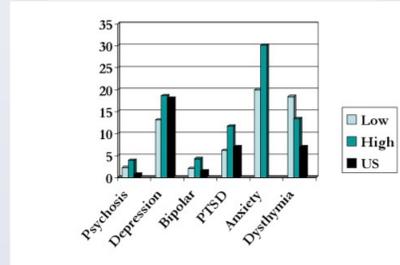


## Demographics:

Current MA DOC population: 11,034, of which 92.7% are men

- \*Racial breakdown: 44% white, 28% black, 25% hispanic  
-compared to general population: 83% white, 8% black, 10.5% hispanic
- \*Average age of male prisoners: 40, female prisoners: 36  
-males aged 20-29 represent 40% of criminally sentenced persons
- \*High risk groups  
-drug offenses represent 16% of criminally sentenced offenses  
-53.4% of prison population reported drug dependence or abuse compared to 2% of the general population  
-an episode of homelessness was reported by 9% of inmates  
-education: 68% of inmates have not received a high school diploma

## Mental Health Diagnoses:



Prevalence of Mental Health Issues among inmates:

- \*2367 open mental health cases (21.5% of inmates)  
-1,681 inmates on psychotropic medications (15.2% of inmates)
- \*Among inmates nationally, 49.2% reported symptoms of mental health disorders, compared to 10.6% of the general population

## Prevalence of Infectious Diseases:

Disease	Est Prevalence Inmates %		Prevalence U.S %
	Prisons	Jails	
AIDS	0.5	0.5	0.09
HIV	2.3-2.98	1.2-1.8	0.3
Syphilis	2.6-4.3	2.6-4.3	N/A
Chlamydia	2.4	2.4	N/A
GC	1.0	1.0	N/A
HBV	2.0	2.0	N/A
HCV	17.0-18.6	17.0-18.6	1.8
TB Disease	0.04	0.17	0.01
TB Infection	7.4	7.3	N/A

Prevalence of Infectious Diseases among inmates:

- \*HIV prevalence approximately 10 times that of population (2.3-2.98%)  
-AIDS prevalence approximately 5 times general population (0.5%)
- \*HCV prevalence approximately 9 times that of general population

## Chronic Medical Conditions:

Of 11,034 inmates, 6,063 are being followed for chronic care conditions

- 1,853 (16.8%) followed for chronic cardiovascular problems
- 1,025 (9.3%) followed for chronic pulmonary problems
- 675 (6.1%) followed for chronic endocrine problems
- 250 (2.3%) followed for chronic neurological problems



## Service Project on Barriers to Care and Lessons Learned:

### Standards of Care:

Increasingly effective medications are available for HCV, but many inmates do not receive these treatments due to cost. Inmates may attempt legal recourse to attain these treatments.

**Solution:** Given the prevalence of HCV in incarcerated persons, policies should be considered to improve care and decrease infection rates. New treatments have been shown to be curative in 95% of cases, with reduced side effects. By treating HCV infections early, development of associated comorbidities such as cirrhosis can be prevented, thus reducing total healthcare costs.

### Disconnect Between Correctional Staff and Health Care Staff:

There is lack of communication between correctional officers and health care staff. For example, one officer decided to send an inmate back without being seen for a vaccine, causing a shouting argument between the nurse and officer.

**Solution:** It is important for both sides to communicate their own needs. It may help for the officers and nurses to meet briefly each morning to go over the schedule for the day and to discuss what needs to be done.

### Dietary Concerns:

The meals served within the prisons leave a lot to be desired with regard to nutritional value and taste, due to cost and preparation constraints. As a result, many inmates choose to purchase most of their food from commissary, which is mainly processed food high in sodium and sugar, as fresh foods are not allowed within the cells. Consumption of this unhealthy food is reflected by the high rates of hypertension and type II diabetes among the inmates.

**Solution:** Offering purchase of tickets at commissary to receive extra fruits, vegetables, or protein in the cafeteria during mealtimes.

### Inmate Privacy:

The nature of prison life necessitates that inmates spend very little time alone, which makes the latest protocol for colon cancer screening -- stool samples provided by inmates -- difficult to perform. Many inmates recounted that they had been given the stool cards but had done nothing with them, or that they found it uncomfortable to be extracting stool samples in front of their cellmate. Given that the recommendation is annual screening for colon cancer, and many of these inmates have never completed a successful screening, the privacy issues related to stool collection are important to address.

**Solution:** Distribution of stool cards during one week of the year to all inmates who meet the age requirements for screening. This would allow for greater monitoring of whether inmates were actually completing the screening and also decrease the stigma and taboo associated with searching through one's stool.

### Transportation Issues:

SB was 22 years through a 23 years sentence and had spent the last 11 years receiving dialysis in prison. He expressed his frustration to me over the futility of a more than decade long wait on a kidney transplant list. Yet he informed me that if a kidney should become available for transplant, there was no protocol in place to allow an inmate to be transported to and from the hospital in the appropriate timeframe.

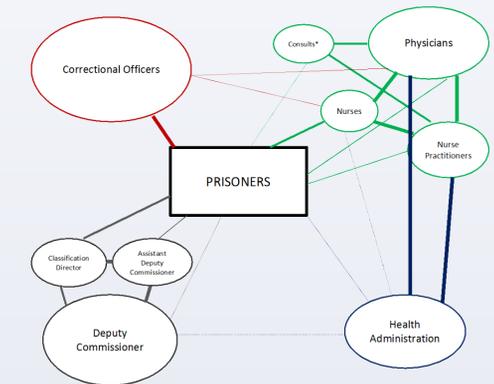
**Solution:** Communication should be improved between healthcare providers and DOC staff in charge of transportation in order to better facilitates hospital visits. Procedures or consultations in outside facilities should be approved or denied prior to being discussed with inmates and minor procedures should be performed on site whenever possible (either by specialist or in house physician) to reduce hospital visits. In addition regular checks of inmate quarters should be conducted while inmate is off site to prevent loss of bottom bunk or any other violation of their personal space.

### Medication Lines:

Given the number of inmates at any given institution, the process of receiving medications can be extensive and time consuming. At MCI Framingham, the women are separated into two lines by last name. Even with different units on alternating schedules, the lines became extremely long. Wait time was exacerbated by inmates who had an issue with dosage or a new medication which was not present. When asked how they felt about the lines, inmates cited their length as a main deterrent to taking their medication which, in the long run, only exacerbates their chronic medical conditions.

**Solution:** Increasing the number of sites medications are distributed. Facilities now have one place where all the inmates go to receive their medications. Adding an additional location would decrease the number of individuals standing in line and hopefully decrease the time it takes for each inmate to receive his or her medication.

## Interprofessional Networks:



- Lines between each group represent communication
- Thickness depicts the strength of partnership between each group
- Dotted lines represents groups we did not observe interacting directly
- Size of bubble corresponds to importance of the roles and degree of responsibility
- In the context of health care, the physicians, nurse practitioners, and nurses demonstrated an effective use of communication in providing care to their patients
- Correctional officers are present throughout the entire process of patient care, focused on maintaining security
- Deputy Commissioner oversees daily operations of correctional facility
- Director of Classification groups inmates into their unit base on a multitude of criteria

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## Acknowledgements

Thank you to:

Warren Ferguson, MD; Marsha Mullaney; Patricia Ruze, MD; Tom Groblewski, MD

Massachusetts Partnership for Correctional Healthcare

Massachusetts Department of Corrections

Hamden County Sherriff's Office

Special thanks to the incarcerated patients who shared their stories.