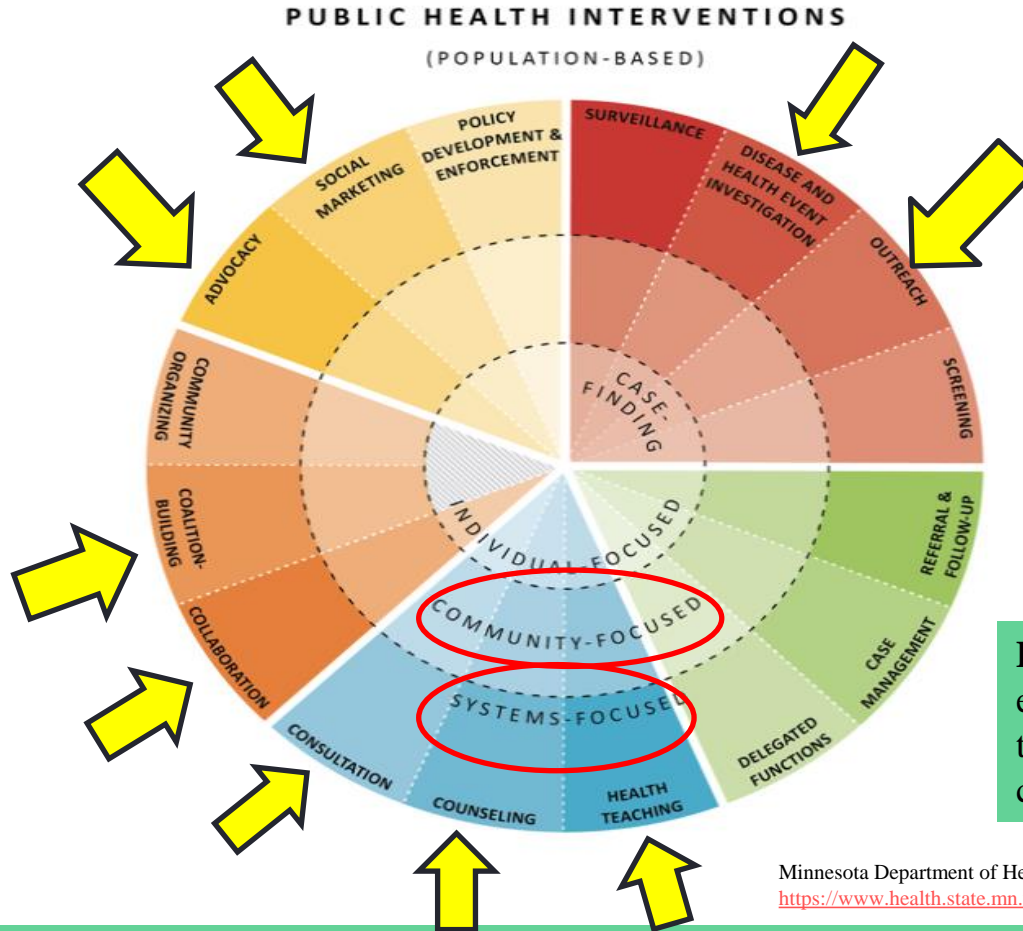


Ten Essential Public Health Services Wheel

- Assessment of population health using a comprehensive, systematic approach; with attention to multiple determinants of health
- Focus on the health needs of an entire population ( inequities and needs of sub-populations)

**Population:** People who have experienced incarceration and are trying to return successfully to communities

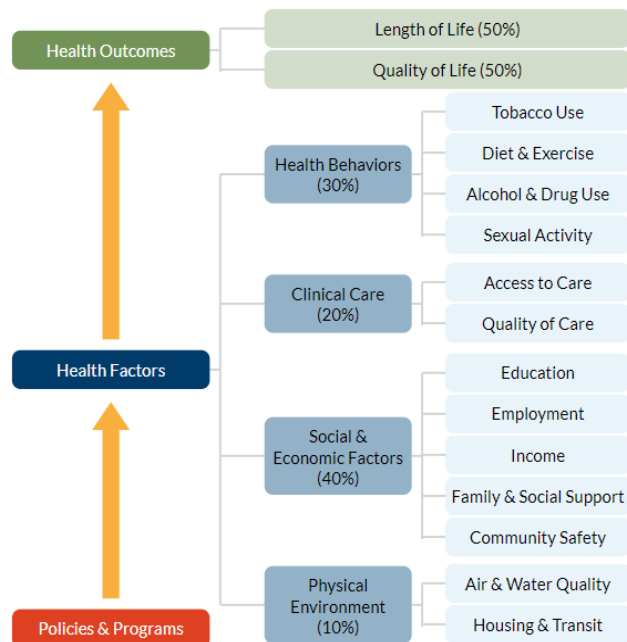
# Public Health Framework: Improving Population Health



**Population:** People who have experienced incarceration and are trying to return successfully to communities

# Public Health Framework: Improving Population Health

## County Health Rankings Model



County Health Rankings model © 2014 UWPHI

**Population:** People who have experienced incarceration and are trying to return successfully to communities

# Public Health Framework: Improving Population Health

## Social – Ecological Model and the Social Determinants of Health



**Systems:** What laws, policies, rules, etc. are either supporting or not supporting health for ALL people preventively for resilience and for needs to be met before experiencing incarceration?

And, for people who have experienced incarceration and are trying to return successfully to communities?

# Community Assessment

## 1. Quantitative Data – Statistics from reliable source

- Prison Policy Project
- County, state and national US Census Bureau data,
- County Health Rankings
- Jail Datablitz survey and report. (e. g. information specific to those who were in jail).

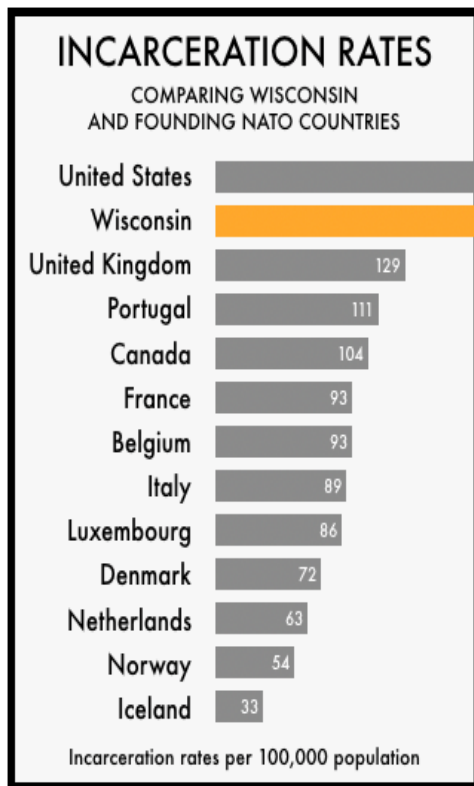
## 2. Qualitative Data - Themes and survey responses

- Narrative responses from Jail Datablitz report
- Semi-structured interviews with folks from EXPO/FREE
- Stakeholder interviews (e. g. jail mental health specialist, social and human service workers, etc.)
- Incorporation of community-based participatory research methodology and thematic data analysis.



# Community Assessment

Today, Wisconsin's incarceration rates stand out internationally



“The research shows Wisconsin is locking people up faster than other states and internationally”

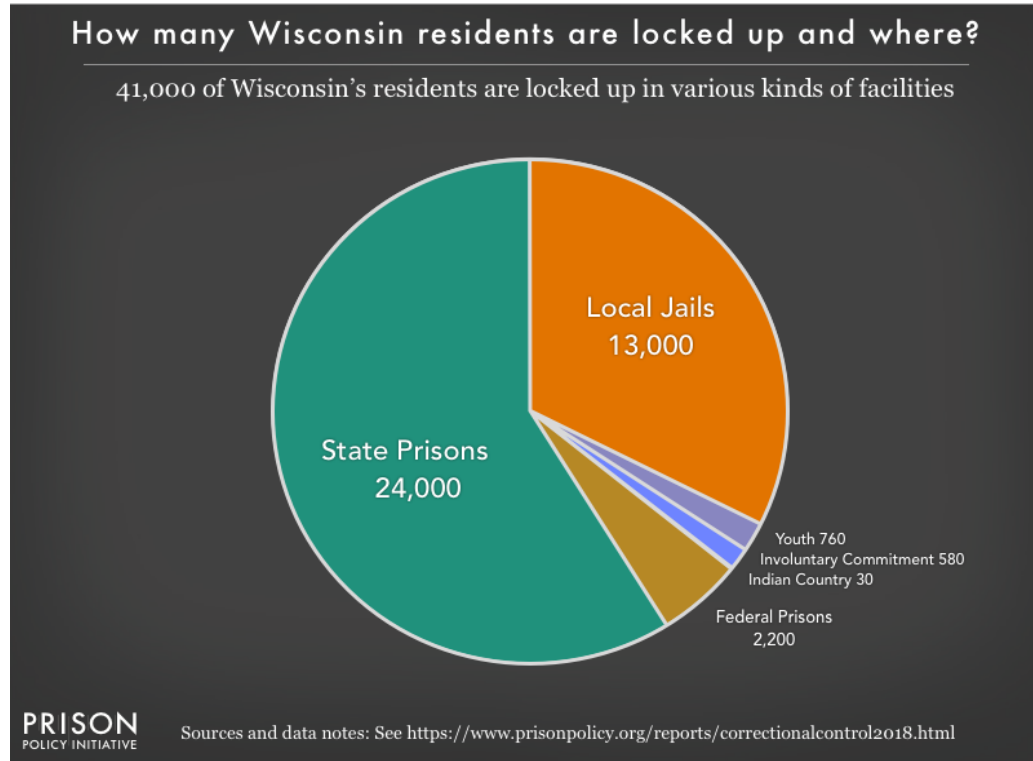
(Prison Policy Project, 2023, para 1)

Source: <https://www.prisonpolicy.org/global/2021.html>

Prison Policy Project (2023). Mass incarceration: The whole pie 2023. [Report].

<https://www.prisonpolicy.org/reports/pie2023.html>

# Community Assessment

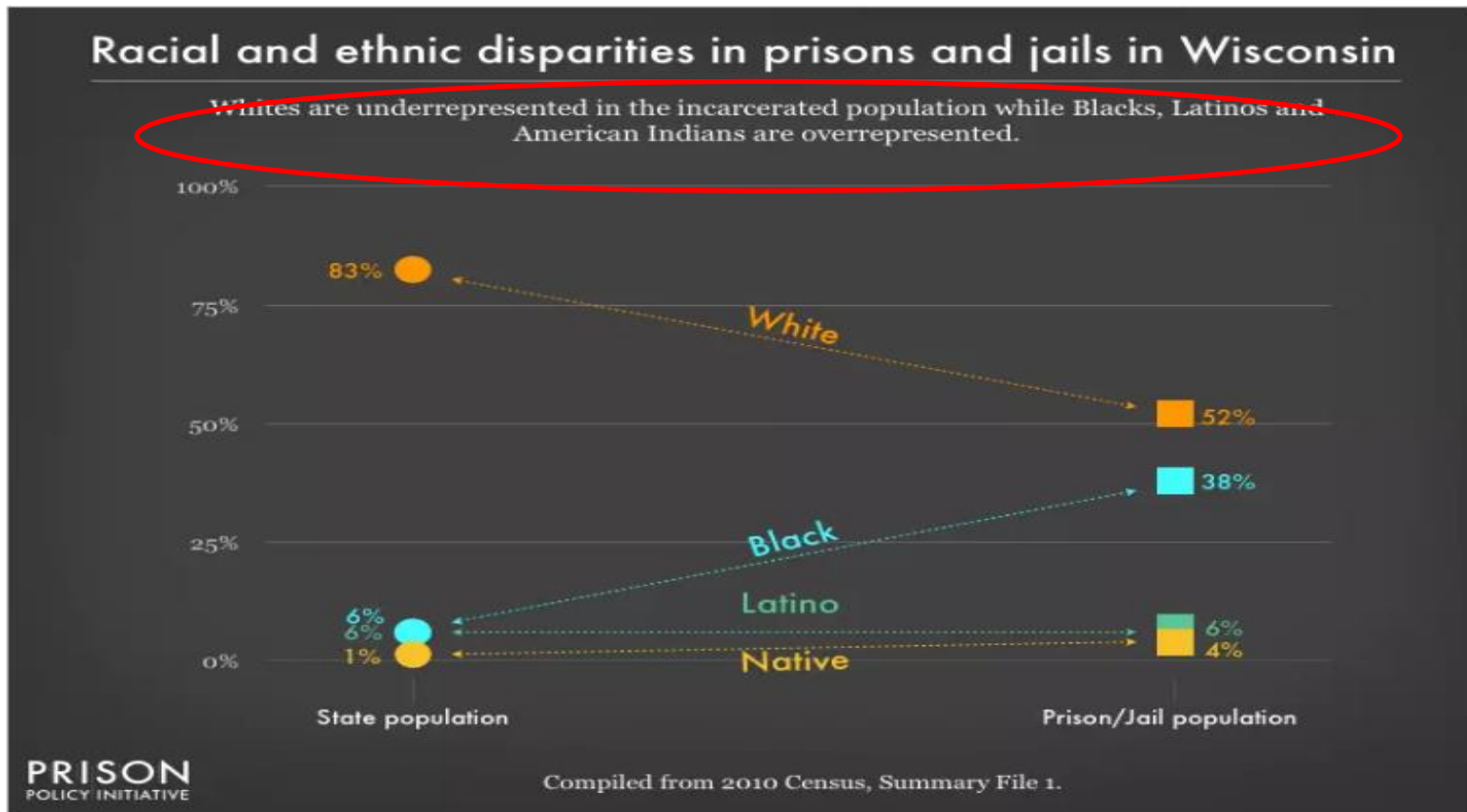


(Graph: Alexi Jones, December 2018)

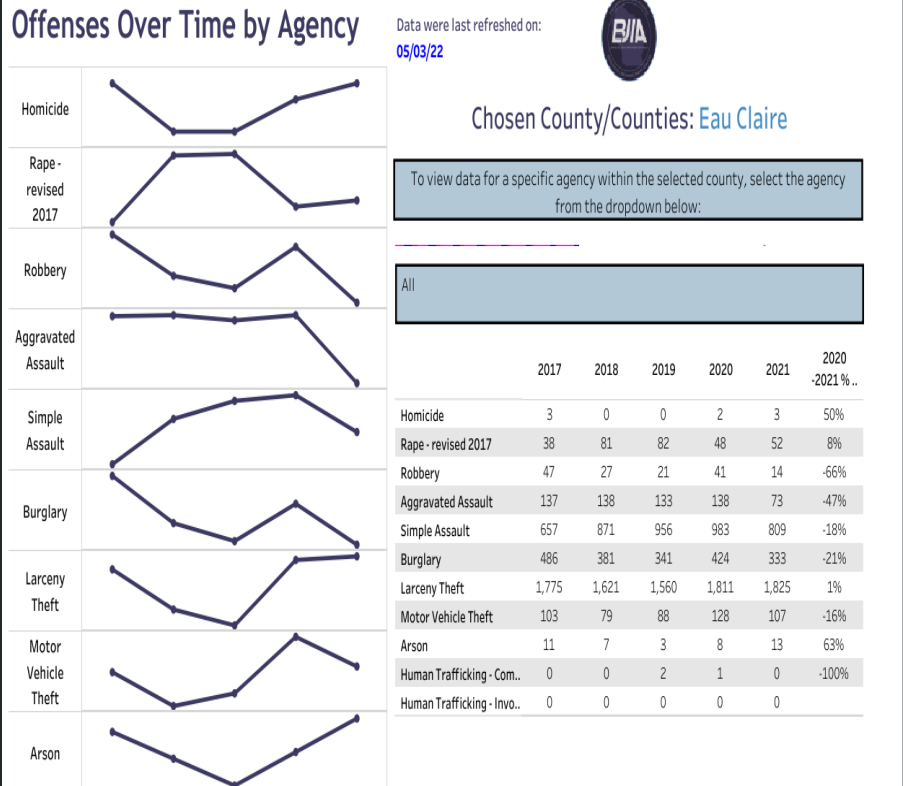
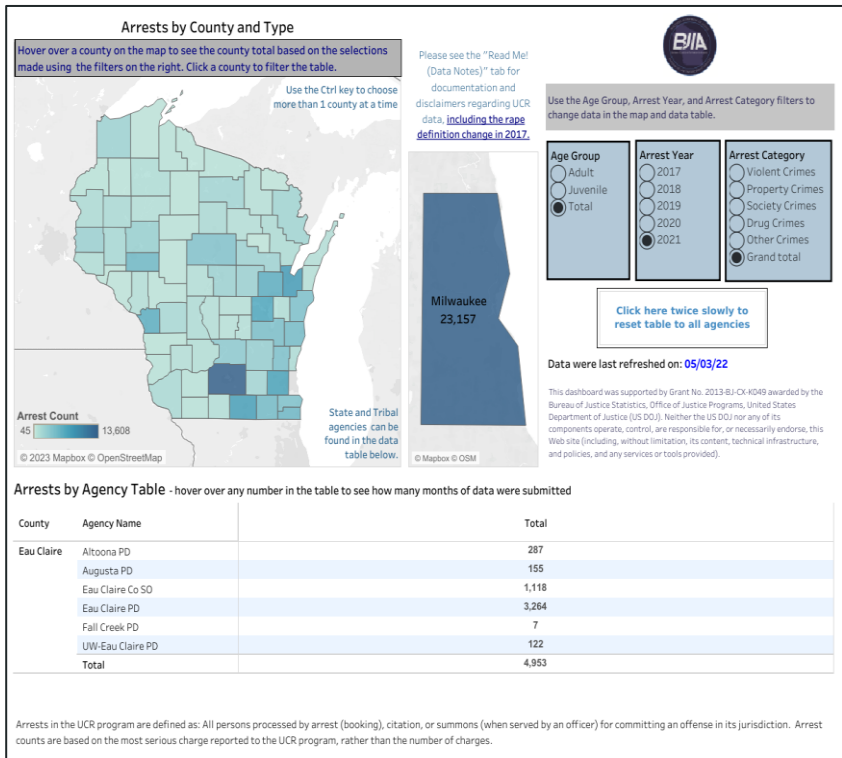
Wisconsin's incarceration rate is 663 per 100,000 and is "...locking up a higher percentage of people than almost any democracy on earth"

(Prison Policy Initiative, 2023, para 2).

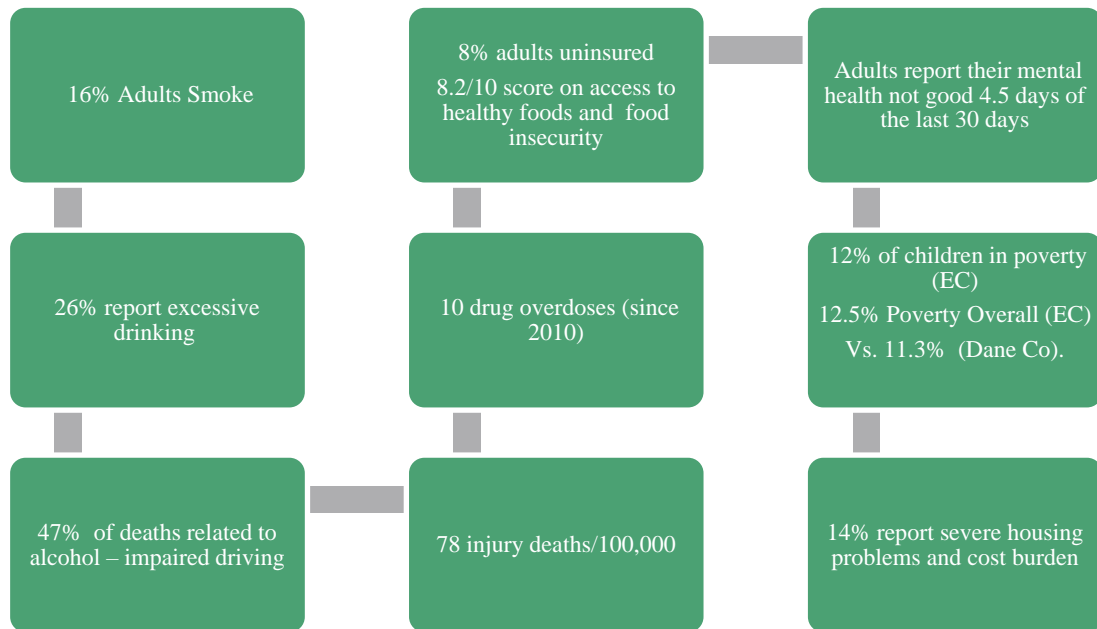
# Community Assessment



# Community Assessment



# Community Assessment



Eau Claire 2019 crime statistics show a 0.1% decline in total index crimes (from 2015).

1,983 property crimes:  
( 341 burglary +5.6%;  
1,552 larceny-theft -  
6.9%; 87 motor vehicle  
theft -1.1%, and 3 arson

231 Violent Crimes:  
80 for rape at +263%;  
21 for robbery at  
+23.5%; 130 for  
aggravated assault for  
+35.4%

# Community Assessment: Healthy People 2030 - Incarceration

\*Between 1980 - 2014, US incarceration rate **increased by 220 %** (state and federal policy changes with harsher sentencing rules (e. g. three strikes” and mandatory minimum sentences).

\***Higher rates of incarceration** among racial and ethnic groups, Black and Hispanic and people with lower levels of education.

\*Women with incarceration hx are **at greater risk of HIV/AIDS, HPV, other STD’s and suffering more ACEs** (trauma, physical and sexual abuse)

\*Number of older adults (50 yrs +) in prison is growing; without equitable resources to support.

\*Study found **only 18% of older individuals** incarcerated were prescribed meds to treat mental health

\***Within 2 weeks** following release, those returning to the community are **129x more likely** than the general public to die of a drug overdose.

•**7% of all U.S. Children** experienced incarcerated parents, and **children are 5x** more likely to enter criminal justice system than children of non-incarcerated parents

•**65% of individuals who are incarcerated** meet the Diagnostic and Statistical Manual (DSM)-IV **criteria for alcohol or other drug dependence or abuse**

\*Within 3 years of release, **2 out of 3 people are rearrested and more than 50 %** are incarcerated again.

\***Only 11%** of individuals who have a substance use disorder receive drug treatment while incarcerated

\*People face obstacles reintegrating into society after release (problems with family, jobs, housing, health, and difficulty adjusting to new circumstances).

\* 1 in 12 released from incarceration are in the hospital by 90 days.

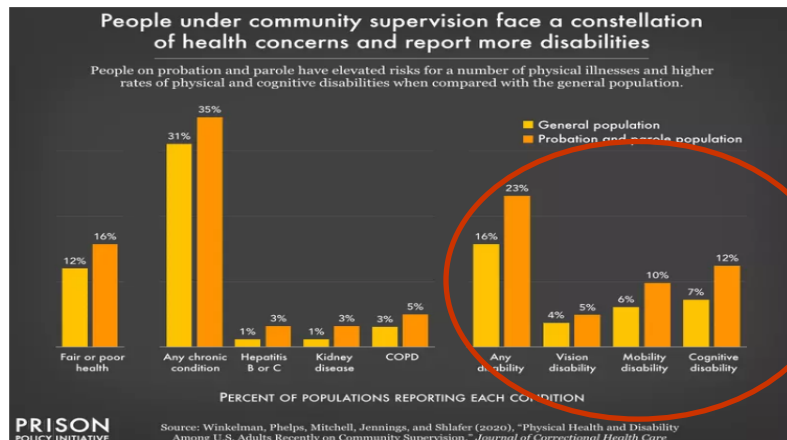
# Community Assessment

**Approximately 5820 people are released from WI's state's prison and jails annually**

(Prison Policy Initiative, 2023)

**“...people under community supervision have high rates of substance use and mental health disorders and extremely limited access to healthcare...”**

**(Prison Policy Project, 2023)**





# Jail Datablitz

**Evaluating Trauma History  
and Social Needs Among  
Incarcerated Individuals**

Dr. Ruth Cronje, Professor Emerita  
University of Wisconsin—Eau Claire

# Factors associated with criminal activity were significantly present in the Chippewa Valley

- **Poverty**

- 42% of households in Eau Claire County are income-insecure (ECC) according to ALICE report)
- 36% in Chippewa County
- 21% in Dunn County

- **Insufficient mental health resources**

- 1 provider for every 320 residents in Eau Claire County (2020 County Health Rankings)
- 1 provider for every 1110 residents in Chippewa County
- 1 provider for every 640 residents in Dunn County

- Lack of data regarding trauma history, mental illness, and unmet social needs among individuals entering Chippewa Valley jails

# Community Partnership

- University Honors Program (UHP) students and faculty from University of Wisconsin—Eau Claire
- Clear Vision Eau Claire (<https://www.facebook.com/ClearVisionEauClaire/>)
- Chippewa Valley Justice Action Team
- Department of Justice staff from Eau Claire, Chippewa, and Dunn Counties
- Eau Claire County Department of Human Services
- Ex-Incarcerated People Organizing (EXPO) (<https://expowisconsin.org/>) and the FREE team (<https://www.wispolitics.com/2023/free-helps-unveil-dignity-for-incarcerated-women-girls-legislation>)
- Joining Our Neighbors Advancing Hope (JONAH) (<https://jonahjustice.org/>)

## Created a composite screening instrument in Qualtrix:

- Wisconsin ACEs module of CDC's Behavioral Risk Factors Surveillance System
- Adult Resilience Measure-Revised (ARM-R) from Dalhousie University
- Traumatic Brain Injury Identification Method—Short Form from Ohio State University
- Brief Jail Mental Health Screen (BJMHS)
- "Homebrew" housing insecurity survey created by UHP students in partnership with EXPO members (pilot tested in spring of 2019)
- Demographic data (age, gender, race, employment status prior to arrest, educational attainment, jail status and incarceration history in the county)

# How we screened

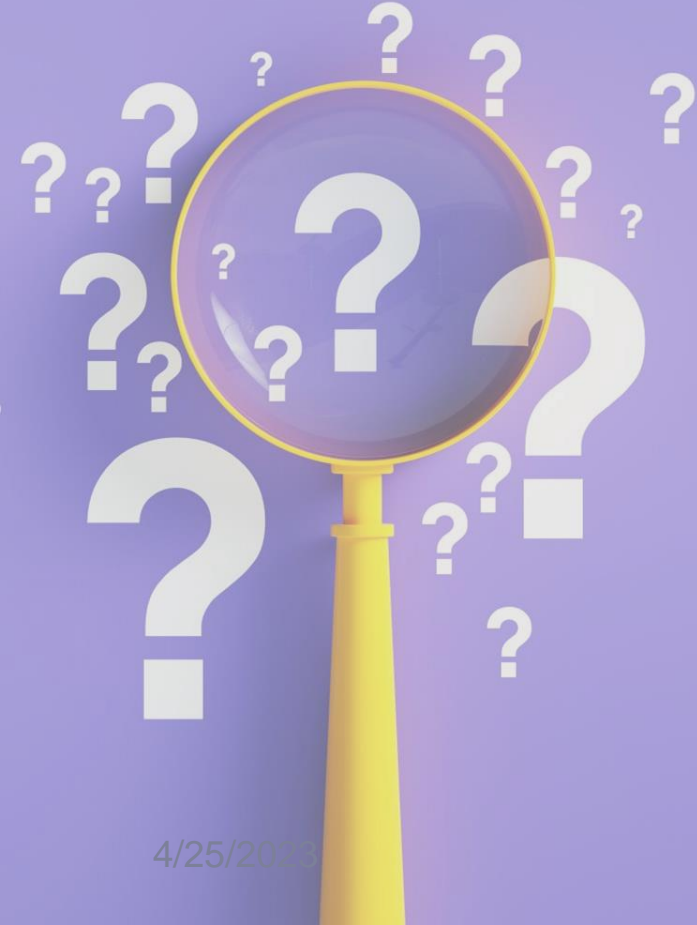
- Two 1-week periods when UHP students entered jails to screen:
  - October 2019: Eau Claire, Chippewa, and Dunn Counties
  - March 2020: Eau Claire and Chippewa Counties
- Anyone present in the jails on screening days and willing to talk with us was eligible to be surveyed
  - Adhered to UWEC IRB standards of informed consent
- **123 total individuals surveyed**

## How we analyzed our data

- Used Chi-square tests to compare findings from different counties
- Compared October 2019 results to March 2020 results
- Used Chi-square tests to compare various associations within the data (n=123)
- Consulted individuals with lived experience (DOJ, DHS, EXPO/FREE, individuals in Eau Claire County Jail) to solicit interpretations of findings
- Compared our findings to data captured upon entry by ECC's DOJ
- Compared our findings to published literature

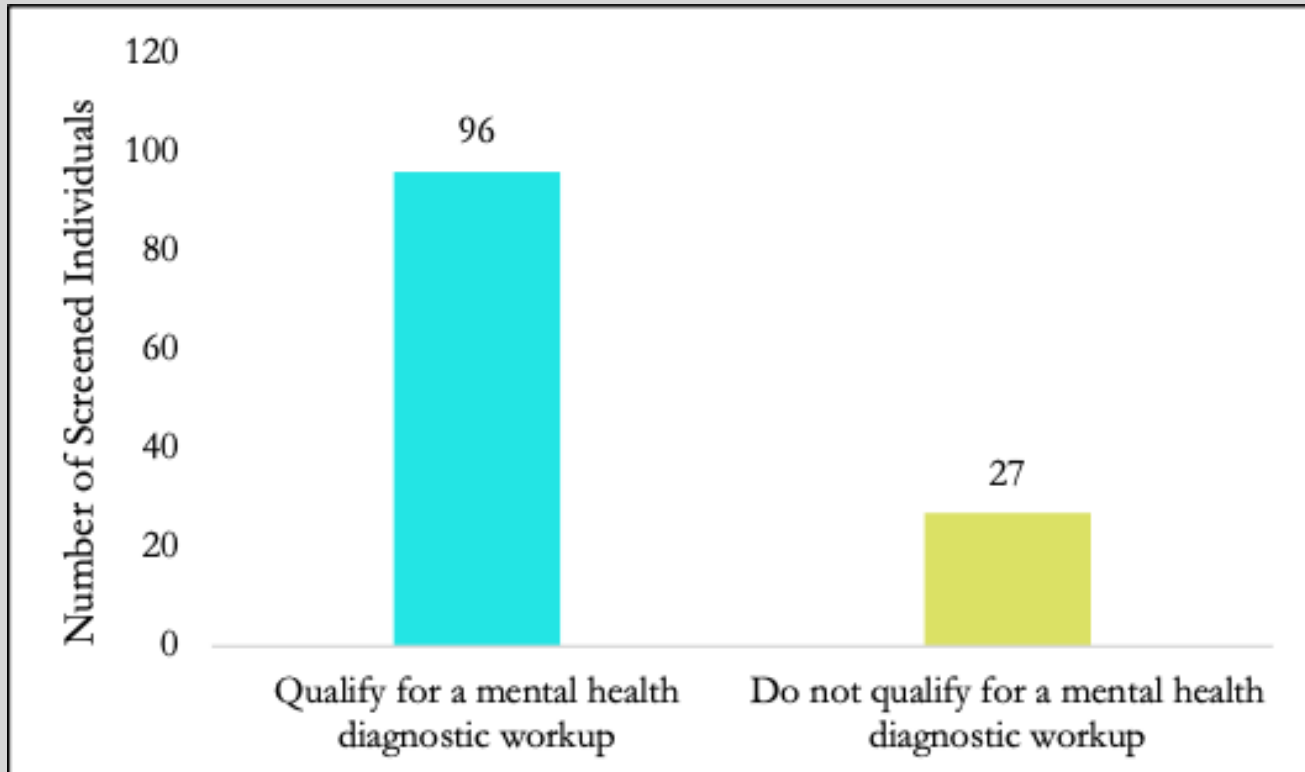
# To note about our methods

- Convenience sample, not randomized or controlled
  - Small n (total of 123 persons screened)
  - Less than 60% response rate
- Partnered with multiple stakeholders with various forms of lived experience of incarceration
- Students (NOT county staff) conducted the surveys

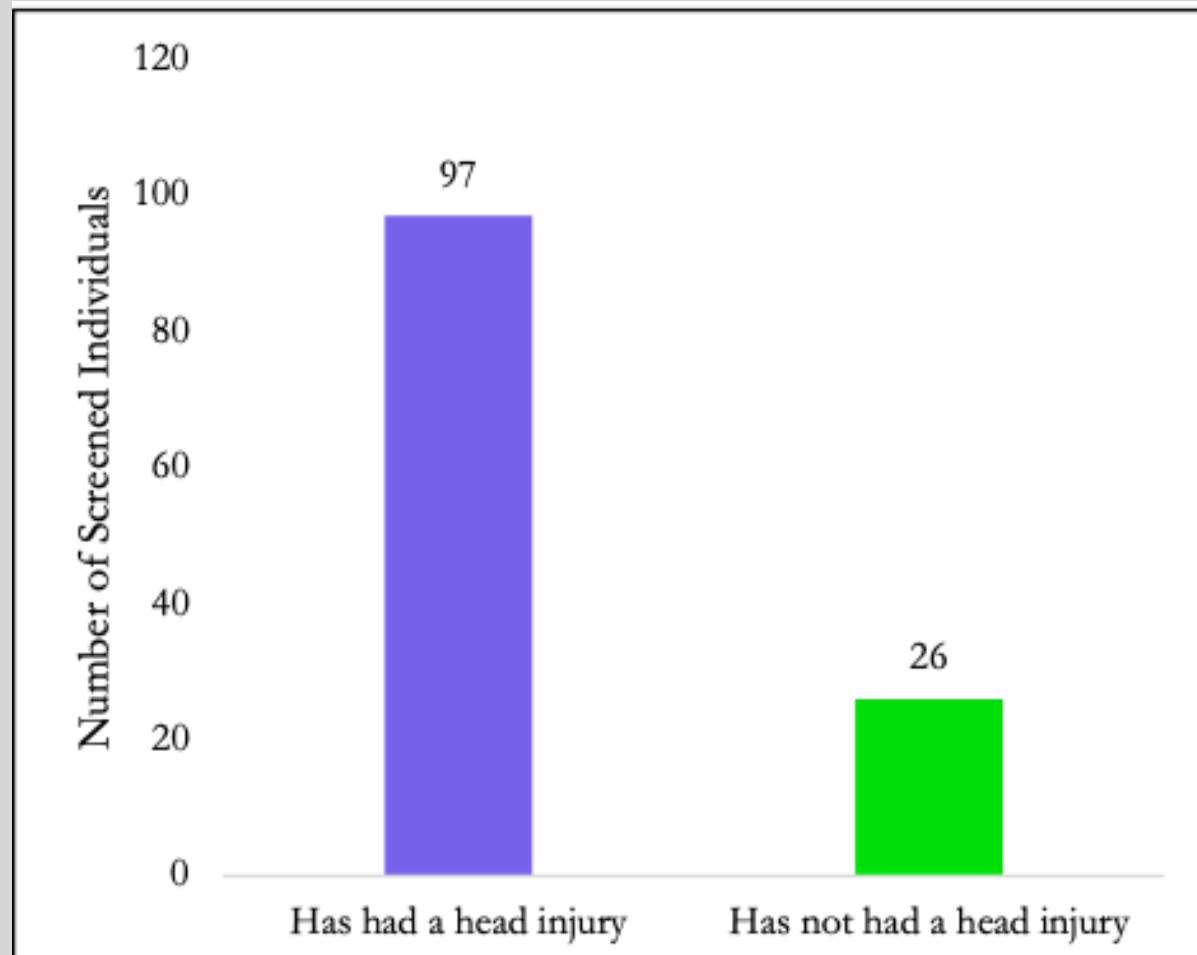


# What we found

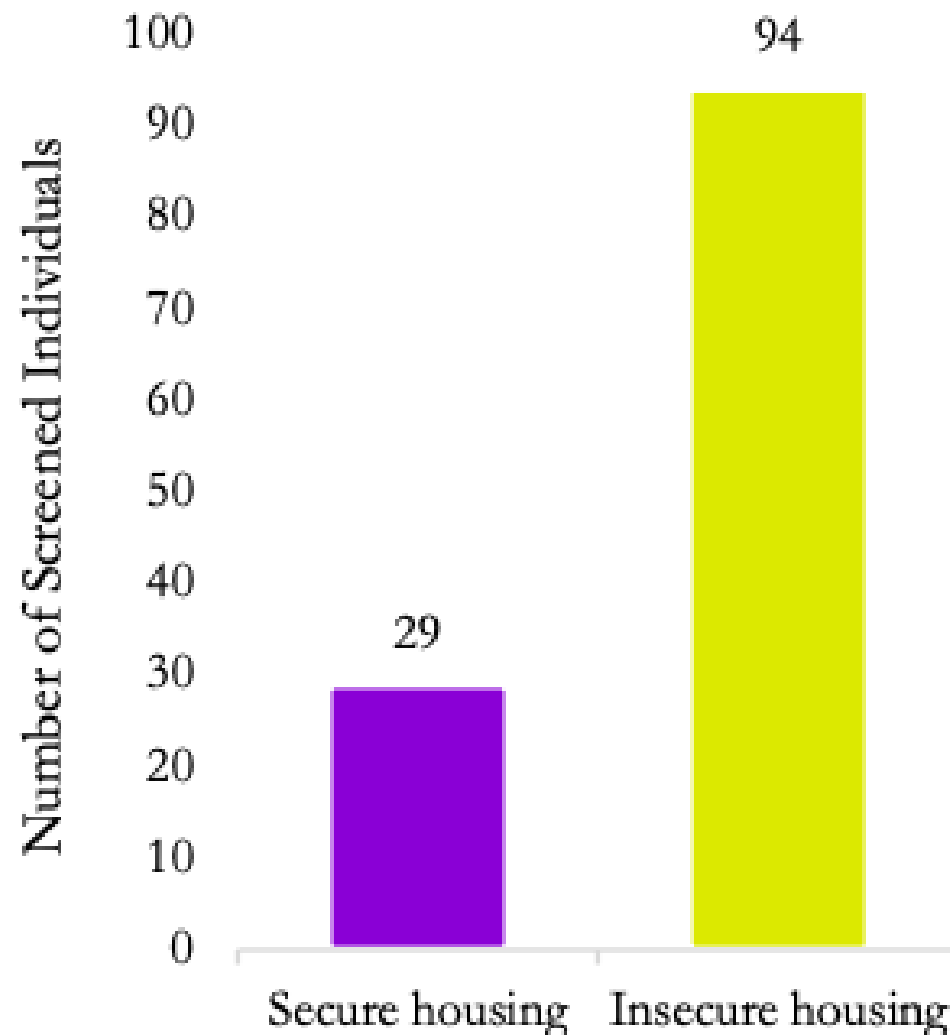
## Brief Jail Mental Health screening



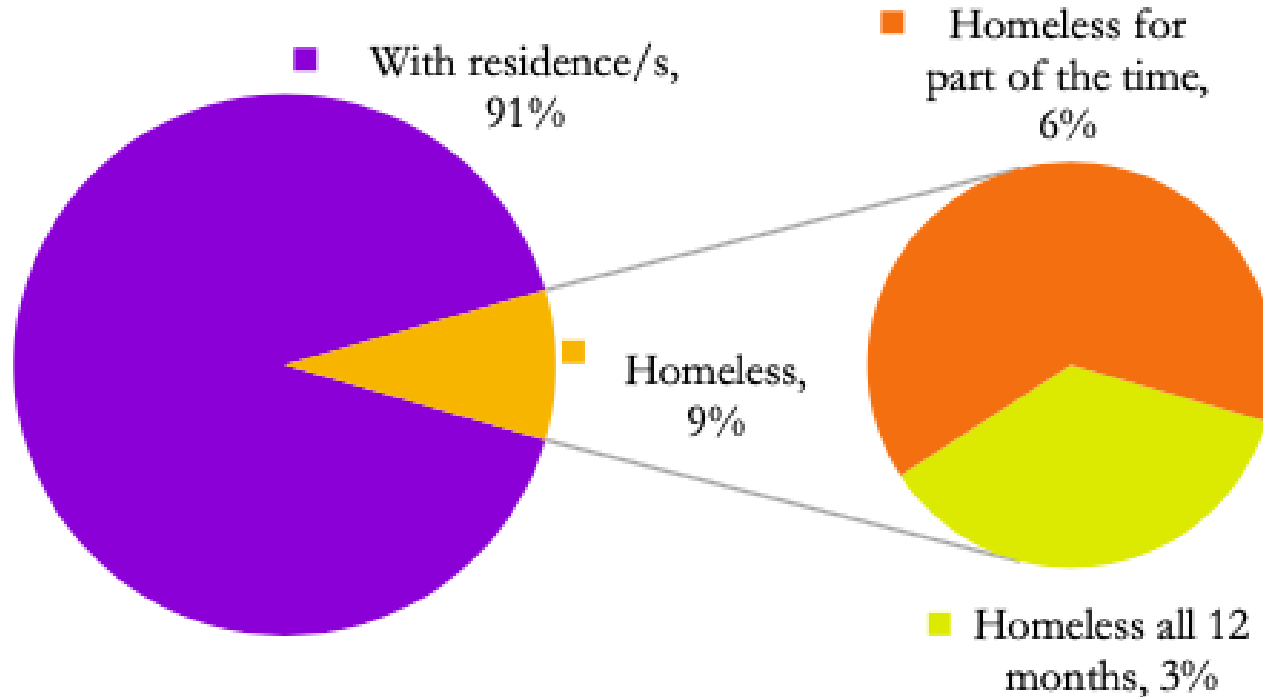
## History of Traumatic Brain Injury



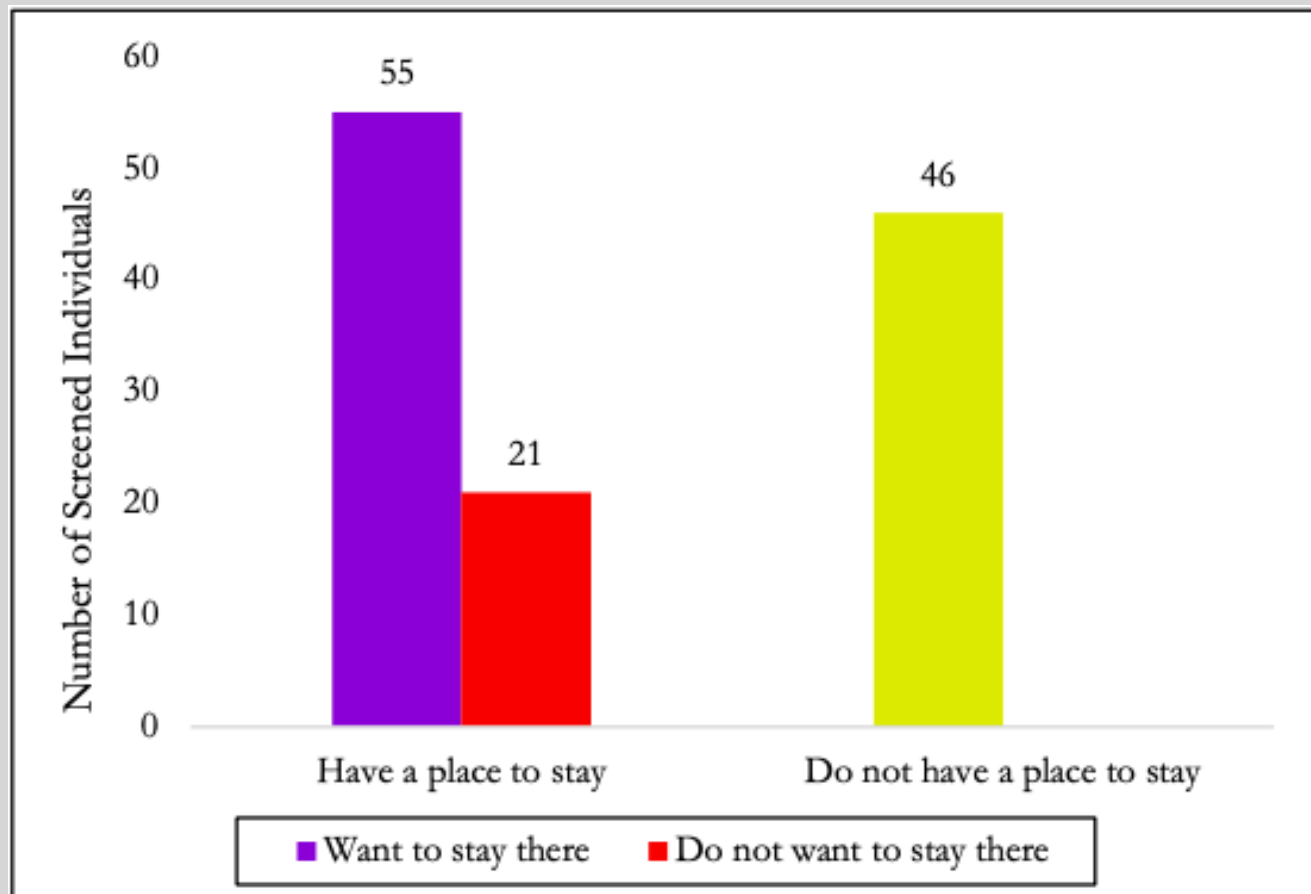
## Housing insecurity



## Housing Insecurity Status Prior to Incarceration



## Post-Release Housing status



# What are Adverse Childhood Experiences (ACEs)?

- Toxic stress: frequent and enduring events over time that spike cortisol
- Abuse (sexual, physical, emotional)
- Neglect (emotional, physical)
- Household dysfunction
  - parental domestic violence/abuse
  - household substance abuse
  - household mental illness
  - parental separation or divorce
  - incarcerated household member

Birth to five

- 90% of brain development happens in pre-school years
- Brain development is **experience-dependent**
- Brain makes pathways based on experiences—whether negative or positive
- Neuroplasticity

# High ACEs Scores are associated with:

- Heart disease
- Cancer
- Depression
- Alcoholism
- Fetal death
- Illicit drug use
- Liver disease
- Risk for domestic violence
- Multiple sex partners
- Unintended pregnancies
- STIs
- Smoking
- Suicide attempts

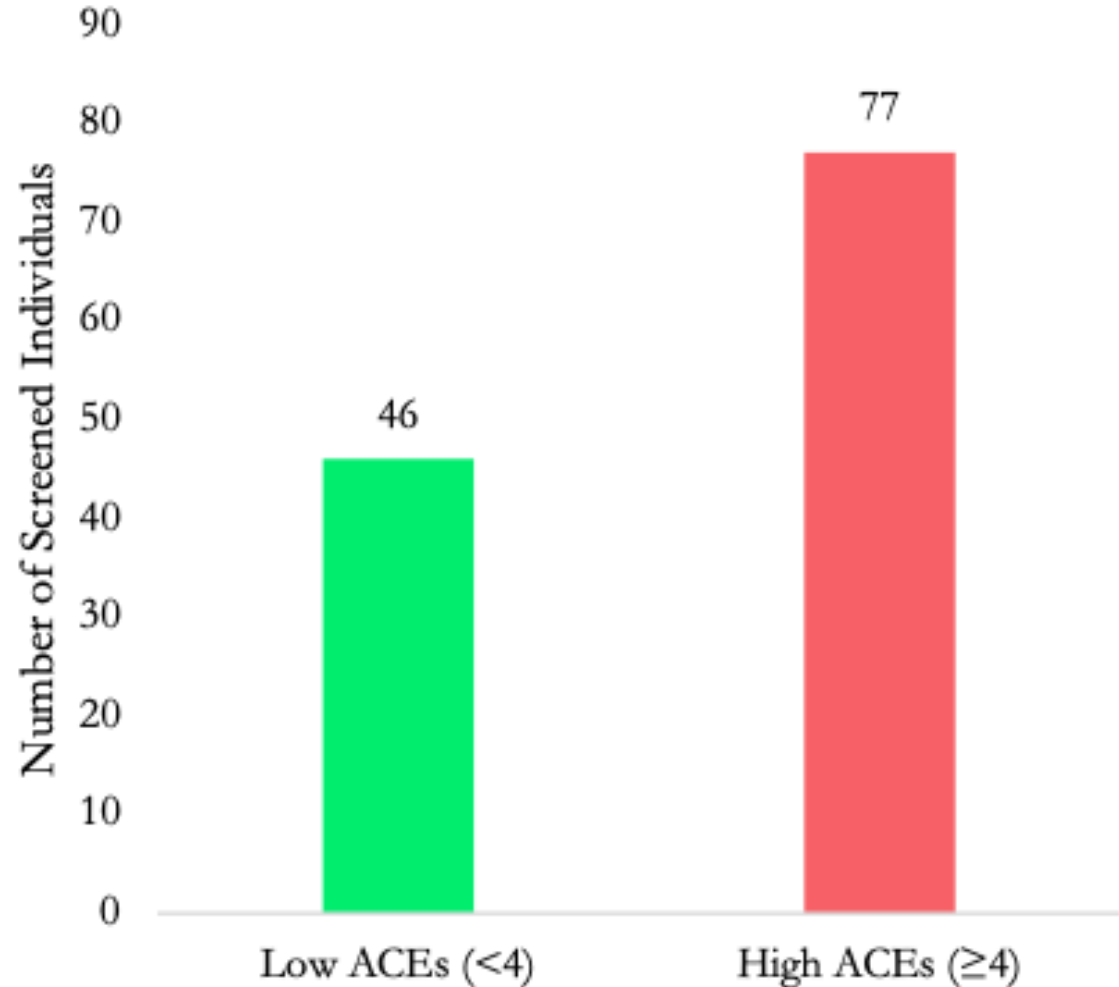
## ACES and incarceration: what the literature says

- Children with incarcerated parents/caregivers experience five times as many ACEs as their counterparts without incarcerated parents
- High ACEs scores are associated with risk-taking behaviors, including alcohol and drug abuse and self- and other-directed violence
- Most ACEs studies exclude individuals who are incarcerated

## Adverse Childhood Experiences (ACEs)

16% of general  
population has  
ACEs score of  
4 or more

One individual  
reported so many  
traumatic  
childhood  
experiences,  
there were "too  
many to count."



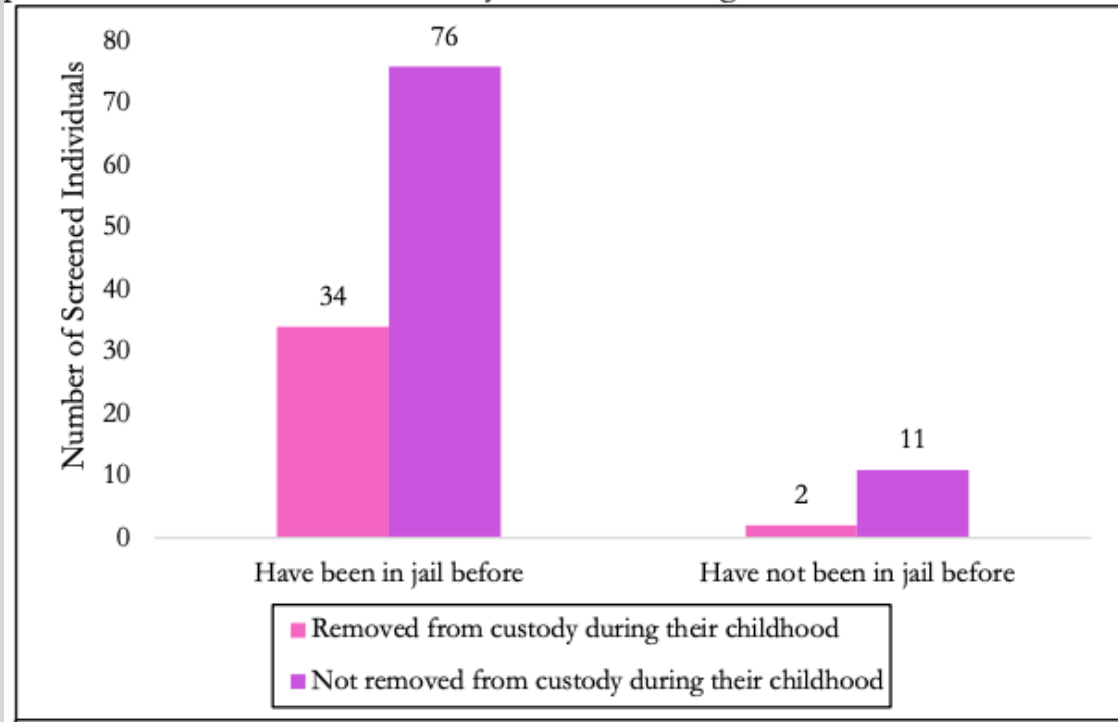
# Individuals who had been removed from custody as children

“Not legally, but my grandparents took care of me because my mom was a drug user.”

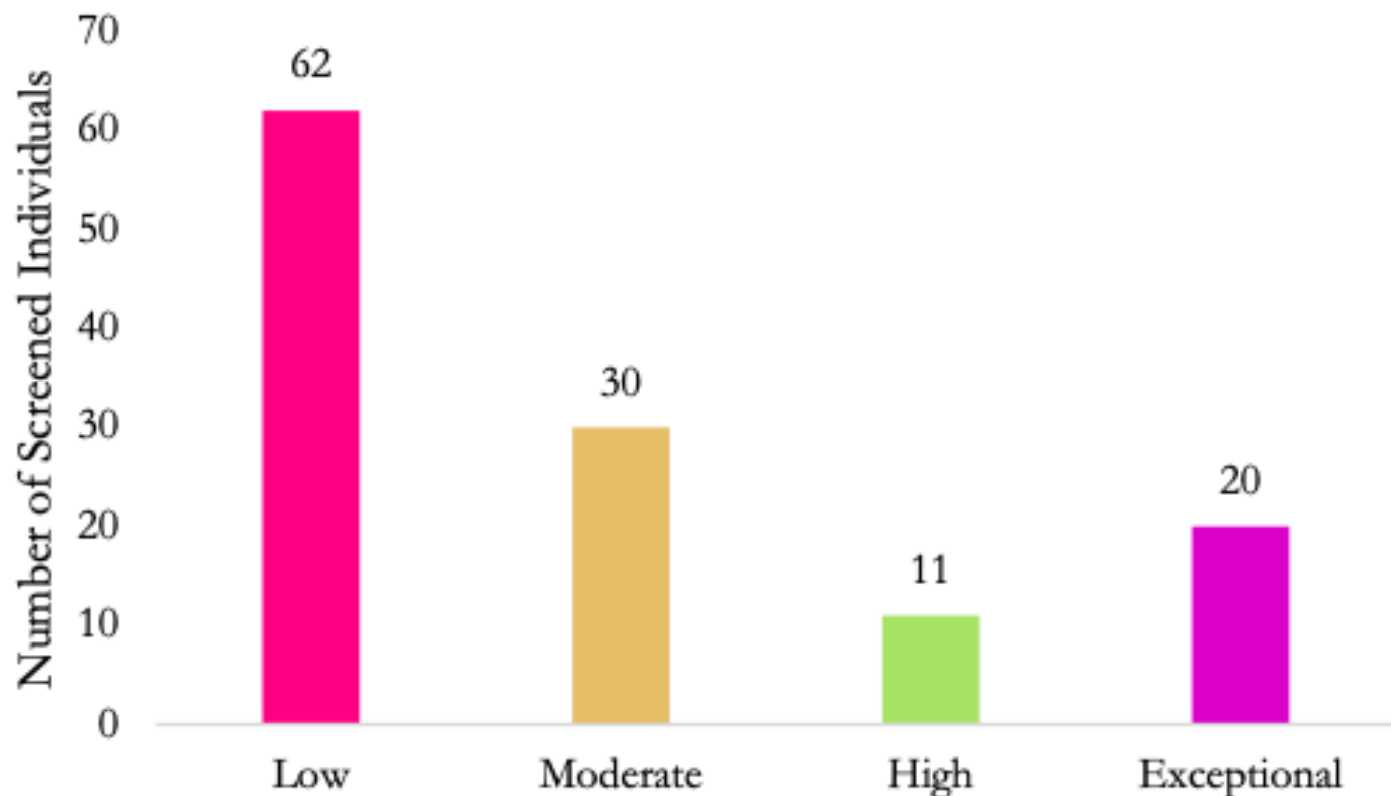
“They should have”

“[because I had] weed- growing parents [and my] dad was a heroin addict.”

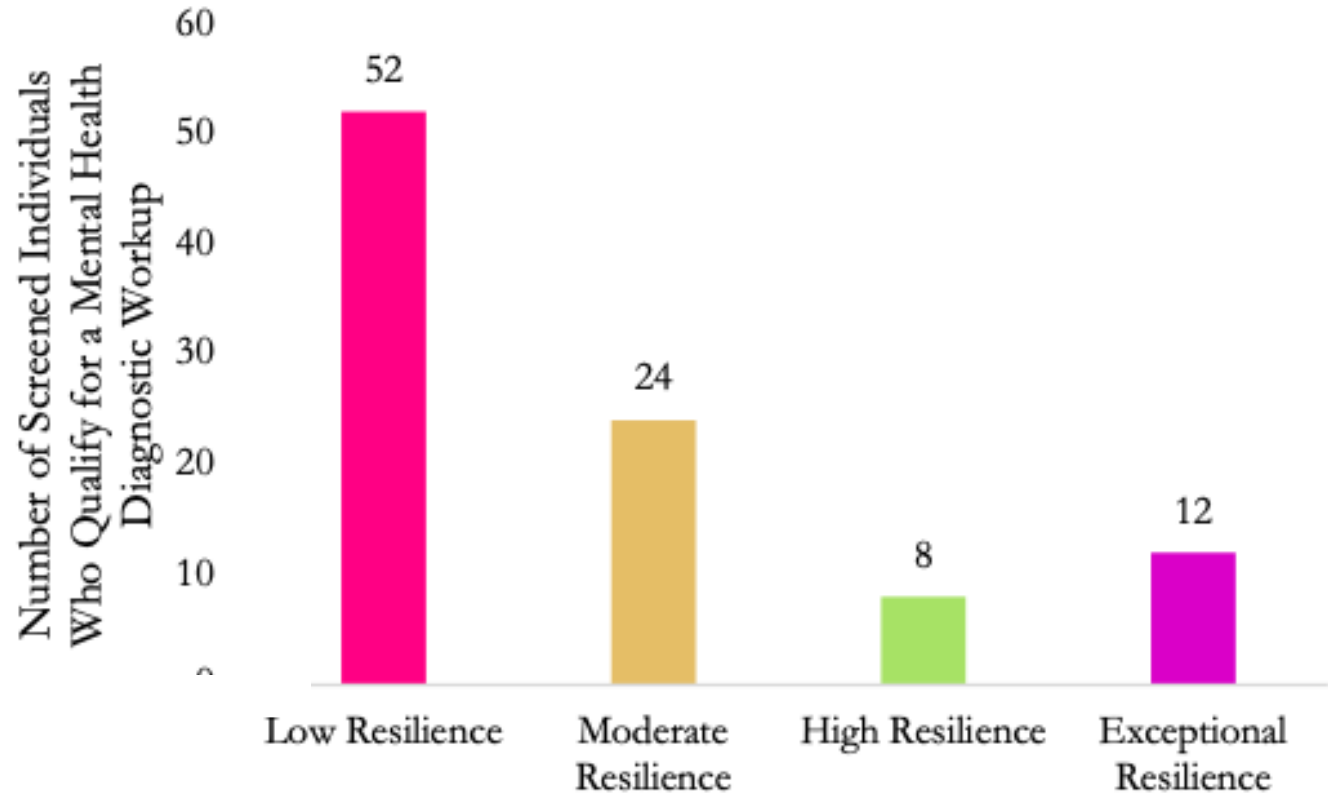
Another who answered “no” reported they were “the only kid who wasn’t out of four.”



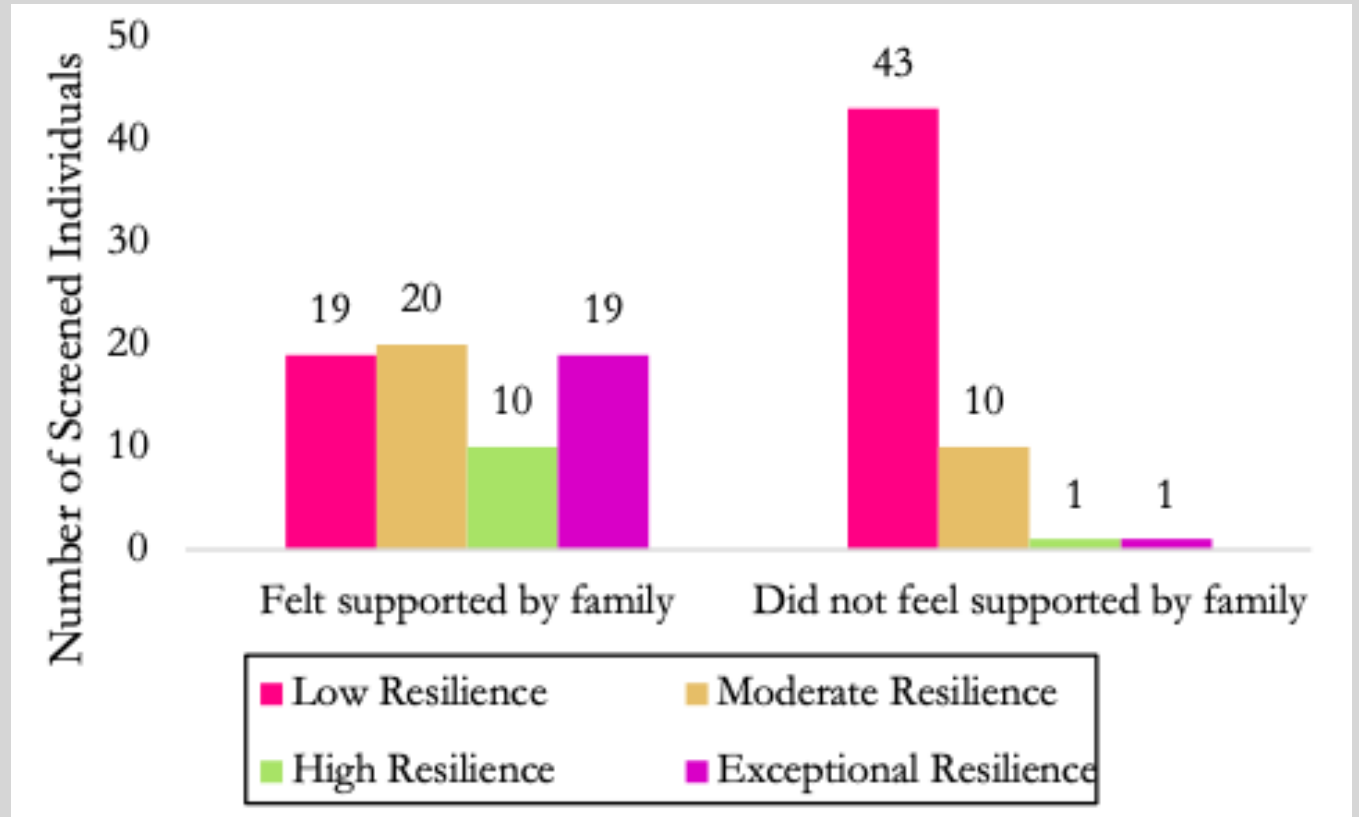
# Resilience



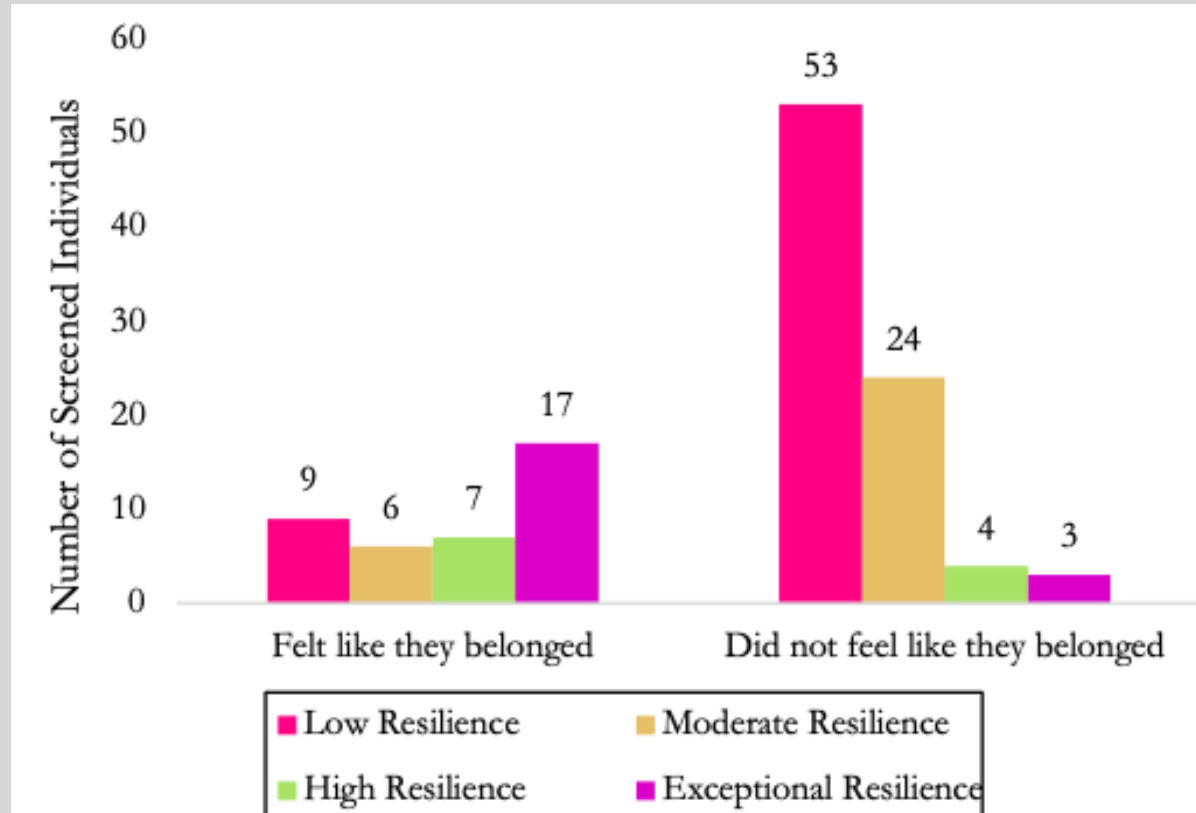
**Low resilience  
was  
significantly  
associated with  
signals of  
mental illness**



**Family support  
was associated  
with resilience**



# Sense of community belonging



# BUT!

- No association between resilience scores and ACEs scores
  - 74% of individuals scoring “low” on resilience had an ACEs score of 4 or more
  - 50% of individuals with “exceptional” resilience had an ACEs score of 4 or more
- We need more data!!

# Big picture lessons

- Mental health issues are present in our jails
- We need more mental health resources in our jails
- We need diagnostic workups for individuals with signals of serious mental illness and history of brain injury
- Individuals with histories of significant ACEs are present in our jails; they require trauma-informed care
- Many of the individuals in our county jails face housing insecurity upon release

# Returning to the Community: A Quality Improvement Project for Systems Change

## Contributors:

- Spring and Fall (2020 and 2021) –  
University of Wisconsin - Eau Claire  
College of Nursing and Health Sciences 428 Students

University of Wisconsin  
Eau Claire



We acknowledge that  
UW-Eau Claire occupies the  
sacred and ancestral lands  
of Indigenous Peoples.  
We honor the land of the  
Ojibwe and Dakota Nations.

## Community Partners:

- Eau Claire County Human Services Department
- Eau Claire County Jail
- The Chippewa Valley Justice Action Team (CVJAT) as part of Joining Our Neighbors and Advancing Hope (JONAH)
- Ex-Incarcerated People Organizing (EXPO)
- Free-Reclaiming Women's Freedom of the Chippewa Valley



# Returning to the Community: A Quality Improvement for Systems Change

**Project Goal & Objectives:**  
To raise awareness about the gaps and  
resources needed to support people as  
they return to their community after  
having experienced incarceration.

# Returning to the Community: A Quality Improvement Project for Systems Change



- Support individuals who are returning to the community by using a modified photovoice technique
- Provide narratives to support the quantitative data from the Jail Datablitz through a qualitative photovoice methodology
- Identify barriers and address program gaps important for success and health when returning to the community after incarceration
- Long term goal: support future program improvement through enhanced understanding and by actively engaging people who have lived experience

# Interviews/Methodology

- Phone call and/or video conference platforms using semi-structured questionnaire
- EXPO facilitated and coordinated outreach for interviews

Spring 2020 – 6 interviews

Fall 2020 – 9 interviews

Spring 2021 – 5 interviews

Fall 2021 – 6 interviews

**Total** = 26 interviews

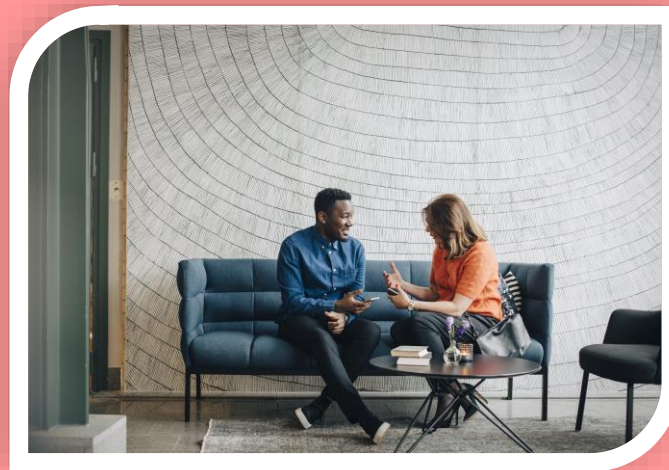
- Fall 2021 - 2 separate focus groups (EXPO & FREE) – group discussion and testimonies specific to health care experience(s) related to incarceration
  - Attendance – in person and online
  - EXPO attendees – 7
  - FREE attendees – 6



**\*\*UWEC IRB was consulted and this project was noted to be quality improvement**

# Interviews/Methodology

- **Students used therapeutic communication techniques during the interviews:**
- **Active listening**
  - **Asking open ended questions**
  - **Using clarifying statements**
  - **Summarizing points**
  - **Acknowledging feelings**
  - **If participants became uncomfortable at any time, they had the right to remove themselves from the conversation**
- **Peer Counselors - offered and available during and after the interviews if participant interested**



# Documents Used

- Project Abstract
- Interviewee Consent Form
- Returning to the Community Semi-Structured Interview Questionnaire (based upon research)
- Social Media Interviewee Recruitment Flier



## Abstract

### Population Health Nursing

A group of UW-Eau Claire nursing students are working on a project called, *Returning to the Community*. The purpose of this project is to identify themes from stories told by individuals who have been incarcerated. The students would like to address current programs and the need for resources for people to return successfully to their communities after having been incarcerated. The goal of the project is to narrate the experiences people have when trying to return back into communities with the help of the Eau Claire County Human Service Department (ECCCHSD) and the program Ex-Incarcerated People Organizing (EXPO). The nursing students will offer to connect with persons *interested* and willing to participate in the project by various strategies to connect, such as in-person, phone, and/or other technology options. Involvement in this project would include answering questions, being open to sharing concerns and challenges personally experienced, or recommending improvements for services and other needs to assure people can successfully reenter into the community. The main idea is to create a story about the common challenges and frustrations or hopes and dreams of everyone who participates in this project and who are returning to their community.

The nursing students will be leading these discussions. All members who are interested in participating in this project will have their names kept private and confidential. There is no intention to obtain any other identifying information. The information from the discussion will be grouped with other participants' discussions and shared in an anonymous way through a presentation that summarizes the lived experiences of people returning to their communities and the challenges that are experienced in doing so. Individuals who agree to participate in this project will not be offered any type of influence or reward, nor risks or punishments, relating to their sentencing or as an expectation of participation. Participants are free to start/stop the discussion at any time or may stop participating in the project at any time. Participants may be asked about past experiences, which could be emotional. However, there is no obligation to talk about something that the participant is uncomfortable with. Since the discussion is about how individuals may experience barriers and challenges in returning to their community, which could include difficult or triggering topics, a peer support person will be available before, during, or after these meetings if needed. In addition, a list of resources for seeking support will be available for participants as well.

The overall project's goal is to identify areas where change is needed in systems to improve the resources and support for people who have been incarcerated and are wanting to successfully return back to their communities. For questions related to this project, you may contact Pam Guthman, UW-Eau Claire College of Nursing and Health Services at 715-836-5737; Tom Wirth, Eau Claire Department of Human Services at 715-839-2300; or Sarah Ferber, EXPO consultant at 715-450-3893.

Thank you for your time and consideration,  
UW-Eau Claire Nursing Students in collaboration with Eau Claire Department of Human Services and Ex-Incarcerated People Organizing

# Semi-Structured Questionnaire and Population

- Semi-structured questionnaire
  - Developed by nursing students ( Spring 2020) using the following resources and reviewed by EXPO representative
    - Ex-offender questionnaire; (It's Possible Inc., n.d.)
    - Reentry challenges; (Li, M., March 2018)
- Population:
  - Sample size: Convenience and Small (26 total interviews over 4 semesters)
- Limitations:
  - Convenience sample
  - All populations may not be equitably represented in the data
  - Biases

# Semi-Structured Questionnaire (Individual and Focus Groups) and Methodology

## Returning to the Community Interview Questionnaire

I am [first name], a nursing student from the University of Wisconsin Eau Claire. Thank you for agreeing to participate in this project, Returning to the Community. We would like to start by gathering your consent to use the information talked about today in our project. So I'll read this to you and give you a copy.

READ consent form and OBTAIN consent

First of all, how are you doing today?

What is going well for you right now?

The morning you were released from jail/prison, what were some things that you needed but did not have access to? (clothes, housing, transportation, food, job, etc.)

Where did you go after you were released from jail/prison?

Did you have a place to live when you were released from jail/prison?

*If so, did you feel safe living there?*

Do you have a place to live now?

What resources were offered around housing, food, or clothing when you were released from jail/prison?

*If so, would you change anything about the way the services were offered or provided?*

What difficulties have you experienced in getting a job when you were released from jail/prison?

*If so, can you describe those difficulties?*

*If not, what was helpful in trying to get a job?*

What types of reentry education programs were you offered to participate in? (transitional programs, half-way houses, Huber, etc.)?

*If so, how did that help you?*

*If not, do you think these programs would have helped you and how so?*

What kind of challenges are you facing right now?

What types of mental health and/or addiction treatments were offered to you?

What childhood or life experiences do you think may have impacted your life's journey?

Through this project we are trying to narrate stories of those who have been incarcerated through pictures:

If you could draw or describe a picture of what your life was like before you were in jail/prison, what would that look like?

What is that picture now?

How do you hope that picture looks like in the future?

What are some things that are preventing you from getting to what you picture your future to look like?

Thank you so much for your time. Would you be willing to meet with us again? If so, when would you be available?

(If they did not answer a question, could not think of anything, or struggled with a question, have them think about it for the next meeting)

- ☐ Read statement to obtain verbal permission
- ☐ No demographic data obtained for protection and privacy of participants; very vulnerable, at-risk population
- ☐ 14 possible questions

# Semi-Structured Questionnaire Questions (Individual and Focus Groups) and Methodology

- The morning you were released from jail/prison what were some things you needed, but didn't have access to (clothes, clothing, housing, etc.)?
- Where did you go after you were released from jail/prison? Did you have a place to live when you were released from jail/prison? If so, did you feel safe living there? Do you have a place to live now?
- What resources were offered to you around housing, food, clothing when you were released from jail/prison?
- If so, would you change anything about how the way resources were offered?
- What difficulties have you had in getting a job when you were released from jail/prison? If so, can you describe those difficulties? If not, what was helpful to you in getting a job?

- What types of re-entry education programs were offered to you to participate in (transitional programs, half-way houses, Huber)?
- What types of mental health and/or addiction treatment programs were offered to you? If so, how did that help you? If not, how do you think these programs would have helped you and how so?
- What kinds of challenges are you facing right now?
- What types of mental health or addiction treatment services were offered to you?
- What childhood or life experiences do you think may have impacted your life's journey?

# Semi-Structured Questionnaire Questions (Individual and Focus Groups) and Methodology

## Photovoice

Through this project, we are trying to narrate stories of how those who have been incarcerated through pictures.

- If you could draw or describe a picture of what your life was like before incarceration, what would that look like?
- What is that picture now?
- How do you hope that picture looks like in the future?
- What are some things that are preventing you from getting to what you picture your future looks like?

## Focus Group Discussion Questions

“Did you notice any barriers specifically related to healthcare?”

“What attitudes and/or discrimination have you commonly noticed when receiving healthcare?”

# Focus Group Recruitment

## Women of the Chippewa Valley

### ADDRESSING HEALTHCARE DISPARITIES

Share your story and experiences with us.  
There will be a drawing for a gift card at the end of this event!



Monday, October 25th  
5 PM - 6 PM

Join us: <https://meet.google.com/qmk-zwpd-dgt>  
or in person at the Community Table  
320 Putnam Street #1/2, Eau Claire WI 54701

Please RSVP to [nycki@expowisconsin.org](mailto:nycki@expowisconsin.org) by  
October 24th.

**FREE Focus Group Flyer**

## EXPO

### ADDRESSING HEALTHCARE DISPARITIES

Share your story and experiences with us.  
There will be a drawing for a gift card at the end of this event!



**Chippewa Valley**

Monday, October 11th  
5pm - 6pm

visit <https://meet.google.com/hag-tkns-rtd> or meet us the  
Community Table: 320 Putnam St Suite 1/2, Eau Claire WI 54703

Let your voice be heard!

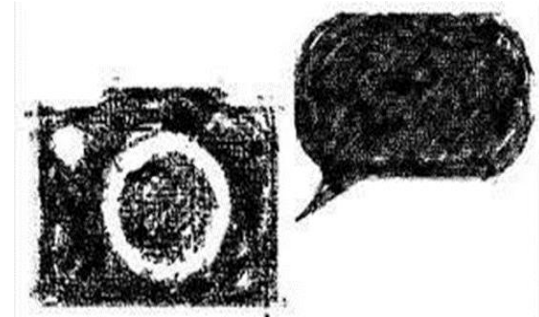
This event will be hybrid - virtual and in person options available.  
Pleaser RSVP to [kellym@expowisconsin.org](mailto:kellym@expowisconsin.org) by October 10th.

**EXPO Focus Group Flyer**

# Photovoice (Modified)

Photovoice is a process in which people – usually those with limited power due to poverty, language barriers, race, class, ethnicity, gender, culture, or other circumstances – use video and/or photo images to capture aspects of their environment and experiences and share them with others (Rabinowitz).

- Interviews were not able to be face-to-face with the individuals.
- Cameras could not be provided
- Participants were asked to describe a picture of their life before being incarcerated to now
- Images of what they were describing were found on copyright free image websites and edited through google draw



# Stakeholder Interviews

- Interview with a social worker, Human Services representatives, counselors
- Main barrier for those impacted by incarceration trying to return to the community was safety and security.
- Importance of safety and security
  - Housing
  - Funding for counseling
  - Prevention of re-entry into jail

**People with incarceration history need a stable place to live before addressing health issues, learning new skills, and finding jobs to support themselves.**

# Data, Data Collection, Analysis, and Results

- Interviews were conducted in pairs of students
- Student roles: Interviewee and Recorder
- All Students: reviewed data individually, color coded identified themes, and organized
- Data was then cohesively discussed and assessed based on common recurrent themes from stakeholder interviews and inclusive of focus group notes
- Saturation was obtained
- Comprehensive themes were identified
- Photovoice (pictures of life before, life now, and future)
- Themes from narratives from qualitative data from interviews

# Photovoice

## Life Before Incarceration:



"Drugs and empty pill bottles."

Participant during Spring 2020

## Life Now:



"Being on the couch watching TV with my kids."

## Future:



"On top of the world with everyone that is suffering too. They are standing there too because they have been helped."

# Photovoice

## Life Before



“A giant web of thoughts and tangled cords.”

## Life Now:



“Like a dead stop with no chance of moving forward.”

## Future:



“I hope the cords are very organized. Making steps forward by making the right choices.”

Participant during Spring 2020

# Photovoice

## Life Before Incarceration:



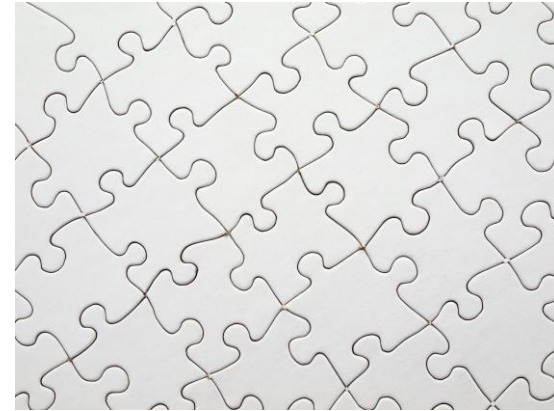
“At first glance, everything seemed ok. I had kids, a house. But underneath the surface I was using and blacking out.”

## Life Now:



“Puzzle pieces. I am putting the pieces of my life back together.”

## Future:



“A complete puzzle. I’ve built a lot of strength in my faith and am making a lot of progress on my goals.”

# Photovoice

## Life before Incarceration:



“Sitting at a bar with a lot of people laughing around me while I sit in solitude with alcohol. I had a lot of negative thoughts and was feeling hopeless.”

## Life Now:



“A big smiley face. I’m very content with the people in my life.”

## Future:



“A smiley face with gray hair. I just want to die sober. I feel that if I die sober, everything leading up to that point will be a good life. A productive one. A happy one.”

# Photovoice

## Life Before Incarceration:



“A picture of me in a hotel room, with it packed to brim with everything I could own. I would dumpster dive to find new things. I was wishing I had something else going on, but not enough ambition to do it.”

## Life Now:



“Me and a pitchfork with a bale of hay and sweat coming off my forehead. I keep throwing a bunch of hay behind me, but the pile in front of me keeps getting bigger.”

## Future:

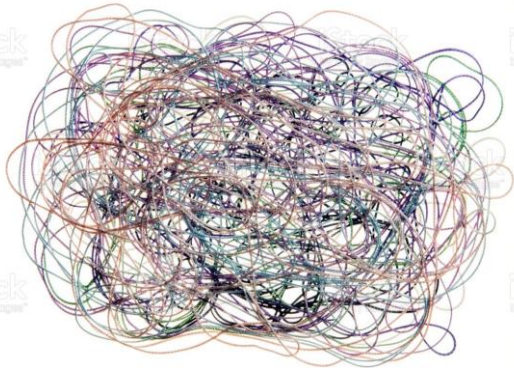


“Classic white picket fence, green grass, swings, me and my spouse and kids grilling.”

# Photovoice

## Life Before Incarceration:

“Gas theory, a bunch of scribbles and lines and things that sometimes come together and sometimes it’s just a gray cloud just covering you in chaos.”



**Life Now:** “An upward spiral, I am in a lot better shape mentally, and much happier than I was.”



**Future:** “An upward spiral but with these little steps and X’s going up”

“Arrows meaning, I know where to go, I have a path.”

Interview Participant



# Photovoice

## Life Before Incarceration:

“Someone in a big bubble, I can see the world but am not a part of it.”



**Life Now:** “A guy on a mountain screaming into nothingness saying the world is mine, he makes his own destiny.”



**Future:** “In a spaceship, taking on the word and life, being successful.”



# Photovoice

## Life Before

### Incarceration:

“Clouds, storms, lightening”-before.”



## Life Now:

“Outside with green trees, sunshine, birds and flowers.”



## Future:

“A small house with a yard for my son to play-us just being together.”



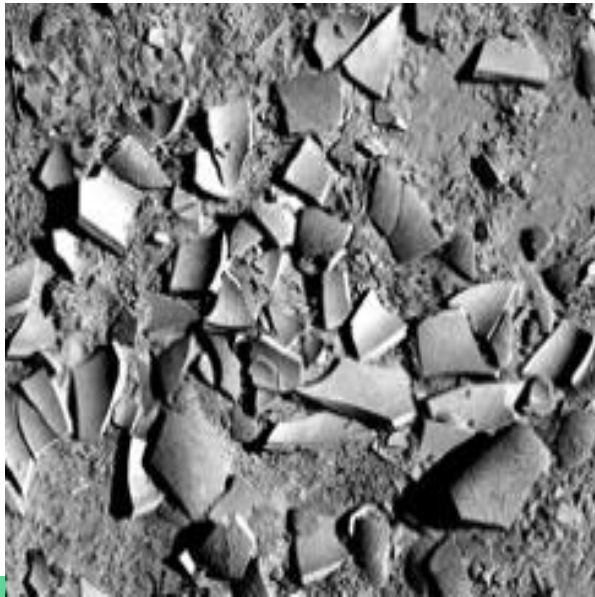
# Photovoice

## Life Before

**Incarceration:** “A tornado, life was up in the air, it was chaos.”



**Life Now:** “Family broken into pieces, not together.”



**Future:** “Me and my son, no money issues.”



# Participant Descriptions: Life Before Incarceration

“It was like a dark desert.”

“If I was high, I could tolerate what he was doing to me.”

“My childhood was traumatic.”

“Felt worthless as a child.”

“I was sexually assaulted as a child.”



“Empty drug bottles.”

“Parents were drinkers and I grew up thinking ‘that is the way people live.’”

“Was not until like the 78th charge until I got offered treatment.”



“A little kid taking a bunch of colors of crayons and just scribbling like crazy.”

“Would relieve stress by getting high.”

“Tornado causing chaos.”

# Participant Descriptions Before Incarceration

“I had a lot of negative thoughts.  
I would be feeling hopeless.”

“A big, black hole. It was pretty  
sick.”

“A mess...all strung out...a hot  
mess.”

“Separated from society.”

“Chaos.”

“Scary, unknown, risky,  
stupid...”

# Participant Descriptions: Trying to Return to the Community

“They changed their mind when they saw my record.”

“Feel like I was stolen of my treatment.”

“I did not have a safe place to live.”

“It is very important that the community sees us for who we are and not the labels that we have.”

“Getting a job was hard because of my record, gaps in employment, and no schooling.”

“Went to my parents house, went back to drug houses, slept in my van because there was nowhere else to go.”

“Need someone to let me know what my options are.”

“Roadblock after roadblock getting a job because of conviction history.”

“I got released unexpectedly in the middle of a winter night in shorts and a t- shirt, and with no phone or no money.”

“There’s not a day I won’t be judged.”



“A release plan was helpful after prison.”



# Participant Descriptions: Trying to Return to the Community

“Puzzle pieces. I am putting  
the pieces of my life back  
together.”

“I was in a dark place, and had  
to be in a dark place, to be where  
I am now.”

“A lotus flower, growing from  
the mud.”

“A long road. I have to walk down  
a long road to get to where I want  
to go.”

“I have to put up barriers and not  
engage in toxic relationships.”

# Participant Descriptions of Future Vision and Potential Barriers



“I need to fight my addiction and be comfortably mentally.”



“I am being very optimistic about the future.”



“Making steps forward.”



“On top of the world with everyone that needs help.”

“Finally walking towards the light at the end of the tunnel.”

# Participant Descriptions of Future Vision and Potential Barriers

“The happiest and healthiest  
I’ve ever been.”

“My own self-sabotage.”

---

“A mirror being put back  
together again.”

“Codependency.”

---

“Be a productive member of  
society.”

“Mental status...fear of  
relapse.”

---

“Classic white picket fence, green  
grass, swings, grilling...”

“No one will ever give me a  
home loan.”

# Comprehensive Themes

- “Too many to count”
  - Childhoods were often traumatic, with exposure to drugs, alcohol, sexual, physical, and emotional abuse. Many individuals grew up in the system and find it hard to trust people.
- “Having unhealed mental health issues definitely led to my criminal history”
  - A lot of people who experience incarceration have mental health issues. Supporting mental and emotional health is critical.
- “I felt separated from society”
  - Isolation is an issue before incarceration (such as solitude with alcohol and drugs), while incarcerated (due to loss of pride) and after incarceration (due to not having access to needed resources and supportive relationships).
- "Being a felon, I felt like the odds were stacked against me...There's not a day I won't be judged"
  - Stigma and discrimination is present in healthcare, professional, and community settings. “We’re not all monsters....It is very important that the community sees us for who we are and not the labels that we have.”

# Comprehensive Themes

- It's hard to move up
  - It's difficult to find a job that pays enough to afford transportation, childcare, continuing education, probation/parole requirements, and life expenses. A temp agency is required to find a job, yet individuals are turned down due to criminal backgrounds.
- "Finding somewhere to live was next to impossible"
  - There is a lack of affordable, safe, healthy, and alcohol/drug-free places to go after incarceration that support success. Rental companies and lending institutions discriminate due to incarceration history
- "Wasn't offered any resources for food...or clothing"
  - Food Share, food stamps, food pantries, and donated or discounted clothing are available, though have to be found independently, are complicated to access (require computer and language literacy) and are insufficient.
- "Process Seems Backwards"
  - There is difficulty getting a license, affording a car, and public transportation can be unreliable to meet job and parole requirements in a timely manner

# Comprehensive Themes

- “I didn't know who to reach out to.”
  - When individuals were specifically offered access to reentry programs, peer recovery groups, mental health and addiction support, and BadgerCare, many shared that the programs were helpful. People who were not offered programs and did not know how to access them, stated “it would have helped.”
- "It's really important to know someone gives a...about you"
  - Healthy and supportive relationships can aid those returning to the community and who are in recovery. This may include counselors, peer support, healthcare workers, parole officers, family members, and significant others.
- "Nothing is going to stand in the way of reaching the future; being very optimistic and feeling strong"
  - Personal successes such as sobriety, returning to school, employment, and improved mental health drive individuals to overcome the systemic barriers

# Focus Group Comprehensive Healthcare Themes

## ● Health Literacy

- “I didn’t know what to do or how to do it”
  - Involves those with minimal knowledge (may have never been taught) how to navigate insurance, creating appointments, or generally take care of their wellbeing.

## ● Interactions/Attitudes (with healthcare personnel)

- “They assumed that I was drug seeking based on my history”
  - When this population seeks care, they are often met with negative attitudes (nonverbally: folding arms, sitting further back in chair), and purely defined as being a person who has been incarcerated.

# Comprehensive Healthcare Themes

## ● Mental Health

- “Difficult to heal and recover because of the barriers to accessing mental health services, as well as a lack of follow up.”
  - Ratio of population to mental health providers in Eau Claire is 320:1; Wisconsin: 490:1; U.S. rates are 400:1 (The Community Health Assessment Planning Partnership Committee, 2021)
  - More than half people in the correctional facility with mental health problems (Healthy people 2030)
  - Inadequate mental health treatment and resources
  - Lack of and inappropriate mental health and medical treatment while incarcerated

## ● Lack of resources

- “Cannot come up with out of pocket expenses, constant struggle for medical, transportation, and housing needs.”
  - Unreliable transportation, difficulty receiving driver’s license
  - Financial struggles

# Comprehensive Healthcare Themes

## ● Healthcare Coverage

- “Hard to find someone who I am comfortable with, and I can’t just shop around.”
- “Insurance isn’t good enough.”
- “BadgerCare is cut off when one goes to jail.”
  - 51% report treatment is too expensive (The Community Health Assessment Planning Partnership Committee, 2021).
  - Struggles with the general lack of healthcare coverage, applications, long waiting lists, and limited choices

## ● Downstream Thinking: “get them in, get them out”

- “Our system is set up where you can’t get the help you need until you deteriorate to a certain point.”
- “Nobody wanted to know my story, they just wanted to fix my symptoms.”
- “People there to catch you when you mess up, but there isn’t anyone to prevent it from occurring in the first place.”

# Comprehensive Healthcare Themes

- **Feminine Health**

- **Inhumanity and Lack of Empathy**

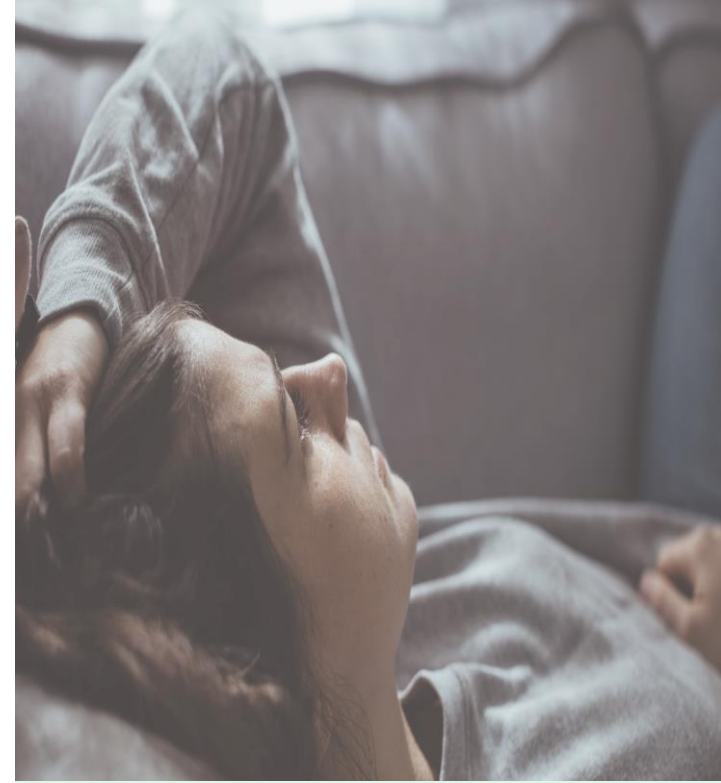
- “That’s not my problem” when a woman who was incarcerated missed distribution of hygiene products when she was in the shower.”
- Menstruation: Costs money
  - Takes long time to get them, difficult to access, especially if have a heavier period, not always able to access when needed (bleeding through).
- Family and Children
  - More than 1 million children have incarcerated parent(s), more likely to be in poverty and homeless (Healthy people 2030).
  - Kids rarely have access to mental health when parents are incarcerated
  - Incarceration is a family struggle.
- The vast majority of women in prison have been victims of violence prior to their incarceration (American Civil Liberties Union et al., 2005). Including: domestic violence, rape, sexual assault, and child abuse.
- Importance of building trusting relationship and rapport with HCP essential for recovery and overall health.

# Correctional Officer (CO) Data (Sp 2021)

- Survey (12 Questions) to COs in Chippewa Valley x 1wk
- 16 anonymous responses out of 59 Cos; 27% participation rate
- Question: "What changes would you suggest to the "system" to assure success for people to return to their community successfully after experiencing incarceration?"

## Responses:

- *“Change probation, "it is supposed to reduce the number of people in the system, instead it constantly forces people to come back because of harsher regulations, it is constantly given out to almost everybody and as a result people have a lot of contact with police brought in almost nonstop...”*
- *“...offer more resources and help in general when leaving jail, assure a solid plan before leaving jail.”*



Identified early intervention as the best way to address mass incarceration within the justice system.

# Outcomes

- Limitations to all data (have not repeated, no demographics, not generalizable)
- Not a standardized, tested survey.
- Small convenience samples, and not necessarily representative to generalize to the entire population
- Specific to this community.
- Nursing students identified their own stigmas and biases, and were challenged to develop enhanced understanding of people's lived experiences.
- Students learned about the importance of the nurse as a change agent through advocacy.
- Data collected used to elevate awareness about the gaps and barriers and the need for programmatic improvement and systems change incorporating prevention (focus on housing, mental health and addiction treatment services, health care, transportation, etc.)

# Recommendations

1. Project continuation and data collection to form comprehensive recommendations for improved programmatic and systematic changes (e.g., peer support mentoring and services).
2. Use the data and narratives to advocate for populations affected by structural racism and the stigma associated with having been a part of the justice system when trying to successfully return to the community.
3. Share the data with community partners, public and private organizations and policy makers to support discussions regarding quality improvement programmatic and policy changes aimed at systems change.
4. It is vital the community collectively intervenes to diminish the gaps and barriers around mental health, adverse childhood experiences, addiction disease, transportation, housing, employment, and poverty to address health inequities in the Chippewa Valley
5. Continue to address gaps in healthcare related environments and support the importance of partnered advocacy as healthcare workers.
6. Exhibition to showcase personal connections and humanize issues about what is happening in the correctional system.

# References

American Academy of Family Physicians. (2021, July). *Incarceration and health: A family medicine perspective [Position paper]*.  
<https://www.aafp.org/about/policies/all/incarceration.html>

American Civil Liberties Union, small, D., & The Brennan Center at NYU School of Law. (2005, March 17). *Caught in the net: The impact of drug policies on women and families*. American Civil Liberties Union. Retrieved November 3, 2021, from <https://www.aclu.org/caught-net-impact-drug-policies-women-and-families>.

Centers for Disease Control and Prevention (2023). 10 Essential services.  
<https://www.cdc.gov/publichealthgateway/publichealthservices/essentialhealthservices.html>

Couloute, L. (n.d.). *Nowhere to go: Homelessness among formerly incarcerated people*. Prison Policy Initiative. Retrieved September 29, 2021, from <https://www.prisonpolicy.org/reports/housing.html>

City of Eau Claire. (2020). City-County Board of Health. <https://www.eauclairewi.gov/government/boards-commissions-committees/city-county-board-of-health>

County Health Rankings Model (2023). <https://www.countyhealthrankings.org/explore-health-rankings/county-{rankings-model}del>

County Health Rankings and Roadmaps. (2021). *Eau Claire, Wisconsin County Health Ranking*.  
<https://www.countyhealthrankings.org/app/wisconsin/2020/rankings/eau-claire/county/outcomes/overall/snapshot>

Cronje, R. (October, 2019). Jail Data Blitz. [PDF file] University of Wisconsin Eau Claire, Eau Claire WI.

Dahlgren & Whitehead (1991). Policies and strategies to promote social equity in health. Stockholm, Sweden: Institute for Futures Studies. University of Delaware. Health equity site. <http://dehealthequityguide.weebly.com/old-6-policy-oriented-strategies.html>

Data USA (n.d). Eau Claire County, WI. <https://datausa.io/profile/geo/eau-claire-county-wi>

# References

Eau Claire County. (n.d.). Eau Claire County Human Services. <https://www.government/departments-and-facilities/departments-directory/human-services>

Community Health Assessment Planning Partnership Committee (2018). Eau Claire County Community Health Assessment. <https://www.eauclairewi.gov/home/showdocument?id=25104>

Eau Claire County. (2021). *2021 Eau Claire county community health assessment*. <https://www.eauclairewi.gov/home/showpublisheddocument/25104/637558200633100000>

EXPO of Wisconsin. (n.d.). <https://expowisconsin.org/Pixabay.com>

Fowler, M. D. M. (2015). *Guide to the code of ethics for nurses with interpretive statements: Development, interpretation, and application* (2<sup>nd</sup> ed.). American Nurses Association.

Healthy People 2030. (2021). *Incarceration*. U.S. Department of Health and Human Services. <https://health.gov/healthypeople/objectives-and-data/social-determinants-health/literature-summaries/incarceration>

It's Possible Inc. (n.d.). Ex-offender questionnaire. Retrieved from <http://www.elkhartpossible.org/wp-content/uploads/2014/08/IPI-EX-OFFENDER-QUESTIONNAIRE.pdf>

Li, M. (2018, March). From prisons to communities: Confronting re-entry challenges and social inequality. American Psychological Association. Retrieved from <https://www.apa.org/pi/ses/resources/indicator/2018/03/prisons-to-communities>

Minnesota Department of Health (2022). Public health intervention wheel. <https://www.health.state.mn.us/communities/practice/research/phncouncil/wheel.html>

National Research Council. (2014). The growth of incarceration in the United States: Exploring causes and consequences. Washington, DC: The National Academies Press. <https://doi.org/10.17226/18613>

# References

Puglisi, L., Calderon, J. P., & Wang, E. A. (2017, September). What does health justice look like for people returning from incarceration. *AMA Journal of Ethics*, 19(9), 903-910. doi: 10.1001/journalofethics.2017.19.9.ecas4-1709.

Prison Policy Project (2023). Mass incarceration: The whole pie 2023. [Report]. <https://www.prisonpolicy.org/reports/pie2023.html>

Rabinowitz, P. (n.d.). *Implementing photovoice in your community. Section 20.* <https://ctb.ku.edu/en/table-of-contents/assessment/assessing-community-needs-and-resources/photovoice/main>

Reavis, J. A., Looman, J., Franco, K. A., & Rojas, B. (2013). Adverse childhood experiences and adult criminality: how long must we live before we possess our own lives? *The Permanente journal*, 17(2), 44–48. <https://doi.org/10.7812/TPP/12-072>

Satterlee, S. (2020, January 17). Eau Claire County struggling with jail overpopulation. WQOW. <https://wqow.com/2020/01/17/eau-claire-county-struggling-with-jail-overpopulation/>

The Community Health Assessment Planning Partnership Committee. (2021). *2021 Eau Claire county community health assessment.* <https://www.eauclairewi.gov/home/showpublisheddocument/25104/637558200633100000>

United States Census Bureau (2022). Eau Claire and Dane county. <https://www.census.gov/quickfacts/fact/table/dunncountywisconsin/IPE120221#IPE120221>

Unsplash.com

Wisconsin Department of Justice(2022). Uniform crime reporting. Eau Claire county. (<https://www.doj.state.wi.us/dles/bjia/ucr-offense-and-arrest-data-agency>

Wisconsin Nurses Association (2023). <https://www.wisconsinnurses.org/wp-content/uploads/2022/10/CHCC-2023-Schedule-and-Session-Descriptions-4-14.pdf>

Wisconsin State Records (n.d.) Eau Claire county. <https://wisconsin.staterecords.org/eauclaire>

# Thank you

Published: Jul. 19, 2021 at 6:25 PM CDT



UWEC Students Raise Awareness for Those Returning to the Community

## Contact Information

- **Ruth Cronje - [cronjermj@gmail.com](mailto:cronjermj@gmail.com)**
- **Nyki Wallsch - [nycki.cvfree@gmail.com](mailto:nycki.cvfree@gmail.com)**
- **Kelly Mahoney - [kellym@expowisconsin.org](mailto:kellym@expowisconsin.org)**  
**Pamela Guthman – [pgguthman@gmail.com](mailto:pgguthman@gmail.com)**

Stapleton, L. (2021, July 19). UWEC Student raise awareness for those returning to the community. WEAU – TV-13 .  
<https://www.weau.com/video/2021/07/19/uwec-students-raise-awareness-those-returning-community/>