

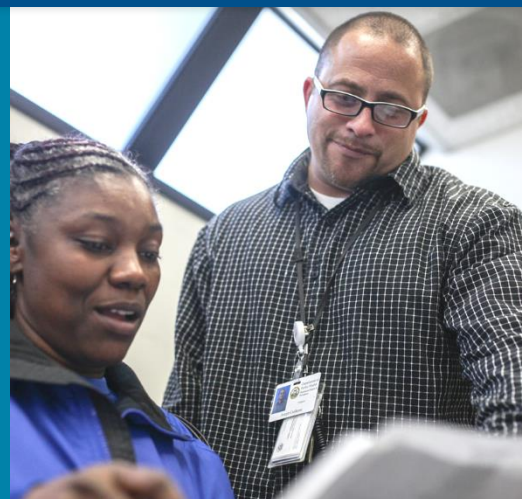
Restoring Health and Humanity to the Recently Incarcerated

Growing up, Joe Calderon idolized Tony Montana, the gangster from the movie “Scarface.” When people inevitably reminded him how Montana died, his response was always the same: “But did you see how he lived?” Having experienced poverty and homelessness as a child, Montana’s rise to wealth and power represented what many in Calderon’s neighborhood dreamed of: a way out. But instead of escaping, a violent crime he committed in his 20s landed Calderon in prison for more than 17 years.

By the time he was paroled at 40, his outlook on life had changed. While incarcerated, Calderon had been particularly struck by the fact that for many inmates, being in prison gave them access to regular, preventive care for the first time in their lives. Though he notes the care was often inadequate, his experiences led him to pursue a career in health care upon his release.

In 2013, Calderon joined [Transitions Clinic Network](#) (TCN), an organization that links formerly incarcerated individuals to primary care in 25 communities nationwide. Calderon joined a team of community health workers (CHWs) at TCN’s Southeast Health Center in San Francisco. He completed training, paid for by TCN, through a post-prison health worker certification course offered by City College of San Francisco, including training on motivational interviewing, culturally responsive outreach, the social determinants of health, and case management.

He also learned about the enormous obstacles that former inmates face when seeking health care upon release. They are at significantly greater risk for chronic conditions including hypertension, diabetes, and cardiovascular



AT-A-GLANCE

- » **Who:** Joe Calderon
- » **Job:** Community Health Worker
- » **Initiative:** Transitions Clinic Network
- » **Population:** Formerly incarcerated individuals living in the San Francisco Bay Area.
- » **Key Features:** Using community health workers with a history of incarceration to engage complex patients into health care services, improve health outcomes, and reduce emergency services utilization.

NEW FACES OF THE COMPLEX CARE WORKFORCE

In communities across the nation, complex care management teams are deploying “non-traditional” health care workers — including individuals with lived experience or skills that transcend the traditional bounds of health care — to better connect with high-risk patients. The [New Faces of the Complex Care Workforce](#) series showcases how these workers are helping in innovative ways to address the needs of adult Medicaid beneficiaries with complex health and social needs.

Made possible through support from Kaiser Permanente Community Health.

disease, and have often been exposed to serious infections like hepatitis C. In fact, within the first two weeks of release, [a former prisoner is 12 times more likely to die](#) than someone from the general population, with the leading causes of death being: (1) drug overdose; (2) cardiovascular disease; (3) homicide; (4) suicide; and (5) cancer. Added to this are obstacles to gaining insurance: in states that chose to expand Medicaid, nearly all former inmates qualify for coverage. However, there are seldom systems in place to enroll them upon release. In Medicaid non-expansion states, even fewer qualify and enroll.

Today, Calderon and another CHW — who was also formerly incarcerated — each manage an active caseload of approximately 20-40 patients. He typically meets his clients out in the community, in locations like transitional housing facilities and parole offices. Calderon intuitively understands his clients' fear and suspicion of the health care system. "We're talking about a community that historically, before the Affordable Care Act, didn't have access to health care," he says. "There is a great deal of mistrust, and we try to bridge that divide." Calderon is often asked by suspicious new enrollees: "What's your 'in'? Why do you want to help me?" It is difficult to convince them that, having been treated "like a number" for so long, they can now make decisions for themselves. The sudden freedom can be bewildering: often, Calderon will ride the bus with a client to his or her first doctor's appointment, just to be reassuring. He helps clients apply for jobs, housing, and other programs for which they may qualify. Additionally, he visits prisons as a motivational speaker, and encourages prisoners to view health care as a right — not a privilege reserved for a select few.

Although he always hopes to work directly with clients, he now mentors and helps train other CHWs with histories of incarceration in TCN programs all across the country. He plans one day to complete his undergraduate degree, and have a job that allows him to work with policymakers. Perhaps one day, he mentions, he will run for a position on a school board or become a county board supervisor. Whatever he decides to pursue, Calderon's rise to being a force for good seems inevitable.

I told [my client] you are not cattle — I don't get paid per head. You're an individual who deserves respect...And you now have the ability to make decisions about your health care.

*- Joe Calderon, Community Health Worker,
Transitions Clinic Network*

About the Center for Health Care Strategies

The Center for Health Care Strategies (CHCS) is a nonprofit policy center dedicated to improving the health of low-income Americans. It works with state and federal agencies, health plans, providers, and community-based organizations to develop innovative programs that better serve people with complex and high-cost health care needs. To learn more, visit www.chcs.org.

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