

Healthy Generations: Incarceration and Public Health

Executive Summary Winter 2015

ADULT INCARCERATION IN THE UNITED STATES

The US maintains the highest incarceration rate in the world. About 1 in 35 US adults are under some form of supervision.

This population consist of socially, physically, and mentally vulnerable citizens. Incarcerated individuals are disproportionately non-white and likely to be arrested again. Incarceration not only affects the person in jail or prison, but it also their families, often contributing to an intergenerational cycle of inequality.

Table 1. Characteristics of Incarcerations Sites

Site	Jurisdiction/ Administration	Status of Incarcerated Individual	Typical Length of Stay
Jail Facility	Local/County	Pre-trial or convicted of a misdemeanor	Leass ant one year. May be as short as one day
State Prison	Individaul state Department of Corrections	Convicted of a felony (state law)	More than one year
Federal Prison	Federal Bureau of Prisions	Convicted of a felony (federal law)	More than one year

HEALTH OF INCARCERATED INDIVIDUALS

Compared to the general population, people who have experienced incarceration often have poorer health.

- 6-18% had lived in foster homes as children; and
- 20-40% experienced abuse from a parent or guardian as a child.

Data for state, federal and jail inmates show that:

- 5-10% were homeless before incarcerations;
- Two-thirds to three-quarters were unemployed in the month before arrest;
- 10-25% had histories of physical or sexual abuse;
- 30-50% had ever received public assistance while growing up;

Unfortunately, many individuals continue to have unmet physical and mental health needs while incarcerated. While US facilities must provide health care, services often vary across facilities.

Incarceration could provide opportunities for screening, treatment, and a healthy environment. But, individual's release and return to troubled communities and limited socioeconomic opportunities, further increasing their risk for poor health outcomes

LEGISLATION REGARDING PREGNANT INCARCERATED WOMEN

Minnesota

In 2014, Minnesota's legislature unanimously passed the state's first law that considers the unique needs of incarcerated pregnant and postpartum women (SF2423/HF2833).

The bill addresses;

- The use of restraints with pregnant and postpartum women;
- Pregnancy and STI testing;
- Access to educational materials;
- Mental health assessments and treatment;
- Access to doulas (professionals who provide non-medical support before, during, and after delivery).

HEALTH CARE FOR PREGNANT INCARCERATED WOMEN

- 3-5% of incarcerated US women are pregnant at intake.
- A 2009 National Survey of Women's Correctional Facilities' health practices for pregnant inmates found inconsistencies in the health practices across facilities.
- The 2009 survey also found that many facilities did not adhere to national recommendations regarding health care for incarcerated pregnant women.

OPTIONS FOR CARE OF PREGNANT WOMEN AND THEIR CHILDREN

Prison Nursery Co-residence and Re-entry

Prison nurseries offer an opportunity for incarcerated mothers to live with and care for their infants for a period of time. In facilities without nurseries, like the state prison in Minnesota, mothers are typically separated from their infants a few days after birth. There are currently nine prison nurseries in other states in the US.

The William & Mary Healthy Beginnings Project

The William and Mary Healthy Beginnings Project is an intervention and research program that works with local jails in Virginia to improve pregnancy outcomes of incarcerated women.

Isis Rising: Pregnancy and Parenting Support for Women in Prison

Isis Rising is a non-profit program that provides a 12-week pregnancy and parenting support group and doula care to inmates housed at the Minnesota Correctional Facility-Shakopee.

CHALLENGES OF WORKING IN THE CONTEXT OF INCARCERATION

Researchers experience significant challenges in corrections settings, including institutional regulations, safety issues, and physical and logistical constraints.

Collaboration among research, corrections, community stakeholders, and policy enacted at local and state levels are the best ways to overcome these challenges.

