Addressing Health Disparities within a Health-in-All-Policies Framework
A Panel Discussion

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We are island people; We stand together

1. What are the key determinants or mechanisms of health disparities from the perspective of your work and the population with which you work?

Mass incarceration is one of the great public health challenges of our times making it essential to continue acknowledging that many of the laws, policies, and practices set into motion during the acceleration of the prison boom have exacerbated structural inequalities in communities where the majority of residents are from historically oppressed groups. (Michelle Alexander, *The New Jim Crow: Mass Incarceration in the Age of Colorblindness* (New York: The New Press, 2012); and Khalil Gibran Muhammad, The Condemnation of Blackness (Cambridge, MA: Harvard University Press, 2010).

The first step in addressing a problem or concern is to acknowledge a basic truth. In our work a basic truth is: Incarceration causes harm. And the harms it causes, in many cases, are greater than those intended and have a ripple effect across the wide expanse of our island communities. These effects have been disregarded or minimized until they can no longer be ignored. It is no longer those people who are incarcerated; it is our people as the war on drugs and incarceration has disrupted the lives of so many families.

The incarcerated population over-represents socially marginalized and disadvantaged individuals with a high burden of disease. Health and mental health are prominent issues in debates about incarceration, both because in many cases health issues contributed to incarcerated individuals' involvement with the criminal justice system and because the vast majority of prisoners eventually return to the community (Travis, 2000), bringing their health conditions with them (Rich et al., 2011)

Despite the statistics that show crime is at its lowest point since 1975 when Hawai`i data was first recorded, our population under the control of the Department of Public Safety has remained fairly stable at about 6,000. As of September 7th, the Department of Public Safety was entrusted with the care and custody of 5,721incarcerated persons: 169 were pretrial misdemeanants, 506 were parole violators and 269 were probation violators. If we calculate the cost of incarcerating the 944 pretrial misdemeanants, parole and probation violators we find that taxpayers are forking over $129, 328 A DAY! (Most for technical violations, not a new crime. Hawai`I Paroling Authority Annual Report - July 1, 2013 – June 30, 2014 – 312 parole revocations; 2 for new crimes; 310 for technical violations, page 9.) **$129, 328 A DAY!** That's almost $4 million a month to incarcerate these 944 individuals. Imagine…just imagine what a $4 million a month infusion towards community health and services could do.

"Our resources are misspent, our punishments too severe, our sentences too long"

U.S. Supreme Court Justice Anthony M. Kennedy

The Glaring Disparities

1. **Ignoring Incarceration:** *At Our Own Peril*
2. **Women in the Web:** *Teach the Women, Save the Children*
3. **The Ripple Effect:** *The Multi-Sector Impacts*

1. <u>Ignoring Incarceration:</u> *At Our Own Peril*

Incarcerated persons have been shown to have a **higher burden of chronic diseases** such as hypertension, diabetes, asthma, chronic liver disease, and HIV than the general population. (Using stats from *On Life Support: Public Health in the Age of Mass Incarceration*, VERA Institute of Justice)

Incarcerated women (and men) are removed from their communities and placed in close proximity to a population of women with high rates of infectious and chronic diseases, and opportunities to link them to needed services are missed. Incarceration also affects **families** by separating women from their children, often forcing children into foster care and leaving them vulnerable to psychological, educational, and social problems. (Hagan J, Dinovitzer R. *Collateral consequences of imprisonment for children, communities and prisoners*. In: Tonry M, Petersilia J, eds. Crime and Justice: A Review of Research. Vol. 26. Chicago, Ill: University of Chicago Press; 1999:121–162; Phillips S, Bloom B. *In whose best interests? The impact of changing public policy on relatives caring for children with incarcerated parents*. Child Welfare. 1998;77:531–541. [PubMed])

Research has shown that access to **medical care** within detention centers and correctional institutions, particularly jails, remains poor. (Beck, A. J. (2008). The importance of successful reentry to jail population growth. Retrieved March 5. 2009, from http://www.urban.org/projects/reentry-roundtable/upload/beck.ppt.; Human Rights Watch. (2009). *Detained and dismissed*. Retrieved March 15, 2009, from http://www.hrw.org/en/reports/2009/03/16/detained-and-dismissed)

Incarceration **damages familial relationships** and stability by separating people from their **support systems, disrupting continuity of families, and causing lifelong health impacts** that impede families from thriving. The high cost of maintaining contact with incarcerated family members led more than one in three families (34%) into debt to pay for phone calls and visits alone. Family members who were not able to talk or visit with their loved ones regularly were much more likely to report experiencing negative health impacts related to a family member's incarceration. (WHO PAYS – The True Cost of Incarceration on Families - A national community-driven report led by the Ella Baker Center for Human Rights, Forward Together, and Research Action Design September 2015. http://ellabakercenter.org/who-pays-get-the-report)

The Department of Public Safety has reported that the increase of individuals with **mental health** issues is increasing. For years it was reported that 16% of the imprisoned population is suffering from some form of mental health issues; now it is up to 24%. Sadly, only those diagnosed as seriously mentally ill receive services leaving a huge "gap group" of people who are suffering, but are under the cut-off for serious mental illness. This has created a situation where our jails and prisons are the de-facto mental health facilities. Our correctional system is not equipped to handle this population. This creates mega problems for those suffering and for the communities to which they return.

The use of **solitary confinement** and the public outcry has pushed prison officials to reduce the number of imprisoned individuals in Isolation. Justice Kennedy said, "***Years on end of near-total isolation exact a terrible price"***. Mentally ill prisoners are disproportionately likely to be held in solitary confinement because mental illness often makes it impossible to comply with the strict behavioral expectations of prison. ***(Prison Officials Push to Reduce Number of Inmates in Isolation,*** Tony Mauro, The National Law Journal, September 2, 2015.)

In 2012, the average length of stay for mentally ill prisoners in solitary confinement was 16 months. Housing prisoners in solitary confinement can cost taxpayers nearly twice as much as holding them in general population. Once in solitary confinement, the mental health of seriously mentally ill prisoners

often deteriorates further, making them a greater threat to their own safety, as well as the safety of other prisoners, prison staff, and – ultimately – the public at large, to whom almost all Colorado prisoners will one day be released. (***Out of Sight, Out of Mind*** - Colorado's continued warehousing of mentally ill prisoners in solitary confinement, American Civil Liberties Union.)

In Europe, solitary confinement has largely been abandoned, and it is widely viewed as a form of cruel, inhuman and degrading treatment, in violation of international human rights conventions. (***Cruel and usual: US solitary confinement***. As incarceration rates explode in the US, thousands are placed in solitary confinement, often without cause.http://english.aljazeera.net/indepth/features/2011/03/201137125936219469.html# James Ridgeway and Jean Casella, 19 Mar 2011)

2. **Women in the Web:** *Teach the Women, Save the Children*

The imprisonment of women across the United States has repercussions in every aspect of society, including the **huge costs of incarceration** at the local and state levels, the splitting of communities and families, the tragic **disruption at crucial developmental stages in the lives of thousands of children**, and the unchecked **deterioration of the physical and mental health** of women in prison. (Federal Bureau of Investigation, the Bureau of Justice Statistics, the National Institute of Corrections, US Census Bureau, the Office of Juvenile Justice and Delinquency Prevention)

The criminal justice system is **geared toward male, violent lawbreakers**. When women get caught in the criminal justice web, that profile does not fit the majority of women who are non-violent, drug and property lawbreakers. (DPS reports Hawai`i adult female population at 739 women – 12% of the entire imprisoned population.)

High rates of incarceration affect the well-being of women of color directly and Hawai`i incarcerates a disproportionate number of Hawaiian and Polynesian women. (Hagan J, Dinovitzer R. *Collateral consequences of imprisonment for children, communities and prisoners*. In: Tonry M, Petersilia J, eds. **Crime and Justice: A Review of Research.** Vol. 26. Chicago, Ill: University of Chicago Press; 1999:121–162; Phillips S, Bloom B. In whose best interests? The impact of changing public policy on relatives caring for children with incarcerated parents. Child Welfare. 1998;77:531–541. [PubMed])

These impacts hit women of color and their families more substantially than others, **deepening inequities and societal divides** that have pushed many into the criminal justice system in the first place. Almost one in every four women and two of five Black women are related to someone who is incarcerated. (Lee, Hedwig, et al. "Racial inequalities in connectedness to imprisoned individuals in the united states." Du Bois Review: Social Science Research on Race 12.2 (2015): 7. Web. 15 Jul. 2015.)

Women are generally the **primary caregivers for their children**. Reduced income as a result of incarceration-related job loss or employment discrimination compromises a woman's ability to provide adequate housing, nutrition, and health care for her family. (Link BG. *Stigma: many mechanisms require multifaceted responses*. Epidemiol Psychiatr Soc.2001;10:8–11. [PubMed]; Krieger N. *Discrimination and health*. In: Berkman LF, Kawachi I, eds. Social Epidemiology. New York, NY: Oxford University Press Inc; 2000:36–75.)

The overwhelming majority of women in prison are survivors of **domestic violence**. Three-quarters have histories of severe physical abuse by an intimate partner during adulthood, and 82% suffered serious physical or sexual abuse as children. But whereas efforts to recognize and address domestic violence in the community have made some progress, public support too often stops when survivors defend

themselves or their children from an abuser's violence. (Correctional Association of New York, http://www.correctionalassociation.org/issue/domestic-violence)

3. **The Ripple Effect:** *The Multi-Sector Impacts*

"When one tugs at a single thing in nature, he finds it attached to the rest of the world."
John Muir

The social costs of incarceration are rarely, if ever, considered. Despite their often-limited resources, families are the primary resource for housing, employment, and health needs of their formerly incarcerated loved ones, filling the gaps left by diminishing budgets for reentry services. Two-thirds (67%) of respondents' families helped them find *housing*. Nearly one in five families (18%) involved in our survey faced **eviction**, were denied housing, or did not qualify for public housing once their formerly incarcerated family member returned. Reentry programs, nonprofits, and faith-based organizations combined did not provide housing and other support at the levels that families did. (WHO PAYS – The True Cost of Incarceration on Families - A national community-driven report led by the Ella Baker Center for Human Rights, Forward Together, and Research Action Design September 2015. http://ellabakercenter.org/who-pays-get-the-report)

Prison eliminates current income and reduces **future earnings** by diminishing women's (and men's) prospects for post release employment. (Western B, Kling JR, Weiman DF. The labor market consequences of incarceration. Crime Delinquency.2001;47:410–427.)

Even a short stay in jail can lead to **homelessness**. (Richie BE. Challenges incarcerated women face as they return to their communities: findings from life history interviews. (Crime Delinquency. 2001;47:368–389.)

Stigmatization of returning offenders can lead to social isolation, which has been linked to various physical and mental illnesses. (Link BG. *Stigma: many mechanisms require multifaceted responses*. Epidemiol Psychiatr Soc. 2001;10:8–11. [PubMed]; Krieger N. Discrimination and health. In: Berkman LF, Kawachi I, eds. Social Epidemiology. New York, NY: Oxford University Press Inc; 2000:36–75.)

2. What are your suggested organizational, state, and/or federal policy interventions to address health disparities?

1. **Clearly Articulated & Goal-Oriented Policies:** *Fostering Collaboration*

Urging agencies, service providers, community organizations, and non-traditional allies to work together to help frame community health using a multi-disciplinary perspective. Creating an inclusive **Health-in-All-Policies Task Force** that represents all sectors of our communities to start the discussion of breaking down silos and working towards more interconnected governance that includes all voices in the development of social policies.

2. **Include Fiscal Notes with Legislation:** *Health Impacts on the Wider Community*

If legislators were aware that a current policy is causing more harm than good, wouldn't they rather spend our resources in in areas that would achieve the outcomes we want? Providing legislators with all the information they need about how criminal justice policy changes can affect the state's budget makes sense. Reforms that might offer cost savings and broader benefits for a state's economic and social

health would be considered in a broader context. With states struggling to restore or sustain funding for schools and other public necessities, they cannot afford to miss opportunities to simultaneously improve public policy and save money. And even when state budgets improve, states should, as a matter of sound policy practice, **evaluate carefully the fiscal impact of policies** they consider. (IMPROVING BUDGET ANALYSIS OF STATE CRIMINAL JUSTICE REFORMS: A strategy for better outcomes and saving money, by Michael Leachman, Inimai M. Chettiar, and Benjamin Geare, Center on Budget and Policy Priorities, ACLU, January 11, 2012. https://www.aclu.org/files/assets/improvingbudgetanalysis_20120110.pdf)

3. Implement Better Compassionate Release Policy: *The Death Penalty*

From 1990 to 2012, the **U.S. population aged 55 or older increased by about 50 percent.** In that same period, the U.S. **incarcerated population aged 55 or older in the state and federal prison systems increased by some 550 percent** as the prison population doubled (Williams et al., 2012). The rapidly increasing population of older adults in correctional facilities underscores the importance of screening and, more important, rescreening, for cognitive impairment, dementia, and disability. Currently, a disability assessment generally is performed only at intake, even if an individual is incarcerated for decades. Older prisoners will best serve their time if placed in correctional housing appropriate to their cognitive physical abilities. (*7 Consequences for Health and Mental Health*. National Research Council. ***The Growth of Incarceration in the United States: Exploring Causes and Consequences*****.** Washington, DC: The National Academies Press, 2014, page 212.)

In Hawai`I, recent data show that there are 346 individuals 55-59 years of age; 155 individuals 60-64; and 116 older than 65 years of age. It is no wonder that Hawai`i's prison health care spending per inmate rose 50% from 2001 – 2008. (*Managing Prison Health Care Spending, Pew* and MacArthur Fdns, May 15, 2014. http://www.pewtrusts.org/~/media/legacy/legacy-and-pre-launch-image-edits/2014/05/15/pct_prisonshcs_figure_2.png)

4. Fund More Community-Based Treatment: *The Public Health Approach*

Neuroscience research has demonstrated that addiction is a disease of the brain**. Drug addiction is a chronic but treatable condition** (see Box 7-1). Relapse is frequent, but with rates comparable to those for failure to adhere to treatment for other medical conditions, such as hypertension and diabetes (McLellan et al., 2000). The perception of addiction as a moral failing rather than a medical issue may have contributed to the low availability of treatment in the community. As a result, drug dependence remains left largely in the hands of the criminal justice system instead of the health care system—i.e., criminalized rather than medicalized. Simply incarcerating someone does not constitute effective treatment; without medical treatment, individuals are prone to relapse to drug use and too often to criminal behavior that results in reincarceration. (7 Consequences for Health and Mental Health. National Research Council. The Growth of Incarceration in the United States: Exploring Causes and Consequences. Washington, DC: The National Academies Press, 2014, page 206.)

5. Increase Mental Health Treatment & Training in Corrections: *Health v Security*

A recent survey by the Bureau of Justice Statistics (James and Glaze, 2006) found that more than half of all inmates had some kind of mental health problem (see Table 7-1). For the survey, identification of a mental health problem was based on either a clinical diagnosis or treatment by a mental health professional within the past 12 months or having presented with symptoms of a mental disorder based on criteria specified in the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV) (American Psychiatric Association, 1994). The prevalence of mental health problems is most striking

in jails (64 percent); the prevalence is slightly lower in state and federal prisons but still is 56 percent and 45 percent, respectively.

TABLE 7-1 Prevalence of Mental Illness and Drug and Alcohol Dependence and Abuse in U.S. Prisoners

Condition	***Jails (%)***	***State Prisons (%)***	***Federal Prisons (%)***
Mental Illness	64	56	45
Drug and/or Alcohol Dependence or Abuse (combined total)		68	
Drug Dependence or Abuse	53	53	45
Alcohol Dependence or Abuse	47		

NOTES: James and Glaze (2006) use data from the Survey of Inmates in State and Federal Correctional Facilities, 2004, and the Survey of Inmates in Local Jails, 2002, to examine mental disorders among jail and prison inmates. Karberg and James (2005) use data from the Survey of Inmates in Local Jails, 2002, to study drug and alcohol dependence and abuse among jail inmates. Mumola and Karberg (2006) use data from the Survey of Inmates in State and Federal Correctional Facilities, 2004, to examine drug use, abuse, and dependence among state and federal prisoners.
SOURCES: James and Glaze (2006); Karberg and James (2005); Mumola and Karberg (2006).

3. What are the health-in-all-policies implications of your work/perspective?

1. **A New Spirit of Collaboration**: *Breaking Down the Silos*

Promoting healthy communities requires that we address the social determinants of health, such as transportation, education, access to healthy food, economic opportunities, resources, child care, etc. Therefore, including the experiences of communities in policymaking is crucial. The voices of the individuals and communities that struggle with these issues will inform the all sectors of all our communities. *"Community engagement looks different at the local and state levels. We wanted input about how state agencies could best help organizations at the local level create healthier community environments, so we invited local health departments, other local agencies, and many community-based organizations to our public workshops. But **local Health in All Policies groups often need the kind of input that can be provided only by people who live in the community**."* *Member, California Health in All Policies Task Force*

2. **A NEW PARADIGM**: *Wow, Life's a Web!*

Health in All Policies is based on the recognition that our greatest health challenges—for example, chronic illness, health inequities, climate change, and spiraling health care costs—are highly complex and often linked. This "new" thinking (although embedded in indigenous wisdom for millennia) about everything being connected is exactly what needs to happen. Life is a web and when one stand is pulled or broken, the integrity of the whole web is compromised. When we understand that incarcerating individuals who are struggling with mental health issues, or remove mothers from their families, or imprisoning those whose drug problems have wreaked havoc in theirs and their families' lives, we are not solving … or even addressing their problems. WE ARE BURYING THE PROBLEMS. As Angela Davis said:

"Prisons do not disappear social problems, they disappear human beings. Homelessness, unemployment, drug addiction, mental illness, and illiteracy are only a few of the problems that disappear from public view when the human beings contending with them are relegated to cages."

Sometimes we create policies that cause unintended consequences and more problems … and in many different sectors of our communities. **Incarceration is never just about 1 person.** We all live in systems … with families … in neighborhoods … in communities. We cannot ignore the fact that everything is connected. Life is a web.

3. <u>AN UNPRECEDENTED OPPORTUNITY FOR REFORM:</u> *The Wall Street Wake-Up!*

Well, Gordon Gecko, you said in the film *Wall Street* that greed is good. However, we are finding out is that GREED KILLS! I have always looked for a silver lining when things look darkest. Sometimes you need the darkness to recognize the light around you. We see some light now in Congress for the beginnings of criminal justice reform.

"It is not enough to reform the criminal justice system without considering its purpose and impact on communities. Institutions with power must acknowledge the disproportionate impacts the current system has on women, low-income communities, and communities of color and address and redress the policies that got us here." (*WHO PAYS – The True Cost of Incarceration on Families* - A national community-driven report led by the Ella Baker Center for Human Rights, Forward Together, and Research Action Design September 2015.http://ellabakercenter.org/who-pays-get-the-report)

Hawai`i has a great opportunity for criminal justice reform and employing a health-in-all policies perspective is timely. We have a new Governor and new department Directors. This presents a great opportunity for change. At a recent conference, the Director of DHS said that she is collaborating with the Director of Health. Imagine if this kind of collaboration happened across the Executive Branch. Wow!

The Department of Public Safety has said that the majority of our people are imprisoned for drug and property crimes. The data show that there are better, more effective and cheaper ways of dealing with these offenses. Community-based programming can save anywhere from 7 - $18 for each dollar spent. (Aos, Steve, Polly Phipps, Robert Barnoski, and Roxanne Lieb, 2001.*The comparative costs and benefits of programs to reduce crime.* Olympia: Washington State Institute for Public Policy.) We know this, yet we continue to spend precious resources sending non-violent lawbreakers into a violent environment. Congress is about to discuss the new bipartisan legislation and what they are saying is that incarceration should be limited to those with whom we are afraid, rather than to those with whom we are mad. This is certainly not everything we need to reduce the over-incarceration that has placed the US as the leading jailer in the world, however, it will be a good start in reducing health impacts on the community health care system, our economy, and our social service delivery systems etc.

We are caught in an inescapable network of mutuality, tied in a single garment of destiny. Whatever affects one directly, affects all indirectly.

Dr. Martin Luther King, Jr.