Dean's Office

College of Public Affairs and Community Service

2-2017

2014 Urban Research Awards

College of Public Affairs and Community Service, University of Nebraska at Omaha

Recommended Citation

College of Public Affairs and Community Service, University of Nebraska at Omaha, "2014 Urban Research Awards" (2017). *Dean's Office*. 14.
https://digitalcommons.unomaha.edu/cpacsdeanoffice/14

UNIVERSITY OF NEBRASKA AT OMAHA
COLLEGE OF PUBLIC AFFAIRS AND COMMUNITY SERVICE

2014 URBAN RESEARCH AWARDS

University of Nebraska Omaha

About the College of Public Affairs and Community Service

The College of Public Affairs and Community Service (CPACS) was created in 1973 to ensure that the university was responsive to the critical social needs of our community and state. The College was given the mission not only to provide educational programs of the highest caliber to prepare students for leadership in public service, but also to reach out to the community to help solve public problems.

The College has become a national leader among similar colleges, with nine programs ranked in the top 25 in the nation. Our faculty ranks are among the finest in their disciplines. Faculty, staff, and students are integral to the community and state because of our applied research, service learning, and community partnerships. We take our duty seriously to help address social needs and craft solutions to local, state, and national problems. For more information, visit our website: cpacs.unomaha.edu

CPACS Urban Research Awards

Part of the mission of the College of Public Affairs and Community Service (CPACS) is to conduct research, especially as it relates to concerns of our local and statewide constituencies. CPACS has always had an urban mission, and one way that mission is served is to perform applied research relevant to urban society in general, and the Omaha metropolitan area and other Nebraska urban communities in particular. Beginning in 2014, the CPACS Dean provided funding for projects with high relevance to current urban issues, with the potential to apply the findings to practice in Nebraska, Iowa and beyond.

Overview

Access Denied: Mapping Inequality for Urban (Black) Omaha

In an environment where cities are drivers of economic growth, urban inequality within the local and national context, must be examined. This project will serve as a catalyst in understanding the rhetoric around urban poverty (inequality) in Omaha.

Douglas County Adult Drug Court Evaluation Follow-up: An Examination of Recidivism

This study examines the effects of an increased alcohol and other drug use (AOD) monitoring protocol on participant recidivism from the Douglas County Adult Drug Court (DCADC). This research is a follow-up of a prior evaluation completed at the DCADC (Gibbs and Wakefield 2013).

The Hispanic/Latino Community and Access to Healthcare in the Greater Omaha Area (Reports in English and Spanish)

The purpose of this study was to listen to the voices of Latino residents of the Omaha community who volunteered to share with us their experiences in accessing and receiving health care.

Racial Disproportionality of Foster Care Outcomes in Omaha and Sarpy County

The intent of this grant, in conjunction with Policy, Research, & Innovation (PRI) was to examine whether African American and Native American children in urban settings spend longer times in foster care prior to achieving permanency (i.e. reunification or adoption) and, subsequently, whether they return into the system faster, either due to failed reunification or failed adoption.

Smart Urban Cities/Communities: Leveraging Information and Communication Technologies for Improving Local Public Services

Project A examined how MAPA utilizes information technology to work with various governments in the Omaha metropolitan area to improve transportation data sharing across organizational boundary and improve transportation planning and decision-making. Project B conducted an e-government survey of Nebraska's municipal governments.

Stuff in the City: University Government Partnership to Build Hoarding Intervention Capacity

Government and community agencies are being called upon with increasing frequency to mitigate the risks associated with hoarding. The City of Bellevue, together with researchers from the University of Nebraska at Omaha, sought to collaboratively formulate a response plan that addresses the physical, emotional and psychosocial aspects of hoarding, thereby reducing the risk to individuals, families, and the community.

Variability in the Implementation of State-Wide Law across Urban Environments: A Case Study Using Sex Offender Law as an Example

Although policies are often passed at a state level to standardize practices within a state, there is still some discretion used by counties and municipalities in the ways in which those policies are practically applied. This study highlights the variability in the ways in which state law is implemented across various urban settings.

Access Denied:

Mapping Inequality for Urban (Black) Omaha

OCTOBER 2014

University of Nebraska Omaha

About the College of Public Affairs and Community Service

The College of Public Affairs and Community Service (CPACS) was created in 1973 to ensure that the university was responsive to the critical social needs of our community and state. The College was given the mission not only to provide educational programs of the highest caliber to prepare students for leadership in public service, but also to reach out to the community to help solve public problems.

The College has become a national leader among similar colleges, with nine programs ranked in the top 25 in the nation. Our faculty ranks are among the finest in their disciplines. Faculty, staff, and students are integral to the community and state because of our applied research, service learning, and community partnerships. We take our duty seriously to help address social needs and craft solutions to local, state, and national problems. For more information, visit our website: cpacs.unomaha.edu

CPACS Urban Research Awards

Part of the mission of the College of Public Affairs and Community Service (CPACS) is to conduct research, especially as it relates to concerns of our local and statewide constituencies. CPACS has always had an urban mission, and one way that mission is served is to perform applied research relevant to urban society in general, and the Omaha metropolitan area and other Nebraska urban communities in particular. Beginning in 2014, the CPACS Dean provided funding for projects with high relevance to current urban issues, with the potential to apply the findings to practice in Nebraska, Iowa and beyond.

Access Denied:

Mapping Inequality for Urban (Black) Omaha

Franchell Abdalla
Grants Specialist, College of Public Affairs and Community Service
University of Nebraska at Omaha

October 2014

Funding for this research was provided by a 2014 Urban Research Award from the College of Public Affairs and Community Service Dean's Office.

University of Nebraska Omaha

PROJECT ABSTRACT

In an environment where cities are drivers of economic growth, urban inequality within the local and national context, must be examined. According to Glaeser and Tobi (2008), "Twenty years ago, metropolitan (urban) inequality was strongly associated with poverty, but today, inequality is more strongly linked to...wealth".

Since Harry Reynolds' work in 1966, urban Omaha has been defined as the "tale of two cities". Where, Omaha is home to some of the country's wealthiest people, it is conversely is home to some of the country's most economically isolated and disadvantaged people. How can this be possible? Moreover, how do we begin to ask the hard questions effecting unequal distribution of access, such as:

- What impact does inequality have on urban Omaha?
- What are the consequences of generational inequality in urban Omaha? And,
- Why focus on inequality rather than poverty?

This project will serve as a catalyst in understanding the rhetoric around urban poverty (inequality) in Omaha. As well as, begin the discussion on how we can begin to redefine/remap urban equity, rather than reify urban inequality?

INTRODUCTION

According to Marx, "Accumulation of wealth at one pole is at the same time accumulation of misery, agony of toil, slavery, ignorance, brutality, and mental degradation at the opposite pole."

In an environment where cities are drivers of economic growth, urban inequality within the local and national context, must be examined in greater depth. Over the last six decades, there has been significant research conducted on poverty, and its impact on communities of color in Omaha, Nebraska. Moreover, poverty and statistics related to its outcomes and impacts have garnered attention at both the national and local levels. Beginning with Harry Reynolds' work in 1966, urban Omaha has been defined as the "tale of two cities". Meaning, Omaha is home to many of the country's wealthiest people, and is conversely is home to many of the country's most economically isolated and disadvantaged people. How could this be? And, why have we continued as a community to focus on poverty, rather than stepping back to firmly evaluate the role that inequality and lack of access has had on urban (Black) Omaha.

SPECIFIC AIMS

According to Glaeser and Tobi (2008), "Twenty years ago, metropolitan (urban) inequality was strongly associated with poverty, but today, inequality is more strongly linked to...wealth". As previously mentioned, there has been little discourse or research focused on the impacts of systemic inequality/lack of access, its causes, impacts/outcomes and consequences. Moreover, the research, data and narratives on inequality that do exist in the local sphere, have focused on the role of elites and corporations in shaping the policies that produce and reinforce inequality. While this scholarship has been successful at documenting patterns and trends relative to social inequality, is has fallen short in demonstrating its consequences, properly engaging affected communities or developing effective strategies to reduce it. Again, the problem of inequality has been framed as a problem of poverty (or some other form of social disadvantage).

Socioeconomic, health, political and sociocultural inequality in the US has grown steadily for nearly 40 years (Gottshcalk & Ddaniznger 2005; Picketty & Saez 2010). Despite numerous gains in legal rights, education and housing access, urban (Black) Omaha remains starkly behind the City, the State and much of the Nation in achieving parity with its White counterparts. Lack of equity, access and opportunity for urban (Black) Omaha leads one to wonder whether America really is the land of opportunity, and whether Nebraska is truly home of the "good life". To begin answering these questions and others, we must begin to create public discourse and research around inequality that informs policy, practice and interventions to reduce it. The aim of this project is to do just that. In partnership with UNO's College of Public Affairs and Community Services, this project will serve as a catalyst in understanding the rhetoric around poverty and urban inequality in Omaha. As well as, begin the discussion on how we collectively can begin to redefine/remap urban equity, access and opportunity, rather than reify urban inequality?

BACKGROUND & SIGNIFICANCE

There has been extensive research done in the area of poverty, its causes and consequences. In 1965 Harry Reynolds, then Director of UNO's Urban Studies Center, conducted research on 1,112 families residing in North Omaha. Through a series of questions, participants were interviewed about various aspects of their incomes, family compositions, and opinions on "living in poverty". According to Reynolds, the purpose of the interviews was to, "facilitate preparation of a community action program in Omaha capable of attacking some of the root causes of poverty and improving the conditions, present and future, for those families who were its victims". Fast forward four decades later, the same University unit, the now Center for Public Affairs Research, conducted a similar project detailing "The State of Black Nebraska" in 2000. With great hope, the project was undertaken in partnership with the Urban League of Nebraska, to "serve as an action agenda for the future, that examines vital social, economic, and political issues that impact (Blacks') quality of life" (Deichert 2000). Based on 474 telephone surveys with Black head of households residing in urban Omaha/Lincoln, jobs, job training and education were identified as the three greatest poverty "problems" impacting urban Blacks.

Much of the contemporary scholarship and research on Blacks and communities of color in Omaha centers on asking the poor, why they believe they are poor. This and similar questions lead researchers and practitioners to believe that, "remedies to the causes and afflictions of poverty varied... and, that more jobs and additional job training are important in the alleviation of poverty's cause and effect" (Reynolds 1966). Moreover, increasing the employment prospects for Omaha's urban (Black) poor and increasing educational attainment opportunities, have been hailed as antidotes to the "poverty problem". However, what many researchers, social demographers and practitioners fail to see, and thus understand, are the subtleties and sociocultural and linguistic nuances of the communities being surveyed. The research on this community from 1965 to date, while important, admittedly include a statistically significant number of responses that are either "I don't know" or have "no response". Understanding the increasing ambivalence within urban (Black) Omaha, relative to surveys and interviews on poverty, is critical in understanding what these citizens see as problems and producers of poverty for themselves and their neighbors. This lack of community trust, and influence, lead researchers and scholarship to generate half-informed conclusions and hinder the community's ability to create holistic policies aimed at alleviating poverty, achieving equity and providing access to all of its citizens.

Through this project, exploratory ethnographic research will be conducted, aimed at collaboratively engaging urban (Black) Omaha. By "unpacking" the sociocultural and linguistic nuances of the community relative to being interviewed, the principal investigator hopes to understand and map the social, political, economic and sociocultural influences/structures/institutions that shape a communities life chances and overall welfare. Far too little is known about the inequality of access and opportunity, relative to what is known about inequality outcomes. Far too little has been done, to inform policy and practice in ways that innovatively, holistically and strategically build a broad base of consensus aimed at reducing inequality.

SETTING

This is a zip-code/neighborhood-based, ethnographic project that will examine the role structural inequality and lack of access and opportunity have on the individual and community's life chances, outcomes and overall welfare. This project will seek to understand what the consequences of inequality are for communities of color, specifically, urban (Black) Omaha. Based on the premise that urban Omaha is a great "destination", life in zip codes 68104, 68111, 68131 and 68132 will be investigated to better understand the circumstances that shape daily life in urban Omaha.

A once thriving, early-1900s Black metropolis, urban Omaha's history and community cohesion quickly turned bleak following the race riots of the 1960's. Like many urban communities across the Nation, Omaha's past became littered with outmigration of people and opportunities to the suburbs, economic disinvestment, concentrated poverty, crime, deteriorating schools and neighborhood violence. Through this proposed field research project, the PI will conduct informal and formal interviews with community stakeholders, neighborhood leadership, business owners, community advocates and community-serving organizations/agencies in an effort to shed on light on the causes and subsequent impacts of these inequalities. Furthermore, the PI, with the assistance of the PhD graduate student, will collect and code printed materials, review the community's digital images and conduct secondary analysis of previous American Community Survey and Omaha Community Survey 2008-2012 data sets.

This ethnographic and exploratory approach will be useful in uncovering the various meanings that individuals and communities attach to their real and perceived experiences. Ethnographic research allows communities to become engaged in new and innovative ways. Moreover, it provides understanding as to how inequalities emerge from the set of interactions among individuals and institutional actors. The ultimate aim of this project is to develop a "product" that becomes embraced, owned and embedded into the very fabric of the community being investigated.

DEFINITIONS & KEY CONCEPTS

In Carter and Reardon's (2011) work, *Income Inequality and Income Segregation*, two distinctions are made when discussing social inequality,

> **First, is the difference between the unequal distribution of desirable life *outcomes* (such as health, happiness, education success, or material possessions) and the unequal distribution of *opportunities* (access to power and life chances that facilitate attainment of desirable outcomes).**
>
> **Second, is the distinction between the unequal distribution of opportunities and outcomes among *individuals* and between *groups*.**

Other key concepts and definitions, are critical to understanding the impetus for this project. Moreover, they undergird and guide the project, as well as, give greater meaning and depth to the project's findings.

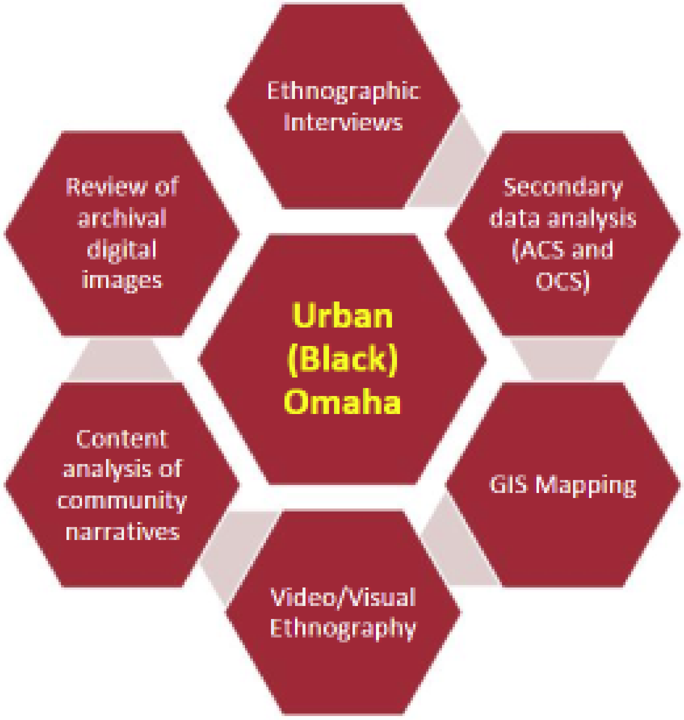
Ethnographic research: the observation and interaction with persons or a group being studied in the groups own environment; the investigation of culture often through an in-depth study of the members of the culture; it involves the systematic collection, description, and analysis of data for development of theories of cultural behavior.

Field Research: a broad approach to qualitative research or a method of gathering qualitative data, where the essential idea is that the researcher goes "into the field" to observe the phenomenon in its natural state or in situ.

Four (4) Interacting Social Domains of Inequality: (1) socioeconomic: financial and human capital related to wealth, income and work; (2) health: the physical, psychological, spiritual and emotional well-being of individuals and communities; (3) political: access to power and political representation, participation in addition to social and public policy; and (4) sociocultural: identity, power, media control, cultural freedom, representation, human rights and access to cultural tools.

RESEARCH DESIGN & METHODS

RESEARCH DESIGN



In order to obtain a holistic portrait of inequality for urban (Black) Omaha, the project will develop a mixed-methods approach that integrates multiple qualitative and quantitative research techniques designed to generate verbal, textual, and visual data. The project will review:

METHODS

The methodology employed in the project have been chosen in order to acquire "insider" information and deduce conclusions about the creation, progression and role of urban inequality for urban (Black) Omaha. For that reason, the project will take an ethnographic, exploratory approach. The project's principle methodology will consist of 30, 45-60 minute interviews, with key community stakeholders, advocates and citizens. These interviews will follow a common structure and will utilize open-ended questions intended to elicit specific information related to perceived "state" of urban Omaha, the role of structural inequality and its impacts and consequences on the lived experiences of Omaha's urban poor.

It is anticipated that 30 interviews and any necessary follow-up interviews will be conducted during the 12-month project period. Moreover, follow-up clarifying interviews may need to be conducted in order to clarify data/information obtained and to better, more completely understand the project's findings.

All interviews will be video-recorded and, are expected to vary in length from 45 minutes to one hour. Again, the interviews will be informal and open-ended, and carried out in a conversational style. Visual/video ethnographic data will be collected in order to gain greater insight into the sociocultural and linguistic nuances of responses provided by participants. GIS mapping and Geospatial analysis will be utilized in order to map inequality within the four zip codes identified.

Following the secondary data analysis and upon completion of all ethnographic interviews, the PI will "bring back" research findings to those agencies, individuals, stakeholders, advocates and citizens that informed the project.

NATURE & LIMITATIONS OF THE RESEARCH

The proposed project follows a qualitative, exploratory ethnographic research approach, involving the use of the semi-structured interviews as the primary method of investigation. The project will be limited to no more than 30 participant interview, within the 12 month project period. Because of the time constraints involved in interviewing and conducting subsequent data analysis, the project recognizes minor limitations in generalizing the data.

IRB

The University of Nebraska at Omaha utilizes the Institutional Review Board at the University of Nebraska Medical Center (www.unmc.edu/irb/). The Principal Investigator (PI) has experience working with IRB, and is up-to-date on the Collaborative IRB Training Initiative (CITI). When awarded, the PI will obtain IRB approval to cover all interview aspects of the project, thereby ensuring the protection of all human subjects. The highest standards of research ethics will be maintained including confidentiality and informed consent.

MANAGEMENT PLAN & TIMELINE

CAPACITY

Franchell Abdalla, Principal Investigator

This project will be conducted by Principle Investigator (PI) Franchell Abdalla, MPA. As PI on the project, Ms. Abdalla brings extensive experience in resource development, community/civic engagement, program/project management and grant writing. Ms. Abdalla's expertise lies in forging collaborations across sectors, building sustainable partnerships, strategic visioning and fostering community investment. As the Grants Specialist for UNO's College of Public Affairs and Community Service since 2012, she has unique insight into the role research, both basic and applied, can have on the overall engagement and growth of a city and state. And through her support of various projects throughout the College, has been afforded the opportunity to both directly and indirectly impact the landscape of Omaha by garnering financial and relational resources to benefit the College's projects. Ms. Abdalla is truly committed to utilizing this project as a platform to meaningfully *engage citizens, create solutions and serve the community.*

As PI, Ms. Abdalla will be responsible for all tasks related to the project. Specifically, the PI will be do the following on the project:

- Identifying, contacting and interviewing key community stakeholders/stakeholder agencies, leaders and citizens for the project.
- Conducting secondary analysis of existing American Community Survey data sets.
- Conducting literature review.
- Hiring Public Administration PhD graduate student worker.
- Designing interview protocol.
- Collecting and analyzing ethnographic interview data.
- Writing summative report identifying findings and project recommendations.
- Applying for additional internal and external funding for Phase II of project.
- Presenting findings/data dissemination.

TBD, Public Administration PhD Graduate Student Worker

As a national leader in public service education, with five of its programs ranked in the nation's top 25 by US News and World Report, the School of Public Administration "prepares tomorrow's leaders to manage organizations, plan cities, protect natural resources, hold elected office and ensure access to human services. Simply put, the School of Public Administration prepare leaders to face challenging questions and to collaboratively guide the discussions". Based on its global and local reputation, potential policy implications and practice opportunities, the PI believes the best "fit" for the project is to partner with mentor faculty and a PhD graduate student from UNO's School of Public Administration (PA). The synergistic benefits to all involved, have the ability to leverage additional research, publications and resources. As well as, broaden the scope of the project so that its findings and recommendations have broader reach and impact into the community.

The PA PhD Graduate student worker will be hired, for two months in the Summer of 2015, to assist with:

- Design of interview protocol
- Data collection
- Data analysis
- Transcription of ethnographic interviews
- Prepare research findings

The project will effectively utilize and maximize the time, skills and expertise of both the PI and PhD Graduate student in an effort to provide sound research and theory that enhances current scholarship regarding the local impact of inequality; bridges the discourse from one of poverty to one of equity and access; as well as develops robust recommendations that lead to increased community engagement, ownership/sustainability, policies and builds a platform for future scholarship.

MANAGEMENT PLAN

Listed below are the details, roles and proposed level(s) of effort related to grant activities for the project.

Title/Role	Name	Responsibility	Effort/Time Allocation
Principal Investigator	Franchell Abdalla	Conduct interview/ design interview protocol/ ethnographic research/ data collection/data analysis/develop report/ data dissemination	240 project hours (.12 FTE)
PhD Graduate Student Worker	TBD	Data analysis/assist with data collection/interview transcription/data dissemination	2.0 summer months

The following table includes a detailed management plan for implementing and carrying out all project activities within the specified 12-month project period. Each project task identified, correlates to a specific project person, the project timeline and specific project deliverables.

Mapping Inequality for Urban (Black) Omaha	**Project Management Timeline**	**1/1/15 - 12/31/15**		
Date	Project Task	Abdalla	Ph.D.	Total
1/1/2015	Project Start; IRB Application; Lit. Review; Secondary Data Analysis	30 hrs	-	30.0
3/1/2015	Identify interview participants; Contact participants/partner agencies/ organizations	30 hrs	-	30.0
5/1/2015	Hire PhD Graduate Student worker; design interview protocol	15 hrs	-	15.0
6/1/2015	Conduct interviews/ethnographic research; collect data; initial interview transcription	90 hrs	145 hrs	235.0
9/1/2015	Complete data collection, transcription and data analysis; identify trends/findings; generate project recommendations; generate draft of final report	20 hrs	15 hrs	35.0
10/1/2015	Send out LOI to potential local funders to sustain project funding	40 hrs	-	40.0
12/1/2015	Complete project summative report; Data dissemination; develop article for publication; apply to present at Race Matters Conference	15 hrs	-	15.0
12/31/2015	Begin Phase II of project	NA	NA	NA

BUDGET/NARRATIVE

Personnel funds, in the amount of $9,467.20, are requested for the project. Funds will be used to provide the PI and PhD Graduate student with dedicated time to engage the community; build relationships; conduct ethnographic research/interviews; collect data; transcribe interviews; conduct data analysis; and prepare both the final report and one journal article for publication. Additionally, operating funds in the amount of $450, are being requested to provide stipends for interview participants. The stipend will be used as a tool to engage community stakeholders, as well as recruit participants to the project.

Budget Item	Calculation	Total
Personnel		
PI, Franchell Abdalla		
	240 project hours @ $22.78/hour	$5,467.20
1 Ph.D. Graduate Student Worker, TBD		
	2 summer months @ $2000/month	$4,000.00
Subtotal Personnel		$9,467.20
Operating		
Participant Stipends		
	30 interview stipends @ $15/stipend	$450.00
Subtotal Operating		$450.00
Total Grant Request		$9,917.20

Total funding request in support of the 12-month project is $9,917.20.

CONTRIBUTIONS OF THE PROJECT

This research project is important for many reasons. First, this project seeks to understand inequality in the global and local context. Second, the project seeks to bridge the gap in current scholarship relative to Omaha's urban (Black) poor. Third, the project determines to expose the multidimensionality of urban inequality and create an agenda for greater interdisciplinary, collaborative scholarship and practice. Finally, this project, Access Denied: Mapping Inequality for Urban (Black) Omaha, has the ability to expand the reach of the University of Nebraska at Omaha and the relevance of the College of Public Affairs and Community Service into the community. Together, solutions to our community's greatest challenges, can be forged.

UNIVERSITY OF NEBRASKA OMAHA
COLLEGE OF PUBLIC AFFAIRS AND COMMUNITY SERVICE

COLLEGE OF PUBLIC AFFAIRS AND COMMUNITY SERVICE
SCHOOL OF PUBLIC ADMINISTRATION

UNIVERSITY OF
Nebraska
Omaha

Douglas County Adult Drug Court Evaluation Follow-up:

An Examination of Recidivism

FEBRUARY 2016

University of Nebraska Omaha

About the College of Public Affairs and Community Service

The College of Public Affairs and Community Service (CPACS) was created in 1973 to ensure that the university was responsive to the critical social needs of our community and state. The College was given the mission not only to provide educational programs of the highest caliber to prepare students for leadership in public service, but also to reach out to the community to help solve public problems.

The College has become a national leader among similar colleges, with nine programs ranked in the top 25 in the nation. Our faculty ranks are among the finest in their disciplines. Faculty, staff, and students are integral to the community and state because of our applied research, service learning, and community partnerships. We take our duty seriously to help address social needs and craft solutions to local, state, and national problems. For more information, visit our website: cpacs.unomaha.edu

CPACS Urban Research Awards

Part of the mission of the College of Public Affairs and Community Service (CPACS) is to conduct research, especially as it relates to concerns of our local and statewide constituencies. CPACS has always had an urban mission, and one way that mission is served is to perform applied research relevant to urban society in general, and the Omaha metropolitan area and other Nebraska urban communities in particular. Beginning in 2014, the CPACS Dean provided funding for projects with high relevance to current urban issues, with the potential to apply the findings to practice in Nebraska, Iowa and beyond.

Douglas County Adult Drug Court Evaluation Follow-up:

An Examination of Recidivism:

William Wakefield, Ph.D.
School of Criminology and Criminal Justice
University of Nebraska at Omaha

Benjamin R. Gibbs, Ph.D.
Department of Criminal Justice and Criminology
Ball State University

* The results of this study were presented at the annual conference for the American Society of Criminology (ASC) on November 21, 2015 in Washington D.C.

** A manuscript of this study was prepared and submitted to the peer-reviewed publication outlet, The Journal of Crime and Justice on February 18, 2016.

Funding for this research was provided by a 2014 Urban Research Award from the College of Public Affairs and Community Service Dean's Office.

University of Nebraska Omaha

EXECUTIVE SUMMARY

This study examines the effects of an increased alcohol and other drug use (AOD) monitoring protocol on participant recidivism from the Douglas County Adult Drug Court (DCADC). This research is a follow-up of a prior evaluation completed at the DCADC (Gibbs and Wakefield 2013). The initial research explored the capabilities and effects of ethyl glucuronide/ethyl sulfate (EtG/EtS) screening on drug court participants. Ethyl glucuronide/ethyl sulfate is a biomarker present in the body after alcohol consumption (Wurst et al. 2002). This biomarker can be detected up to 96 hours after one consumes alcohol (Helander et al. 2008; Wurst et al. 2002). Participant alcohol use monitoring is typically done through ethanol screening, only providing a detection window of approximately 12 hours (Hoiseth et al. 2008; Wurst et al., 2002). Drug Court officials believed that they were potentially blind to participant alcohol use, especially during the weekend when screening was not possible. To better gauge clients' rehabilitation progress, this particular drug court sought to implement EtG/EtS screening to increase their supervision capabilities.

The primary focus of our first study of EtG/EtS testing was to confirm the superiority of this instrument compared to ethanol screening during monitoring protocols of the DCADC. Second, we set out to examine the effects of this increased monitoring protocol would have on participant in-program performance. *We found that EtG/EtS screening did provide significantly greater detection capabilities than traditional methods. Moreover, an efficient use of this tool was to administer the screen in the beginning of the week to better detect weekend alcohol consumption.* [1] The analysis confirmed greater detection capabilities with EtG/EtS screening compared to ethanol testing. Moreover, we were provided some insight on how to maximize the use of this tool in a cost-effective manner, as these screens are nearly three times more expensive than the standard 9-panel test.

The DCADC was also interested in the potential impacts EtG/EtS testing may have on participant program performance. There were no statistically significant differences in the graduation rate between our experimental and control group; however, those exposed to EtG/EtS testing saw a 44% success rate compared to a 35% success rate of control group assignees. We also explored phase movement (in days) as an outcome measure. Drug court philosophy does not demand program revocation for instances of relapse, but a positive urinalysis test could delay phase movement for participants. The findings with this measure were counter-intuitive. Despite increased AOD monitoring, those in the experimental group, on average, completed each phase in fewer days. This group performance resulted in completing the program 33 days sooner than the control group.

After the initial evaluation was completed we had the opportunity to revisit the DCADC and collect recidivism data from our initial study sample. We were guided by the findings of Petersilia and Turner (1993) in Intensive Supervision Programs (ISP). They found a net-widening phenomenon where increased supervision led to more technical violations, resulting in probation revocation and incarceration commitments. However, drug courts, and the DCADC specifically, operate under a different philosophy – therapeutic jurisprudence – where violations are met with rehabilitative judicial responses rather than criminal sanctioning (Wexler 1992). In the context of AOD monitoring, a detected violation (positive screen) will not result in revocation, but will inform drug court staff of offenders' relapse, allowing the drug court to interrupt the relapse and re-evaluate offenders' level of care. Contrary to the ISP experience, the detected violation may result in a more accurate and appropriate level of care for clients; thus, ultimately reducing recidivism rates among its population. We hypothesize that greater detection will serve to reduce recidivism rather than negatively impacting DCADC participants long term. Subsequently, this study examined the effect of greater alcohol use detection capabilities, EtG/EtS screening, has on participant recidivism utilizing an experimental design.

To test our hypothesis, we reexamined the data collected in the original evaluation. Participant information was collected from the Problem Solving Court Management Information System (PSCMIS) and client files to gather information on client demographics, employment status, educational achievement, substance abuse diagnoses, criminal history, current offense information, and urinalysis results. For this current study, client information was updated to include recidivism data. The evaluation team returned to the DCADC in June 2015 and were provided arrest and disposition information on the original participant sample. This data reflected post-participation convictions for each participant. For analytical purposes, the evaluation team defined three outcome measures, reflecting recidivist activity for a three-year period post drug court participation. Each recidivism measure was an attempt to capture certain behaviors germane to the original study and to the overall goals of the DCADC. We analyzed post-participation alcohol-related convictions, a combination of alcohol and illicit drug convictions, and, lastly, all post-participation convictions.

The methodology implemented was an experimental research design, using randomization to assign each participant to either the control (n = 77) or experimental group (n = 72) group upon their entry into the program. The assignment procedure was administered to all new drug court participants beginning on January 4, 2010 and ended on December 30, 2010. The experimental protocol continued for an 18-month period, concluding on June 30, 2011. The treatment for this experiment was a monitoring enhancement mandating the experimental group assignees to submit to urinalysis testing at least once a week (regardless of the results of the eye- scan), during their first required visit of the week. The control group assignees followed standard monitoring protocol, submitting to a pupilometer exam approximately three times a week.

---

[1] The cost of EtG/EtS was approximately $22.00 per individual test. It was cost prohibitive for DCADC to implement the test for every AOD monitoring screen. The standard 9-panel test, including an ethanol screen cost $7.00 per individual test.

OBSERVATIONS

- Seventeen of the 149 observed participants were convicted of an alcohol-related offense over the three-year observation period. This number reflected 9% of participants in the experimental group and 16% in the control group.

- Thirty-nine of the 149 observed participants were convicted of either an alcohol– or illicit drug-related offense over the three-year observation period. This number reflected 23% of participants in the experimental group and 34% in the control group.

- Fifty-five of the 149 observed participants were convicted of a criminal offense, alcohol-, illicit drug-related or otherwise, over the three-year observation period. This number reflected 38% of participants in the experimental group and 43% in the control group.

- Of the 149 observed participants, 21 were convicted of a felony offense subsequent to their participation in the Douglas County Adult Drug Court. The majority (18) of these offenses were related to alcohol and/or illicit drugs directly.

- Seventeen of the 149 observed participants were convicted of a post participation offense and sentenced to a period of incarceration with the Nebraska Department of Correctional Services.

- Those Drug Court participants who underwent the increased supervision protocol (experimental group) were 63.5% less likely to be convicted of an alcohol-related offense in the subsequent three years after their participation in the program in comparison to the control group.

- There were no statistical differences in recidivism rates between the groups when considering the alcohol and illicit drug use measure, or the general measure of recidivism.
- Those who were deemed High Risk during their eligibility screen were 123% more likely to reoffend within three years of their participation in Drug Court than those determined to be Medium Risk.
- When considering all recidivist activity post-participation, there is a four year age gap between those who re-offend and those participants who do not.
- The analysis depict an aging-out process as it relates to alcohol and criminal activity. We find that as participants become older the odds of them being convicted of alcohol-related offense decrease by 28% with each year of aging. Age had a more incremental effect on general recidivism than it did on alcohol-related reoffending. As participants age, the odds of them being convicted of another crime decrease by nearly 4% each year.
- Lastly, the analysis divided the sample into two sub-populations, those participants who graduated the program and those who were unsuccessful. This analysis maintained the experimental design in both sub-populations. For those participants who failed to graduate from the program, those who experienced the enhanced monitoring protocol through EtG/EtS screening were 73% less likely to be convicted of an alcohol or illicit drug-related offense post participation than their counterparts who underwent the standard monitoring protocol.

*We want to acknowledge the valuable research assistance of the Douglas County Adult Drug Court. We sincerely appreciate the continued support and cooperation provided by Paul Yakel and all the staff of the Douglas County Adult Drug Court. Additionally, our gratitude extends to the University of Nebraska at Omaha, Dean John Bartle of the College of Public Affairs and Community Service for their generous funding to support this research.

REFERENCES

Helander, A., Bottcher, M., Fehr, C., Dahment, N., and Beck, O. 2008. "Detection Times for Urinary Ethyl Glucuronide and Ethyl Sulfate in Heavy Drinkers during Alcohol Detoxification." Alcohol and Alcoholism, 1-7

Hoiseth, G., Bernard, J., Stephenson, N., Normann, Christopherson, A., Morland, J., and Helander, A. 2008. "Comparison between the Urinary Alcohol Markers EtG, EtS, and GTOL/5-HIAA in a Controlled Drinking Experiment." Alcohol and Alcoholism, 43(2), 187-191.

Gibbs, B. R., and Wakefield, W. 2014. "The Efficacy of Enhanced Alcohol Use Monitoring: An Examination of the Effects of EtG/EtS Screening." Drug Court Review 9(1): 1-22.

Petersilia, J. and Turner, S. 1993. "Intensive Probation and Parole." Crime and Justice 17: 281-335.

Wexler, D.B. (1992). Putting mental health in mental health law: Therapeutic jurisprudence. Law and Human Behavior, 16(1). 27-38.

Wurst, F., Seidl, S., Ladewig, D., Muller-Spahn, F., and Alt, A. 2002. "Ethyl Glucuronide: On the Time Course of Excretion in Urine during Detoxification." Addiction Biology 7: 427-434.

UNIVERSITY OF NEBRASKA AT OMAHA
COLLEGE OF PUBLIC AFFAIRS AND COMMUNITY SERVICE

COLLEGE OF PUBLIC AFFAIRS AND COMMUNITY SERVICE
SCHOOL OF CRIMINOLOGY AND CRIMINAL JUSTICE

UNIVERSITY OF Nebraska Omaha

Listening to the Voices of Latinos in Omaha:

Their Experiences and Ideas for Improving Access to Health Care

FEBRUARY 2017

University of Nebraska Omaha

About the College of Public Affairs and Community Service

The College of Public Affairs and Community Service (CPACS) was created in 1973 to ensure that the university was responsive to the critical social needs of our community and state. The College was given the mission not only to provide educational programs of the highest caliber to prepare students for leadership in public service, but also to reach out to the community to help solve public problems.

The College has become a national leader among similar colleges, with nine programs ranked in the top 25 in the nation. Our faculty ranks are among the finest in their disciplines. Faculty, staff, and students are integral to the community and state because of our applied research, service learning, and community partnerships. We take our duty seriously to help address social needs and craft solutions to local, state, and national problems. For more information, visit our website: cpacs.unomaha.edu

CPACS Urban Research Awards

Part of the mission of the College of Public Affairs and Community Service (CPACS) is to conduct research, especially as it relates to concerns of our local and statewide constituencies. CPACS has always had an urban mission, and one way that mission is served is to perform applied research relevant to urban society in general, and the Omaha metropolitan area and other Nebraska urban communities in particular. Beginning in 2014, the CPACS Dean provided funding for projects with high relevance to current urban issues, with the potential to apply the findings to practice in Nebraska, Iowa and beyond.

About OLLAS

The Office of Latino/Latin American Studies (OLLAS) at the University of Nebraska at Omaha (UNO) is a leading center in the region focusing on research, teaching, and engagement with the Latino population in the United States and throughout the Americas. This report is intended to generate policy discussions and actions that advance the incorporation of Latinos in Nebraska and the nation at large. For more information, visit: ollas.unomaha.edu

Listening to the Voices of Latinos in Omaha:

Their Experiences and Ideas for Improving Access to Health Care

Christine Reed, Ph.D.
School of Public Administration
College of Public Affairs and Community Service

Alberto Cervantes
Consultant and Facilitator

Anthony Starke
Project Coordinator

February 2017

Funding for this research was provided by a 2014 Urban Research Award from the College of Public Affairs and Community Service Dean's Office.

University of Nebraska Omaha

INTRODUCTION

Latinos face a number of challenges in gaining access to quality health care. Among those challenges are the immigration statuses of adults and children, the cost of health care even with insurance coverage, the lack of health insurance, the limited availability of providers who are bilingual and bicultural, and difficulties adjusting to the health care system.

These challenges accumulate and intertwine with each other. Latino immigrants often need Spanish language interpreters to communicate their symptoms and to understand their diagnosis. It may be difficult to find a doctor or other provider who is not only bilingual but who also understands the variety of different Latino cultures. Immigration status affects where individuals can go for health care and if they have to pay out-of-pocket. Health insurance, including premiums, deductibles and co-payments are expensive, even on the Patient Protection and Affordable Care Act (ACA or "Obamacare") insurance exchanges. Community Health Centers are often the only place that serve the health care needs of most Latinos, especially those who are uninsured.

Other challenges can arise when families and their children are of mixed immigration status: those children who are born in the U.S. are eligible for Medicaid, and they can receive treatment at university medical centers and children's hospitals. Their brothers and sisters who are not U.S. citizens are excluded from Medicaid and coverage under ACA. If the parents are undocumented usually their only option is to pay out-of-pocket for themselves and their foreign-born children and to go to a Community Health Center for their health care needs.

ABOUT THE STUDY

The purpose of this study was to listen to the voices of Latino residents of the Omaha community who volunteered to share with us their experiences in accessing and receiving health care. A grant from the University of Nebraska at Omaha (UNO) College of Public Affairs and Community Service Dean's Office made this study possible. Dr. Carl Ameringer and Dr. Christine Reed, faculty members from the School of Public Administration (SPA), as well as project staff members, conducted four focus groups in South Omaha during May of 2015*. Dr. Christine Reed from SPA worked in collaboration with UNO's Office of Latino/Latin American Studies (OLLAS) during the summer of 2016 to develop this report.

The strength of focus groups, compared to surveys or interviews, is that participants engage in open-ended discussions, responding to broad questions from the facilitator and interacting with one another to share experiences and generate new ideas. Volunteers heard about the study from the local radio and from bilingual flyers left in various locations. They were all 18 years of age or older, lived in South Omaha as well as surrounding areas, and had experiences with the health care system that they were willing to share with us. We relied on them to identify important areas of concern, as well as ideas about improving the health care system, rather than use a panel of professionals to identify important issues.

The results of those focus groups are summarized in this report. The participants offered powerful first-hand information about issues that might have escaped the attention of providers and community partners. Although they were not a representative sample of the South Omaha community or its surrounding areas, their experiences provide a unique window into the strengths and weaknesses of health care delivery as experienced by Latino residents.

The facilitator of the focus group sessions, Mr. Alberto Cervantes, conducted all of the conversations in Spanish and asked at the beginning

---

* Dr Carl Ameringer served as the Principal Investigator during the study. Dr. Christine Reed was the Co-PI.

of each session for permission to record the focus group conversations. A staff member from OLLAS transcribed and translated the recorded sessions.

All of the sessions were confidential. The participants withheld their names. Individual participants could also choose which questions to answer.

The number of participants and locations of the four focus groups are listed in Table 1.

Table 1: Location and Participants

Focus Group	Location	Participants
1	South Omaha Public Library	16
2	Stephen Center	7
3	South Omaha Public Library	12
4	South Omaha Public Library	1
Total		36

The age range of the participants is reported in Table 2.

Table 2: Age Reported by Participants

Age	Frequency	Percent
18-29	5	11.1%
30-39	7	19.4%
40-49	11	36.1%
50-59	6	16.7%
Over 60	5	13.9%
No Answer	2	2.8%
Total	36	100%

At the beginning of each session, the facilitator asked about the participants' country of origin (See Table 3). The majority of them were Mexican immigrants (86.1%) while the rest were either Cuban immigrants or U.S. born.

Table 3: Country of Origin Reported by Participants

Country of Origin	Frequency	Percent
Mexico	31	86.1%
U.S.	1	2.8%
Cuba	4	11.1%
No Answer	–	–
Total	36	100%

Less than half of the participants reported that they had health insurance, whether that included private or public (Medicaid or Medicare) plans, as shown in Table 4.

Table 4: Insurance Coverage Reported by Participants

Insurance	Frequency	Percent
Yes	16	44.4%
No	5	13.9%
No Answer	15	41.7%
Total	36	100%

A little more than half of the participants said that they went to OneWorld Community Health Centers (OneWorld) for basic adult health care (See Table 5). As we suggested in the introduction, when children are born in the U.S. they are eligible for Medicaid. Participants told us that they take their Medicaid-eligible children to University of Nebraska Medical Center (UNMC), Boystown or Children's Hospital; while they take their undocumented children to the place where they go for adult care, such as OneWorld.

Table 5: Source of Adult Primary Care Reported by Participants

Adult Primary Care	Frequency	Percent
OneWorld Community Health Center	20	55.5%
Alegent Creighton Clinic	3	8.3%
UNMC	1	2.8%
SOMA	1	2.8%
ER	1	2.8%
Home Remedies	1	2.8%
Does Not Specify	6	16.7%
No Answer	3	8.3%
Total	**36**	**100%**

THE MAJOR ISSUES RAISED BY PARTICIPANTS

It is important to emphasize three points. First, each focus group did not necessarily raise the same issues. Second, additional issues might have emerged from additional focus groups. Third, we identified six separate issues, but they tended to intertwine with each other, because they were interrelated. Each of the following sections begins with an overview of the issue, followed by a summary of the discussions.

PREVENTIVE HEALTH CARE

The term "preventive care" covers a range of health care services, from childhood vaccinations and annual check-ups to management of chronic illnesses, such as diabetes and high blood pressure. In the U.S., there is a growing emphasis on preventive care, however this is still a slow trend. In addition, the approach to medical care, whether preventive or otherwise, differs across Latin American countries and there are cultural differences in how individuals from those countries determine when medical care is needed. These cultural differences may affect how Latinos decide when to access health care in the U.S. Many participants said that they wait until they have symptoms before seeing a doctor; but their reasons also include barriers built into the U.S. health care system itself such as cost, lack of health insurance and being afraid of language barriers, paperwork and immigration status.

Accessing preventive health care depends in part on having a regular doctor, defined by the focus group facilitator as "a person you see when you have certain health conditions or [go to] just [for] a complete physical exam." In one focus group, half of the participants reported having a regular doctor. In all four focus groups those who had regular doctors saw them for chronic health conditions, such as high cholesterol, asthma, chronic pain, diabetes and depression in addition to their routine check-ups. Some chose their regular doctor for non-medical reasons, especially proximity to their homes and/or because their doctors were Spanish/English bilingual.

Those who had a regular doctor went to OneWorld, UNMC or Creighton. Those without a regular doctor chose OneWorld, UNMC or a hospital emergency room (ER), and their reasons included emergencies as well as regular check-ups, women's health and cancer screenings. Most of those who did not have a regular doctor said that they lacked health insurance and that the cost of an office visit was therefore too high. Even those eligible for insurance stated that the co-pays for office visits were too costly. One participant explained, "They don't go because if you don't have insurance you're thinking about how it's going to be another bill to pay - - you won't be able to pay it. And if there's no necessity, an emergency, well it is better not to go."

Even though some wait to seek out health care, they may find that once they get to an ER, they may be turned away unless their condition is deemed to be an emergency by a physician. One participant described this experience: "I went to the emergency room two months ago, and they didn't want to do anything. I had a pain. I have a problem with my vertebra. Nothing: They told me, 'Only if you come in and can't walk at all we can see you.' That's the only thing they told me, 'We can't.'"

Another participant when explaining why some Latinos may wait to seek out care put it this way: "They only go when it's necessary, not for routine stuff like if they have a cough better to buy medicine. It's better than going to the doctor for stuff like that." As explained earlier, the reasons why Latinos may experience difficulty in accessing a regular doctor "stack up" one on top of the other. Participants reported that Latinos do not go because offices may lack Spanish interpreters, or there may be a limited number of providers who are nearby to where they live. They also discussed how important it is to feel welcomed, understood, and respected by providers and staff.

Barriers to accessing preventive care are complex. The next sections examine the interrelated issues of immigration status, insurance coverage, language and bicultural interpreters with access to children's health, dental and occupational health. Participants often described their experiences by referring to several of these issues at once in response to questions from the facilitator. Still, it is helpful to break down those discussions by highlighting one major issue at a time. One of the greatest barriers to accessing affordable health care is immigration status, because it determines who is eligible for Medicaid or Medicare as well as who can purchase private policies on the ACA health insurance exchanges.

IMMIGRATION STATUS

Immigration status can be a significant barrier to accessing health care. According to his presentation "The Intersection of U.S. Immigration Law and Healthcare: A case for the creation of immigrant-focused medical/legal partnerships," Charles "Shane" Ellison, Legal Director and Deputy Executive Director of Justice for Our Neighbors-Nebraska (2016), for all immigrants who have resided in the U.S. for less than five years, the rate of those without health insurance is 73.2% while 71% of undocumented adults lack any health insurance. There is a five year waiting period before immigrants qualify for federal benefits such as Medicaid, and those benefits are completely unavailable to those who are undocumented. ACA excludes undocumented immigrants from the health insurance market exchanges as well. Finally, those under the Deferred Action for Childhood Arrivals (DACA) immigration policy are excluded from Medicaid and Medicaid's Children's Health Insurance Program (CHIP) as well as the ACA exchanges and any subsidies that would lower the cost of insurance premiums.

In Nebraska, according to Ellison, there were 123,000 immigrants in the year 2013. About 45% were undocumented, and an estimated 71% were uninsured. The situation is better for children born in the U.S., because they are citizens. 85% of these children in Nebraska and with immigrant parents are eligible for Medicaid. In addition, according to the National Immigration Law Center (2016), the State of Nebraska has added the option, now available through the federal Medicaid program, to waive the five year waiting period for lawfully residing children and pregnant women, also making prenatal care available for undocumented women. Community Health Centers, such as OneWorld, are often the only source of health care for undocumented immigrants because they accept patients without insurance on a sliding fee basis, but individuals and families have to contribute to the cost of their health care.

One of the focus group participants made the ironic observation that the only right he (and others who are undocumented) have is not being obligated to purchase insurance. Otherwise they would face a tax penalty. He went on to explain "For us, well the ones who don't have documents, it's more, a bit more difficult. We're not left with other options." Another participant shared frustration with insurance companies that exclude family members from coverage, even if the head of the household is documented and insured because they themselves are not documented.

Finally, one participant shared her experience in applying for financial assistance. "But for a Hispanic person like myself, to apply for financial assistance because I don't have insurance I have to fill out a ton of papers, papers that perhaps I don't have an understanding of filling out so many requirements, you understand me? I need to ask for help filling out all that paperwork and we, sincerely, as Hispanics sometimes prefer to avoid all of this. At times we have no other choice we do it." Her shared experience echoed what other participants expressed about why they often wait until they are very sick before they seek out health care: those who lack insurance, whether or not they are undocumented, have few options when choosing regular doctors.

CHILDREN'S HEALTH CARE

According to Athena Ramos (2013) and her co-authors in their report "Health Profile of Nebraska's Latino Population," 13.6% of the Latino population in Nebraska is younger than five years old, and 27.8% are between the ages of 5 and 17 years. Slightly more than 40% of all Latinos in Nebraska are children and youth. As discussed earlier, 85% of children born to immigrant parents are U.S. citizens, and those children qualify for Medicaid, but some Medicaid eligible children remain uninsured according to Ellison's presentation. The main reason is that "while U.S. citizen children of undocumented immigrants qualify for benefits, they face barriers to health care because of the fear that the undocumented family might be reported to immigration authorities as a result of the child's participation" (Ellison 2016, p.16).

Some families have children with a mixed immigration status. Some are eligible for Medicaid and others are undocumented and therefore not eligible. Those who are legally protected by President Obama's Executive Order creating DACA are excluded from both Medicaid and access to health insurance through the ACA insurance exchanges. Although these are a relatively small percent of the total population of children and youth in the U.S., they must depend on Community Health Centers along with their undocumented parents for their health care. Families with children of mixed immigration status may choose a university medical center or children's hospital when Medicaid will reimburse them, and then choose a Community Health Center provider for themselves and their uninsured children.

Focus group participants who had children with mixed immigration status were clear in discussing that they took their children to UNMC or Children's Hospital if Medicaid would cover their medical expenses. They wanted what they believed was best for their children, even if it meant traveling a greater distance or dealing with Spanish/English interpreters. Their comfort level with OneWorld was less important to them than getting their children the best possible medical care. One participant had five children, three of whom were protected by DACA. For those three children he had no options in choosing a provider and had to pay out-of-pocket. He therefore chose the least expensive provider. The other two children were covered by Medicaid through a contract with United Healthcare. These two children therefore had more options in choosing a provider and were provided financial assistance through the Medicaid program.

Another participant shared her experience having children with multiple immigration status. "But for example my son, the youngest, I took him to the emergency room in February. Medicaid sent me the bill of what they paid for and it was $1,700 for four hours in the emergency room. Can you imagine with only my husband working and if I have to pay for my oldest daughters a payment like this for an emergency? I don't have it. I have to apply for reduced payments or to pay in payments no?" In her case Medicaid covered her son's ER visit, but if it had been one of her daughters without Medicaid she would have needed to apply for financial assistance. These stories from participants show how important it is for Latino parents to find what they believe is the best health care for their children, in spite of a complex system of public and private health insurance with different eligibility requirements.

Many participants shared that they postponed their own doctor visits for healthcare if they felt it was unnecessary or expensive. However, they felt strongly about finding a way to access and pay for doctor and hospital visits when their children's health was at stake. Their experiences help to shed light on the issue of medical homes for children, defined by the Maternal and Child Health Bureau (2015) as 1) having a personal doctor, 2) having a usual source for sick and well care, 3) receipt of family-centered care, 4) no problems getting needed referrals and 5) receipt of effective care coordination when needed. Hispanic children are less likely to have a medical home than are non-Hispanic whites: 37.2% versus 65.7%. Children with private insurance are also more likely than children with public insurance or no insurance to have a medical home: 64% versus 43.9% and 27.8% respectively (Maternal and Child Health Bureau, 2015).

In the future, Community Health Centers like OneWorld will be able to build on reforms in the healthcare system in order to work toward a medical home model for Latino children who go there for health care. The Medicaid program has tended to focus their efforts to create medical homes for children with special health care needs, but as the statistics suggest there is still a need to channel those efforts to include comprehensive child care. Considering that Latino children and youth now make up about 40% of the Latino population in Nebraska, and that a small but significant proportion of them are excluded from public and private insurance coverage, this issue is worthy of further study and action.

BILINGUAL AND BICULTURAL PROVIDERS AND INTERPRETERS

A recurring theme across all four focus groups was their experience in accessing and receiving health care from providers who were bilingual and bicultural. These participants considered it essential to receive care from doctors and staff that understood them and could communicate across cultures and language barriers. According to OLLAS (2015), "Latinos throughout the City: A Snapshot of Socio-Demographic Differences in Omaha, Nebraska," the Latino population is a very diverse community. They live in all parts of the city, however 56% of the Latino population live in South Omaha (South East zip codes.) Nearly half of those five years and older living in South Omaha reported speaking English "not well" or "not at all" compared to 37% in the city as a whole.

Most focus group participants expressed some unfamiliarity with the English language, especially when speaking, and emphasized that finding health care providers who were bilingual and bicultural was a deciding factor in seeking health care facilities like OneWorld. In fact, finding a provider who was bilingual often presented its own challenges: unless Spanish was the native language of the provider, there were significant barriers to communicating symptoms and understanding diagnoses and treatment plans. Most of the experiences with Spanish/English interpreters were negative, because the interpreters had some difficulty in translating medical terms or because patients were afraid that the interpreters were holding back from communicating what patients were really trying to say.

One participant expressed her reason for going to OneWorld: it was accessible to her. She was comfortable going there because everyone spoke Spanish. She had the option of getting care in other places, but she chose OneWorld because she did not have to ask for an interpreter. "I do, my children, the oldest ones they're always telling me, they say 'Ma, why do you go to...OneWorld? Why don't you look for a hospital and go to the hospital to look for a specialist there for that? For this? Why do you always go there?' But the reason for why I go to, I don't go to a hospital is for the language. Like the man said, it's more practical here, it's more comfortable because they give everything in Spanish here. In a hospital, we have to bring an interpreter or we have to find an interpreter." Many hospitals and clinics provide interpreting services when asked for them. Aside from providing interpreters to patients, there may also be a need to educate patients on the services that are made available to them.

Many participants thought that the Latino community of Omaha is in need of more bilingual health care facilities. One participant stated, "Yes, I think so as well. I think there should be more places and above all that, just as the Latino community is growing, perhaps bilingual, would be better for those people. Because, well sometimes I do think that people feel fear, I went through that and, well, it's like you have fear of going and not being understood. I've also had to go and there have been way too many patients as well (at OneWorld.) You have to be there four, five, seven hours in the clinic. So all of that yeah is the, I wanted there to be possibly more places as well."

Some participants also found it difficult to communicate their symptoms even if they are familiar with the English language. One participant mentioned how speaking in a medical setting was very different than a school setting for her. "I mean it's very different when we try to speak, to communicate in, even at school, going with a doctor is, because it's now internal problems, so it's more difficult. I have had problems in communicating as well".

Other participants shared their frustration with poor interpreting services. "And you don't know if they're transmitting [that message] exactly what, the sense of it the pain what you're enduring. How to tell that doctor, no." Many thought that interpreters did a poor job telling the doctor exactly what they were expressing at the time. One participant said "Translation services exist but there is not one translator that has the courage to tell the doctor what you're saying, and I would like them to change that." As one participant also put it, "That's why they want that another person goes with them so that they can help them understand the interpreter." These difficulties occurred less often at OneWorld where providers and staff are bilingual, and more often at hospitals or at the offices of other health providers.

Participants made it clear that even though there are places outside of OneWorld where assistance is available for Spanish speaking patients, OneWorld has a number of different departments in one building, such as check-ups and eye care. That model is hard to find elsewhere. For those whose barriers get "stacked up" (language, transportation, immigration status and time constraints), having a one-stop health care facility for different health-related services is a model that they need and appreciate.

DENTAL HEALTH

Another issue raised by focus group participants was dental health. Dental health is an issue in the Omaha Latino community, especially for children. So called 'food deserts' – areas where it is hard to get affordable fresh food produce - can be a barrier to dental health, because processed food including fast food can cause tooth decay. Even those with insurance may find the co-pays for office visits unaffordable. Those without insurance can find it impossible to pay for dental problems that require root canals or other expensive procedures. Some dental schools periodically offer free dental cleanings but this may not be a sufficient solution in addressing the needs of this community. One participant shared this experience, "I barely have any molars. I don't qualify for any insurance, the only thing I do is every time that I have a strong pain they take one (molar) away. I almost don't have (any molars) because it costs me more than $1,000 for a treatment. $3,000, $5,000 what do I prefer? Better for them to remove the molars and the pain goes away. We have to endure it."

OCCUPATIONAL HEALTH

Occupational safety and health was a topic raised in one of the focus groups, and there was an in-depth conversation about this topic. Latino immigrants who work in meat-packing, construction and hotel cleaning jobs are susceptible to repetitive work-related injuries or to repeated exposure to chemical solvents used to clean rooms. Even those who have insurance find that the co-pays for visits to physical therapists or chiropractors are unaffordable. If these injuries are left untreated they can lead to more serious chronic conditions, requiring orthopedic surgery or treatment for respiratory illnesses. In addition, undocumented immigrants may choose not to apply for worker's comprehensive insurance for fear of having to show proof of their legal status. This forces many undocumented immigrants to go untreated for their illnesses or injuries which can result in further health complications.

One participant explained how the fear of losing a job can keep people from seeking occupational health care, and how this could lead to chronic conditions that require more time and care. "They come here and they don't have any papers, they get illegitimate papers or what have you, but if they have some pain or they feel ill, they don't say anything because they could lose the job. And they keep adding on to that pain and that pain from four, five, six years turns into a thing called chronic pain that even St. Peter can't take away if he comes down."

A suggestion from the focus group was having a place where workers could receive an initial diagnosis at no cost where "...they can go so that they can know what they have because many who go where I am, they don't even know what they have and neither do I." An occupational health center where providers assess work-related injuries might prevent workers from trying to second-guess what their diagnoses could be by talking to friends and co-workers, or putting off seeking professional help. If workers are postponing health care because they are afraid of missing work and possibly losing their jobs, then this fear adds to the stress of finding affordable health care, such as physical therapy. Even the top-tier private insurance plans cap the number of visits, because they cover only accidents or other acute situations. Chronic work-related conditions require a different model of health care.

CONCLUSION

This report reflects the voices of Latino immigrants from the South Omaha and nearby communities as they have shared their experiences with the health care system. The purpose of the project was to listen to those voices and to what they identified as the most important issues, instead of asking health care providers or academic researchers to define the problems. The next step is for providers and community partners to listen to those voices and to develop workable solutions. Those solutions may require policy changes at the local, state and federal levels, but it is first necessary for all those who serve the health needs of the Latino community to come together and to address the issues identified in this report in a systemic and holistic fashion.

REFERENCES

Ellison, C. (n.d.). The intersection of U.S. immigration law and healthcare: A case for the creation of immigrant-focused medical/legal partnerships. Omaha, NE: Justice for Our Neighbors-Nebraska.

Ramos, A., et al. (2013). Health profile of Nebraska's Latino population. Omaha, NE: University of Nebraska at Omaha Office of Latino/Latin American Studies.

Maternal and Child health Bureau (2015). Child Health USA 2014. Rockville, MD: U.S. Department of Health and Human Services, Health Resources and Services Administration. http://mchb.hrsa.gov/chusa14/

Office of Latino/Latin American Studies (2015). Latinos throughout the city: A snapshot of socio-demographic differences in Omaha, NE. Omaha, NE: University of Nebraska at Omaha.

National Immigration Law Center (2016). Medical assistance programs for immigrants in various states. Washington, D.C. https://nilc.org/wp-content/uploads/2015/11/med-services-for-imms-in-states.pdf.

OLLAS
Office of
Latino/Latin
American Studies

UNIVERSITY OF NEBRASKA OMAHA
COLLEGE OF PUBLIC AFFAIRS AND COMMUNITY SERVICE

COLLEGE OF PUBLIC AFFAIRS AND COMMUNITY SERVICE
CENTER FOR PUBLIC AFFAIRS RESEARCH

University of Nebraska Omaha

ESCUCHANDO LAS VOCES DE LOS LATINOS DEL SUR DE OMAHA:

Sus Experiencias y Sugerencias para Mejorar el Acceso al Cuidado de Salud

FEBRERO 2017

University of Nebraska Omaha

Sobre la Facultad de Asuntos Públicos y Servicio Comunitario

La Facultad de Asuntos Públicos y Servicio Comunitario fue fundado en 1973 a modo de asegurar que la Universidad respondiera a las críticas necesidades sociales de nuestra comunidad y estado. La facultad fue dada la misión de no solamente proveer programas educativos con el más alto calibre para preparar estudiantes como líderes en el servicio público, pero también acercarse a la comunidad a modo de solucionar problemas públicos.

La facultad se ha vuelto en líder nacional entre facultades similares, con nueve programas clasificados entre los veinte cinco mejores de la nación. Nuestra facultad esta clasificada entre la mejor en sus disciplinas. La facultad, personal, y estudiantes son esencial para la comunidad y el estado para nuestras investigaciones aplicadas, aprendizaje servicio, y colaboración comunitaria. Tomamos seriamente nuestra obligación de ayudar a abordar las necesidades sociales y crear soluciones a problemas locales, estatales, y nacionales. Para más información, por favor visite nuestro sito web: cpacs.unomaha.edu

CPACS Asignaciones de Investigaciones Urbanas

Parte de la missión de la Facultad de Asuntos Publícos y Servicio Comunitario (CPACS por sus siglas en inglés) es llevar a cabo investigaciones, especialmente en cuanto se relaciona en asuntos de nuestra constituencia local y estatal. CPACS siempre ha tenido una misión urbana, y una de las maneras que esa misión se cumple es de llevar a cabo investigaciones aplicadas relevante a la sociedad urbana en general, y en el área metropolitana de Omaha y otras comunidades urbanas en particular. Comenzando en el 2014, el Decano de CPACS otorgo fondos para proyectos con alta relevancia a temas urbanos de actualidad, con el potencial de aplicar los resultados en practica en Nebraska, Iowa, y más allá.

Sobre OLLAS

La Oficina de Estudios Latinos/Latinoamericanos (OLLAS por sus siglas en inglés) en la Universidad Estatal de Nebraska Omaha (UNO por sus siglas en inglés) es un centro destacado en la región enfocándose en investigaciones, enseñanza, y compromiso con la población latina de los Estados Unidos de América y todas las Américas. Doña Mariela Bahena fue la coautora, y doña Yuriko Doku y doña Stephanie Parada asistierón con la traducción y revisión del reporte. Este reporte esta diseñado a generar debates políticos y medidas que avancen la incorporación de latinos en Nebraska y toda la nación. Para más información, por favor visite nuestro sitio web: ollas.unomaha.edu

ESCUCHANDO LAS VOCES DE LOS LATINOS DEL SUR DE OMAHA:

Sus Experiencias y Sugerencias para Mejorar el Acceso al Cuidado de Salud

Christine Reed, Ph.D.
School of Public Administration
College of Public Affairs and Community Service

Mariela Bahena
Office of Latino/Latin American Studies

Alberto Cervantes
Consultant and Facilitator
Anthony Starke, Project Coordinator

Febrero 2017

El financiamiento para esta investigación fue proporcionado por una Asignación de Investigación Urbana en el año 2014 otorgado de la Oficina del Decano de la facultad de Asuntos Públicos y por Servicio Comuniario.

INTRODUCCIÓN

Los latinos enfrentan una serie de retos para obtener acceso a un cuidado médico de calidad. Entre esos retos están el estatus migratorio de adultos y niños, el costo del cuidado médico, aunque tengan seguro, la falta de seguro médico, el número limitado de proveedores que sean bilingües y biculturales, y las dificultades adaptandose al sistema de salud.

Estos desafíos se acumulan y se entremezclan unos con otros. Los inmigrantes latinos a menudo necesitan intérpretes en español para explicar sus síntomas y entender el diagnóstico. Puede ser muy difícil encontrar un médico u otro proveedor de salud que sea no sólo bilingüe, sino que comprenda además las diversas culturas latinas. El estatus migratorio determina dónde las personas pueden ir a recibir cuidado médico y si van a tener que cubrir el costo el los mismos. El seguro médico es costoso, incluyendo la prima, el deducible, y el co-pago, aún con el seguro de la Ley de Protección al Paciente y Ley   de Salud Accesible (Patient Protection and Affordable Care Act, ACA por sus siglas en inglés, el llamado "Obamacare"). Los centros comunitarios de salud son frecuentemente los únicos lugares que atienden las necesidades de cuidado médico de la mayoría de latinos, especialmente los que no tienen seguro médico.

Otros retos pueden surgir cuando en una familia los padres e hijos tienen estatus migratorio distintos: los hijos nacidos en los EE.UU. califican para Medicaid, y esos niños pueden recibir tratamiento en centros médicos universitarios y en hospitales de niños. Los hermanos que no son ciudadanos estadounidenses se ven excluidos del Medicaid y de la protección bajo el ACA. Si los padres son indocumentados, entonces la única opción es pagar en efectivo por su propio cuidado y el de sus hijos quienes nacieron en el extranjero, y recurrir al centro comunitario de salud para sus necesidades de cuidado médico.

SOBRE EL ESTUDIO

El propósito de esta investigación fue la de escuchar las voces de la comunidad latina que vive en Omaha que ofrecierón a compartir con nosotros sus experiencias en obtener acceso a y recibir cuidado médico. Una asignación de la Universidad Estatal de Nebraska Omaha (UNO por sus siglas en inglés) Oficina del Decano de la Facultad de Asuntos Públicos hiso este posible este estudio. El Dr. Carl Ameringer y Dra. Christine Reed, miembros de la facultad de la Escuela de Administracion Pública (SPA por sus siglas en inglés), asi como miembros de personal del proyecto, organizarón cuatro grupos focales en el sur de Omaha durante el mes de mayo del 2015*. La Dra. Christine Reed, de la EPA, trabajó en colaboración con OLLAS de la UNO durante el verano del 2016 para elaborar este reporte.

La solidez de los grupos focales, comparado con encuestas o entrevistas, se basa en que los participantes se involucran en discusiones abiertas, respondiendo preguntas amplias del facilitador e interactuando unos con otros en compartir experiencias y generar nuevas ideas. Los voluntarios se enteraron de este estudio por programas radiales y por folletos bilingües distribuidos en varios lugares. Ellos debían ser mayores de 18 años, vivir en el Sur de Omaha y áreas vecinas, y haber tenido experiencias con el sistema de cuidado médico las cuales estaban dispuestos a compartir con nosotros. Nosotros optamos por depender de ellos para identificar importantes áreas de preocupación, así como ideas para mejorar el sistema de salud, en vez de emplear un panel de profesionales para identificar los asuntos de importancia.

Este reporte resume los resultados de esos grupos focales. Los participantes ofrecieron información de gran importancia y de primera mano sobre asuntos que pudieran no haber sido reconocidos

---

* El Dr. Carl Ameringer sirvió como el Investigador Principal durante el estudio y la Dra. Christine Reed fue la CoInvestigadora.

por los proveedores de salud y de colaboradores comunitarios. Aunque no decimos que representan a toda la comunidad del Sur de Omaha y áreas vecinas, sus experiencias ofrecen una ventana especial para vislumbrar las fortalezas y debilidades del cuidado médico tal y cómo lo reciben los latinos en la ciudad.

El facilitador de las sesiones de grupos, el Sr. Alberto Cervantes, dirigió todas las conversaciones en español y pidió permiso al comienzo de cada sesión para grabar las conversaciones del grupo.

Todas las sesiones fueron conducidas con confidencialidad. Los participantes no usaron sus nombres y, además, cada persona podía escoger cuáles preguntas deseaba contestar.

El número de participantes y el lugar de los cuatro grupos focales se resumen en la Tabla 1.

Tabla 1: Lugar y participantes

Grupo	Lugar	Participantes
1	Biblioteca Pública del Sur de Omaha	16
2	Centro "Stephen"	7
3	Biblioteca Pública del Sur de Omaha	12
4	Biblioteca Pública del Sur de Omaha	1
Total		**36**

El rango de edades de los participantes se reporta en la Tabla 2.

Tabla 2: Edad reportada por los participantes

Edad	Frecuencia	Porcentaje
18-29	5	11.1%
30-39	7	19.4%
40-49	11	36.1%
50-59	6	16.7%
Mayor de 60	5	13.9%
No responde	2	2.8%
Total	**36**	**100%**

Al comienzo de cada sesión, el facilitador les preguntó el país de origen de los participantes (Ver Tabla 3). La mayoría eran inmigrantes mexicanos (86.1%) mientras que el resto eran inmigrantes cubanos o nacidos en los Estados Unidos.

Tabla 3: País de origen reportado por participantes

País de origen	Frecuencia	Porcentaje
México	31	86.1%
EE.UU.	1	2.8%
Cuba	4	11.1%
No responde	–	–
Total	**36**	**100%**

Menos de la mitad de los participantes reportaron que tenían seguro médico, ya fueran planes privados o públicos (Medicaid o Medicare), como se nuestra en la Tabla 4.

Tabla 4: Cobertura de seguros reportado por participantes

Seguro	Frecuencia	Porcentaje
Sí	16	44.4%
No	5	13.9%
No responde	15	41.7%
Total	**36**	**100%**

Un poco más de la mitad de los participantes dijeron que iban al centro comunitario de salud "OneWorld" para el cuidado básico de salud de los adultos (ver Tabla 5). Tal como sugerimos en la introducción, cuando los niños son nacidos en los EE.UU. son elegibles para Medicaid. Los participantes nos dijeron que a los hijos que son elegibles para Medicaid los llevan al Centro Médico de la Universidad de Nebraska (UNMC por sus siglas en inglés), a Boystown o al hospital de niños (Children's Hospital); mientras que a los niños indocumentados los llevan al lugar donde ellos van para el cuidado de adultos, tal como OneWorld.

Tabla 5: Lugares de atención primaria en salud de adultos reportado por los participantes

Atención primaria en salud de adultos	Frecuencia	Porcentaje
Centro Comunitario OneWorld	20	55.5%
Clínica Alegent Creighton	3	8.3%
UNMC	1	2.8%
South Omaha Medical Associates (SOMA)	1	2.8%
Sala de urgencias	1	2.8%
Remedios caseros	1	2.8%
No especifica	6	16.7%
No responde	3	8.3%
Total	**36**	**100%**

LOS ASUNTOS PRIMORDIALES PRESENTADOS POR LOS PARTICIPANTES

Es importante enfatizar tres puntos. Primero, cada grupo focal no necesariamente presentó los mismos asuntos. Segundo, otros asuntos adicionales pudieran haber surgido de otros grupos focales adicionales Tercero, identificamos seis asuntos distintos, pero tendían a entrelazarse, pues se interrelacionaban entre sí. Cada una de las próximas secciones comienza con una visión general del asunto, seguido por un resumen de las discusiones pertinentes.

CUIDADO PREVENTIVO DE SALUD

El término "cuidado preventivo" incluye una gama de servicios médicos, desde las vacunas de niños y chequeos anuales hasta el tratamiento de enfermedades crónicas, tal como la diabetes y la presión alta. El énfasis del cuidado preventivo en los EE.UU. ha venido creciendo; sin embargo, aún es una tendencia muy baja. Además, existen diferencias en el enfoque hacia el cuidado médico, sea preventivo o de otro tipo, entre los países de América Latina, creando diferencias culturales, y diferencias en cómo las personas de diversos países deciden cuándo el cuidado médico es necesario. Estas diferencias culturales afectan cómo los latinos en los EE.UU. deciden cuándo deben buscar cuidado médico. Muchos participantes dijeron que ellos esperan hasta sufrir algún síntoma antes de ver al médico; pero sus razones también incluyen barreras del propio sistema de cuidado médico en los EE.UU. en sí, como el costo, la falta de seguro médico y el miedo causado por las barreras del idioma, por los formularios excesivos que tienen que llenar al pedir ayuda financiera y por el estatus migratorio.

Acceder al cuidado médico preventivo depende en parte de tener a un médico regular, definido por el facilitador de grupo como "una persona a quien uno va a ver para ciertas condiciones de salud o va a ver sencillamente para un examen físico completo". En un grupo focal, la mitad de los participantes reportaron que tenían un médico regular. En los cuatro grupos, los que tenían médico regular lo visitaban para condiciones crónicas de salud, tal como colesterol alto, asma, dolores crónicos, diabetes y depresión, al igual que el chequeo rutinario. Algunos escogieron a su médico regular por razones no-médicas, sobre todo por la cercanía a su casa o porque el doctor era bilingüe en inglés-español.

Los que tenían médico regular iban a OneWorld, UNMC o Creighton. Los que no tenían médico regular escogían OneWorld, UNMC o la sala de urgencias de un hospital, y sus razones incluían tanto emergencias como chequeos rutinarios, la salud de la mujer y pruebas de evaluación para el cáncer. La mayoría de los que no tenían médico regular dijeron que no tenían seguro médico y que el costo de una visita a la oficina del doctor era por lo tanto demasiado alto. Hasta los que eran elegibles para el seguro dijeron que la parte del costo que paga el paciente (co-pago) para la visita de oficina era también demasiado costoso. Un participante así lo explicó: "Ellos no van, porque si no tienen seguro entonces piensan que esto significa otra cuenta que tienen que pagar - - no van a poder pagarla. Y si no es una necesidad, una emergencia, entonces es mejor no ir".

Aunque algunos se demoran en buscar cuidado médico, se encuentran que una vez que llegan a la sala de urgencias, puede que no los atiendan a menos que su condición sea considerada una emergencia por un médico. Un participante as describe su experiencia: "Fui a la sala de urgencias hace dos meses y no quisieron hacer nada. Yo tenía un dolor. Tengo un problema en mi vértebra. Nada. Me dijeron: 'Sólo si usted llega y no puede caminar en absoluto, entonces la vamos a examinar.' Eso es lo único que me dijeron: 'No podemos'".

Otro participante, al explicar por qué algunos latinos se demoran en buscar cuidado, lo describe de esta manera: "Sólo van cuando es necesario, no para cosas rutinarias como cuando tienen una tos, entonces es mejor comprar medicina. Es mejor que ir al médico para cosas como esa". Como se explicó anteriormente, las razones por las cuales los latinos tienen dificultad en ir a un médico regular "se amontonan" una encima de la otra. Los participantes reportaron que los latinos no van porque las oficinas pueden no tener intérpretes en español, o hay un número limitado de proveedores que están cerca de donde viven. También comentaron lo importante que es sentirse bienvenido, comprendido, respetado por los proveedores y el personal.

Las barreras que dificultan el acceso al cuidado preventivo son complejas. Las próximas secciones examinan los asuntos interrelacionados de estatus migratorio, cobertura del seguro, intérpretes de lenguaje y cultura con el acceso a la salud de niños, la salud dental y ocupacional. Al responder a las preguntas del facilitador, los participantes muchas veces relataban sus experiencias refiriéndose a varios de los asuntos a la misma vez. Así y todo, nos ayuda mucho el separar los temas discutidos y concentrarnos en un solo asunto importante a la vez. Una de las mayores barreras en acceder al cuidado de salud a un precio módico es el estatus migratorio, porque determina quién es elegible para Medicaidn o Medicare, tanto como quién puede comprar las pólizas privadas en el mercado de seguros del ACA.

ESTATUS MIGRATORIO

El estatus migratorio constituye una de las barreras más significativas para acceder al cuidado de salud. De acuerdo a la presentación "El cruce de la Ley de Inmigración de EE.UU. con el cuidado médico: Un caso a favor de la creación de asociaciones médicas/legales enfocadas en los inmigrantes", de Charles Shane Ellison, Director Legislativo y

Subdirector Ejecutivo de Justicia para Nuestros Vecinos de Nebraska (2016), nos dice que de todos los inmigrantes que viven en los EE.UU. por menos de cinco años, la tasa de éstos sin seguro médico es de un 73.2% mientras que un 71% de adultos indocumentados no tienen ningún seguro médico. Hay un período de espera de cinco años antes de que los inmigrantes puedan calificar para beneficios federales tal como Medicaid y los que son indocumentados están completamente excluidos de esos beneficios. También el ACA excluye a los inmigrantes indocumentados del mercado de seguros médicos. Finalmente, los que están bajo la ley de inmigración, Acción Diferida para los Llegados en la Infancia (DACA por sus siglas en inglés) están excluidos del Programa de Seguro Médico para Niños de Medicaid (CHIP por sus siglas en inglés) tanto como de los intercambios de ACA y de cualquier subsidio que pudiera reducir el costo de la prima de seguros.

En Nebraska, de acuerdo a Ellison, en el año 2013 había 123,000 inmigrantes. Un 45% de ellos eran indocumentados, y alrededor de un 71% no tenían seguro. La situación es un poco mejor para los niños nacidos en los EE.UU., puesto que son ciudadanos. El 85% de estos niños en Nebraska y con padres inmigrantes son elegibles para Medicaid. Además, de acuerdo al Centro Nacional de la Ley de Inmigración (National Immigration Law Center por sus siglas en inglé) (2016), el estado de Nebraska ha incluido una opción ahora disponible mediante el programa federal de Medicaid. Esta opción cancela el periodo de espera de cinco años para niños que son residentes y mujeres embarazadas, dando acceso al cuidado prenatal para mujeres indocumentadas. Los centros comunitarios de salud, tal como OneWorld, son a menudo los únicos recursos de cuidado de salud para inmigrantes indocumentados, ya que estos centros aceptan a pacientes sin seguro, usando una escala movible de pagos en efectivo, pero individuos y familias tienen que contribuir algo al costo de su cuidado médico.

Uno de los participantes comentó irónicamente que el único derecho que él (y otros indocumentados) tenía era el no estar obligado a comprar un seguro. De lo contrario tendrían que pagar una multa de impuestos. Siguió con la explicación: "Para nosotros, los que no tenemos documentos, es un poco más difícil. No nos dejan otras opciones". Otro participante compartió la frustración que sentía con las compañías de seguro que excluían a ciertos miembros de la familia de la cobertura, aun cuando la cabeza de hogar era un inmigrante documentado y asegurado, solo porque los otros miembros eran indocumentados.

Finalmente, una participante compartió su experiencia cuando ella fue a aplicar para asistencia financiera. "Pero para una persona hispana como yo, para aplicar para asistencia financiera, como no tengo seguro, tengo que llenar un montón de papeles, papeles que quizás no entiendo mucho cómo llenarlos, con tantos requisitos, ¿me comprende? Necesito pedir ayuda para completar todo ese papeleo y nosotros, francamente, los hispanos preferimos evitar todo esto. A veces no nos queda otro remedio que hacerlo". Su experiencia compartida hizo eco con lo que otros participantes habían comentado del por qué muchas veces deciden esperar hasta que están muy enfermos antes de buscar el cuidado médico: los que no tienen seguro, sean o no indocumentados, tienen pocas opciones para escoger médicos regulares.

CUIDADO DE SALUD DE NIÑOS

De acuerdo a Athena Ramos (2013) y otros autores de su reporte "Perfil de Salud de la Población Latina de Nebraska", el 13.6% de la población latina en Nebraska son menores de cinco años, y un 27.8% tienen entre 5 y 17 años. Un poco más del 40% de todos los latinos en Nebraska son niños y jóvenes. Tal como se mencionó anteriormente, un 85% de los niños nacidos de padres inmigrantes son ciudadanos estadounidenses y esos niños califican para

Medicaid, siguen sin tener seguro médico, de acuerdo a la presentación de Ellison. La razón principal es que "aunque los niños que son ciudadanos estadounidenses de padres indocumentados califican para beneficios, ellos enfrentan barreras para el cuidado médico por el miedo a que la familia inmigrante sea reportada a las autoridades migratorias a causa de la participación del niño" (Ellison 2016, p.16).

Algunas familias tienen niños con una mezcla de estatus migratorio. Algunos son elegibles al Medicaid y otros son indocumentados y por lo tanto no elegibles. Aquellos que están protegidos legalmente por la Orden Ejecutiva del Presidente Obama que creó DACA, están excluidos tanto de Medicaid como de acceso a seguro médico mediante el mercado de seguros ACA. Aunque estos representan un porcentaje relativamente pequeño de la población total de niños y jóvenes en los EE.UU., ellos tienen que contar con los centros comunitarios de salud para su cuidado médico, al igual que sus padres indocumentados y sin seguro médico. Familias que tienen niños con estatus migratorio distintos tienen la opción de escoger un centro médico universitario o un hospital de niños cuando el Medicaid les va a reembolsar costos, y a la misma vez buscar un proveedor de un centro comunitario de salud para sí mismos y sus otros hijos sin seguro.

Los participantes de los grupos focales que tenían niños con mezcla de estatus migratorio hablaron con claridad de que llevaban a sus hijos a UNMC o a un hospital de niños si Medicaid les cubría los gastos médicos. Ellos buscaban lo mejor para sus hijos, aunque esto significara viajar distancias más largas o lidiar con intérpretes de inglés/español. El nivel de comodidad en OneWorld era menos importante para ellos que conseguir el mejor cuidado médico para sus hijos. Un participante tenía cinco hijos, tres de los cuales estaban bajo protección de DACA. Para esos tres hijos no tenía ninguna opción en conseguir un proveedor y tenía que pagar en efectivo para cualquier servicio médico. Por lo tanto, escogió el proveedor menos costoso. Los otros dos hijos tenían Medicaid bajo contrato con United Healthcare. Estos dos niños por lo tanto tenían más opciones para escoger un proveedor y tenían asistencia financiera mediante el programa de Medicaid.

Otra participante compartió su experiencia de tener niños con estatus migratorio distinto. "Por ejemplo, mi hijo, el más pequeño, lo llevé a la sala de urgencias en febrero. Medicaid me envió la cuenta de lo que pagó y fue $1,700 por cuatro horas en la sala de urgencias. ¿Se puede usted imaginar con sólo mi esposo trabajando, si tengo que pagar una cuenta así por mis hijas mayores por una emergencia? No lo tengo. Tendría que aplicar a un costo reducido o pagar a plazos, ¿no?" En su caso, Medicaid cubrió la visita de su hijo a la sala de urgencias, pero si hubiera sido una de sus hijas sin Medicaid, ella hubiera tenido que aplicar para ayuda financiera. Estas historias de los participantes demuestran lo importante que es para los padres latinos encontrar el mejor cuidado médico para sus hijos, a pesar de un sistema complejo de seguro médico público y privado con diversos requisitos de elegibilidad.

Muchos participantes compartieron que ellos aplazaban sus propias visitas médicas si las consideraban innecesarias o demasiado costosas. Sin embargo, era muy importante encontrar el modo de tener acceso a y de pagar por un médico y visitas a hospitales si se trataba de la salud de sus hijos. Sus experiencias nos ayudan a iluminar el asunto de "hogar médico para niños", tal como está definido por la Agencia de Salud Maternal e Infantil (Maternal and Child Health Bureau) de los EE.UU. Los puntos son: 1) Tener un médico personal, 2) tener un lugar habitual para recibir cuidado médico en situaciones de salud y de enfermedad, 3) recibir cuidado médico centrado en la familia, 4) conseguir las referencias necesarias sin problema alguno, y 5) recibir una orientación de cuidado médico efectivo cuando sea necesario. Los niños hispanos tienen menos posibilidad de tener un "hogar médico" que los niños blancos no-hispanos: 37.2% versus 65.7%. Niños con seguros privados también tienen más posibilidad que niños con seguro público o sin seguro: 64% versus 43.9% y 27.8% respectivamente (Programa de Seguro Médico para Niños de Medicaid).

En el futuro, los centros comunitarios de salud, tal como OneWorld, van a poder basarse sobre las reformas de ACA, para así llegar a ser un modelo de hogar médico para niños latinos que van a ese centro para cuidado médico. El programa de Medicaid tiende a enfocar sus esfuerzos en crear hogares médicos para niños con necesidades médicas especiales, pero como las estadísticas sugieren, todavía es necesario encaminar esos esfuerzos para incluir cuidado integral de niños. Dado que niños y jóvenes latinos ahora constituyen alrededor de un 40% de la población latina de Nebraska, y que una proporción significativa, aunque pequeña de ellos están excluidos de la cobertura de seguros públicos y privados, este asunto merece aún más investigación y acción.

PROVEEDORES E INTÉRPRETES BILINGÜES Y BICULTURALES

Una temática muy repetida a lo largo de los cuatro grupos focales fue la experiencia de tener acceso y recibir cuidado médico de proveedores que fueran bilingües y biculturales. Estos participantes consideraban que era esencial el recibir cuidado de médicos y personal que podían entenderlos y podían comunicarse sin importar las barreras de cultura e idioma. De acuerdo a la OLLAS (2015), "Latinos a través de la ciudad: Un retrato de las diferencias socio-demográficas en Omaha, Nebraska", la población latina es una comunidad muy diversa.

Viven en todas partes de la ciudad, sin embargo, el 56% de la población latina vive en el Sur de Omaha (códigos postales de Sur Este). Casi la mitad de los que son mayores de 5 años y viven en el Sur de Omaha reportan que hablan el inglés "no muy bien" o "para nada", comparado con un 37% en toda la ciudad.

Casi todos los participantes manifestaron alguna falta de familiaridad con el idioma inglés, especialmente al hablarlo, y enfatizaron que el encontrar proveedores de cuidado médico que fueran bilingües y biculturales era un factor decisivo al buscar centros de cuidado médico como OneWorld. De hecho, si el proveedor es bilingüe, eso tiene su propio desafío: a menos que el español sea el idioma nativo del proveedor, surgen barreras significativas en comunicar síntomas y entender el diagnóstico y tratamiento. Es esencial crear comprensión y confianza. Casi todas las experiencias con interpretes español/inglés fueron negativas, porque o los intérpretes tenían dificultad en traducir los términos médicos, o los pacientes tenían miedo de que los intérpretes no parecían comunicar lo que el paciente realmente estaba tratando de decir.

Una participante presentó su razón por ir a OneWorld: era más accesible para ella. Se sentía cómoda yendo allí porque todo el mundo hablaba español. Tenía la opción de obtener cuidado en otros lugares, pero escogió OneWorld porque no tenía que pedir un intérprete. "Mis hijos, los mayores, siempre me están diciendo 'Oye Mamá, ¿por qué es que vas a...OneWorld? ¿Por qué no buscas un hospital y vas al hospital para encontrar un especialista que necesitas? ¿Para esto? ¿Por qué es que siempre vas allí?' Pero la razón que voy allí, que no voy a un hospital, es por el idioma. Como dijo el señor, es más conveniente aquí, más cómodo porque aquí te dan todo en español. En un hospital, tenemos que traer un intérprete o tenemos que encontrar un intérprete". Muchos hospitales y clínicas ofrecen servicio de intérprete cuando se lo piden. Aparte de ofrecer intérpretes a los pacientes, esta experiencia nos indica que puede que exista la necesidad de educar a los pacientes sobre los servicios que están disponibles para ellos.

Muchos participantes opinaron que la comunidad latina de Omaha necesita más centros bilingües de cuidado médico. Un participante así lo expresó: "Sí, yo también opino lo mismo. Creo que hacen falta más lugares, y sobre todo, ya que la comunidad latina está creciendo, puede ser que lugares bilingües sea lo mejor para ellos. Porque me parece que a veces la gente tiene miedo; yo mismo pasé por eso, y bueno, es que tienes miedo de ir y que no te comprendan. También he tenido que ir y hay demasiados pacientes esperando también (en OneWorld). Tienes que estar cuatro, cinco, siete horas en la clínica. Así que todo eso es verdad, quisiera que hubiera más lugares". Este participante hizo notar que ya que OneWorld es uno de los pocos lugares bilingües que ellos pueden ir para recibir cuidado, esto implica largas horas de espera para sus pacientes.

Algunos participantes también encontraron que era difícil comunicar sus síntomas, aunque estuvieran familiarizados con el idioma inglés. Un participante mencionó que para ella hablar en un contexto médico era muy diferente que en un contexto escolar. "Lo que quiero decir es que cuando tratamos de hablar, de comunicarnos en la escuela, es mucho más difícil con un médico, porque ahora son problemas internos. He tenido problemas en comunicarme así también".

Otros participantes compartieron su frustración con los servicios de intérpretes de poca calidad. "Y por lo tanto no sabes si están transmitiendo [tu mensaje] con exactitud, el sentido del dolor que estás sufriendo. Cómo decirle al médico, no sabes". Muchos opinaron que los intérpretes hacían una pésima labor en decirle al doctor exactamente lo que ellos estaban expresando en ese momento. Un participante dijo: "Existen los servicios de interpretación, pero no hay ningún interprete que tiene la valentía de decirle al médico lo que tú estás diciendo, y me gustaría que cambiaran eso". Así también lo expresó un participante: "Por eso es que quieren que otra persona vaya con ellos, para que les ayude a entender al intérprete".

Los participantes aclararon que, aunque hay lugares aparte de OneWorld donde ofrecen servicio a pacientes de habla hispana, OneWorld tiene una serie de departamentos distintos en un solo edificio, tal como chequeo y cuidado de los ojos. Ese modelo es difícil de encontrar en otros lugares. Para aquellos que se les acumulan las barreras (idioma, transporte, estatus migratorio y tiempo limitado) el tener un sólo lugar de cuidado médico para diferentes servicios de salud es un modelo que necesitan y que aprecian mucho.

SALUD DENTAL

Otro asunto que surgió de los grupos focales es el de la salud dental. La salud dental es un problema en la comunidad latina de Omaha, especialmente para los niños. Los llamados "desiertos de comida" – áreas donde es difícil conseguir a precios módicos los alimentos agrícolas frescos – pueden ser una barrera a la salud dental, porque las comidas procesadas, inclusive "comidas rápidas" pueden causar el deterioro de los dientes. Hasta los que tienen seguro consideran demasiado costoso el co-pago para la visita de oficina. Los que no tienen seguro les es imposible pagar por problemas dentales que requieren tratamientos de conducto u otros procedimientos costosos. Hay escuelas dentales que periódicamente ofrecen limpieza dental gratis, pero esto no es suficiente para responder a las necesidades de esta comunidad. Un participante compartió: "Ya casi no tengo ninguna muela. No califico para ningún seguro, lo único que hago cada vez que tengo un dolor agudo, me sacan una muela. Ya casi no tengo muelas porque me cuesta más de $1,000 por un tratamiento, o $3,000, $5,000 ¿qué es lo que prefiero? Es mejor que me saquen las muelas y se me pase el dolor. Es lo que tenemos que soportar".

SALUD OCUPACIONAL

La seguridad y salud ocupacional fue otro tema que surgió en uno de los grupos focales, y tuvieron una profunda conversación sobre el tema. Los inmigrantes latinos que trabajan en empacadoras de carne, en trabajos de construcción y en limpieza de hoteles, son propensos a heridas causadas por trabajo repetitivo. También pueden estar expuestos repetidamente a solventes químicos que se usan para limpiar los cuartos. Aun los que tienen seguro médico se encuentran con que el co-pago del paciente para visitas al terapista físico o al quiropráctico es imposiblemente costoso. Si estas heridas se quedan sin recibir atención médica, pueden llegar a convertirse en condiciones crónicas más serias, que requieren cirugía ortopédica o tratamiento para enfermedades respiratorias. Además, puede que los inmigrantes indocumentados decidan no solicitar el seguro integral para trabajadores por miedo a tener que mostrar prueba de su estatus legal. Esto obliga a muchos inmigrantes indocumentados a quedarse sin tratamiento para sus enfermedades o heridas, lo que puede resultar en mayores complicaciones de salud.

Un participante explicó que el miedo a perder el trabajo puede causar que la gente no busque cuidado médico, y como esto lleva a condiciones crónicas que requieren más tiempo y cuidado. "Ellos llegan aquí y no tienen papeles, consiguen papeles ilegales o lo que sea, pero si se sienten enfermos o con algún dolor, no dicen nada porque podrían perder su trabajo. Y siguen añadiéndole a tal dolor y más dolor por cuatro, cinco, seis años hasta que se convierte en una cosa llamada dolor crónico que no se lo va quitar ni San Pedro si baja de arriba".

Una sugerencia del grupo fue tener un lugar donde los trabajadores pudieran recibir un diagnóstico inicial sin costo alguno, donde "...puedan ir para saber qué es lo que tienen, porque muchos que van a donde yo estoy, no saben siquiera lo que tienen ni tampoco yo lo sé". Un centro de salud ocupacional donde proveedores puedan evaluar heridas de tipo laboral pudiera evitar que los trabajadores traten de adivinar qué es lo que tienen hablando con sus amigos y compañeros de trabajo, o se demoren en buscar ayuda profesional. Si los trabajadores están posponiendo el cuidado médico porque tienen miedo a perder tiempo de trabajo o posiblemente a perder del todo su trabajo, entonces este miedo se suma al estrés de encontrar cuidado médico a precio módico, tal como la terapia física. Aún los seguros privados de alta categoría ponen límite al número de visitas, porque cubren sólo accidentes u otras situaciones graves. Las condiciones crónicas de causa laboral requieren otro modelo diferente de cuidado de salud.

CONCLUSIÓN

Este reporte presenta las voces de inmigrantes latinos del Sur de Omaha y comunidades vecinas, tal como han compartido sus experiencias al lidiar con el sistema de cuidado médico. La meta del proyecto era la de escuchar esas voces y lo que han identificado como los asuntos más importantes, en vez de pedirles a los proveedores de salud y a los investigadores académicos que definieran los problemas. El próximo paso es que los proveedores y sus organizaciones comunitarias aliadas escuchen esas voces y desarrollen soluciones viables. Nuestro plan es compartir lo que hemos aprendido de los grupos focales, y luego tener una reunión con los proveedores de cuidado médico y sus organizaciones comunitarias aliadas en donde les pedimos que dialoguen sobre cómo pueden colaborar para mejorar el acceso a cuidado médico de calidad para los latinos, sobre todo en la comunidad del Sur de Omaha. Esas soluciones pueden que requieran cambios de política a nivel local, estatal y federal. Pero ante todo es necesario que todos los que sirven las necesidades médicas de la comunidad latina se reúnan entre sí y respondan a los problemas identificados en este reporte de una manera sistemática e integral.

REFERENCIAS

Ellison, C. (n.d.). The intersection of U.S. immigration law and healthcare: A case for the creation of immigrant-focused medical/legal partnerships. Omaha, NE: Justice for Our Neighbors-Nebraska.

Ramos, A. (2013). Health profile of Nebraska's Latino population. Omaha, NE: University of Nebraska at Omaha Office of Latino/Latin American Studies.

Maternal and Child health Bureau (2015). Child Health 2014. Rockville, MD: U.S. Department of Health and Human Services, Health Resources and Services Administration. http://mchb.hrsa.gov/chusa14/

Office of Latino/Latin American Studies (2015). Latinos throughout the city: A snapshot of socio-demographic differences in Omaha, NE. Omaha, NE: University of Nebraska at Omaha.

National Immigration Law Center (2016). Medical assistance programs for immigrants in various states. Washington, D.C. https://nilc.org/wp-content/uploads/2015/11/med-services-for-imms-in-states.pdf.

OLLAS
Office of
Latino/Latin
American Studies

UNIVERSITY OF NEBRASKA OMAHA
COLLEGE OF PUBLIC AFFAIRS AND COMMUNITY SERVICE

COLLEGE OF PUBLIC AFFAIRS AND COMMUNITY SERVICE
SCHOOL OF PUBLIC ADMINISTRATION

COLLEGE OF PUBLIC AFFAIRS AND COMMUNITY SERVICE
CENTER FOR PUBLIC AFFAIRS RESEARCH

University of Nebraska Omaha

Racial Disproportionality of Foster Care Outcomes in Omaha and Sarpy County

FALL 2016

University of Nebraska Omaha

About the College of Public Affairs and Community Service

The College of Public Affairs and Community Service (CPACS) was created in 1973 to ensure that the university was responsive to the critical social needs of our community and state. The College was given the mission not only to provide educational programs of the highest caliber to prepare students for leadership in public service, but also to reach out to the community to help solve public problems.

The College has become a national leader among similar colleges, with nine programs ranked in the top 25 in the nation. Our faculty ranks are among the finest in their disciplines. Faculty, staff, and students are integral to the community and state because of our applied research, service learning, and community partnerships. We take our duty seriously to help address social needs and craft solutions to local, state, and national problems. For more information, visit our website: cpacs.unomaha.edu

CPACS Urban Research Awards

Part of the mission of the College of Public Affairs and Community Service (CPACS) is to conduct research, especially as it relates to concerns of our local and statewide constituencies. CPACS has always had an urban mission, and one way that mission is served is to perform applied research relevant to urban society in general, and the Omaha metropolitan area and other Nebraska urban communities in particular. Beginning in 2014, the CPACS Dean provided funding for projects with high relevance to current urban issues, with the potential to apply the findings to practice in Nebraska, Iowa and beyond.

Racial Disproportionality of Foster Care Outcomes in Omaha and Sarpy County

Claudette Grinnell-Davis
Assistant Professor, Grace Abbott School of Social Work
University of Nebraska at Omaha

Karen Abrams, MPH
Executive Director, Policy Research & Innovation

Fall 2016

Funding for this research was provided by a 2014 Urban Research Award from the College of Public Affairs and Community Service Dean's Office.

SUMMARY

The intent of this grant, in conjunction with Policy Research & Innovation (PRI) was to examine whether African American and Native American children in urban settings spend longer times in foster care prior to achieving permanency (i.e. reunification or adoption) and, subsequently, whether they return into the system faster, either due to failed reunification or failed adoption.

Because of challenges in procuring the most recent data, the decision was made to use the most recent data available at that time to researchers and from which results could be published - the FFY 2013 foster care file from the Adoption and Foster Care Analysis Reporting System (AFCARS), housed in the National Data Archive for Child Abuse and Neglect at Cornell University. This analysis allowed for an analysis of the complete population of youth who spent any time in foster care in 2013 in the state of Nebraska; however, since the dates of entry and discharge are present in AFCARS, the data are not artificially censored due to the parameters of the federal fiscal year. AFCARS allows for highlighting counties in which their caseloads are over 1,000 children; in Nebraska, this means that Douglas and Lancaster Counties can be isolated for focused study.

Using Douglas County as a comparison group, we found in general that African American children achieved reunification on average 6 weeks later than White children and Native children. African American children also took longer time to achieve adoption, as did Native children (an expected result given the challenges to adopting Native children due to the Indian Child Welfare Act). We also found generally that Lancaster County is slower to permanency overall.

We also found that children in rural areas achieved permanency faster. This is particularly interesting given the lack of services generally available to families in rural Nebraska. This is worthy of further exploration. We intend to replicate the same analysis with this new data and then write at least one, if not two, journal articles for publication. The racial disproportionality results will be sent to Children and Youth Services Review, and the rural results to the Journal of Public Child Welfare. Some of these findings were presented in an oral presentation at the October 2015 Annual Program Meeting for the Council on Social Work Education.

UNIVERSITY OF NEBRASKA OMAHA
COLLEGE OF PUBLIC AFFAIRS AND COMMUNITY SERVICE

COLLEGE OF PUBLIC AFFAIRS AND COMMUNITY SERVICE
GRACE ABBOTT SCHOOL OF SOCIAL WORK

UNIVERSITY OF
Nebraska
Omaha

Smart Urban Cities/ Communities:

Leveraging Information and Communication Technologies for Improving Local Public Services

APRIL 2016

University of Nebraska Omaha

About the College of Public Affairs and Community Service

The College of Public Affairs and Community Service (CPACS) was created in 1973 to ensure that the university was responsive to the critical social needs of our community and state. The College was given the mission not only to provide educational programs of the highest caliber to prepare students for leadership in public service, but also to reach out to the community to help solve public problems.

The College has become a national leader among similar colleges, with nine programs ranked in the top 25 in the nation. Our faculty ranks are among the finest in their disciplines. Faculty, staff, and students are integral to the community and state because of our applied research, service learning, and community partnerships. We take our duty seriously to help address social needs and craft solutions to local, state, and national problems. For more information, visit our website: cpacs.unomaha.edu

CPACS Urban Research Awards

Part of the mission of the College of Public Affairs and Community Service (CPACS) is to conduct research, especially as it relates to concerns of our local and statewide constituencies. CPACS has always had an urban mission, and one way that mission is served is to perform applied research relevant to urban society in general, and the Omaha metropolitan area and other Nebraska urban communities in particular. Beginning in 2014, the CPACS Dean provided funding for projects with high relevance to current urban issues, with the potential to apply the findings to practice in Nebraska, Iowa and beyond.

Smart Urban Cities/Communities:

Leveraging Information and Communication Technologies for Improving Local Public Services

Yu-Che Chen, Ph.D.
Associate Professor, School of Public Administration
University of Nebraska at Omaha

Jooho Lee, Ph.D.
Associate Professor, School of Public Administration
University of Nebraska at Omaha

Robert Blair, Ph.D.
Professor, School of Public Administration
University of Nebraska at Omaha

April 2016

Funding for this research was provided by a 2014 Urban Research Award from the College of Public Affairs and Community Service Dean's Office.

PROJECT A

Metropolitan Area Planning Agency's (MAPA) Collaborative Data Governance Project

This project examines how MAPA utilizes information technology to work with various governments in the Omaha metropolitan area to improve transportation data sharing across organizational boundary and improve transportation planning and decision-making. We successfully completed literature review in spring 2015 and conducted a field research to do interviews with key stakeholders including staff members at MAPA and local governments in the metropolitan Omaha and compiled archival data in summer 2015. We provided the results of data analysis and delivered to MAPA in fall 2015.

Area of impact	Accomplished in 2015	On-going in 2016
Research	• Research data collection by working with MAPA, city, and county governments. • Submission of one journal manuscript to Public Management Review.	• A revise and resubmit decision on the manuscript and currently working on the revision.
Service	• Gave a presentation to MAPA to provide analysis results and policy recommendations. • Shared lessons learned at ASPA Nebraska and Technological Innovation conference in 2015.	• Continue working with stakeholders in MAPA for the next step.
Teaching	• Used the example to enrich classroom learning. • Aided in a doctoral student's qualitative data analysis project.	• Working with MAPA people to turn this into a MPA capstone project.

PROJECT B

Nebraska E-Government Survey

This project conducted an e-government survey of Nebraska's municipal governments. We worked with key stakeholders to develop survey questions. We conducted a comprehensive and systematic literature review on e-government adoption in the summer of 2015, designed survey questionnaire based on previous research and implemented online survey using Google Form to collect survey data in late fall 2015. We then combined the survey data with other secondary datasets (e.g. census data) in order to conduct a comprehensive analysis of e-government practices in Nebraska. We are now focusing on in-depth data analysis.

Area of impact	Accomplished in 2015	On-going in 2016
Research	• E-government literature review. • Survey development taking a stakeholder-centric approach. • Survey in the field in late fall 2015.	• Data analysis with two main areas: (a) online service, (b) social media. • Prepare two journal article manuscripts with doctoral students as co-authors.
Service	• Collect Nebraska municipal e-government data to generate useful information.	• Will work with stakeholders to provide a report on Nebraska municipal e-government. • Will extend the e-government service to Iowa county governments.
Teaching	• Mentoring doctoral students on survey development and implementation.	• Mentoring doctoral students on survey data analysis and interpretation. • Will use survey results to enrich classroom discussion.

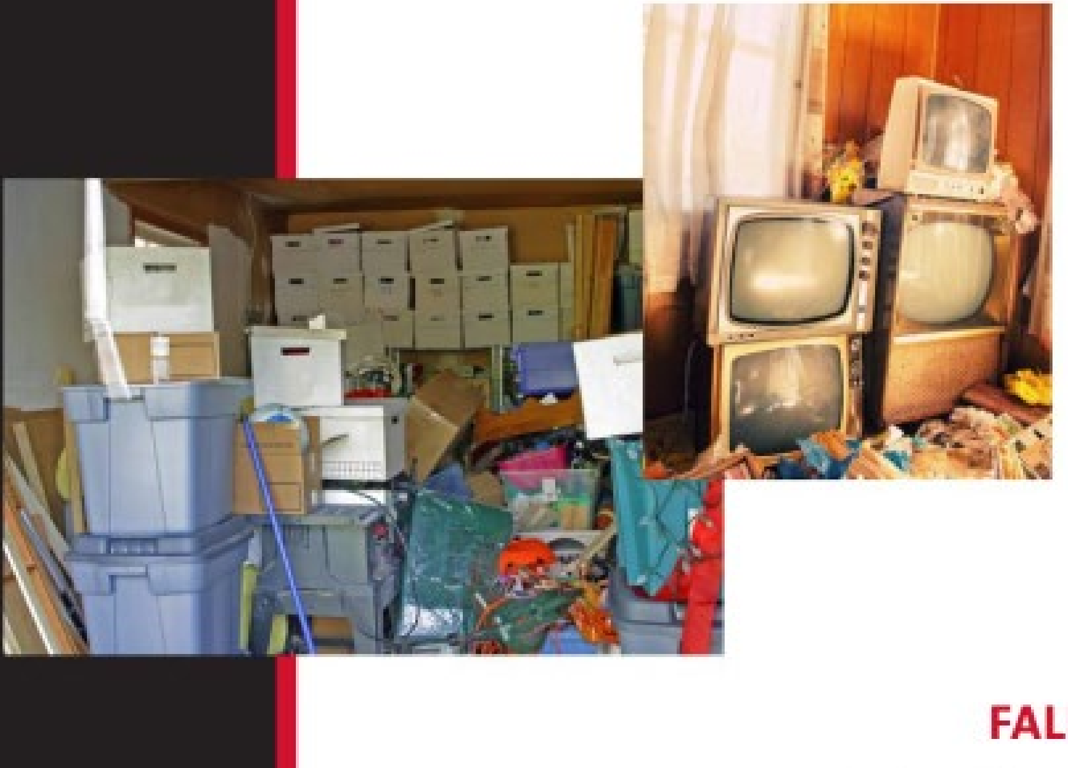
UNIVERSITY OF NEBRASKA OMAHA
COLLEGE OF PUBLIC AFFAIRS AND COMMUNITY SERVICE

COLLEGE OF PUBLIC AFFAIRS AND COMMUNITY SERVICE
SCHOOL OF PUBLIC ADMINISTRATION

University of Nebraska Omaha

Stuff in the City:

University Government Partnership to Build Hoarding Intervention Capacity



FALL 2015

University of Nebraska Omaha

About the College of Public Affairs and Community Service

The College of Public Affairs and Community Service (CPACS) was created in 1973 to ensure that the university was responsive to the critical social needs of our community and state. The College was given the mission not only to provide educational programs of the highest caliber to prepare students for leadership in public service, but also to reach out to the community to help solve public problems.

The College has become a national leader among similar colleges, with nine programs ranked in the top 25 in the nation. Our faculty ranks are among the finest in their disciplines. Faculty, staff, and students are integral to the community and state because of our applied research, service learning, and community partnerships. We take our duty seriously to help address social needs and craft solutions to local, state, and national problems. For more information, visit our website: cpacs.unomaha.edu

CPACS Urban Research Awards

Part of the mission of the College of Public Affairs and Community Service (CPACS) is to conduct research, especially as it relates to concerns of our local and statewide constituencies. CPACS has always had an urban mission, and one way that mission is served is to perform applied research relevant to urban society in general, and the Omaha metropolitan area and other Nebraska urban communities in particular. Beginning in 2014, the CPACS Dean provided funding for projects with high relevance to current urban issues, with the potential to apply the findings to practice in Nebraska, Iowa and beyond.

Stuff in the City:

University Government Partnership to Build Hoarding Intervention Capacity

C. Bratiotis, Ph.D., M.S.W.
Former Assistant Professor, Grace Abbott School of Social Work
University of Nebraska at Omaha

J. Baker, M.A., M.S.W.
Graduate Student, Grace Abbott School of Social Work
University of Nebraska at Omaha

In supportive partnership with
Larry Burks, M.P.A., CED
Assistant City Manager, Bellevue

Fall 2015

Funding for this research was provided by a 2014 Urban Research Award from the College of Public Affairs and Community Service Dean's Office.

INTRODUCTION

Government and community agencies are being called upon with increasing frequency to mitigate the risks associated with hoarding. The City of Bellevue, together with researchers from the University of Nebraska at Omaha, sought to collaboratively formulate a response plan that addresses the physical, emotional and psychosocial aspects of hoarding, thereby reducing the risk to individuals, families, and the community.

DEFINING THE PROBLEM

Hoarding was identified as a stand-alone mental health disorder in 2013 by the American Psychiatric Association. Frost and Hartl (1996) first defined it as:

- The acquisition of, and failure to discard, a large number of possessions that appear to be useless or of limited value
- Living spaces are sufficiently cluttered so as to preclude activities for which those spaces were designed
- Significant distress or impairment in functioning caused by the hoarding

Hoarding was easy to define for City officials. The language used was vivid and unmistakably about the stuff: "paths through the house", "keeping everything you ever had", "not being able to take a step without stepping on something". Likewise, community agency representatives had a clear idea of what hoarding was, although their language described the personal impact of hoarding rather than focusing on volume: "unsafe", "unsanitary", "risk of eviction or injury".

Frequently, hoarding is erroneously equated to squalor or filth. City officials referenced squalor in conjunction with hoarding more frequently than community agency representatives. One City official even remarked that the "approach to a dirty home was essentially the same as for a hoarded home from the City's perspective". This lack of clarity often leads to ineffective and costly interventions, such as clean outs, that only address the home environment rather than the underlying mental illness.

Risks Associated with Hoarding

- Increased fire hazards
- Trips/Slips/Falls
- Safety concerns for vulnerable children, adults, and animals
- Structural damage to building
- Homelessness

METHODOLOGY: FOCUS GROUPS

- *Two 60 minute, semi-structured focus groups were conducted: one with City officials and one with community agency representatives.*
- *Five City departments participated in the City official focus group, including Administration, Code Enforcement, Police, Permits and Inspections, and Human Services.*
- *Eleven community agencies sent representatives to the community focus group, including individuals with expertise in property management, public housing, developmental disabilities, geriatric services, mental health services, public health, case management and animal welfare.*
- *Audio-recordings were made of each focus group with consent from the participants, the results of which were transcribed into written documents and analyzed using qualitative research methods.*

METHODOLOGY: COMMUNITY EDUCATION

- A 20-week, facilitator-led workshop based on Buried in Treasures by D. Tolin, G. Steketee, and R. Frost, was offered free of cost to individuals who self-identified as having a problem with hoarding.
- Preference was given to residents of Bellevue and Sarpy County.
- More than 45 participants were screened via telephone interview; 12 were selected for an in-person interview, and 10 participants were selected to complete the workshop.
- Participants completed hoarding self-assessments on weeks 1 and 20 of the workshop, rated motivation at the start and end of every session using a 1-10 Likert Scale, and submitted weekly homework reports.

RESULTS: FOCUS GROUPS

- Thirteen themes emerged during focus group discussions, including Definitions, Resulting Problem, Collaboration, Animal Hoarding, Safety, Problem Identification, Legal, Interventions, Family/Friends, Needs, Stigma, Time and Cost.
- Most discussion centered on the themes of Collaboration, Legal, and Needs.

COLLABORATION

Both focus groups agreed that collaboration was essential when addressing hoarding cases. Maximum effectiveness in responding to a hoarding case requires involvement from both enforcement-type agencies (i.e. police and code enforcement) and support agencies (mental health providers and case management).

Most participants agreed that collaboration between agencies increased access to resources and made long-term follow-up more feasible, both of which are necessary to "interrupt the vicious cycle" of accumulation, isolation, and crisis.

The community focus group members reported having access to a wider network of agencies and resources than city officials. However, community agencies encountered issues in gaining initial access, a difficulty that City officials did not have due to police involvement. Both focus groups indicated problems with long-term access and follow-up.

The community focus group expressed frustration over the lack of fluidity in services. Services do not always cross city or county lines, leading to difficulty for Bellevue or Sarpy County residents who need services only provided in Omaha or Douglas County. However, concerns over service duplication restrict development of local services in Bellevue or Sarpy County.

Both focus groups observed that collaboration with family members is ideal but is seldom reliable due to the long-term, psychosocial impact of mental illness on individuals and their families.

"For those that want help, we need to open that door for them. Right now, we crack it open for a few days and then we shut it again."

LEGAL

Both focus groups agreed that police are the preferred first responders to a hoarding case in order to ensure safety. The City official focus group noted that while this is ideal, it can be a drain on the resources and manpower of the police department.

The City official focus group identified a number of indicators of hoarding, all of which are cause for a warrant to gain access to the property. However, the city of Bellevue is remarkable for never having to have obtained a warrant to gain initial entry into a hoarded home.

Although fines are occasionally utilized, it was observed that they rarely decrease or eliminate hoarding behavior and may compound the problem by overwhelming the already struggling citizen.

Some participants advocated for mandatory mental health counseling be required through the court system, such as mental health diversion.

"In the 17 years I've been here, we've never had to get a warrant."

NEEDS

Both focus groups identified a need for a crisis team when dealing with hoarding cases. The City official focus group stated they frequently work with an agency that provides this service. The community focus group lacked clarity on how to access crisis services.

Both groups identified a need for mental health professionals with hoarding-specific training. In addition, the City official focus group identified a need for peer support.

Both focus groups expressed a need for a cohesive, ongoing, hoarding-specific response, but especially the community focus group. Many participants spoke to the futility of investing in short-term fixes, such as clean outs or merely providing a Dumpster.

Financial and labor resources were also identified as needs.

"I don't think you can solve any crisis situation with $300."

COMMUNITY EDUCATION RESULTS

All 10 Buried in Treasures participants completed the workshop. Nine participants continue to work on their hoarding problem through regular participation in a peer-facilitated group that meets twice a month and follows the format established in Buried in Treasures.

Participants' motivation to address their hoarding problem increased on average 10 – 20% after each group session.

Participants reported spending an average of 11 hours a week and a combined 1,032 hours over the course of the workshop working on sorting, discarding, organizing, or doing homework.

"Thank you, thank you, thank you for telling me this is a mental illness!"

"I've never met anyone else who hoarded. I finally feel like others understand...there are more people like me."

RECOMMENDATIONS

The City of Bellevue as a whole, and more specifically the Bellevue Police Department, should be recognized for their remarkable response to the problem of hoarding. City officials from every department were engaged and empathetic. Police officers, especially, invest their time to build rapport and provide follow up to those struggling with hoarding. The City Permits and Inspections Department should also be commended on its ability to establish rapport and to work with individuals who have become isolated and ashamed in their mental illness. In order to build on the excellent framework established by the City of Bellevue, the following recommendations are offered:

- Provide first responders with an assessment tool to determine the severity of the hoarding, such as the HOMES Multi-disciplinary Hoarding Risk Assessment or the Clutter Image Rating Scale.
- Collaborate with agencies such as the Sarpy Cass Health Department to develop an educational handout on hoarding and squalor, and distribute the handout, along with resources, to every case of hoarding and squalor that is encountered.
- Refer every case of hoarding and/or squalor for crisis intervention and/or case management

services.

- Allocate resources for a peer support position, which should be filled by trained peer support specialist that has training in hoarding, as well as other mental health issues.

"[We need] a 'no wrong door' policy... a gateway to resources no matter how you enter the system."

The authors gratefully acknowledge NAMI Omaha for providing books and refreshments, and Nebraska Medicine Bellevue for providing space for the Buried in Treasures workshop.

UNIVERSITY OF NEBRASKA OMAHA
COLLEGE OF PUBLIC AFFAIRS AND COMMUNITY SERVICE

COLLEGE OF PUBLIC AFFAIRS AND COMMUNITY SERVICE
GRACE ABBOTT SCHOOL OF SOCIAL WORK

UNIVERSITY OF
Nebraska
Omaha

Variability in the Implementation of State-Wide Law across Urban Environments:

A Case Study using Sex Offender Law as an Example

FALL 2016

University of Nebraska Omaha

About the College of Public Affairs and Community Service

The College of Public Affairs and Community Service (CPACS) was created in 1973 to ensure that the university was responsive to the critical social needs of our community and state. The College was given the mission not only to provide educational programs of the highest caliber to prepare students for leadership in public service, but also to reach out to the community to help solve public problems.

The College has become a national leader among similar colleges, with nine programs ranked in the top 25 in the nation. Our faculty ranks are among the finest in their disciplines. Faculty, staff, and students are integral to the community and state because of our applied research, service learning, and community partnerships. We take our duty seriously to help address social needs and craft solutions to local, state, and national problems. For more information, visit our website: cpacs.unomaha.edu

CPACS Urban Research Awards

Part of the mission of the College of Public Affairs and Community Service (CPACS) is to conduct research, especially as it relates to concerns of our local and statewide constituencies. CPACS has always had an urban mission, and one way that mission is served is to perform applied research relevant to urban society in general, and the Omaha metropolitan area and other Nebraska urban communities in particular. Beginning in 2014, the CPACS Dean provided funding for projects with high relevance to current urban issues, with the potential to apply the findings to practice in Nebraska, Iowa and beyond.

Variability in the Implementation of State-Wide Law across Urban Environments:

A Case Study using Sex Offender Law as an Example

Lisa L. Sample, Ph.D.
School of Criminology and Criminal Justice

Brett Hurley, M.S.
School of Criminology and Criminal Justice

Carin Hyter, M.S.
School of Criminology and Criminal Justice

Fall 2016

Funding for this research was provided by a 2014 Urban Research Award from the College of Public Affairs and Community Service Dean's Office.

ABSTRACT

Although policies are often passed at a state level to standardize practices within a state, there is still some discretion used by counties and municipalities in the ways in which those policies are practically applied. This study highlights the variability in the ways in which state law is implemented across various urban settings. Specifically, we ask 1) to what degree does the application of state law vary across counties in the same state, and 2) what is the effect of this variability on the attitudes and emotions of those the law is meant to address, using sex offender law as an example. Data are gathered using a qualitative interview methodology on a snowball sample of 140 sex offenders and sex offender family members in a single state. The findings can be used to identify survey questions and quantify concepts to explore variability in the implementation of other statewide policies across urban settings.

INTRODUCTION

There are many stages in the policy-making process, including problem identification (Edelman, 1964; Lippman, 2010), promotion of policy options (Laswell, 1971), prescription of a course of action, sanctions for failure to comply to policy (Wener & Wegrich, 2007), adoption and implementation of the policy (Brewer, 1974; Sabatier, 2007), and policy outcomes (Howlett, Ramesh, & Perl, 2009). In the social and political sciences, much attention has focused on the problem identification and agenda setting phases of the policy process, as well as on the logical analyses of prescribed policy options (Jones & Baumgartner, 2005; Tonry, 2009), but less attention is often given to policy implementation and the role this plays in understanding and contextualizing policy outcomes (Matland, 1995; Andersson & Kalman, 2012; Musheno, Palumbo, & Levine, 1976; Pulzl & Treib, 2007). Moreover, in criminological studies, when policy implementation is examined, it often focuses on the variability of policy implementation across states rather than the way in which policy implementation may vary within a given state (Sample, Spohn, Maher, Deichert, Lytle, & Piper, 2014), which can also affect statewide policy outcomes. As Petersilia (1990) suggests, the ideas within innovative social policy are not self-executing. Instead, what is needed is an implementation perspective on innovation or an approach that views post adoption of policy as important as policy outcomes.

This study highlights the need to conduct policy implementation research within states to provide context for policy outcomes that are observed statewide. Specifically, guided by normalization process theory (NPT), we used a qualitative narrative content analysis research design (Merriam, 2009) on interview data gathered from a snowball sample of 112 registered sex offenders and 38 of their family members to determine how sex offender laws have been implemented across urban environments within a state. Secondarily, we also explore how attitudes and emotions among respondents regarding sex offender laws vary across county level implementation. Sex offender law is particularly well suited for this examination because this Midwestern state relies predominately on county law enforcement agencies to register convicted sex offenders and conduct compliance verification checks for registrants. The reliance on local police officials to apply registration procedures makes it a perfect example to determine how these procedures may vary across urban jurisdictions within the same state.

BACKGROUND

Currently few data beyond descriptions of states' sex offender registration and notification (SORN) laws exist (GAO, 2013; Mancini, 2014). Variability in the content and implementation of SORN has been documented across states (Evans, Lytle, & Sample, 2014), but we currently know of no studies that examine variation in the ways in which registration laws are implemented within states. This is somewhat disturbing given the subject matter of these laws. Sexual victimization has long been of great concern to the public (Jenkins, 1998) and to policy makers (Sample & Kadleck, 2008). Sex offender registration laws were passed at the state and federal levels in an attempt to assuage public fear, assist law enforcement in clearing crimes, and reducing sexual recidivism (Jenkins, 1998; Sample & Bray, 2003; Hinds & Daly, 2000; Quinn, Forsyth, & Mullen-Quinn, 2004; Zgoba, 2004). Several scholars suggest that SORN laws have had little to no effects on city, county, and/or statewide recidivism rates (Adkins, Huff, & Stageberg, 2000; Levenson, 2006; Schram & Milloy, 1995; Walker et al., 2005; Zevitz, 2006). Yet, we can find no studies that speak to the degree to which levels of sexual reoffending, as outcomes, were related to the implementation of sex offender registration laws at the city or county levels. In fact, it appears that scholars have taken to assuming that state laws for sex offenders are applied uniformly within a state, and their implementation is devoid of discretionary practices by local police organizations. In light of what we know about policy implementation, we feel this is rather naïve view.

Social science scholars have long acknowledged the role policy implementation plays in understanding policy outcomes (Patton, 2008). If desired outcomes are not achieved from policy, it is often the result of faulty implementation of the policy in question. The importance of implementation research to understanding policy outcomes is without question. So, what may affect policy implementation? Several factors may influence the degree to which policies or programs are practically applied (Nilsen, Stahl, Roback, & Cairney, 2013). The logic of the policy, organizational and personnel competence, coordination between and within organizations, and staffing and funding coordination can all affect the degree to which policies are implemented and ultimately their ability to achieve their symbolic and instrumental goals (Iversen, 2000). Inherent in the above, yet rarely overtly mentioned, is the role discretion plays within and across agencies when interpreting the application of legal requirements (Pulzl & Treib, 2007).

Most statewide policies, and sex offender laws specifically, are what can be considered "top-down" policies, conceived at the state level and meant to affect all jurisdictions within a state, but most top-down policies rely heavily on bottom-up implementation to achieve their goals (Lipsey, 1980). As Garland (2013) explains, the definitions of criminal behaviors and the enforcement of criminal laws have traditionally been left to states with only limited supervision from the federal government. Within each state, however, there are multiple jurisdictions, agencies, and municipalities responsible for implementing statewide law, which can create within-state variability in the law's application (Lipsey, 1980; Nilsen, Stahl, Roback, & Cariney, 2013). Some policy outcomes, such as gender-specific treatment for youth (Kemp-Leonard and Sample, 2001) have been examined across rural versus urban environments, but these investigations miss the degree to which urban policy implementation may vary across metro and micro-metropolitan environments. The implication of this variation in terms of sex offender registration law may be variability in public safety across cities and counties within the same state. For this reason, an implementation evaluation of any statewide policy must take place to determine the fidelity, feasibility, and reliability with which localities carry out lawmakers' intentions (Patton, 2008). Concerning sex offender law, reliability of policy implementation would be of particular importance given the emotional, physical, and sociological ramifications of sexual victimization for not only individuals, but for communities as well (Jenkins, 1998).

The normalization process theory (NPT) was used as a guide for this implementation study (McEnvoy, Ballini, Maltoni, O'Donnel, Mair, and MacFarlane, 2014; Murray, Treweek, Pope, MacFarlane, Ballini, Dowrick, Finch, Kennedy and O'Donnel, 2010)). NPT was initially developed as an applied theoretical model to help clinicians and researchers understand the factors that promote or inhibit the routine incorporation of complex health care interventions. It is most often used to qualitatively analyze the implementation of complex interventions in a diverse range of settings. Sex offender registration, with all its requirements and changes in rules over time, would most certainly be considered a complex crime-related intervention and seems appropriate to examine within an NPT framework. NPT houses four theoretical constructs that help explain how practices become routine within their social contexts (McEnvoy, Ballini, Maltoni, O'Donnel, Mair, and MacFarlane, 2014). Coherence is the process of sense-making and understanding that people and organization must go through to promote or inhibit the intervention from becoming routine. Cognitive participation recognizes the processes individuals and organizations go through to get people engaged with the new practice. Another construct is collective action, which represents the work people and organizations do to enact the new practice, and last, reflexive monitoring is the work inherent in the informal and formal appraisal of the new practice/intervention once it is in use. It is not our intention to test this theory or validate its constructs within a crime-policy setting, but rather NPT can be used to help guide the analyses of data we receive from sex offenders about their experiences with the implementation of registration laws across jurisdictions. Variability in the application of sex offender law may related to variability in the concepts above across counties.

When registration legislation was first passed, many scholars investigated the variability in registration laws across states and found states vary concerning the crimes for which offenders must register, the duration of registration, and the age of consent that dictates sexual predator status and/or crimes against children (Harris and Lobanov-Rostovsky, 2009; Mancini, 2014). The Adam Walsh Act (AWA) was passed at the federal level in 2006 to standardize registration and notification procedures across states, yet the GAO (2013) found that only one state had completely implemented all requirements of the AWA, despite monetary incentives to do so. What remains unknown is if and how the practice of sex offender registration varies across jurisdictions within the same state. Without this information, it is difficult to trust outcome findings that suggest little influence of registration on sexual reoffending and determine how resources within a state should be deployed. Low reoffending rates in one county maybe overwhelmed by high reoffending rates in another. Also, perceived failures of sex offender registration may not solely result from faulty logic underlying this law but rather faulty or variable implementation that produced less than desirable results. It is possible that when sexual reoffending rates are disaggregated within a state down to the city or county level, perhaps implementation failure in some counties or cities overwhelms the positive results of implementation in other urban areas.

Moreover, when assessing the implementation and outcomes of registration laws, few scholars have been able to isolate the effects of these from the effects of community notification, thus leaving one to wonder which policy outcomes are actually being measured, the effects of registration, notification or both (Matson and Leib, 1997). This case study of sex offender registration across urban counties attempts to fill some gaps in the literature by speaking with those subject to registration laws, asking them only about sex offender registration processes (not notification), and interviewing registrants across 5 distinctly different urban environments, but first it is important to understand sex offender registration laws in the Midwestern state in which the 5 counties are housed.

Midwestern State Sex Offender Registration Statute

This Midwestern state has had a statewide sex offender registration statue since 1997 and it has been revised it over time (Lytle, 2015). Most notably, in 2010, the legislature passed a series of bills to partially comply with the federally passed Adam Walsh Act (AWA). These bills changed the crimes for which one must register, the duration of registration, and the time allotted to file residency changes. Irrespective of revisions to the law over time, one thing has held constant in the law since 1997— the State Patrol is responsible for implementing all registration procedures. By statute, however, the State Patrol can shift some of its responsibility to local law enforcement agencies, as the statute states registration can occur at "locations designated by state patrol (29-2004)." Also codified into state law are the crimes for which one must register, the duration, and the information that must be provided to State patrol. Regarding verification of registry information, the law simply states "registration information shall be verified for the duration of the registration period... [registrants] must appear in person at the sheriff's office (29-4004)." The State Patrol website explains "sheriffs are encouraged to check registration addresses periodically" but there is no statutory obligation to do so. State statue is silent concerning if, when, how often, and what is to be examined or determined during compliance check visits to registrants' homes. Sheriffs' deputies have discretion over the way they act during compliance checks, the questions they ask, the searches they make, and the interactions they have with registrants' family members.

Much can be inferred from the information housed in state statue and on the State patrol website. First, it appears that to some degree State Patrol has given some registration duties to county enforcement officials within the state. Since the state patrol only has 5 offices statewide where offenders can register, this delegation seems practical. Statute determines what must be disclosed when registering, but it appears that the county determines when offenders can come to its office to register. This demonstrates that structurally the experience of registering can vary from one jurisdiction to another. More importantly, it appears that county sheriff departments can delegate some of their verification duties to city police departments if the need arises, thus adding an additional layer of discretion to registration processes.

Registration data is forwarded to the State Patrol daily from these various county agencies and manually entered into a computer, thus leaving room for data entry errors in addresses listed on websites (Lee and Tewksbury, 2006). Data entry errors can lead to not only potential felony charges for registration violations for registrants, but they can also waste law enforcement officers' time searching for sex offenders who have not absconded but simply have been misplaced through data entry. Yet, the state statue is silent regarding a receipt of registration information. As is the case with most state laws, the state relies on local counties and municipalities to enforce the law, so in a state that has 93 counties it is possible that there are 93 iterations of the ways in which registration processes are enforced. The question we seek to answer is to what extent this happens and what effect variation in law enforcement procedures has on registrants and their families.

All names used in this paper are pseudonyms.

RESEARCH METHODS

Implementation studies often gather qualitative data from policy stakeholders to determine the degree to which policies or programs are implemented as intended (Patton, 2008). Given that the people often interviewed in implementation studies are those responsible for program/policy implementation, they have vested interests in demonstrating implementation went smoothly. For instance, in relation to sex offender registration laws, state police agencies are responsible for gathering and maintaining registration information, so when asked to what degree the implementation of registration has occurred, state police agencies have a vested interest in ensuring there were no implementation complications. This study avoids this type of potential bias from subjects by asking sex offenders, those for whom the law was intended, what their experiences were with registration and compliance checks to verify registration information. After all, it is their behaviors the law is meant to influence, so they would be the best subjects to discuss policy implementation and any behavior changes that have occurred. The overall study design is that of a multiple case study within one Midwestern state.

Data

Interview data were gathered for this project beginning in 2009 and continues today, so we have interview data over time to determine sex offenders' experiences with registration and how it may change. The sample for this study was derived as part of a larger sex offender desistance study and includes 112 registered sex offenders and 38 family members of some registrants, or those directly affected by registration implementation and compliance checks. These subjects are all out in the community, no longer under correctional control, most are not in treatment, and none have sexually reoffended. The range of time these subjects have been in the community post-conviction ranges from 1 – 18 years, with an average time of 8 years across registrants. The communities in which the subjects for this study reside include County 1, County 2, County 3, County 4, and County 5.

Informal conversational interviewing techniques were used with registrants and their family members in which the researcher was a "traveler" (Kvale & Brinkman, 2009) in the subjects' lived experiences of social life pre- and post-sex offending conviction. For this reason, no two interviews reveals the exact same amount of information as would be expected based on the variability in human experiences. These conversational interviews began by asking subjects, "would you like to tell me about your experiences with sex offender laws?" Subjects revealed much detail about their experiences registering where they live, and in some cases some subjects (35) made comparisons in experiences across counties as they have moved to different areas across the state. Initial interviews were face to face and lasted on average of 2.3 hours and follow up data on subjects has been subject-initiated over time through face-to-face meetings, phone calls, email correspondence, and/or blogs. Average number of contacts with subjects is 2.4 per year since at least 2012, with some joining the study as early as 2009.

Sample

The sample for this study was generated through snow-ball sampling techniques. Through expert witness testimony in a federal law suit, one of the researchers met 11 registered sex offenders who had been in the community for anywhere from one to ten years and who had not reoffended or had registration violations. Rather than asking why these registrants had committed their sex crimes, she asked these individuals why they had NOT offended again. Consistent with prior literature (Sampson & Laub, 1993), these individuals pointed to the role informal social networks played in their post-conviction behaviors, so we asked registrants to ask their family members if they wanted to talk about sex offender laws. Of the 140 people in this sample, 38 are either spouses, parents, siblings, or adult children of some registrants in the study.

Four of the 11 of the members involved in the litigation mentioned above were members involved in a private advocacy group for sex offenders and their family members (Families Affirming Community Safety-FACTS) that provided guidance on compliance within this Midwestern state's sex offender law. This group offered to recruit registrants and their family members to participate in a study sex offender desistance. In response to the recruitment posting on the FACTS Internet website, 220 registered sex offenders and 40 family members of registrants volunteered to be interviewed for the desistance study. Of these, 112 registrants and 36 family members offered some information regarding their experiences with registration. Although the study is ongoing, to date these interviews have generated over 5,500 pages of transcribed data that include both initial interviews and follow-ups. In addition, we have acquired over 300 pages of emails from study participants that were subject-initiated and who continue to inform us on changes in relationship networks post-initial and follow-up interviews. Some subjects had blogged about their experiences with the criminal justice system over time, and we were given the URL sites for their blogs, which accounted for approximately 400 pages of text.

Sample Characteristics

Below are the people in the sample for this study and their geographic locations in which they register.

Table 1. Sample Characteristics (N=140)

	County 1	County 2	County 3	County 4	County 5
Number of subjects	50 (36%)	21 (14%)	40 (30%)	11 (7%)	18 (12%)
% White	100%	100%	100%	100%	100%
% Female registrants	0%	0%	0%	0%	0%
% Female family members	99%	100%	100%	100%	100%
Average level of education of registrants	Some college	Some college	Some College	High School	Some College

As can be seen in Table 1, there was little variability across urban counties with regard to race, gender, and average levels of education. All subjects in this sample were white, which likely results from sampling techniques used to recruit subjects. Of the registrants in the sample, 57% had contact offenses against children younger than 19 (assault, molestation), 38% had non- contact crimes against children (possessing child pornography) and 4% of the registrants never specified their crimes to researchers. The remaining one percent of the sample was convicted of crimes against adults. Mean or Median income was difficult to compute for this sample because most had career changes pre- and post conviction. Pre-conviction salaries ranged from $140,000 to $45,000 annually, whereas post-conviction salaries ranged from $70,000 to $15,000 annually. The average age of subjects was 46.2 years.

Table 2. County Characteristics

	County 1	County 2	County 3	County 4	County 5
Population estimates 2014	543,244	172,193	301,795	35,174	61, 492
% Female	51%	50%	50%	51%	50%
% White	82%	90%	89%	91%	70%
% H.S. graduate or higher	90%	95%	95%	87%	82%
Median Income	$53,325	$30,189	$52,574	$46,566	$47,315
Square Miles	328.5	238.9	837.6	572.7	546.3

Table 2 depicts the county characteristics in which respondents live. To be considered an urban county for this study, counties must have a city within the county of at least 24,000 people, which is common when including micro-metropolitan areas in research designs. For this reason, as can be seen in total population estimates, counties ranged on a continuum from "small urban environments" to "large urban environments". The sample of registrants in each county over-represents males, which is to be expected given the law being examined. Racial/ethnic categories and education levels of subjects in each county is rather representative of the county demographics overall. You will note counties vary concerning square miles, which may have some implications for registration and address verification checks within each county.

ANALYTIC TECHNIQUES

The sample size in each county would be considered small by many, too small for rigorous statistical testing. It was not our intention, however, to generalize information from our snowball sample to a larger population. Rather, this study is exploratory and targeted toward strengthening the internal validity of the act of registering. Recall we have taken a different approach than some implementation studies in that we are speaking with the people subject to registration rather than to law enforcement agents responsible for registration information. It is our hope this sample will provide a different and unique perception of the implementation of registration across counties than those held by law enforcement officers.

A hybrid approach to thematic narrative analysis (Fereday & Muir-Cochrane, 2006) was used on the transcribed 5,500 pages of narratives gathered during registrant and family member interviews, 300 pages of emails from study subjects, and 400 pages of blog posts. This approach employs the development of both inductively- and deductively-deduced codes in order to obtain the most comprehensive analysis possible. Given one of the goals of this study is to determine if variability in the implementation of registration laws across urban environment exists, we also use a qualitative comparative analysis (QCA) approach that offers rigor for implementation research limited by small sample sizes (Kane, Lewis, Williams, Kahwati, 2014). QCA is often a preferred basis for qualitative analysis because probabilistic methods fail to capture the complexity of social phenomena and how it changes over time. In QCA, researchers must calibrate conditions within their unit of analysis, which relies on the researcher to make sense of variation in the data and apply expert knowledge about what aspects of the variation are meaningful.

Narrative content analysis is conducted by repetitive reading of transcriptions by researchers, identifying common themes relating to the research topic throughout the transcribed text and organizing these themes into patterns (Gibbs, 2007). Grounded theory (Charmaz, 2006) uses a purely inductive approach in narrative analysis; the researcher allows codes to develop from the data themselves rather than apply a pre-formulated coding system. Grounded theory, therefore, yields rich, data-driven coding systems, but lacks theoretical and empirical support from previous research. In contrast, deductive narrative analysis involves the application of preconceived, theory-driven codes to the data, a process that may yield more hypothesis-testing data but lacks the ability to generate codes that were not previously prepared. The hybrid approach to thematic analyses of data helps minimize the limitations of solely a grounded theory or deductive analytic approach.

Deductive analysis of narrative data was driven by policy implementation theory, NPT, and prior findings highlighting variation in the statewide application of domestic policies and the factors that may influence it, such as organizational culture, competencies of implementation personnel, and resource investment (Rossi, Lipsey, & Freeman, 2003; Patton, 2008). Inductively, however, we allowed themes to emerge from the data that suggest across-urban environment variation of sex offender law, such as individual staff members' use of discretion when applying sex offender law, the perceived roles of police agencies in the determining the requirements of state policy to individuals, and the ways in which the personality and social circumstance of those targeted by sex offender law influence criminal justice agents' implementation of it.

The limitations of this study and our sampling and analytics frameworks are many if interested solely in the ability to generalize our findings to all counties in this state or to counties in other states. That was never our intention. Rather, we wanted to explore variation in implementation from registrant and family member point of view, particularly to determine how their experiences affect their willingness to adhere to the law. For this reason, we have chosen small sample sizes across counties and interview techniques that do not force registrants experiences into a predetermine box. In this way, we ensure greater internal validly of our results and the hope we discover new themes that can be used as variables in future quantitative studies.

FINDINGS

The following table is constructed as a "truth table" (Kane, Lewis, Williams, Kahwati, 2014) that demonstrates the structural, cultural, and psychological variation in the themes of registration processes as related by sex offenders and their family members across counties. The themes were derived through the hybrid approach discussed above.

Table 3 County by theme

Structural Variation in Implementation across Counties

Themes	Urban County 1	Urban County 2	Urban County 3	Urban County 4	Urban County 5
Structural Variants					
Times of registration	M-F 8:00-3:00 T & Th 9:00-11:00	M-Th 8:00-4:00 M-F 8:00-3:30	M-F 8:00-4:00	M-F 8:30– 4:30	M-F 8:30-3:30
Location of registration	2	2	2	1	1
Proof of registration	No	Yes	If requested	No	Yes
Compliance checks	Random	Quarterly	Random	Random	Quarterly
Cultural Variants					
Perceived helpfulness of law enforcement	No	Yes	Yes	Sometimes	Most times
Perceived behaviors of police toward registrants and/or their family members	Rude, Disrespectful, Uncaring	Just doing their job, casual and congenial to family	Friendly	Some officers rude, others friendly	Congenial, investigatory
Psychological Variants					
Attitude about registration	Generally poor	Generally positive	Generally positive	Mixed attitudes	Generally positive
Emotions associated with compliance checks	Anger and resentment	Few discussed	No problems	No problems or Family anger	Mixed Emotions

As can be seen in table 3, registrants and their family members highlighted a number of structural differences in registration experiences across counties. These differences include when and where offenders can register, if they receive proof of registration, and frequency of compliance checks.

All registrants, regardless of county, noted that they could only register their residences during office hours. As Tim2 (County 4) explained, "I have to ask for time off work to register. Mainly I take a long lunch hour, but have to make it up at the end of the day." Henry, from County 1, reiterated these sentiments but then asked, "So why can't we register on a Saturday or after 5:00? Surely I am not the only one that has to take off work to get this done." Comments about taking off work to register were universal among subjects, but the times of the day in which they could register did vary across jurisdictions.

Complaints about having to leave work to register were often compounded by the locations at which they could register. Over 50% in County 1 were very excited that they had 2 locations at which to register over 328 square miles. Merle commented, " it is great to be able to register close to town and not have to go all the way out west." Ralph's wife noted, "At least he can get there by bus since we don't have a car." In contrast, 30% in County 5 noted they had to go to the county seat to register, which is the only location for 546 square miles. Robby stated, "it's okay to get there to register 'cause I have my own car. I have no idea how people get there who don't." There is no bus service in County 5.

The majority of people in Counties 2, 3, and 4 did not have any comments regarding the location at which they register, leaving their silence on this issue to infer they had few difficulties getting themselves to field offices to register. About 10% in County 3, however, did note how far they had to drive to register in one of the 2 offices available across some 837 square miles. Bubby from County 3 notes, "I have to leave work at least an hour and ½ early to register because it takes me almost 45 minutes to get there."

Regarding proof of registration, approximately 60% of those in County 1 expressed concern that they did not receive any receipt for the registration information they provided local law enforcement. Given that registration violations are felonies in this Midwestern state, the lack of proof of registration is of great concern to many. Some have found a way to circumvent the lack of receipt of information through the use of technology. At least 40% in County 1 have taken to using their cell phones to take pictures of their completed registration forms to prove they have complied with the law. All subjects in County 2 stated that they were given a receipt for information without having to ask for it, and about 35% in County 3 and 42% in County 5 reported that if they ask for a receipt of information after updating registration information and law enforcement personnel provides them one. Tom in County 3 notes, "I just ask and most of the time they will give me a piece of paper that says I updated my information." Few in Country 4 (15%) asked for or were given a receipt for the information they provided to law enforcement personnel.

One structural area of contention for some registrants was that of compliance checks by law enforcement officers, or the periodic home visits registrants receive to verify their addresses. Registrants in Counties 2 and 5 (48% and 55% respectively) noted regular compliance checks by officers, at about 3 to 4 times a year. Johnny B, County 2, explains, "I can almost set my watch by when they are going to come. They stop by, check if I am here, if I'm not they leave a card and I just have to call them. If I am home, we invite them in for coffee." Comments such as these were uncharacteristic among those in Counties 1, 3, and 4. Most in County 1 (72%) had negative things to say about the timing and what occurred during compliance visits. Jeanie Q, wife, explained, "I have no idea when the cops are going to come. One year they came once a month for about 4 months and then we didn't see them again. Then one year, I don't remember having them come by at all." Jeanie Q's comments were reaffirmed by Rupert, who stated, "we have no idea when they're coming, but they show up at least once a year. When they do come, they pound on the door, scare the shit out of my kids, piss off my wife, and the whole neighborhood knows they're here." Additionally, Maude reports, "they come whenever they want and go through our drawers, books, computer stuff looking for I don't know what. Can they do that?" By far, those in County 1 reported more concern and discontent with compliance check timing and procedures than those in other Counties. In fact, in County 3 where compliance checks are random, Billy explained, "they come whenever, I don't know, but I get that. What's the point of announcing they are coming if they do these to catch people lying?"

Clearly state wide sex offender registration law has been implemented in all 5 Counties of this study, but some comments suggest that procedures for registration and compliance checks vary across counties and over time. It is important to note that some of the variation exhibited here may be a function of offenders' crime types, demeanors, or personal circumstances more than varying policies across police organizations. Bailey and Sample (2014) found that parole officers already have formed opinions about the sex offenders on their caseload even before they meet them. Pre-existing stereotypes could also likely be found among law enforcement officers (Ross,).

Some experiencing difficulties registering had no automobiles, some worked the same hours as those for when they could register, and some may have crime or personality types that law enforcement officers feel necessitate more compliance checking than is needed for others. Nevertheless, the experiences registrants and their wives had with law enforcement officers when registering and during compliance checks did vary by County. Much of the variability, however, may be due to varying police organizational cultures (cite).

Perceived Cultural Differences in Police Organizations Across Counties

Many structural characteristics of registration influenced registrants' and their family members' perceptions of the police and its culture in their metropolitan or micro-metropolitan areas. For instance, the lack of proof of registration in County 1 is perceived by 60% that police officers are setting them up for re-arrest. Jackson notes, "the only reason to not give me proof that I registered is so they can harass or arrest me later." These comments were not reiterated in Counties 2, 3, and 4 and only two subjects offered comments such as these in County 5.

Approximately half of those registering in County 1 offered "horror" stories about their experiences at police stations when registering. As Fredinand sat in the waiting room of the police station waiting to register, he explained that the registration officer came out and simply shouted "Sex Offenders," so those waiting to register could come in. He felt "outed" to all those in the waiting room. In County 4, Dennis notes, "When I went into register the last time, I was left waiting forever. The cop finally comes out and told me, 'your type deserves to wait. You shouldn't even be out or prison,'" which was confusing for Dennis considering he received probation for his crime. None in the respondents from Counties 2, 3, and 5 related "horror" stories about interactions with police when at stations registering. This was not the case when discussing compliance checks at registrants' homes.

Some proportion (2% to 15%) of subjects from every County offered "horror" stories regarding compliance checks. These stories ranged from the rudeness of officers to wives of registrants, accusatory stares from officers, course language in front of children, requests for warrantless searches of bedrooms and family computers, disrespect for the families' belongings, and harassment based on the frequency with which officers visit registrants' homes (once a month or more). Addy in County 5 notes, "God only knows what the neighbors think with the cops coming here a couple times a month. They probably think my house is one big crime factory." Jeanie Q explains, "they can be nice, but some come in and look at me like 'how can you be with XX after what he did? Some have even accused me of allowing the molestation to occur and think I should be put in prison."

Not all interactions between registrants and police officers are negative, however. A majority of subjects in all Counties were either silent on this issue, inferring they had little to discuss when questioned about compliance checks or had something good to say about their interactions with police. Jack in County 1 states, "I have never had a problem when the cops come to my house. Once I open the door, they just say 'okay, good you're here' and then they just leave. Even when I invite them in, they don't come." In County 4, Merle explains, "they have always been polite to me and my wife. The same officer usually comes to our house, so he is like a friend now." Comments such as these infer several relationships that should be explored in the future. Surveys should be conducted with police officers to determine if and how police cultures vary across urban centers and what effects this may have on arrest rates, re-offending rates, and desistance from sex offending. Comments above also suggest that many registrants have accepted their duties to register and have even formed relationships with law enforcement officers who routinely register them and come to their homes. To the degree that registrants see police as helpful, friendly, and people who want them to succeed in their desistance process, the more likely they are to form relationships with them that can promote informal social control over behaviors. Last, the above comments suggest one way to foster less social distance between officers and registrants and their family members (Bailey and Sample, 2014) in order to strengthen informal social control is consistency. Registering with the same officers at police stations every three or six months, and having the same officers come to registrants homes have allowed perceived friendships to form, at least between registrants who are accommodating and officers who are polite. Any change in officers for registrations and compliance checks risks endangering the perceived relationships sex offenders have formed with law enforcement officers. This undoubtedly would affect the attitudes of registrants toward law enforcement overtime and was witnessed in the small sub-sample of registrants who has registered in more than one county.

One must remember that individual personality traits of both officers and registrants play a role in the interactions they have regarding registration. We cannot speak to those of individual officers, but three-quarters of the entire sample of registrants and their family members would be considered accommodating, polite, and respectful, at least based on the interactions we had with offenders during interviews. Nevertheless, there was one-quarter of the sample that could be perceived as difficult, rude, or even mentally ill, which likely affects their interactions with everyone including police officers in a negative fashion. Beyond individual personal traits, however, the expansion of sex offender registration to more offender types has helped to create a group level, or collective, identity among sex offenders of which they are aware and often try to negate (ten Bensel and Sample, forthcming).

A collective identity has been ascribed to sex offenders by law and includes assumptions about all sex offenders, regardless of age or type, such as all are equally likely to reoffend, most on the registry are on there for contact crimes against children, and sex offenders will never stop offending (Sample and Bray, 2003). There is also a collective identity, or organizational culture, of police that goes beyond traits of individuals (Drummond, 1976; Crank, 2004). This identity often reflects assumptions of police as law enforcers rather than community servants, trigger-happy against some groups of citizenry (Crank, 2004), and harassers rather than patrolling to ensure public safety (Chan, 1997) Future examinations should take individual traits into account, but the presence of these collective identities that place all members regardless of differences into the same category likely affects the initial interactions between law enforcement officers and registered sex offenders in a way that only time and further interaction can change. It is often these initial interactions with police during registration that can be associated with the mood and attitudes of registrants toward police officers.

Differences in implementation across Counties were best observed in a small subset of respondents who had registered in more than one County because they had relocated (N=38). Most suggested that they had relocated because of registration experiences, residency restriction laws, or for employment. All in this subset of the sample had strong emotional reactions after moving from one County to another. Ferdinand explained, "I never had a problem registering in County 3. They seem to be pretty nice and helpful. But then after I moved [to County 1] it has been a hassle ever since. I get so angry when I have to go because I know that it is better somewhere else." Markus relates, "in County 1 I was sitting in the waiting room cops just come out and yell 'sex offender' in front of all the people in the waiting room. That never would've happened in County 2. Why did they have to humiliate us. I'm surprised no one in the waiting room jumped me on the way out." In contrast, Paul explains, "it's so much easier now to register. I just go in and do the paperwork and I'm out in five minutes. That's why I moved from County 1 to County 3." Also, Corey stated, "compliance checks in County 2 don't upset my wife and my kids the way they used to in County 5. These guys stop by for two minutes, they don't come inside and they just ask if I lived there. In County 5 they used to come in the house and they would go through stuff in our bedroom and in the living room, they were loud, and scared my kids."

Psychological Reaction to Registration Interactions Across Counties

It is first important to note that over 85% of all subjects in this study "did not mind" registering their addresses with law enforcement. It was community notification, or the release of this information to the public, that they associate with stress, job loss, harassment, loss of friends, and general strain from having to register. In fact, two predatory pedophiles in this study had favorable views of registration. As Jack explained, " I don't mind going in and registering. Reminds me that I have a problem that I always need to control." On the whole, however, we found mixed results across counties regarding attitudes toward registration and law enforcement.

In County 1, subjects had poorer attitudes toward registration than in most other Counties. Of the 15% of people making "negative" comments about registering in County 1, most complained about the demeanor of officers toward them when registering. Several stated that officers were not "very helpful" when it came to answering their questions about registration procedures. Other complaints included that officers demonstrated, "disrespect for me as a person," "were rude," "were irritable," "acted as if we are a bother," and made them feel "belittled." Similar comments were made about County 1 officers when conducting compliance checks. Robbin noted, "they made my wife and kids cry." Martha stated, "they have no respect for me or my time. They expect me to drop everything, supper, laundry, whatever to let them in and go through my home." Finally, Jobe suggested, "they are just mean when they come in, barking orders to me and my wife. No matter how nice we are, they seem to be this way."

In many cases, these interactions when registering or during compliance checks had effects on subjects' emotions and behaviors in County 1. Even among those who did not "mind registering" in this County, at least one half said that at some time, registration and compliance checks made them angry. This anger made some want to find ways to avoid registering. At least 15 people in County 1 stated that they were looking to move so they could register elsewhere. Others suggested that they wait until the last day they can to register. Still others have taken to registering at a State Patrol office farther from their homes so they can avoid interacting with County 1 officials. More importantly, some suggested that interaction with law enforcement when registering or during compliance checks in County 1 had affected the way their children have come to see the police. Martha explains, "my kids are now afraid of cops because all they see is them coming in and giving me a hard time." Roberto also stated, "my kids think the police are our enemies because they pound on our door, come in yelling, and leave the kids upset." The vision of police among children, the anger, the perceived belittlement, and rudeness have contributed to anger and depressive symptoms and left some registrants in County 1 trying to find a way to avoid registering. This is in contrast, however, to the experience of subjects in other Counties.

Subjects in Counties 2 and 3 had few negative things to say about their registration experiences in their respective counties. In County 2, 70% had positive things to say about their interactions with police officers during registration or compliance checks. As Aaron B notes, "They are nice to me, always are helpful if I have questions, and basically I am in and out." Maria explains, "I always ask them in for coffee and they say 'just checking' and go along their way." Comments such as these were also found among subjects in County 3. Most 79% stated things such as, "I have no problems. They're nice and helpful (Ferdinand)."

As expected, the attitudes, emotions, and behaviors among those living in Counties 2 and 3 were generally positive toward registering and compliance checks. Only 2 people in County 3 and none in County 2 stated that they hated to go into register. Among these subjects, there was little talk of moving to avoid registering in these Counties. More importantly, when talking about registration generally, only 10 people from both counties even commented on interactions during compliance checks. Given the nature of these interviews, the silence on this topic infers few had thought about compliance checks enough to mention them. Fewer people in Counties 2 and 3 noted anger or depression in relation to registration interactions.

Subjects in Counties 4 and 5 offered comments to suggest variability across subjects when it came to interactions with law enforcement officers. In County 4, about one-third mentioned that they hated registering their addresses, but not because of interactions with police. Rather, they found it inconvenient, it prevented them from vacationing, or they had to take time off work to get it done.

It seems obvious that registration and compliance check procedures have an effect on registrants' and their family members' attitudes, emotions, and their willingness to subject themselves to registration. For those whose initial interactions with county officers were viewed as negative, registrants left those interactions feeling angry, depressed, and demeaned. For those whose initial interactions with police were viewed as positive, few noted anger toward the police, depression because they must register, even some felt empowered after police visits.

DISCUSSION AND CONCLUSION

Within the framework of normalization process theory (NPT), interviewees offered comments to suggest that some degree of coherence, cognitive participation, collective action, and reflexive monitoring regarding the implementation of sex offender registration has occurred in all 5 Counties studied. When comments were put within this context, however, the degree to which Counties possess these conceptual factors in order to routinize the implementation of registration varied by degree. Interviews from registrants in County 1 would suggest much collective action has occurred to enact registration, but the cognitive participation of officers to engage in this legal intervention have not fully been realized. In some ways in County 1, subjects suggest registration is approached in terms of criminal investigation rather than a public safety or community service task. At least 10% in County 1 have voiced their concerns, anger, and perceived belittlement to police officials, yet nothing has changed. In this way, it appears County 1 has not fully embraced reflexive monitoring or formal and informal appraisals of the way they have implemented registration. In contrast, people's responses in Counties 2 and 3 would suggest a great level of cognitive participation and coherence in terms of making registration become routine and more engaging than in County 1. It is important to note that levels of coherence, cognitive participation, collective action, and reflexive monitoring in Counties are not static. Their degree can change over time with each legislative amendment, change in Sheriff, retirement, and new hires. This makes ongoing reflexive monitoring even more important to the routinization of registration implementation as changes occur in the structure or culture of County agencies. This routinization should help minimize variation across urban areas.

This study offers insight into ways that the implementation of sex offender registration may vary across counties within the same state, and how policy implementation and this variability may affect registrants' emotions, and ultimately their behaviors. With this in mind, it seems important to examine reoffending rates at the county level, while controlling for structural and cultural variation, in order to determine proper allocations of resources across the state. This would be important not only for sex offender law but other legal interventions as well, such as arrests for drug trafficking and prostitution "stings." When implementing state law, evaluators should investigate the base level of coherence, cognitive participation, collective action and reflexive monitoring for the policy in order to determine how reliably, consistently, or "routine" the policy will be applied to subjects.

The consistency or routinization of policy implementation for crime-related polices can have real effects on public safety across Counties. One would hate to think that the implication of state law in one county does more to contribute to the problem than help it, such as making those subject to the law angry, depressed, or feel powerless, all of which correlated to criminal behavior (Agnew, 1992). A more practical implication from this study would be to work with County police agencies to ensure consistency of the officers with whom registrants interact, or remove officers from the registration desk and from compliance checks if they generate negative interactions. Given the time of registration (from 10 years to life), registrants and their family members could come to rely on officers who visit their homes as part of their social support network. If officers are aware of registrants' anger or resentment, they can work with offenders over time to replace negative emotions with positive ones.

This study's external validity is compromised by its sample size, but it was meant as an exploratory descriptive study on which we could build. There is obvious sample bias from using snowball sampling techniques, and the findings here cannot be generalized to registrants across this one Midwestern state. What this study does is to introduce new concepts that should be operationalized and included in future surveys of registrants with greater external validity. For instance, we should consider asking questions whether registrants have registered in more than one county, what emotions may be associated with registration, and the desire of registrants to interact with law enforcement. This information could then be associated with other theoretical studies that suggest emotions can affect behavior. Moreover, a replication of this study in other states should be conducted to determine if the emotions associated with the structural and cultural procedures of registration affect registrants reoffending rates.

We cannot expect sex offender registration laws to work as intended if offenders actively try to find ways to avoid it, particularly in some counties over others. The effectiveness of registration laws can be influenced by the interactions established between registrants and law enforcement officers. Negative interactions can stimulate negative emotions among offenders and their family members when they register or during compliance checks that may affect public safety through registration compliance, the frequency of compliance checks, and the willingness of offenders to cooperate with officers. As noted previously, in order for policies to achieve their symbolic and instrumental goals, the logic of the policy and the competence of the organization and personnel involved in administering the coordination between and within organizations should be considered when conducting policy implementation studies (Nilsen, Stahl, Roback, & Cairney, 2013). This study does not question the logic of the policy or the competence of law enforcement involved in administrating it. Rather, it simply suggests that differences in organizational structures and cultures and across individual law enforcement officers can affect the way in which registration laws are implemented, which ultimately influences their outcomes. With this in mind, we call for more implementation studies to occur on sex offender registration, notification, and residency restriction laws by Counties before concluding that these polices have either no effect or a negative effect on sexual recidivism. It is likely that the effects these policies have in one county is offset by their effects in another, leading us to believe no changes in state levels of reoffending have occurred.

In terms of policy outcomes, perhaps it is not the logic of the law that may be flawed but rather the way in which it is implemented that has produced mixed and dismal results. We believe it is time to further explore the relationship between organizations and personnel involved in administering sex offender laws and the registrants who are subject to them. It seems possible that these relationships likely affect the willingness of registrants to comply with the law, registrants' perceptions of the utility of the law, and registrants desire to seek out law enforcement officers to answer their questions or address their concerns. Also, to continue to ensure some symbolic effects of registration laws, implementation procedures should be examined across counties to address possible variability in public fear and concern. When policies or legal statutes are vague or silent on implementation, there is room for variation in the ways in which those policies or laws are implemented and enforced. If nothing else, we should be mindful of criminal law's and policies' implementation within and across states in order to better understand these policies' outcomes before drawing conclusions on their effectiveness.

REFERENCES

Adkins, G., D. Huff, and P. Stageberg. (2000). The Iowa Sex offender Registry. Des Moines: Iowa Department of Human Rights.

Agnew, Robert. 1992. "Foundation for a general stain theory of crime and delinquency." *Criminology* 30(1): 47-87

Andersson, Katarina & Hildur Kalman. (2012). Methodological challens in the implementation of social welfare policies. *International Journal of Social Research Methodologies*. 15(1):69-80

Bailey, Danielle and Lisa L. Sample. 2015. "Sex offender supervision in context: The need for qualitative examinations of social distance in sex offender – supervision officer relationships" *Criminal Justice Policy Review*, February 23, 2015, doi: 10.1177/0887403415572876

Brewer, G.D. (1974) The policy sciences emerge: To nuture and structure a discipline. Editor. *Policy Sciences*.

Charmaz, K. (2006). *Constructing grounded theory: A practical guide through qualitative analysis.* London: SAGE Publications, Inc.

Chan, Janet. 1996. "Changing Police Culture." British Journal of Criminology. 36(1):109-134

Crank, John P. 2004. Understanding Police Culture. New York, NY: Anderson Publications.

Drummond, D. S. 1976. Police Culture. Thousand Oaks, CA: Sage Publications.

Edelman, M. (1964). *The symbolic uses of politics*. Champaign, IL: University of Illinois Press

Evans, M. K. , Lytle, R. and Sample, L. L. (2014). "Sex offender registration and community notification." In Richard G. Wright (ed.) *Sex offender laws: Rhetoric and reality*. New York, NY: Springer Publishing. 2nd Edition.

Fereday, J. and Muir-Cochrane, E. (2006). Demonstrating rigor using thematic analysis: A hybrid approach of inductive and deductive coding and theme development. *International Journal of Qualitative Methods*, 5(1), 1-11.

Garland, D. (2013). "Penality and the Penal State." *Criminology*, Vol. 51 (3): 475-517

Government Accountability Office. (GAO) (2013). *Sex offender registration and notification act; Jurisdictions face challenges to implementing the Act, and stakeholders report positive and negative effects*. United States Government Accountability Office.

Gibbs, G. R. (2007). *Analyzing qualitative data*. Thousand Oaks: SAGE Publications, Inc.

Harris, Andrew J., Christopher Lobanov-Rostovsky, and Jill S. Levenson. 2010. "Widening the net: The effects of transitioning to the Adam Walsh Act's Federally mandated sex offender classification system. Criminal Justice and Behavior. 37(5): 503519

Hinds, L. and Daly, K. (2000). The was on sex offenders: Community notification in perspective, *Australian and New Zealand Journal of Criminology*, 34(3), 256-276.

Howlett, M., Ramesh, M., and Perl, A. (2009). *Studying public policy: Policy cycles and policy subsystems 3rd edition*. Oxford University Press.

Iversen, R.R. (2000). "TANF Policy Implementation: The invisible barrier." *Journal of Sociology and Social Welfare*. Vol. 27 (2): 139-158

Jenkins, P. (1998) *Moral Panic, Changing Concepts of the Child Molester in Modern America*. London: Yale University Press.

Jones, B. D. and Baumgartner, F. R. (2005). *The politics of attention: How government prioritizes problems.* University of Chicago Press.

Kane, Heather, Megan A. Lewis, Pamela A. Williams and Leila Kahwati. 2014. "Using qualitative comparative analysis to understand and quantify translation and implementation." Translational Behavior Medicine 4(2): 201-208

Kempf-Leonard, Kimberly and Lisa L. Sample. 2001. "Disparity Based on Sex: Is Gender-Specific Treatment Warranted?" *Justice Quarterly*, 17 (1): 89-128

Kvale, S. and Brinkmann, S. (2009). *Interviews: Learning the craft of qualitative research interviewing*. SAGE Publications, Inc.

Lasswell, H. D. (1971). *A preview of policy sciences*. American Elsevier Publishing.

Lees, M. and Richard Tewksbury. 2006. Understanding policy and programmatic issues regarding sex offender registries. *Corrections Today*, 68(1), 54.

Levenson, Jill S. 2006. "The New Scarlet Letter: Sex Offender Policies in the 21st Century." In David Prescott (ed.) Applying Knowledge to Practice: Challenges in the Treatment and Supervisions of Sexual Abusers. Forthcoming.

Lytle, Robert. 2015. "Variation in Criminal Justice Policy-Making. An exploratory Study Using sex offender registration and community notification laws." Criminal Justice Policy Review 26(3):211-233

Lippman, W. (2010). *Public opinion: A classic in political and social thought*. Blacksburg VA: Wilder Publications.

Lipsey M. (1980) *Street-level bureaucracy: dilemmas of the individual in public services*. New

Matland, R. E. (1995). Synthesizing the implementation literature: The ambiguity-conflict model of policy implementation. *Journal of Public Administration Research and Theory*, 5(2), 145-174.

Matson, Scott and Roxanne Lieb. 1997. Sexual Predator Laws. Olympia, WA: Washington State Institute for Public Policy. http://www.wa.gov/wsipp

Mancini, C. (2014). *Sex crime, offenders, and society: A critical look at sexual offending and policy*. Durham, MC: Carolina Academic Press

McEnvoy, Rachel, Luciana Ballini, Susanna Maltoni, Cahterine A. O'Donnel , Frances S. Mair, and Anne MacFarlane. "A qualitative systemic review of studies using the normalization process theory to research implementation processes." Implementation Science 9 (2): 1- 13

Merriam, S. B. (2009). *Qualitative research: A guide to design and implementation*. Jossey-Bass.

Murry, Elizabeth, Shaun Treweek, Catherine Pope, Anne MacFarlane, Lucianna Ballini, Christopher Dowrick, Tracy Finer, Anne Kennedy, Frances Mair, Catherine O'Donnel. Be Nio Ong, Tim Rapley, Anne Rogers, and Carl May. 2010. "Normalisation process theory: a framework for developing, evaluating, and implementing complex interventions." BMC Medicine 8:73

Musheno, M., Palumbo, D., and Levine, J. (1976). Evaluating alternatives in criminal justice: A policy-impact model. *Crime and Delinquency*, 22(3), 265-283.

Nilsen, P., Stahl, C., Roback, K., and Cairney, P. (2013). Never the twain shall meet? A comparison of implementation science and policy implementation research. *Implementation Science*, 8(1).

Patton, M. Q. (2008). *Utilization-focused evaluation 4th Edition*. SAGE Publications, Inc.

Petersilia, Joan. 1991. "Policy relevance and the future of criminology." Criminology 29 (1):1- 12.

Pulzl, H. and Treib, O. (2007). *Policy implementation*. Boca Raton: CRC Press Taylor & Francis Group.

Quinn, Forsyth, and Mullen-Quinn (2004). Public perceptions about sex offenders and community protection policies. *Analyses of Social Issues and Public Policy*, 7(1), 1-25.

Ross, Howard J. 2014. Everyday Bias. London: Rowman & Littlefield. Page 18

Rossi, P. H., Lipsey, M. W., and Freeman, H. E. (2003). *Evaluation: A systematic approach*. SAGE Publications, Inc.

Sabatier, Paul A. (2007). "The need for Better Theories." In Paul A. Sabatier (ed.) Theories of the Policy Process. New York: Westview Press. 3-17

Sample, L. L. and Bray, T. M., (2003). Are sex offenders dangerous? *Criminology & Public Policy*, 3(1), 59-82.

Sample, L. L., Spohn, R., Maher, C., Diechert, J., Lytle, R., and Piper, R. K. (2014). "Assessing the costs, benefits, and utility of the sex offender registration and notification act (SORNA): How is information sharing used to track sex offenders and influence community awareness". Grant proposal submitted to the National Institute of Justice, Department of Justice, submitted in June, not funded.

Sample, Lisa L. and Colleen Kadleck. "Sex Offender Laws: Legislators' Accounts of the Need for Policy". Criminal Justice Policy Review, Vol. 19 (1): 40-62

Sampson, R. and J. Laub. (1993). *Crime in the Making*. Boston: Harvard University Press.

Schram, Donna D. and Cheryl D. Milloy. 1995. Community Notification: A Study of Offender Characteristics and Recidivism. Olympia, WA: Washington State Institute for Public Policy.

Ten Bensel, Tusty and Lisa L. Sample. Forthcoming. "The Influence of Sex Offender Registration and Notification laws on Collective Identity. *Journal of Crime and Justice.*

Tonry, M. (2009). *Crime and justice: A review of research*. The University of Chicago Press. United Stated Government Accountability Office. (2013). *2013 annual report: Actions needed to reduce fragmentation, overlap, and duplication and achieve other financial benefits* (GAO-13-279SP). Washington, DC: U.S. Government Printing Office.

Walker, J. T, S. Madden, B. E. Vasquez, A. C. VanHouten and G. Ervin-McLarty. 2005. The Influence of Sex Offender Registration and Notification Laws in the United States. Retrieved 12/15/05, from www.acjc.org.

Werner, Jann & Kai Wegrich. Theories of the policy sciences. In Frank Fisher, Gerald J. Miller, and Mara S. Sidney (eds.) Handbook of public policy analysis: Theory, politics, and methods. London: CRC Press. 43-62

Zevitz, Richard. 2006. "Sex Offender Community Notification: Its Role in Recidivism and Offender Reintegration. Criminal Justice Studies. 19(2), 193-208.

Zgoba, K. M. (2004). Spin doctors and moral crusaders: The moral panic behind child safety legislation. *Criminal Justice Studies*, 17(4), 385-404.

UNIVERSITY OF NEBRASKA OMAHA
COLLEGE OF PUBLIC AFFAIRS AND COMMUNITY SERVICE

COLLEGE OF PUBLIC AFFAIRS AND COMMUNITY SERVICE
SCHOOL OF CRIMINOLOGY AND CRIMINAL JUSTICE

UNIVERSITY OF
Nebraska
Omaha

COLLEGE OF PUBLIC AFFAIRS AND COMMUNITY SERVICE
University of Nebraska at Omaha
6001 Dodge Street | Omaha, NE 68182
402.554.2276 | cpacs.unomaha.edu