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:

- **Behind 4 walls**: 7 (14%)
- **In other settings (OPD, ED, Hospital)**: 85%
- **Pts or family members of CJ-supervised**: 90%

Legend:
- 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:

- Taught learners about CJ health: 15 (29%)
- Have been involved in research focused on CJ: 3 (6%)
- Have been involved in advocacy to change the CJ system: 11 (22%)
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

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 model 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

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 academe
• Provide mentorship and fellowships
• Assist with curriculum development
• Promote and disseminate outcomes
• Educate ourselves and the public
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

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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

• But They All Come Back: Facing the Challenges of Prisoner Reentry
