

OREGON PUBLIC HEALTH DIVISION • OREGON HEALTH AUTHORITY

PUBLIC HEALTH CHALLENGES OF INCARCERATION

Last year, an estimated 3.5% of Oregon's population was booked into a county jail,¹ while 14,000 offenders resided in one of Oregon's 14 prisons.² People with incarceration histories* are at higher risk for many chronic and communicable diseases, problems which follow them from the community into correctional institutions and back to the community. This *CD Summary* describes connections between the criminal justice system and public health, and presents resources for health care providers.

A GROWING PROBLEM

The increasing incarceration rate appears to be a particularly American phenomenon. The current annual U.S. incarceration rate of 743/100,000 is the highest in the world; the U.S. is trailed distantly by Rwanda (595/100,000).³ Incarceration rates have increased dramatically in the past 30 years, both nationally and in Oregon. In 1980, Oregon's prisons held approximately 3,000 inmates compared to approximately 14,000 today.²

DEMOGRAPHICS OF INCARCERATION

Research shows that the poor, the young, persons of color, and males are disproportionately incarcerated compared to other demographic groups:⁴

- Age: Americans aged 18–44 years comprise 40% of the U.S. population, but more than 75% of the incarcerated population.
- Gender: Adult men are slightly less than 50% of the U.S. population, but comprise more than 90% of the prison population. Men are nine times more likely than women to end up in prison, but the rate of incarcerated women is rising.
- Race/Ethnicity: African Americans are five times more likely to go to

prison than whites, and almost twice as likely as Latinos.

- Socio-economic status: People living in poverty are imprisoned at higher rates than people with more resources.

Demographically, Oregon's incarcerated population follows the national trends. For example, eight percent of Oregon's prison inmates are African American compared to 1.7% of the Oregon population, 82% of Oregon inmates are male, and 81% are aged 45 or younger.²

INCARCERATION AND HEALTH

Chronic diseases such as hypertension, diabetes, and asthma, are more prevalent among incarcerated populations (Table, *verso*)⁵, as are communicable diseases like HIV, hepatitis C, and tuberculosis. Many of these conditions require regular monitoring and care in order to avoid medical crises.

The Oregon Department of Corrections (ODOC) uses an HMO model of care. All inmates receive a history and physical exam at entry, are screened for TB, and are strongly recommended to get HIV and hepatitis counseling and testing. Immunizations, prenatal care, STD screening, and mammography are offered, as appropriate.

Prevalence of chronic conditions among offenders entering Oregon's state prisons is similar to that reported nationally. For example, 6% have diabetes and 17% have hypertension. Federal law mandates that all inmates be provided with necessary medical services,⁶ but budgetary shortfalls in many jurisdictions can make this obligation challenging to fulfill. Health care coverage in Oregon prisons is prioritized by medical relevance and need in a ranking system similar to the Oregon Health Commission findings.

MENTAL HEALTH

The prevalence of mental health issues among incarcerated populations far exceeds that of the general adult population (Table, *verso*). The Oregon Sheriff's Jail Command Council reports that Oregon jails spent almost

\$3.3 million dollars on mental health medication for inmates in 2010, and states: "with the downsizing and closure of state mental hospitals, many people who would have been treated in a medical setting now inhabit Oregon jails."¹

Likewise, 49% of Oregon prison inmates have been diagnosed with an Axis I or II diagnosis or developmental disability; about 24% of inmates have severe or high need for mental health and/or developmental disability care. About 7% of Oregon's prison population has severe mental illness.

MOST OFFENDERS RETURN HOME

The vast majority of people in prisons or jails will be released. In the U.S. each year, more than half a million offenders move back and forth between incarceration and the community.⁷ Approximately 9 million individuals are released annually from county jails.⁸ Ninety-three percent of offenders sentenced to prison in Oregon will return to their home communities; approximately 300 people exit ODOC facilities each month.

COMMUNITY HEALTH CARE PROVIDERS

Clearly, addressing these issues requires a multifaceted approach, including public policy interventions to address the underlying causes of incarceration and evidence-based interventions. What do medical providers need to know?

- The risk of death for ex-prisoners is elevated in their first year after release. Suicide and drug overdose are two common causes that providers can monitor.⁹ Other causes of excess mortality among male ex-prisoners include homicide, accidents, HIV, cardiovascular disease, liver disease, and liver cancer.¹⁰
- Offenders leave the ODOC system with a 30-day supply of medication, as well as parole paperwork that may indicate diagnoses and recommended follow-up. They need to establish continuing care and obtain refills.
- Recent medical records for ex-offenders are available. Release forms are available at: www.oregon.gov/DOC/OPS/HESVC/medical_records.shtml

* While "incarceration history" broadly includes jail, prison, probation, and parole, Oregon data presented are from prisons, unless otherwise noted, since statistics on the other populations are not readily available.



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Table. Prevalence of medical and psychological conditions among federal and state prisoners, jail inmates, and the general U.S. adult population**

	percent			
Physical Condition	Federal Inmates	State Inmates	Jail Inmates	U.S. Population
Any chronic medical condition	38.5	42.8	38.7	NA
Diabetes mellitus	11.1	10.1	8.1	6.5
Hypertension	29.5	30.8	27.9	25.6
Prior myocardial infarction	4.5	5.7	2.1	3.0
Persistent kidney problems	6.3	4.5	4.1	NA
Persistent cirrhosis	2.2	1.8	1.8	NA
Persistent asthma	7.7	9.8	8.6	7.5
Persistent hepatitis	4.6	5.7	4.6	NA
HIV infection	0.9	1.7	1.6	0.5
Mental Condition				
Symptoms of mental health disorders	39.8	49.2	60.5	10.6
Major depressive disorder	16.0	23.5	29.7	7.9
Mania disorder	35.1	43.2	54.5	1.8
Psychotic disorder	10.2	15.4	23.9	3.1

**Data are from the Bureau of Justice Statistics and a 2009 study from the Cambridge Health Alliance. Table reproduced from Rich J, Wakeman S, Dickman S. Medicine and the Epidemic of Incarceration in the United States. *NEJM* 2011. 364:22. (NA denotes 'Not Available')

- Prisons and jails in Oregon are smoke-free, but habits are hard to break. Encourage smoking cessation.
- Ex-prisoners returning to the community face many challenges including reconnecting with loved ones; securing housing, food and legitimate income; and satisfying conditions of parole or probation. Out of context, these patients may appear “noncompliant,” but remember that they are juggling many stressors and health may not be their top priority.
- Staying off drugs and alcohol is an ongoing challenge for many offenders; be careful about the controlled medications you prescribe.
- The Oregon Reentry Wiki (<http://oregonreentry.wikidot.com/>) is a “one-stop-shop” approach to providing information on state and county services for offenders released from a correctional facility in Oregon. The site is available for offender or offender-family use.

- More than two-thirds of Oregon’s female inmates and over half of male inmates are parents. Many helpful resources are available through the Children’s Justice Alliance: www.childrenjusticealliance.org/resources and the ODOC: www.oregon.gov/DOC/TRANS/PROGMS/oam_children.shtml

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