

Medical University of South Carolina

MEDICA

MUSC Theses and Dissertations

Spring 2-27-2024

Assessing the Types of Juvenile Detention Medical Issues: A Focus on Florida

De'Angelo Dean

Medical University of South Carolina

Follow this and additional works at: <https://medica-musc.researchcommons.org/theses>



Part of the [Health Services Administration Commons](#), [Humane Education Commons](#), [Prison Education and Reentry Commons](#), [Quality Improvement Commons](#), and the [Vocational Rehabilitation Counseling Commons](#)

Recommended Citation

Dean, De'Angelo, "Assessing the Types of Juvenile Detention Medical Issues: A Focus on Florida" (2024). *MUSC Theses and Dissertations*. 864.

<https://medica-musc.researchcommons.org/theses/864>

This Dissertation is brought to you for free and open access by MEDICA. It has been accepted for inclusion in MUSC Theses and Dissertations by an authorized administrator of MEDICA. For more information, please contact medica@musc.edu.

Assessing the Types of Juvenile Detention Medical Issues: A Focus on Florida

By

De'Angelo L. Dean MBA, MHA, MHCDS

A doctoral project submitted to the faculty of the Medical University of South Carolina
in partial fulfillment of the requirements for the degree
Doctor of Health Administration
in the College of Health Professions

© De'Angelo Dean 2024. All rights reserved

Assessing the Types of Juvenile Detention Medical Issues

BY

De'Angelo L. Dean

Approved by:

Kit N. Simpson, DrPH, Professor
Committee Chair

Date

Jami Jones, PhD, Professor
Project Committee

Date

Jillian Harvey, PhD, Professor
Project Committee

Date

Acknowledgments

Jeremiah 29:11: For I know the plans I have for you,” declares the Lord, “plans to prosper you and not to harm you, plans to give you hope and a future.”

I want to thank the esteemed members of this faculty for providing us with a rigorous program that not only challenges us intellectually. But also reminded us that we are practitioners of the field and must be mindful of the ever-changing realm which is the health care field. For your dedication to your craft, you have shaped the minds of the next generation of leaders and the various healthcare systems will always be in your debt.

To my wife Shantà and our children Iyannà, Jadè, Christian, and Brayden. Thank you for sacrificing the one thing we can never get back, time. Thank you for giving me grace over the last three-plus years. Six, if you count the countless master’s degrees obtained. The countless missed events or being locked in the office or the library to complete assignments. I thank you for believing in me when I lost the will to believe in myself. I am forever thankful for your encouragement, bringing food and drink, to ensure I did not lose this hard earned dad bod.

To my parents, Sharon, and Gerald, Thank you for never allowing me to give up. Thank you for the support both emotionally and financially to secure this degree. Thank you for your countless prayers and check-in. Look at your son now, we’ve made it! To my siblings NaTasha and Malcolm thank you for being the most important cheerleaders a sibling can have. You guys have been vocal about not wasting your financial contributions or prayers during this season. I thank you both; who’s next?

Sincerely, your Son, Husband, Dad, and Brother.

Dr. De'Angelo L. Dean

P.S

To my grandmother, Elizabeth Louise King, I know you're smiling down from Heaven. I wanted you to know that no matter what life threw at me. I fulfilled my promise. We Did It! 😊

Degree of Doctor of Health Administration

Assessing the Types of Juvenile Detention Medical Issues

BY

De'Angelo L. Dean

Chairperson: Kit Simpson, DrPH
Committee: Jillian Harvey, PhD
Jami Jones, PhD

ABSTRACT

The justice system for young people in the United States has been a source of worry as more people acknowledge the possible adverse outcomes of involvement in the justice system during adolescence. Involvement with law enforcement can lead to various difficulties for young people, such as heightened susceptibility to psychological problems, interruptions in their education, and reduced prospects for achievement in the future. Hence, it is crucial to understand the interplays between the health care for juveniles referred by courts or law enforcement for hospital care to identify opportunities for process and outcome improvements. The interaction between juveniles and the criminal justice system has garnered noteworthy consideration in contemporary times owing to its impact on the welfare and growth of young people. Documenting the trends of juvenile admittance and release between medical care and law enforcement is vital in creating efficient policies and interventions to meet their requirements and diminish their engagement in the legal system. This study aims to provide statistics regarding adolescents taken into custody by law enforcement who required hospital care in Florida. The analysis will concentrate on the instances where these youths, ages 10-18, were brought to the emergency department or admitted to a hospital in 2018.

Abstract of Doctoral Project Presented to the
Medical University of South Carolina
In Partial Fulfillment of the Requirements for the

1 Table of Contents

Acknowledgements.....	Error! Bookmark not defined.
List of Figures.....	7
CHAPTER I INTRODUCTION.....	8
1.1 Background and Needs.....	8
1.2 Problem Statement.....	Error! Bookmark not defined.
1.3 Research Questions.....	Error! Bookmark not defined.
1.4 Population.....	Error! Bookmark not defined.
2 CHAPTER II SCOPING LITERATURE REVIEW.....	Error! Bookmark not defined.
3 CHAPTER III METHODOLOGY.....	17
3.1 Research Design or Method.....	Error! Bookmark not defined.
3.2 Sample Selection.....	Error! Bookmark not defined.
3.3 Data Set Description.....	Error! Bookmark not defined.
3.4 Independent and Dependent Variables.....	Error! Bookmark not defined.
3.5 Data Analysis.....	Error! Bookmark not defined.
3.6 Protection of Human Subjects.....	Error! Bookmark not defined.
4 CHAPTER IV RESULT.....	20
4.1 Results/Findings.....	21
5 CHAPTER V DISCUSSION.....	29
5.1 Discussion of Results.....	29
5.2 Implications for Policy and Practice.....	30
5.3 Limitations.....	37
5.4 Future Research.....	37
5.5 Conclusion.....	38
References.....	40

List of Figures

Figure 1:1 Table One Descriptive Statistics 20

Figure 2 Table Two Juvenile Distribution based on the type of ICD-10 Diagnos..... 23

Figure 3: A pie chart representing the various DXGroups.....24

Figure 4: Table 3: Top Juvenile ICD-10 Diagnosis.....26

CHAPTER 1 INTRODUCTION

1.1 BACKGROUND INFORMATION

In the United States, there have been discussions about implementing improvements in the juvenile justice system. This is because there is a high probability of adverse life outcomes for young people involved in legal proceedings throughout their teenage years. Besides criminal sanctions, the consequences of contact with police affect young people in a wide range of ways- mental health instability, impoverished educational results, and potential. Understanding the relationship between juveniles and the justice system is essential to point out avenues for preventive measures.

The types of medical concerns juveniles deal with in detention are essential to evaluate, as this vulnerable population is under the custody of the court system. The vulnerabilities of juveniles in the American correctional system have been further highlighted due to the COVID-19 pandemic, and healthcare remains paramount. Racial disparities still prevail, as Black and Indigenous teenagers are drastically overrepresented regardless of the laws passed.

The study by Robles-Ramamurthy and Watson (2019) presents a systematic review highlighting racial inequalities embedded within the juvenile justice system, calling for continuous efforts to overcome these challenges. The research by Zane and Pupo (2023) shows that within-country factors such as religion and politics affect sentencing outcomes. This reveals the need for contextual policies. Studies like Gonzalez (2023) examine opioid disorder services and drug abuse concerning juvenile delinquency, showing how intertwined the issues of substance misuse and preventative programs are.

Within the U.S., the COVID-19 epidemic has revealed the increased risks affecting incarcerated juveniles. Barnert et al. (2020) emphasize that it is critical to pay attention

specifically to 44,00 children in custody facilities, kids with parents behind bars, and those whose parents are employed at such wards. The limited nature of healthcare treatments within U.S. jail institutions, as described by Alsan et al. (2023), signifies the constitutional rights at risk, specifically for marginalized demographics that are over-represented in these facilities.

The American Academy of Family Physicians (AAFP) pushes for increased equality in healthcare access, including essential mental health and drug use problems treatment of the incarcerated. First, the Office of Health Services (OHS) within the Department of Juvenile Justice in Florida is critical to addressing juvenile justice adolescents' healthcare needs and concerns. They work with government agencies and different program sections to ensure juveniles receive timely comprehensive health care services in the justice system.

1.2 PROBLEM STATEMENT:

The interaction between juveniles and the criminal justice system has garnered noteworthy consideration in contemporary times owing to its impact on the welfare and growth of young people. Documenting the trends of juvenile admittance and release from law enforcement to healthcare settings is vital in creating efficient policies and interventions to meet their requirements and diminish their engagement in the legal system.

1.3 OBJECTIVE:

This study aims to describe adolescents who were taken into custody by law enforcement and who required hospital care in Florida. The analysis will concentrate on the instances where these youths aged 10-18 were brought to the emergency department or admitted to a hospital in 2018. The study aims to understand the healthcare needs and challenges justice-involved youth face during their interactions with law enforcement. By scrutinizing the data on mental health

diagnoses, substance abuse records, and access to healthcare services, the study seeks to identify patterns and associations between demographic features, types of police engagement, and medical outcomes for these individuals (Development Services Group, Inc. (2018).

1.4 RESEARCH QUESTIONS:

1. What mental health diagnoses, substance abuse patterns, and access to healthcare did justice-involved juveniles have histories of or experience during interactions with law enforcement in Florida in 2018?
2. Is there a significant prevalence of substance abuse among justice-involved youth, and do even non-users become users during their interactions with law enforcement in 2018?
3. How do justice-involved youth in Florida face critical healthcare needs and challenges during their interactions with law enforcement in 2018?
4. How do demographic factors, such as age, gender, race/ethnicity, and socioeconomic status, influence healthcare outcomes and interventions for justice-involved youth in Florida in 2018?

1.5 POPULATION

The primary data sources for this study will be the Florida HCUP 2018 and Florida Hospital Administration for Youth from Law Enforcement and Discharge to Law Enforcement dataset. These datasets contain information on juveniles admitted to hospitals or emergency departments after interacting with law enforcement in Florida in 2018 (Florida Department of Juvenile Justice, n.d. The population of interest includes all juveniles discharged to law enforcement during this period from the hospital or emergency room in Florida (Shamra Boel-Studt, Huang & Dowdy-Hazlett, 2021).

Chapter II LITERATURE REVIEW

The U.S. law enforcement and detention system is designed for adults, with some modifications to accommodate the needs of children under age 18. However, the system touches many patients who usually get care in pediatric practice. It is well recognized that courts and detention systems in the U.S. are fraught with problems, but we need more data on issues related to medical care for juveniles in the court system. We will review issues related to the juvenile justice system; 2) what is known about access to pediatric care for juveniles who reside within the detention systems.; and 3) issues to care for juvenile inmates. This review will focus specifically on issues for states in the Southeastern U.S., emphasizing Florida, and will prioritize archival data-based studies that have examined the medical issues for juveniles (or others) in the court and correctional system.

Medical Treatment for Justices Involved Youth

A juvenile is defined as a person who has not attained their eighteenth birthday, and "juvenile delinquency" is the violation of a law of the United States committed by a person prior to his eighteenth birthday, which would have been a crime if committed by an adult. A child or young person who has been found guilty of some offense, act of vandalism, or antisocial behavior before a juvenile court.

Medical treatment for inmates, especially justice-involved youth offenders, is essential to their health and rehabilitation. Multiple peer-reviewed sources illuminate a lack of consistent care for pediatric inmates and compare their results and ideas. Barnert et al. (2020) examine juvenile detention institutions' medical care and specialized services. The research emphasizes mental health and drug misuse concerns among justice-involved youth. Extensive medical treatment, including pediatric experts, is essential to meet juvenile offenders' requirements.

According to the source, rehabilitation requires better medical treatment, especially for mental health and drug misuse. Zhao et al. (2023) examine jailed adolescents' healthcare requirements and obstacles. Young offenders are vulnerable to mental health concerns, according to studies. Despite not focusing on pediatric experts, the author emphasizes the need for specialized healthcare to handle juvenile offenders' particular health needs (Zhao et al., 2023). The source stresses the need for individualized correctional medical care. Bush et al. (2023) examine teenage delinquency in juvenile justice institutions. It implicitly emphasizes the need for specialized medical and behavioral healthcare for jailed adolescents (Bush et al., 2023) without specifically addressing pediatric experts. The study shows that challenging conduct may cause physical and psychological damage and emphasizes the need to allocate resources to avoid and manage it carefully. In addition to general medical care that is important for every inmate, juvenile offenders need special treatment because of their specific physiological and mental conditions. This involves addressing issues such as psychological problems, substance addiction, and the developmental phases.

Examining the spectrum of medical conditions of juveniles involved in the courts and correctional systems is crucial for understanding the healthcare needs of this vulnerable population. Beaudry et al. (2021) examine mentally ill teenagers in juvenile detention and penitentiary institutions. Mental health difficulties, including depression and bipolar Disorder, are common in this group (Beaudry et al., 2021). It emphasizes the need for better juvenile offenders' mental health evaluation and treatment. The source emphasizes mental illness. Another research, Farquharson IV et al. (2023), explores why law enforcement brings minors to psychiatric emergency departments. This source highlights juvenile justice system-involved mental health crises (Farquharson IV et al., 2023). It shows that law-involved kids have

behavioral and psychological difficulties.

Gonzalez's dissertation (2023) examines state-wide expansions of drug use and opioid disorder services and their effects on substance use. This report does not address juvenile justice racial disparities. Still, it stresses treating underlying issues like drug abuse that may contribute to adolescent criminality. Youth engagement in the legal system is linked to substance misuse (Gonzalez, 2023). It is typically connected to other crimes, creating a tangled legal and personal web for young people. Gonzalez's work reveals the need for anti-drug addiction prevention and treatment programs capable of interrupting this cycle. However, the state initiatives to counteract teenage drug misuse may prevent the cause that leads them into the juvenile justice system (Gonzalez, 2023). Substance addiction programs that are carefully designed and executed can save adolescents from the arms of the law (Gonzalez, 2023). They stop delinquency by giving young adults the knowledge and resources to combat their drug addiction problems before becoming criminals. This prevention is crucial for reducing juvenile judicial involvement and its outcomes.

Drug addict treatment success decreases illegal material use and crime rates also, according to Gonzalez's (2023) study. Proper treatments and support make it possible for youth with drug abuse problems to regain control over their lives and act healthier. This reduces the likelihood of delinquency and juvenile court involvement (Gonzalez, 2023). States that fund evidence-based drug misuse and opioid disorder programs show they care about at-risk youth's complex issues. These programs help youth overcome drug misuse, reclaim self-esteem, and live healthier, more productive lives. By minimizing adolescent drug misuse, states may relieve the juvenile justice system's load and concentrate on more severe cases, making it more efficient and fair.

A 2021 peer-reviewed study by Shamra Boel-Studt et al. evaluates quality standards in Florida Department of Children and Families-licensed residential group homes Florida Department of Juvenile Justice n.d . Court and penitentiary youth may live in these homes. This site focuses on quality standards and circumstances in residential settings, although it also indirectly tackles some medical difficulties adolescents in the state may experience, such as medical treatment quality. Additionally, in 2023, a peer-reviewed study by Farquharson IV et al. examines why law enforcement brings youngsters to mental emergency rooms. This is important because it may include mentally ill kids in court and correction. The source focuses on juvenile mental and behavioral issues and addresses acute medical requirements (Farquharson IV et al., 2023. This exposes the medical issues juvenile justice system inmates endured. Lastly, Development Services Group, Inc.'s 2018 paper examines mental health and Florida's juvenile justice system. This site discusses mental health difficulties in Florida's juvenile justice system (Development Services Group, Inc., 2018. The paper uses data analysis to evaluate mental health concerns and juvenile court participation in Florida (Development Services Group, Inc., 2018. Juveniles in the state's criminal system suffer physical and mental health issues that may be better understood locally.

Healthcare Disparities within the Juvenile Correctional System

A systematic review of juvenile detention and associated research shows racial inequities exist in the juvenile justice system. Robles-Ramamurthy and Watson (2019) highlighted racial inequality in juvenile justice, notably minority adolescent overrepresentation. This problem is nationwide, with 1980s and 1990s research demonstrating race-based incarceration rates and facilities for juveniles. Disparities persist despite national legislation measures to address this issue, casting doubt on their efficacy. The juvenile justice system has always had racial

inequalities. Minority adolescents have disproportionate interaction with the juvenile justice system, according to Robles-Ramamurthy and Watson (2019). Black juveniles were treated differently from white juveniles during the 1980s and 1990s. Black youngsters are imprisoned more than sent to psychiatric facilities. Even after legal revisions, these inequities persist, demonstrating the system's inability to achieve fairness.

Social, Political, and Cultural Context within the Juvenile Corrections System

Zane and Pupo (2023) provide a fresh viewpoint on how political and religious settings affect juvenile court dispositions in southern states. Their study shows that religion moderates the relationship between case-level factors and punishment outcomes. The research found that violent criminals get harsher juvenile court punishments in religiously homogeneous districts. This indicates that local circumstances strongly influence juvenile justice results. It highlights that detention punishments vary significantly across states and locale. This effect is localized, underscoring the need for a sophisticated knowledge of how political and religious elements interact with case-level features to alter juvenile justice child trajectory.

The research indicates that the socio-cultural environment affects the type of punishment for juvenile offenders. The local religious and political climates might affect juvenile justice judges and decision-makers when making dispositions. However, this contextual perspective highlights the demand for differential juvenile justice policies and treatments based on diverse experiences and outcomes from state to community. More specifically, Lee (2023) emphasizes the importance of punishing adolescent criminals rationally and addressing their unique characteristics. Despite not eliminating racial injustices, this position stresses the need for a just and knowledgeable system of juvenile justice. Individual characteristics and an understanding of potential rehabilitation should be reflected in sentencing policies, thereby reducing institutional

bias.

Williams (2023) focuses on the influence of the *Miller v. Alabama* ruling for juvenile sentencing by noting that further reforms are necessary after this judgment. The choice sought to minimize LWOP sentences for juveniles. However, studies show that more reforms are needed to promote justice and equality when the sentencing of minors is considered (Williams, 2023). This demonstrates the continued struggle to reach fair outcomes amongst youth within the justice system. At last, although reform efforts are undertaken, Gates (2023) criticizes ongoing racial differences in Charlotte, North Carolina's juvenile justice system. This localized probe goes along with the overall outlook of Robles-Ramamurthy and Watson (2019), which stresses local initiatives as essential to combating racial injustice among juveniles. Gates' research underscores that racial disparities endure even in specific regions like Charlotte, where reform efforts have been implemented (Gates, 2023). This local evidence reinforces the broader narrative that racial inequalities persist nationally within the juvenile justice system (Gates, 2023). It is a stark reminder that addressing these disparities requires targeted, community-level interventions and comprehensive reforms to achieve meaningful progress.

The juvenile detention harshness varies by state and community, with racial inequities across. Local circumstances like religion may affect juvenile court dispositions, and detention facilities require effective techniques to manage troublesome conduct (Ali, 2022). Delinquency has decreased with substance addiction treatments, but juvenile sentencing changes are needed. Racial inequities remain a significant obstacle to a fair juvenile justice system.

CHAPTER III METHODOLOGY

The primary objective of this study is to examine the medical conditions that are the reasons for hospital admissions for juveniles admitted from and released to law enforcement in Florida in 2018. The study aims to understand the healthcare needs and challenges justice-involved youth face during their interactions with law enforcement. By examining the data on medical and mental health diagnoses, substance abuse records, and access to healthcare services, the study seeks to identify patterns and associations between demographic features, types of police engagement, and medical outcomes for these individuals (Development Services Group, Inc., 2018).

3.1 Research Design or Method

This research will apply a retrospective analysis using archival information derived from the Florida HCUP 2018 and F.L. Hospital Adm dataset. The population will include youth (ages 10-18) with a discharge status coded as discharge to law enforcement.

3.2 Sample Selection

For this study, the HCUP Florida (FL HCUP) 2018 and Hospital Admission for Youth from Law Enforcement dataset will be some primary sources. These datasets include information on juveniles admitted to hospitals or emergency departments in Florida in 2018 after interacting with law enforcement. Shamra Boel-Studt, Huang, and Dowdy-Hazlett (2021) Thus defined the population of interest as all juveniles involved with law enforcement during this period who subsequently received healthcare interventions.

3.3 Data Set Description

The FL HCUP 2018 dataset, including the Law Enforcement and Discharge to Law Enforcement datasets for Youth Hospital Admissions from Florida, will be used in this study. This FL HCUP 2018 dataset includes all Florida hospital admissions and emergency department visits. This data set includes encounter data, including medical diagnosis, treatment, and discharge status from different Florida healthcare facilities.

3.4 Data Analysis

Descriptive statistics will be used to examine the data. The analysis will examine patient characteristics and visit outcomes, such as the average cost per visit, frequencies of diagnosis, and discharge status. SAS software was used for analysis.

3.6 Protection of Human Subjects

No IRB will be required as the deidentified dataset was determined to be non-human subjects.

CHAPTER IV RESULTS

4.1 Results/Findings

Table 1 examines the characteristics of Florida hospital patients, ages 10-18, admitted to or discharged from the court system in 2018.

Table 1: Characteristics of Youth by Court origin and discharge FL 2018

Patient Characteristics	Youth by Court Origin and Discharge (n= 4245)
Sex	
Male	2068 (48.7%)
Female	2177 (51.3%)
Type of Insurance	
Medicaid	2797 (65.9%)
Private	1022 (24.1%)
Uninsured	206 (4.9%)
Other	191 (4.5%)
Medicare	29 (0.7%)
Admitted From and Discharged to	
From Court to Court	22 (0.5%)
From Court to Home	4020 (94.7%)
From Home to Court	203 (4.8%)
Patient Income By Zip Code	
Poorest 1	1423 (34.0%)
Poorest 2	1625 (38.8%)
Poorest 3	815 (19.5%)
Richest 4	315 (7.8%)
Missing	55
Geographic Region	
Urban	4096 (95.9%)
Rural	176 (4.2%)
Age (Mean)	14.3 ± 2.1
Length of Stay (Mean)	3.9 ± 5.1
Total Cost (Mean)	\$2940.45 ± \$2735.38

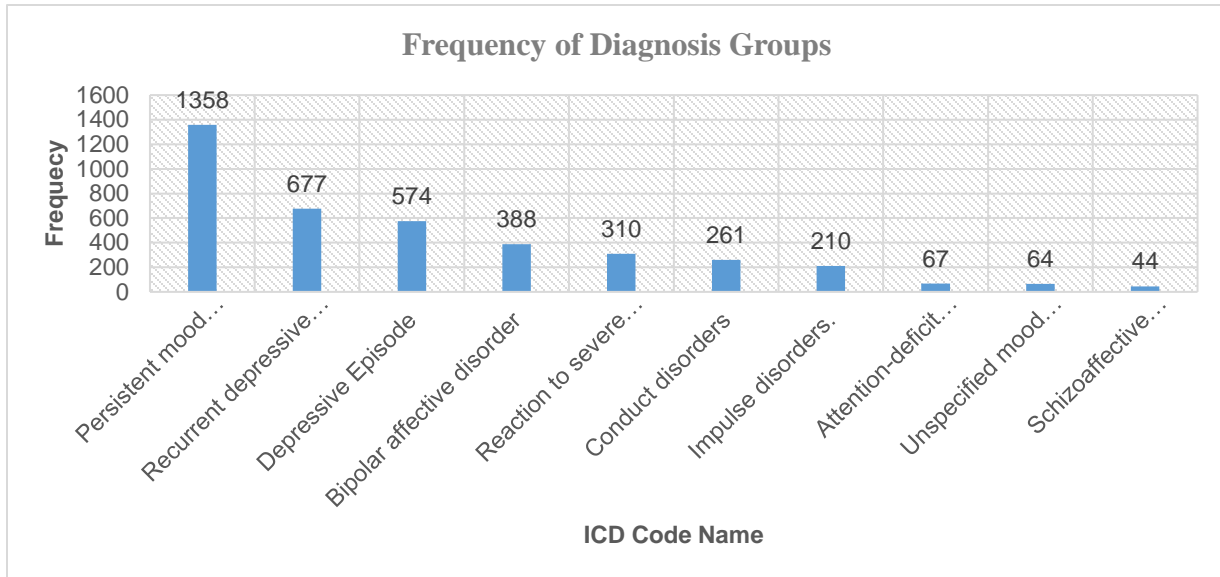
All values expressed as n (%) or mean ±SD

Table 1 includes a variety of subcategories that include information about court origin and discharge, gender distribution across genders, types of insurance paid concluded by median household income among ZIP codes, and the rural-urban concentration rate for teens.

The gender distribution, as demonstrated in the table below, reveals 2068 males and 2177 females among youths. 51.28% are females, showing a relatively even gender composition. Regarding insurance types, Medicaid is the most common payer type, covering 65.89% of the overall population. Private insurance covers 24.08%, 0.68% Medicare, and Other 4.50%. 4.85% of the population are uninsured youths. When examining where the patients were admitted and discharged, 22 youths were admitted to the hospital from the courts and then released to the court (0.52%). Two hundred three youths were admitted from home and discharged to the court, representing 4.78% of the cohort. However, the majority, 4020 youths, totaling 94.70%, were admitted from the court system to the hospital but discharged from the hospital to home.

The table also shows youth by median household income quartiles for patient ZIP codes. Thirty-four percent of the patients lived in the lowest income quartile, and 38.78% were from the second lowest quartile, with only 7.8% living in the state's wealthiest areas. As for the geographic distribution of youths, 95.85% and 4.15% live in urban and rural areas, respectively. The last part of the table includes statistics related to age, length of stay, and total cost among young people. The average age was 14.3 years, with a mean length of stay of 3.94 days, which varies from a minimum of 0 days to an extreme maximum. Finally, the overall cost for these youths ranges from 0 to \$94076.04, with a mean of \$2490.45.

Figure 1: Juvenile Distribution based on the type of ICD-10 Diagnosis



Finally, the bar graph (Figure 1) provides a broad picture of the most common diagnosis among confinement juveniles. The most common diagnosis was persistent mood disorder, with 1358 patients (31.9%) having this diagnosis. Recurrent depression disorder accounts for 677 patients. Depressive episode has 574 diagnosis, Bipolar affective disorder accounts for 388 diagnosis; Reaction to severe stress and depression has 310 diagnosis; conduct disorders has 261 diagnosis, impulse disorders has 210 diagnosis, attention- deficit has 67 diagnosis.

Figure 2: Categories of Patient Diagnosis Groups

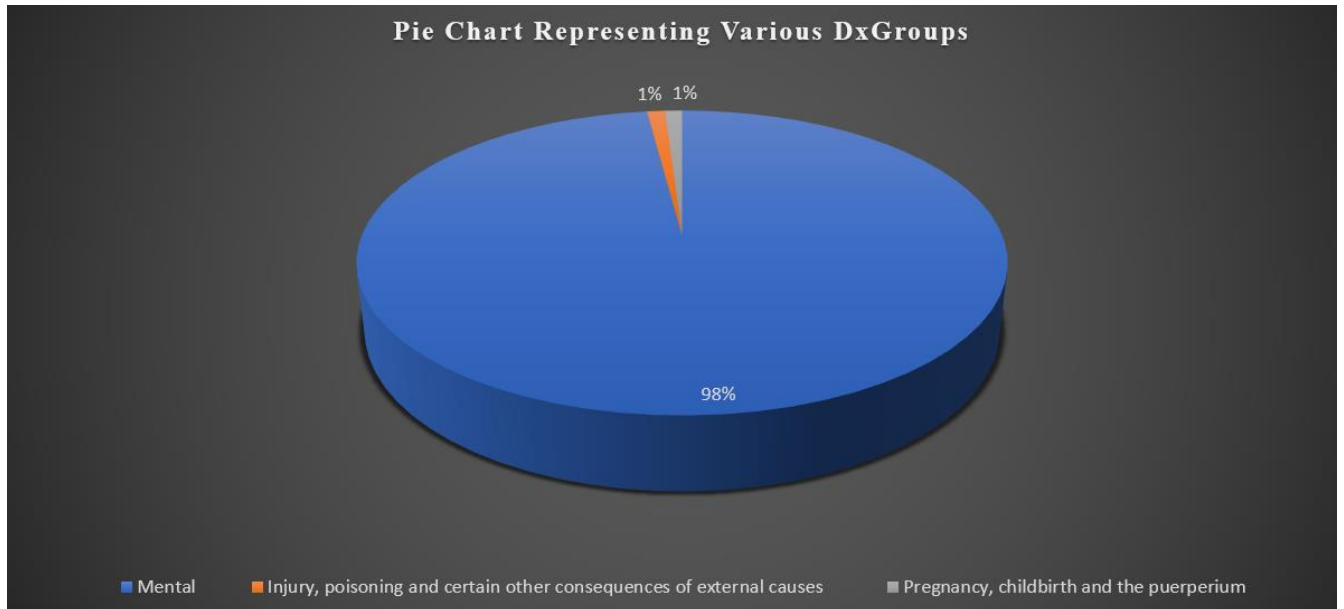


Figure 2 further explores the patient diagnoses with a pie chart representing the various diagnosis groups. 98% of the diagnoses are mental health conditions, while injury, pregnancy, childbirth, and puerperium account for 1% each.

The provided pie chart clarifies a significant majority of mental health disorders that make up 98% of total diagnoses among juvenile offenders. On the other hand, physical health diagnoses only make up 1.2% of this dataset. Substance disorders comprise 0.4% of the diagnoses, amounting to a relatively small share within this cohort in need of substance-related treatment. Moreover, a combination of non-mental and somatic disorders constitutes 1.4% of diagnoses.

Table 2: Top Juvenile ICD-10 Diagnosis

DxGroup	ICD Code Name	Frequency	Percent	Cumulative Frequency	Cumulative Percent
F34	Persistent mood [affective] disorders	1358	31.99	3142	74.02
F33	Recurrent depressive disorder	677	15.95	1784	42.03
F32	Depressive Episode	574	13.52	1107	26.08
F31	Bipolar affective disorder	388	9.14	533	12.56
F43	Reaction to severe stress and adjustment disorders	310	7.3	3549	83.60
F91	Conduct disorders	261	6.15	4140	97.53
F63	Impulse disorders.	210	4.95	3766	88.72
F90	Attention-deficit hyperactivity disorder	67	1.58	3879	91.38
F39	Unspecified mood [affective] disorder	64	1.51	3206	75.52
F25	Schizoaffective disorder, bipolar type	44	1.04	115	2.71

Analysis of Mental Health Challenges

Table 2 provides an analysis of mental health disorders among juvenile detainees and provides essential insights through detailed consideration of the bar graph that represents prevalence patterns related to specific disorders. Mood disorders are the most frequent; Persistent mood [affective] disorder (F34), Recurrent depressive order (F33), bipolar affect disorder, and Bipolar Affect syndrome account for essential shares of the total diagnoses in this population. F34 comprises 31.99%, F33 represents 15.95%, and F31 contributes 9.14% to the overall figures.

The graph also clarifies complicated mental health challenges with visuals of Schizophrenia (F20), schizoaffective disorders (F 25,) and Unspecified psychosis. This brings out the variety of mental health challenges among some juveniles in detention. Also, the simultaneous prevalence of SUD associated with alcohol (F10), cannabis (F12), and cocaine (F14) reveals a dual- burden within the youth population held in juvenile detention. Rehabilitative efforts would require personalized treatment plans that simultaneously target mental health concerns and drug addictions as a means of encouraging cooperative initiatives for the best results and the broader good associated with incarcerated juveniles.

Neurodevelopmental disorders, such as Attention-Deficit Hyperactivity Disorder (ADHD), with a prevalence of 1.58% (F90), highlight the necessity for customized learning and behavior therapy programs according to individual needs by Retz et al. (2021). The severe form, Conduct Disorder Unspecified (F91), occurring in 6.15% of the population, presents a considerable danger to society. This diagnosis needs to be addressed by particular behavioral interventions and therapeutic approaches aimed at addressing the conduct-related issues and signs of positive behavior changes in youths under custody.

Combined, the data and figures support a prominent presence of mental disorders (ICD-10 code 'F') in juvenile detention. This considerable prevalence of psychiatric disorders should be taken as an undeniable reason to promote mental health services in detention centers. The significant prevalence of these conditions also highlights the need for affordable counseling, therapy, and psychiatric treatments (Retz et al., 2021). The recognition of mental health disorders among youth in detention contributes to an environment where the emphasis is placed on mental illness and also aids with rehabilitation and reintegration into society.

Analysis of Non-Mental Disorders

The illustration of mental health disorders and non-mental diagnoses for juveniles in detention demonstrates medical issues, including physical and pregnancy-related ones, through data represented by a bar chart. Incidence of respiratory disorders due to substance inhalation is relatively rare (J68), with one reported case yielding a minimal prevalence score of 0.2%, as indicated by Beaudry et al. (2021). Although this isolated case emphasizes the presence of health hazards associated with environmental factors in detention facilities, statistical data obtained from the studied cohort shows a decline in respiratory issues related to substance vaporization among delinquent youths (Ratnam et al., 2019). Although rare, creating a healthy and safe living environment is necessary because of uncommon respiratory conditions.

Another category, which includes many respiratory diseases (J98), presents yet another reported case leading to the additional 0.02% of juveniles held in custody due to these categories. This scarcity enhances the fact that respiratory diseases other than those associated with the inhalation of drugs are rare in this community. This leads to the intensive study of these isolated cases, which becomes vital for the understanding of respiratory health threats facing incarcerated

youngsters. Knowing these uncommon diagnoses, detention facilities may develop juvenile healthcare solutions that promote preventative measures and engage in targeted intervention when required.

Conclusion

The bar graph provides a broad picture of various health concerns among confinement juveniles, which descend into mental disorders and behavioral problems. The epidemiological observations based on conditions like schizophrenia, other psychotic disorders, mood disorders, substance use problems, and neurodevelopmental needs highlight the importance of a comprehensive yet personalized approach to healthcare within places of detention. Thus, to satisfy the intricate needs of confined juveniles and ensure their holistic development, it is crucial to have customized interventions, counseling services, educational support, and steadfast dedication toward a safe setting. Given the complexities of health issues within this population, these elements play critical roles in creating an adequate healthcare plan that not only addresses present-day concerns but also contributes towards improvement and rehabilitation for juveniles in detention.

CHAPTER V: DISCUSSION AND IMPLICATIONS

5.1 Discussion of Results

Several vital results were revealed during the study on the health outcomes of juveniles taken to hospitals or emergency centers following encounters with law enforcement officers in Florida in 2018. This discussion addresses the subtle results, primarily focusing on appropriate improvement in healthcare linkages for "justice-involved" youth.

5.1.1 Mental Health Diagnoses and Substance Abuse

When addressing the healthcare linkages, crucial points that stand out are the prevalence rates of mental health diagnoses and the patterns of substance abuse among justice-involved juveniles. The data demonstrate high rates of mental health diagnoses in cases related to juvenile individuals and law enforcement agencies, highlighting complex relationships between legal issues and the mental health of these young people. Another vital feature is identified: the trends of substance abuse among this population. Justice-involved youth are imprisoned legally but also because they have an encounter with law enforcement and are detained. It should be evident to policymakers and implementers that legal issues, alcohol abuse, and juvenile physiological and psychological disturbances are interdependent. In particular, a shift towards a holistic paradigm is needed to target specific components of the peculiar mental health culture. Consequently, aged interventions should include tailored strategies that focus on the particular mental health needs of adolescents that support the process of reformation, thus helping to reduce recidivism. Therefore, policymakers and practitioners can collaborate to create a humanitarian juvenile justice system.

At the same time, substance use requires specialized prevention efforts. This is how the early detection and prevention of substance abuse are naturally present in a holistic approach.

This early intervention process aims at preventing this harmful habit of substance abuse and secures youth offenders an opportunity to change their lives for the better. In solving substance abuse-related issues of the JJS, stakeholders promote the general well-being of these at-risk populations and reduce adverse effects and long-term consequences associated with this problem to ensure positive results.

Altogether, the statistics highlight a significant discrepancy in disease distribution where mental disorders virtually monopolize the health scene among juvenile delinquents. This highlights the importance of holistic approaches and interventions specifically tailored to understanding juvenile health related to mental well-being.

5.1.2 Demographic Factors

In the evaluation, justice and diversity conflict through complex networks of demographic elements. An elaborate analysis accordingly explores age-related challenges, gender, race, ethnicity, and socioeconomic status as they appear in various results associated with those health outcomes for juvenile offenders. This study's findings showed that this factor's gradient effect on healthcare outcomes is more complicated, particularly regarding heterogeneous characteristics of imprisoned juveniles' age. Taking into account these age-specific features is essential as it helps to create unique strategies that may address the needs of this highly vulnerable population.

Moreover, gender is highlighted as a fundamental element that affects healthcare outcomes in justice-involved youth. An analysis of the data in this study revealed possible differences between genders, and, as a result, policymakers and practitioners are advised to use

gender-sensitive approaches to intervention. This is further underscored by the need for personalized interventions that consider the healthcare needs of male and female JIYs, emphasizing the imperative nature of achieving equal outcomes. In addition, the present findings highlight race and ethnicity impacts on health outcomes, showing disparities that should be urgently addressed.

A better understanding of the hurdles that racial and ethnic minorities face in criminal justice is necessary to address systemic disparity and bring an inclusive, integrated healthcare mode. This knowledge requires policies and actions that address the various intricacies of racial and ethnic groups for justice-involved juveniles.

Socioeconomic levels can undoubtedly be regarded as the determinant of justice-involved youth healthcare outcomes; thus, socioeconomics has an evident role in access and care needs. Finally, implementing policies that ensure equal distribution and provision of health services to all children ensures equitable outcomes in juvenile justice. Regarding juvenile demographic factors, interventionist initiatives that take into account the inter-subject diversity of incarcerated youth are needed.

These figures highlight the imperative of specialized mental health services in juvenile facilities to address this population's specific needs (Deza et al., 2022). Given the fact that mood disorders have a devastating effect on juveniles in detention's general mental health, goal-oriented interventions should become crucial because they play an integral part in the justice system.

5.1.3 Healthcare Linkages of This Research

The central insight is the clear and vital connection between juvenile contact with law enforcement agencies and subsequent health outcomes for those youth. Many juveniles need attention in a hospital after their encounters with law enforcement. The statistical data vividly portray significant healthcare needs among justice-related youth. Noticeably, a good number of this vulnerable population are young people between 10-18 years of age with conditions that warrant visits to clinics and hospitals after exiting the court systems (Florida Department of Juvenile Justice, n.d). This finding points to the need for timely interventions to address healthcare inequalities; those interventions should be adjusted for different demographic groups of juveniles involved in criminal justice.

Apart from the legal consequences of their encounters, it is evident that these juveniles are struggling with critical medical needs that require a change in the perception of juvenile justice, compelling lawmakers and healthcare providers to develop interventions that would effectively combine legal issues occurring within various contexts with needed medical attention (National Council on Disability, 2023). Furthermore, the policy and practice implications can be used to advise stakeholders on resetting current arrangements. Therefore, policies must be reoriented to include a health perspective in JJSs (National Council on Disability, 2023). Of significance is the understanding that legal and medical demands for this population are interrelated; hence, a holistic foundation should be in place during policy formulation to protect youths in contact with juvenile justice.

Such data is essential to design specific interventions targeting young people in the justice system because they have multidimensional needs. Assessment for mental health,

substance abuse, and other medical conditions should occur comprehensively to allow consideration of these factors into interventions on an individual basis or holistic rehabilitation (Ali, 2022). The practical implementation of healthcare linkages for justice-involved youth requires completely restructuring current protocols, emphasizing determining the legal and medical intricacies intertwined within this vulnerable demographic.

The epidemiological observations based on conditions like schizophrenia, other psychotic disorders, mood disorders, substance use problems, and neurodevelopmental needs highlight the importance of a comprehensive yet personalized approach to healthcare within places of detention. Thus, to satisfy the intricate needs of confined juveniles and ensure their holistic development, it is crucial to have customized interventions, counseling services, educational support, and steadfast dedication toward a safe setting. Given the complexities of health issues within this population, these elements play critical roles in creating an adequate healthcare plan that not only addresses present-day concerns but also contributes towards improvement and rehabilitation for juveniles in detention.

5.1.4 Healthcare Disparities

The investigation into the healthcare landscape of the juvenile correctional system has exposed a stark reality: disparities run deep. Racial disparities occur for vulnerable minority youth who are at risk for poor medical attention, which highlights the need for practical, systemic interventions that address factors leading to racial disparities that affect outcomes (Alsan et al., 2023). Focusing on biased or discriminatory processes that consolidate the inequalities is critical. In addition, the present findings imply that health inequities are just one part of a complex problem. Socio-cultural and political contexts also have a significant role to

play in defining the experiences of incarcerated youth that limit their access to healthcare (Alsan et al., 2023). However, the specifics of local situations, the religious concerns with youth issues, and the impact of political sympathies affect how incarcerated youth are treated; thus, it is critical to work on programs that provide healthcare.

5.2 Implications for Policy and Practice

5.2.1 Policy Recommendations

The present study produced crucial results that demand significant recommendations regarding the severe problems in the juvenile justice system. Policymakers need to develop initiatives that holistically address mental health support, substance abuse prevention, and healthcare inequities that affect incarcerated youth (Alsan et al., 2023). The following key policy recommendations emerge from this study's findings.

Addressing Mental Health Support

Policymakers should pay particular attention to the development and implementation of interventions for improving mental health support systems in the juvenile justice system. Such policy-supported interventions should include incorporating mental health screening instruments in juvenile healthcare and providing counseling support for common underlying mental health conditions that affect incarcerated youth (Alsan et al., 2023). Therefore, close collaborations must occur with mental health practitioners and mental health professional organizations in the community to guarantee a holistic, inclusive approach to meeting the psychological needs of imprisoned youth

Preventing Substance Abuse

Based on the findings of the present study regarding substance abuse tendencies, policies

should be created to avoid or minimize substance misuse by youth in prison. This can occur by implementing evidence-based substance abuse prevention programs in the juvenile justice system, supported by an appropriate allocation of finances.

Such projects should support the early identification of, and interventions for, at-risk youth, as well as rehabilitation that prevents these teenagers from experiencing a vicious cycle of recurring substance abuse.

Addressing Healthcare Disparities

The present research focuses on inequalities in healthcare due to demographic determinants. Such inequities should be mitigated by policies that guarantee the equal provision of quality health care to all incarcerated children. This includes implementing interventions that fill gaps in the delivery of healthcare services for imprisoned youth, taking into account the individual needs of different juvenile. Policymakers need to support reforms in healthcare by stressing equitable treatment as part of providing a healthy future for the youth.

Tailoring Policies to Demographic Diversity

Regarding demographic determinants of policy, policies are needed that focus specifically on the various needs of incarcerated youth, for example, age-targeted interventions, race-and-gender-smart policy-making, and culturally sensitive ways of providing healthcare services during rehabilitation (Justification, 2020). Inclusive and equitable policies should be adopted to ensure that unique challenges faced by different youth are addressed in an environment where the inherent diversity of incarcerated youth is acknowledged and embraced, thus contributing to a more equal and just juvenile criminal system.

5.2.2 Practice Guidelines

The findings from the present study highlight the urgent need for transformative practice guidelines in juvenile justice systems, especially concerning the medical and behavioral health care of youth who have been involved in criminal activity. In any redesign of healthcare practices, some concepts are critical in ensuring holistic support to this vulnerable population. For example, specialists in the field of juvenile justice should prioritize and provide care for mental health and substance use issues. Developing and supporting partnerships among qualified health practitioners and specialist organizations is crucial. This necessitates a comprehensive plan that ensures treatment and interventions specific to the causes of incarceration in the judicial system.

Healthcare workers are encouraged to identify peculiarities and tendencies during their interactions with each JIY and prescribe interventions based on those indicators (Justification, 2023). This includes the formulation of appropriate treatment plans that are tailored to an individual's mental health diagnosis, substance abuse history, and demographic characteristics. Adopting personalized correctional medical care promotes good health outcomes and supports the restoration process for incarcerated youth (Annie Casey Foundation, 2020). Moreover, the provider should address underlying problems that may contribute to a repeat correctional commitment and thus reduce the risk of recidivism.

This research highlights the promise of rehabilitating justice-involved youth as an integral part of their care and support, which can lead to favorable consequences and successful reintegration into society. Practitioners are encouraged to focus on rehabilitation programs as a central factor when holistically addressing underlying causes of delinquency, such as mental

health problems and substance abuse issues. Cooperation with rehabilitation experts and agencies will make these programs more effective, ensuring that all recovery phases occur comprehensively (Annie Casey Foundation, 2020). In their emphasis on rehabilitation, practitioners help to end the revolving door syndrome of criminal behavior by giving incarcerated young people a path toward a more constructive and law-abiding future.

5.3 Limitations of This Study

5.3.1 Data Constraints

One main area for improvement in this study is retrospective data. Because juvenile justice systems are fluid, the statistics regarding healthcare for incarcerated youth may not represent present circumstances in those settings. Moreover, the dataset for this study is also limited in scope; those data may include only some relevant aspects of juvenile healthcare in the current justice system, limiting the thoroughness of the findings. Policymakers and other readers should consider these limitations when interpreting the study results.

5.3.2 Generalizability

It was impossible to obtain generalizable findings due to the methodological limitations described above and the variability in juvenile justice policies, cultures, and healthcare infrastructures across different states in the U.S. Nevertheless, it is crucial to understand the regional context when interpreting regional-specific results.

5.4 Future Research

5.4.1 Longitudinal Studies.

There could be two issues here. Juvenile detention centers that specialize in kids, may have pediatrics connections. And then 13-21 year olds who end up in adult prisons, who may not understand the care needs for that age group.

Future longitudinal studies would make it possible to trace the long-term consequences of healthcare interventions for incarcerated youth, with the potential to offer a richer understanding of changing healthcare needs and trends among this at-risk group. Observation of the changes that occur over a particular period can provide researchers with significant knowledge regarding the sustainability and efficiency of existing practices.

5.4.2 Comparative Analyses

Future research might involve a comparative data analysis from various states or regions. Such analyses can provide a more global picture of healthcare practices and outcomes for imprisoned juveniles and a better understanding of the impact of healthcare policies in various jurisdictions in the United States, potentially leading to the introduction of evidence-based practices and a more efficient, equitable juvenile justice system.

Conclusions

5.5.1 Key Takeaways

This study has carefully explored the nexus of juvenile justice and healthcare, focusing on Florida's incarcerated youth. This comprehensive exploratory study has underscored urgent issues within juvenile justice and has emphasized healthcare as a central contributor to solving complex problems for this juvenile population. The study's problem statement highlighted the need for appropriate policies and interventions and the importance of identifying and recording juvenile detention and incarceration trends.

The study included a retrospective data analysis from Florida HCUP 2018 and Florida Hospital Administration datasets. The literature review illuminated systemic problems in the juvenile justice system and the significant role of healthcare professionals in addressing these challenges. Chapter III describes the study's methodology, a retrospective approach to analyzing historical data, and suggests criteria for primary sources of information. Chapter IV summarized the results that shed light on healthcare needs, juvenile demographic factors, and implications for healthcare policy-making and clinical practice. The findings highlighted the critical link between youth involvement with law enforcement and youth health outcomes, thus supporting advocacy for a broad understanding of the healthcare needs of incarcerated youth. Chapter V summarized study limitations and offered recommendations for future longitudinal studies and comparative analyses to better understand healthcare outcomes for incarcerated youth. The chapter also provided meaningful implications for future policy and practice, as well as recommendations for improving mental healthcare and substance abuse prevention and for reducing healthcare inequities in the juvenile justice system.

This pilot exploratory study adds to the understanding of healthcare challenges for incarcerated youth in Florida and provides insights that may inform future research, policy development, and practice improvements. In support of a more comprehensive approach to healthcare for imprisoned youth, the study emphasizes linkages between juvenile justice and healthcare that require cooperation in developing informed, equitable, and compassionate interventions to ensure the well-being of incarcerated juveniles.

References

- Ali, T. (2022). The Relationship Between Community Policing, Police Profiling, And Brutality, And How It Relates To Minority Communities' Perceptions Of Police.
- AAFP (n.d). Incarceration and Health: A Family Medicine Perspective (Position Paper).
<https://www.aafp.org/about/policies/all/incarceration.html>
- Alsan, M., Yang, C. S., Jolin, J. R., Tu, L., & Rich, J. D. (2023). Health Care in U.S. Correctional Facilities—A Limited and Threatened
- Annie E. Casey Foundation, (2020). 2020 State Trends in Child Well-Being.
<https://www.aecf.org/resources/2020-kids-count-data-book>.
- Bedi, S. (2022). The Myths of Effective Law Enforcement and the Demand to Defund the Police. *Stanford Journal of Civil Rights and Civil Liberties*, 15.
- Barnert, E., Applegarth, D. M., Aggarwal, E., Bondoc, C., & Abrams, L. S. (2020). Health needs of youth in detention with limited justice involvement. *Children and youth services review*, 118, 105412.
- Beaudry, G., Yu, R., Långström, N., & Fazel, S. (2021). An updated systematic review and meta-regression analysis: Mental disorders among adolescents in juvenile detention and correctional facilities. *Journal of the American Academy of Child & Adolescent Psychiatry*, 60(1), 46-60.
- Bryson, S. L., & Peck, J. H. (2023). Age, Race/Ethnicity, and Offense Severity: An Examination of the Liberation Hypothesis for Juvenile Case Outcomes at Final Disposition. *Crime & Delinquency*, 00111287231175039.
- Bush, H., Phaup, E., Brogan, K., Edgemon, A. K., Richling, S., & Rapp, J. T. (2023). An

- Interdisciplinary Approach to Treating Severe Behavior in a Juvenile Justice Facility: Teaching Behavioral Self-Management via Telehealth. *Behavior and Social Issues*, 1-28.
- Coleman, A. R. (2020). *Expunging juvenile records: Misconceptions, collateral consequences, and emerging practice*. U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention.
- Development Services Group, Inc. (2017). Intersection Between Mental Health and the Juvenile Justice System. https://ojjdp.ojp.gov/model-programs-guide/literature-reviews/intsection_between_mental_health_and_the_juvenile_justice_system.pdf
- Douglas, A. D., Zaidi, M. Y., Maatman, T. K., Choi, J. N., & Meagher, A. D. (2021). Caring for incarcerated patients: can it ever be equal? *Journal of Surgical Education*, 78(6), e154-e160.
- Edgemon, A. K., & Rapp, J. T. (2023). Conditional Probability of Challenging Behavior in a Juvenile Justice Facility: Analysis by Days of Week and Time of Day. *Residential Treatment for Children & Youth*, 1-18.
- Farquharson IV, W., Schwartz, J. E., Klein, D. N., & Carlson, G. A. (2023). Factors Associated With Police Bringing Children to a Psychiatric Emergency Room. *Psychiatric Services*, 74(5), 488-496.
- Florida Department of Juvenile Justice (n.d). Office of Health Service.
<https://www.djj.state.fl.us/services/office-of-health-services>
- Gates, D. J. (2023). *Thinking About the Children: Juvenile Justice Reform and Racial Disparities in Charlotte, NC, 1990-2021* (Doctoral dissertation, The University of North Carolina at Charlotte).

Gonzalez, M. (2023). *Examining the Expansion of Substance Use and Opioid Disorder Services in California, West Virginia, Pennsylvania, and Colorado: The Role of the Section 1115 Waiver* (Doctoral dissertation, CALIFORNIA STATE UNIVERSITY, NORTHRIDGE).

Jackson, I. J., & LoMonte, F. (2019). Policing Transparency. *Human Rights*, 44(4), 11-14.

Kurland, A. H. (2019). The Enduring Virtues of Deferential Federalism: The Federal Government's Proper Role in Prosecuting Law Enforcement Officers for Civil Rights Offenses. *Hastings Law Journal*, 70(3), 771.

Lee, B. (2023). It is About Time: Tennessee's Modernization of Juvenile Sentencing and Where to Go from Here. *Lincoln Memorial University Law Review*, 10(3), 49-92.

National Council on Disability (2023). NCD Equity Action Plan – March 2023.

<https://ncd.gov/sites/default/files/Documents/NCD%20Equity%20Plan%20Revisions%20for%202023.pdf>

Office of Juvenile Justice and Delinquency Prevention (n.d). Working for Youth Justice and Safety. <https://ojjdp.ojp.gov/>

Office of Juvenile Justice and Delinquency Prevention (2020). Estimated number of juvenile arrests: 2020.

[https://www.ojjdp.gov/ojstatbb/crime/qa05101.asp#:~:text=In%202020%2C%20law%20enforcement%20agencies,number%20of%20arrests%20in%202011.&text=Weapons%20\(carrying%2C%20possessing%2C%20etc.\)&text=Violent%20Crime%20Index%20includes%20murder,%2C%20robbery%2C%20and%20aggravated%20assault.](https://www.ojjdp.gov/ojstatbb/crime/qa05101.asp#:~:text=In%202020%2C%20law%20enforcement%20agencies,number%20of%20arrests%20in%202011.&text=Weapons%20(carrying%2C%20possessing%2C%20etc.)&text=Violent%20Crime%20Index%20includes%20murder,%2C%20robbery%2C%20and%20aggravated%20assault.)

Robles-Ramamurthy, B., & Watson, C. (2019). Examining racial disparities in juvenile

- justice. *Journal of the American Academy of Psychiatry and the Law*, 47(1), 48-52.
- Shamra Boel-Studt, P. D., Huang, H., & Dowdy-Hazlett, M. T. (2021). An Assessment of Quality Standards for Florida's Department of Children and Families Licensed Residential Group Home
- Song, J. S. (2023). Patient or Prisoner in the Free World Hospital. *George Washington Law Review*, *Forthcoming*.
- Williams, K. H. (2023). After Miller v. Alabama: A Content Analysis of Juvenile Sentencing Decisions Across the United States.
- Zane, S. N., & Pupo, J. A. (2023). The Political and Religious Context of Juvenile Punishment: A Multilevel Examination of Juvenile Court Dispositions in Three Southern States. *Journal of Research in Crime and Delinquency*, 00224278231165888.
- Zhao, J., Han, X., Zheng, Z., Fan, Q., Shi, K., Fedewa, S., ... & Nogueira, L. (2023). Incarceration history and health insurance and coverage changes in the U.S. *American Journal of Preventive Medicine*, 64(3), 334-342.