

**Workgroup: Detection**

**Date: 6-30-2016**

**Issue Statement:** Correctional populations have lower rates of colorectal cancer screening and higher rates of tobacco use compared to the general population, and females with jail or prison contact are more likely to develop cervical cancer. Promoting evidence-based cancer screening within correctional populations can improve population health. In addition, correctional populations are commonly exposed to social and behavioral risk factors in childhood and adolescence that can influence chronic disease and chronic-disease related behaviors in adulthood, implying juvenile justice populations could also serve as a priority population for HPV vaccinations.

What factors contribute to this issue? What racial, economic, geographic and other barriers contribute to this issue?

- Limited health care and preventive care in jails and prisons, and incarceration is an opportune time to impact public health via evidence-based screening of high-risk individuals (Lee, Foryce, & Rich, 2007).
- Low health literacy within correctional populations, particularly in regards to colorectal cancer screening (Binswanger et al., 2005).
- Correctional facilities harbor a concentration of high-risk individuals with limited to no contact with public or community health systems.
- Correctional populations commonly exhibit comorbidity—such as substance abuse, mental health problems, and communicable diseases.
- Incarceration contributes to racial/ethnic health disparities in the United States (Massoglia and Pridemore, 2015).
- Individuals who experience contact with correctional facilities display health-risk behaviors before admission and after release (Parks, 2016).
- Neighborhood effects on health contribute to the poor health outcomes for correctional populations (Sampson, 2012).
- Adolescents with juvenile justice contact display health-risk behaviors, and they are more likely to have contact with the criminal justice system as adults. Sexual risk behaviors are common, and females with correctional system contact are more likely to develop cervical cancer. Therefore, HPV vaccination programs for adolescents within the juvenile justice system may be a possible route for cancer prevention efforts.

What are the **gaps** in policy, systems and services that give rise to this issue?

- Minnesota provides health services to correctional populations, but more attention can be devoted to cancer screening and the implementation of evidence-based programs within correctional facilities and within correctional populations post-release. Collaborations and partnerships across governmental departments would help facilitate implementation.

**POLICY:** What are the policy opportunities to address identified factors and racial, economic, geographic and other barriers that contribute to this issue? What are the policy opportunities to address identified **gaps**?

- Correctional facilities can help implement and maintain screening programs.
- Government departments can form partnerships to share data, as well as implement programs.

What are the strategies to address those **conditions**? What strategies can address the **gaps**?

- Juvenile justice system could collaborate to implement a HPV vaccination program/campaign within adolescent populations.
- Department of Corrections and Department of Public Safety could collaborate to implement screening and vaccination programs in adolescent and adult correctional populations.

**EQUITY:** Which strategies promote health equity? Describe how they promote health equity.

- If evidence-based screening programs are implemented within correctional populations or correctional facilities, there could be significant implications for reducing cancer-related disparities.
- Implications for cervical cancer disparities in high-risk populations.
- Disparities in cancer screening rates associated with income, health coverage, and race/ethnicity could also be potentially addressed as a result of the demographic composition of US correctional populations.
- Tobacco-related disparities and lung cancer disparities could be influenced if lung cancer screening were implemented, especially considering that correctional populations smoke at a disproportionately high rate.

**ALIGNMENT:** Who are the partners already working on those strategies? What agencies and organizations should work together to address those conditions, gaps?

- Minnesota Department of Health
- Minnesota Department of Corrections
- Minnesota Department of Public Safety
- University of Minnesota Healthy Youth Development-Prevention Research Center
- Community-based organizations that focus on correctional populations after release

## Objective: Implement evidence-based HPV vaccination and screening program within correctional populations

### Alignment:

Partners currently working on this objective and type of activity:

<b>Organization</b>	<b>Activity (PSE change, education, programmatic)</b>
Minnesota Department of Health	Design, implement, and evaluate programs
Minnesota Department of Corrections	Implementation assistance
Minnesota Department of Public Safety	Implementation assistance as well as research assistance
University of Minnesota Health Youth Development-PRC	Partner for research collaboration and expertise
American Cancer Society	Potential partner, funder?
National funding agency	Funder?

Stakeholders for this issue not currently working on it and potential role:

<b>Organization</b>	<b>Potential role (PSE change, education, programmatic)</b>
Correctional facilities	Provide implementation assistance as well as programmatic necessities
Communities that experience high rates of releases	Assistance
Correctional health providers	Offer preventive services

## Strategies

<b>Strategy #1: Implement HPV vaccination program within adolescents with correctional system contact.</b>
<b>Rationale:</b> HPV vaccinations can help to prevent multiple forms of cancer, particularly cervical cancer. Adolescents within the juvenile justice system exhibit sexual risk, and other health-risk, behaviors, and they are more likely to experience criminal justice system contact in adulthood. Women who experience contact with the criminal justice are more likely to develop cervical cancer.
<b>Evidence:</b>
<b>How well does this strategy meet the following criteria?</b> <b>1 – does not meet                      2- partially meets                      3 - meets</b> <u>2</u> Capacity and resources exist, or are reasonable to obtain for this strategy.
<b>Does this strategy promote health equity by addressing a racial, economic, geographic or other barrier?</b> Yes, as this strategy could prevent cervical cancer in adulthood and reduce disparities associated with communicable diseases within minority populations who experience contact with the criminal justice system as well as adolescents who exhibit health-risk behaviors.

  

<b>Strategy #2: Implement cancer screening programs within correctional facilities.</b>
<b>Rationale:</b> Programs could reduce disparities in cancer and cancer screening associated with income, race/ethnicity, among others. The programs would promote health equity and provide preventive services to underserved, at-risk populations.
<b>Evidence:</b> See Lee J. D., Fordyce, M. W., & Rich, J. D. (2007). Screening for public purpose: Promoting an evidence-based approach to screening of inmates to improve public health. In R. B. Greifinger (Ed.) <i>Public health behind bars: From prisons to communities</i> (pp. 249-264). New York, NY: Springer.
<b>How well does this strategy meet the following criteria?</b> <b>1 – does not meet                      2- partially meets                      3 - meets</b> <u>3</u> Capacity and resources exist, or are reasonable to obtain for this strategy.
<b>Does this strategy promote health equity by addressing a racial, economic, geographic or other barrier?</b> Yes. This strategy has potential to reduce cancer-related disparities associated with health coverage, income, race/ethnicity, etc. This strategy could also promote cancer screening within at-risk and underserved populations.

### Desired Outcome:

At the end of five years, what would you like to accomplish? If you do not expect to achieve the objective by the end of five years, what would success look like?