

Facing the Worst Health Disparity:

THE ROLE FOR ACADEMIC MEDICINE IN CRIMINAL JUSTICE HEALTH

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Objectives

Participants will be able to:

1. List 3 characteristics of the incarcerated population in the U.S.
2. List 3 social determinants negatively impacted by incarceration
3. Describe 2 core competencies in training to provide effective care
4. List 2 NIH Institutes that have research priorities for justice-involved populations

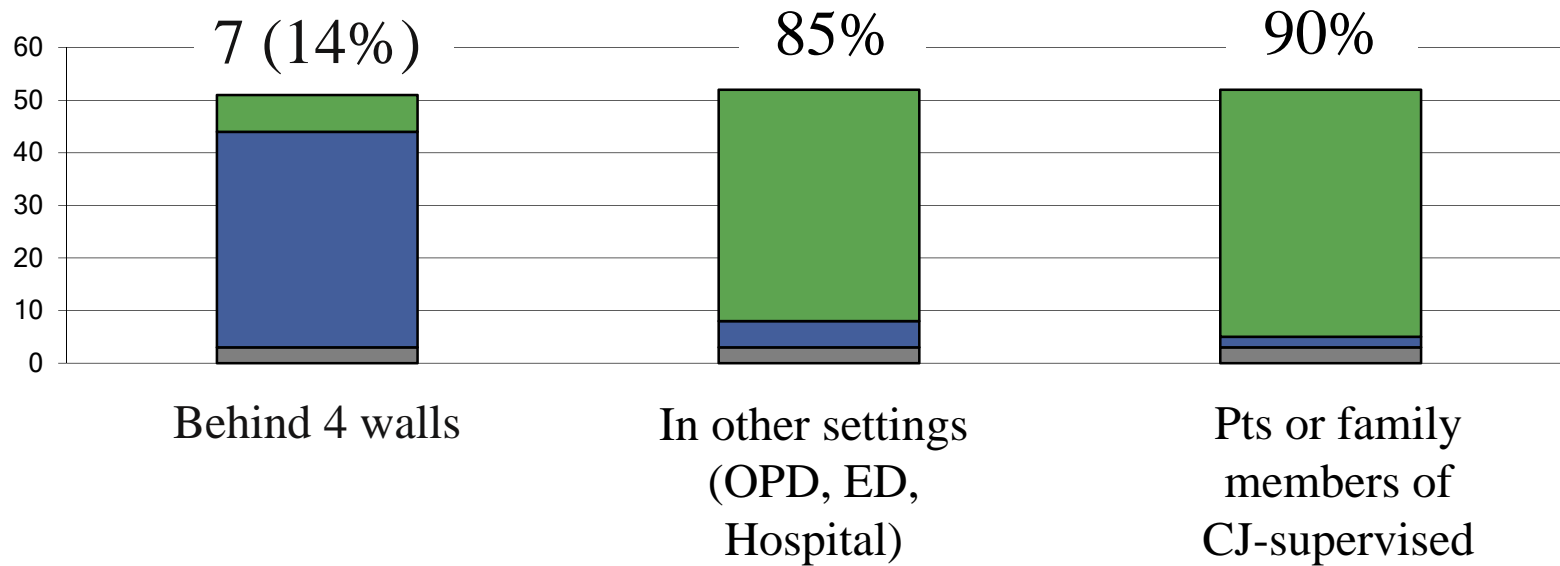
About you...

- How many of you have cared for a patient behind bars?
- How many of you have cared for a patient in handcuffs and guarded?
- How many of you have cared for a patient or family member of a person who was criminal justice-involved?
- How many of you have taught learners about CJ or CJ health?
- How many of you have been engaged in CJ research?

Results of a survey of faculty in family medicine who care about health disparities

Most clinicians care for justice-involved persons but not in jail or prison (N=52)

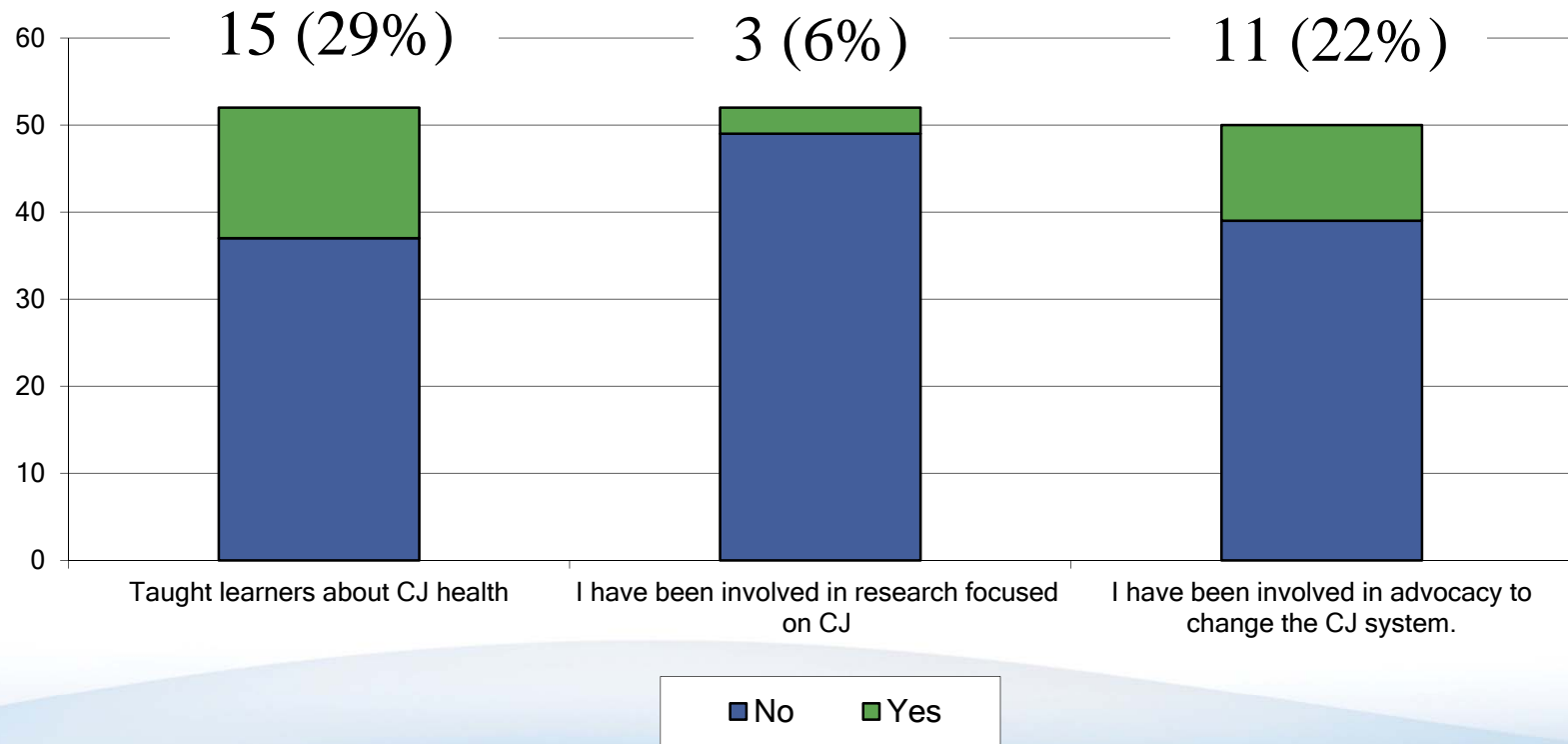
Please answer the following questions:



■ N/A- not a clinician ■ No ■ Yes

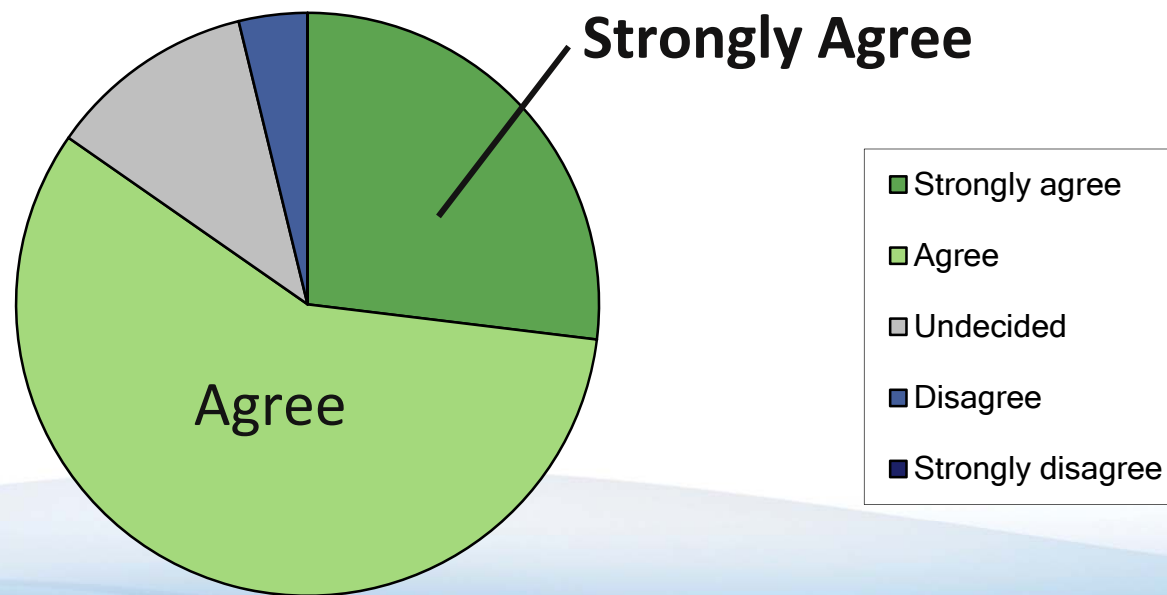
Some teach about CJ health and are involved in advocacy but few do research (N=52)

Please answer the following questions:



85% Agree that CJ should be a priority in academic FM (N=52)

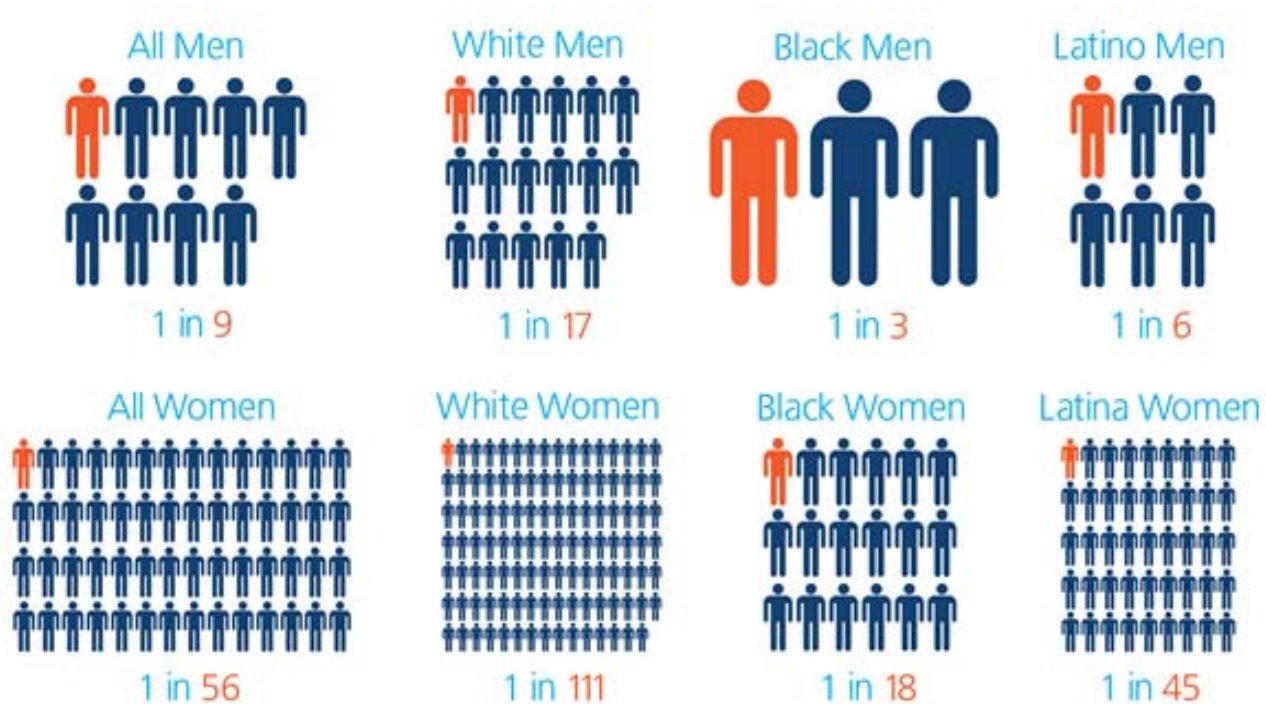
Family medicine faculty and academic family medicine institutions should make it a priority to engage in clinical care, training and/or research concerning individuals supervised by the criminal justice system.



The Criminal Justice Population

Racial Disparity

Lifetime Likelihood of Imprisonment



Source: Bonczar, T. (2003). *Prevalence of Imprisonment in the U.S. Population, 1974–2001*. Washington, D.C.: Bureau of Justice Statistics

THE SENTENCING PROJECT

U.S. first again in CJ: 2012

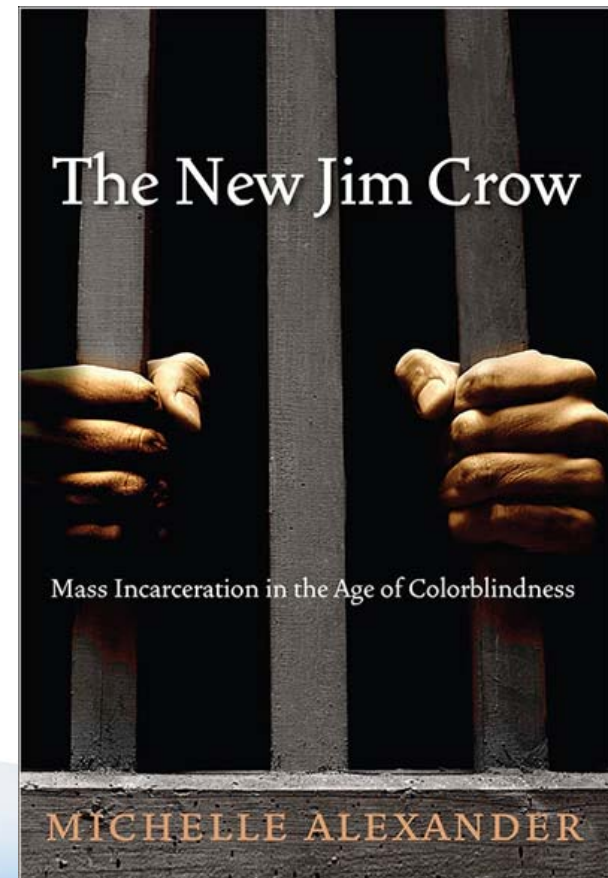
- One in 35 adults under some type of CJ supervision
- One in 108 adults incarcerated
- One in 50 adults supervised in community
- One in 3 black men have a lifetime risk of incarceration
- Black youth 7x more likely to be sentenced as adult
- 95% of detainees return to community
- 75% of released detainees arrested in five years



Data Source: BJS

Social determinants of health and CJ

- Economic consequences
- Lack of opportunity following release
- Downstream impact on next generation



Economic consequences

Economic impact of incarceration

- Loss of family wages
- Legal costs
- Cost of prison commissary, collect calls, long distance travel to visit prison
- Cumulative burden on poor urban communities of color
 - Poor schools, housing, lack of employment opportunity and poor health care access

Prisoner reentry: “They all come back”

- Numbers astounding: 730,000 released annually from prison (2000/day)
- Return often to poor, urban communities with little opportunity
 - CORI checks prevent employment
 - Lack of public benefits including housing
 - Unable to vote
 - Poor access to health care

Downstream generational impact

- Lack of role male role models
- Poor school systems lead to lack of education
- High rates or dropout and lack of economic opportunity
- High rates of crime and gang culture
- More stringent juvenile detention starting in schools

Public Health Threats

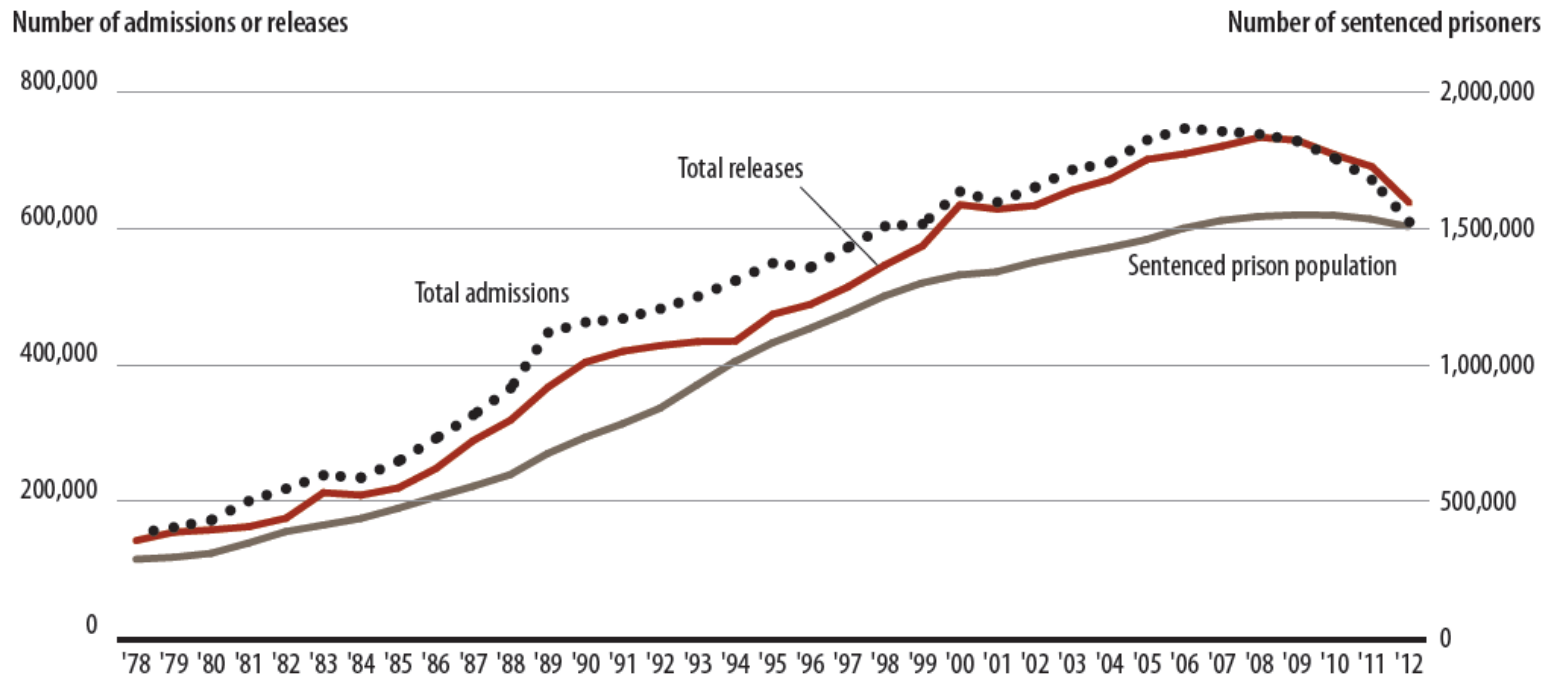
- High mortality post-release from overdose, suicide, violence and chronic illness
- Former JJ detainees have 15x risk of violent death in 10 years following first JJ experience
- Multidrug resistant HIV development due to lack of access to treatment post-release

“We live in an era of mass incarceration which threatens our democracy and the health and wellbeing of our patients and loved ones.”

- Jeremy Travis
President, John Jay College

Glimmers of hope: Reduction in incarceration

FIGURE 1
Sentenced state and federal prison admissions and releases and yearend sentenced prison population, 1978–2012



Source: BJS

Costs driving change

- Front-end diversion at the time of sentencing
- Community reentry strategies
 - ACA
 - Second Chance Act
 - Emerging evidence-based strategies



Scorching HOT topics

- Best practices for diversion
- Reentry strategies to reduce recidivism
- Aging of the population & adapting EB geriatric practices
- Opioid replacement before release
- HCV treatment behind bars
- Suicide prevention

Academic Medicine

- Academic Health Centers running care systems (TX, NJ, CT, GA, RI, formerly MA & CA)
- Growing number of health services researchers, public health and policy faculty and students interested in the field
- At least a few RFAs by NIH targeting CJ health (NIDA, NIMH)
- AOA-approved clinical fellowship (soon to be adopted by ACGME)

Training and Competencies

Training behind bars

Medical Students

- Population health clerkship
- Longitudinal preceptorship
- Optional elective
- Fourth year electives

Graduate

- Residency electives
- Formal track in preventive medicine

Elsewhere

- Clinical fellowships
- Research fellowships

Selected unique competencies

Attitudes

- Ability/desire to separate patient from crime
- Empathy
- Firm, thick skinned, maintain boundaries

Skills

- Negotiation with patients and security staff
- Teamwork
- Musculoskeletal evaluation and procedures

Knowledge

- **Security issues:** segregation, eyeball, hunger strike management, patient rights
- **Medical:** ID, mental health, substance abuse treatment

Research Funding

NIDA

- CJ-DATS
- Seek, Test, Treat, Retain
- Juvenile Justice

NIMH

- CJ-DATS
- Mental Health in CJ

Foundations

- Jacob and Valeria Langeloth Foundation
- MacArthur Foundation

Hope for NIMHD and PCORI ???

What's Missing?

- **Professional legitimacy in academe**
- **Research networking across fields**
- **Advocacy for policy changes in research**
 - Advocacy for updating IRB policies
 - More NIH Institutes targeting CJ Health
- **Accredited training programs**
 - Teaching to unique competencies

We need a movement

Mission:

To advance the science and practice of health care for individuals and populations involved with the criminal justice system

Vision:


To be the academic home for criminal justice health clinicians, educators and researchers

Milestones:

- Scientific meeting grant from NIDA for 4 years
- Seed funding from Langeloth Foundation
- 7th Academic and Health Policy Conference on Correctional Health (240 people, 30 states, 5 countries, 110 institutions)
- Board members from 18 academic institutions
- Website launched (www.accjh.org)
- Bylaws adopted
- Adoption of a business plan
 - Institutional membership and benefits
 - Individual membership (free for students)

Functions:

- Foster and coordinate networks
- Increase interest of research and acadame
- Provide mentorship and fellowships
- Assist with curriculum development
- Promote and disseminate outcomes
- Educate ourselves and the public



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Experts Blog

January 25, 2013
Could checklists reduce harm?
Posted by: Robert Greifinger MD, FSCP

Recently, I analyzed a series of 60 cases (2009-2012) from 22 states that I have been asked to review. Thirty-eight of these resulted in death and 14 resulted in serious disability. ...

July 29, 2012
Finding medical homes and accountable care organizations within criminal justice health
Posted by: Robert Trestman

News

February 19, 2013
Free Access to the Internation Journal of Prisoner Health

February 15, 2013
CDCR Unveils Newest Investment in Prison Mental Health Care

January 25, 2013
Report: California not ready to control inmate health care

January 25, 2013

New in the Library

February 15, 2013
Substance use among inmates at the Eldoret prison in Western Kenya
Submitted by: Amy Kiely

February 15, 2013
Juvenile transfer and recidivism: a propensity score matching approach
Submitted by: Amy Kiely

February 15, 2013
Are patients deemed 'dangerous and severely personality disordered' different from other personality disordered patients detained in forensic

Summary

- ACCJH aims to promote and elevate academic criminal justice health legitimacy
- Social networking, collaborating, supporting and coordinating
 - People are too busy to duplicate efforts
- We want to be your (second) academic home

Links

Warren Ferguson:

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Academic & Health Policy Conference
on Correctional Health:

www.correctionalhealthconference.com

Academic Consortium on Criminal Justice Health:

www.accjh.org

References

- Bureau of Justice Statistics
<http://www.bjs.gov/index.cfm?ty=pbdetail&iid=4737>
- The Sentencing Project
<http://www.bjs.gov/index.cfm?ty=pbdetail&iid=4737>
- *The New Jim Crow: Mass Incarceration in the Age of Color-blindness*
Michelle Alexander, The New Press, Jan 2012, 336 p.
- *But They All Come Back: Facing the Challenges of Prisoner Reentry*
Jeremy Travis, Urban Institute Press, 2005, 391 p.
- Binswanger I, Stern M et al. Release from prison. A high risk of death for former inmates. NEJM, 2007, 356:157-65.
<http://www.nejm.org/doi/full/10.1056/NEJMsa064115>
- Haley HL, Ferguson W, Brewer A, Hale J. Correctional health curriculum enhancement through focus groups. Teach Learn Med. 2009 Oct; 21(4):310-7.
<http://www.ncbi.nlm.nih.gov/pubmed/20183358>