Promoters for Iowa Prison Empowerment and Reform Project (PIPER)

CPH:3999:0273 Undergraduate Research Experience in PH

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Background

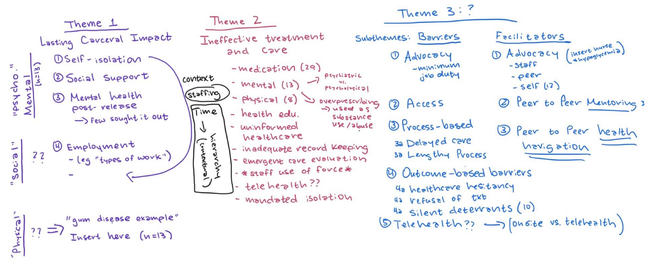
Studies have documented widespread distrust of prison healthcare systems (Vandergrift & Christopher, 2021) and dissatisfaction among incarcerated patients (Condon et al., 2007), but these insights are rarely situated within the local contexts that shape access and delivery.

Objectives

Project PIPER aims to better understand how individuals navigate prison healthcare systems, how they perceive the quality of care received, and how incarceration has shaped their ongoing health. By grounding our inquiry in the narratives of affected individuals, this study provides insights that can inform more equitable, human-centered health policies both inside and beyond prison walls.

Materials & Methods

- Qualitative research design utilizing semi-structured interviews assessing carceral healthcare access, delivery, and outcomes in Iowa.
- Participants consisted of five individuals that sought medical care during their incarceration within the past five years.
- Analyzed interview transcripts using reflexive thematic analysis (Braun & Clarke, 2022) aided by MAXQDA for qualitative data organization and analysis.
- Triangulate findings and document lived experience from the lens of board, consultants, and collaborators.



Results

Four major themes have emerged. Themes 1-3 have emerged from thematic analysis of the semi-structured interview transcripts. Theme four emerged from open discussions, to utilize expert consensus to triangulate initial thematic findings, with the PIPER Advisory Group Consultants.

1 Lasting Carceral Impact

- Physical
- Mental
  - Social Isolation
  - Social Support
  - Mental Health Post-release
- Social
  - Employment

2 Ineffective Treatment and Care

- Medication
- Mental
- Physical
- Health education
- Uninformed Healthcare
- Inadequate Record Keeping
- Emergent Care evaluation
- Staff use of force
- Telehealth
- Mandated isolation
- Follow up care
- Disciplinary action

3 Carceral Catalysts and Constraints

Constraints
- Advocacy
- Access
- Process-based Barries
  - Delayed Care
  - Lengthy Process
- Outcome-based Barriers
  - Healthcare Hesitancy
  - Refusal of Treatment
  - Silent Deterrents

Catalysts
- Advocacy
- Peer to Peer Mentoring
- Peer to Peer Health Navigation

4 Reframing Recreation: From Privilege to Promoting Health

Programming
- Morale

Recreational Facility Access

1 **"But nobody knows, and that's what prison teaches you, is… You don't tell people when you're hurting, because that exposure is a weakness, and people prey on those weaknesses."**

2 **"They're jewels not tools." [referencing limited use after dental procedure]**

3 **"…It was a pretty difficult and a long, drawn-out process just to see a doctor."**

4 **"That stuff matters." [referencing recreational activities]**

Discussion

Implications

There is a need to move upstream to inform practice, research, and policy.

Knowledge Translation

The PIPER Project website allows project information and updates to be available to the public.



Conclusions & Future Directions

- Healthcare systems in Iowa prisons lack consistent access to quality treatment, care, and recreation (health promoting behaviors) resulting in negative, long-term physical, mental, and social effects on formerly incarcerated individuals.
- Translate findings into advocacy and action items such as policy change.

Acknowledgments

We would like to thank current and former members of the Promoters for Iowa Prison Equity and Reform (PIPER) Research Group for their significant contributions to this community-engaged work. Learn more at: piper.lab.uiowa.edu

References

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3. Braun, V., & Clarke, V. (2022). Conceptual and design thinking for thematic analysis. *Qualitative Psychology*, *9*(1), 3–26. https://doi.org/10.1037/qup0000196