



A local health department-administered correctional health care program: Strengths and challenges

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Correctional health care is an increasingly recognized component of community health and various programs currently include correctional health within a public health framework. Since October 2006, the Duval County (FL) Health Department's (DCHD), newly created Division of Institutional Medicine (DIM) has contracted with local authorities to provide healthcare to inmates housed in the county's jails. Although other public health approaches have been described, this is the only program of which we are aware that is charged with providing health services to a correctional population as a division of a local health department.

The DCHD, DIM provides health care to approximately 50,318 newly admitted inmates each year. The services are provided at three different county facilities, the Pre-Trial Detention Facility being the largest and most utilized. Each year, the Department of Corrections (DOC) provides housing to 3,148 inmates waiting for sentencing, those who have been sentenced or are waiting for a transfer to another facility. An additional 49,953 inmates are released from jail and are transitioned back into the community. The collaboration between the DCHD, DIM, and DOC includes support to supply adequate health and screening services to inmates and offer transition support upon release. To gain insight into the opportunities and difficulties the DIM faces, qualitative interviews were conducted with DIM staff, community members and corrections staff. Interviews were audio-recorded, transcribed, verified and entered into Atlas Ti (qualitative data analysis software). Preliminary results showed that the ability for early detection of disease and treatment of illness, expanded opportunities to provide health education and counseling to a fragile population, the perceived neutral position of the health department relative to funding and agenda-setting, and a broadened definition of health to include transition and prevention were considered major strengths. However, results also showed that the provision of health services through a Department of Health (DOH) organizational structure was challenging and these challenges were primarily related to a non-traditional public health care setting. Staffing was a particular concern due to an underdeveloped workforce appropriate to the correctional setting, limited corrections specific training and education, staff burn-out, salaries incompatible with staffing demands, and other challenges related to the twenty-four hour, seven day a week work environment. Other challenges included the difficulty of working within DOH bureaucratic polices, especially those related to hiring staff and budget processes. This presentation will highlight the strengths and challenges of providing correctional health services through a local health department model.

Learning Objectives:

1. Apply a public health model/framework to correctional health care.
2. Describe the strengths and challenges of providing correctional health services through a local health department model