IMPROVING CARE FOR INCARCERATED INDIVIDUALS

An Honors in Nursing Project

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AGENDA

- My Goal
- The Brochure
- What’s most important?
- Additional Resources

MY GOAL

- You are all the experts!
- Share some new ideas/resources for treating this population

DISEASE PREVALENCE (1)

Cardiovascular Disease

- Common cause of death for incarcerated individuals
  - Stress, depression
  - Psychotropic drug usage
  - Prison lifestyle/environment
- Monitor substance abuse
- Address mental health concerns
- Chronic disease management

Liver Disease

- Hepatitis B and C are more common
- Explain risk factors and prevention strategies
  - Harm prevention and clean needles
  - Safe sex practices

DISEASE PREVALENCE (2)

Depression

- Suicide is the most common cause of death for jailed individuals
- PTSD prevalence is higher than the general population
- Research shows non-pharmacologic treatment of depression in this population should include exercise

Sexually Transmitted Infections

- STI prevalence is higher than the general population
- Harm reduction strategies:
  - Education appropriate to reading level
  - Routine screening is recommended
    - Urine is recommended for men, vaginal swab for women (gonorrhea and chlamydia recommended screening by CDC)
  - Continuity of care with HIV/hepatitis

Respiratory Infections

- High risk for transmission
- Vaccination education appropriate to reading level
- CDC has “Corrections Toolkits” for many communicable diseases that can serve as educational tools

Brochure by Ava Peitz (ava-peitz@uiowa.edu)

IMPROVING EMERGENCY DEPARTMENT CARE FOR INDIVIDUALS IMPACTED BY INCARCERATION

Contents:

Disease Prevalence
Mental Health Implications
Improving Perceptions
Nursing Interventions

MENTAL HEALTH

Mental health and Incarceration

- Risk for suicide is higher than general population
- Evaluate what mental concerns could be contributing to physical concerns

Effects of hospital policy on mental health

- Privacy is often impacted by the presence of a CO
- Sit at eye-level with the patient, centered to their view
- Escalate issues if you feel the patient's privacy is being affected

IMPROVING PERCEPTIONS

Examining internal bias

Many healthcare professionals have felt a struggle between feeling safe and secure and providing high-quality healthcare. It is important both to stay safe and examine internal bias.

- Before care, think about how your past experiences and upbringing could impact patient care
- Respect patient privacy and do not research any crime records

Trauma-informed care

- Offer choices to empower the patient
- Remind yourself that trauma can impact every part of a person's life

NURSING INTERVENTIONS

Improving health education

- Prioritize thorough discharge instructions and explanations
- Encourage preventative healthcare (oral hygiene, exercise, abstaining from drugs)
- Use pictures and diagrams, when possible

Building rapport

- Always explain role and goal of conversation
- "It sounds like you're feeling..."

WHAT'S MOST IMPORTANT?

Remaining adaptable and keeping an open mind to diverse perspectives (cultural humility!)

- Health disparities
- Carceral environments
- Trauma-informed care
  - Mental health and substance use
- Limited autonomy
  - Patient advocacy

ADDITIONAL RESOURCES

Boch, S., Wildeman, C., Dexheimer, J., Kahn, R., Lambert, J., & Beal, S. (2024). Pediatric health and system impacts of mass incarceration, 2009–2020: A matched cohort study. Academic Pediatrics, 24(8), 1285–1295. https://doi.org/10.1016/j.acap.2024.05.010

Soo, J., Hoay, L., MacCormack-Gelles, B., Edelstein, S., Metz, E., Meltzer, D., & Pollack, H. A. (2022). Characterizing multisystem high users of the Homeless Services, jail, and Hospital Systems in Chicago, Illinois. *Journal of Health Care for the Poor and Underserved*, *33*(3), 1612–1631. https://doi.org/10.1353/hpu.2022.0088

Wang, E. A., Redmond, N., Dennison Himmelfarb, C. R., Pettit, B., Stern, M., Chen, J., Shero, S., Iturriaga, E., Sorlie, P., & Diez Roux, A. V. (2017). Cardiovascular disease in incarcerated populations. *Journal of the American College of Cardiology*, *69*(24), 2967–2976. https://doi.org/10.1016/j.jacc.2017.04.040

Williams, D. B., Spinks, B., Williams, D., Lewis, R., Bull, F., & Edwards, A. (2024). Effects of the COVID-19 pandemic on people experiencing incarceration: A systematic review. *BMJ Open*, *14*(4). https://doi.org/10.1136/bmjopen-2023-076451

Haber, L. A., Pratt, L. A., Erickson, H. P., & Williams, B. A. (2022). Shackling in the Hospital. *Journal of General Internal Medicine*, *37*(5), 1258–1260. https://doi.org/10.1007/s11606-021-07222-5

Cryer, C. (2018). Reducing Hospital readmissions among incarcerated patients. *Journal of Correctional Health Care*, *24*(1), 35–42. https://doi.org/10.1177/1078345817745054

Prince, J. D. (2006). Incarceration and hospital care. *Journal of Nervous & Mental Disease*, *194*(1), 34–39. https://doi.org/10.1097/01.nmd.0000195311.87433.ee

Puing, A. G., Li, X., Rich, J., & Nijhawan, A. E. (2020). Emergency department utilization by people living with HIV released from jail in the US South. *Health & Justice*, *8*(1). https://doi.org/10.1186/s40352-020-00118-2

Butler, A., Love, A. D., Young, J. T., & Kinner, S. A. (2019). Frequent attendance to the emergency department after release from prison: A prospective data linkage study. *The Journal of Behavioral Health Services & Research*, *47*(4), 544–559. https://doi.org/10.1007/s11414-019-09685-1

ADDITIONAL RESOURCES

Evans, S. E., & Bader, S. M. (2019). The indistinguishables: Determining appropriate environments for justice involved individuals. *CNS Spectrums*, *25*(2), 122–127. https://doi.org/10.1017/s1092852919001391

Brooks, K.C., Makam, A.N., Haber, L.A. (2021). Caring for Hospitalized Incarcerated Patients: Physician and Nurse Experience. *Journal of general internal medicine*, *37*(2), 485–487. https://doi.org/10.1007/s11606-020-06510-w

Norris, E., Kim, M., Osei, B., Fung, K., & Kouyoumdijan, F.G. (2021). Health Status of Females Who Experience Incarceration: A Population-Based Retrospective Cohort Study. *Journal of Women's Health (15409996), 30*(8), 1107-1115. https://doi.org/10.1089/jwh.2020.8943

Hwong, A.R., Barry, L.C., Li, Y., & Byers, A.L. (2024) Comorbidities, healthcare use, and contact with healthcare transition services in older veterans after incarceration. *Journal of the American Geriatrics Society, 72*(6), 1847-1855. https://doi.org/10.1111/jgs.18885

Udo, T. (2019). Chronic medical conditions in U.S. adults with incarceration history. *Health Psychology, 38*(3), 217–225. https://doi.org/10.1037/hea0000720

Morgan, E. R., Rivara, F. P., Ta, M., Grossman, D. C., Jones, K., & Rowhani-Rahbar, A. (2022). Incarceration and subsequent risk of suicide: A statewide cohort study. *Suicide & life-threatening behavior*, *52*(3), 467–477. https://doi.org/10.1111/sltb.12834

Kaiskow, F.A., Williams, B.A., & Haber, L.A. (2023). Hospitalized While Incarcerated: Incarceration-Specific Care Practices. *Annals of Internal Medicine, 176*(11), 1540-1541. https://doi.org/10.7326/M23-1873

Haber, L.A., Kaiksow, F.A., Williams, B.A., & Crane, J.T. (2024). Hospital care while incarcerated: A tale of two policies. *Journal of Hospital Medicine*, *19*(3), 230-234. https://doi.org/10.1002/jhm.13223

Lehrer, D. (2021). Compassion in Corrections: The Struggle Between Security and Health Care. *J Correct Health Care, 27*(2), 81-84. https://doi.org/10.1089/jchc.20.07.0061

Thank you.