



FROM PROBLEMS TO SOLUTIONS: A NON-PROFIT VERSUS FOR-PROFIT MODEL OF CORRECTIONAL HEALTHCARE



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DUVAL COUNTY DEPARTMENT OF CORRECTIONS (DOC)

The Duval County DOC is comprised of three facilities: John E. Goode Pre-trial Detention Facility (PTDF), Community Transition Center (CTC), and James I. Montgomery Correctional Facility (MCC).

The PTDF is the main-hub for most DOC activity and houses approximately 2,100 inmates. All individuals arrested in Duval County are "filtered" through this facility. Some are released prior to their first appearance in court, if they are able to post bond, while those who are unable to post bond are housed in the facility until they are sentenced. If an inmate is sentenced to 364 days or less, they are kept at the PTDF until their release.



The CTC houses approximately 300 male and female inmates who are sentenced to less than 364 days and are in the work-release program, sentenced to home detention or weekend commitments or are completing a 120-day substance abuse program called Matrix House.

MCC is considered the Duval County prison. The facility houses approximately 700 inmates who have been sentenced to more than 364 days, but less than 2 years. MCC has also been called the "work camp" as inmates are required to hold jobs in areas such as grounds crew for the facility and the city of Jacksonville, construction, agriculture, machinery, general maintenance, and many more. Inmates who work in the community are supervised by DOC staff.

DIVISION OF INSTITUTIONAL MEDICINE (DIM)

The Division of Institutional Medicine is a one of nine divisions within the Duval County Health Department. DIM has provided health care to inmates housed in PTDF, CTC, and MCC since October 2006. Before then, health care was provided by a national, for-profit agency. DIM provides all health care, including medical, mental health, dental health, health education and health promotion, STD and HIV/AIDS testing. Yearly, the DCHD/ DIM provides health services to over 50,000 newly admitted inmates and has an average resident population of over 3,100.



BACKGROUND

The provision of correctional healthcare by a local public health agency is unique and 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; and 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.

METHODS

A multi-method approach was used to gain insight into the impact of the transition from a for-profit to a not-for-profit model of correctional healthcare. First, minutes from monthly meetings between medical staff and Department of Corrections (DOC) staff over the transition period (2003-present) were analyzed. Second, in-depth qualitative interviews were conducted with DCHD, DIM, and DOC staff. Meeting minutes were analyzed for content and an initial code list was developed. The initial code list was used as a starting point for the analysis of qualitative interview data.

RESULTS: MEETING MINUTES

Similar problems emerged in the analysis of meeting notes for both the for-profit agency and DIM. These issues appear to be common in correctional healthcare, regardless of the medical provider, and include:

- Staffing
- Tensions between correctional and medical staff
- Containment of infectious diseases, such as MRSA and TB

However, what emerged in textual analyses which distinguished the DIM administration from the for-profit agency was:

- Increased transparency
- Increased communication
- A new spirit of collaboration
- A shift in perspective shared by both the DIM and DOC: From problems to solutions

RESULTS: QUALITATIVE INTERVIEWS

Interviews with DOC, DIM, and DCHD staff supported initial observations regarding transparency, communication, and collaboration derived from meeting notes:

Transparency

"We try to be able to say anything to each other; keep those lines open."

Communication

"DIM personnel are much more participatory in the meetings...I see a lot more communication between themselves and communications with us."

"We [DOC] include DIM in our meetings....we invite DIM to make a presentation....we consult and we talk about how things are going to impact the agencies...it's very interactive."

Collaboration

"We [DOC and DIM] do a good job of working together to make sure that both agencies benefit...for example, one of the DIM staff came to me and had a concern about safety, so we talked about it and I said, "you know, you're right, we don't have that so let me get with my DOC staff"

RESULTS: QUALITATIVE INTERVIEWS

Additional analyses revealed the basis for the shift in perspective from a problem-focused approach (for-profit) to a solutions-focused approach (not-for-profit): 1) The DIM and DOC share a community focus and 2) the primary concern of the DIM is optimal healthcare, not profit.

Community focus

"The people that are accessing the public health care system in the community...are a subset of the people we deal with in the jail. Virtually everyone that comes to jail, is involved in public health through clinics or things like that on the outside..."

"The for-profit agency couldn't provide the linkages to the outside...the health department does because they run them."

Not-for-profit agency

"Purpose statements have changed, we are talking about a government agency versus a for-profit, we immediately saw some things change."

CONCLUSIONS



•Some problems, such as infectious disease outbreaks and staffing, seem inherent in correctional healthcare. Although these problems have not been "solved" by DIM, a solutions-focused approach has been adopted.

•A solutions-focused approach is evidenced by increased transparency, better communication, and enhanced collaboration between DIM and DOC.

•The basis for the shift from problems to solutions resides in a concern for community shared by both the DIM and DOC, and a shared understanding that the patient, not profit, drives the provision of health services.

