Break Silence
HCV Epidemic in Corrections and Underserved Communities

11th Annual National Summit on Health Disparities
Joint Community/Policy 1 Session
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Presenter:
Theresa Hughes, CEO, Wings for Life and Hughes Healthcare Disparities Group
Correctional healthcare extends far beyond prison walls
• The nation’s correctional system (county, state, and federal prisons) is one of its largest healthcare providers – serving more than 7.3 million (1 in 31 adults) or:
  • 1 in 3 African Americans males
  • 1 in 6 Hispanics males
  • 1 in 17 whites males
• Healthcare is the fastest growing sector in corrections:
  • States and counties pay for corrections including healthcare through its General Funds – same dollars used for education, highway repair construction, head start programs, etc.
  • Between 2001-2008 correctional healthcare cost increased an average of 52%
  • Nationwide, 2008 correctional healthcare cost $6.5 billion
• In 1976 Supreme Court ruling Estelle v Gamble constitutionally mandated inmates are guaranteed the following healthcare rights:
  • Access to care (health, mental, and dental)
  • Care that is ordered
  • Right to professional medical judgment
Corrections Epicenter of HCV Epidemic

The epicenter of HCV is the nation’s correctional systems
• Estimated level of HCV in nation’s corrections is 40%-60%
• Leading cause of deaths in the nation’s jails and prisons - HCV, liver cancer, liver diseases, and end stage liver diseases (ESLD)
• 10x greater than general population
• 70% inmates enter with history with drug use
• Women enter with higher level of HCV infection rate
• Gang related and street tattoos - using unsanitary instruments and ink

<table>
<thead>
<tr>
<th>State</th>
<th>National Average 1 in 31 Adults in Corrections*</th>
<th>2008 State Correctional Budget</th>
<th>Correctional Share of General Fund</th>
<th>Population Under Correctional Control</th>
<th>HCV Population 40%</th>
<th>HCV Population 50%</th>
<th>HCV Population 60%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alabama</td>
<td>1 in 32</td>
<td>$420 million</td>
<td>2.5%</td>
<td>108,845</td>
<td>43,540</td>
<td>54,425</td>
<td>65,300</td>
</tr>
<tr>
<td>California</td>
<td>1 in 36</td>
<td>$9.66 billion</td>
<td>2.9%</td>
<td>108,845</td>
<td>43,540</td>
<td>54,425</td>
<td>65,300</td>
</tr>
<tr>
<td>Florida</td>
<td>1 in 31</td>
<td>$2.82 billion</td>
<td>10.0%</td>
<td>462,435</td>
<td>184,975</td>
<td>231,230</td>
<td>277,460</td>
</tr>
<tr>
<td>Georgia</td>
<td>1 in 13</td>
<td>$1.1 billion</td>
<td>5.9%</td>
<td>562,760</td>
<td>225,105</td>
<td>281,380</td>
<td>337,660</td>
</tr>
<tr>
<td>Illinois</td>
<td>1 in 38</td>
<td>$1.36 billion</td>
<td>6.1%</td>
<td>252,775</td>
<td>101,110</td>
<td>126,390</td>
<td>151,665</td>
</tr>
<tr>
<td>Michigan</td>
<td>1 in 27</td>
<td>$2.18 billion</td>
<td>22.0%</td>
<td>278,800</td>
<td>111,520</td>
<td>139,400</td>
<td>167,280</td>
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<tr>
<td>Pennsylvania</td>
<td>1 in 28</td>
<td>$1.84 billion</td>
<td>6.7%</td>
<td>346,270</td>
<td>138,510</td>
<td>173,135</td>
<td>207,769</td>
</tr>
<tr>
<td>Texas</td>
<td>1 in 22</td>
<td>$2.96 billion</td>
<td>6.8%</td>
<td>797,250</td>
<td>318,900</td>
<td>398,625</td>
<td>478,350</td>
</tr>
<tr>
<td>Wisconsin</td>
<td>1 in 39</td>
<td>$1.08 billion</td>
<td>8%</td>
<td>110,640</td>
<td>22,260</td>
<td>55,320</td>
<td>66,400</td>
</tr>
</tbody>
</table>

* Includes county jails, federal and state prisons, probation and parole
Redefine Correctional Healthcare As Public Health

- Nationwide, 85%-90% of inmates are released from correctional systems - majority are uninsured, untreated, and undiagnosed
- Undiagnosed and untreated ex-offenders with communicable diseases (i.e., HIV and HCV) are at high risk of unknowingly infect their partners (sexual and drug use)
- Uninsured ex-offenders often seek healthcare via public health facilities, CBOs, emergency rooms, late stages of diseases, and premature death
- When ex-offenders return to corrections (45%-60% recidivism rates) they are older and sicker, have longer sentencing, and leave behind their newly infected partners to manage their diseases
- Majority of ex-offenders return to communities of commitment – 5-10 zip codes/neighborhoods with high concentrations of ex-offenders
- **Detroit** - The majority of ex-offenders return to Wayne County, of which 80% return to eight (8) zip codes - accounting for 17.5% of Wayne County’s population
- **Milwaukee County** – Between 1990-2012 over ½ of African American males in their 30s and ½ African American males in their 40s were incarcerated:
  - resulting in loss days/years - 42.6 million days or 17,000 years
  - cost $3.38 billion (incarceration cost only)
  - loss revenues, loss tax bases, increased social services loss prime parenting and economic years

Churning of uninsured, undiagnosed, and untreated ex-offenders with chronic illnesses, including HCV between corrections and economically, social, and medical challenged communities widens the gap healthcare disparities

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## HCV Epidemic in Communities of Commitment

![Fresno County: Average Number of Reported Cases 2008-2012, Chronic Hepatitis C Virus](image)

<table>
<thead>
<tr>
<th>Fresno County</th>
<th>Median Age Males</th>
<th>2012 Newly Reported Males</th>
<th>Median Age Females</th>
<th>2012 Newly Reported Females</th>
<th>Total Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hispanic/Latino</td>
<td>50</td>
<td>159</td>
<td>47</td>
<td>75</td>
<td>485,394</td>
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<tr>
<td>White</td>
<td>51</td>
<td>204</td>
<td>49</td>
<td>111</td>
<td>300,442</td>
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<tr>
<td>Black/African American</td>
<td>57</td>
<td>45</td>
<td>56</td>
<td>23</td>
<td>46,362</td>
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<tr>
<td>Asian/Pacific Islander</td>
<td>51</td>
<td>16</td>
<td>53</td>
<td>12</td>
<td>92,202</td>
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<tr>
<td>American Indian/Alaskan Native</td>
<td>53</td>
<td>7</td>
<td>n/a</td>
<td>n/a</td>
<td>4,460</td>
</tr>
<tr>
<td>Other</td>
<td>42</td>
<td>8</td>
<td>n/a</td>
<td>n/a</td>
<td>—</td>
</tr>
<tr>
<td>Unknown</td>
<td>54</td>
<td>185</td>
<td>53</td>
<td>111</td>
<td>—</td>
</tr>
</tbody>
</table>

*CalREDIE (California Reportable Disease Information Exchange)*

Others and Unknown are primary people of color, or mixed ethnicity who chose not to define or designate their race/ethnicity
HCV Epidemic in Communities of Commitment

Chicago's Communities of Commitment include 6 neighborhoods - Humboldt Park, East Garfield Park, South Lawndale, Austin, West Englewood, and Englewood

Philadelphia's Communities of Commitment include 6 neighborhoods - Cobbs Creek, Fishtown, Frankford, Hartranft, Hunting Park, and West Kensington

City of Chicago: Average Number of Reported Positive Tests 2008-2012, Chronic Hepatitis C Virus

Philadelphia: Average Number of Reported Cases 2008-2012, Chronic Hepatitis C Virus

Philadelphia 2008-2012 age distribution of HCV cases by gender above for zip codes
HCV Education Program
- Inmates
- Custody and Medical Staff
- Community Based Organizations
- Public and Private Healthcare Providers

Collaboration Between Corrections and Communities of Commitment

Inmate HCV Test Policy/Criteria

HCV Surveillance/Demographic Profile
- **Corrections** - Age, race/ethnicity, gender, drug history, sentencing term by yard/cell block
- **Communities of Commitment** - Age, race/ethnicity, gender by zip neighborhood

Manage HCV Care/Treatment

Affordable Care Act
- Enroll entering and soon to-be-released inmates
- Inmate Outside Hospitalizations
- Electronic Health Records (EHR)
- Health Information Exchange (HIE)

Social Return on Investment
Not Enough to Break the Silence of HCV
Demand Action

- Similar to HIV/AIDS epidemic of early 1980s we were not included in early discussions – yet adversely impacted
- Rise our collective voices and demand inclusion
- Build public and political awareness
- Focus, Focus, Focus on At Risk Communities
- Collaboration between corrections and communities of commitment
- Education, Education, Education
- Increase HCV screening and testing
- Continuity of Care/Linkage of Care
Maximize HCV Recommendations and Policies

USPSTF and CDC Viral Hepatitis Recommendations

Affordable Care Act

Maximize enrollment of at risk populations into the Affordable Care Act

- Educate public and private healthcare providers on HCV in at risk populations
- Encourage ACA certified enrollment (need the correct term) at women’s healthcare, substance abuse programs, faith based organizations, ethnic health clinics, re-entry programs
- Community healthcare workers to educate at risk populations
- Continuity of Care/Linkage of Care
  - Electronic Health Records (EHR)
  - Health Information Exchange (HIE)

Maximize Opportunities Afforded Corrections via ACA

- Enroll entering and soon-to-be released inmates into ACA
- Inmate outside hospitalizations > 24 hours
- Continuity of Care/Linkage of Care
  - Electronic Health Records (EHR)
  - Health Information Exchange (HIE)
Contact Information

Theresa Hughes
Thughes@wingsforlife.us
510-938-4641
www.wingsforlife-intl.org