

The Ten Essential Public Health Services as a Model for Correctional Health Care

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A Public Health Framework for Correctional Health Care

Evolved from:

- Infectious disease control model
- Model of comprehensive medical, dental and mental health services
- Continuity of care at transition
- Ten Essential Public Health Services

The Ten Essential Public Health Services

- Describe public health activities that should be undertaken in all communities
- Provide framework for the National Public Health Performance Standards Program
- Developed through the collaboration of seven national public health organizations*

Duval County Health Department, Division of Institutional Medicine (DIM)

- Established in July 2006
- Partnership with the City of Jacksonville to provide services to the adult incarcerated population
- 55,000 inmate admissions yearly
- Average daily census of 3600
- Adopted the Ten Essentials Services model to frame program activities
- Defined two "communities" in continuum - the institutionalized community and the larger, free-living community

1. Monitor health status to identify and solve community health problems

Examples of DIM activities:

- ✓ Defined the institutionalized community as unique, monitoring trends amenable to intervention
- ✓ Instituted electronic health records (EHR) system in October, 2008

2. Diagnose and investigate health problems/hazards in the community

Examples of DIM activities:

- ✓ Established Office of Disease Management - wound care, chronic care, infectious disease, infection control
- ✓ Access to state laboratory

3. Inform, educate, and empower people about health issues

Examples of DIM activities:

- ✓ General health education programs for hard to reach populations
- ✓ Diabetic program – awareness, education, personal health tools (e.g. "carb counting")

4. Mobilize community partnerships to identify and solve health problems

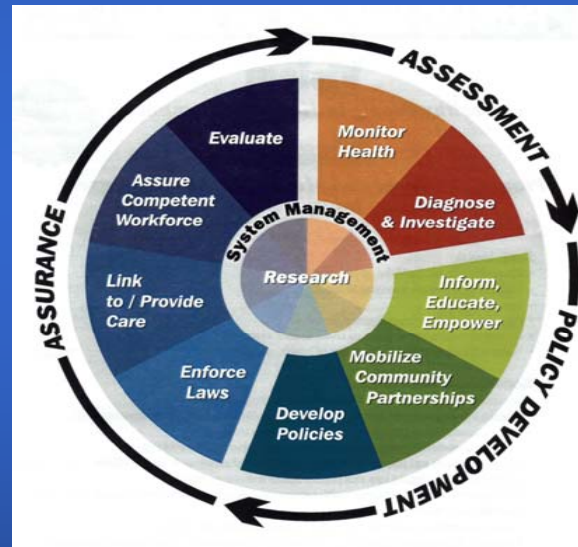
Examples of DIM activities:

- ✓ Collaborate with community partners to secure funding (e.g. substance abuse treatment for HIV+ inmates / diversion planning process)
- ✓ Participate with community partners in transition programs – medical and mental health

5. Develop policies/plans to support individual and community health efforts

Examples of DIM activities:

- ✓ Linked with other DCHD divisions and clinics to enhance inmate health and provide continuity of care
- ✓ Health-related diversion programs
- ✓ Medicaid at release for SPMI



7. Link people to health services; assure the provision of health care when otherwise unavailable

Examples of DIM activities:

- ✓ Provision of general and specialty health services in jail
- ✓ Community Transition Team links to health services at release

8. Assure competent public and personal health care workforce

Examples of DIM activities:

- ✓ Extended employee orientation specific to jail setting
- ✓ "DIM" School addresses issues specific to the institutionalized community

9. Evaluate effectiveness, accessibility, and quality of personal and population-based health services

Examples of DIM activities:

- ✓ Formative evaluation of DIM program implementation and evaluation plans for specific programs
- ✓ Developed community-based jail standards

10. Research for new insights and solutions to health problems

Examples of DIM activities:

- ✓ Academic involvement – Universities of Florida and North Florida; Institute for Health, Policy, & Evaluation Research
- ✓ Dissemination of results (e.g. NCCHC, professional journals)
- ✓ Promote the concept of Evidence Based Correctional Medicine

*Centers for Disease Control and Prevention, Office of the Chief of Public Health Practice (CDC / OCPHP), American Public Health Association (APHA), Association of State and Territorial Health Officials (ASTHO), National Association of County and City Health Officials (NACCHO), National Association of Local Boards of Health (NALBOH), National Network of Public Health Institutes (NNPHI), and Public Health Foundation (PHF). Source: <http://www.cdc.gov/od/ocphp/nphsp/index.htm>