

## Facts and Questions: Health and Healthcare for People Incarcerated in America

### Key Takeaways:

- The pandemic has inflicted a profound disease burden upon people incarcerated in American prisons and jails; it has also brought to light acute existing challenges to the healthcare system in prisons and jails
- With over two million people incarcerated, the US has the most prisoners both in absolute terms and per capita of any nation on earth
- The US penal system is highly fragmented, resulting in even more fragmentation in the healthcare systems embedded in it
- How prisoners receive healthcare has dramatic effects upon the entirety of the US healthcare system
- How we pay for healthcare for prisoners significantly influences the independence of practitioners and the quality of care received
- While society as a whole is divided regarding the various approaches to criminal justice, there is emerging consensus among medical providers and public health professionals who study prisons and jails that incarceration itself is a health risk, a public health hazard, and a principal contributor to racial and ethnic health inequities

### Incarceration in the United States

- The American criminal justice system holds almost 2.3 million people in 1,833 state prisons, 110 federal prisons, 1,772 juvenile correctional facilities, 3,134 local jails, 218 immigration detention facilities, and 80 Indian Country jails as well as in military prisons, civil commitment centers, state psychiatric hospitals, and prisons in the U.S. territories
- 56% of prisoners are in state prisons; 27% are in state or local jails; 10% in federal facilities
- More than 7 million adults in America - or 2% of the total population - have been or are currently incarcerated in a state or federal prison.
- 113 million adults in America - over one-third of the population - has an immediate family member who has ever been to prison or jail



- Adjusting for population, African-Americans are more than five times as likely to be incarcerated than whites; Latinos more than twice as likely

## **COVID-19 and Incarceration**

- There have been at least 391,782 cases of COVID-19 reported among prisoners, representing 17% of the incarcerated population, compared with 9% of the general population
- Three states, South Dakota, Arkansas, and Kansas, report that more than 40% of their prison populations have been infected
- The COVID-19 death rate in prison is more than twice that of the general population after adjusting for the age, sex, and race/ethnicity of incarcerated individuals
- Prison outbreaks spread into neighboring communities. Researchers at the Prison Policy Initiative estimate that mass incarceration was linked to an additional 566,804 cases - or roughly 13% of all new American cases - for the four-month period from May 1 to August 1, 2020.

## **The Prison Health System**

- Beginning in the 1970s, a series of federal court decisions established a legal basis under which state correctional authorities are constitutionally obliged by the Eighth Amendment to provide prisoners with “reasonably adequate” healthcare. Care must be at “a level reasonably commensurate with modern medical science and of a quality acceptable within prudent professional standards” and “designed to meet routine and emergency medical, dental, and psychological or psychiatric care.”
- States vary in the way they provide care within their prisons:
  - In 17 states, the majority of healthcare services is directly provided by department of corrections staff
  - 20 states outsource most healthcare service delivery to private vendors contracted by the state
  - 8 states have a “hybrid model” where both state staff and contractors are used

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- 4 states pair their corrections department with a state medical school or affiliated organization
- Departments of correction collectively spent \$8.1 billion on prison healthcare services (2015 data). Healthcare spending per inmate varies dramatically by state, from \$2,173 in Louisiana to \$19,796 in California. This variation reflects differences in staffing ratios, but is not necessarily correlated with quality of care.

## **The Jail Health System**

- Jails, with their higher churn rate than prisons, have unique healthcare challenges
- There are currently about 700,000 people in 3,000 jails in the US, most managed by sheriffs and county offices
- Jail turnover is particularly high because the majority of people (≈75%) in jails have not been convicted
- Nearly half the people held in jails suffer from some kind of mental illness, and more than a quarter have a severe condition, such as bipolar disorder.
- Approximately two-thirds of sentenced jail inmates suffer from drug addiction or dependency

## **Discussion Questions**

- How has health and healthcare changed within prisons since the beginning of the COVID-19 pandemic?
- What has been the response to COVID? What has gone well? What has failed?
- Looking deeper than COVID, what does the “typical” healthcare system look like for people incarcerated in the US? How much variation is there from system to system?
- What are the experiences of the prison and jail healthcare system like for the patients? For the providers? For administrators?
- How does what happens within a prison health system impact external healthcare systems?
- What should healthcare leaders less familiar with the prison healthcare system know about health inside prisons and jails, and why should they know it?

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- What concrete steps should prisons and jails take to improve quality of care?
- For those looking at the issue from a purely financial lens, what is the financial argument to be made for improving the way care is delivered in prisons and jails?
- Incarcerated people often receive care in community settings. What should providers and administrators of community healthcare institutions know about prisoner healthcare?

## **Additional Readings**

[The Triple Aim Applied to Correctional Health Systems](#), Donald M. Berwick, Adam L. Beckman, Suhas Gondi, February 2021

[Mass Incarceration, COVID-19, and Community Spread](#), Gregory Hooks and Wendy Sawyer, December 2020

[A Three-Dimensional Action Plan to Raise the Quality of Care of US Correctional Health and Promote Alternatives to Incarceration](#), Homer Venters, April 2017