

## Background

- Each year in the US, over half a million people are released from prison
- Formerly incarcerated persons (FIPs) have:
  - Increased incidence of chronic health conditions
  - High rates of morbidity and mortality associated with these diseases
- FIPs face social, financial and psychological barriers to managing chronic health conditions resulting in poor health outcomes
- Self-management is recognized as a cornerstone of chronic disease care:
  - Results in higher rates of participation in health promoting behaviors and better health outcomes
  - Persons with strong self-efficacy tend to participate more in self-management behaviors
- A Chicago-based interim housing agency for formerly incarcerated persons with 103 residents found:
  - 70% of its residents had at least one chronic health condition
  - The agency lacked on-site health care services to address the complex health needs of its population
- The interim housing agency identified the need to increase residents' confidence (self-efficacy) in managing their own chronic health needs

## Purpose

- To implement a self-management program for formerly incarcerated persons
- To determine if there is improvement in FIPs':
  - self-efficacy (confidence in their ability to manage their own health needs)
  - Perceived physical
  - Perceived mental health



**ACKNOWLEDGEMENTS:** Special thank you to those staff and residents who participated

## Methods

### Evidence-Based Program

- The Chronic Disease Self-Management Program (CDSMP)<sup>®</sup> is a lay-led self-management program for persons with chronic health conditions that aims to increase self-efficacy for chronic health management
- Developed at Stanford University and based on Bandura's theory of self-efficacy

### Implementation

#### Lay-Leader Training

- Training workshop 24 hours of training to become certified
- Workshop leaders:
  - DNP student project leader
  - Former resident who is currently employed at the agency

#### Educational Sessions

- 6 group-based, 2.5 hour sessions
- Delivered over 6 consecutive weeks
- Structured program with leader manual

#### Content

- Getting a good night's sleep
- Dealing with difficult emotions and depression
- Preventing falls
- Making decisions
- Endurance exercise
- Relaxation and meditation
- Making healthy food choices
- Making treatment decisions
- Communicating effectively
- Managing medications

#### Delivery

- Group-based, peer-peer interaction
- Visual aids
- Real life problem solving
- Role playing scenarios
- Creating actions plans

### Design

Pre-post design

### Sample

#### Inclusion criteria

- At least one chronic health condition
- Residents of this interim housing agency for FIPs

#### Recruitment

- Agency case managers assigned 30 FIPs to attend the first session
- Participating FIPs given a reusable bag and water bottle as an incentive
- Program completion was rewarded with a certificate

### Measures

Five items selected from the CDSMP<sup>®</sup> Manual

1. Confidence in one's ability to manage health conditions (1=not at all confident, 10=totally confident)
2. Number of days in the past month when physical health was not good
3. Number of days in the past month when mental health was not good
4. Number of days in the past month when poor physical or mental health kept you from your usual activities
5. Self-rated health (1=Poor, 2=Fair, 3=Good, 4=Very good, 5= Excellent)

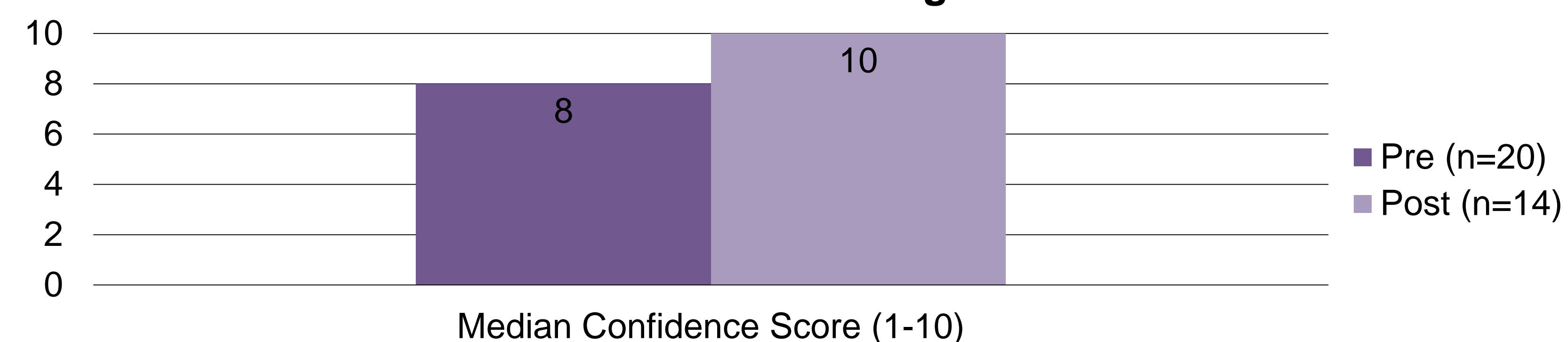
### Analysis

- Descriptive statistics and un-paired Mann-Whitney *U* test
- Post-data analyzed for those who attended at least 4 (67%) of 6 sessions

## Results

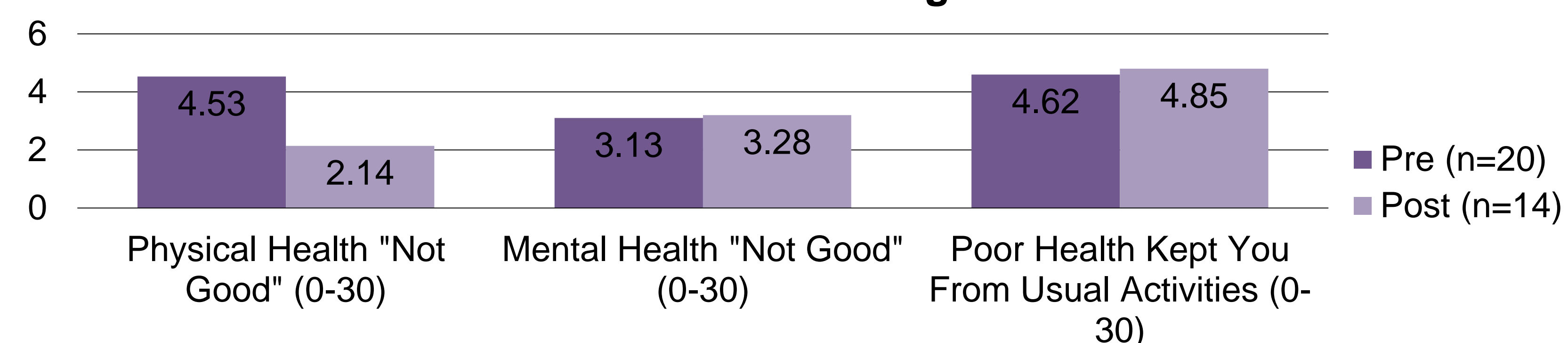
- 20 FIPs attended the first session (3 women, 17 men)
- 14 FIPs attended at least 4 (67%) of 6 sessions

### Confidence in Ability to Self-Manage Health Conditions Pre- and Post-Program



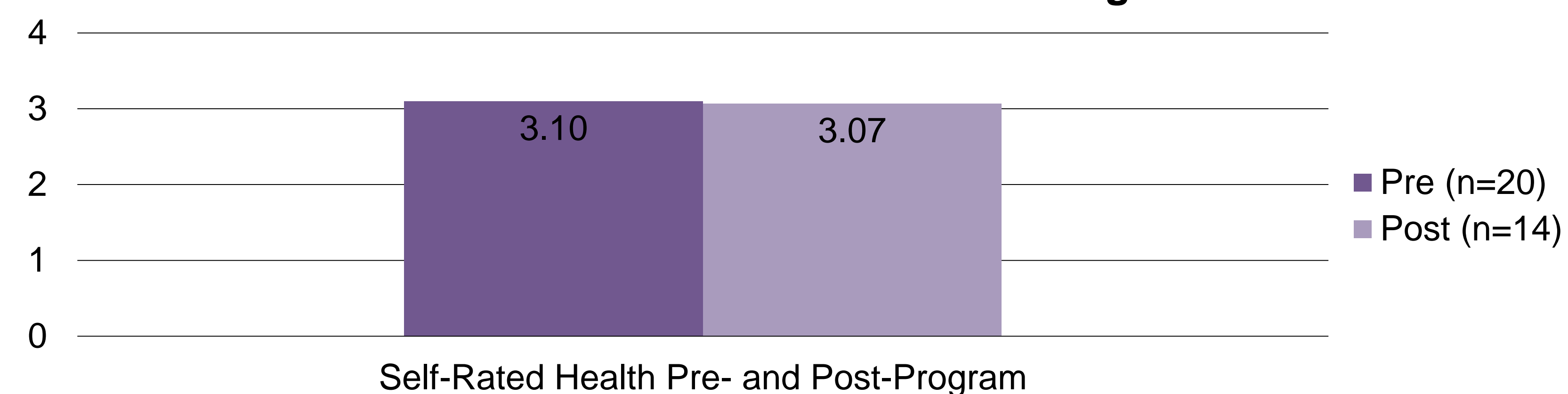
- Median confidence (out of 10) increased 25% from 8 to 10,  $p=0.03$

### Average Number of days in Past Month when: Pre- and Post-Program



- Average number of days in the past month when physical health was self-rated as "not good" decreased by 52% from 4.53 to 2.14,  $p=0.35$ .
- Changes in mental health rated "not good" and health impacting usual activities were not significant

### Self-Rated Health Pre- and Post-Program



- The mean pre- and post-CDSMP self-rated health was 3 (out of 5), which is "Good health"

## Conclusion and Implications

- ✓ To our knowledge this is the first time the CDSMP<sup>®</sup> was implemented with formerly incarcerated persons
- ✓ The CDSMP<sup>®</sup> has the potential to positively impact the FIPs ability to manage their own health
- ✓ The program can be further sustained by the trained staff member at the agency
- ✓ Further study needs to be done on the health care behaviors that may have driven the improvements in perceived health