



Bridgeport & New Haven Health Equity Pilot

August 2023 - February 2024

Summary

4-CT and the SEICHE Center for Health and Justice at Yale School of Medicine are partnering to launch a first of its kind pilot in Bridgeport and New Haven. The pilot is being used to determine the effectiveness of an unconditional, monthly cash transfer program to promote positive health outcomes for individuals with chronic disease returning from incarceration. The pilot aims to generate important data on the feasibility of administering a larger randomized controlled trial on chronic disease outcomes for formerly incarcerated individuals.

Pilot Overview

Thirty Bridgeport and New Haven area residents released from a correctional facility within the prior six months will receive \$500/month for six months on a prepaid Mastercard. Participants will be selected by the SEICHE Center through a variety of community organizations providing reentry services, including but not limited to those receiving healthcare from the Transitions Clinic Network. Unconditional cash transfers will be funded by 4-CT. The SEICHE Center will conduct a mixed-methods evaluation of the pilot, including: qualitative interviews with pilot participants, individuals released from prison, and community stakeholders to determine if pilot is well received by and meets the needs of the target population; and use of electronic health records and administrative claims data to measure health care utilization.

Aims

The aims of this pilot are: (1) to demonstrate the feasibility of initiating and administering a large-scale, randomized control trial of an unconditional cash transfer program for people with chronic disease released from prison; (2) to examine how an unconditional cash transfer program will be received by and meet the needs of people with chronic disease released from prison; (3) to demonstrate the ability to measure health care utilization and markers of chronic disease in individuals with chronic disease release from prison and recruited into a cash transfer program; and (4) improve systems for delivering support to individuals transitioning back into society.

Background

At least 2 million people are incarcerated in the United States, disproportionately from minoritized and poor populations.^{1,2} Individuals returning from prison face financial debts incurred through the process of incarceration (debts owed to family/friends, legal financial obligations) and face barriers obtaining employment and social integration.

The mutually reinforcing effects of poverty and incarceration can lead to extreme material hardship, which creates stress on individuals and can lead to worsening health. Compared with the general population, people with histories of incarceration have a higher rate of chronic disease^{3,4} and, in the period following release from incarceration, higher rates of hospitalizations⁵ and death.⁶

In an ongoing National Heart Lung and Blood Institute-funded study following individuals with cardiovascular risk factors released from prison,

¹ Correctional Populations in the United States, 2021 - Statistical Tables (Bureau of Justice Statistics) (2023)

² Sawyer W, Wagner P. Mass Incarceration: The Whole Pie 2020. Prison Policy Initiative. Accessed February 12, 2022. https://www.prisonpolicy.org/factsheets/pie2020_allimages.pdf

³ Wang EA, Redmond N, Dennison Himmelfarb CR, et al. Cardiovascular Disease in Incarcerated Populations. *J Am Coll Cardiol.* Jun 2017;69(24):2967-2976. doi:10.1016/j.jacc.2017.04.040

⁴ Massoglia M, Pridemore WA. Incarceration and health. *Annual Review of Sociology.* 2015;41:291-310.

⁵ Wang EA, Wang Y, Krumholz HM. A high risk of hospitalization following release from correctional facilities in Medicare beneficiaries: a retrospective matched cohort study, 2002 to 2010. *JAMA internal medicine.* 2013;173(17):1621-1628.

⁶ Binswanger IA, Blatchford PJ, Mueller SR, Stern MF. Mortality after prison release: opioid overdose and other causes of death, risk factors, and time trends from 1999 to 2009. *Annals of internal medicine.* 2013;159(9):592-600.

the SEICHE Center has found that one month after release, 86% of individuals have monthly incomes below \$1,000/month, which persisted 6 months later as their control of cardiovascular risk factors worsen.

Given the central role that poverty plays in poor chronic disease outcomes in the immediate post-release period, 4-CT is supporting the SEICHE Center’s exploration of unconditional cash transfer programs as an attractive intervention to improve health and wellbeing for individuals released from incarceration.

Guaranteed income is a powerful tool to relieve economic pressures while giving recipients the dignity and autonomy to decide for themselves how to improve their lives. Providing targeted, recurring, no-strings-attached income makes it possible for individuals to meet their immediate

needs and stay on track to reach longer-term financial goals.

Pilot Administrator

4-CT is an independent, privately funded nonprofit organization that partners with community-based organizations across Connecticut to provide direct cash assistance to residents in need, giving them the agency to make their own decisions and the resources to improve their lives. Established at the onset of the Covid-19 crisis to provide emergency funding statewide, we have expanded our mission beyond the pandemic to use cash assistance to address immediate crises while also exploring the efficacy of recurring payments as a means for addressing systemic injustices.

Please contact Sarah Blanton, CEO, at sarah@4-ct.org with any questions.

Highlights

Total Cost: \$90,000

Number of Participants: 30

\$500 monthly cash payments
(\$3,000 over length of pilot)

Population Focus: Individuals returning from prison to a Bridgeport or New Haven- area address

Performance Indicators:

- Reception of Pilot by Target Population and Reentry Service Providers
- Ability of Pilot to Meet Needs of Target Population
- Feasibility of Larger RCT
- Quality of Life (Employment Status, Housing Stability, Family Relationships, Community Engagement, Mental Health)
- Healthcare Utilization
- Chronic Disease Health Outcomes
- Recidivism Rate

Timeline

Jul-Sep 2023 Recruitment of Participants	Aug 2023 Pilot Launch Participant Payments Begin	Feb-Apr 2024 Pilot Ends	May 2024 Release of Findings
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About SEICHE Center for Health and Justice

The mission of the SEICHE Center for Health and Justice at the Yale School of Medicine is to advance health and wellbeing for those impacted by mass incarceration. We are committed to dismantling systems of racism and other forms of oppression to build health equity through clinical care, research, education, and legal scholarship and advocacy.