

WORKSHOP HIGHLIGHTS

SEPTEMBER 2013

HEALTH AND INCARCERATION

A Workshop Summary

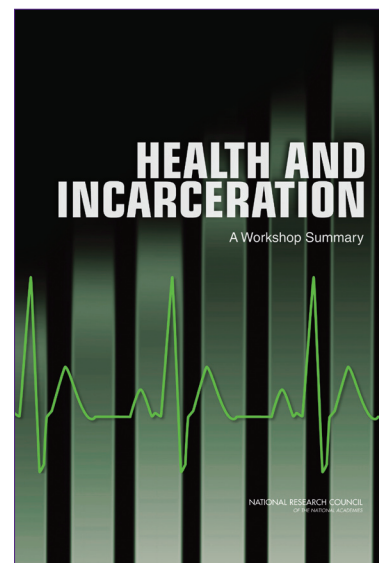
Incarceration rates in the United States are remarkably high, both in historical terms and in comparison to other developed nations. People who are incarcerated have higher rates of mental illness, drug and alcohol addiction, and chronic and other diseases. The prevalence of poor health affects not only individuals but their families and wider communities, before, during, and after incarceration.

In December 2012, the Committee on Law and Justice of the National Research Council and the Board on the Health of Select Populations of the Institute of Medicine held a half-day workshop of physicians, academics, and policy experts to explore challenges and opportunities in improving the health of the incarcerated. The workshop's discussions are captured in *Health and Incarceration: A Workshop Summary*.

INCARCERATION'S EFFECTS ON HEALTH

Inmates' overall physical health likely improves in some ways during incarceration but deteriorates in others, observed a background paper prepared to inform the workshop's discussions.¹ For some people, incarceration can improve their health by providing available meals, a structured day, access to much-needed treatment, and less access to alcohol, drugs, and cigarettes. But for others, prison environments may have adverse effects on health and exacerbate chronic health conditions, particularly in cases where the nutritional value of meals is far from ideal, violence is present, or overcrowding or reduced access to services are problems.

Supreme Court decisions have affirmed that correctional facilities have a duty to provide healthcare to those in their custody. But many workshop participants remarked on the dilemma inherent in providing healthcare in environments that may in many ways undermine inmates' health and their treatments. Scott Allen of the University of California, Riverside, noted that aspects of physicians' medical professionalism—such as their altruism and commitment to patient interest and their technical competence—are tested by the prison system. Historically, doctors have not asserted medical leadership or exercised influence over policy on healthcare in prisons, said Allen, and they should become more civically engaged in the future.



¹Rich, J.D., Dumont, D., and Allen, S. (2012). Incarceration and Health. Working paper prepared for the workshop. Available: http://sites.nationalacademies.org/DBASSE/CLAJ/DBASSE_083370 [May 2013].

VULNERABLE POPULATIONS AND OPPORTUNITIES TO REDUCE HEALTH RISKS

Workshop presentations explored the particular health needs and vulnerabilities of certain groups affected by the correctional system:

Those with mental illness and addiction, who are over-represented in correctional systems. Twenty-four percent of women and 16 percent of men in state prisons have a serious mental illness, explained Fred Osher of the Council of State Governments' Justice Center. Nearly 50 percent of those in prisons and jails suffer from substance abuse.

Older adults, whose numbers, while still a small percentage in federal and state prison systems, have increased sharply. From 1990 to 2012, the U.S. prison population doubled, and the number of inmates age 55 or older increased by about 550 percent, explained Brie Williams of the University of California, San Francisco. She pointed to the importance of intake screening and re-screening during long sentences to address the needs of older adults.

Female inmates, who have higher rates of disease than the general population of women, as well as considerably higher rates of mental illness and sexually transmitted infections than male inmates. They also have special healthcare needs, such as reproductive care, said Jennifer Clarke of Brown University Medical Center.

Family members of the incarcerated, who face many of the same risk factors for poor health—such as the same socioeconomic status and neighborhood exposures—as the incarcerated do, said Christopher Wildeman of Yale University. He suggested gathering information on family members during the release process and directing them to social and health services.

Those recently released from correctional facilities, who are at high risk of worsening health conditions, and even death, in the period immediately following release. Emily Wang of Yale University has observed such risks, including substance abuse relapse and hospitalization, as well as the absence of discharge planning among the newly released. She noted that an overriding priority in dealing with release is providing continuity of care, whether it is treatment for addiction, mental illness, or chronic disease management.

The summary identifies possible care and health interventions offered by workshop participants for addressing the health needs of those in contact with the criminal justice system, including these vulnerable populations.

ACCESS TO HEALTH CARE

Workshop participants explored ways to expand healthcare to the population involved in the criminal justice system, including the possibilities offered by the Patient Protection

and Affordable Care Act (ACA). When fully implemented in 2014, ACA will raise Medicaid eligibility levels to 133 percent of the poverty line for all adults. A substantial percentage of those newly eligible for Medicaid will have some involvement with prisons or jails.

Discussions explored ways to facilitate the enrollment process, particularly for the large and fluid population moving through jails. If more inmates participate in health plans or Medicaid, they may be able to see their regular health providers, whether inside or outside correctional facilities—a continuity of care that would be ideal, said participant Scott Allen of Brown University's Warren Alpert Medical School. However, some participants noted, much of the impact of the ACA will depend on how states respond to the law and initiatives they take to implement it.

•••••

The proceedings of the workshop are discussed more fully in *Health and Incarceration: A Workshop Summary* (Amy Smith, Rapporteur), which was prepared thanks to a grant from the Robert Wood Johnson Foundation and available from the National Academies Press, 500 Fifth Street, N.W. Washington, DC; (800) 624-6242; <http://www.nap.edu>. The workshop was organized as a way to inform a committee study being conducted by the National Research Council on the causes and consequences of high rates of incarceration, funded by the National Institute of Justice and the John D. and Catharine T. MacArthur Foundation. See <http://nationalacademies.org/incarceration>. The committee's report will be published in 2014 by the National Academies Press.

This brief was prepared by the National Research Council's Committee on Law and Justice based on *Health and Incarceration: A Workshop Summary*. Any opinions, findings, conclusions, or recommendations expressed in the summary or in this brief reflect those of individual workshop participants and do not represent the views of all workshop participants, the committee, the NRC, or IOM.

THE NATIONAL ACADEMIES

Advisers to the Nation on Science, Engineering, and Medicine

The nation turns to the National Academies—National Academy of Sciences, National Academy of Engineering, Institute of Medicine, and National Research Council—for independent, objective advice on issues that affect people's lives worldwide.

www.national-academies.org