Chapter 7. Policy Recommendations

The expert panels assembled for *The Health Status of Soon-To-Be-Released Inmates* project (see chapter 2, "History of the Project") developed policy recommendations for improving the health care of prison and jail inmates. The project steering committee refined the panels' list of recommendations. This chapter presents the final list of recommendations organized by major topic areas.

Background to the Policy Recommendations

The policy recommendations are based on an expert consensus that sufficient—if not always definitive—scientific evidence exists to justify their implementation. Much of this scientific evidence has been presented in previous chapters of this report. Recommendations related to general immunization programs, expansion of correctional treatment programs for alcohol and other drugs, and smoking cessation programs, while not substantiated in this report, have strong empirical justification in the scientific literature.[1] Several of these recommendations also reflect guidelines developed by the Centers for Disease Control and Prevention (CDC) that have been applied by the expert panels and steering committee to correctional settings. Endnotes after the pertinent recommendations provide the relevant CDC guidelines. It is important to note, however, that the endnotes refer to current CDC recommendations. These recommendations may change over time.

Other recommendations derived from the literature on correctional health care and aids to ethical decisionmaking, although not "empirically" supported, were felt by the expert panels and steering committee to be unquestionably warranted.

The expert panels considered many other interventions and policy changes that the steering committee did not include in the final set of recommendations listed below because currently too little scientific evidence exists to recommend their implementation. Many jails and prisons, however, have implemented interventions that reflect these missing recommendations. That the report does not include an intervention that correctional agencies are currently implementing does not mean that these agencies should discontinue the intervention or that other systems should not consider introducing it. The recommendations presented here are not exhaustive. The National Commission on Correctional Health Care (NCCHC) and other professional organizations will develop other recommendations in the future as clinical studies demonstrate the effectiveness of additional interventions.

The policy recommendations are followed by actions that the steering committee proposes specified Government agencies take in order to support implementation of the recommendations. A bibliography at the end of the chapter identifies publications that provide additional information related to selected policy recommendations.

Policy Recommendations

The expert panels and the steering committee recommend that the actions presented below (summarized in "Summary of Policy Recommendations") be taken on nationwide to improve the physical and mental health of inmates, protect the public from communicable disease, and reduce the huge cost to society of inmate illnesses that go untreated or undertreated.

Surveillance[2]

The principal use of disease surveillance in correctional facilities is to monitor disease incidence, prevalence, and outcomes in the inmate population. Surveillance includes collecting health data and evaluating the data collection system to assist correctional health officials in characterizing the health status of the inmate population. The information obtained from the surveillance system is used to plan, implement, and evaluate health needs of the

Summary of Policy Recommendations

I. Promote surveillance of selected communicable diseases, chronic diseases, and mental illnesses among inmates in all correctional jurisdictions.

II. Promote the use of nationally accepted evidence-based clinical guidelines for prisons and jails to assure appropriate use of resources for preventing, diagnosing, and treating selected communicable diseases, common chronic diseases, and mental illnesses that are prevalent among inmates.

III. Establish a federally funded national vaccine program for inmates to protect them and the public from selected vaccine-preventable communicable diseases.

IV. Develop and maintain a national literature database for correctional health care professionals, including a compendium of policies, standards, guidelines, and peer-reviewed literature.

V. Establish a national advisory panel on ethical decisionmaking by correctional and health authorities to help them address ethical dilemmas encountered in correctional health care.

VI. Identify and eliminate barriers to successful implementation of public health policy.

VII. Support research in correctional health care to identify and address problems unique to correctional settings.

VIII. Improve the delivery of inmate health care in correctional systems.

IX. Implement primary and secondary disease prevention measures.

X. Provide prerelease planning of health care and related services for all soon-to-be-released inmates.

inmate population and their anticipated health needs upon release.

I. Congress should promote surveillance of selected communicable diseases, chronic diseases, and mental illnesses among inmates in all correctional jurisdictions. Appropriate Federal agencies in partnership with national health-related organizations should:

   A. Develop surveillance guidelines to promote uniform national reporting of selected conditions to enhance epidemiologic research of these conditions and assist with accurate health care planning. Ensure that data collected in prisons and jails as part of the surveillance program are collected in the same manner as they are collected in the community.[3] Surveillance guidelines should incorporate processes for protecting confidentiality of data.

   B. Create a national correctional health care database.

      1. Develop standardized definitions and measures for reporting to assess the prevalence of selected communicable diseases, chronic diseases, and mental illnesses.[4]

      2. Mandate national reporting of these prevalence data.

      3. Design an information system and make it available for use by local, State, and Federal correctional authorities to measure and report the data with the ability to categorize the data by age, race, and gender.

   C. Produce statistical reports of local, State, and national rates of selected communicable diseases, chronic diseases, and mental illnesses in prisons and jails to aid in planning correctional and public health programs and allocating local resources.[5]

   D. Evaluate the utility of surveillance activities and implement improvements as appropriate.

Clinical guidelines

Clinical guidelines provide definitions and abbreviated decision trees for the diagnosis and management of various diseases and conditions. They guide the clinician in areas where scientific evidence of the value of selected interventions exists to improve survival and clinical outcomes and to reduce mor-

bidity and the cost of care. Clinical guidelines are widely used outside corrections.

II. Congress should promote the use of nationally accepted evidence-based clinical guidelines for prisons and jails. This will help assure appropriate use of resources to prevent, diagnose, and treat selected communicable diseases, common chronic diseases,[6] and mental illnesses that are prevalent among inmates. Appropriate Federal agencies in partnership with national health-related organizations should:

   A. Ensure that the clinical guidelines are consistent with nationally accepted disease definitions and evidence-based guidelines used for the nonincarcerated population.[7]

   B. Disseminate the clinical guidelines to correctional health care professionals, public health agencies, and public policymakers.

   C. Update the clinical guidelines as often as needed.

   D. Develop standardized performance measures for State and local correctional authorities to determine adherence to nationally accepted clinical guidelines.

   E. Train correctional health and public health professionals in the use of these clinical guidelines and performance measures.

   F. Develop tools for correctional systems to assess over-prescribing and under-prescribing of psychotropic medications.

Immunizations

Immunizations prevent the development of a variety of communicable diseases in individuals. In the case of diseases such as hepatitis B, poliomyelitis, measles, mumps, or rubella, immunizations prevent the transmission of disease to susceptible individuals in the general population. Such immunizations are nationally accepted and promoted by the Centers for Disease Control and Prevention. Some immunizations are directly cost saving and others are highly cost effective.

III. Congress should establish and fund a national vaccine program for inmates to protect them and the public from selected vaccine-preventable communicable diseases.

   A. The vaccination program should be similar to the National Vaccine Program for Children.

   B. The program should conform to the recommendations of the CDC's Advisory Committee on Immunization Practices (ACIP).[8]

National correctional health care literature database

To function competently, correctional health care clinicians require access to the medical literature, especially as it relates to correctional health care issues. Existing resources do not provide this level of specificity.

IV. Congress, through appropriate Federal agencies and health-related national organizations, should develop and maintain a national literature database for correctional health care professionals, including a compendium of policies, standards, guidelines, and peer-reviewed literature.

Ethical decisionmaking

Correctional health care professionals function in a uniquely restrictive environment with limited opportunity for peer review of medical policies and administrative actions. A national forum is needed to discuss issues such as confidentiality, informed consent, clinical management of hepatitis C[9] and HIV, and the availability of biomedical research.

V. Congress should establish a national advisory panel on ethical decisionmaking among correctional and health authorities to assist those authorities in addressing ethical dilemmas encountered in correctional health care.

Eliminate barriers to inmate health care

In correctional facilities, health care professionals face unique barriers to the delivery of health services. These include constraints on policy, budgets, priorities, and staffing. Correctional institutions are positioned to provide individual care to inmates and protect the public health through aggressive health promotion and disease prevention efforts. At all levels of government, public policymakers should

recognize that eliminating barriers to health care for inmates provides long-term public health benefits.

VI. Congress, through appropriate Federal and State agencies and health-related national organizations, should identify and eliminate barriers to the successful implementation of public health policy.

A. Reduce obstructions to effective public health programs within correctional facilities and in the community.

B. Promote continuity of inmate health care by maintaining Medicaid benefits for eligible inmates throughout their incarceration.

C. Promote continuity of ex-offender health care by mandating immediate Medicaid eligibility upon release.

D. Provide incentives to jails and prisons to expand their alcohol and other drug treatment programs. These services should be gender specific and made available to inmates from admission through release, with special attention paid to inmates with both mental illness and substance abuse problems.

Correctional health care research

Too little is known about the epidemiology of disease in correctional populations and too little has been done to evaluate programs designed to improve inmate health.

VII. Congress, through appropriate Federal agencies and health-related national organizations, should support research in correctional health care to identify and address problems unique to correctional settings.

A. Fund projects to evaluate models that emphasize creative, cost-effective options for continuity of care following release.

B. Fund research programs to define effective health education and risk reduction strategies for inmates. These strategies need to deal with relevant differences between inmate and noninmate populations. The research programs should work through public, private, and community-based health care agencies.

C. Fund research programs to identify correctional system barriers that prevent correctional health care staff from implementing prudent medical care and public health recommendations.

Improve delivery of health care

For a variety of reasons, the scope and content of correctional health care services vary.[10] The quality of care is not as high as it might be, resulting in unnecessary morbidity, premature mortality, and increased costs.

VIII. Congress, through appropriate Federal agencies and medically based accrediting organizations, should promote improvements to the delivery of inmate health care.[11]

A. Require Federal, State, and local correctional systems to adhere to nationally recognized standards for the delivery of health care services in corrections.[12] These standards should include access to care, quality of care, quality of service, and appropriate credentialing of health care professionals.

B. Provide sufficient resources for correctional systems to adhere to national standards.

C. Weigh the correctional system's adherence to national standards for health care delivery whenever determining funding levels for the system.

Disease prevention

Primary prevention is designed to keep disease from occurring. Examples include lifestyle choices and vaccination against selected communicable diseases. Primary prevention is widely believed to be the best and most cost-effective use of health care dollars. In some cases, it is also cost saving—that is, the prevention program saves more money than it costs to implement. Secondary prevention (screening) is the early detection of disease that already exists but may not be apparent to the patient.[13]

IX. Congress, through appropriate Federal agencies and national organizations, should encourage primary and secondary disease prevention efforts.

A. Promote primary disease prevention measures by requiring Federal, State and local correctional agencies to:

   1. Provide all inmates with a smoke-free correctional environment. Offer tobacco cessation programs for all staff and inmates as a method of achieving tobacco-free facilities.
   2. Offer heart-healthy choices on institutional menus and in commissaries.
   3. Make daily aerobic exercise available to all inmates.
   4. Consistent with the recommendations of the ACIP, make hepatitis B vaccines available to all inmates, even when their length of incarceration is short or indeterminate.
   5. Screen all females for pregnancy. Test those women found to be pregnant for hepatitis, HIV infection, syphilis, gonorrhea, and chlamydia. Provide HIV treatment in HIV-infected mothers to prevent transmission of the disease to the newborn.
   6. Although not a correctional system responsibility, administrators should seek to collaborate with community health care providers to ensure the timely immunization of all infants born to mothers who test positive for hepatitis B.
   7. Offer scientifically based risk-reduction education on HIV infection and STD to all inmates.

B. Promote secondary disease prevention measures by using nationally accepted evidence-based clinical guidelines as appropriate.

   1. Provide hypertension, obesity, asthma, and seizure disorder screening for all prison inmates.
   2. Provide diabetes and hyperlipidemia screening for jail and prison inmates at high risk.
   3. Provide suicide prevention programs, including timely screening for inmates at high risk for suicide.
   4. Prevent the spread of tuberculosis.
      a. Consistent with nationally accepted guidelines,[14] routinely screen inmates for TB disease and infection, and provide preventive treatment for inmates with latent TB infection.
      b. Promote the use of short-course preventive therapy (delivered over 2 months) in correctional settings.
      c. Strengthen the link of TB control efforts between correctional facilities and public health departments.
      d. On employment and annually thereafter, screen all correctional staff who have inmate contact for latent TB infection.
   5. Prevent the spread of HIV infection.
      a. Encourage voluntary HIV counseling and testing of inmates.
      b. Provide appropriate treatment for HIV-positive, pregnant inmates to prevent HIV transmission to their babies.[15]
   6. Screen inmates for syphilis, gonorrhea, and chlamydia routinely upon reception at prisons and jails, and treat inmates who test positive for these infections.[16]

Prerelease planning

Many inmates are released into the community while still being treated for communicable and chronic diseases or mental illness. Ensuring continuity of care upon release can reduce health risks to the public such as in cases of tuberculosis and sexually transmitted diseases. Continuity of care upon release for inmates with co-occurring mental illness and substance abuse disorders can reduce the risk of illicit drug use in the community. It is cost effective to the community to provide continuity of care on release for inmates with chronic disease.

X. Congress, through appropriate Federal agencies and national organizations, should encourage Federal, State, and local correctional facilities to provide prerelease planning for health care for all soon-to-be-released inmates.

   A. Address the medical, housing, and postrelease needs of inmates in prerelease planning, and make use of appropriate resources and new technologies.

B. Coordinate discharge planning efforts between appropriate public agencies—such as correctional, parole, mental health, substance abuse, and public health agencies—to prevent disease transmission and to reduce society's costs resulting from untreated and undertreated illness.

Recommended Actions by Government Agencies

The steering committee and expert panels recognized that many Federal agencies have a role in affecting the health status of soon-to-be-released inmates. Within the Department of Health and Human Services, for example, agencies such as the Centers for Disease Control and Prevention (CDC), the Health Resources and Services Administration (HRSA), the Substance Abuse and Mental Health Services Administration (SAMHSA), the National Institute on Drug Abuse (NIDA), the Office of Women's Health (OWH), the Public Health Service (PHS), the Indian Health Service (IHS), and the Office of Minority Health (OMH) are actively engaged in health services programs that impact on inmates. In addition, within the Department of Justice, agencies such as the National Institute of Justice (NIJ), the Immigration and Naturalization Service (INS), the Bureau of Prisons (BOP) including the National Institute of Corrections (NIC), the Corrections Program Office (CPO), and the Office of Justice Programs (OJP) conduct programs and activities that ultimately influence inmate health. Finally, the Office of the Surgeon General (OSG) and the White House Executive Office of National Drug Control Policy (ONDCP) also impact the health care of inmates.

The steering committee and expert panels recommend that Congress provide the necessary authorization, funding, and other assistance to the appropriate agencies to implement the following recommendations.

I. The Secretary of the U.S. Department of Health and Human Services (DHHS) should direct appropriate agencies to collaborate with other agencies in analyzing the potential economic benefits to the community of early diagnosis and treatment of communicable diseases, chronic diseases, and mental illnesses.

II. The Secretary should direct CDC to collaborate with NIJ, NIC, CPO, and other Department of Justice divisions in developing tools to assist State and local agencies in deciding when and whom to screen for communicable diseases in correctional settings.

III. The Secretary should direct all appropriate agencies within the department to work toward reducing interagency regulatory and bureaucratic barriers to testing and counseling for HIV, TB, and STDs among inmates.

IV. The Secretary and the Attorney General should involve correctional health professionals in public health planning and the evaluation of correctional health care programs.

V. The Secretary and the Attorney General should direct appropriate agencies to support field tests of innovative medical information systems to improve the continuity of care for inmates transferred between correctional facilities or released into the community. These efforts should concentrate on removing barriers that impede the transfer of appropriate medical information.

VI. The Secretary and the Attorney General should direct appropriate agencies to develop educational programs to inform policymakers and the public about the public health and social benefits of investing in health care for inmates.

VII. A Federal interagency task force, currently established and co-chaired by CDC and NIJ, should report annually to the Secretary and the Attorney General on the status of correctional health care in the Nation and on progress made toward implementing the recommendations included in this report.

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Notes

1. See, for example, *Healthy People 2000: National Health Promotion and Disease Prevention Objectives*, Washington, DC: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, Washington, DC, September 1990; and U.S. Department of Health and Human Services, *Mental Health: A Report*

of the Surgeon General, Rockville, MD: Substance Abuse and Mental Health Services Administration, 1999.

2. Surveillance is the ongoing and systematic collection, analysis, and interpretation of health data.

3. See, for example, National Center for Health Statistics, *National Health and Nutrition Examination Survey III [NHANES–III],* Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 1997.

4. The definitions of mental disorders and discussion of their prevalence in American Psychiatric Association, *Diagnostic and Statistical Manual of Mental Disorders,* 4th ed., Washington, DC: American Psychiatric Press, 1994, are a good illustration of the standardized definitions and measures that are needed in the field of correctional health care.

5. "Summary of Notifiable Diseases, United States 1998," *Morbidity and Mortality Weekly Report* 47 (53) (December 31, 1999): 1–93.

6. See Greifinger, R.B., "Correctional Health Clinical Guideline Series" in appendix D to volume 1 of this report. See also American Diabetes Association, "Clinical Practice Recommendations 2000: Standards for Medical Care for Patients with Diabetes Mellitus," *Diabetes Care* 23 (supp. 1) (2000): 1–23; American Diabetes Association, "Clinical Practice Recommendations 1998: Management of Diabetes in Correctional Institutions," *Diabetes Care* 21 (supp. 1) (1998): S80–S81; National Institutes of Health, National Asthma Education and Prevention Program, *Expert Panel Report 2: Guidelines for the Diagnosis and Management of Asthma,* Bethesda, MD: National Heart, Blood, and Lung Institute, February 1997; National Institutes of Health, *Sixth Report of the Joint National Committee on Prevention, Detection, Evaluation, and Treatment of High Blood Pressure,* Bethesda, MD: National Heart, Lung, and Blood Institute, November 1997; *Clinical Guidelines: Report of the NIH Panel to Define Principles of Therapy of HIV Infection and Guidelines for the Use of Antiretroviral Agents in HIV-Infected Adults and Adolescents,* Bethesda, MD: National Institutes of Health (updated May 5, 1999); and "Clinical Guidelines: 1999 USPHS/IDSA Guidelines for the Prevention of Opportunistic Infections in Persons Infected with Human Immunodeficiency Virus," *Morbidity and Mortality Weekly Report* 48 (RR–10) (August 20, 1999): 1–59.

7. See, for example, *Guidelines for the Use of Antiretroviral Agents in HIV-Infected Adults and Adolescents,* Washington, DC: U.S. Department of Health and Human Services, January 28, 2000.

8. The recommendations of the CDC's Advisory Committee on Immunization Practices can be found at Web site: http//www.cdc.gov/nip/publications/ACIP-list.htm.

9. See Centers for Disease Control and Prevention, "Recommendations for Prevention and Control of Hepatitis C Virus (HCV) Infection and HCV-Related Chronic Disease," *Morbidity and Mortality Weekly Report* 47 (RR–19) (October 16, 1998): 1–39.

10. Ibid.

11. For a comparison of accreditation services for correctional institutions see Anno, B. J., *Correctional Health Care: Guidelines for the Management of an Adequate Delivery System,* Washington, DC: U.S. Department of Justice, National Institute of Corrections (in press).

12. See National Commission on Correctional Health Care, *Standards for Health Services in Prisons,* and *Standards for Health Services in Jails,* Chicago, IL: Author (in press).

13. A detailed discussion of the differences between primary and secondary prevention may be found in Last, J.M., *Public Health and Human Ecology,* 2d ed., Stamford, CT: Appleton & Lange, 1998.

14. An excellent source for a tuberculosis clinical guideline is the Centers for Disease Control and Prevention at their Web site: www.cdc.gov

15. See U.S. Department of Health and Human Services, *Guidelines for the Use of Antiretroviral Agents* (see note 7).

16. See Centers for Disease Control and Prevention, "HIV Prevention Through Early Detection and Treatment of Other Sexually Transmitted Diseases—United States Recommendations of the Advisory Committee for HIV and STD Prevention," *Morbidity and Mortality Weekly Report* 47 (RR–12) (July 31, 1998): 1–24.