



Jails and Community-Based Health Care

Issue Brief

“Departments of corrections and health providers from the community should join together in the common project of delivering high-quality health care that protects prisoners and the public.”

—*Confronting Confinement: A Report of the Commission on Safety and Abuse in America's Prisons*¹

The Role of Jails in Community Health

Few people immediately think of jails as providers of community health. Yet jails are important to the health of their communities, especially to minority and low-income populations.

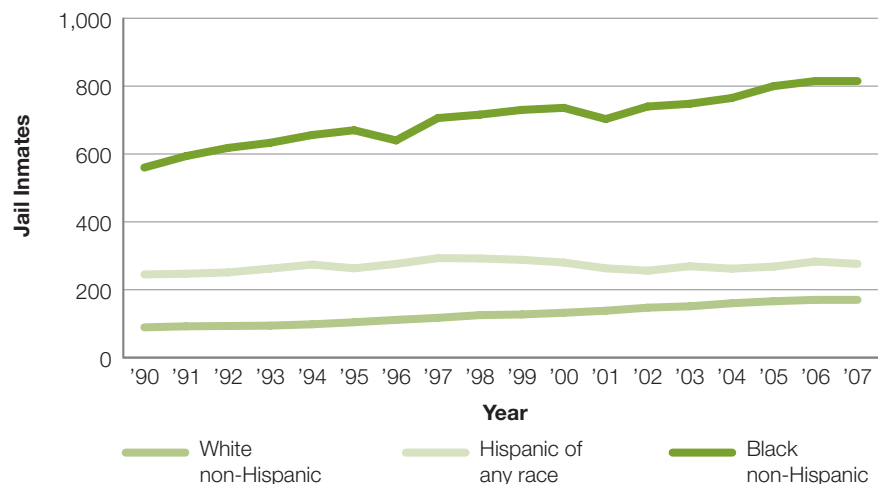
Jails are correctional facilities operated by counties or municipal authorities. Like prisons, they are required by law to provide health care to their inmates while they are incarcerated. But jails differ from prisons in many ways. Jail inmates generally are minor offenders. They tend to cycle in and out of jails quickly: More than 80 percent are incarcerated for less than a month, and many are in jail for only a few hours or days.²

Unlike prison inmates, jail inmates serve their sentences close to home. They return to those local communities after leaving jail. Jail inmates are not separate from their communities—they are people temporarily displaced from their communities while they are in jail.

More than 9 million people pass through our nation's 3,300 jails each year.³ Some are repeat offenders. According to the U.S. Department of Justice Bureau of Justice Statistics (BJS), local jails processed an estimated 13-million admissions during 2007.⁴ More than 60 percent of jail inmates have not been convicted and are awaiting arraignment or trial.⁵

Nearly nine out of 10 jail inmates are adult males. Blacks are almost three times more likely than Hispanics and five times more likely than whites to be in jail.⁶

Jail incarceration rates per 100,000 U.S. residents, 1990–2007



Note: U.S. resident population estimates for race and Hispanic origin were made using a U.S. Census Bureau internet release with adjustments for census undercount. Estimates for 2000–2007 are based on the 2000 Census and then estimated for July 1 each year.

Source: Bureau of Justice Statistics Correctional Surveys (The Annual Survey of Jails and Census of Jail Inmates) as presented in *Correctional Populations in the United States, 1997*, and *Prison and Jail Inmates at Midyear series, 1998–2006*, and *Jail Inmates at Midyear, 2007*.

Jail Inmates With Mental Health Problems

Among jail inmates with mental health problems:

- 44 percent had a current or past violent offense.
- 76 percent were dependent on or abusing drugs or alcohol.
- 34 percent said they had used drugs at the time of their offense.
- 12 percent had used methamphetamines in the month before their offense.
- 1 in 6 had received mental health treatment since admission to jail. Taking a prescribed medication was the most common type of treatment (15 percent).

Source: U.S. Department of Justice Bureau of Justice Statistics, 2006.

Jail inmates are at higher risk than the general population for a host of communicable and chronic diseases, as well as mental health and substance abuse problems. In a national survey, more than one-third of jail inmates said they had a medical problem other than a cold or a virus.⁷ A separate study reported that 64 percent of jail inmates were found to have a mental health problem.⁸ Seventeen percent of jail inmates said they were homeless in the year before their incarceration.⁹

Inmates tend to have had limited contact with the health care system prior to entering jail. Many have never seen a doctor as adults before. When inmates return to their communities, they bring whatever health problems they have with them. Often these problems will go untreated after release. In essence, what amounts to a massive societal investment in health care for inmates while they're in jail is lost the moment they leave. The health problems of ex-offenders become part of the public health burden borne by the community.

People in jail are among society's most disadvantaged members, as reflected in nearly every aspect of their lives—not only health but education, poverty and lack of social support. This is a population with a high need for public health services. In substantial ways, jails are an extension of local public health systems. As such, they are important sites for improving the overall health and well-being of disadvantaged communities.

The U.S. Supreme Court case *Estelle v. Gamble* (1976) established the constitutional right of inmates to adequate medical care.¹⁰ Although jails are required to provide health care to inmates, they have a number of options for how to provide inmate care: They may use their own staff, private contractors, community health centers or a combination of the three. Partnerships between jails and community health centers offer a powerful approach to improving both inmate and public health while supporting inmate re-entry into the community. By linking inmates—often for the first time—with a local provider they can continue to see after release, these partnerships can stabilize inmates' health, protect communities from communicable disease and alleviate the public health burden. In addition, making inmates healthier can reduce violence in the jail and in the community.

The COCHS Approach

COCHS—Community Oriented Correctional Health Services—is a nonprofit organization funded by the Robert Wood Johnson Foundation to foster partnerships between local jails and community health providers. COCHS takes a public health approach to correctional health, addressing both the health needs of people who are in jail and those of their communities, where, ultimately these inmates will return. In COCHS' view, the jail is one of many places in the community where people receive medical care. As part of the community, jails can improve public health while possibly reducing recidivism. Connectivity is the key: building bridges between jails and community health providers.

COCHS leverages a community-based approach to care that is nationally known and respected. It's an approach that benefits local communities.

The Hampden County Story

In the early 1990s, doctors from the Brightwood Neighborhood Health Clinic in Springfield, Mass., noticed that some chronically-ill patients were not making their appointments. The patients had been incarcerated in the Hampden County Jail and House of Corrections.

The Sheriff's Department decided to allow the health center medical staff into the facility to provide treatment for a chronically-ill patient. Upon release, an appointment was made for the inmate to continue treatment at the health center.

The connection formed for this chronically-ill inmate revealed a unique public health opportunity within the Hampden County Jail.

The Sheriff's Department realized that most jail inmates came from neighborhoods that had a community health center. In 1996, the Sheriff's Department contracted for medical services with four nonprofit neighborhood health centers in greater Springfield. This became the model for COCHS.

When an inmate is diagnosed, his home ZIP code is matched with the community health center closest to his home and he is assigned to a dually based physician and case manager. In essence, the jail becomes the entry point into the health care system for a population that is both medically underserved and at high risk for serious health problems.

A 2004 evaluation of the Hampden County program sponsored by the National Institute of Justice found that many inmates who had medical or mental health conditions continued to see the health care providers they met in jail after they were released.¹¹ Going to jail had enabled them to enter the health care system and get the care they needed for their conditions.

The Robert Wood Johnson Foundation and others took notice of the Hampden County program and saw in it a promising approach for improving community health. In 2006, the Foundation funded COCHS to encourage jails across the country to adopt a long-term view of correctional health care, since the overwhelming majority of inmates return to the community after short stays. COCHS is working with select jurisdictions across the country, providing technical assistance and counseling to help them bring community-based health care to jail inmates.

How Community-Based Correctional Care Works

COCHS offers an alternative to the traditional system of correctional care.

In the traditional system, jail inmates are unlikely to receive regular, routine care. Instead, they get sporadic, short-term care that addresses their most urgent and immediate problems. After seeing a doctor in jail, they receive no case management and no medications for any chronic illnesses they may have when they leave jail.

That's the experience most inmates have under the traditional approach to health care in jail. After being released, they return to their communities, where their unmanaged health conditions frequently worsen. Any infectious diseases they have can spread throughout the general public.

Under a community-based approach, inmates are much more likely to receive regular, routine care because they have a regular health care provider who manages their care. Treatment is ongoing, and inmates leave jail with medication prescriptions that can be filled through a community health center. Case managers set appointments for them to see their providers after release. In addition, they receive information on treatment for diseases that can infect others in the community.

Information technology is key to making this approach work. In the traditional system, information about inmates' health experiences in jail is not accessible to their providers in the community once they're out of jail. But new computerized systems make it possible to connect medical records from the jail with medical records maintained by providers in the community, so that care for inmates is based on up-to-date information, no matter where they are. It is also continuous, coordinated and consistent.

Under this community-based approach to care, inmates see the same health care providers in and out of jail, and their health is monitored and maintained. Better inmate health helps improve the health and safety of the community.

"If you deal with health care problems up front, especially in the jails, you can reduce the burden of disease in communities and begin to deal with some of the underlying social and public health problems," says COCHS Advisory Board Member John R. Miles of the U.S. Centers for Disease Control and Prevention.¹²

"If you deal with health care problems up front, especially in the jails, you can reduce the burden of disease in communities and begin to deal with some of the underlying social and public health problems," says COCHS Advisory Board Member John R. Miles of the U.S. Centers for Disease Control and Prevention.

Learn More

To find out more about COCHS, visit www.cochs.org. You may also subscribe to our free newsletter, *COCHS Connection*, by sending an e-mail to newsletter@cochs.org.

Connecting Community Health Providers and Jails

How can community health providers and local jails around the country find common ground to work together? There is a need for flexibility on both sides. And although each side has its own unique mission, there are important areas of overlap.

Jails are required to provide the community standard of medical care to their inmates—a standard that community health providers are well positioned to meet, delivering the same or better quality of care as a for-profit provider at a lower cost.

Community health centers also have a vested interest in supporting inmate re-entry and restoring disadvantaged people to their communities. The Health Resources and Services Administration (HRSA) notes that “more inmates are returning home ... They will have difficulty reconnecting with jobs, housing and families when they return and will have to deal with substance abuse and health problems. Many will be rearrested, and many will be returned to prison or jail for new crimes or parole violations. This cycle of removal and return, which occurs mostly among men, is increasingly concentrated in communities that are already disproportionately affected by social and economic disparities.”¹³ By working with jails, community health centers can help break this cycle.

Jails also provide windows into the health and overall well-being of their communities. “Whether it is the educational system, families, community ties or preventive and primary care systems, the problems that show up in a jail reflect the range of disparities that exist in the community,” notes sociologist and criminologist Robert Hugh Potter, Ph.D.¹⁴ Thus, partnerships with jails can provide community health centers with important insights that will help them serve the needs of their communities more effectively.

Other benefits to community health centers include new opportunities to meet their mission of providing quality care to the underserved, expanding their patient base and tapping into a stable funding stream. Perhaps most importantly, by linking with local jails, community health centers can reaffirm their role as drivers of community well-being and development.

- 1 Gibbons JJ and Katzenbach NB. *Confronting Confinement: A Report of the Commission on Safety and Abuse in America's Prisons*. New York: The Vera Institute of Justice, 2006.
- 2 Solomon AL, Osborne JW, Lo Buglio SF, et al. *Life After Lockup: Improving Reentry from Jail to the Community*. Washington: The Urban Institute, 2008.
- 3 *The Importance of Successful Reentry to Jail Population Growth*. PowerPoint presentation by AJ Beck, Chief, Corrections Statistics Program, Bureau of Justice Statistics, U.S. Department of Justice. Presented at the Jail Reentry Roundtable, the Urban Institute. Washington: June 27, 2006.
- 4 Sabol WJ and Minton TD. *Jail Inmates at Midyear 2007*. Washington: U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics, 2008.
- 5 Sabol and Minton.
- 6 *Jail Statistics*. U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics. Available at www.ojp.usdoj.gov/bjs/jails.htm.
- 7 Maruschak LM. *Medical Problems of Jail Inmates*. Washington, U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics, 2006.
- 8 James DJ and Glaze LE. *Mental Health Problems of Prison and Jail Inmates*. Washington: U.S. Department of Justice, Office Justice Programs, Bureau of Justice Statistics, 2006.
- 9 James and Glaze.
- 10 *Estelle v. Gamble*, 429, U.S. 97 (1976).
- 11 Hammett TM, Roberts C, Kennedy S, et al. *Evaluation of the Hampden County Public Health Model of Correctional Health Care*. Cambridge, MA: Abt Associates, February 2004.
- 12 History of the Relationship between Correctional Health and Community Health: An Interview with John Miles. *COCHS Connection*, 4–5, January 2008.
- 13 *Opening Doors: The HRSA-CDC Corrections Demonstration Project for People Living With HIV/AIDS*. Washington: U.S. Department of Health and Human Services, Health Resources and Services Administration, HIV/AIDS Bureau, December 2007. Available at <http://hab.hrsa.gov/tools/openingdoors/index.htm>.
- 14 Potter RH. “Why Jails Are Important To Community Health.” *American Jails*, 41–3, November/December 2007.