



**I Am Abel
Foundation**

The Power of **Possible**

LaMenta Sweetie Conway, MD, MPH
Deputy Chief of Medicine
Illinois Department of Corrections
I AM ABEL FOUNDATION
Founder and Executive Director

Taking a look at the political, and social determinants of health and their impact on health and social equity outcomes and our collective call and responsibility to create innovative and solution based changes.

**AIAMC
CONFERENCE
2024**



Northwestern
Prison
Education
Project



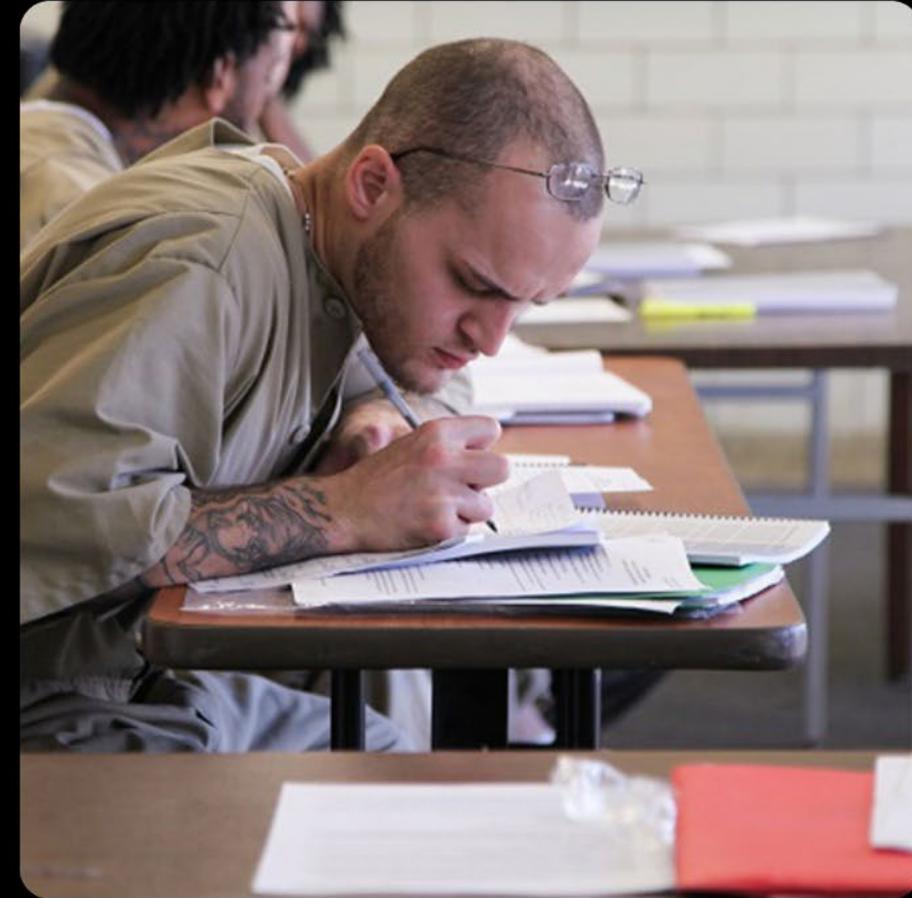
AIAMC CONFERENCE 2024

- The Northwestern Prison Education Program (NPEP) is an initiative of Northwestern University to provide a high-quality liberal arts education to incarcerated students in Illinois in partnership with Oakton College and the Illinois Department of Corrections (IDOC).
- NPEP is the only bachelor's degree-granting program for incarcerated students offered by a top 10 university in the United States
- 16 men graduated from Stateville Correctional Facility in 2023 making history



AIAMC CONFERENCE 2024

- Bureau of Justice Statistics has found high rates of recidivism. Bureau of Justice Statistics tracked 400,00 incarcerated individuals in 30 states and found that within three years of release 2/3 or 67.8% were rearrested and within five years more than 3/4 (76.6% were rearrested)
- Incarcerated persons who participated in prison education programs have a 43% reduction in recidivism rates
- The higher the education, the lower the recidivism rate in part due to smoother reentry and significantly increased employment opportunities.



1st

The Answer is

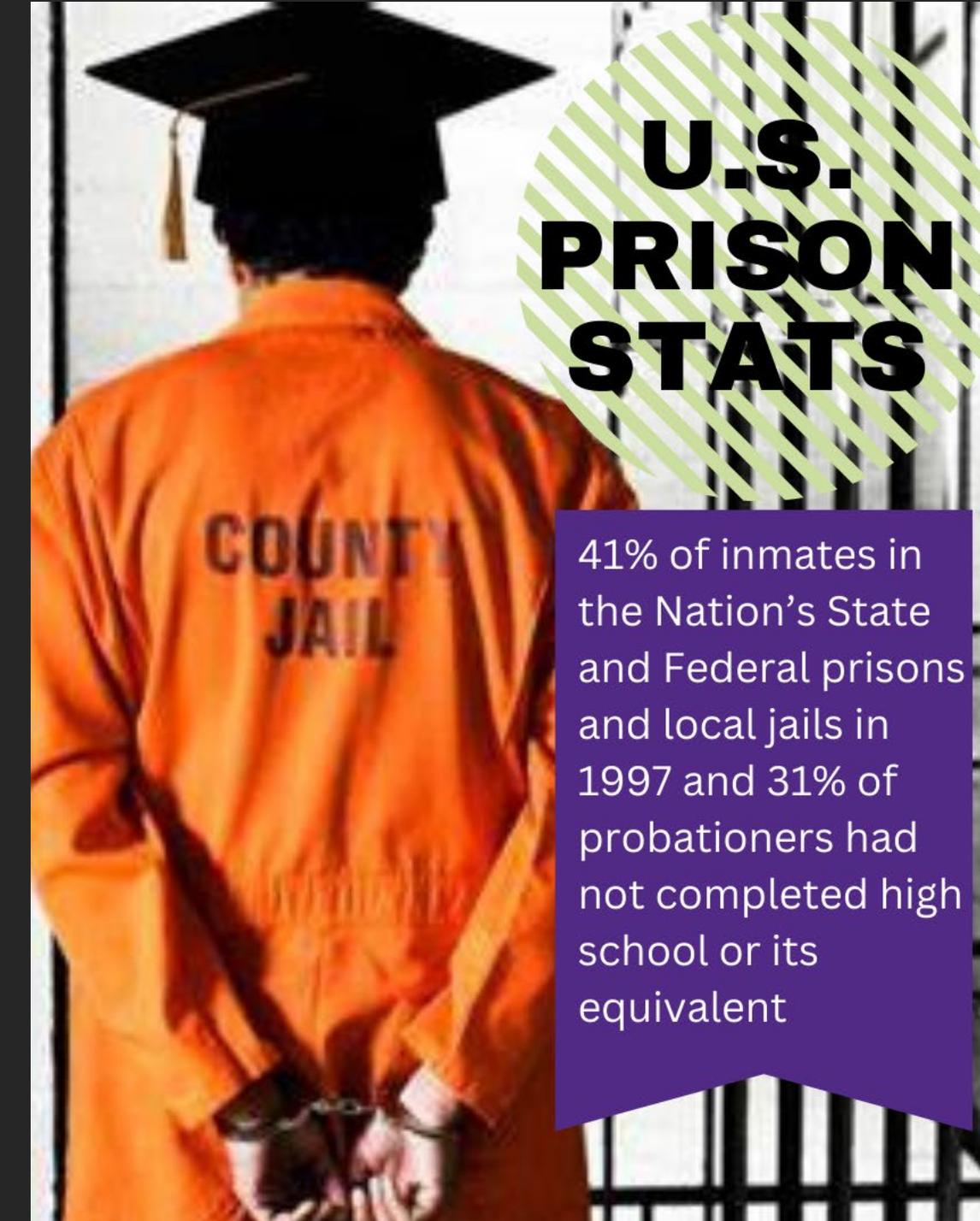
Yes



So why do we care?

The Political Determinants of Health

Our Justice Involved Patients



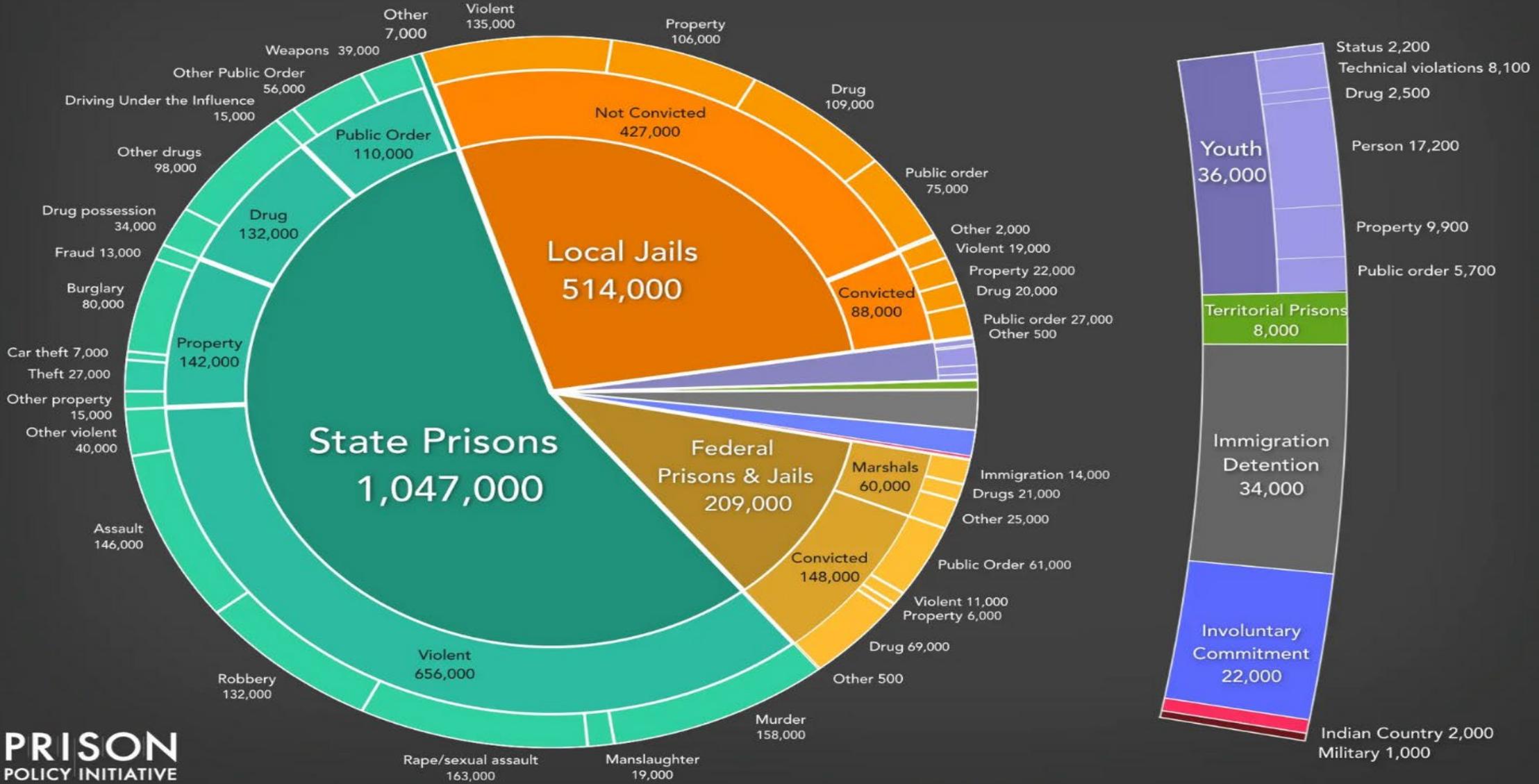
U.S. PRISON STATS

41% of inmates in the Nation's State and Federal prisons and local jails in 1997 and 31% of probationers had not completed high school or its equivalent

- **The United States is the world's leader in incarceration.**
- There are 2.2 million people in the nation's prisons and jails—a 500% increase over the last 40 years.
- 93% Of people in prison are men and 7 % are Women with about 104,968 women in state or federal prisons in 2015
- 25% of the WORLD'S prisoners are in the U.S.
- Changes in law and policy, not changes in crime rates, explain most of this increase.
- The results are overcrowding in prisons and fiscal burdens on states, despite increasing evidence that large-scale incarceration is not an effective means of achieving public safety. →

How many people are locked up in the United States?

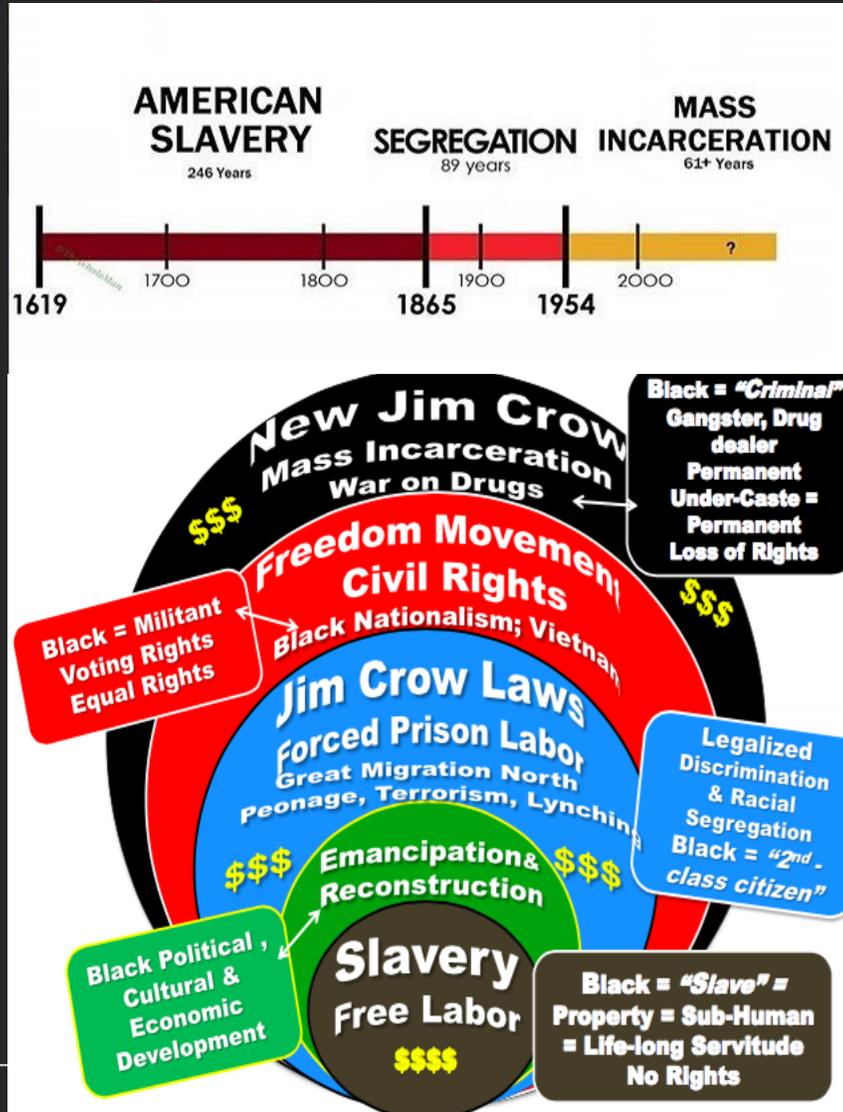
The U.S. locks up more people per capita than any other nation, at the staggering rate of 565 per 100,000 residents. But to end mass incarceration, we must first consider *where* and *why* 1.9 million people are confined nationwide.



- Prisons and jail populations have swelled to the unprecedented amounts in the past 40 years
- Harsh conditions have exacerbated serious medical and mental health care issues
- Black Americans are incarcerated at more than 5 times the rate of whites
- While black and Latino Americans make up about 32% of the U.S. population, they constitute 56% of the incarcerated population



No How Did This REALLY Happen??



SLAVERY
was the legal institution of human enslavement, primarily of Africans and African Americans in the 18th and 19th centuries after the US gained independence and before the end of the American Civil War. During this time black came to mean slave.

RECONSTRUCTION
The 13th Amendment officially abolishes slavery, but the country sees the rebirth of white supremacy – including the rise of racist organizations like the Ku Klux Klan.

JIM CROW LAWS
enforced racial segregation in the Southern United States. Enacted after the Reconstruction period, these laws remained in force until 1965. During this period black means "second class citizen".

CIVIL RIGHTS
Almost a century after emancipation, continued racism and discrimination lead to the civil rights movement of the 1960s. During this era black becomes synonymous with "militant."

NEW JIM CROW
refers to the U.S. criminal justice system's use of the War on Drugs as a primary tool for enforcing racial discrimination and repression. This has led to the highest rate of incarceration in the world as well as an even greater imprisonment of African Americans than ever before, making "criminal" synonymous with black.

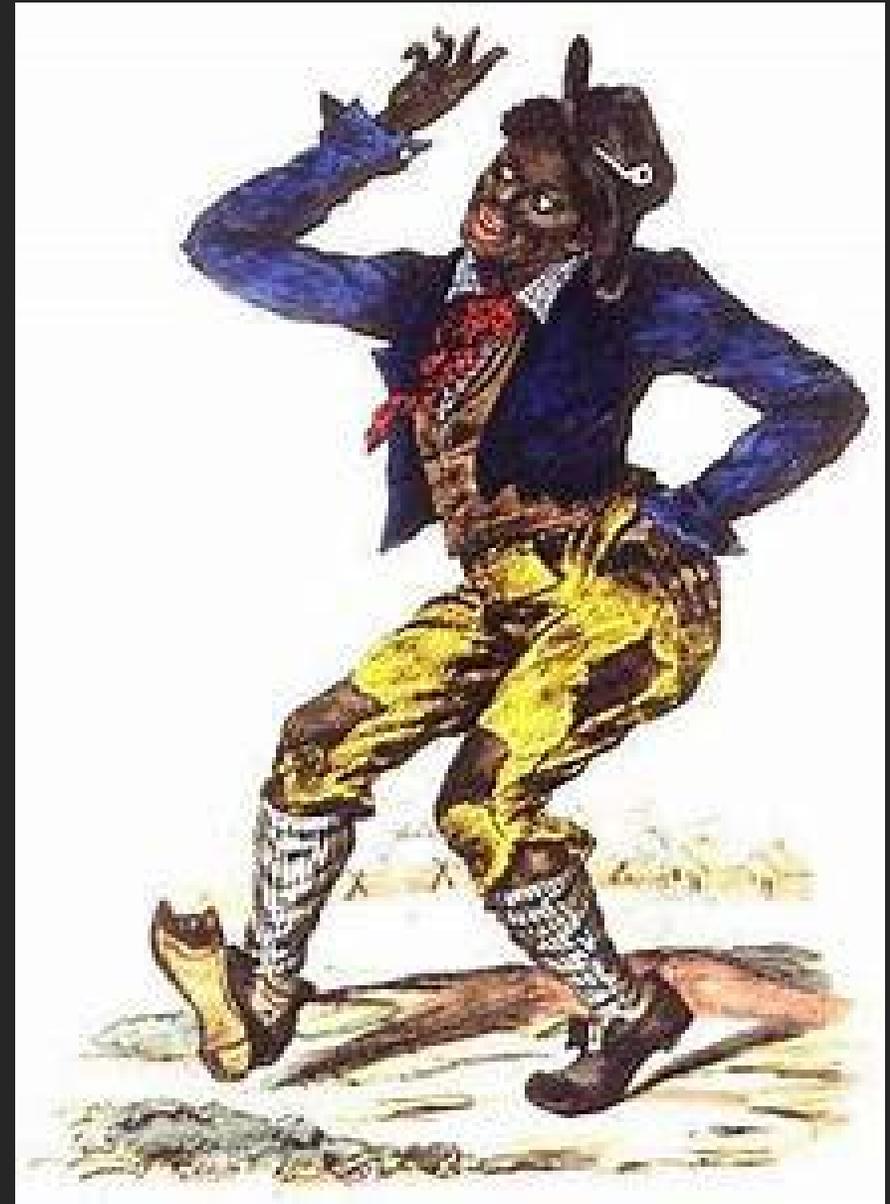
Jim Crow Laws

The origin of the phrase "Jim Crow" has was a song-and-dance caricature of black people performed by white actor Thomas D. Rice in blackface

Negative Term for Blacks

Described a set of southern laws of racial segregation directed against black people at the end of the 19th century

Criminalization is the process by which something becomes "illegal"
i.e. marijuana vs. crack vs. cocaine vs. today's opiate crises



Who is In Our Prisons and Why The New Jim Crow





War on Drugs

- Alton (1833 - 1857)
 - Joliet (1858 – 2002)
 - Pontiac 1871
 - Menard 1878
 - Vandalia 1921
 - Stateville 1925
 - Dwight (1930 – 2013)
 - Vienna 1965
-

PRISONS OPENED IN THE 1980S

Logan 1978

Centralia 1980

Graham 1980

East Moline 1980

1983

Jacksonville 1984

Shawnee 1984

Lincoln 1984

Danville 1985

Hill Correctional 1986

Illinois River 1989

Western 1989

Prisons Opened in the 1990s – 2000s

- Taylorville 1990
- Robinson 1991
- Big Muddy 1993
- Southwestern 1995
- Pinckneyville 1998
- Decatur 2000
- Sheridan 2004
- Joliet Inpatient Treatment Center June 2022
- Lawrence 2001
- Kewanee Life Skills Re-Entry Center 2017
- Murphysboro Life Skills 2018



COMPETITION
FOR PRISONS
IN ILLINOIS

“LET’S CALL A
THING A
THING”

Illinois Prison Sweepstakes

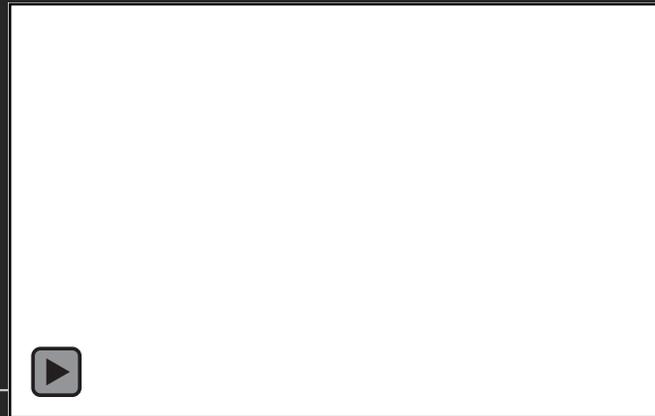


Governor Jim "Big Jim"
Thompson
1977 - 1991

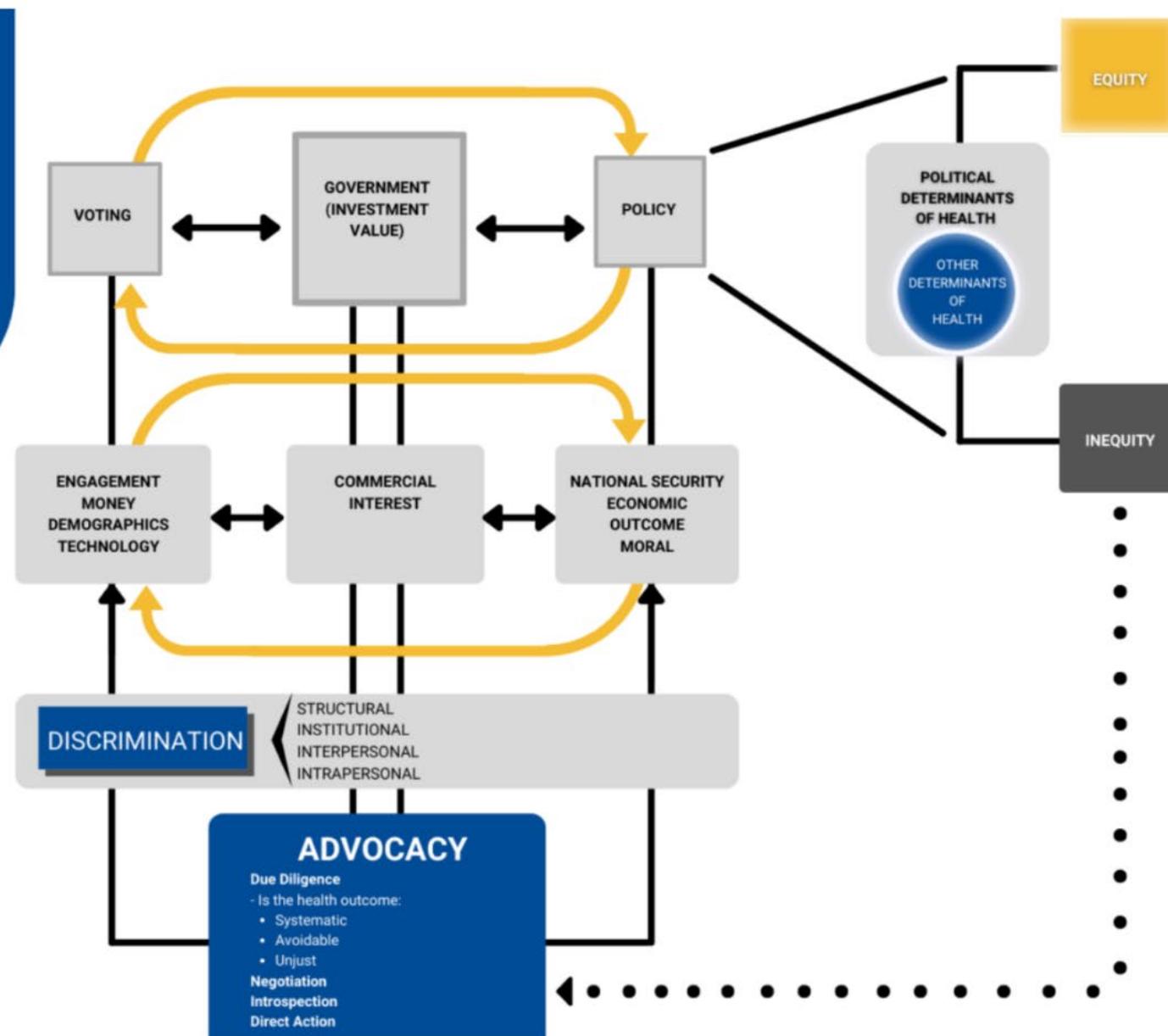
The Governor in the U.S. with 4 consecutive terms and longest serving governor in U.S. History

Lead President Reagan's Taskforce on Crime and "War on Drugs"

Built more prisons than any sitting U.S. Governor in history under his time in office



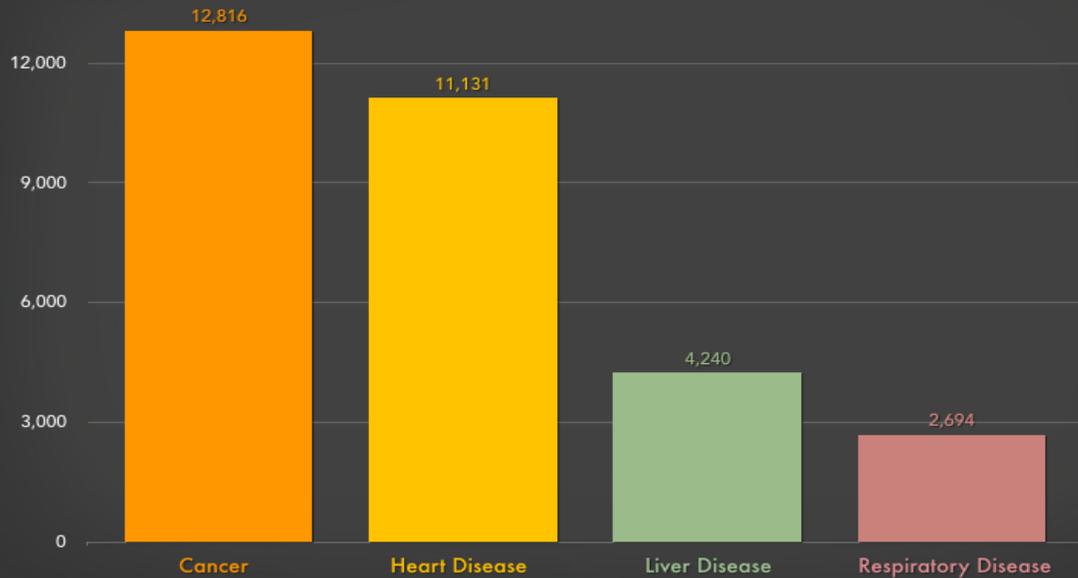
POLITICAL DETERMINANTS OF HEALTH MODEL



Why Do We Care?

Terminal and chronic illnesses are the leading causes of death among older people in prison

Total deaths among people age 45 and older in state prisons, by the four leading causes of death, 2001-2016

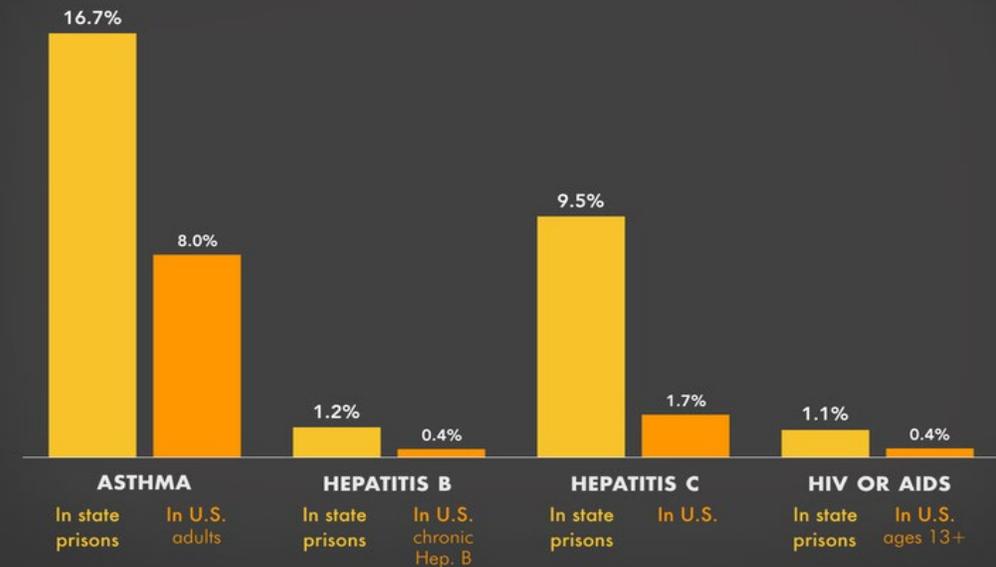


Source: Bureau of Justice Statistics, *Mortality in State and Federal Prisons, 2001-2016*, Table 9

PRISON
POLICY INITIATIVE

People in state prisons suffer disproportionately from various medical conditions compared to the overall U.S. population

Medical diagnoses ever received by people in state prisons in 2016, compared to prevalence estimates in the broader U.S. population



Sources: Bureau of Justice Statistics' *Survey of Prison Inmates 2016*; Centers for Disease Control and Prevention (2019); Lim et al. (2020); Hofmeister et al. (2019); Centers for Disease Control and Prevention (2016). For a detailed source list, see https://www.prisonpolicy.org/graphs/spi_2016_conditions_comparison.html

PRISON
POLICY INITIATIVE

The Excess Burden of Chronic Illnesses in Jails and Prisons

Serious mental illnesses in jails

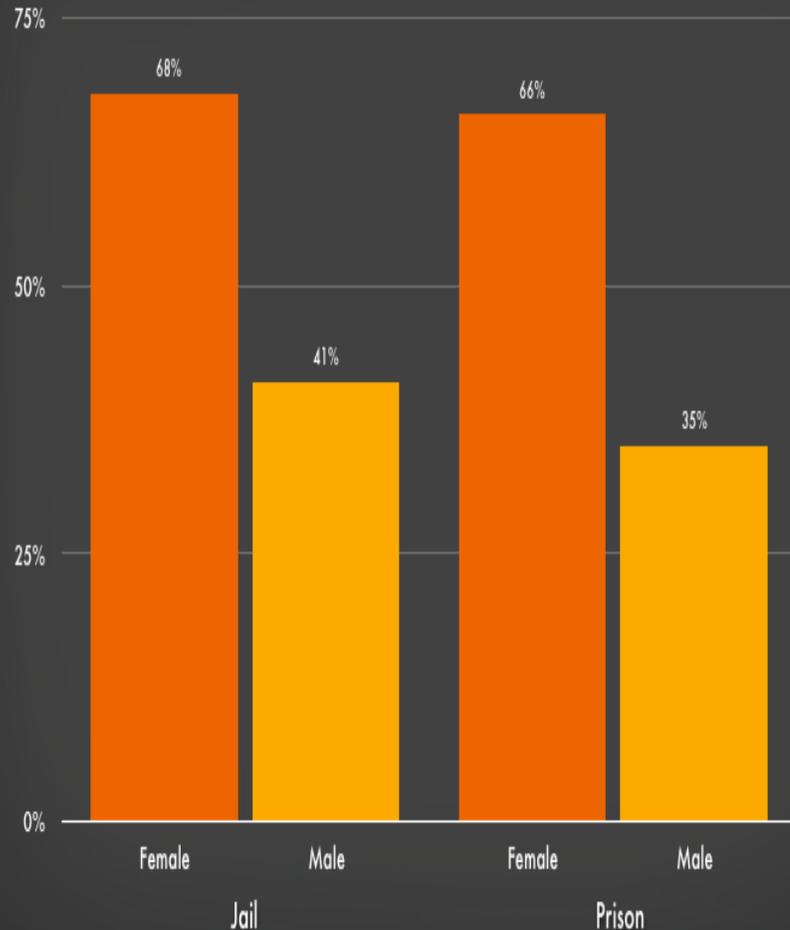


In state prisons, prevalence of serious mental illness is 2 to 4 times higher than in the community.

The Challenges of Mental HealthCare and Addictions in Correctional Healthcare

Women in prisons and jails are more likely than men to have a history of mental health problems

Percentage of incarcerated men and women reporting any history of mental health problems



Incarcerated people suffer disproportionately with serious mental illnesses compared to the overall U.S. population

Specific mental health problems reported by people in state prisons in 2016 compared to the U.S. adult population in 2016

PEOPLE WHO SUFFERED FROM **SERIOUS PSYCHOLOGICAL DISTRESS** IN THE PAST 30 DAYS



PEOPLE WHO WERE **EVER DIAGNOSED WITH...**

BIPOLAR DISORDER



POST-TRAUMATIC STRESS DISORDER (PTSD)



SCHIZOPHRENIA OR OTHER PSYCHOTIC DISORDER



The Burden of Disease Behind Bars



HIV/AIDS

is 2 to 7 times more prevalent and an estimated 17 percent of all people with HIV living in the U.S. pass through a correctional facility each year.



Common STDs

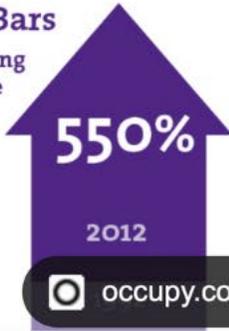
(sexually transmitted diseases), such as chlamydia and gonorrhea, are more prevalent, especially among incarcerated women who have significant histories of sexual trauma and/or engage in sex work.

Hepatitis C occurs at rates 8 to 21 times higher among incarcerated people, and accounts for more deaths in the community than HIV/AIDS.

One third of women admitted into jails who receive a screen for STDs test positive for syphilis.

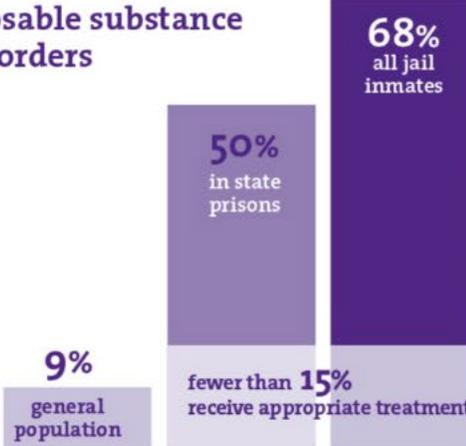
Graying Behind Bars

People aged 55 years and older are among the fastest growing segments of the incarcerated population. Older adults have higher rates of chronic conditions and mental and physical disabilities.

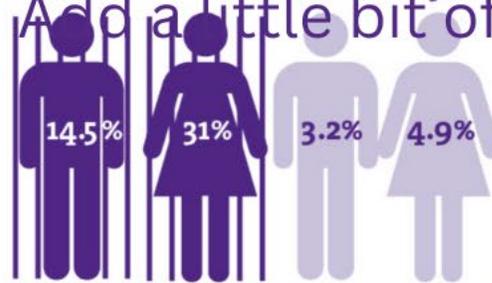


Source: David Cloud. *On Life Support: Public Health in the Age of Mass Incarceration*. New York, NY: Vera Institute of Justice, 2014.

Diagnosable substance use disorders



Serious mental illnesses in jails



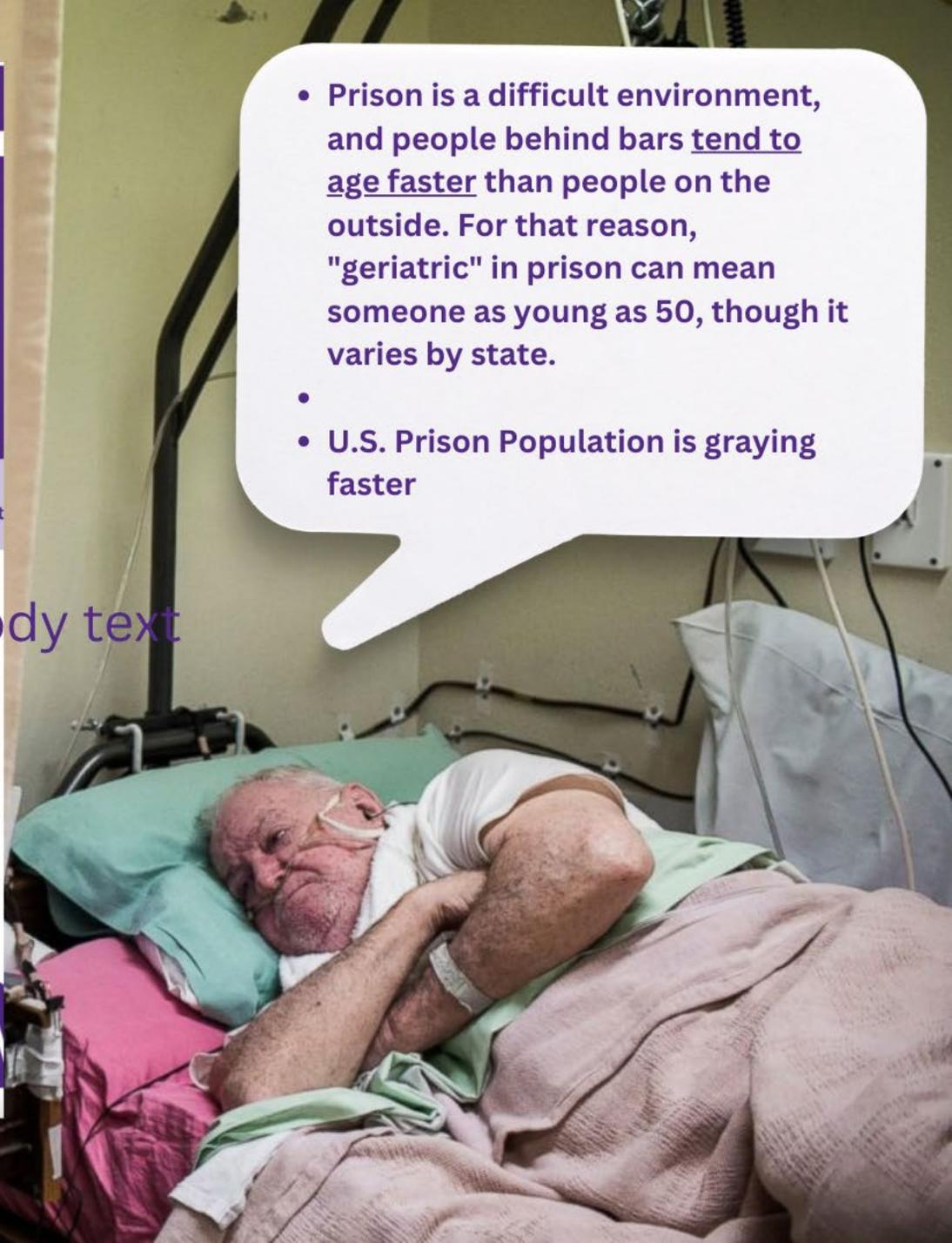
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Suicide and Violence

Suicide accounts for one-third of deaths in jails. 15 percent of state prisoners reported violence-related injuries and 22 percent reported accidental injuries.



- Prison is a difficult environment, and people behind bars tend to age faster than people on the outside. For that reason, "geriatric" in prison can mean someone as young as 50, though it varies by state.
- U.S. Prison Population is graying faster



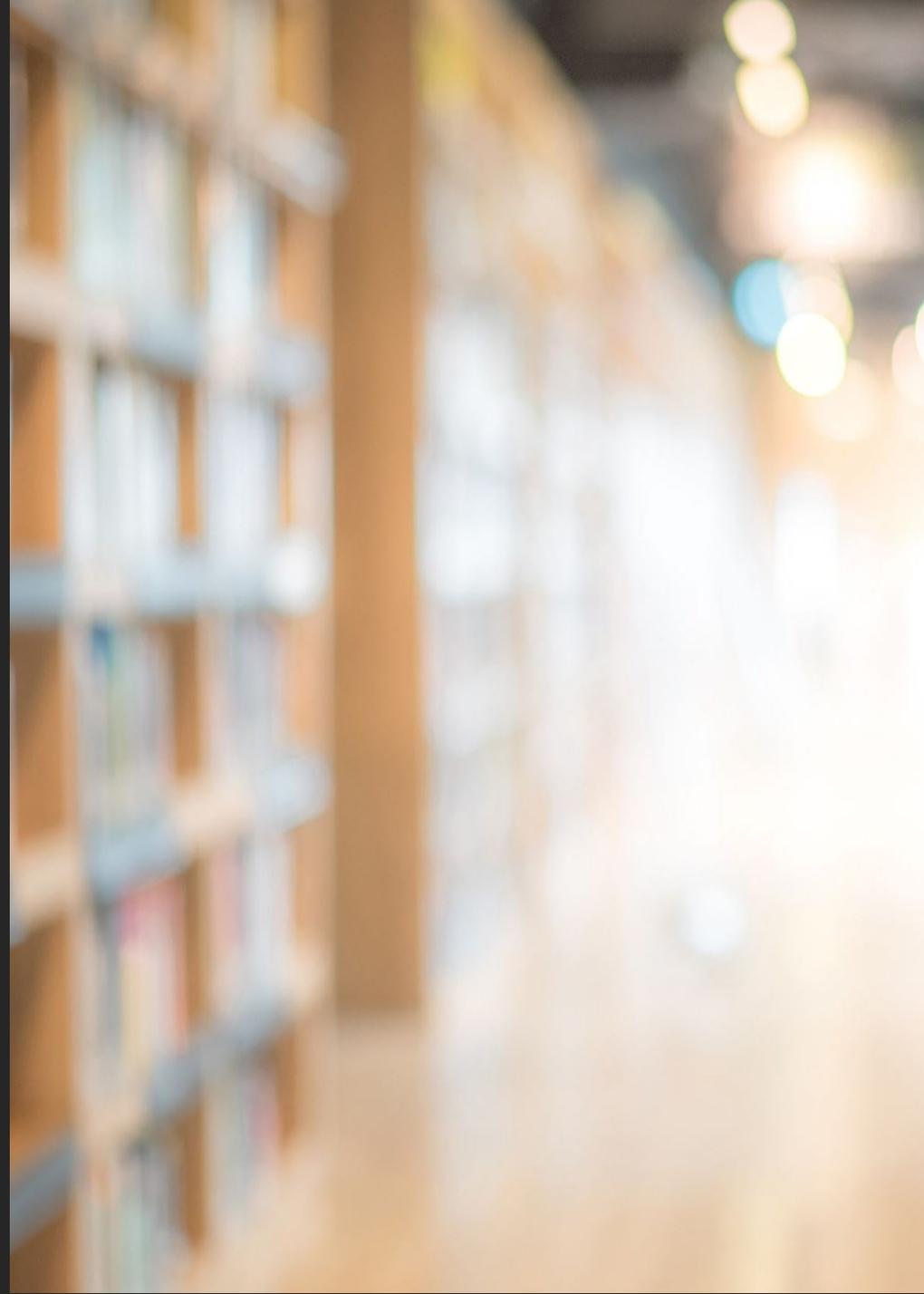
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How Do We Interrupt the Cycle?

- Identifying the Root cause. (Moral Determinants of Health, i.e. Slavery, Jim Crow, the New Jim Crow, Redlining, etc...)
- Creating Innovative solutions that address a smaller more manageable part of the larger problem while preparing for resistance or backlash
- Apply pressure Repeat!

Education Not Incarceration

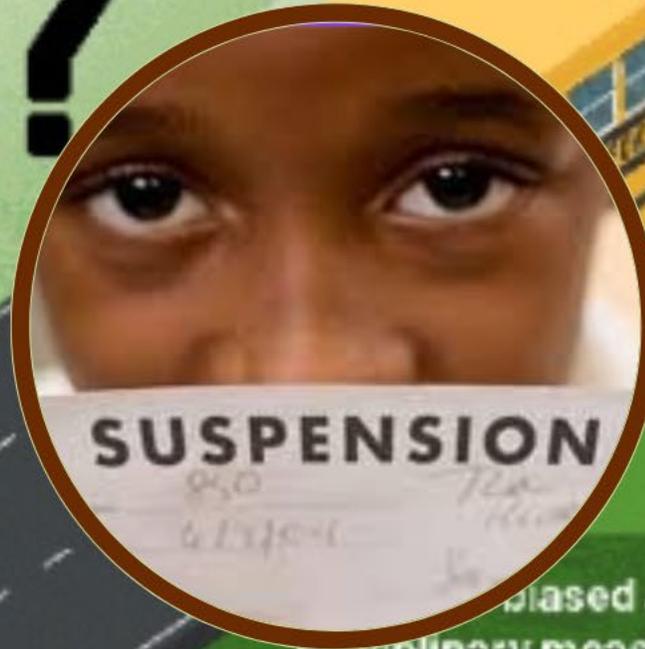
- Studies reveal that the overwhelming number of people in prison are the very people who were not given access to educational opportunities in the first place, due to systemic racism and poverty
- Educational programs behind bars are thus a way of righting the educational wrongs that society has inflicted on its poorest, most neglected members (moral determinant of health)
- investing in education in prisons is an investment in public safety, workforce development and the betterment of communities both inside and outside.
- Those who participate in correctional education are 43 percent less likely to return to prison after release than those who do not.
- Research has shown that the American public saves \$5 in reimprisonment costs for every \$1 it spends on prison education
- 95 percent of the students from the Prison-to-College Pipeline in New York are currently employed and only 12.5 percent have been re-incarcerated,



Interrupting the School to Prison Pipeline

SCHOOL-TO-PRISON PIPELINE?

The school-to-prison pipeline refers to practices and policies that disproportionately place students of color into the criminal justice system.



Biased application of harsh disciplinary measures and overuse of referrals to law enforcement contribute to the problem, setting up vulnerable students for failure and ignoring the underlying causes.

How can educators end the school-to-prison pipeline? The first step is considering an alternative approach to school discipline.



The Social Determinants of Health

Social Determinants of Health



Your Zip Code Determines Your Access to Care and How Healthy you May be

o o o o

Thirty blocks apart in New York City, life expectancy of people in Harlem is 10 years less than those living on the Upper East Side... Where you live—not just your beliefs, behaviors, and biology—determines when you'll die if you are low income.



01

David Ansell, MD, MPH
The Death Gap

Why have you chosen life expectancy as the measure of health?

- Life expectancy is a barometer of the health of a country or a community.
- It's the single measure of health that can be used to sum up health status and help us understand health inequality.
- Life expectancy is a number that takes into account every known cause of death in a population from infant mortality to epidemics to chronic diseases.
- Where you live—not just your beliefs, behaviors, and biology—determines when you'll die if you are low income. Premature mortality results from the perpetuation of historical, structural injustices, like racism, poverty, and income inequality, into the present. Premature mortality—this death gap—is an American epidemic unlike any other developed country.

The Death Gap
David Ansell, MD, MPH

what is

STRUCTURAL VIOLENCE

Institutions



- Structural violence is racism and other forms of exploitation and discrimination that lead to inequality in many aspects of life, including health and life expectancy.
- Historical injustices are perpetuated into the present, making it difficult for individuals to achieve upward mobility and good health.
- It is structural because it is embedded in the laws, policies, and routine practices of society (in housing policies, zoning laws, tax laws, banking regulations, etc.) that mire certain neighborhoods in concentrated poverty while at the same time allow other neighborhoods of concentrated affluence to flourish.
- The premature mortality that ensues is a problem of national scope, affecting folks in inner cities, Native American reservations, and now white people without college education, across the United States.

So What Are the Solutions

What Can Academic Centers Do to Close the “Death Gap?”

Academic medical centers are anchor institutions largely located in vulnerable areas surrounded by poverty by

- investing in these neighborhoods
- Vendors come from the community
- Working with neighborhood schools
- Creating pipeline programs from within the community

INCREASING REPRESENTATION OF BLACK PRIMARY CARE PHYSICIANS - A CRITICAL STRATEGY TO ADVANCE RACIAL HEALTH EQUITY

- The authors found that a 10% increase in Black representation was associated with a 30.61-day increase in life expectancy for Black individuals (95% CI, 19.13-42.44 days), a reduction in all-cause mortality among Black persons by 12.71 deaths per 100 000 (95% CI, -14.77 to -10.66), and a 1.17% reduction in the Black/White disparity in all-cause mortality (95% CI, -1.29% to -1.05%).
- The associations with life expectancy were strongest in counties with high rates of poverty. During a given year of heightened Black representation within counties (vs their average), there were reduced mortality rates among Black populations (-35.34 [95% CI, -58.86 to -11.81] deaths per 100 000) and smaller Black/White disparities in all-cause mortality (-2.44 [95% CI, -3.65 to -1.23]).



JAMA Network Open, April 14, 2023,
Monica E. Peek, MD, MPH, MSc

WORKFORCE DIVERSITY

Does It Matter Relative to Health Outcomes??

- Information seeking was higher among black participants after they viewed messages from Black Physicians
- Trust for the messenger
- Diabetes, Cholesterol Screening and invasive testing increased by 20% Return visits were up to 20%
- Flu shots were significantly more likely
- Black doctors wrote additional notes about the subjects
- Black subjects were likely to talk with a black doctor about their health problems
- Intention to adhere to medical advise



INCREASING REPRESENTATION OF BLACK PRIMARY CARE PHYSICIANS - A CRITICAL STRATEGY TO ADVANCE RACIAL HEALTH EQUITY

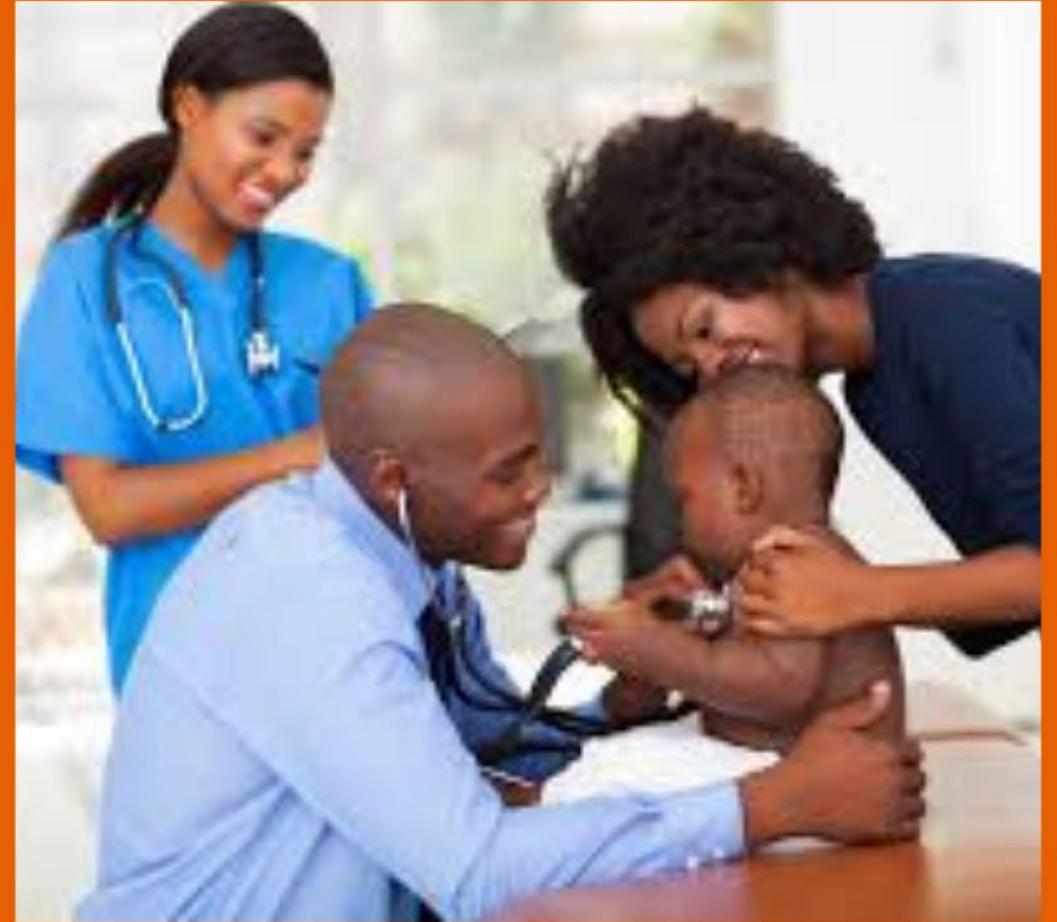
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WHAT ARE SOME OF THE DRIVERS OF THIS IMPROVEMENT IN OUTCOMES WITH RACIALLY CONCORDANT CARE?

- There is evidence that Black physicians are more likely than physicians from other racial or ethnic groups to engage in health-related work outside the health care system.
- They are more likely return to serve marginalized and underserved communities (AAMC Summary Report 2020)
- Black physicians are more likely to provide health-related expertise to local community organizations
 - School boards and local media
 - Be politically involved in health-related matters at the local, state, or national level;
 - Involvement in advocacy organizations (i.e. air pollution, gun control, increased literacy, substance abuse prevention).





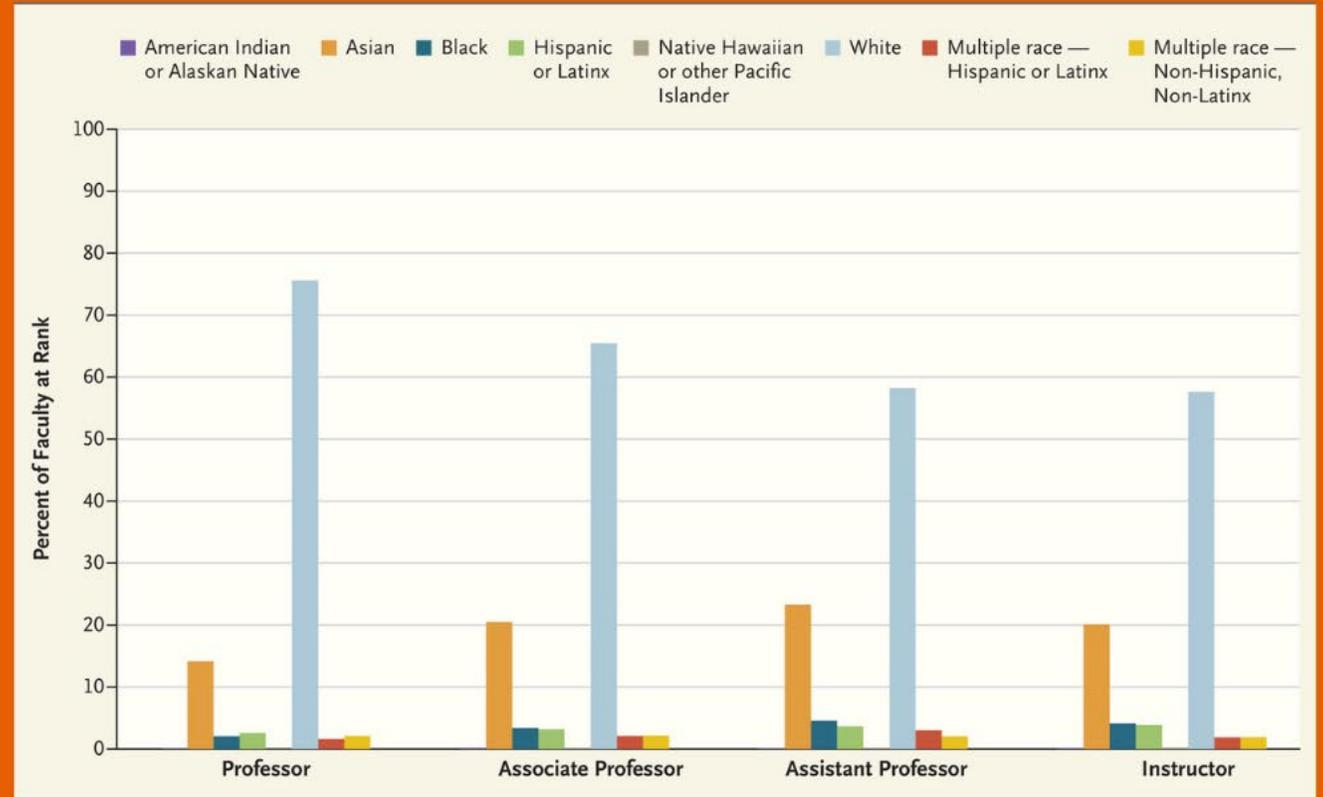
Why the Improvement in Mortality?

Second, the study's mortality associations were more pronounced in counties with higher rates of poverty. In addition to factors noted above, this finding may also reflect that Black physicians disproportionately care for patients that are uninsured and underinsured compared with their non-Hispanic White counterparts.

JAMA Network Open, April 14, 2023,
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Addressing Workforce Diversity — A Quality-Improvement Framework

- At the highest levels of health care leadership, remains an elusive goal. In the United States, 3.6% of medical school faculty are Black, 3.3% are Hispanic or Latinx, and 0.1% are American Indian or Alaskan Native, according to data from the Association of American Medical Colleges (see [graph](#));
- Those groups comprise 13.4%, 18.5%, and 1.3% of the population, respectively.
- Female physicians make up more than half of most graduating medical school classes but account for only 5.5% of full professors and 26% of department chairs.



Data are from the Association of American Medical Colleges Faculty Roster and are as of December 31, 2020. The “Multiple Race — Hispanic or Latinx” category includes all faculty who are reported as Hispanic or Latinx and at least one other race or ethnic group. The “Multiple Race — Non-Hispanic, Non-Latinx” category includes all faculty who are reported as more than one race or ethnic group but are not reported as Hispanic or Latinx.

March 20, 2021, at NEJM.org.

- A 2023 report from the Association of American Medical Colleges (AAMC) revealed that only 5.7% of the nation's doctors self-identified as Black or African-American.
- According to the Pew Research Center, Black Americans make up 14.2% of the U.S. population.



The Problem with Racially concordant Care?

We have not graduated enough black or latinix physicians



WHAT ARE A FEW OF THE BARRIERS?

- Standardized Test Scores are tied to parental income
- USMLE first pass does NOT correlate or predict physician quality yet it is used to determine fitness for residency



SO HOW DO WE CREATE DIVERSITY?

WE LOOK AT A FEW OF THE BARRIERS?

- USMLE
- MCAT
- Quality Education with strong resources
- Lack of Mentoring



I Am Abel Foundation Urban Bridges Medical Mentoring Pipeline Program - Our Flagship Program

Year Round Programming

- Saturday Morning Professor with small Group Learning, Biostats/Epidemiology, Intro to the Patient, Mock Clinical Competition, Advanced Curriculum (GI, Cardiology, Pediatrics, etc..)
- Academic Advising, STEM Support/Tutoring
- 1:1 Physician and Medical Student Mentoring
- Small Mentoring Circles
- Summer Book Club
- Humanitarian Outreach
- Mentor Mentee Events (Hawaiian Luau, Mentor Mentee Reception, Christmas Party, etc...)
- Humanitarian Service Abroad (Cuba, Haiti, Costa Rica, etc...)
- Professional, Research and Student Conference Support



OUR GOAL

Promote
Pre-Med
Pre-Health
Readiness

Saturday morning professor

13 month 1st year curriculum

Intro to History Taking Curriculum

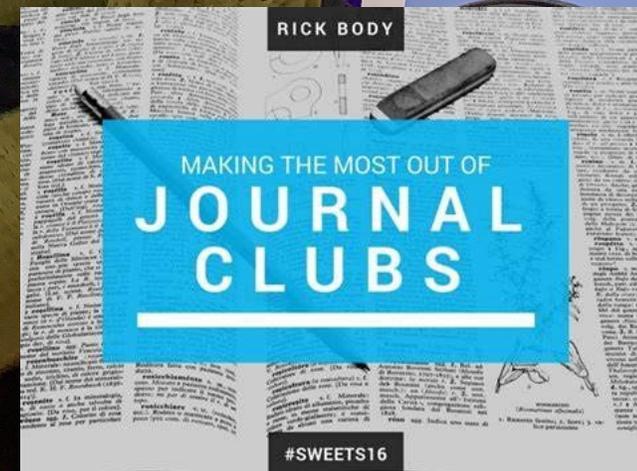
- Meet the Patient
- Journal Club

Advanced Curricula

- Cardiology
- Gastroenterology
- Pediatrics NEW**
- Intro to Physical Exam

PROGRAM FEATURES

- Rigorous Pre-Clinical Curriculum
- Learn the Language of Medicine
- Mentoring by World Class Academic Clinical Educators
- Virtual and In-person at Northwestern Medicine



Conclusion



The social, moral and political determinants of health will be with us for the long haul.

Our collective call and responsibility, however, is to recognize all barriers and to seek meaningful change.



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Thank You For Attending



As we part ways, let's stay connected, let's keep the conversations alive, and let's continue to push the boundaries of what's achievable.

(708) 250-9091



<https://www.iamabel.org>



LaMenta.Conway@illinois.gov | info@iamabel.org