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The [Mobile Health Unit](#), one of Ci3's Design Thinking Lab projects, seeks to find new ways to meet young people where they are and provide the sexual and reproductive health (SRH) care they desire. We believe that through designing new systems of delivery in partnership with communities and adolescents, we can increase the number and types of venues in which reproductive health care is provided. We also understand that young people will seek healthcare when it is accessible, affordable, respectful, and provided in a welcoming setting. As such, we explore new spaces where young people may find themselves in a position to seek out SRH care and help to ensure they can receive it. We are currently partnering with UChicago's [Comer Pediatric Mobile Health Unit \(MHU\)](#) to uptrain providers so they can offer more comprehensive SRH care to youth in Chicago high schools and are interested in translating our training curriculum and resources to other settings where improved provision of SRH care could make a difference.

One of these potential spaces is within the justice system. Variable healthcare access and quality has historically been a problem in the juvenile justice system. According to the Survey of Youth in Residential Placement, 23% of youth reported not receiving any care when they needed it. At the same time, detention or incarceration also creates an opportunity to care for young people who are often in great need of health services. This paradox is something that [Dr. Carolyn Sufrin](#) examines in her new book "[Jailcare: Finding the Safety Net for Women Behind Bars](#)". Dr. Sufrin is a medical anthropologist and OB/GYN who has provided clinical to women care in jails and has also conducted research on this issue. As Ci3 seeks to better understand opportunities to expand our work in improving health care for young people, we had the chance to speak with Dr. Sufrin about her work.

In asking her about the landscape of SRH care for incarcerated young women, Dr. Sufrin noted that "there's a constitutional mandate to address 'serious medical needs', but there is no mandatory standard or oversight so every system has tremendous variability" in terms of how they meet that mandate. Some jail or prison clinics offer comprehensive SRH care, including STI/HIV testing, pregnancy testing, options counseling, access to abortion and contraception. Others will not even allow a young woman to continue their current birth control method. She also noted that short stays in jail or juvenile detention can pose challenges for continuity of care and that "passive referral is not very effective." Conversely, she noted one study offering birth control methods on site saw adult women 12 times more likely to start a method.

In thinking about the health issues facing incarcerated young women in particular, Dr. Sufrin observed that "trauma-informed care is key", especially since rates of prior sexual abuse can be very high among incarcerated young women and is often tied to their involvement in the justice system. According to the Office of Juvenile Justice and Delinquency Prevention in 2012, as many as 90% of young women in detention had experienced physical, sexual or emotional abuse. Dr. Sufrin described the path that such abuse can trigger where drugs are used to self-medicate following the trauma, leading to addiction struggles and eventual drug-related arrests. In addition, Dr. Sufrin also pointed out that there is a need for more information on the health services, and particularly the SRH services, available to young women in detention and stressed the importance of "bringing into conversation the experiences of incarcerated women, and particularly pregnant women" to better understand their needs, especially in a setting that was largely designed for men.

In considering opportunities for improvement, Dr. Sufrin suggested that additional training for providers offering care in detention on comprehensive family planning counseling from a shared decision-making model focused on reproductive life planning could be useful, as well as resources for institutions on how to fund such care, citing Cook County as a potential model. Dr. Sufrin also highlighted the example of "transitions clinics" where community health providers visit women in prison prior to their release to establish a relationship with their clinics, which are often staffed with formerly incarcerated individuals. Finally, Dr. Sufrin observed that health navigators could be a useful tool for helping connect young women to SRH care when they reenter the community. This model of care is also being studied by UChicago Medicine's [Dr. Julie Chor](#) as a potential service for women at the time of abortion since this population is disproportionately less likely to have a regular doctor.

At Ci3, we hope that the tools and resources we are working to develop may contribute to improved sexual and reproductive health outcomes for incarcerated young women. And, as Dr. Sufrin observes, any effort to provide SRH services to young incarcerated women would also mean considering the "everyday realities of mass incarceration and what it means to provide care in a place of punishment."

To hear more from Dr. Sufrin, join Ci3 at an upcoming event with her at [The Seminary Co-op Bookstore on November 3, 2017.](#)

"Jailcare: Finding the Safety Net for Women Behind Bars"

Friday, November 3, 2017 - 6:00pm - 7:30pm

The Seminary Co-op Bookstore

5751 S Woodlawn Ave

Chicago, IL 60637

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