Mass Incarceration and Health

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Disclosures

I have no disclosures to declare.
Goals

• Provide an overview of the history of mass incarceration in the U.S.
• To help you better understand incarceration as a social determinant of health
• Discuss the health needs of individuals who are incarcerated
• To provide examples of approaches to care for patients with a history of incarceration
Person-first language

- Highly stigmatized population
- Terms such as inmate, prisoner, criminal, convict, offender, and ex-con contribute to this stigma
- This presentation will use humanizing, person-first language:
  - Individuals who are incarcerated
  - People on probation or parole
  - Patients with a history of incarceration
Incarceration as a Social Determinant of Health

“…the circumstances in which people are born, grow up, live, work and age, and the systems put in place to deal with illness. These circumstances are in turn shaped by a wider set of forces: economics, social policies, and politics.”

–World Health Organization
Case study—Mr. C

- Recently released from prison
- 42 years old
- Suffered a heart attack while incarcerated
- Kidney problems
- Does not have a copy of his medical records or his medications
- Homeless
Definitions

What does it mean to be “criminal-justice involved”? 
Types of criminal-justice involvement

Types of incarceration
- Jail (short-term)
- Prison (long-term)

Types of community supervision
- Probation
- Parole
## County oversight: Jails & Community Supervision

<table>
<thead>
<tr>
<th>Hennepin County Jails</th>
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<tbody>
<tr>
<td>Adult Detention Center</td>
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<tr>
<td>Adult Corrections Facility</td>
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</table>
# County oversight: Jails & Community Supervision

## Hennepin County Department of Community Corrections and Rehabilitation

<table>
<thead>
<tr>
<th>Probation</th>
<th>Parole</th>
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<tbody>
<tr>
<td>Supervised Probation</td>
<td>Supervised Release</td>
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<td></td>
<td>Intensive Supervised Release</td>
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</tbody>
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[Image 724x18 to 936x58]
## State oversight: Prisons

<table>
<thead>
<tr>
<th>Minnesota Department of Corrections</th>
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<tbody>
<tr>
<td>Faribault</td>
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<tr>
<td>Oak Park Heights</td>
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<tr>
<td>Rush City</td>
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<tr>
<td>St. Cloud</td>
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<td>Togo</td>
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<td>Lino Lakes</td>
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<td>Red Wing</td>
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<tr>
<td>Stillwater</td>
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<tr>
<td>Willow River/Moose Lake</td>
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<tr>
<td>Shakopee (women’s facility)</td>
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</table>
Incarceration in the U.S.

Statistics
How does the U.S. compare globally?

The U.S. incarcerates more people than any other country in the world.
How many people are involved?

Nationally
- 2.2 million people are incarcerated in our nation’s prisons and jails
- 4.54 million people are on either probation or parole

Minnesota
- 16,300 people incarcerated in prison or jail
- 103,900 people on either probation or parole
Where are people held?

- 61% State Prisons
- 29% Local Jails
- 10% Federal Prisons & Jails
How has incarceration changed over time?


Number of People

Year

2016: 1,458,173

Hennepin Healthcare Research Institute
How has incarceration changed over time?

- Mandatory minimum sentences
- Punitive sentencing policies “Three strikes” law (1994)
- Richard Nixon’s “War on Drugs” (1971)
- Deinstitutionalization of people with mental illnesses (1960s)
Who is impacted?

Not all communities have been impacted equally.

Black and Latino men make up a disproportionate amount of our incarcerated population.

Who is impacted?

- Age: 20s to early 30s
- High school or lower education level
- Low economic opportunity
- Many are parents of minor children
  - Effects of incarceration are intergenerational
  - History of parental incarceration is associated with forgone health care use, risky sexual behaviors, and drug use in young adulthood
What are their health needs?

- Infectious disease: Hepatitis C, HIV, STIs
- Chronic medical conditions: Hypertension, diabetes, asthma
- Mental health disorders: Depression, psychosis, personality disorder, PTSD
- Substance use disorders: Cocaine, heroin/opiates, depressants, methamphetamine
Case study—Mr. C

- Fearful of being reincarcerated
- Feels weak
- Has not followed through with cardiac rehabilitation
- Doesn’t have transportation
- Remaining unemployed will violate his parole
- Cravings for heroin
Access to care—Locally

- Varies widely based on the facility

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<tr>
<td><img src="image" alt="HennepinHealthcare" /></td>
<td>Corizon Health</td>
</tr>
</tbody>
</table>
Access to care—United States

• **Chronic medical conditions**
  • 1 in 7 taking routine medication prior to incarceration
  • 21-37% stopped receiving medication during incarceration

• **Substance use disorders**
  • Over 50% have a substance use disorder
  • 22-28% participated in a drug treatment program during incarceration

• **Mental health disorders**
  • 15-26% with at least 1 diagnosed condition
  • 26-37% were taking psychiatric medication at time of arrest
  • 46-69% received psychiatric medication during incarceration
Transitioning to the community

95% of people who are incarcerated return home
Transitioning to the community

• **Difficult to maintain continuity of care**
  • Patients may not receive an adequate amount of needed medications upon release
  • Hard for community providers to get medical records from prison or jail facility
  • Competing demands can make healthcare a low priority
Mr. C—Transitioning to the community

Social Determinants of Health

- Socioeconomic status
- Education
- Criminal justice involvement
- Neighborhood and physical environment
- Employment
- Social support networks
- Access to health care
Transitioning to the community

Increased risk of death following release

Drug overdose
Cardiovascular disease
Homicide
Suicide
Transitions Clinic Network

- A community-based model of care for individuals recently released from incarceration

- Patients receive:
  1. Care from a physician with experience working with formerly incarcerated individuals
  2. Referrals to community organizations that serve these individuals
  3. Case management from a community health worker (CHW) with a history of previous incarceration
Transitions Clinic Network

- Community Health Workers (CHWs) provide:
  - Health and social service navigation
  - Mentorship to reclaim the autonomy lost in prison
  - A bridge between the clinical team and the patient
  - Advocacy on behalf of their communities to key stakeholders and policymakers
How to address this issue with your own patients?
Screening

• No one-size-fits-all approach

• Pros:
  • Helps you to better understand your patient’s life and medical history
  • May prompt screening for infectious diseases

• Cons:
  • Patients may not feel comfortable sharing this information
  • Patients may perceive that they are being racially profiled
Screening

• **Who should you ask?**
  • Add as a screener for all patients

• **What should you ask?**
  • Have you ever been to jail or prison?
  • When were you released?
  • From where were you released?
  • Are you on probation or parole?
  • What treatment was provided to you while you were incarcerated?

• **What should you **not** ask?**
  • Why were you incarcerated?
Want to learn more?


- *The New Jim Crow: Mass Incarceration in the Age of Colorblindness* by Michelle Alexander


- *Just Mercy* by Bryan Stevenson


- The Sentencing Project—[https://www.sentencingproject.org/](https://www.sentencingproject.org/)
Contact Information

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Questions?
References


References


