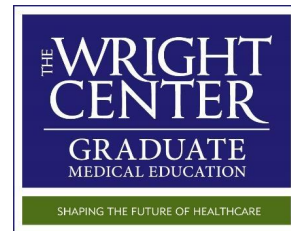


# *Improving Correctional Medicine Delivery by Integrating Learners*



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The National Family Medicine Residency  
Washington, DC

STFM May 3, 2022

# Disclosures

We love carceral medicine!

# Heads Up – Polls coming...

- Text eleniodonova353 to 22333  
OR
- Respond at [pollev.com/eleniodonova353](https://pollev.com/eleniodonova353)

# Learning Objectives

1. Better understand the problem of mass incarceration in the United States and how it functions as a structural determinant of (poor) health outcomes.
2. Recognize that creating a high-quality correctional medicine pipeline is vitally important to improving health outcomes for incarcerated persons, their communities, and their families.
3. Describe how your educational system can introduce learners to / increase learner exposure to correctional medicine.

# I have visited a jail, prison or detention center.

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Yes

No

**I have worked, volunteered, and/or delivered patient care  
in a jail, prison or detention center.**

Yes

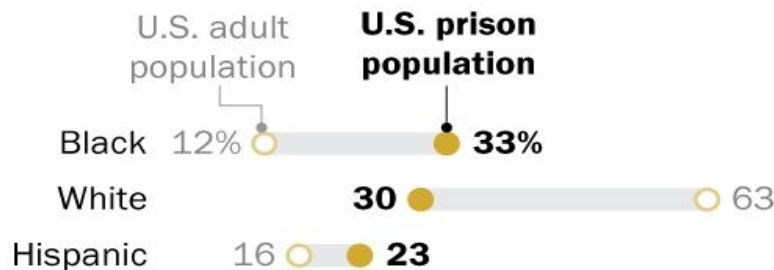
No

# THE UNITED STATES HAS:



## Blacks, Hispanics make up larger shares of prisoners than of U.S. population

*U.S. adult population and U.S. prison population by race and Hispanic origin, 2018*



Notes: Blacks and whites include those who report being only one race and are non-Hispanic. Hispanics are of any race. Prison population is defined as inmates sentenced to more than a year in state or federal prison.

Source: U.S. Census Bureau, Bureau of Justice Statistics.

PEW RESEARCH CENTER



• 1 in 3

• Black Men

• 1 in 6

• Latino Men

• 1 in 17

• White Men

- 1 in 9

- Black children

- 1 in 28

- Latino children

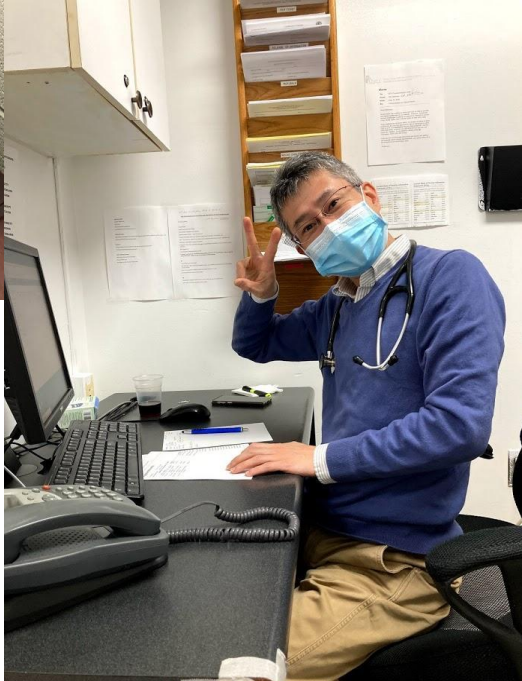
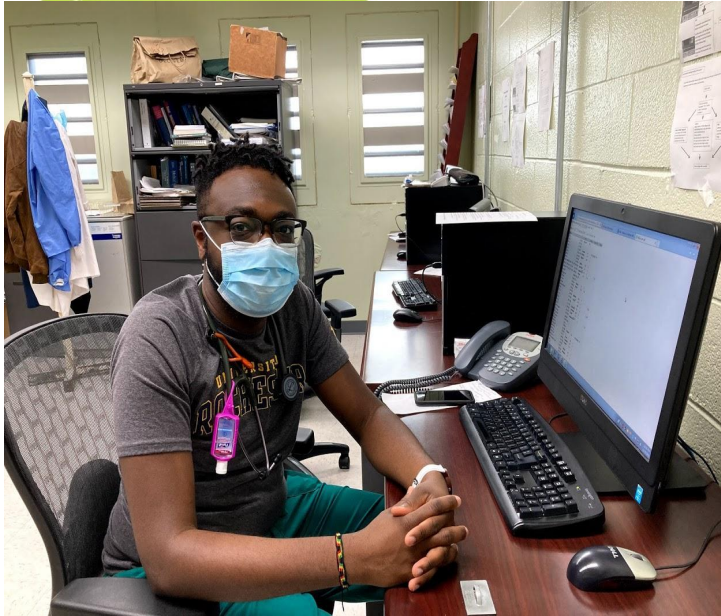
- 1 in 57

- White children

**What comes to mind when you think of medical care in jails,  
prisons and detention centers?**

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Start the presentation to see live content. For screen share software, share the entire screen. Get help at [pollev.com/app](https://pollev.com/app)



# Who runs correctional health programs?

- Private Corporations
- Government (contracts with individuals/hospitals)
- Academic-Correctional Health Partnerships
- Non-profits

- **Competitive salary**
- **Reasonable hours**
- **Less administrative burden**
- **Challenging**
- **Pathology/exposure to breadth and depth of medicine**
- **Autonomy**
- **Mission**

Hale et al. Academic-Correctional Partnerships: Preparing the Correctional Health Workforce for the Changing Landscape - Focus Group Research Results. Journal of Correctional Health Care 2015, Vol. 2(1) 70-81.

# Community-Oriented Correctional Healthcare

“...to re-frame jail healthcare not as a place separate from the rest of the community but as another healthcare delivery site within the community.”\*

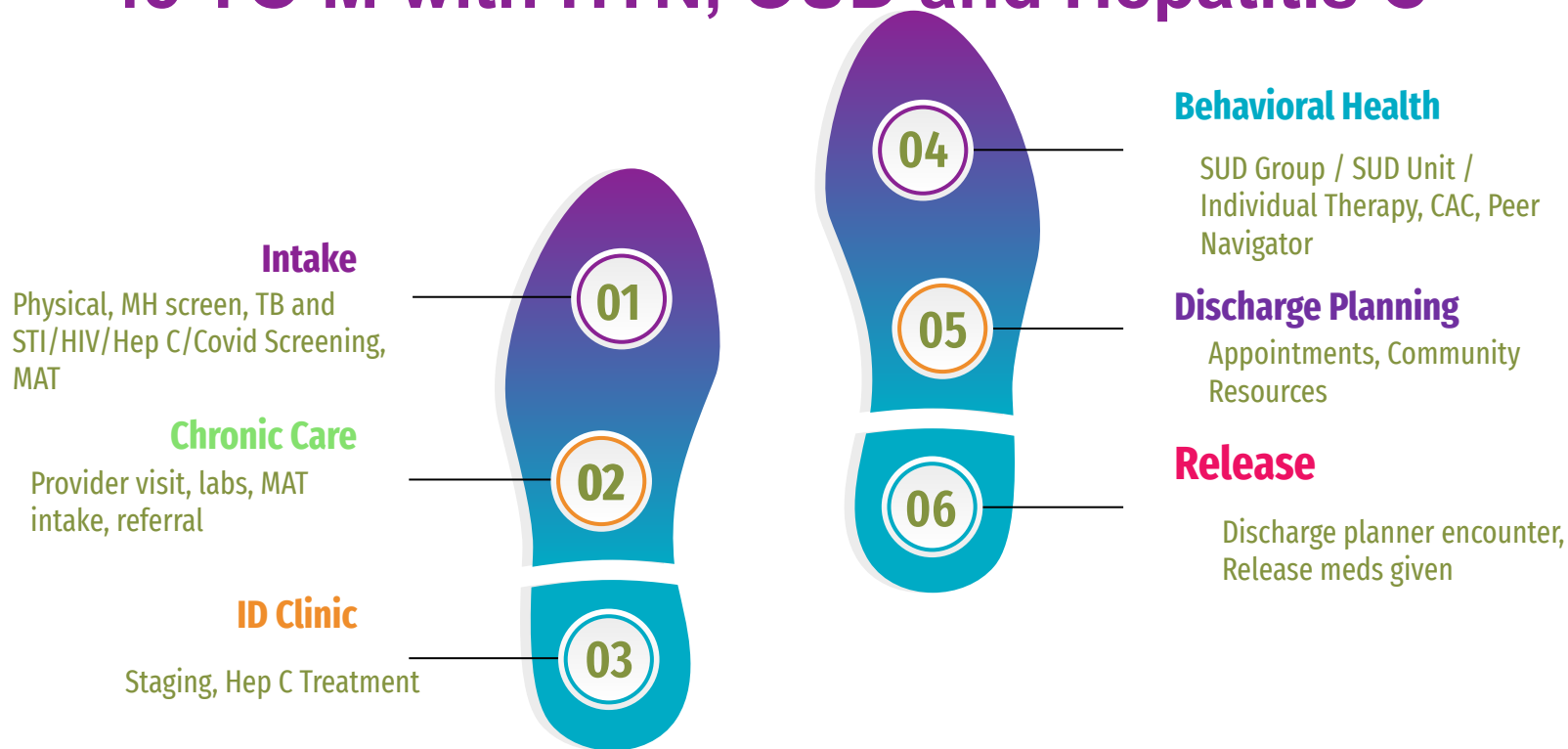
- ★ Providers practice both in the jail and in the community - “Come with me...”
- ★ Discharge Planning
- ★ 3-day supply of medication on release including prescriptions (7d for Suboxone / 30d HIV meds)







# 45 YO M with HTN, OUD and Hepatitis C



# Unity Health Care at the DOC

- 70+ providers (Medical and Mental Health)
- Infirmary – 24h
- Urgent Care – 24h
- Acute and Step-Down MH Units
- Chronic Care/MAT
- Individual and Group\* Therapy
- Sick Call – same day
- Outside referrals/consults
- Lab services
- Radiology (XR, POCUS)
- Pharmacy
- Dental
- Specialty – ID, OB-GYN, Sports Med/Ortho, Ophth, Podiatry, PT
- Telehealth
- Discharge Planning

# Unique Learning Environment

- Resource limited
- Logistics with DOC
- Ambiguous medical history
- MAT
- Osteopathic manipulative treatment (adaptation)
- “Meeting patients where they are”
- Re-entry



- Experience at county jail as a medical student
- Part of “core” rotation as PGY1
- Correctional Medicine elective as PGY3

# Bringing in Learners to the DC Jail

## Residents

Part of the Community Medicine Curriculum - “Correctional Medicine Month”

4 sessions/week for 1 month, readings/reflections

1-2 sessions week during SUD month for MAT clinic

1 day/week during Sports Medicine

## Students

GW School of Medicine Correctional Medicine Elective - 2 weeks classroom/2 weeks clinical

Other rotators from area medical school - 2-4 week rotations

Rotate through chronic care clinic, urgent care, ID clinic, Sports Medicine, Infirmary

# Goals and Objectives

- Understand the unique challenges to providing care in the carceral setting
- Describe the community-oriented correctional model at the DC Department of Corrections
- Describe common medical and psychiatric diagnoses encountered in the jail setting
- Understand how comprehensive **MAT** services can work in the carceral setting and describe the potential impact these services can have on persons experiencing re-entry
- **Understand the unique needs of incarcerated vulnerable patient populations, including transgender residents, residents living with HIV, residents experiencing acute/destabilized mental illness, and pregnant residents**
- Describe the importance of **suicide prevention in the jail setting**
- Demonstrate the ability to communicate effectively with incarcerated patients while maintaining appropriate boundaries
- Describe the **Prison Rape Elimination Act (PREA)** and how PREA cases are handled at the DC DOC
- Discuss the impact of incarceration on individuals, families and society/community and describe effective interventions that reduce recidivism

# 2-week student rotation schedule

	<i>Monday</i>	<i>Tuesday</i>	<i>Wednesday</i>	<i>Thursday</i>	<i>Friday</i>
Week 1	Urgent Care	Intake	Male Acute Psych Unit	Chronic Care Clinic	OB AM / Chronic Care PM
Week 2	MOUD Clinic	Infirmery	Chronic Care	Women's Wellness Unity (SUD Unit)	Urgent Care / Exit Meeting

**“I had no idea what a jail or prison was like and that the patients were basically the same.”**

- Valuable, multifaceted training
- Complex patients
- Pathology
- Social Determinants of Health
- Communication skills
- Expand professional horizons
- Health Equity

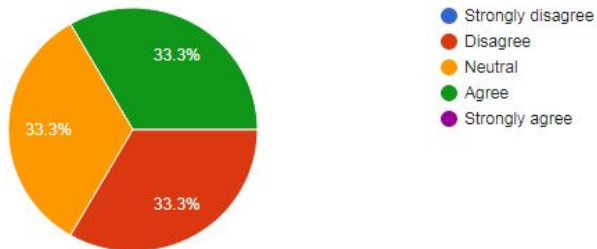


# What if I don't have a partner facility?

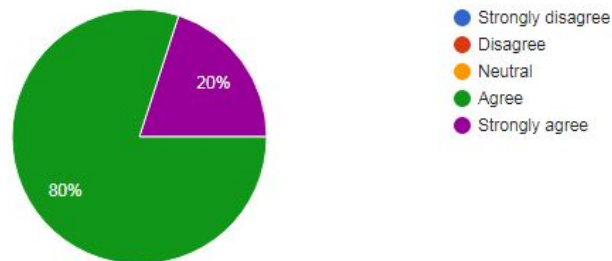
- Articles/readings
- Case studies (uploaded)
- Documentaries
- Court visit
- Re-entry clinic and services
- Community-based programs
- Professional Societies
- Other media (*Ear Hustle* podcast)

# Change attitudes towards Correctional Medicine (N=9)

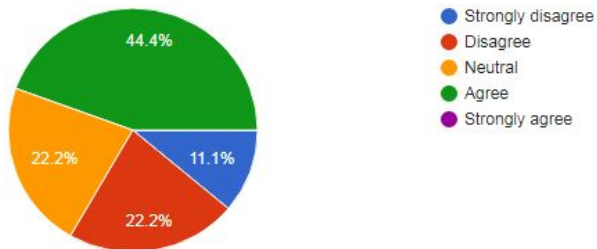
I am comfortable providing medical care to incarcerated patients



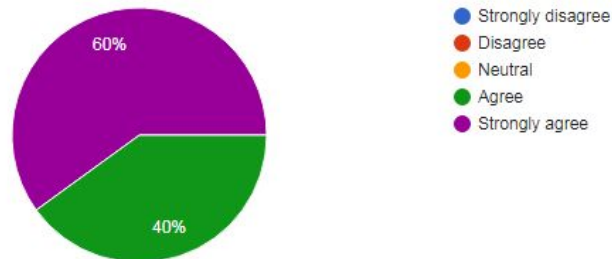
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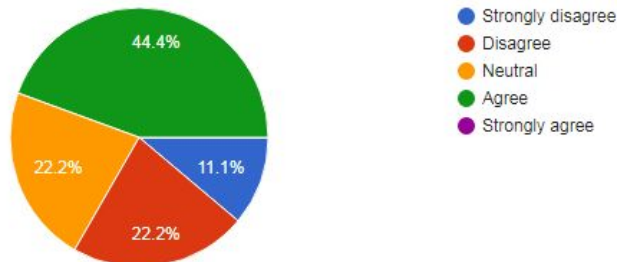
I can explain how the social determinants of health impact incarceration



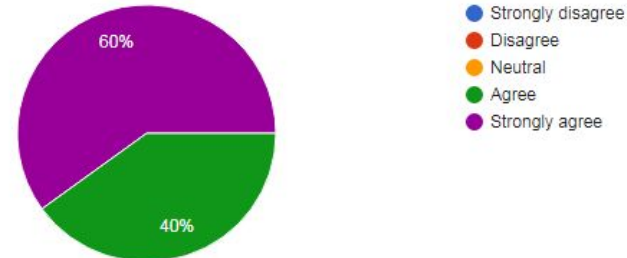
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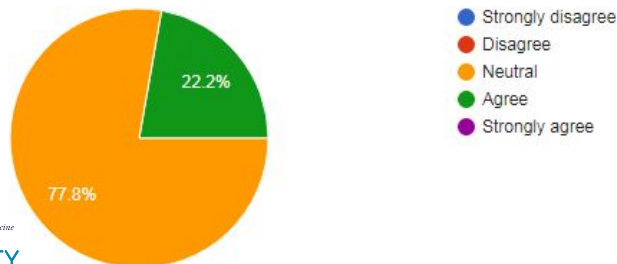
I understand the obstacles to continuity of care in corrections and after release into the community



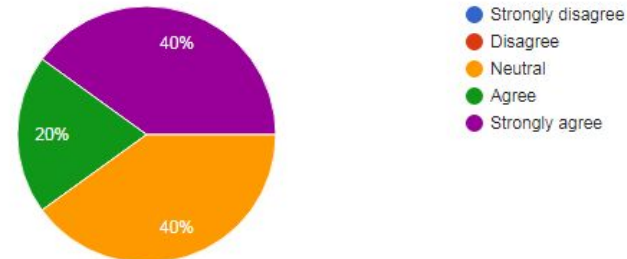
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Post residency, I would like to incorporate correctional medicine into my practice



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## Working at the DC Jail in 2022

- 3 graduates (soon to be 5)
- 2 core faculty
- 3 community preceptors

- Correctional medicine is a great opportunity to reach highly vulnerable patient groups and improve the public's health from “within the system” - address STIs including HIV, Hep C, TB, SUD/MAT, mental health
- Hiring well-qualified, mission-driven providers can be challenging
- Exposure to carceral settings, including re-entry, during health professions training can increase correctional healthcare workforce and improve outcomes

- National Commission on Correctional Health Care -  
<https://www.ncchc.org/>
- The Marshall Project -  
<https://www.themarshallproject.org/records/2020-prison-population>
- Academic Consortium on Criminal Justice Health -  
<https://www.accjh.org/>
- ACLU -  
<https://www.aclu.org/issues/smart-justice/mass-incarceration>
- Southern Poverty Law Center - <https://www.splcenter.org/>
- Jailcare – Finding the Safety Net for Women Behind Bars  
-<https://www.ucpress.edu/book/9780520288683/jailcare>
- 13<sup>th</sup> Documentary - <http://www.avaduvernay.com/13th>
- <https://www.earhustlesq.com/>

# Questions/Comments

## Handouts:

- *Correctional cases*
- *Presentation slides*



## Contact information:

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