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Qualitative Analysis on Reintegration Needs of Formerly Incarcerated Women in Clark County, Ohio

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Qualitative Analysis on Reintegration Needs of Formerly Incarcerated Women
in Clark County, Ohio

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Acknowledgements

First, I would like to thank Joan Elder and the entire staff of the Springfield Foundation and the Women’s Partnership Fund Advisory Committee. They are the ones responsible for creating this idea of bringing awareness to the needs of all women in Clark County, Ohio. Their ideas made this possible and their encouragement and guidance inspired me to continue on to create something important that would benefit not only women in Clark County, but make Clark County Ohio better as a whole. Thank you Joan for the nights that you spent guiding me on conducting surveys and focus groups and the things you didn’t know, leading me to those who did.

Next, I would like to thank the women who participated in the focus group to make this study possible that I referred to as “females one through seven”. Please know that you have a face and your voice has been heard. By taking the time to provide your thoughts and opinions, you all have made me more aware of the concerns and needs that not only you have about coming home after incarceration but possibly other women who are in your position. I know from talking with all of you that you desire to be successful in your transition. This will also aid in opening awareness to others in the community of Clark County, Ohio and hopefully in areas around the state.

I would also like to thank my husband Corey, my children Cj and Marcus, and my mother Barbara for their patience and understanding. Through for the missed games, late nights, and time away from home and for my mother for stepping in anytime we needed her. You all have made it possible for me to complete this project. I love you all more than you know.

Finally I would like to thank my professors Michele Battle-Fisher and Sylvia Ellison. Thank you to Professor Battle-Fisher for introducing me to the world of qualitative analysis and Professor Ellison for your guidance with the data and critiquing throughout this process.
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Abstract

There has been a significant increase in the rate of incarceration among women. Since 1995, women’s incarceration rate has increased by about 203%. With this growing trend it is important to explore the unique needs of women, particularly those that relate to community reintegration. It has been found that women reported their needs differently than men. This study examines some of those needs reported by women in the Clark County Jail through a pilot focus group conducted in January 2012. The women in this study discussed what they felt would be needs they would face once they were released from jail as well as barriers they felt existed in Clark County, Ohio that inhibited success. Their answers were categorized and coded using different themes. It was found in this study that the women wanted an opportunity to reform but felt that they did not have the resources available to them. Some of the themes included a need for job training, better jobs willing to hire ex-felons, and opportunity for safe, clean, and affordable housing. It was also found that there were a few programs in the community that were helpful to them but they felt the community overall was not very helpful because of a lack of needed programs. The participants also felt that there was a stigma related to being an ex-felon or having a criminal record. Further research is recommended as a way to identify the continued needs of women as they are released from jail or prison.

*Keywords*: reintegration, barriers, pilot focus group
Qualitative Analysis on Reintegration Needs of Formerly Incarcerated Women in Clark County, Ohio

Incarceration for women is growing at an alarming rate and according to statistics from the Ohio Department of Rehabilitation and Corrections (DRC) these rates are expected to continue to rise. Although the majority of the prison population continues to consist of men, the DRC predicted that between 2009 and 2012, the total prison population will increase at a rate of about 3% while female incarceration rates will increase by about 9% (Martin, 2009). Women are incarcerated for different types of crimes compared to men and have been shown to have unique needs while in prison as well as when released from prison. Some of these unique needs include dealing with mental health issues, parenting, employment, and substance use/abuse disorders. As the Second Chance Act of 2007 has demonstrated, it is important to examine the needs of women once they are released from prison to help them be successful in their transition and reduce recidivism.

The Springfield Foundation’s Women’s Partnership Fund (WPF) felt that it was necessary to examine the needs of all women in Clark County, Ohio. As an attempt to gain a better understanding of the needs women face in Clark County, WPF created and conducted a survey with various women in the community. A part of this survey included conducting several focus groups, one with currently incarcerated women in the Clark County jail. The women who took part in the focus group discussed their needs to be successful once they are no longer incarcerated. They discussed some of the needs as they relate to them as ex-felons, mothers, and citizens in the community. As a result, WPF wanted to use this focus group to further explore the unique needs of women once they were released from jail to help them be more successful in their transition as well as to reduce recidivism.
Statement of Purpose

This focus group was conducted as a part of a mixed method research project to better understand the needs of incarcerated women in Clark County, Ohio. This was a pilot focus group that showed the opinions of seven women who were incarcerated in the Clark County Jail and what they felt would be their needs once they were released from jail. They also discussed barriers they felt inhibited their successful transition.

Review of the Literature

The United States has experienced a drastic growing trend of incarcerated women that has increased at rates far greater than those of men. According to a report from the Ohio Department of Rehabilitation and Corrections prepared by Martin (2009), men continue to make up the vast majority of those incarcerated in federal and state prisons and jails. Women make up only about seven to ten percent of the national prison and jail populations. The Women in Prison Project (Correctional Association of New York, 2009) reported that national rates of women incarcerated in federal prisons rose 203% between the years 1995 to 2008. The reasons for incarceration for women were usually quite different than for men. Women were usually convicted of non-violent crimes. National statistics from 2005 showed that 28% of women in state prison were convicted for drug offenses and another 28% were convicted for property offenses. Drug offense crimes increased by 29% in women between the years 2003 to 2007 compared to 15% in men (Correctional Association of New York, 2009). It was also found that although women were less likely to recidivate than men, recidivism rates were highest among women who were convicted of drug offenses or property offenses (Deschenes, Owen, & Crow, 2007). It was also reported from the Women in Prison Project (Correctional Association of New York, 2009) that 62% of the women who were incarcerated in state prisons reported being
parents of children under the age of 18. About four percent reported being pregnant when they entered a correctional facility. Caucasian women made up the majority of the population of women at 45.5% but women of color (African-American and Hispanic) were disproportionately represented in jails and prisons. Ninety-three of every 100,000 Caucasian women, 349 of every 100,000 African-American women and 147 of every 100,000 Hispanic women were incarcerated in 2008 (Correctional Association of New York, 2009).

Upon release from jail or prison, these women will have to be reintegrated into their communities in a way that will allow them to be successful. Exploring those needs is a very important part of their reintegration success. For many years the focus of community reintegration was primarily focused on men because historically men had been incarcerated at rates far greater than women. With the dramatic increase of women’s involvement in the criminal justice system, it is important to explore the needs of women and examine its uniqueness (Spjeldnes & Goodkind, 2009). On April 9, 2008, the Second Chance Act of 2007 was signed into law (Council of State Governments Justice Center, n.d.). This Act was designed to improve outcomes for reintegration of those leaving jails and prisons in the United States with one main goal being to help reduce recidivism. One provision in this act allowed for research to understand the unique needs of certain groups of people which included women (Council of State Governments Justice Center, n.d.). Reintegration success is impacted by many factors such as an individual’s vulnerability to certain conditions. These conditions include mental illness, substance abuse, or acute or chronic health conditions as a few examples (Luther, Reichert, Holloway, Roth, & Aalsma, 2011). A quantitative study that involved prisoners released from New York City jails and prisons that included 1410 people, 704 being female found that there were some needs that were unique to women compared to men. This study, which coincided
with some national statistics, found that the average age of incarcerated women was 35 years, while males had a higher incarceration rate in those between the ages of 18 and 25. About 83% of women were mothers and about 36% of these women had completed a high school diploma or GED (Freudenberg, Daniels, Crum, Perkins, & Richie, 2005). The percentage of those who had completed a high school diploma or GED was slightly higher in this particular study than some national statistics (Freudenberg, Moseley, Labriola, Daniels, & Murrill, 2007).

According to statistics from the US Department of Justice and a report from Sipes (2012) the incarceration rate for women increased at a rate almost double that of men in 2006. Women’s incarceration rates in 2006 were 4.8% while men’s rates were 2.7%. In that same year, 73% of incarcerated women had reported a mental health problem compared to 55% of men. Of the female inmates who were mentally ill, 8 in 10 reported sexual abuses in jails, 6 in 10 women in state prisons had reported that they had experienced physical or sexual abuse, and 7 in 10 women reported being the parents of minor children (Sipes, 2012). Because of some of these statistics that showed the differences in crimes, average ages, and educational attainment in women, it could be argued that the pathway to reintegration differs for women compared to that for men. It was reported by van Wormer and Kaplan (2006) that women’s needs for successful reintegration should be health care and interventions focused (Spjeldnes & Goodkind, 2009, p. 315). It is also important to focus on other differences such as age, education, and parenting differences when it comes to providing avenues for successful reintegration (Freudenberg et al., 2005, Freudenberg et al., 2007; Herrschaft, Veysey, Tubman-Cabone, & Christian 2009). It was reported by Herrschaft, Veysey, Tubman-Cabone, and Christian (2009) on gender differences in transformation after incarceration that women and men reported positive transformation processes differently. There was a different idea of positive change between the two genders.
Females were more likely to report relationship related factors in their positive change experience such as those relationships with their therapists, family, friends and peers as playing a significant role on their transformation and reintegration into the community after incarceration (Herrschaft et al., 2009). Similar findings from another study reported that successful outcomes for reintegration are often shaped by variables such as relationships with family and children, community status, and finances once they are released from prison or jail (Deschenes et al., 2007). Another qualitative study conducted with women who had been released from a Chicago jail discussed how the availability of housing played a significant role on their reintegration success. These women reported that they were in need of housing so that they could be reunited with their families. Housing availability for larger units was often scarce so the women with children often had to make the decision of living without their children.

Both quantitative and qualitative studies that have focused on needs of prisoners once they reenter the community have identified unique needs for women. For example, Harner and Riley (2012) reported that many incarcerated women suffer from mental health issues which can either be antecedents to incarceration or the consequences of being incarcerated. About 90% of women who were incarcerated may have experienced some sort of victimization which could also lead to forms of mental illness. Women were more likely to enter into the prison system with a mental illness which they reported as becoming worse while being incarcerated (Harner & Riley, 2012). Mental illness was also an indicator for recidivism. It was found that for women, having a serious mental illness (SMI) had a significant influence on recidivism (Cloyes, Wong, Latimer, & Abarca, 2010). A qualitative study from Spjeldnes and Goodkind (2009) focused on the needs of both men and women reentering communities and identified barriers that affected the successful reentry process. The barriers identified were legal policies, labor markets, and
social barriers. Women were affected at higher levels by areas such as social policy. This was because women were more likely to be parents of minor children. Once they were no longer incarcerated they needed housing, jobs, and proof of chemical abstinence to regain custody of their children. Social policies restricted ex-felons from obtaining assistance in these areas (Spjeldnes & Goodkind, 2009). A qualitative study that focused on women who participated in a program called Welcome Home Ministries (WHM) identified several themes for a successful reintegration. The themes identified by Parsons and Warner-Robbins (2002) were a belief in God, freedom from drug addiction, the importance of rehabilitation, role of support groups, nurse-chaplain jail visits and support, supportive friends who are not former drug users, role of supportive family, significance of role models, personal determination, children as driving force for change, significance of employment, helping others, and learning to deal with past feelings and issues. This study put spiritual belief and freedom from addiction as primary factors in successful reintegration for women (Parsons & Warner-Robbins, 2002). Another qualitative study involving 51 participants, 29 who were female, identified similar barriers. In this study, both men and women were recruited through various agencies to participate in two focus groups. The focus groups were divided into male and female groups. Specific barriers identified in this study included accessing identification such as birth certificates, social security cards, or driver’s licenses or state ID. This is necessary to obtain housing and employment. They also reported receiving outdated or inadequate information on employment or other services. This study also identified areas that were facilitators to successful reentry which included agencies with dedicated case managers, peer mentors directly involved with their process of reentry, supportive reentry programs, and strong family support (Luther et al., 2011).
Another study identified substance use disorders as a health issue that disproportionately affected women who were incarcerated. This study from Proctor (2012) reported that there had been a significant increase in the rate of felonies with women, mainly drug-related charges related to drug trafficking and drug procession. Substance use disorders ranged from 10% to 23.9% for alcohol abuse and dependency to 30.3% to 60.4% for drug abuse and dependency. About half of women offenders in state prisons reported being under the influence of drugs or alcohol at the time of the offense for which they had been incarcerated (Proctor, 2012). In a meta-analysis on recidivism in those offenders with mental disorders it was found that substance abuse was a greater predictor for criminal behavior and recidivism than educational achievement. This study also found that the best predictor for recidivism was criminal history (Bonta, Law, & Hanson, 1998). It has also been shown that for females, the pathway into drug use was often related to childhood traumas or victimization. Victimization could be in the form of physical, sexual or verbal abuse. Females often use drugs to deal with the issues of victimization and in turn resorted to criminal behavior to support their drug habits (Bowles, Dehart, & Webb-Reed, 2012). A separate study that used 391 women from the three women’s prisons in Ohio found that many incarcerated women had been victimized in the form of sexual abuse. This study looked at different forms of sexual abuse that ranged from fondling and kissing without permission to different forms of penetration. It was found that for what was considered the highest form of sexual abuse which would be oral, vaginal, or anal penetration without consent, 41.4% of women reported this happened to them and 38.9% reported that someone used drugs or alcohol to persuade them into some form of sexual penetration. When the women were asked if they had ever been raped, 54.5% reported that they had been raped (McDaniels-Wolson & Belknap, 2008).
Methods/Study Design

Study Design

A convenience sample was used to select the women to participate in this focus group. This study was a part of a triangulation study design that included a written survey that was designed to explore the needs of women in the community. All current female inmates were invited to participate in the focus group. They were told that this was on a volunteer basis. The focus group took place on January 23, 2012. At that time a total of 22 women were incarcerated. To be eligible to participate in the focus group participants had to be female and currently incarcerated. There were five women who participated in the written portion of the survey. Those five women were invited to participate with the focus group. Two of those five women chose to take part in the focus group. Lieutenant Sanders, the officer in charge of the corrections facility, felt that it would be beneficial to send one of his female corrections officers into the general jail population to invite the women to the focus group. I explained to the corrections officer the purpose of the focus group and asked her to relay this to the women. The corrections officer went to each female inmate and asked if they wanted to participate in this focus group. Five additional women chose to participate with the focus group. We had a total of seven women for the focus group which was about 31.8% of the total female population. The corrections officer stated that some of the women were “still coming down from a high” and gave this as a potential reason why some of the women may not have participated. She was referring to some recently incarcerated women who were drug addicted and possibly in withdrawal. These women would have been excluded from participation because of their potential inability to understand and fully participate with this focus group. There were no other reasons given by the corrections officer for non-participation from the other female inmates.
Participants

At the beginning of the focus group the women were read a consent form. This consent was also a part of the initial survey. Although some of the women said that they did not mind having their real names used, they were assured that their names would not be used. Through random coding, the women were referred to as females #1 through #7. All of the women except for one were Caucasian. Female #1 was a 41 year old Caucasian married with one 11 year old daughter. Her mother had custody of her daughter. Female #2 was a 36 year old Caucasian who was married with 4 children. All of her children, except one 16 year old, were adults and not living at home. The 16 year old was living at home with her husband. Female #3 was a 47 year old African-American who reported not being married and having no children. Female #4 was a 27 year old Caucasian married with 4 children. She did not report where her children were staying. Female #5 was a 39 year old Caucasian who was married without children. Female #6 was a 22 year old Caucasian female not married with 2 children ages 1 and 4. Female #7 was a 22 year old Caucasian who was separated from her husband and had one son age 3. Her son was with her mother.

Survey

The Women’s Partnership Fund (WPF) was a fund created by the Springfield Foundation to help improve the lives of women and girls in Clark County, Ohio. The advisory committee for the WPF met in the spring of 2011 to gather ideas and compile a list of questions to discover the true needs of women and girls in the community of Clark County. The Foundation had information from previous research but wanted additional information and data regarding women and girls, especially those who received services related to childcare, welfare, drug rehabilitation, and domestic violence. The committee then formed a subcommittee that included women who
were providers of the above services, community leaders, and Wittenberg University professors to create a list of questions to ask in a survey that could be distributed throughout the community. Before the survey questions were finalized and distributed, they were submitted to and approved by Wright State University’s Institutional Review Board (IRB) (Appendix A). The survey was then distributed to various women in the community as well as community leaders and providers of services through survey monkey. Hard copies were provided for those who did not have access to a computer. The survey questions were then modified so that they could be asked in a focus group setting. There were a total of three focus groups, one with women incarcerated in the Clark County Jail.

The participants were asked four questions about what they felt were needs in the community to help them to be more successful and two questions on what changes they felt would benefit girls between ages 12-18. These questions were asked to each participant one at a time and each participant’s responses were typed. The transcription was completed by one person and not recorded. The following questions were asked:

1. What community resources exist to help women and girls improve their quality of life?
2. What are some of the problems in the community that you feel are barriers to your success?
3. What changes in the community would significantly improve your life and help you become more successful?
4. What do you see as areas of need in the community or what services do we not have that you would bring to the community?
5. What do you feel are some of the barriers that girls (age 12-18) face in the community?

6. What changes would help them become more successful?

For the purpose of this research the first four questions were analyzed and will be discussed in the remainder of this research. Questions 5 and 6 were coded but not used for this research. This coding can be seen in Appendix B. After analyzing the results of the focus group with the incarcerated women, the WPF advisory committee felt that these responses were not only helpful in gaining an understanding of the needs of women and girls in the community but also gaining a better understanding of the special needs of women post incarceration. The responses were reviewed by the WPF advisory committee for the purpose of gathering information to add with the surveys for statistics of overall needs of women in the community. The responses were then analyzed for the purpose of gathering information to look at specific needs of women once they are no longer incarcerated.

**Coding, domains, and themes.**

For this research a model from the University of Texas Southwestern Medical Center at Dallas called *Participant’s Guide: 7 Steps to Analyzing Focus Group Data* was used to identify categories or themes for coding (University of Texas, n.d.). This model was used to identify risk behaviors for unsafe sexual practices but relate overall to behaviors that people adopt. Those behaviors are referred to as factors that influence behavior (FIB). Understanding FIBs when conducting a focus group helps to identify what factors within a community or population influence certain behaviors and helps determine appropriate interventions. This particular guide was used because the domains and categories were a good fit for the Clark County focus group. The categories and domains in the University of Texas guide (University of Texas, n.d.) used
environmental factors as well as past behaviors as predictors of future behavior. For the analysis of this focus group it is important to understand these factors as they relate to recidivism and to gain an understanding of how to better provide for the needs of women once they are no longer incarcerated (University of Texas, n.d.). The categories or themes from this guide had 5 domains and each domain had several health determinants. The domains are the general title of the FIB and the determinants are subtitles under each domain. Not all of the domains and determinants were used for this analysis, only the ones that applied to the behaviors identified from the focus group. The domains were used as initial coding and the determinants in this research are referred to as themes, which were then used as the focused coding. The domains and themes used for this research from the University of Texas guide were as shown in Table 1.

The coding method used to analyze responses was from the University of Texas on how to analyze focus group data as well as information from Texas A&M University’s how to analyze responses from a focus group (University of Texas, 2011; Barnett, 2002). These guides helped to determine particularly how to code responses from a focus group. The responses for each question were listed separately and then put into initial coding. These were then narrowed down to more specific focused coding. The final focused codes were the themes used from the University of Texas focus group guide. Some of the responses were related to the same theme and were listed as such (refer to Appendix B for how questions were listed under codes and themes).
### Table 1

Domains and Themes used from the University of Texas Guide

<table>
<thead>
<tr>
<th>Domain</th>
<th>Sub-Domain 1</th>
<th>Sub-Domain 2</th>
<th>Sub-Domain 3</th>
<th>Sub-Domain 4</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Self-Perception</strong></td>
<td><strong>Self-efficacy:</strong> This is the degree of confidence a person has in the ability to perform a specific behavior. This category has both cognitive and behavioral dimensions.</td>
<td><strong>Intentions:</strong> Intention to perform a behavior comes from a combination of attitude and subjective norm. Some people’s intentions are influenced by what other important people in their lives may think about a behavior. For some, attitude can be a more important consideration on whether or not to perform a behavior.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Emotional Arousal</strong></td>
<td><strong>Positive/Negative Moods:</strong> This refers to how a person’s mood indirectly affects behavior.</td>
<td><strong>Shame and/or Guilt Provoking Certain Behaviors:</strong> One way people may cope with feelings of shame or guilt is by participating in various high risk behaviors.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Structural and Environmental Factors</strong></td>
<td><strong>Environmental Barriers/Facilitators:</strong> A person’s physical environment can either help or impede the adoption of risk reduction behaviors.</td>
<td><strong>Social Policies:</strong> This is in the form of local, state, or federal legislation and the role it plays or behaviors.</td>
<td><strong>Social Inequalities:</strong> Racism, sexism, socioeconomic stratification, etc. are deeply embedded in our culture and affect the resources available to people, as well as the health related behaviors they adopt.</td>
<td></td>
</tr>
<tr>
<td><strong>Social Influences</strong></td>
<td><strong>Social Support:</strong> Social support can encourage or undermine the adoption and/or maintenance of behaviors. Support can come from an individual, group or community.</td>
<td></td>
<td><strong>Sense of Community:</strong> People within the community may have a sense of a shared belongingness. Members of the community may have an influence on others and the behaviors they adopt.</td>
<td></td>
</tr>
</tbody>
</table>

Source: University of Texas, n.d.
Data Analysis and Results

It is important to understand some of the demographics of Clark County. According to the 2011 U.S. census, Clark County had a total population of 137,691. The population consisted of 85.7% white persons, 8.9% black persons, and the rest of the population consisted of Asians, American Indian/Alaska Natives, Native Hawaiian, persons reporting more than one race, and persons of Hispanic or Latino Origin. In 2010, the mean household income was $54,145. The total number of those households that made less than $25,000 was 15,200 or about 27.5% (United States Census Bureau, 2011). This pilot focus group took place at the Clark County jail. The focus group was open to all women who were currently incarcerated. The total population of women in the Clark County jail at the time of the focus group was 22. All of the women were invited to participate and a total of seven women chose to participate with the focus group. Six of the women were Caucasian and one was African-American. Five of the women had children. Five of the women were married, one was separated, and one was not married. The women’s ages ranged from 47 years old to 22 years old. No information about the women’s education, employment prior to incarceration, or why they were currently incarcerated was obtained. At the beginning of the survey, the women were read consent to inform them that participating in this survey was voluntary and the information from this survey was going to be used by the researcher and the Springfield Foundation for research and that their names would be kept anonymous. They all agreed to continue with participation.

Self-perception.

Under this domain, the themes identified were self-efficacy and intentions. The responses were categorized under these themes and came from several questions asked to each of the women. Self-efficacy was identified through the need or desire to reform and identification
of self as being the barrier or problem that impedes change. The responses came from the question “What changes in the community would significantly improve your life or help you become more successful?” Female #3 responded by saying “I am the problem, I need to change myself.” Females #5 and #6 both said that they would change themselves. Female #5 also added that she would change how she “acts toward people.”

The intensions theme was related to need or desire to reform. The women who were drug addicted understood that they needed to reform. They felt that the programs they needed to help them with their drug addictions were not available or the programs they had previously gone through had not worked for them. The responses for this theme came from the following two questions:

- What community resources exist to support women and girls improve their quality of life?
- What changes in the community would significantly improve your life or help you become more successful?

Female #1 said “There is an in house treatment center it just started in January…” This female felt hopeful that she would get to be a part of this treatment center. Females #6 and #7 both said that they would change their addiction. Female #3 said “…When I get out, I just need another chance…”

**Emotional arousal.**

The two themes from this domain were very closely related. The themes were positive and negative moods and shame and/or guilt provoking certain behaviors. For this study the moods were negative and lead to feelings of shame or guilt which provoked certain behaviors. The mood was a feeling of hopelessness which came from not being able to provide basic needs
for themselves and/or their families. The resultant behaviors were possibly turning to criminal actions to provide those basic needs which in turn lead to drug use. There were different situations that led to these feelings such as the lack of jobs, not having needed housing or just the feeling of having the stigma of being a felon and how they were viewed in their community. These themes came from the following two questions:

- What community resources exist to help women and girls improve their quality of life?
- What changes in the community would significantly improve your life or help you become more successful?
- What do you see as areas of need in the community or what services do we not have that you would bring to the community?

Female #1 said “In the time of waiting, some go back to what got them in jail in the first place...” She was referring to waiting for either housing, or a job. Female #4 said “When you get out of jail you have needs. Those needs need to be met.” Female #1 added to the response from female #4 “...usually when you commit those crimes then you start to get high again...”

The women at this time were having a discussion regarding the difficulties in providing basic needs once they were no longer incarcerated. They seemed to know that it was going to be difficult to obtain just the basic needs and seemed prepared to take any measures necessary in obtaining those needs.

**Structural and environmental factors.**

The Structural and Environmental factors domain had several themes. The themes were environmental barriers or facilitators, social policies, social inequalities, and sense of community. The responses related to these themes that the women gave were lack of
available housing as being a barrier, welfare programs not working or too difficult, the need for more jobs in the community, especially those that are willing to hire ex-felons, and for their community to not be judgmental toward ex-felons. These responses were from the following questions:

- What community resources exist to support women and girls to improve their quality of life?
- What are some of the problems in the community that you feel are barriers to your success?
- What changes in the community would significantly improve your life or help you become more successful?

The theme environmental barriers and facilitators in this study was related to the difficulties related to housing, welfare, and jobs. Female #4 said “I went through OND program to help ex-felons find a job. I went through twice but [was] not able to find a job.” The OND (Opportunities for New Directions) program was a program that was designed to help ex-felons find employment. Female #5 reported that she had been waiting for housing for 5 years through Springfield Metropolitan Housing. She felt that now that she has a felony, it would be even harder for her to obtain the housing she needed. Female #1 also stated that there is a “long wait” for housing. Female #3 felt that she could not get the rehab or the housing she needed. Female #4 said “you have to make $2000 a month to live in low income (housing).” As it relates to welfare, female #6 said that “welfare is too long and complicated to fool with” so she has never tried (to obtain services from welfare). Female #7 said “…it’s too complicated…” referring to the welfare system. Another problem with the welfare system that was mentioned was the lack of case workers. Female #1 said that she doesn’t like having more than one caseworker. She
also said “You are dependent on your caseworker...” Female #2 also said that there were not enough caseworkers and females #4 and #5 both agreed that there were not enough caseworkers. There were some programs that were identified as being “helpful”. Female #1 felt that Maiden Lane church was helpful. This church has several outreach programs available. One provides food and clothing to people twice monthly.

Social policies theme in this case was identified as those policies that were local and the women felt as being barriers to their success. The responses were making programs more affordable, changing leadership and the judicial system, and keeping funding for programs that work. Female #1 said “Work plus is good...had to pay $100 a month.” Female #6 said “Interfaith is good... funding taken away.” Female #6 said “WICs helpful” but it was losing money. She also said that Interfaith (Hospitality Network) was a good program but it was losing funds as well. The overall feeling of leadership seemed to be one of distrust. Female #6 said she would “...change the judicial system...” Female #3 said she would change “...leadership and crooked leaders.” Female #2 said “I would change not being able to pull all of your information up on the computer...” and female #7 said that her information (about the reason why she was incarcerated) was “... copied and pasted and put on Facebook.” She felt because of this, she will have difficulties finding a job.

Social inequalities were related to what they felt as women were some of the areas that held them back from being successful. These responses were very closely related to environmental barriers but were listed in this category because the women felt that these areas were directly related to inequalities for women. They felt that men had either better or more opportunities in certain areas. These areas identified were the community had more drug treatment programs for men than there were for women and the need for job training for women.
Female #6 said “Women are not treated equally...a lot of programs (drug treatment) for men and not for women...men have more opportunities than women.” She also said that women tend to do things over and over because they don’t have help. This was a question that all of the women seemed to agree upon even though not all of them gave a direct answer or response to what female #6 said. They would give gestures such as nodding to show they agreed. Female #7 said that there is a lady that was currently incarcerated that had 4 children and the homeless shelter would not accept her (because she had 4 children). She did say that this particular lady was “put up” in a hotel.

The sense of community theme had responses related to community bias toward ex-felons, the community’s perception of ex-felons, and lack of support for ex-felons from the community as a whole. When asked the first question on what resources exist to support women and girls female #1 said that she didn’t see much in the community. She also felt that there was “no encouragement.” Female #7 responded to the question of “what changes in the community would significantly improve your life or help you become more successful?” by saying that she would change jobs (willing to hire ex-felons). “We need more willing to hire ex-felons.” The other participants all agreed with her again showing they agreed by nodding and saying statements like “that’s true”. They felt that the community “labeled” them as felons. Female #2 said that she felt as if she were “labeled” as an ex-felon at the GED center. She also said a change she would make would be not being judged on her history. Female #1 said she would change “community bias” toward ex-felons.

Social influences.

The theme of social support was identified under this domain. This domain looks at how the women viewed their community as it’s related to helping them become more successful once
they are no longer incarcerated. Community in this case refers to community leaders, private and community programs and services, and private citizens. Although the women felt the community as a whole was not helpful for them, they did feel that private citizens and a few local and private organizations were helpful. These responses were from the question “What community resources exist to support women and girls to improve their quality of life?”

Female #1 said that WorkPlus was a good program. Female #3 said that private citizens had been more helpful to her. Female #6 said that WIC was a good program and felt that Interfaith Hospitality was helpful for her. Female #1 said that Maiden Lane Church was helpful for her.

The women also felt that some of the local food pantries were helpful.

**Discussion**

This focus group was conducted at the Clark County Jail for the initial purpose of including incarcerated women in a survey conducted by the Springfield Foundation’s Women’s Partnership Fund. This survey was designed to gather data from various women in the community on their perceived needs for women and girls in the community. After further reviewing the focus group, it was then used as a pilot focus group for qualitative analysis on the perceived needs of incarcerated women once they are released from prison. This study helped determine what women felt their needs were as well as some of the attitudes they had about community and how well they felt they would be supported in their community. The majority of the women in this focus group (six out of seven) were Caucasian and one was African-American. The key findings from this focus group are as follows:
1. The women wanted to reform but felt they needed an opportunity to do so. They could not fully reform due to a lack of drug treatment programs, especially those for women.

2. There was a desire to provide basic needs for families once the women were released into the community but felt that this was difficult because:
   a. There was a lack of jobs in the community, especially those willing to hire ex-felons.
   b. Women need job training to be able to obtain a job.
   c. The rules that exist for ex-felons to obtain housing through public housing organizations prevent ability to provide good, affordable housing.
   d. Welfare system is difficult to deal with and the programs that currently exist are not working.

3. When the women are not able to provide basic needs for themselves or their families there is a reversion back to “old habits” that arise. This could cause the women to revert back into behaviors that got them into jail from the beginning. These behaviors may also cause a relapse into drug use.

4. Although the question was not asked directly, the majority of the participants were involved in drug use or abuse. If they were not involved themselves, they knew of other incarcerated women who were.

5. There was a feeling of lack of support from the community. The women felt that they would always be “labeled” as an ex-felon which they felt made it difficult to reach their goals.
There needed to be a change of attitude toward ex-felons from those in the community. This includes those in leadership positions, those providing jobs, and the housing and welfare systems.

Regulations and policies that prevent ex-felons from receiving the help they need should be changed.

There was a sense of inequality for women compared to men overall in the community. They felt that men had more opportunities overall.

There was a sense of some programs being helpful but those programs were losing funding. The women felt that private citizens and organizations were the most helpful to them.

This study is important for several reasons. A few such reasons are preventing recidivism, helping to provide a better quality of life for formerly incarcerated women, and ensuring successful reintegration into the community by providing access to basic needs for the women as well as their children. Gathering this information can also help communities identify their success or failure at meeting these needs. An article from the *Journal of Contemporary Social Services* (O’Brien & Young, 2006) has an assessment of the challenges that formerly incarcerated women faced. The areas identified in this article were basic needs such as financial support and access to safe and decent housing. One specific area identified as a problem in this article was the restrictions in the Temporary Assistance to Needy Families welfare act which places a lifetime ban on those who have been convicted of a drug related offense. This ban restricts them from receiving cash assistance. Other areas identified in this article were health needs, drug and alcohol related problems, physical safety, family relationships, mental and emotional needs, and educational and vocational needs. This article reported that in 2005 75%
of women convicted of a drug crime reported substantial drug use 30 days prior to incarceration (O’Brien & Young, 2006). Drug use and abuse is a major problem among women when they enter into incarceration. It was found that about 70% of women entering into jails or prison reported a dependency on some form of substance (Proctor, 2012). Women convicted of drug related offenses were more likely to be rearrested for this same offense (Deschenes et al., 2007; Bonta et al., 1998). Drug treatment when linked with aftercare plays a crucial role in the success of ex-felons once they reenter the community (O’Brien & Young, 2006).

The findings in this qualitative study are a good start to understanding the unique needs of women once they are released from prison into the community in Clark County, Ohio. There has been research to show the immediate needs of formerly incarcerated men and women and further research to examine the unique needs of formerly incarcerated women would prove beneficial. The findings in this study are consistent with what other similar qualitative research has shown as being the needs of women once they are released from prison. An article published in *Healthcare for Women International* (Parsons & Warner-Robbins, 2002) was a qualitative study that helped to identify needs of formerly incarcerated women by selecting women who went through a program called Welcome Home Ministries. The women consisted of Caucasians (67%), Hispanic (22%), and African-American (11%). Of these women, 85% were mothers.

Through open ended questions, the needs identified in this study were housing, drug and alcohol counseling, mental health counseling, financial aid, education and training, medical care, family support, specific items such as food and clothes, getting children back, child care, parenting classes, and legal issues (Parsons & Warner-Robbins, 2002). Another example was from the article by O’Brien and Young (2006). This study was qualitative as well and examined a holistic approach on how to access the challenges of formerly incarcerated women. The needs identified
as listed previously in this section, were predetermined needs. Another qualitative study conducted with Indianapolis participants consisting of both men and women found that for successful reintegration, immediate needs must be available. These included housing, health care including mental health care, transportation, and referrals to social service providers (Luther et al., 2011). Although all of these needs from both studies were not identified in the focus group with the women from Clark County, the findings were all very similar. The qualitative study from Parsons and Warner-Robbins (2002) and from Luther et al. (2011) was conducted with women once they were released from prison or jail. The study from O’Brien and Young (2006) used a predetermined set of needs from previous studies. The participants were also participating with some reintegration program or with agencies that work directly with returning prisoners. The Clark County focus group was conducted with women while they were still incarcerated. This could explain some of the differences in the findings. The women who were already released from prison could possibly have a better understanding of what their actual needs would be because they were already in the community.

What is also important to note in this study are some of the areas that were not identified by the women in the Clark County focus group. Healthcare for physical or mental health were not identified along with transportation and education. The women that participated in this focus group seemed to be more interested in meeting those immediate needs and were not focused on long term. It is important to note that the women were able to respond to what they felt their needs would be and were not asked if they felt areas such as health care, transportation and education would be important in their success. It should, therefore, not be assumed that the women did not feel that these areas were not important at all. One conclusion that could be made from the lack of identifying some of these categories is that the women were focused
primarily on those needs that they deem as being immediate once they leave jail and may not have a full understanding of what all of their needs would be once they are released into the community. The areas identified in the focus group could be looked upon as being immediate needs to these women. It is also important to note that areas such as healthcare are provided for women when they are incarcerated.

**Limitations and Strengths**

There were several limitations to this study. First, this study was not initially conducted for the purpose that it has been used. The questions were not asked specifically to gather information about the needs of women once they were released from jail. The group was conducted without being recorded and with one person dictating responses to the questions on a computer while asking the questions. The responses were not all word for word when they were dictated so few direct quotes were used. Prior to this survey the women were not asked if they had prior convictions, how many times each participant was incarcerated in the past, and for what crime they were convicted.

The strengths of this study are that it can serve as a pilot focus group study to examine the unique needs of women once they are released from jail or prison. It represents the jail and prison population of some small counties with similar demographics as well as the population of incarcerated women in this country. This study can also help with understanding the role the community plays in the success of women once they are released from prison. The domains and themes in this study can be used to help with further studies specifically for the women in Clark County, Ohio.
Conclusion

Women continue to make up only about 7% to 10% of the total prison and jail population in this country but incarceration rates continue to rise at a rate that is more than double that of men. Statistics from a 2009 report from the Ohio Department of Corrections showed an expected incarceration growth of 3% by 2011 for men and 9% for women in the same year (Martin, 2009). Studies have also shown that women have specific needs once they are released from prison and some of the needs are unique to women and deserve further investigation into specific needs. The women in this survey responded to the questions by giving responses that would benefit them as ex-felons. The overall feeling was that there needed to be more help for ex-felons in the community of Springfield, Ohio and in Clark County as a whole. The most helpful of the community services seemed to be WIC, food pantries, and some private citizens. Programs such as the OND program seemed to be helpful but too costly for an ex-felon. For the job training program it wasn’t clear whether the program did not provide appropriate training or if there was just a lack of job opportunities. The perception of the respondents was that they would be less likely to be hired because they were ex-felons. They identified a need of drug rehabilitation which was a possible barrier for success for the majority of the women. According to statistics, drug related charges are primary reasons most women were incarcerated. The women expressed a concern about being judged by the community once they are reintegrated and attempt to find a job. Community seems to play an important role in the success/failure of women once they are released from jail. It is important for the resources to be available and for women to feel that they have access to these services.
Recommendations

It is recommended that further research into the specific needs for women once they are released from jail or prison as well as how communities are meeting those needs. It would be beneficial to conduct further focus groups in Clark County and other Ohio counties with formerly incarcerated women as well as with those who provide services for formerly incarcerated women. Some of the history of the women should be documented such as the number of prior convictions, reasons for convictions, and other socioeconomic information. The responses should be recorded and at least two people conducting the focus groups. This could be conducted in other Ohio counties to see if these needs are specific to certain counties in Ohio. These results can be compared to what is currently available to see if the needs that the women have are being provided in their area and how much access the women have to those resources. It is further recommended to examine the role the community plays in the success of women once they are released from jail or prison and how it affects it has on recidivism. Is this a positive affect or a negative affect according to the amount of support provided by the community? Finally, it would be recommended that in this research, ask questions to women about what resources are available for them in their community or if they are aware of specific programs or resources available. It is important to understand how effectively community programs are reaching out to women and how they can improve in this area.
References


University of Texas Southwestern Medical Center at Dallas. (n.d.) 7 *Steps to Analyzing Focus Group Data*. Retrieved March 3, 2012 from http://library.capacity4health.org/


Appendix A: IRB Exemption Letter

DATE: December 01, 2011

TO: Londa Holliday, PI, Student
    Christopher Eddy, MPH, Faculty Advisor

FROM: B. Laurel Elder, Ph.D., Chair
      WSU Institutional Review Board

SUBJECT: SC# 4645
    'Survey for Community Leaders and Providers of the Community'

Your study does not meet the definitions for human subjects research. Therefore the proposal submitted does not need approval from the Wright State University Institutional Review Board.

If you have any questions or require additional information, please call Jodi Blackidge, Program Coordinator at 775-3974.

Thank you!
### Appendix B: Coding of Responses

<table>
<thead>
<tr>
<th>Response</th>
<th>Initial Coding</th>
<th>Focused Coding</th>
</tr>
</thead>
<tbody>
<tr>
<td>Work plus a good program but had to pay $100 a week</td>
<td>Good program is costly</td>
<td>Making programs affordable (social policy)</td>
</tr>
<tr>
<td>WIC is a helpful program</td>
<td>WIC is a helpful program</td>
<td>Keeping funding for programs that work (social policy)</td>
</tr>
<tr>
<td>Welfare too long of a wait</td>
<td>WIC boring money</td>
<td>Providing drug treatment programs</td>
</tr>
<tr>
<td>One female on disability but is still not in a house. Has been waiting for 5 years.</td>
<td>Welfare takes too long</td>
<td>Making more housing available (social policy)</td>
</tr>
<tr>
<td>Not enough drug treatment centers for women. There is a waiting list for women and not for men.</td>
<td>Wait for housing is long</td>
<td>Providing drug treatment programs for women (social inequalities)</td>
</tr>
<tr>
<td>People in the community are judgmental toward ex-felons</td>
<td>Bias in drug treatment facilities</td>
<td>Community Bias toward ex-felons (sense of community)</td>
</tr>
<tr>
<td>We need more jobs/places that will hire ex-felons</td>
<td>Not enough drug treatment facilities for women</td>
<td>Providing drug treatment programs</td>
</tr>
<tr>
<td>There is a seven year waiting list for housing women who have a felony, even if they have children.</td>
<td>Changing the minds of those in the community</td>
<td>Making ex-felons a chance in the community (sense of community)</td>
</tr>
<tr>
<td>All respondents except one agreed the community doesn’t have much to help ex-felons.</td>
<td>Job crisis/job for ex-felons</td>
<td>Housing availability for ex-felons (environmental barriers)</td>
</tr>
<tr>
<td>Private citizens have been helpful, Maiden Lane church helpful, and good food pantries</td>
<td>Housing a problem for women who are ex-felons have children.</td>
<td>perception of how community views those who are ex-felons.</td>
</tr>
<tr>
<td>One female went through CNH program to help felons find a job. Went through it twice but not able to find a job.</td>
<td>Housing Bias</td>
<td>Housing availability for ex-felons (environmental barriers)</td>
</tr>
<tr>
<td>When you get out of jail you have needs. Those needs need to be met, if not you do what you gotta do</td>
<td>Community need for programming for felons</td>
<td>Perception of how community views those who are ex-felons.</td>
</tr>
<tr>
<td>Usually when you commit those crimes you start to get high again.</td>
<td>Private citizens/private organizations helpful</td>
<td>(social support)</td>
</tr>
<tr>
<td>Two women said they don’t like having more than one</td>
<td>Job training available</td>
<td>lack of jobs for female ex-felons (social inequalities,</td>
</tr>
<tr>
<td></td>
<td>No Jobs available</td>
<td>Providing basic needs through jobs and housing.</td>
</tr>
<tr>
<td></td>
<td>Feeling of hopelessness</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Ability to meet basic needs</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Reverting back to old habits</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Understanding too few coworkers</td>
<td></td>
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<tr>
<td>Response</td>
<td>Initial Coding</td>
<td>Focused Coding</td>
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</tbody>
</table>
| caseworker with welfare. You are dependent on your caseworker and one of the two felt there are not enough caseworkers. | Personal relationship with caseworker
Dependence on caseworker | Welfare program not working |
| #6 said she was not fully reformed when she got out of jail. Most are not. She feels she did not get the drug rehab she needed. When she gets out, she needs another chance. | Need for complete reformation
Need for drug treatment | Need for programs that work
Need for another chance/help with reformation | Need for chance to fully reform |
| #7 feels welfare is too difficult to deal with. Also feels daycare is a problem. Worked at Mumford’s and made $7.25/hr and only got $50 a month from food stamps for her and her child. | Identification of self as the problem |
| #6 would change herself
#6 judicial system needs to change | Identification of self as the problem |
| #5 identified herself as the problem for not being successful when asked about changes #5 said she would first change herself | Identification of self as the problem |
| #3 feels she can’t get housing needed | Lack of drug treatment facilities in the community for women |
| #6 says not treated equally. Lots of programs for men, not women. Addiction wise, feels men have more opportunities than women. Women tend to do things over and over because they don’t have the help. | |
| #4 doesn’t do drugs but sees a lot of people on drugs that aren’t getting help they need | |
| #3 would change leadership and crooked leaders | |
| #7 would change her addiction | |
| #7 would have more rehab for women | |
### Focused Coding with Themes

#### Emotional Anxieties
- Positives and Negatives
- Feelings of hopelessness

#### Structural and Environmental Factors
- Environmental factors on facilities
- More housing, more on-farm
- Written programs, help with networking
- More jobs, more education, better jobs

#### Social Influences
- Social support
- More treatment programs for men and women
- Job training, job search

#### Shame and/or Guilt: Providing certain Behaviors
- Unable to provide basic needs leading to criminal behavior
- Criminal behavior leads to drug use

#### Intentions
- Desire to re-engage in work
- "I do what I gotta do"
- Need another chance/interest in learning
Responses for needs of girls age 12-18

Barriers:
#4 feels not enough talk about sexual protection
#1 feels sexual predators
#2 they need a place girls can go to talk privately without parents knowing
#7 says all they teach is abstainence and not working and need to provide other methods
#6 chemical dependency counselor young people need to know what other people go through

#1 community service program to have inmates talk to kids in school
#3 would change leadership. Teachers need to care
#4 said kids have no activities
#3 leadership needs to be better

Changes for success
#4 would have activities to get them away from drugs, sex, etc daughter would have to pay $200 (for sports) she can't afford it
#7 sports oriented (changes) all kids should have to participate
#4 said sports cost too much
#5 would have more jobs for girls
#6 feels that they should talk about God and stuff Being a Christian or whatever they need to have religion. Kids need hope. I didn't have that
#1 they took too much discipline from schools and parents (#7 my brother a good ass beatin' would have done her well)
#2 not allowed to correct a kid but when they do something wrong you get in trouble as a parent.
#4 even in cartoons they are showing women in skimpy outfits women are portrayed in a negative way
#2 would have girls read Joshua Chapter 2 parenting classes (for girls with children)
Coding

Changing attitudes of leadership/teachers
Addition of activities/sports
Making sports/activities more affordable
Jobs for girls
Counseling sexual and drug related for girls
community involvement for counseling
providing options other than abstinence
discipline in schools and for parents
parent training for girls
Change the portrayal of women
(Positive)
Religion as a mean of hope for girls

Focused Code

Sense of community
Environmental barriers/facilitators
Social Policies
Social inequalities
Social support
Social Policies
Environmental barriers/facilitators
Social inequalities
self esteem
## Appendix C: List of Tier 1 Core Public Health Competencies Used in CE

<table>
<thead>
<tr>
<th>Domain #1: Analytic/Assessment</th>
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<tbody>
<tr>
<td>Identify the health status of populations and their related determinants of health and illness (e.g., factors contributing to health promotion and disease prevention, the quality, availability and use of health services)</td>
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<tr>
<td>Describe the characteristics of a population-based health problem (e.g., equity, social determinants, environment)</td>
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<tr>
<td>Use variables that measure public health conditions</td>
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<tr>
<td>Use methods and instruments for collecting valid and reliable quantitative and qualitative data</td>
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<tr>
<td>Identify sources of public health data and information</td>
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<tr>
<td>Adhere to ethical principles in the collection, maintenance, use, and dissemination of data and information</td>
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<tr>
<td>Describe the public health applications of quantitative and qualitative data</td>
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<tr>
<td>Collect quantitative and qualitative community data (e.g., risks and benefits to the community, health and resource needs)</td>
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<tr>
<td>Use information technology to collect, store, and retrieve data</td>
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<tr>
<td>Describe how data are used to address scientific, political, ethical, and social public health issues</td>
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<tr>
<th>Domain #2: Policy Development and Program Planning</th>
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<tbody>
<tr>
<td>Gather information relevant to specific public health policy issues</td>
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<tr>
<td>Explain the expected outcomes of policy options (e.g., health, fiscal, administrative, legal, ethical, social, political)</td>
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<tr>
<td>Gather information that will inform policy decisions (e.g., health, fiscal, administrative, legal, ethical, social, political)</td>
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<tr>
<td>Describe the public health laws and regulations governing public health programs</td>
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<tr>
<th>Domain #3: Communication</th>
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<tr>
<td>Identify the health literacy of populations served</td>
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<tr>
<td>Communicate in writing and orally, in person, and through electronic means, with linguistic and cultural proficiency</td>
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<tr>
<td>Solicit community-based input from individuals and organizations</td>
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<tr>
<td>Convey public health information using a variety of approaches (e.g., social networks, media, blogs)</td>
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<tr>
<td>Participate in the development of demographic, statistical, programmatic and scientific presentations</td>
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<tr>
<td>Apply communication and group dynamic strategies (e.g., principled negotiation, conflict resolution, active listening, risk communication) in interactions with individuals and groups</td>
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<tr>
<th>Domain #4: Cultural Competency</th>
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<tr>
<td>Incorporate strategies for interacting with persons from diverse backgrounds (e.g., cultural, socioeconomic, educational, racial, gender, age, ethnic, sexual orientation, professional, religious affiliation, mental and physical capabilities)</td>
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<tr>
<td>Recognize the role of cultural, social, and behavioral factors in the accessibility, availability, acceptability and delivery of public health services</td>
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<td>Describe the need for a diverse public health workforce</td>
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<tr>
<th>Domain #5: Community Dimensions of Practice</th>
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<tr>
<td>Recognize community linkages and relationships among multiple factors (or determinants) affecting health (e.g., The Socio-Ecological Model)</td>
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<tr>
<td>Demonstrate the capacity to work in community-based participatory research efforts</td>
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<tr>
<td>Identify stakeholders</td>
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<tr>
<td>Collaborate with community partners to promote the health of the population</td>
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<tr>
<td>Maintain partnerships with key stakeholders</td>
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<tr>
<td>Describe the role of governmental and non-governmental organizations in the delivery of community health services</td>
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<tr>
<td>Identify community assets and resources</td>
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<tr>
<td>Gather input from the community to inform the development of public health policy and programs</td>
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<tr>
<td>Inform the public about policies, programs, and resources</td>
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<tr>
<td>Domain #6: Public Health Sciences</td>
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<td>Describe the scientific foundation of the field of public health</td>
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<tr>
<td>Describe the scientific evidence related to a public health issue, concern, or, intervention</td>
<td></td>
</tr>
<tr>
<td>Retrieve scientific evidence from a variety of text and electronic sources</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Domain #7: Financial Planning and Management</th>
</tr>
</thead>
<tbody>
<tr>
<td>Describe the local, state, and federal public health and health care systems</td>
</tr>
<tr>
<td>Apply basic human relations skills to internal collaborations, motivation of colleagues, and resolution of conflicts</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Domain #8: Leadership and Systems Thinking</th>
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</thead>
<tbody>
<tr>
<td>Incorporate ethical standards of practice as the basis of all interactions with organizations, communities, and individuals</td>
</tr>
<tr>
<td>Describe how public health operates within a larger system</td>
</tr>
<tr>
<td>Participate with stakeholders in identifying key public health values and a shared public health vision as guiding principles for community action</td>
</tr>
<tr>
<td>Describe the impact of changes in the public health system, and larger social, political, economic environment on organizational practices</td>
</tr>
</tbody>
</table>