Bringing Health Care Advocacy to a Public Defender's Office

Homer Venters, MD, Jesse Lainer-Vos, MSW, Asiya Razvi, MSW, Jennifer Crawford, MSW, Porsha Shaf'on Venable, MSW, and Ernest Drucker, PhD

Recent arrestees often face barriers to health care access as they move through the judicial process, placing them at significant health risk. The immediate postrelease period generally involves numerous court dates, meetings, and other obligations that can fragment the delivery of care. A residency training program collaborated with public defenders to facilitate medical screenings and referrals for recent arrestees in Bronx County, New York. From May 2005 to June 2007, a medical resident met with 104 arrestees at the public defenders' office to take medical histories, make medical referrals, and make appointments at a primary care clinic. Arrestees' kept-appointment rate at the clinic (66%) exceeded the clinic's overall 2006–2007 kept-appointment rate for first appointments (50%). Collaboration between public defenders and physicians can facilitate arrestees' access to health care. (*Am J Public Health*. 2008;98:1953–1955. doi:10.2105/AJPH.2007.126524)

RECENT ARRESTEES, although not convicted of any crime, often face barriers to health care access as they move through the judicial process, placing them at significant health risk. Involvement in the criminal justice system poses a significant barrier to medical care for this population.[1] Arrests and detentions often interrupt ongoing care and can adversely affect an individual's ability to adhere to long-term therapeutic medication regimes.[2] The immediate postarrest period may also be associated with the occurrence of new health needs associated with care for recent trauma,[3,4] newly discovered infections,[5] or chronic health problems such as diabetes or substance abuse. Aside from arrestees with HIV or active TB, virtually no discharge planning occurs for the medical care of this population. Probation and parole are similarly characterized by numerous obligatory meetings and appointments that can impede arrestees' access to care.

PROGRAM DESCRIPTION

To alleviate these problems, residents in the departments of Social Internal Medicine and Primary Care at Montefiore Medical Center, a university teaching hospital in Bronx County, New York, formed a collaboration with attorneys and social workers from the Bronx Defenders, a law firm providing public-defender services to 12 000 indigent persons each year from the South Bronx, a neighborhood within the nation's poorest US congressional district.[6] The initial phase of this collaboration involved social workers at Bronx Defenders making needed medical referrals for their clients to a Montefiore medical resident in practice at Comprehensive Health Care Center (CHCC), a primary care clinic 2 blocks from Bronx Defenders' office. This phase of the collaboration, which began in March 2005, yielded 9 client referrals to CHCC over 3 months. None of those CHCC appointments were kept.

Bronx Defenders social workers noted that their clients placed a great deal of stock in the security they felt at the Bronx Defenders office. Consequently, residents and Bronx Defenders staff involved in the collaboration decided to place a medical resident at Bronx Defenders. Bronx Defenders provided the resident with use of a private office and a telephone for client meetings. During intake interviews with clients, Bronx Defenders social workers surveyed their clients' interest in seeing an on-site physician. Those who wished to see a physician were granted an immediate interview with the resident, if he was on site at the time.

During client interviews, the resident recorded the client's gender, age, race, chief complaint, time since last primary medical doctor visit, medical history, and immediate outcome (i.e., whether an appointment was scheduled). For clients who desired an appointment at CHCC, the resident arranged the appointment while the client waited. This process involved calling CHCC to schedule the client for a first visit. The amount of time required for this phone call was recorded, and clients were given their appointment times before they left the interview with the resident. For homeless clients or clients without phones, Bronx Defenders' contact information was used for purposes of registration as a CHCC patient. For clients who scheduled appointments at CHCC, the resident later recorded whether the client kept the appointment.

EVALUATION

Population Medical Histories

The medical resident saw 104 clients during 90 sessions, which included mostly new contacts (72) and some revisits (32) over 27 months, from March 2005

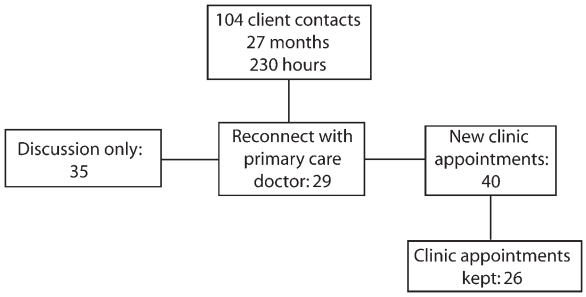

FIGURE 1—Outcomes of contacts with recent arrestees referred to consultation with a medical resident who kept office hours at a public defenders' office.

KEY FINDINGS

- Primary care providers collaborated with public defenders to provide better access to health care for recent arrestees in Bronx County, New York.
- Much of the assessment and referral work involved in this collaboration was performed by a community health worker who met clients at the public defender's office and facilitated clients' access to local health care resources.
- Although involvement by the criminal justice system poses significant challenges to improving access to primary care, we found that the primary care system itself posed many barriers to care, such as complicated phone access and inflexible rescheduling policies.
- With more regular resident hours and the involvement of local community health promoters, this model could be used productively in many localities.

to June 2007. The client population was 86% Latino and 65% female (mean age: 38 years for women and 31 years for men). The mean time to last primary medical visit was 9 months (6 months for women and 11 months for men). Emergency room visits were excluded for this statistic, but physician visits in jail or prison were included. Initial reasons for seeing the resident at Bronx Defenders were varied. Many reasons involved current pain (55). Others included lack of medicines (17), need to return to previously established care (7), needing a specific test or physical examination for a job or rehabilitation placement (9), and upper respiratory tract infection symptoms (7). Although mental illness accounted for only 6 of the 104 chief medical complaints (illnesses reported were depression, bipolar disorder, and schizophrenia), 68 clients reported current mental illness that fell into 1 of these 3 diagnoses, including suicidality. Several patients were actively psychotic or delusional during their interviews with the resident, and 5 patients were referred or accompanied to a nearby emergency room.

Referral and Follow-up

Of the 104 clients seen by the resident at Bronx Defenders, 35 had discussions only during their visit, 29 were helped to reconnect with a primary medical doctor (often by means of a single phone call), and 40 requested and had an appointment made at CHCC (Figure 1). For the group of clients recorded as "discussion only," the client's reason for wanting to speak with a physician often involved a specific question that did not lead to further care, either because the client was not interested or because the resident did not perceive a need. Examples of "discussion only" contacts include clients with questions about how one might contract HIV or questions about whether one should see a physician for a sore throat.

Many of those requesting an appointment at CHCC said they had missed earlier appointments because of arrests, although this information was not solicited or recorded. In 3 instances, appointments were made for women who were pregnant (4–7 months) and requesting obstetric care. It took the resident an average of 24 minutes to make CHCC appointments for clients over the phone. Although CHCC was only 2 blocks from Bronx Defenders, several patients preferred to come to Bronx Defenders on the day of their CHCC clinic appointment and were escorted to CHCC by a social worker. The kept-appointment rate among clients who made appointments at CHCC was 66% (28 of 40; 76% among women and 44% among men). This rate was better than the general CHCC kept-appointment rate for first-time appointments in 2006 and 2007 (roughly 50%).

DISCUSSION AND NEXT STEPS

From March 2005 to June 2007, social workers at the Bronx Defenders referred interested clients to a medical resident from Montefiore Medical Center, who held weekly office hours at Bronx Defenders' office. Clients who made clinic appointments as a result of meeting with the resident at Bronx Defenders kept their first appointments at a higher

rate than the overall clinic population. This project demonstrated that collaboration between physicians and public defenders can facilitate recent arrestees' access to health care.

Two critical difficulties were encountered during this collaboration. First, because the resident was present at Bronx Defenders only once or twice each week, social workers often had to ask interested clients to return later at a specific time. Second, CHCC appointments were very difficult for patients to reschedule. Given the unstable, dynamic nature of clients' postarrest lives, the 24-minute average phone time it took the resident to make CHCC appointments seems highly problematic. Thus, we found that the primary care system is itself a key barrier to care for this population. The flexibility of the primary care network into which clients are referred would be an important factor in replicating this type of collaboration. Obtaining an open block of CHCC clinic appointments each week would make scheduling easier for Bronx Defenders clients. One logical next step in this collaboration involves obtaining funding for a dedicated weekly clinic session at CHCC for Bronx Defenders clients.

With more regular resident hours and the involvement of local community health promoters, this model could be used productively in many localities. ■

About the Authors

At the time of this collaboration, Homer Venters was a resident in the Department of Social Medicine at Montefiore Medical Center, New York, NY. Jesse Lainer-Vos, Asiya Razvi, Jennifer Crawford, and Porsha Shaf'on Venable were with the Bronx Defenders, New York.

Ernest Drucker is with Montefiore Medical Center/Albert Einstein College of Medicine, New York.

Requests for reprints should be sent to Homer Venters, MD, VA NY Harbor, 423 E 23rd St, 15N–028BN, New York, NY 10010 (e-mail: homer.venters@med.nyu.edu).

This report was accepted February 26, 2008.

Contributors

All authors collaborated in designing the project, writing the article, and revising the article.

Human Participant Protection

This study was approved by the institutional review board of Montefiore Medical Center (protocol #06-04-254E).

References

1. Freudenberg N, Moseley J, Labriola M, Daniels J, Murrill C. Comparison of health and social characteristics of people leaving New York City jails by age, gender, and race/ethnicity: implications for public health interventions. *Public Health Rep.* 2007;122(6):733–743.

2. Kerr T, Marshall A, Walsh J, et al. Determinants of HAART discontinuation among injection drug users. *AIDS Care.* 2005;17(5):539–549.

3. Johnson DS, Birdsall P, Kenny NW. The arrest fracture. *Injury.* 1997;28(1):63–64.

4. Chariot P, Ragot F, Authier FJ, Questel F, Diamant-Berger O. Focal neurological complications of handcuff application. *J Forensic Sci.* 2001;46(5):1124–1125.

5. Centers for Disease Control and Prevention (CDC). High prevalence of chlamydial and gonococcal infection in women entering jails and juvenile detention centers—Chicago, Birmingham, and San Francisco, 1998. *MMWR Morb Mortal Wkly Rep.* 1999;48(36):793–796.

6. US Census Bureau. *Census of Population and Housing, 2000: Public Use Microdata Sample: 1-Percent (A) Sample.* Washington, DC: US Bureau of the Census; 2005.