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Health Care Standards for Incarcerated Women in Massachusetts

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INTRODUCTION

- The 1976 Supreme Court decision Estelle v. Gamble
  - Established that “deliberate indifference to [an incarcerated person’s] serious medical needs” violates the Eighth Amendment’s prohibition on cruel and unusual treatment. The Constitution prohibits correctional officials and staff from “intentionally denying or delaying access to medical care or intentionally interfering with treatment once prescribed.”
- No federal government body has established national standards for medical care in prisons
- Various nongovernmental organizations do offer voluntary standards
  - American Correctional Association (ACA) Massachusetts Department of Correction (MA DOC)
  - National Commission on Correctional Health Care (NCCHC)
  - Much more comprehensive than ACA

BACKGROUND

Incarcerated Women United States
- 9.16% of incarcerated population in U.S.
- 6.19% are pregnant at some point in their sentence
- Likely not receiving adequate prenatal or postnatal care
- Many suffer from addiction and mental illness, have STIs, have experienced physical or sexual trauma, experience stress related to being in prison, and are experiencing unintended pregnancies

Massachusetts
- 639 females in Massachusetts jurisdiction system (as of 1/1/16)
- 439 were criminally sentenced, 193 were pre-trial detainees
- Serving civil commitments
- Average age 37
- 32% have less than a 9th grade reading level
- 33% have less than a 6th grade math level
- 31% serving sentences of three years or less for non-violent offenses

OBJECTIVES

- The Bureau of Child, Adolescent, and Family Health of the Boston Public Health Commission (BPHC) requested a policy memo on reproductive health care for incarcerated women in Massachusetts.
- This memo serves to assist BPHC in coming up with a Maternal Child Health needs assessment for this population.

LIFE COURSE PERSPECTIVE

- Pre-Incarceration
- Incarceration
- Release, Re-entry
- Childhood experiences, addiction, co-occurring mental health issues, parenting, education, socioeconomic status, family structure, and environmental exposures
- Access to health care

METHODS

- Literature Review
- Observation
  - Tour of the Suffolk County House of Correction, a medium security facility in Boston, MA
  - Observed inmates in holding cell, women’s quarters, education center, medical facility
  - Interview
  - Two experts in the field: Dr. Shannon Bell and Dr. Carolyn Saffin
- Grounded Theory Data Analysis
  - Specific methodology developed by Glaser and Strauss (1967)
  - Building theory from data
  - Steps for data analysis in Grounded Theory: open, axial, and selective coding
  - Grounded Theory (Strauss, 1987) the data, merge into categories and broader themes and issues

CONCLUSIONS

- Recommendation: Boston Public Health Commission should work with community partners to gain full NCHC accreditation
- Suffolk County House of Correction
- MCI Framingham
- All Massachusetts county and state correctional facilities
- Community partners should include:
  - Massachusetts Department of Public Health
  - Boston Medical Center
  - Boston University School of Public Health
  - Boston University School of Medicine
- Once accredited, Massachusetts State and County facilities will be striving towards:
  - Quality improvement
  - Achievement of a nationally accepted standard of care in health services delivery

REFERENCES

- BPHC
- Massachusetts Department of Public Health
- National Council for Community和 Justice
- National矫tative Health Care (NCHC) accreditation
- Suffolk County House of Correction
- MCI Framingham
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