Resolution: 417
(A-19)

Introduced by: Pennsylvania

Subject: Improved Health in the United States Prison System through Hygiene and Health Educational Programming for Inmates and Prison Staff

Referred to: Reference Committee D
(Diana Ramos, MD, Chair)

Whereas, Overcrowding, poor hygiene, and poor-quality food predispose inmates to many preventable diseases; and

Whereas, Lapses in food safety by prison staff have made United States prisoners six times more likely to contract a foodborne illness, such as Clostridium perfringens or Salmonella, than the general population according to a study from the Centers for Disease Control and Prevention (CDC); and

Whereas, Preventing inmates from transmitting illnesses by contact with prison staff, health care providers, and visitors from the community through increased health awareness can contribute to improved community health; and

Whereas, A research study showed that increased hand hygiene was associated with a 24% reduction in the risk of MRSA acquisition. This risk decreased significantly (by 48%) with hand hygiene compliance levels above 80%. Two additional clinical studies supported this data, showing lower incidence rates of MRSA, resistant E. coli and carbapenem resistant P. aeruginosa when achieving compliance levels higher than 70%; and

Whereas, Existing AMA-MSS policy recognizes the importance of oral health as a part of overall patient care and supports an increase in access to oral health services (440.058MSS); and

Whereas, Poor oral health may contribute to the development of endocarditis, cardiovascular disease, and premature birth or low birth weight, and it is typically affected by existing conditions such as diabetes, HIV/AIDS, osteoporosis, and Alzheimer’s disease. Risk for poor oral hygiene is high in prison inmates as 1.5% of all inmates in state and federal prisons have HIV or AIDS (21,987 persons), which is 4 times the prevalence rate of HIV in the general populace; and

Whereas, Existing AMA policy focuses on increasing health literacy among populace to remove barriers to effective medical diagnosis and treatment through the development of literacy appropriate, culturally diverse, health-related patient education materials (H-160.931); and

Whereas, Adults with limited literacy skills are less likely to manage their chronic diseases and more likely to be hospitalized than people with stronger literacy skills. Only 12 percent of adults have proficient health literacy, according to the National Assessment of Adult Literacy. In other words, nearly 9 out of 10 adults may lack the skills needed to manage their health and prevent disease; therefore be it
RESOLVED, That our American Medical Association collaborate with state medical societies to emphasize the importance of hygiene and health literacy information sessions for both inmates and staff in state and local prison systems. (Directive to Take Action)

Fiscal Note: Not yet determined

Received: 04/26/19

References:

RELEVANT AMA AND AMA-MSS POLICY:

Health Literacy H-160.931
Our AMA:
(1) recognizes that limited patient literacy is a barrier to effective medical diagnosis and treatment;
(2) encourages the development of literacy appropriate, culturally diverse health-related patient education materials for distribution in the outpatient and inpatient setting;
(3) will work with members of the Federation and other relevant medical and nonmedical organizations to make the health care community aware that approximately one fourth of the adult population has limited literacy and difficulty understanding both oral and written health care information;
(4) encourages the development of undergraduate, graduate, and continuing medical education programs that train physicians to communicate with patients who have limited literacy skills;
(5) encourages all third party payers to compensate physicians for formal patient education programs directed at individuals with limited literacy skills;
(6) encourages the US Department of Education to include questions regarding health status, health behaviors, and difficulties communicating with health care professionals in all future National Assessment of Adult Literacy studies;
(7) encourages the allocation of federal and private funds for research on health literacy;
(8) recommends all healthcare institutions adopt a health literacy policy with the primary goal of enhancing provider communication and educational approaches to the patient visit;
(9) recommends all healthcare and pharmaceutical institutions adopt the USP prescription standards and provide prescription instructions in the patient's preferred language when available and appropriate; and
(10) encourages the development of low-cost community- and health system resources, support state legislation and consider annual initiatives focused on improving health literacy.

Citation: (CSA Rep. 1, A-98; Appended: Res. 415, I-99; Modified and Reaffirmed: CSAPH Rep. 1, A-09; Appended: Res. 718, A-13

Health Information and Education H-170.986
(1) Individuals should seek out and act upon information that promotes appropriate use of the health care system and that promotes a healthy lifestyle for themselves, their families and others for whom they are responsible. Individuals should seek informed opinions from health care professionals regarding health information delivered by the mass media self-help and mutual aid groups are important components of health promotion/disease and injury prevention, and their development and maintenance should be promoted.
(2) Employers should provide and employees should participate in programs on health awareness, safety and the use of health care benefit packages.
(3) Employers should provide a safe workplace and should contribute to a safe community environment. Further, they should promptly inform employees and the community when they know that hazardous
substances are being used or produced at the worksite.

(4) Government, business and industry should cooperatively develop effective worksite programs for health promotion and disease and injury prevention, with special emphasis on substance abuse.

(5) Federal and state governments should provide funds and allocate resources for health promotion and disease and injury prevention activities.

(6) Public and private agencies should increase their efforts to identify and curtail false and misleading information on health and health care.

(7) Health care professionals and providers should provide information on disease processes, healthy lifestyles and the use of the health care delivery system to their patients and to the local community.

(8) Information on health and health care should be presented in an accurate and objective manner.

(9) Educational programs for health professionals at all levels should incorporate an appropriate emphasis on health promotion/disease and injury prevention and patient education in their curricula.

(10) Third party payers should provide options in benefit plans that enable employers and individuals to select plans that encourage healthy lifestyles and are most appropriate for their particular needs. They should also continue to develop and disseminate information on the appropriate utilization of health care services for the plans they market.

(11) State and local educational agencies should incorporate comprehensive health education programs into their curricula, with minimum standards for sex education, sexual responsibility, and substance abuse education. Teachers should be qualified and competent to instruct in health education programs.

(12) Private organizations should continue to support health promotion/disease and injury prevention activities by coordinating these activities, adequately funding them, and increasing public awareness of such services.

(13) Basic information is needed about those channels of communication used by the public to gather health information. Studies should be conducted on how well research news is disseminated by the media to the public. Evaluation should be undertaken to determine the effectiveness of health information and education efforts. When available, the results of evaluation studies should guide the selection of health education programs.

Citation: (BOT Rep. NN, A-87; Reaffirmed: Sunset Report, I-97; Reaffirmed: CSAPH Rep. 3, A-07; Reaffirmation A-07; Reaffirmation A-15

20.002MSS AIDS Education: AMA-MSS: (1) encourages public school instruction, appropriate for a student's age and grade, on the nature of HIV and the prevention of its transmission starting at the earliest age at which health and hygiene are taught; (2) asks the AMA to encourage the training of appropriate school personnel to assure a basic knowledge of the nature of HIV, the prevention of its transmission, the availability of appropriate resources for counseling and referral, and other information that may be appropriate considering the ages and grade levels of pupils. (MSS Sub Res 4, A-87) (Reaffirmed: MSS Rep D, I-97) (Reaffirmed: MSS Rep B, I-02) (Reaffirmed: MSS Rep C, I-07) (Reaffirmed: MSS GC Report C, I-12)

440.058MSS Importance of Oral Health in Medical Practice: AMA-MSS (1) recognizes the importance of managing oral health as a part of overall patient care; (2) supports efforts to educate physicians on oral condition screening and management, as well as the consequences of poor oral hygiene on mental and physical health; (3) supports closer collaboration of physicians with dental providers to provide comprehensive medical care; and (4) support efforts to increase access to oral health services. (MSS Res 22, I-16)