Identifying Gaps in Patient-Centered Research of Justice Involved Populations

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Background

- The United States spends more money on healthcare and incarcerates a higher number of persons than any other country in the world.
- Negative health effects related to incarceration include:
 - Infectious diseases (HIV, TB);
 - Differential access to health care services -> delays in diagnosis and treatment;
 - Restrictive prescribing practices.
- Health outcomes and negative effects are related to the demographic characteristics of those involved.

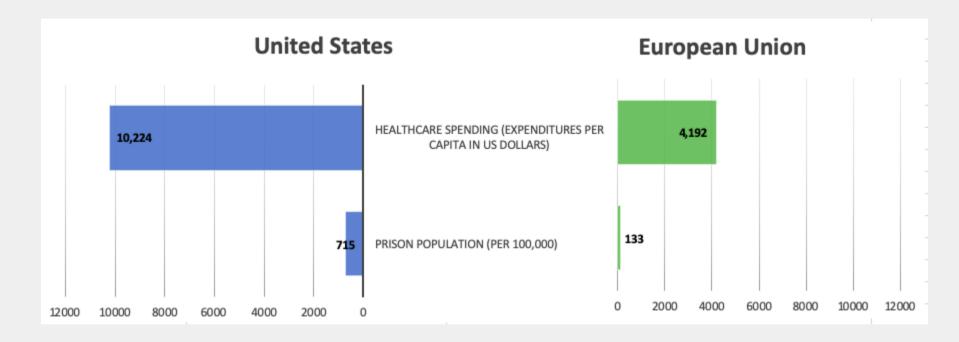


Figure 1: Comparison of Incarceration rate (per 100,000) and per capita healthcare spending (in US Dollars) between the United States and the European Union as of 2017 (International Centre for Prison Studies, 2018; OECDiLbrary, 2018).

Research Involving Incarcerated Populations

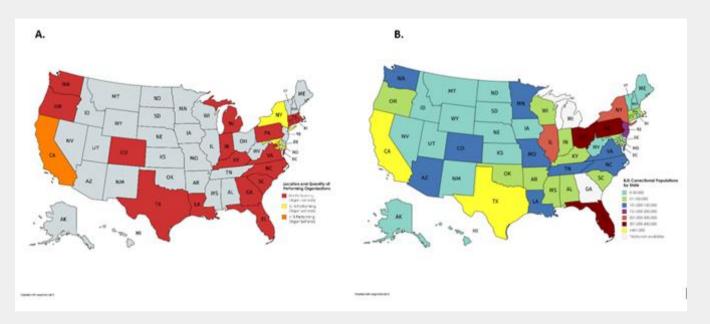
- Classified as a vulnerable population and researchers are subject to intensive IRB oversight.
- Possibility of the Hawthorne Effect.
- Incarcerated/justice-involved persons may participate for social interaction or may be very hesitant/cautious.
- No difficulties should negate the value of participant involvement in research

Hypothesis

Health services research incorporating patient-centered or patient-engaged methodologies would be underrepresented in the justice-involved population and reflected in the HSRProj full data download.

Methods & Results

- Advanced search performed using HSR Abstracts:
 - Prison "OR" prisons "OR" prisoners "OR" incarceration "OR" justice "OR" detention "OR" parole "AND" gaps
 - Yields N=71 Studies
- MeSH filtered for: patient participation (n=6) and quality of life (n=2)
- Additional search performed using PubMed research database.
 - MeSH terms: prison, prisons, prisoners, jail, incarceration, detention, parole, patient participation.
 - n=3 studies conducted within the last 10-years.
- Bureau of Justice Statistics (BJS) database (updated April 2018) utilized to identify correctional populations.



The total correctional population in the U.S. as of December 31, 2016 was 6.6 million [320,000 federal & 6.262 million state).

Figure A. represents the location and quantity of performing organizations & **Figure B**. is the U.S. correctional population by state in 2016 as reported by BJS in 2018.

Methods & Results 2.0

- Performed advanced search of KeyWordList:
 - o Contains prison "OR" prisons, prisoner "OR" incarceration, jail "OR" detention, justice "OR" parole
 - N=186 search results -> filtered for duplicates & selected for U.S. only studies -> N=95 remaining.
- Filter of N=95 studies for terms related to patient participation in research/relating to CBPR (n, % of N=95)
 - o CBPR (1, 1.05%);
 - Community action (0);
 - Participatory action research (0);
 - Community based action research (0);
 - Participatory rapid appraisal (0);
 - Empowerment evaluation (0);
 - Quality of life (7, 7.37%);
 - o Patient-centered (6, 6.32%); and
 - Self-report (6, 6.32%)

Conclusions & Recommendations

- Studies that involve incarcerated populations and use methods of patient-reported measures are rare in the current literature.
- Two rounds of search methodologies using both the HSRProj database & PubMed exhibited gaps in research of incarcerated populations centered around patient participation.
- States with the highest incarceration rates are not being studied by researchers in their proximity.
- The prison population is distributed across the US, but that is not reflected by the organizations conducting research.
- Research that engages the incarcerated population and uses patient-reported measures to explore quality-of-care and health outcomes would be instrumental in filling current gaps in the literature.

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