

Special Issue Examines Inmate Reentry and Public Health

The high prevalence of infectious disease and mental illness in correctional populations is overwhelmingly a product of health disparities in communities disproportionately affected by incarceration. While correctional health care focuses on the incarcerated individuals, a broader public health perspective toward correctional health care could benefit corrections staff, their families, and the neighborhoods to which the inmates will return. To examine the intersection of corrections and the community, the latest issue of NCCHC's *Journal* (Vol. 10, No. 3) is devoted to the public health implications of reentry.

With a preface by guest editors Jeremy Travis, JD, MPA, Senior Fellow, and Anna Sommers, PhD, Research Associate, of the Urban Institute, the issue highlights the work and findings of participants in a reentry and public health roundtable. This special issue of the *Journal* will stimulate increased awareness and discussion among policy makers, public health and community organizations, and criminal justice agencies about the complex health and social challenges that reentry poses for our communities.

For abstracts of the articles listed below, see the following two pages.

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– *B. Jaye Anno, PhD, CCHP-A*
- Health Profile of the State Prison Population and Returning Offenders: Public Health Challenges
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– *Raymond F. Patterson, MD, and Robert B. Greifinger, MD*
- Dynamics of Social Capital of Prisoners and Community Reentry: Ties That Bind?
– *Nancy Wolff, PhD, and Jeffrey Draine, PhD*

For more information



National Commission on Correctional Health Care
1145 W. Diversey Parkway • Chicago, Illinois 60614
Phone (773) 880-1460 • Fax (773) 880-2424
www.ncchc.org • info@ncchc.org

Journal of Correctional Health Care

Special Issue: Inmate Reentry and Public Health

(Volume 10, Issue 3)

Article Abstracts

Prison Health Services: An Overview

This article presents a brief overview of prison health services 30 years ago and compares that picture to prison health services today. While there have been substantial improvements in the development of adequate health care delivery systems in prisons, the author notes that there are still underserved populations in our nation's prison systems. Among them are the mentally retarded, the nonaggressive mentally ill, substance abusers, sex offenders, hepatitis C-infected inmates, and the terminally ill. Other areas where prison systems could improve include the development of effective quality improvement programs and the initiation of discharge planning programs for inmates with serious health needs. Financing for prison health services is also discussed. The article concludes with a call for prison health staff to develop better linkages with their public health colleagues, particularly in information sharing, to avoid duplication of services.

— *B. Jaye Anno, PhD, CCHPA, is principal of Consultants in Correctional Care, Santa Fe, NM.*

Health Profile of the State Prison Population and Returning Offenders: Public Health Challenges

This paper first presents an overview of the changing characteristics of the reentry population and its demographics. Second, it presents national estimates of the prevalence of certain chronic medical conditions, infectious diseases, mental illness, and substance abuse and dependency within the state prison and soon-to-be-released populations. Third, it discusses comorbidity and the limitations in our ability to determine what medical conditions among released offenders may have been preexisting. Fourth, it considers some key treatment and ethical dilemmas that improved screening raises for the correctional health and public health systems, and examines some emerging challenges.

— *Lois M. Davis, PhD, is a health policy researcher with The RAND Corp., Santa Monica, CA. Sharon Pacchiana, FNP, is a consultant based in San Antonio, TX.*

Linkages Between In-Prison and Community-Based Health Services

This paper draws on a study of discharge planning for HIV-infected inmates in 10 large state correctional systems as well as on a review of literature to identify key elements associated with successful programs in the areas of organization and structure (e.g., dedicated staff and formal collaborations with health departments, community-based organizations, and parole agencies), program operations (e.g., continuity of care mechanisms, access to eligible clients, arrangement of specific appointments with community providers, provision of supplies of medications at release, and assistance with basic needs) and policy (e.g., dedicated funding, improved community-based services, and better and more timely access to public benefit programs).

— *Cheryl Roberts, MPA, is director of research for the Crime and Justice Institute, Boston, MA. Sofia Kennedy, MPH, is a senior analyst with Abt Associates Inc., Cambridge, MA. Theodore M. Hammitt, PhD, is vice president and principal associate with Abt Associates Inc., Cambridge, MA.*

Community Health Services for Returning Jail and Prison Inmates

Inmates leaving jail and prison often return to an environment in which a significant portion of the population lacks health insurance coverage, different types of health care are inadequately coordinated, and the quality of care is often suboptimal. Many encounter discrimination based on race, ethnicity, drug use, mental health status, or criminal justice history. Moreover, returning inmates have health and social needs that the health care system has difficulty meeting. These include co-occurring disorders such as infectious and chronic diseases, addiction, and other mental health problems; low literacy; other serious life problems; and difficulty in navigating complex systems. Strategies to improve health care for returning inmates include better linkages between correction and community health services, case management, publicly funded health insurance that covers inmates as soon as they are released, and partnerships between correctional agencies, health departments, and service providers.

— *Nicholas Freudenberg, DrPH, is a professor and director of the Program in Urban Public Health at Hunter College, City University of New York.*

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Article Abstracts *(continued)*

What Is Known About the Cost-Effectiveness of Health Services for Returning Prisoners?

This literature review on the cost-effectiveness of health services for returning prisoners focuses on studies related to screening and treatment for five conditions disproportionately prevalent among returning prisoners: HIV, sexually transmitted diseases, tuberculosis, mental illness, and substance abuse. Research suggests that programs addressing all of these conditions are cost-effective. However, there are not enough well-designed studies that include returning prisoners — or very similar populations — to draw definite conclusions. More research is needed to assess the impacts of such on returning prisoners. Community coalitions are needed to generate financial support and negotiate the allocation of programs across governmental sectors for this population.

— *Embry M. Howell, PhD, is a research associate in the Health Policy Center of the Urban Institute, Washington, DC. Robert B. Greifinger, MD, is lead author of NCCHC's Health Status of Soon-to-be-Released Inmates: A Report to Congress; he is based in Dobbs Ferry, NY. Anna S. Sommers, PhD, is a research associate in the Health Policy Center of the Urban Institute, Washington, DC.*

Insiders as Outsiders: Race, Gender, and Cultural Considerations Affecting Health Outcome After Release to the Community

This paper describes the formidable barriers to the design and implementation of successful illness prevention programs behind bars, some having to do with the experience and culture of the individual inmate, and some having to do with the culture and biases of correctional facility staff and operations. The implementation of a primary care model with attention to race and culture will go a long way toward improving diagnosis. Treatment planning and prerelease planning can then be designed to improve the opportunities for successful community reintegration.

— *Raymond F. Patterson, MD, is an associate professor at Georgetown University and Howard University, both in Washington, DC, and also is in private practice. Robert B. Greifinger, MD, is lead author of NCCHC's Health Status of Soon-to-be-Released Inmates: A Report to Congress; he is based in Dobbs Ferry, NY.*

Dynamics of Social Capital of Prisoners and Community Reentry: Ties That Bind?

This paper focuses on the social capital of prisoners and the impact of criminal behavior and incarceration on its formation and mobilization. Emphasis is on the time-varying nature of four attributes of social capital: the strength of connections, the ability to mobilize them, the endowment of resources within these relationships, and their social context. The incarceration experience has the potential to alter the attributes of social capital in ways that reduce its ability to improve health and justice outcomes. To offset this effect, an investment strategy is recommended that could have a positive impact on the prisoner's social capital and prospects for successful reentry.

— *Nancy Wolff, PhD, is an associate professor at the Institute for Health, Rutgers University, New Brunswick, NJ. Jeffrey Draine, PhD, is an associate professor at the School of Social Work, University of Pennsylvania, Philadelphia, PA.*

For more information

Individual copies of this issue are available for purchase.



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