

The Shared Responsibilities *Of Corrections and Public Health*

By Rebecca Craig and Joni G. York

It is essential for correctional administrators and correctional medical staff to develop good working relationships with public health professionals to protect communities, institutions, staff and offenders. Communicable diseases move between the free and locked communities without regard to metal detectors, searches and other security measures used to keep an institution safe and secure. Communicable disease outbreaks in the community can and will spread to the incarcerated population through contact with new bookings. Additionally, discharged offenders can spread outbreaks into the surrounding community.

Statutes and/or regulations to protect the public from disease and to guard its health are the mandated duties of the health officer and the public health department. They are linked to state and national information services alerting them to potential disease outbreaks in the community. This information should be shared with correctional health administrators and facility managers, along with suggestions of steps to be taken at booking or during incarceration to prevent the spread of communicable diseases inside the correctional environment.

During the past 15 years, the issue of communicable diseases has increasingly impacted the operations of correctional facilities. Offenders and staff question whether they are going to become exposed to and/or infected by diseases such as AIDS, HIV, hepatitis B, hepatitis C, tuberculosis, severe acute respiratory syndrome (SARS), and now, methicillin resistant staphylococcus aureus (MRSA).¹ Public health practitioners can provide educational programs to officers, onsite medical staff and offenders about communicable disease control. This sharing of information can decrease fears and improve the safety of correctional facilities. Public health practitioners also can assist in developing intake-screening tools that can be used by correctional officers and health staff to identify and segregate individuals with potential communicable diseases.

The public health department has current treatment recommendations, which include medications and laboratory testing, and can provide guidance on interpretation of laboratory and X-ray findings. The correctional medical staff need this information to assist in the proper management of offenders with communicable diseases. Improper treatment or nonidentification of an offender with a communicable disease has a significant impact on the correctional facility, as well as the surrounding community. The

public health department has a responsibility to identify and treat individuals who are infectious and those who have been infected but have not progressed to active disease.

Locating such individuals takes significant staff time and resources. This is true regardless of the setting, but the close living conditions, coupled with rapid turnover at correctional facilities, makes finding exposed individuals both extremely difficult and critically important. It is in the best interest of both the correctional facilities and the public health administrators to design a communicable disease screening program to assist in identifying potentially infectious individuals at the time of entry into a correctional facility.

During the past year, there has been an increase in the number of news stories about MRSA and its presence in correctional facilities. This disease starts as a skin infection that initially looks like an insect bite such as a spider bite. As the redness and swelling surrounding the "bite" area continue to expand in size, the color changes to black, and the infection does not respond to the normal course of antibiotics. The best prevention against contracting MRSA is good hygiene and frequent hand washing.

Both correctional and public health administrators have an obligation to protect the public. Part of this responsibility extends to designing and implementing programs to identify and treat communicable diseases within their facilities. Involving public health professionals in developing offender education materials and providing education to correctional and medical staff will assist in allaying fears. It will also demonstrate that corrections professionals are working actively with experts to address concerns. The spread of MRSA or any other communicable disease inside an institution will directly impact the surrounding area as offenders are returned to the community.

A Mutually Beneficial Relationship

Another topic of discussion that should occur between public health and onsite medical and correctional administrators is the provision of immunizations. At first glance, it will appear that offering immunizations to offenders in local detention facilities would have no benefit to the institution due to the rapid turnover. However, experience has shown that many offenders tend to rotate frequently between the community and detention facilities.

The public health department should provide vaccination materials and supplies at no cost to the correctional medical staff. They should also provide access to immunization educational programs for offenders and staff. Offering immunizations to the incarcerated population allows public health practitioners to access a segment of the population that normally does not have money or insurance to pay for health care. It will also result in decreasing communicable diseases both inside the facility and the community at large.

Correctional facilities provide public health departments an opportunity to find and treat individuals with sexually transmitted diseases who normally would not access public health clinics. Cooperation with public health officials not only assists in protecting the surrounding community, but also results in protecting correctional staff and offenders. The public health department, in trade for correctional medical staff expediting identification and treatment, should provide offender education, screening supplies, testing materials and medications.

These examples demonstrate that a good working relationship between corrections and public health professionals can be mutually beneficial. The next question, the most difficult to address is: How can departments that compete for funding and are interacting on a variety of administrative levels actually develop good working relationships? There are programs where public health and correctional administrators work together; however, these relationships are not always easy or perfect. There are several key components present in successful programs, such as the use of correctional accreditation standards as the beginning point for discussions, open communications, and the development of mutual respect between correctional and public health administrators.

Accreditation's Role in Developing Working Relationships

The majority of successful corrections and public health partnerships are present in systems where correctional administrators have committed to obtaining accreditation. The accreditation standards developed by the American Correctional Association, National Commission on Correctional Health Care and the Institute for Medical Quality² require formal meetings between onsite correctional and health service administrators. These administrators have used the standards as the basis for establishing a forum to integrate community public programs resources into correctional facilities.

Sheriffs and probation chiefs have included the public health officer, correctional health administrator and others to participate in the required quarterly meetings. This has resulted in a better working relationship and has improved access to community resources such as HIV education programs, tuberculin skin testing for staff and communicable disease training for staff.

Correctional administrators should invite public health officials, such as the tuberculosis control officer, the program manager for immunizations or the health officer, to the facility for discussions on how to improve communication and cooperation between their departments. This invi-

tation should include an overview of the facility's medical programs that cover chronic care and communicable disease control.

The facilities that have instituted these group meetings during lunch have reported greater success in getting attendees. Some facilities have reported that providing a tour at the beginning of the first meeting has been very successful. It allows the attendees to see the surroundings and gain a better understanding of the facility's needs.

Success begins with public health, correctional health and correctional administrators identifying and developing programs that are mutually beneficial. During the initial orientation, a brief description of correctional administrators' duty to protect offenders living in the institution and their understanding of public health's responsibility to protect the health of the community should be included in the discussion. Remember that the general public lacks corrections professionals' understanding of the rapid turnover in local facilities and the potential for exposure to a variety of communicable diseases.

The correctional facility's health administrator, or in smaller systems the nurse, should participate in determining who would be appropriate to include in the meeting. A number of correctional systems have invited the public health department's nurse or physician assigned to communicable diseases, tuberculosis management, and/or immunization programs. These professionals have a direct link to the programs and information that can be mutually beneficial to the facility and the surrounding communities.

During the meeting, emphasize the correctional administrator's wish to work with public health officials to establish programs for the well-being of the institution and the community. Administrators should offer to work with public health to identify offenders with communicable diseases, as well as establish a system of referral upon release from the facility. Meeting minutes should assign responsibilities to individuals so there is accountability for following up on identified issues. Contact with attendees between meetings will improve the likelihood of success in completing assigned activities.

A Successful Partnership

A key component in building a successful partnership is for the participants to develop a mutual respect for corrections' and public health's roles and responsibilities. Correctional administrators frequently do not articulate their responsibilities for protecting offenders and staff to those outside their profession. Often, public health representatives do not understand the correctional setting and the security rules governing their operations. To develop respect, it is critical that all parties openly communicate their needs. Correctional administrators need to explain not only the security rules but also the reasons that certain items are considered contraband and why some offenders require two-person moves, etc. Physicians and nurses who do not understand the correctional setting may not accept a statement of "security concerns" as the reason for not doing something that has been requested. Corrections professionals should be prepared to fully explain why certain

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things are not allowed. This should foster discussions about what can be done to accomplish what is needed.

It is important to show a commitment to making the partnership work by continuing to have quarterly meetings. Neglecting to follow up on assigned responsibilities or continually postponing scheduled meetings will only destroy the process.

A word of caution, before embarking on developing a public health partnership, the correctional administrator should establish responsibilities for its cost and which agency is incorporating the program into its budget. For example, do not agree to provide immunizations without agreements for who will perform the evaluations, provide the vaccinations and keep the appropriate records. Discussions and agreements regarding cost issues should be included in the written minutes. The same is true for testing and treating offenders with sexually transmitted diseases. Experience has shown that the best practice is for the public health department to supply vaccines and education materials for offenders. In many instances, public health has assigned a nurse who specializes in vaccinations or treating sexually transmitted diseases to a correctional facility.

Correctional facilities that have developed successful programs provide the public health nurse access to the facility, ensure onsite medical staff schedule the appointments and have officers expedite transporting the offenders to the designated clinic. Another model is for public health to provide the correctional medical staff with supplies and free laboratory services. Again, this affords the opportunity for testing and treating infected offenders at minimal expense to the correctional facilities. Either model results in better health for the correctional facility and the surrounding community. This results in mutually beneficial outcomes.

In summary, administrators of correctional facilities and public health agencies have a duty to protect the community as well as the offender population. The mutual efforts of corrections and public health professionals will afford a safer environment for staff, offenders and the general public.

ENDNOTES

¹ The Centers for Disease Control and Prevention provides detailed information about a variety of conditions. Visit: www.cdc.gov.

² IMQ is a subsidiary of the California Medical Association. California was one of 26 states that initially joined with the American Medical Association in 1978 to provide consultations and accreditation services to correctional facilities. In 1983, when the AMA program closed, CMA continued to provide services to local facilities. Today, 22 of the 58 counties have IMQ-accredited facilities.

Rebecca Craig, RN, B.A., M.P.A., is director of standards and correctional health care programs for the Institute for Medical Quality in San Francisco. Lt. Joni G. York is the standards and accreditation manager with the Chatham County Sheriff's Department in Savannah, Ga.