

CWM Correctional Health Conference Public Health/Public Policy Interest Group Meeting Summary

March 29, 2007

Summary Themes

The following represents cross-cutting discussion themes from the public health/health policy interest group members.

- Need for knowledge transfer within and across custody/corrections settings, providers, stakeholders, academics, researchers, policy and decision makers, the legal system, and law enforcement
 - This can be accomplished through collaboratives, a national research database of funded and unfunded research, a national repository and database for innovative and best practice programs, continuing to hold conferences such as this one, corrections staff training, and the inclusion of corrections as a stand-alone section or focus within academic and other teaching settings.
- Need for systematic quality measurement, reporting and improvement, and benchmarking. Need to determine how existing measures such as Health Plan Employer Data and Information Set (HEDIS) can be applied to the corrections setting.
- Need to develop and implement correctional health best practice and evidence-based practices and guidelines, and to define best practices in other areas, such as managed care, mental health, ethics, etc. Within this need, there may be tension between the desire for science based policy and the desire to identify and replicate emerging best practices.
- Need to develop the infrastructure, legislative and public support /buy-in for correctional health research and education.
- Need to recognize that corrections is a specific culture that requires specific cultural competency skills. This has implications for training corrections staff, providers, policy and decision makers and for conducting research.
- Need to include a broader array of voices at the table as discussions move forward and a research and training agenda established¹.

¹ Of note, the participatory action research (PAR) and community-based action research (CBAR) literature strongly suggests that the inclusion and engagement of a broad array of representatives from the populations and settings being studied or acted upon will help ensure that research and training will be accepted by and useful to those people and settings being represented. The CBAR literature also offers concrete models for meaningful stakeholder engagement throughout the program development, evaluation and/or research process (please see the work of Meredith Minkler, Barbara Israel, and Nina Wallerstein). Suggestions at the meeting extended from representation by inmates themselves, a broad list of health care providers/researchers, DOH, funders, legislators/policy makers, law enforcement, and the general public.

CWM Correctional Health Public Policy/Public Health Interest Group Meeting Summary

- To accomplish meaningful change requires leader/champions with the time and resources to do the legwork, and to create the collaborations. This suggests the need for funding, corrections and institutional/academic commitment.
 - Need for additional models and services, such as family services, child/youth services, wraparound services and continuity of care. These and other existing community-based services must be coordinated across agencies.
 - Need to demonstrate the results and benefits of treating the offender, e.g., increased public safety, decreased disease transmission, to the public, funders/decision-makers—effective, efficient care that reduces recidivism.
 - Need to bring academic institutions and their resources inside correction health facilities to learn how corrections are different.
 - Academic institutions have a role to play in training all levels of providers; but, few academic institutions have dedicated correctional health or corrections classes, sections, or departments. The onus is on those of us already involved in correctional health to identify training opportunities and to not limit our audience to only those entering health care professions—i.e., same list of folks “missing” from the meeting/these conversations.
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Part I: Research Discussion

Research Discussion— Hot Topics: Based on public health/policy need and opportunity to build on current research base
We discussed the following issues as part of the development of the research topics: 1) need to make a commitment to policy based on science; 2) need to address health care disparities; 3) need to address systems redesign; 4) need to define and measure quality; 5) need for population-based research; 6) need to identify cross-cutting issues; 7) need to see that a correctional facility can be its own unit of analysis; and 8) need to recognize that corrections is a unique and specific culture.
<ul style="list-style-type: none">• Behavioral health
<ul style="list-style-type: none">• Descriptive studies regarding how to:<ul style="list-style-type: none">— Increase prison cooperation with health care— Increase prison cooperation with health care research— Increase patient cooperation with health care research
<ul style="list-style-type: none">• Development of a compendium of best practices
<ul style="list-style-type: none">• Diversion and alternatives to incarceration, such as mental health, drug courts
<ul style="list-style-type: none">• Gender differences overall
<ul style="list-style-type: none">• Healthcare disparities
<ul style="list-style-type: none">• Long-term care, elder health in corrections
<ul style="list-style-type: none">• Nutrition

CWM Correctional Health Public Policy/Public Health Interest Group Meeting Summary

Research Discussion— Hot Topics: Based on public health/policy need and opportunity to build on current research base
— Need for healthy, calorie appropriate diet that addresses gender-differences in caloric intake
• Prison and stress
• Recidivism
• Reentry
• Role of the incarceration episode in the epidemiology of certain chronic diseases, e.g., heart disease, obesity — Incarceration as a sentinel event
• Smoking and incarceration
• Systems redesign
• Transfer of clients from mental health institutions/facilities to prisons/jails
• Treating sex offenders — Effective treatment in prison — Post-incarceration — Ethics, constitutional and civil liberties issues
• Half way houses as successful models, and for continuing substance abuse treatment
• Role of lawmakers in the development of correctional health budgets, law, and policies
• Impact of privatization of services in state services

Research Discussion— Inventory of current status of funded research	
Bolded items indicate research currently being conducted by meeting participants.	
Funder	Topic
CDC RFA	Traumatic brain injury in incarcerated population
CJDATS (Criminal Justice Drug Abuse Treatment Studies)	12 research centers connected with corrections Multi-center randomized treatment trials across settings—juvenile, parolees No pharmacological trials All behavioral interventions (RFA for NIDA)
CSAT Funding	Linkage to methadone; work being conducted in RI
DHHS/ Title 10	Family planning with the aim to decrease high risk pregnancy. Program is offered upon entry to jail, because turnaround is so quick.

CWM Correctional Health Public Policy/Public Health Interest Group Meeting Summary

Research Discussion— Inventory of current status of funded research	
	Measure: initiation of birth control
MIOTCRA	\$50 million total tied to mentally ill offender in the community, institution or community corrections
NIDA	<p>Methadone treatment; requires immediate aftercare upon discharge. To qualify, prisoner can be in withdrawal, or on opiates; have to have been on methadone in the past; maximum time since last methadone treatment is 2 years.</p> <p>Program has heightened awareness of need for care management and care coordination</p> <p>KY Criminal Justice Outcomes System</p> <p>Looks at recidivism</p>
Not specified	Aging and long-term care
Not specified; academic partnership between Brown and RI corrections	HIV med management and prevention, access, treatment of end-stage HIV
Potential funders	<ul style="list-style-type: none"> • RWJ, Gates Foundation • American Heart Association, American Lung Association, American Cancer Society, etc. for research related to smoking, obesity • AHRQ: practice-based networks

Research Discussion—Research Barriers and Opportunities	
Barrier	Opportunity
<ul style="list-style-type: none"> • Lack of communication mechanisms between researchers, funders, DHSS 	<ul style="list-style-type: none"> • UMass conduct a survey to catalogue what is happening in corrections • Develop database for research, best practices, including sharing of forms, models, program assessments and smaller scale models • Develop practice-based network forums • Use of blogs • Creation of think tanks
<ul style="list-style-type: none"> • Lack of knowledge, communication about what is going on at other facilities 	
<ul style="list-style-type: none"> • Research is not translated into policy 	<ul style="list-style-type: none"> • Examine how Washington State (WA) has leveraged its use of evidence-based medicine in prison to change legislative correctional health language • Develop research objective and questions that are solicited from or respond to needs identified by corrections, service providers, family members, and/or other stakeholders

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Research Discussion—Research Barriers and Opportunities	
Barrier	Opportunity
	<ul style="list-style-type: none"> • Train legislators—provide seminar on evidence-based practices; hold national legislative conference
<ul style="list-style-type: none"> • Stigma of being: an offender, mentally ill, and/or a drug user keeps the research from becoming policy. • Public feels offenders “deserve what they get”; lack of public buy-in for funding, programs, research. 	<ul style="list-style-type: none"> • Present research to the public crafted so that the public understands how improving care in and out of corrections will benefit the public, e.g., decreased recidivism, decreased transmission of HIV, TB • Recidivism is an issue and opportunity to bring together public/public and public/private funding sources
<ul style="list-style-type: none"> • Lack of recognition that corrections is its own community, with its own culture 	<ul style="list-style-type: none"> • Needs to be engagement that research in corrections is appropriate and will benefit the corrections setting and offenders • Researchers need to demonstrate they’re making a long-term commitment • Healthcare needs to develop their own mission inside of the larger mission of the correctional system • Examine Hampden County, MA as a model; exemplifies role and need for leadership to make this happen.
<ul style="list-style-type: none"> • Although corrections is a major provider of healthcare, the primary mission and focus of corrections is not to provide healthcare or to serve as a research site <ul style="list-style-type: none"> — There is no constitutional right to health care (for all populations) 	
<ul style="list-style-type: none"> • Lack of accreditation or standards for correctional health <ul style="list-style-type: none"> — ACA and correctional health standards are minimal; ACA doesn’t have the ability to accredit — State and counties have standards and requirements that may be very different. In some states, the 	<ul style="list-style-type: none"> • Need to determine if HEDIS, or other standards, can be applied to correctional health

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Research Discussion—Research Barriers and Opportunities	
Barrier	Opportunity
<p>Department of Public Health has no oversight over correctional health</p>	
<ul style="list-style-type: none"> • Lack of funding <ul style="list-style-type: none"> — Funding appears to be available for substance use disorders, but less so for diabetes, general health — No funding to support an organizational approach to tobacco use, or to prevent the resumption of cigarette smoking upon release 	<ul style="list-style-type: none"> • American Diabetes Association has practice guidelines for prisons • National community is working on tobacco use in correctional facilities for offenders and correctional officers • Opportunities for American Cancer Society, American Lung Association to fund research • We need to be a strong voice in the development of research initiatives • Get creative as far as funding sources—foundations, private sector, etc. • Recidivism is an opportunity to bring together public and private funding sources
<ul style="list-style-type: none"> • Research findings can be a two-edged sword <ul style="list-style-type: none"> — Shows how good/bad you're doing — Positive outcomes and results can highlight disparities between public healthcare and correctional healthcare and foster public resentment 	<ul style="list-style-type: none"> • Positive outcomes could be used to demonstrate what is possible in the public health system • Custody presents research opportunities: <ul style="list-style-type: none"> — Closed setting in which to conduct research allows each setting to be its own laboratory — Variables can be controlled
<ul style="list-style-type: none"> • Research on recidivists difficult to conduct—research done on volunteers may not be a representative population 	<ul style="list-style-type: none"> •

Part II: Training

Training	
Topic	Discussion
<p>Programs in Place</p> <p>Informal training</p>	<ul style="list-style-type: none"> • Accredited Training or Programs <ul style="list-style-type: none"> — In general, training is offered on corrections health care, not correctional health policy — UCSF—correctional medicine course; and all med students are required to do a minimum 2 week rotation at a correction site; also have to do a policy project — UC (Davis)—primary care settings; HIV in prisons — Univ of Colorado—offers jail health care elective • Informal training <ul style="list-style-type: none"> — Med students-internship — Correctional Health fellowships
<p>Curriculum Panning— Needs Competencies and Topic Areas</p>	<ul style="list-style-type: none"> • Competencies <ul style="list-style-type: none"> — Develop comfort around working in corrections — Development of skill set to work with broad, challenging cases in one place — Address misconceptions about corrections, offenders, correctional health — Understanding corrections as unique culture — Build cultural competency — Understanding complex systems — Cause and effect of public health policy decisions, e.g., changes in public policy can lead to increase or decrease in corrections population — Understanding cause and effect of public health policy decisions in a closed system • Topic Areas <ul style="list-style-type: none"> — Case-law and constitutional law — Legal — Ethics — Multi-disciplinary collaborations — Human resources — Risk, quality, financial

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Training	
Topic	Discussion
	<ul style="list-style-type: none"> — Big picture issues — Treatment in the community vs. treatment in corrections (address prevention, need for appropriate funding for community-based SA/MH treatment, e.g., don't substitute mental health institutional care for correctional health institutional care).
Targeted Learners	<ul style="list-style-type: none"> • MPH/PhD students • Law enforcement • Corrections
Methods, Venues and Teaching Materials	<ul style="list-style-type: none"> • Methods <ul style="list-style-type: none"> — Include custody in the program and training development process — Involve corrections in conducting training — Develop CH internships/MPH practicums — Public health/public policy model of "corrections" — Interdisciplinary training — Example of good models — Classes, long-term training — Make prison(s) a setting that is available to students — Need to create a series of models/packaged units and present training needs to legislators — Need for mentors — Collaboration with multi-level organizations such as custody and education • Venues <ul style="list-style-type: none"> — Classes; MPH internships, rotations through corrections — CH classes, core curriculum need to extend into law enforcement, department of corrections, and other disciplines • Teaching materials <ul style="list-style-type: none"> — Slides, presentations and other materials that are widely available and can be used across teaching settings (don't have to recreate materials for new classes)

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Topic	Discussion
	<ul style="list-style-type: none"> — Share orientation materials that can be used for people new to corrections — Share learning objectives across disciplines
Barriers	<ul style="list-style-type: none"> • Space/logistics • Funding • Buy-in • Stigma • “Voyeurism” when students have only a brief exposure to corrections
Strategies for training and program development	<ul style="list-style-type: none"> • Engage APHA; ask APHA to develop section on CH • Engage university/college deans; encourage development of CH section, core curriculum; develop tangible tools for inclusion • Present corrections as a population, and as a reality that students will continue to deal with in their professional life • An opportunity to make a difference in real time • Demonstrate the win-win area of intersection for the academic institution • Leverage crisis situations, such as MA prison suicide rate • Leverage other opportunities, such as vascular surgery • Leverage models, successes in other states • Conduct on-going education regarding need and benefits • Stress advantage of CH settings—closed system makes it easier to control variation, see effects of policies; group of diseases/problems in one setting, helps providers have better understanding of their patients/clients in other primary care settings • All of this requires legwork (and funding) and “champions”
Other Resources, funding	<ul style="list-style-type: none"> • Use VA public health officers; they can be assigned to any setting

Other Information

States to explore as potential correctional healthcare model(s) or best practice(s) sites	
CO	Practice-based networks
KY	Public-private partnership; quasi-managed care entity
MA	Use of academic partnerships to leverage (external) funds
NC	Model state
OR	Model state
RI	Academic partnership in the provision of HIV care
WA	Use of evidence-best practices; using results to change state regulation; working with legislature

Overall question: Research and Training

Who's missing from the conversation? Who also needs to be engaged?
<ul style="list-style-type: none"> • Funders and foundations (e.g., Gates, RWJ, American Heart Association, American Lung Association, American Cancer Association, etc.)
<ul style="list-style-type: none"> • Community-based organizations including charitable and religious organizations
<ul style="list-style-type: none"> • Policy and decision makers, including legislators, planners, regulators
<ul style="list-style-type: none"> • Academic leaders: Public health school deans, APHA
<ul style="list-style-type: none"> • Advocacy groups, including inmate representatives
<ul style="list-style-type: none"> • Law enforcement
<ul style="list-style-type: none"> • Courts and the legal community
<ul style="list-style-type: none"> • Corrections representatives across the delivery system, including correctional officers and inmates themselves