

## *Public Health Model of Correctional Healthcare for Duval County*

Max Solano, MD; Nancy L. Winterbauer, PhD, MS; Robert G. Harmon, MD, MPH,  
Duval County Health Department; and Chief Tara Wildes, Jacksonville Sheriff's Office

The Duval County Health Department's (DCHD), newly created Division of Institutional Medicine (DIM) recently contracted with the Jacksonville Sheriff's Office (JSO) to provide health services to inmates housed in the county's jail, replacing a national, for-profit agency. Despite growing recognition that correctional health *is* community health and despite the high risk status of correctional populations for a large number of health problems, systematic public health approaches have not been widely adopted. With a small number of notable exceptions, few local health departments administer health services in correctional facilities.

To our knowledge this is the only program in the state where a local health department has been contracted to provide health services in this setting. The provision of correctional healthcare by a local public health agency offers great potential to improve community health, because: 1) The health of incarcerated individuals is generally poorer than the non-incarcerated population; 2) jails are *local* institutions, meaning that the opportunity to establish a continuum of care *from jail to* community exists; 3) the "revolving door" from jail to the community through which inmates frequently cycle heightens the potential impact of this population on community health and life; and 4) the jail population is comprised of difficult to reach patients, particularly minority adult males. While incarcerated, this population is sober, stable and potentially more receptive to intervention.

The traditional public health model for correctional healthcare has evolved from one of infectious disease control to a system of comprehensive medical, dental and mental health services that additionally provides continuity of care as inmates transition into free-living communities. Yearly, the DCHD/ DIM provides comprehensive health services to over 50,000 newly admitted inmates and average resident population of over 3,500. The scope of health services provided by the DCHD/DIM includes screening at intake, walk-ins, sick call, chronic care, 14-day health assessments, emergencies, mental health attention including group therapy, as well as dental and specialty care. Emergencies and procedures/conditions requiring hospitalization are coordinated with Shands, Jacksonville. A community transition team ensures that patients with significant health problems have continuation of care in the community.

The public health approach adopted by the DCHD/DIM elaborates upon this model by adopting the Ten Essential Public Health Services framework, which is also the framework for the National Public Health Performance Standards Program (NPHSP).<sup>1</sup> Our initial efforts to extend the current public health model of correctional health care includes the following activities: An Electronic Health Records system has been developed to monitor the health status of the correctional population. An infection control nurse investigates specific disease threats (e.g. TB, MRSA) and a risk manager identifies other safety concerns in the correctional system. An education office has been established to inform and educate the inmate population regarding health issues and enhance the skills of the correctional healthcare workforce, as well as increase community awareness regarding correctional health issues.

Through collaboration on grants and developed linkages with academic institutions, the DCHD/DIM has begun to mobilize community partnerships and develop policies and plans to support community health efforts, such as mental health and drug courts, as well as enforce laws and regulations that protect health and safety. The program is being formatively evaluated to document implementation activities for the purpose of replication and outcome indicators for the jail setting are in development. Finally, we have much to learn about the health of correctional populations and have identified research for innovative solutions as a priority area.

In creating this partnership, DCHD/DIM and JSO share an understanding that incarceration provides a timely public health intervention opportunity to improve the health of high-risk individuals and the communities to which they return at release.

**Source:** <sup>1</sup>National Public Health Performance Standards Program, <http://www.cdc.gov/od/ocphp/nphsp/>. Accessed 2008.