

The Role of Health Centers to Provide Primary Care for Justice-Involved Individuals in Medically Underserved Communities

Community of Practice (CoP)

Session 1: Health risks and care needs during community reentry



Housekeeping Items

- All participants muted upon entry
- Engage in chat
- Raise hand if you would like to unmute
- Meeting is being recorded
- Slides and recording link will be sent via email



National Center for Health in Public Housing

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Kevin Lombardi, MD, MPH, Director of Research, Policy and Health Promotion



- Serves as Director of Research, Policy and Health Promotion at NCHPH and Vice President for Research and Evaluation at NAM, leading national technical-assistance initiatives for health centers and public-housing health programs.
- Integrates clinical medicine, public health, and systems evaluation to enhance primary care quality, workforce development, and policy alignment across the U.S. safety net.
- Directs national assessments and program evaluations and has published in major journals.
- Dr. Lombardi holds an MD and MPH from George Washington University, combining medical training with expertise in public health analysis, policy, and data-driven evaluation.

Moderator



**Olajumoke Oladipo,
MPH**

Health Communications
and Research Analyst

The Role of Health Centers to Provide Primary Care for Justice-Involved Individuals in Medically Underserved Communities

Session 1: Health risks and care needs during
community reentry

Dr. Kevin Michael Lombardi MD, MPH

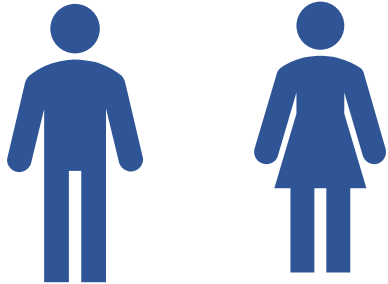
*Director of Research
The National Center for Health in Public Housing
North American Management*



Learning Objectives

1. Describe the epidemiology of chronic and behavioral health conditions among justice-involved individuals after release
2. Identify health risks associated with the transition from incarceration to community care
3. Review case studies of patients transitioning from incarceration to primary care
4. Discuss barriers that affect primary care access during reentry

Epidemiology of Incarceration



At **approximately 1.2 million** the U.S. has the highest population of incarcerated individuals in the world.

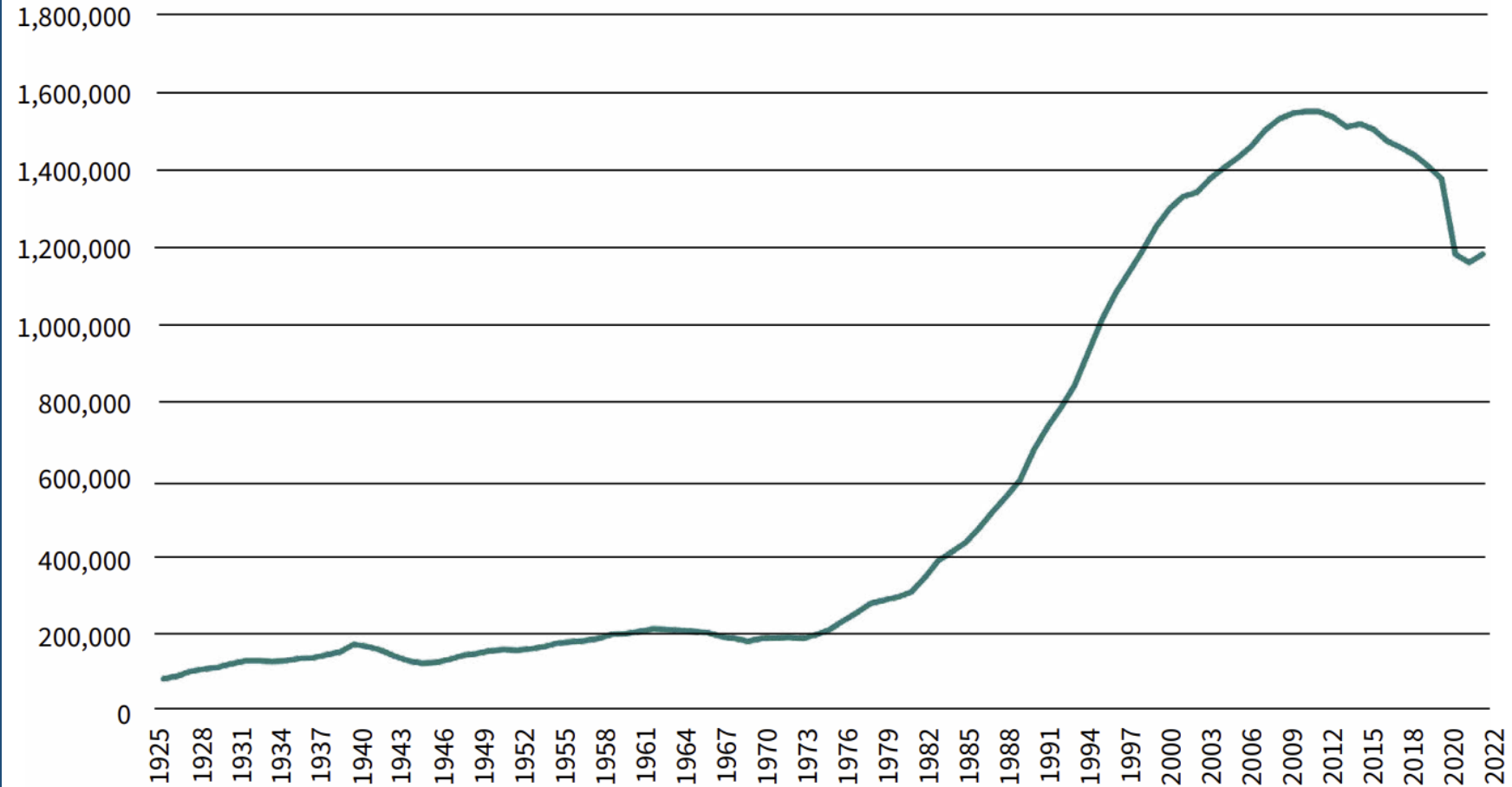


About **50% of U.S. adults** (113 million) have an immediate family member who has been incarcerated.

[Link to source: USBLS](#)

U.S. Prison Population 1925-2023

Figure 1. State and Federal Prison Population, 1925-2022



Source: [Incarceration & Crime](#)

Jails vs. Prisons



Jails: Are short-term facilities ran by local governments. These facilities hold individuals for short periods (<1 year). This includes arrests and pre-trial holding.

Prisons: State or federal facilities which hold individuals for long stays (usually > 1 year). Typically for felony convictions.

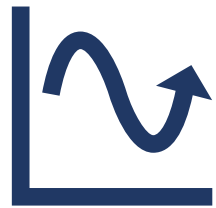


Incarceration Transition and Mortality Risk



The post-prison release population experiences an all-cause mortality that is approximately **2 – 4 times higher than the general population.**

Overdose mortality risk is more than **3 times higher** among individuals with incarceration exposure.



The highest risk window is the first **2 weeks to 1 month** after release.

Case Study: Post-Release Primary Care

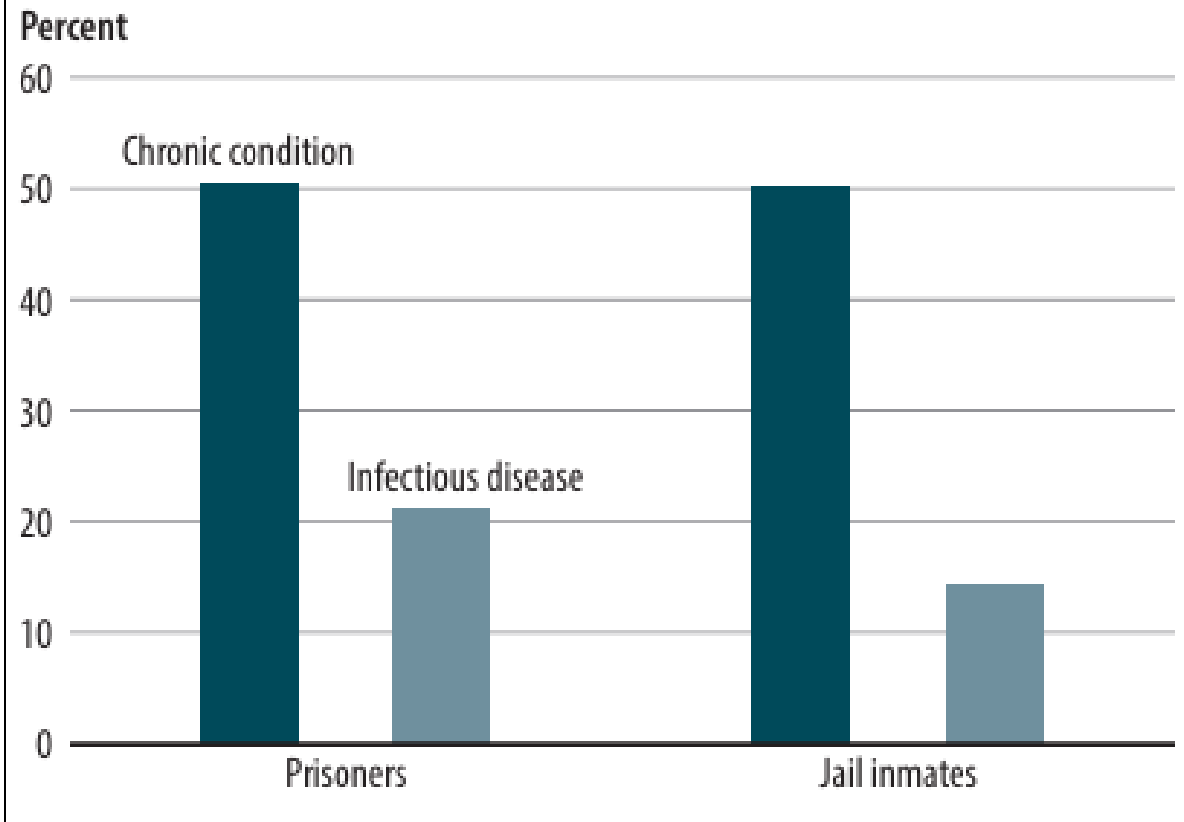
A **42-year-old man** with hypertension, opioid use disorder, and type 2 diabetes is released from prison without medications, insurance, or a scheduled follow-up, and returns to unstable housing.

Discussion question:

Given limited resources, how would you prioritize his immediate medical and health-related needs in the first 2 weeks post-release?

Incarceration and Chronic Disease

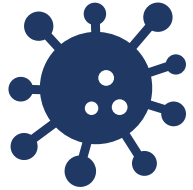
Prevalence of ever having a chronic condition or infectious disease among state and federal prisoners and jail inmates, 2011–12



- Approximately **40 to 50 percent** of incarcerated adults in the U.S. have at least one chronic medical condition.
- **Rates of hypertension** are approximately 33% higher than the general population.
- **Asthma prevalence** is nearly twice the general population.

[Link to source: DOJ](#)

Incarceration and Chronic Disease



Cervical Cancer: **4.16 times** the general population



Arthritis: **1.65 times** the general population.



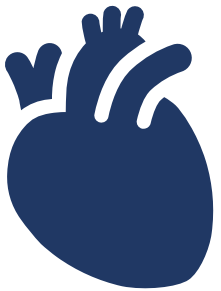
Hepatitis: **2.57 times** the general population

[Link to source: DOJ](#)

Incarceration and Chronic Disease



Over 60% of incarcerated individuals are current or former smokers.



Justice-involved individuals experience chronic disease 10-15 years before the general population

[Link to source: DOJ](#)

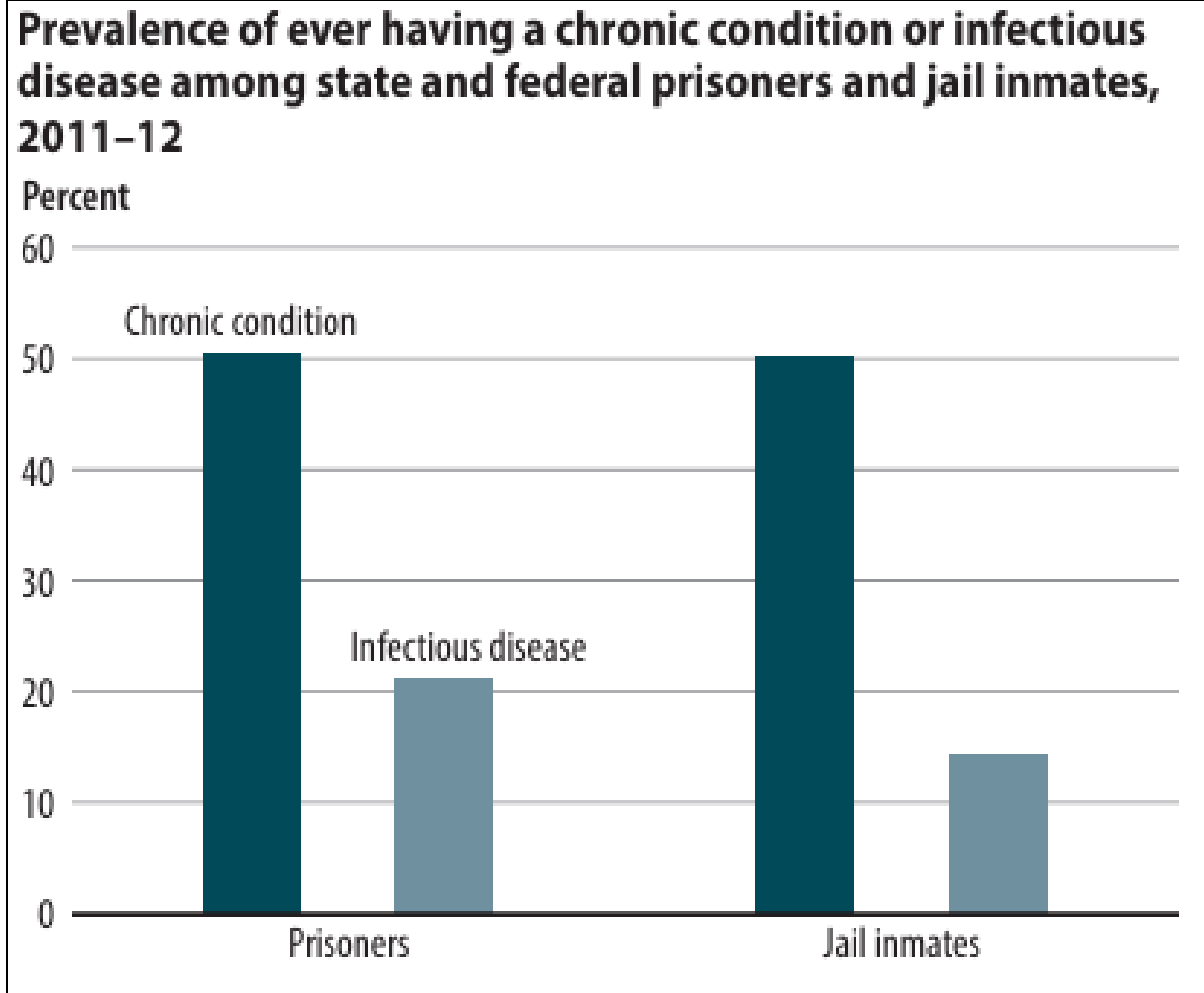
Case Study: Post-Release Primary Care

A 34-year-old female presents to a health center three weeks after release from incarceration. She has no primary care provider and is not taking any medications. Her history includes hypertension and tobacco use. She reports fatigue, irregular menses, and has not received routine medical care in several years.

Discussion Question:

What are the most important priorities to address at this initial visit to reduce her long-term health risk?

Incarceration and Infectious Disease



- **21%** of state and federal inmates reported having an infectious disease.
- **Hepatitis C** rates range **between 10% and 20%**, compared to about 1% of the general population.
- **HIV prevalence is approximately 10x** the general population.

[Link to source: DOJ](#)

Incarceration and Infectious Disease



- Justice involved persons experience a tuberculosis rate **4-6 times higher** than that of the general U.S. population, with some studies indicating rates as high as **20-30%** in certain facilities.



- Positivity rates of syphilis, gonorrhea, and chlamydia are elevated in justice-involved populations. This population benefits by **early screening post incarceration.**

[Link to source: CDC](#)

Case Study: Post-Release Primary Care

A 29-year-old male presents to a community health center two weeks after release from incarceration. He has untreated hepatitis C and has been off his asthma medications since release. He has no insurance, no medications, and no follow-up care in place.

Discussion Question:

What are the most important immediate steps to address his health needs and prevent gaps in care?

Substance Use and Behavioral Health

 **NIH Public Access**
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Public Health and the Epidemic of Incarceration

Dora M. Dumont¹, Brad Brockmann¹, Samuel Dickman², Nicole Alexander³, and Josiah D. Rich^{1,3,4}

Dora M. Dumont: ddumont1@lifespan.org; Brad Brockmann: bbrockmann@lifespan.org; Samuel Dickman: samuel_dickman@hms.harvard.edu; Nicole Alexander: nalexander2@lifespan.org; Josiah D. Rich: jrich@lifespan.org

¹The Center for Prisoner Health and Human Rights, Providence, Rhode Island 02906
²Harvard Medical School, Boston, Massachusetts 02115
³Warren Alpert Medical School, Brown University, Providence, Rhode Island 02903
⁴Division of Infectious Diseases, The Miriam Hospital, Providence, Rhode Island 02906

Abstract

An unprecedented number of Americans have been incarcerated in the past generation. In addition, arrests are concentrated in low-income, predominantly nonwhite communities where people are more likely to be medically underserved. As a result, rates of physical and mental illnesses are far higher among prison and jail inmates than among the general public. We review the health profiles of the incarcerated; health care in correctional facilities; and incarceration's repercussions for public health in the communities to which inmates return upon release. The review concludes with recommendations that public health and medical practitioners capitalize on the public health opportunities provided by correctional settings to reach medically underserved communities, while simultaneously advocating for fundamental system change to reduce unnecessary incarceration.

Keywords

prisons; war on drugs; health disparities; underserved communities; medical training

NIH-PA Author Manuscript
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- **As few as 15%** of incarcerated individuals who have a need for addiction treatment receive it.
- **Over 50%** of incarcerated individuals have a DSM-5 disorder.*
- **17-24%** of the incarcerated have a serious mental illness.

**Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition*

Case Study: Post-Release Primary Care

A 31-year-old male presents to a health center one month after release from incarceration. He reports poor sleep, difficulty concentrating, and occasional substance use since release. He has not established care, is not taking any medications, and has missed a prior appointment.

Discussion Question:

What factors may be contributing to this patient's inconsistent engagement with care, and how would you address them at this visit?

Short-Term Jail Stays and Public Health Surveillance

RESEARCH ARTICLE

Infectious disease surveillance in U.S. jails: Findings from a national survey

Morgan Maner^{1*}, Marisa Omori², Lauren Brinkley-Rubinstein¹, Curt G. Beckwith³,
Kathryn Nowotny⁴

¹ Department of Social Medicine, Center for Health Equity Research, University of North Carolina at Chapel Hill, Chapel Hill, North Carolina, United States of America, ² Department of Criminology and Criminal Justice, University of Missouri, Saint Louis, MO, United States of America, ³ Division of Infectious Diseases, Alpert Medical School of Brown University, The Miriam Hospital, Providence, Rhode Island, United States of America, ⁴ Department of Sociology, University of Miami, Coral Gables, FL, United States of America

* morgan_maner@alumni.brown.edu

Abstract

While infectious diseases (ID) are a well-documented public health issue in carceral settings, research on ID screening and treatment in jails is lacking. A survey was sent to 1,126 jails in the United States to identify the prevalence of health screenings at intake and characteristics of care for ID; 371 surveys were completed correctly and analyzed. Despite conflicting Centers for Disease Control (CDC) guidance, only seven percent of surveyed jails test individuals for HIV at admission. In 46% of jails, non-healthcare personnel perform ID screenings. Jails in less urban areas were more likely to report healthcare screenings performed by correctional officers. Survey findings indicate that HIV, HCV and TB testing during jail admissions and access to PrEP are severely lacking in less urban jails in particular. Recommendations are provided to improve ID surveillance and address the burden of ID in correctional facilities.

- Study included **1,126 jails** and individuals with stays of **less than 26 days**.
- **Only 7%** of surveyed prisons performed HIV screening at admission.
- **Only 5%** of facilities provided hepatitis C virus (HCV) testing at intake.
- **9% of surveyed facilities** provided PrEP to those who request it and **16%** provided a referral to PrEP during discharge planning.

[Link to source](#)

Case Study: Post-Release Primary Care

A 26-year-old female presents to a health center one week after a 10-day jail stay. Prior to detention, she was being treated for a psychiatric condition and was stable on medication. Since release, she reports increased anxiety, poor sleep, and difficulty concentrating. She missed a scheduled follow-up appointment and says she has not felt “like herself” since returning home.

Discussion Question:

What is the most likely reason for her clinical deterioration, and what is the first step to stabilizing her care?

Q & A Session



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Upcoming Sessions

The Role of Health Centers to Provide Primary Care for Justice-Involved Individuals	Data & Time
Session 2	April 6, 2026 at 1:00 pm EDT
Session 3	April 13, 2026 at 1:00 pm EDT
Session 4	April 20, 2026 at 1:00 pm EDT

Registration link: <https://us06web.zoom.us/meeting/register/jwfYbCsjRcGAZM4R7KRllQ>

CONTACT INFORMATION

<p>Robert Burns Program Director Bobburns@namgt.com</p>	<p>Jose Leon, MD Chief Medical Officer jose.leon@namgt.com</p>
<p>Kevin Lombardi, MD, MPH Director of Research Kevin.lombardi@namgt.com</p>	<p>Fide Pineda Sandoval, MPH, CHES Training and Technical Assistance Manager Fide@namgt.com</p>
<p>Olajumoke Oladipo, MPH Health Communications and Research Analyst Olajumoke@namgt.com</p>	<p>Please contact our team for Technical Support at 703-812-8822 or info@nchph.org</p>

THANK YOU!

