

*The National Academies of*  
**SCIENCES • ENGINEERING • MEDICINE**

Roundtable on the Promotion of Health Equity

**The Impact of Incarceration and Reentry on Community Health and Well-Being:  
A Workshop**

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**RESOURCES GUIDE**

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**Philadelphia-Based Projects and Articles**

Ewing, M. 2016. A Reckoning in Philadelphia. The Atlantic.  
<https://www.theatlantic.com/politics/archive/2016/03/a-reckoning-in-philadelphia/472092/>  
The city is in the midst of undoing decades of damage caused by its justice system.

Songster, Kempis Ghani. Amistad Law Project.  
<https://www.youcaring.com/amistadlawproject-1099350>  
Mass incarceration is a social problem. The prison industrial complex is an industrial human warehousing complex. The criminal legal system as we know it, and its "tough on crime" sentencing policies and practices, have not been able to prevent or reduce violence and victimization. Sentencing people to life without parole, more aptly known as death by incarceration, have not been able to help families and communities to heal from the traumas of crime and violence. These are all foregone conclusions now; general consensus; common knowledge. However, what still has yet to be fully apprized is that through it all, men, women, and children have been condemned. In prison warehouses they age, become terminally ill, and eventually die. Some of them are actually innocent; some are not innocent but, driven by remorse and responsibility and desire to "give back," have developed themselves into viable assets to their communities. Some are now too old, sick, and feeble, to be a threat to anyone in society. Tax-paying citizens foot the bill on all of it. The Amistad Law Project is working in a real way to bring as many such people home as we can, as well as to help change the hopeless crime-&-punishment narrative that the criminal legal system and our communities are apparently stuck in. ALP will continue to work diligently to make meaningful change happen, but it would be so much more doable with your support. On YouCaring we have announced our crowdfunding campaign, and we list the work ahead of us for just the first half of 2018. That work will exponentially increase as more & more cases pour in, seeking representation before the Conviction Integrity Unit. See where we are in terms of meeting our goal of \$20,000. Whatever you can contribute is a blessing. The moment we are in is more pregnant with possibility than ever before. But, only if we work together and support one another can we deliver.

**Reentry Research and Programs**

Integrated Reentry and Employment Strategies: Reducing Recidivism and Promoting Job Readiness. 2013.  
<https://www.bja.gov/Publications/CSG-Reentry-and-Employment.pdf>  
Employment providers are already serving large numbers of individuals released from correctional facilities or who are required to find jobs as conditions of their probation or parole. Yet the corrections, reentry, and workforce development fields have lacked an integrated tool that draws on the best thinking about reducing recidivism and improving job placement and retention to guide correctional supervision and the provision of community-based services. Some people question why limited resources should be focused on employing men and women who have been in prison, jail, or are on probation or parole when unemployment rates remain high across the nation for law-abiding individuals. With mounting research, it is clear there are significant benefits for our communities in working with this population. Successful reintegration into the workforce can make neighborhoods and families safer and

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more stable. Linking individuals who have been involved with the corrections system to jobs and helping them succeed can reduce the staggering costs to taxpayers for reincarceration and increases contributions to the tax base for community services. If releasees and supervisees are working, their time is being spent in constructive ways and they are then less likely to engage in crime and disorder in their neighborhoods. They also are more likely to develop prosocial relationships when their time is structured with work and they are able to help care and provide for their families.

Martinez and Christian. 2009. The familial relationships of former prisoners: Examining the link between residence and informal support mechanisms. *Journal of Contemporary Ethnology* 38(2): 201-224.

<http://journals.sagepub.com/doi/pdf/10.1177/2153368717705419>

Former prisoners face tremendous challenges on release from prison— particularly in their reintegration into family relationships. The research evidence indicates that family support is essential to avoid reincarceration. Little is known, however, about what occurs in these relationships, specifically how support is exchanged, why it facilitates success, and which types of support are meaningful. This article examines how former prisoners and their family members exchange supports within two contexts—residence with a family member and residence in a halfway house—and how those supports affect the family relationship.

Panuccio and Christian. 2017. Work, family, and masculine identity: An intersectional approach to understanding young, black men’s experiences of reentry. *Race and Justice* (prepub)

<http://journals.sagepub.com/doi/pdf/10.1177/2153368717705419>

The current study draws from prior works to analyze the processes of “adultification” among economically disadvantaged African American young men and the impact of postincarceration employment challenges on masculine identity during young adulthood.

## Health and Incarceration

AcademyHealth. 2017. Evidence Roadmap: Care Coordination and Medicaid Eligibility for Formerly Incarcerated Individuals.

[http://www.academyhealth.org/sites/default/files/AH\\_Evidence%20Roadmap%20Care%20Coordination-Incarceration%20FINAL.pdf](http://www.academyhealth.org/sites/default/files/AH_Evidence%20Roadmap%20Care%20Coordination-Incarceration%20FINAL.pdf)

Offers a list of specific studies describing and evaluating programs.

Binswanger et al. 2007. Release from Prison: A high risk of death for former inmates. *NEJM* 356:157-165.

[https://www.nejm.org/doi/10.1056/NEJMsa064115?url\\_ver=Z39.88-2003&rfr\\_id=ori:rid:crossref.org&rfr\\_dat=cr\\_pub%3dwww.ncbi.nlm.nih.gov](https://www.nejm.org/doi/10.1056/NEJMsa064115?url_ver=Z39.88-2003&rfr_id=ori:rid:crossref.org&rfr_dat=cr_pub%3dwww.ncbi.nlm.nih.gov)

The U.S. population of former prison inmates is large and growing. The period immediately after release may be challenging for former inmates and may involve substantial health risks. We studied the risk of death among former inmates soon after their release from Washington State prisons. The adjusted risk of death among former inmates was 3.5 times that among other state residents (95% confidence interval [CI], 3.2 to 3.8). During the first 2 weeks after release, the risk of death among former inmates was 12.7 (95% CI, 9.2 to 17.4) times that among other state residents, with a markedly elevated relative risk of death from drug overdose (129; 95% CI, 89 to 186). The leading causes of death among former inmates were drug overdose, cardiovascular disease, homicide, and suicide.

Patricia Leigh Brown. 2018. They’re Out of Prison. Can They Stay Out of the Hospital? *New York Times*, May 29.

<https://www.nytimes.com/2018/05/29/health/ex-prisoners-health-california.html>

Committee on Causes and Consequences of High Rates of Incarceration; Committee on Law and Justice; Division of Social and Behavioral Sciences. 2013. *Health and Incarceration: A Workshop Summary*. National Academies Press, Washington, DC.

<https://www.nap.edu/catalog/18372/health-and-incarceration-a-workshop-summary>

Incarceration rates in the United States are remarkably high. Those incarcerated present an array of poor health conditions, including mental illness, addiction, and chronic disease. While incarcerated, they can face additional health challenges. Unfortunately, there is a dearth of knowledge about the quantity, quality, or outcomes of healthcare within correctional systems. The situation of prisoners has a public health impact on their families and communities, both while they are incarcerated and after their release. Upon release, these individuals' health needs continue, although their access to care can be interrupted or limited. A changing policy environment, particularly the pending implementation of the Patient Protection and Affordable Care Act (ACA), creates an opportunity to improve outcomes both for public safety and for public health.

Hudetz, M. 2018. Patchwork health care for reservation inmates raises concern. US News and World Report, March 31, 2018.

<https://www.usnews.com/news/best-states/new-mexico/articles/2018-03-31/patchwork-health-care-for-reservation-inmates-raises-concern>

Mallik-Kane, Paddock, and Janetta. 2018. Health Care after Incarceration: How Do Formerly Incarcerated Men Choose Where and When to Access Physical and Behavioral Health Services? Urban Institute.

[https://www.urban.org/sites/default/files/publication/96386/health\\_care\\_after\\_incarceration.pdf](https://www.urban.org/sites/default/files/publication/96386/health_care_after_incarceration.pdf)

Most people leaving prison have at least one chronic problem with physical health, mental health, or substance use (Mallik-Kane and Visher 2008). These health problems make it harder to successfully reintegrate into the community after incarceration— affecting people's ability to avoid offending and maintain employment, housing, family relationships, and sobriety. Historically, most people returning from prison lacked health insurance, impeding receipt of care for chronic health conditions and leading to high levels of emergency room use. The option to expand Medicaid under the Affordable Care Act created an opportunity in many states to connect large numbers of returning individuals with health coverage. As states and localities increasingly meet that challenge of enrolling people returning from prison and jail in Medicaid, the question of what factors other than having or lacking health coverage affect people's decisions to access health care in the community takes on greater importance.

Milgram, A., et al. 2018. Harvard Kennedy School: Program in Criminal Justice Policy and Management. Integrated health care and criminal justice data – Viewing the intersection of public safety, public health, and public policy through a new lens: Lessons from Camden, New Jersey.

<https://www.hks.harvard.edu/centers/wiener/programs/criminaljustice/research-publications/executive-session-on-community-corrections/publications/integrated-health-care-and-criminal-justice-data>

This study involved the integration of health care and criminal justice data for people who cycle in and out of hospitals and police precincts in Camden, NJ.

Pew Charitable Trusts. 2018. Jails: Inadvertent Health Care Providers.

[http://www.pewtrusts.org/~media/assets/2018/01/sfh\\_jails\\_inadvertent\\_health\\_care\\_providers.pdf](http://www.pewtrusts.org/~media/assets/2018/01/sfh_jails_inadvertent_health_care_providers.pdf)

Pew Charitable Trusts. 2017. Prison Health Care Costs and Quality: How and Why States Strive for High-Performing Systems.

[http://www.pewtrusts.org/~media/assets/2017/10/sfh\\_prison\\_health\\_care\\_costs\\_and\\_quality\\_final.pdf](http://www.pewtrusts.org/~media/assets/2017/10/sfh_prison_health_care_costs_and_quality_final.pdf)

On a typical day, state prisons house more than a million people, many of whom have extensive and communicable health ailments. The manner in which services are provided affects state budgets because of the expensive treatments for some common conditions, the downstream costs of delayed or inadequate care, and the legal and financial consequences of being found to violate inmates' constitutional rights to "reasonably adequate" care. Moreover, with nearly all incarcerated individuals eventually returning to society, treatment and discharge planning—especially for those with a substance use disorder, mental illness, or infectious disease—play an important role in statewide anti-recidivism and public health efforts. Taken together, these realities call for the attention of policymakers and administrators.

Pew Charitable Trusts. 2017. Pharmaceuticals in State Prisons.

<http://www.pewtrusts.org/~media/assets/2017/12/pharmaceuticals-in-state-prisons.pdf>

Shavit, Aminawung, Birnbaum, Greenberg, Berthold, Fishman, Busch, and Wang. 2017. Transitions Clinic Network: Challenges and Lessons in Primary Care for People Released From Prison. *Health Affairs*, 36(6): 1006-1015.

<https://www.healthaffairs.org/doi/10.1377/hlthaff.2017.0089>

Low-income and minority communities are disproportionately affected by incarceration, which exacerbates health disparities. Through enhanced primary care, the Transitions Clinic Network (TCN) seeks to improve the health of people with chronic conditions who return to their communities from prison. Using TCN data, we assessed the impact of early engagement in primary care and referral from correctional systems to TCN on the use of acute care (emergency department visits and hospitalizations) and recidivism. Of 751 patients, 29.8 percent were referred by correctional partners, and 52.7 percent were engaged in TCN care within one month after release. In the twelve months after release, patients referred by correctional partners had fewer acute care visits, compared to those referred by community-based partners, while early engagement was associated with more acute care visits. Neither referral by correctional partners nor early engagement was significantly associated with recidivism. Our findings suggest that health equity for this vulnerable population could be achieved through improved coordination between correctional and community health care systems.

Tomhave, J. and B. 2016. Locked Up & Forgotten: The Federal Government's Failure to Fund Tribal Correctional Health Care.

<https://acoihc.az.gov/sites/default/files/Locked-Up-Forgotten.pdf>

The problem is that the federal government does not fund healthcare in tribal jails, despite its trust responsibility to do so. State and local jurisdictions are able to pay for inmate healthcare by levying property taxes. Tribes do not have this same ability because federal law prohibits tribes from imposing property taxes on the federal trust land that comprises Indian reservations.

### **Families, Youth, and Children**

Laub & Haskins. 2018. Helping Children with Parents in Prison and Children in Foster Care.

[https://futureofchildren.princeton.edu/sites/futureofchildren/files/media/foc-policy\\_brief\\_spring\\_2018\\_0.pdf](https://futureofchildren.princeton.edu/sites/futureofchildren/files/media/foc-policy_brief_spring_2018_0.pdf)

Children with incarcerated parents and children in foster care, who come disproportionately from poor and minority households, face many threats to their healthy development and lifelong wellbeing. For children with incarcerated parents, they call for expanding the use of alternatives to incarceration; making it easier and less traumatic for children to visit their incarcerated parents; and creating school- and community-based programs to help them overcome the challenges they face. For children in foster care, they propose reducing the number of children placed in foster care by keeping them at home more often, and for increasing the quality of foster parents through better training and support. Overall, they write, a rigorous system of targeting, testing, and tracking could determine which problems are causing the most harm for these two groups of children, develop and test intervention programs to tackle those problems, and assess the children's progress.

### **Criminal Justice Reform**

Ewing, M. 2016. When the Old Sheriff Leaves Town. *The Atlantic*, March 18.

<https://www.theatlantic.com/politics/archive/2016/03/when-the-old-sheriff-leaves-town/474378/#article-comments>

### **Community Programs**

Kangovi et al. 2017. Community health worker support for disadvantaged patients with multiple chronic diseases: A randomized clinical trial. *American Journal of Public Health* 107(10) 1660-1667.

<https://ajph.aphapublications.org/doi/pdf/10.2105/AJPH.2017.303985>

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**Objectives.** To determine whether a community health worker (CHW) intervention improved outcomes in a low-income population with multiple chronic conditions. **Methods.** We conducted a single-blind, randomized clinical trial in Philadelphia, Pennsylvania (2013–2014). Participants were high-poverty neighborhood residents, uninsured or publicly insured, and diagnosed with 2 or more chronic diseases (diabetes, obesity, tobacco dependence, hypertension). All patients set a disease management goal. Patients randomly assigned to CHWs also received 6 months of support tailored to their goals and preferences. **Results.** Support from CHWs (vs goal-setting alone) led to improvements in several chronic diseases; systolic blood pressure; self-rated mental health; and quality of care, while reducing hospitalization at 1 year. There were no differences in patient activation or self-rated physical health. **Conclusions.** A standardized CHW intervention improved chronic disease control, mental health, quality of care, and hospitalizations and could be a useful population health management tool for health care systems.

Kangovi et al. 2014. Patient-centered community health worker intervention to improve posthospital outcomes: A randomized clinical trial. *JAMA* 174(4): 535-543.

<https://jamanetwork.com/journals/jamainternalmedicine/fullarticle/1828743>

Socioeconomic and behavioral factors can negatively influence posthospital outcomes among patients of low socioeconomic status (SES). Traditional hospital personnel often lack the time, skills, and community linkages required to address these factors.

### Miscellaneous Resources

Association of American Medical Colleges. Social Justice Behind and Beyond the Bars: Criminal Justice Health and Academic Medicine Toolkit and Video Series.

<https://www.aamc.org/initiatives/research/healthequity/480544/toolkits.html>

AAMC's Health Equity Research and Policy team released the Social Justice Behind and Beyond the Bars: Criminal Justice Health and Academic Medicine toolkit and video series to highlight the unique needs and inequities faced by the currently and formerly incarcerated and their families, and what Academic Medicine – across its research, education, clinical and diversity and inclusion missions – is and could be doing to improve the health and well-being for this community. The toolkit features resources, discussion questions, and 5 videos which explore how being currently incarcerated, formerly incarcerated, or having an incarcerated family member affects one's health and well-being. To view the videos and learn more about other AAMC Community Engagement Toolkits, please visit, [aamc.org/CEToolkits](http://aamc.org/CEToolkits).