



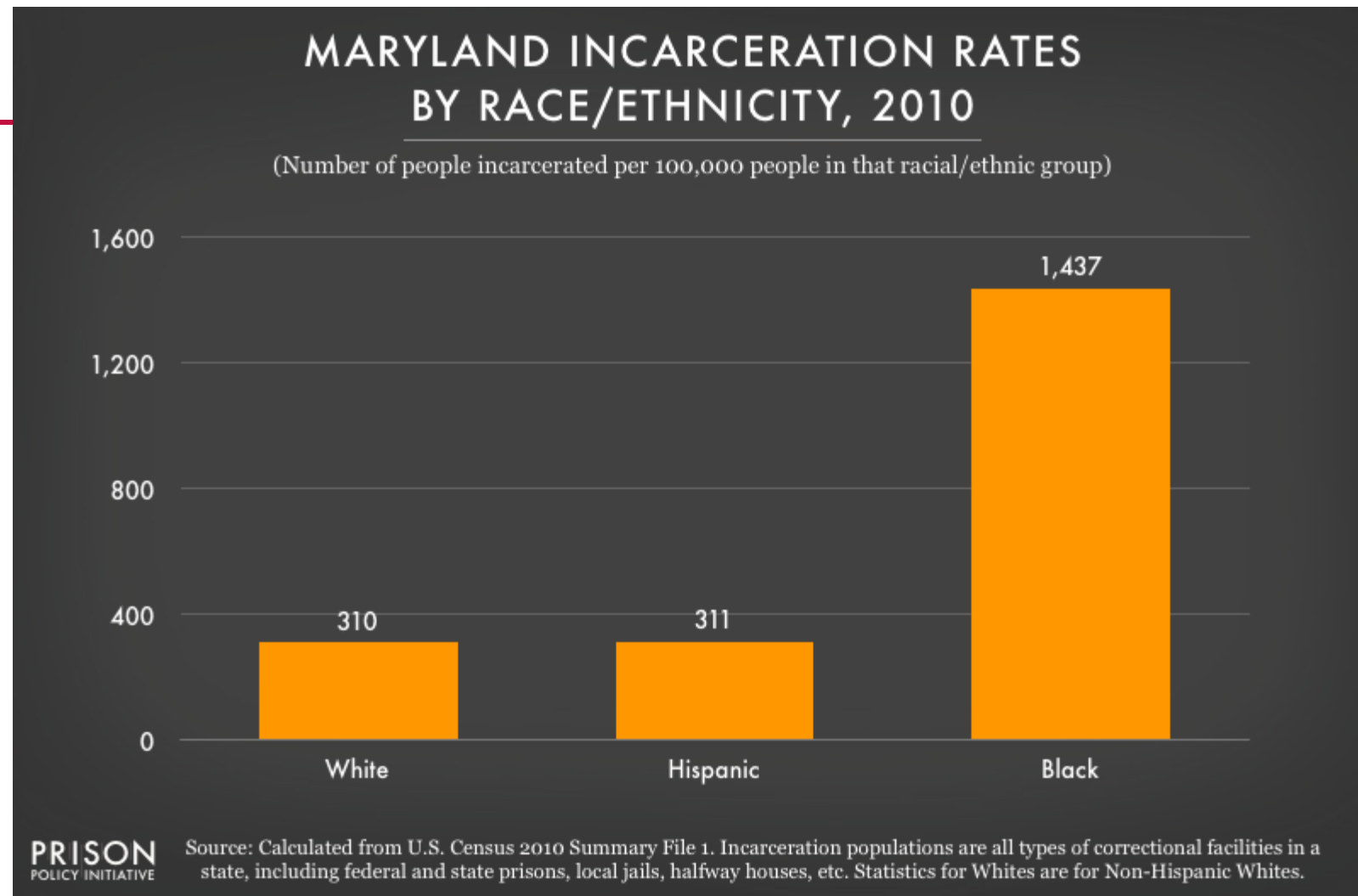
Understanding the Health Disparity Issues Faced By the Incarcerated Population

**Noel Brathwaite, PhD, MSPH, Director
Minority Health and Health Disparities**

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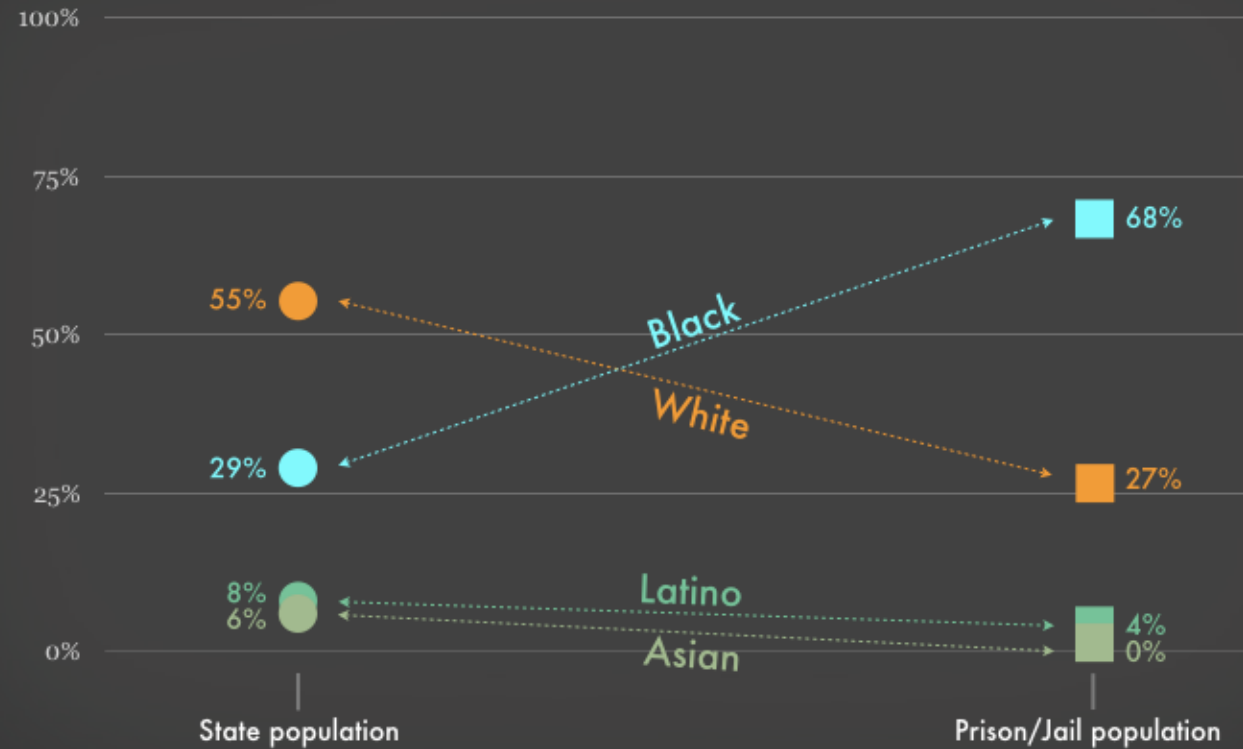


People of color are overrepresented in prisons and jail



Racial and ethnic disparities in prisons and jails in Maryland

White, Latino, and Asian people are underrepresented in the incarcerated population while black people are overrepresented.



PRISON
POLICY INITIATIVE

Compiled from 2010 Census, Summary File 1.

<https://www.prisonpolicy.org/profiles/MD.htm>

The Link

- SEVERAL REPORTS HAVE EXAMINED THE LINKS BETWEEN MASS INCARCERATION AND HEALTH EQUITY; AND HOW MASS INCARCERATION NEGATIVELY IMPACTS EVERYONE'S HEALTH AND WELL-BEING.
- MASS INCARCERATION'S EFFECTS ON HEALTH LAST FAR BEYOND THE PERIOD OF IMPRISONMENT. IT IMPACTS SOCIAL, EDUCATIONAL, AND ECONOMIC OPPORTUNITIES; INCREASES THE PREVALENCE OF CHRONIC HEALTH CONDITIONS; AND DECREASES LIFE EXPECTANCY, WITH A 2015 STUDY SUGGESTING THAT EACH YEAR SPENT IN PRISON CORRESPONDS WITH A TWO-YEAR REDUCTION IN LIFE EXPECTANCY.

USA Evidence: Disproportionality

Compared with the general population, incarcerated individuals have a higher burden of mental and neurological disorders, have high levels of stress, anxiety, sleep deprivation, and depression and have lower levels of self-efficacy as a result of the stigma and loss of social ties associated with being incarcerated [5–9]. Rates of many chronic diseases show statistically significant differences between the two populations; there are more than double of those in the general population; examples include diabetes (5.0% vs. 2.4%), chronic respiratory conditions (e.g., chronic obstructive pulmonary disease (COPD), 34.1% vs. 19.2%), and liver disease (10.0% vs. 0.6%) [1].

Additional Evidence: Poor health status

Epidemiologic studies have confirmed that jail and prison inmates have a higher burden of chronic diseases such as hypertension, asthma, and cervical cancer than the general population, even after adjustment for known confounders such as age.⁶⁻¹² Furthermore, inmates are particularly at risk for substance use disorders, psychiatric disorders, victimization, and infectious diseases, including hepatitis C, HIV, and tuberculosis.^{8,9,13-21}

Despite the prevalence of poor health status among both minorities and inmates, the effect of criminal justice involvement on population health disparities has been largely overlooked in research on population health disparities.

Individuals enter correctional facilities with many health problems; and incarceration has an impact on their health

Disproportionality (Cont'd)

Similarly, rates of communicable diseases such as Hepatitis C, Human Immunodeficiency Virus (HIV), and tuberculosis [10] are higher in incarcerated populations (e.g., 3.5% vs. 0.4% for HIV among 25–34 year olds) [11]. Women [12], ethnic minorities [13], and older adults [14] are considered particularly at-risk for poor health outcomes. Further, people who do not have a permanent residence in between jail stays face greater risk of mortality due to treatable conditions [15].

A Survey of Health Disparities, Social Determinants of Health, and Converging Morbidities in a County Jail: A Cultural-Ecological Assessment of Health Conditions in Jail Populations. International Journal of Environmental Research and Public Health Article, Received: 20 September 2018; Accepted: 2 November 2018; Published: 8 November 2018

Medicaid Suspension

By federal regulation, Medicaid benefits, which provide insurance for a disproportionate number of inmates prior to their incarceration, are suspended or even eliminated upon incarceration [22,23]; this creates a barrier to continuity of care for many chronic conditions, treatment regimens for severe mental impairments (SMI), and other behavioral health problems, because of benefits being temporarily or permanently terminated, as well as marked differences in the formularies offered by the jail as opposed to those offered by Medicaid benefits.

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6231773/>

Intervention Rationale

Understanding and addressing the health of individuals involved in the criminal justice system is one component of a comprehensive strategy to reduce population health disparities and improve the health of our urban communities.

Our findings will help identify intervention points throughout the criminal justice and health care systems to improve health and reduce health disparities among jail inmates.

Timely Snapshot of Maryland's prison population

States with largest percent decrease in prison population from 2016-2017; MD leads

Maryland	-9.6% since 2016-22.9% since 2007 (Fallen below 18, 000 for the first time in nearly three decades; drops to 1980s levels; 17,815 in state prisons)
Connecticut	-7.5% since 2016-33.9% since 2007
Rhode Island	-7.5% since 2016-28.5% since 2007
Louisiana	-5.4% since 2016-10.1% since 2007
Illinois	-5.1% since 2016-8.4% since 2007

Maryland's Prison Population (Cont'd) Endnote

Endnote

i. Incarcerated populations: State and federal prisons house inmates sentenced to more than 1 year of incarceration.² Local jails hold inmates sentenced to less than 1 year (average is 8-10 days); people who violate parole or probation; and those awaiting trial, sentencing, or transfer to prison.²

<https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-health/interventions-resources/incarceration>

ii. Incarceration is a key issue in the Social and Community Context domain of the SDOH

The Healthy People 2020 [Social Determinants of Health topic area](#) is organized into 5 place-based domains:

Economic Stability

Education

Health and Health Care

Neighborhood and Built Environment

Social and Community Context