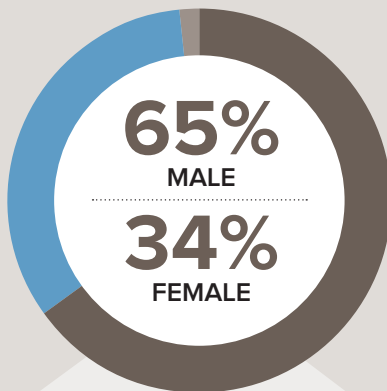


# Physical, Mental, and Dental Health of Youth in Juvenile Correctional Facilities in Minnesota

OCTOBER 2018

## DEMOGRAPHIC CHARACTERISTICS



**GENDER**  
MOST YOUTH WERE MALE

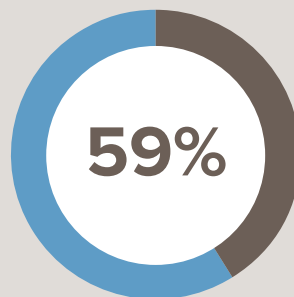
## Youth residing in Minnesota's juvenile correctional facilities report unmet health care needs

Compared to the general population, youth residing in correctional facilities have substantially higher rates of several health conditions. Less is known about these youths' use of health care services to address their health conditions.

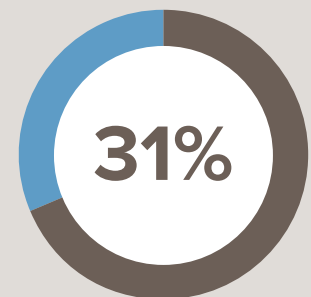
This report summarizes information about the health care needs—and how those needs are related to access to health care—for the sample of 217 youth (average age 16 years) residing in juvenile correctional facilities who took the 2016 Minnesota Student Survey. Results indicate that these youth reported access to health care well below suggested guidelines for preventive checkups, dental care, and mental health treatment.

## HOUSEHOLD RISKS

Youth residing in juvenile correctional facilities reported high rates of household risks. More than half reported having a parent or guardian in jail or prison currently or in the past. Almost one-third reported experiencing homelessness in the past 12 months.

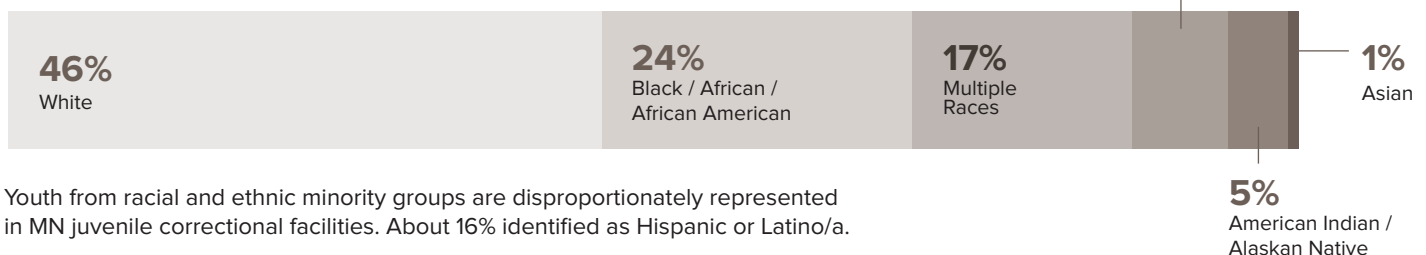


**EVER HAD AN  
INCARCERATED PARENT**



**EXPERIENCED HOMELESSNESS  
IN PAST 12 MONTHS**

## RACE



Youth from racial and ethnic minority groups are disproportionately represented in MN juvenile correctional facilities. About 16% identified as Hispanic or Latino/a.

# Physical Health



ALMOST 1/3 OF YOUTH REPORTED NO WELL-CHILD VISIT IN THE PAST YEAR.

**30%**

NO WELL-CHILD  
VISIT

**70%**

WELL-CHILD VISIT

Youth residing in correctional facilities reported high rates of several serious physical health conditions. Despite this need for well-child care, there were no differences in access to well-child care between those who reported any of these serious physical health conditions and those who did not.

**15%**

REPORT THEIR  
HEALTH AS FAIR  
OR POOR

## ORAL HEALTH

**35%**

Over one-third of youth residing in correctional facilities reported they did not see a dentist in the past year. Youth who reported dental care in the past year were significantly more likely to have also had a well-child visit in the past year.

**42%**

OVERWEIGHT  
OR OBESE

**22%**

DISABILITY OR  
LONG-TERM CONDITION

**21%**

ASTHMA

**5%**

SEVERE ALLERGY

# Mental Health



**60%**

LONG TERM  
MENTAL HEALTH,  
BEHAVIOR, OR  
EMOTIONAL  
PROBLEM

**29%**

SUICIDAL  
IDEATION IN  
LAST YEAR

**19%**

SUICIDE  
ATTEMPT IN  
LAST YEAR

**30%**

of these youth  
did NOT get mental  
health treatment in  
the past year

**26%**

of these youth  
did NOT get mental  
health treatment in  
the past year

**20%**

of these youth  
did NOT get mental  
health treatment in  
the past year

**50%**

MENTAL  
HEALTH CARE

Half of youth residing in  
correctional facilities report  
receiving mental health care  
in the past year.

HIGH RATES OF MENTAL  
HEALTH CONDITIONS

Youth reported high rates  
of mental health conditions.  
Alarming, almost one in five  
of youth reported a suicide  
attempt in the past year.

Youth who report any of these  
mental health conditions were  
more likely to report getting  
mental health treatment  
compared to youth not reporting  
these conditions. While this  
finding is encouraging, the data  
suggest that provision of mental  
health services is not meeting  
the demonstrated need, as many  
youth with serious mental health  
conditions report not receiving  
any mental health treatment in  
the past year.



## IMPLICATIONS

**Youth** residing in juvenile correctional facilities in Minnesota reported rates of well-child visits, dental care, and mental health care far below the American Academy of Pediatrics best-practice guidelines.<sup>1</sup>



Particularly troubling is that one in three youth in Minnesota juvenile correctional facilities—a majority of whom report some type of serious mental or physical health condition—report not having a well-child visit in the past year. We recommend that correctional facilities and health service agencies work in partnership to identify practices and policies that ensure justice-involved youth receive health care in accordance with American Academy of Pediatrics guidelines, including:

- Recognizing that detention offers a unique opportunity to address the health care needs of high-risk youth. Improving care within juvenile correctional facilities may be a way to increase the number of youth in this high-need population who receive basic health care.
- Currently, Minnesota is required by federal law to suspend Medicaid for incarcerated individuals, including youth in secure correctional facilities. This study adds to the growing body of research that supports changes to federal policy that would allow Medicaid to cover well-child care and dental care for incarcerated youth. Medicaid contribution to these services may incentivize provision in juvenile correction facilities.
- Youth who received well-child care were also significantly more likely to report a dental visit. Encouraging dentists and primary care providers to act as referral systems to these complementary forms of preventive health care is another way to increase the number of youth receiving care.
- Screening youth for prior and current justice involvement during medical, dental, or mental health visits in the community may identify specific health care needs.
- Developing an understanding of the long-term health risks of involvement in the juvenile corrections system is an imperative step in promoting the wellbeing of individuals, families, and communities.

<sup>1</sup>Recommendations for Preventive Periodic Health Care.” American Academy of Pediatrics/Bright Futures. [https://www.aap.org/en-us/Documents/periodicity\\_schedule.pdf](https://www.aap.org/en-us/Documents/periodicity_schedule.pdf). Accessed 20 July 2018.

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