



Prison and Jail Health

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Incarcerated Population

High risk population:

- Lower socioeconomic status
- Lower rates of education
- History of physical/mental abuse
- History of mental illness
- History of limited access to health care services
- Disproportionately affected by infectious diseases
- High risk behavior including substance use

Incarcerated Population

Public health implications:

- High incidence of HIV, STDs, hepatitis, tuberculosis and mental illness
- Cyclical nature of incarceration ↔ community

Common Challenges with Service Delivery in Correctional Settings

- Security concerns
- Unique culture of each facility
- Issues regarding informed consent
- Access to history/medical records
- Legal issues
- Confidentiality issues
- Stigma
- Continuity of care
- Frequent movement between facilities

Unique Challenges with Service Delivery

- **New York State Correctional System**
 - Centralized system
 - Facility of incarceration often differs from inmate's home community
 - High cost and security concerns of medical trips

Unique Challenges with Service Delivery

- **County Jails**
 - Decentralized system
 - Large number of detained inmates
 - Access to inmates affected by short lengths of stay
 - Irregular medical staffing

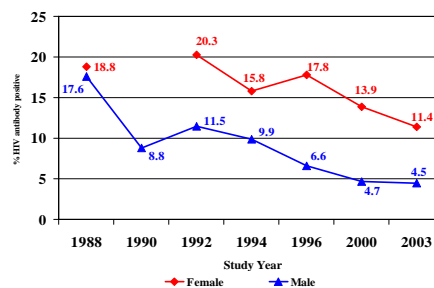
Public Health Opportunities in Prisons

- Relative ease in finding patients
- All inmates have "insurance"
- Potential for "teachable" moments
- Containment facilitates treatment of communicable diseases
- Potential for improved medication adherence
- Prevention interventions
- Linkages to community care
- Collaboration for continuity of care

Public Health Services Targeting Inmates' Needs

- Health education
- Disease screening
- Testing and diagnosis
- Prevention through prophylaxis
- TB and STD treatment
- HIV counseling and testing
- Vaccination programs (HAV, HBV, influenza, pneumococcal)
- Outbreak investigation and control

HIV Seroprevalence Trends in Incoming Inmates in NYS DOCS Facilities: 1988-2003



Note: No 1990 data on females was collected
Source: New York State Department of Health, Bureau of HIV/AIDS Epidemiology

HIV Seroprevalence Trends in Incoming Inmates in NYS DOCS Facilities: 1988-2003

- HIV seroprevalence rates were higher for female inmates
- HIV seroprevalence declined over time for both male and female inmates in the study
- HIV seroprevalence rates dropped over 74% between 1988 and 2003 for male inmates
- HIV seroprevalence rates dropped less than 40% over the same period for female inmates

HIV-Related Initiatives

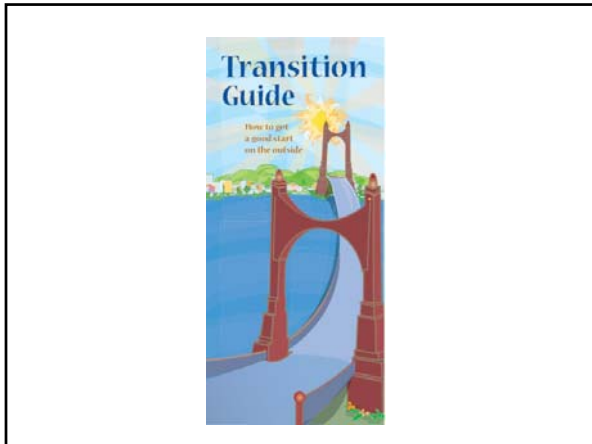
- NYSDOH, AIDS Institute, Criminal Justice Initiative
 - HIV prevention interventions
 - Peer educator training
 - Anonymous HIV counseling and testing services
 - HIV supportive services
 - Prison HIV Hotline
 - Re-entry assistance from community-based organizations (e.g., transportation, supportive services)

HIV-Related Initiatives

- NYS DOCS, Quality of Care Program
 - Mandatory HIV education for provider staff
 - Mini-residencies
 - Encouraging HIV certification of providers
 - HIV and communicable disease videos and brochures

Transitional or "Discharge" Planning

- For HIV-infected pre-release inmates whose HIV status is known
- Ensures coordinated transition from incarceration to community
- Develop client-specific transitional plan
- Addresses care, prevention and support service needs
- Appointment for medical services and case management, ADAP card, housing
- Post-release two-week follow-up required to determine outcomes
- In-facility and community Parole Officers assist with planning and access to services

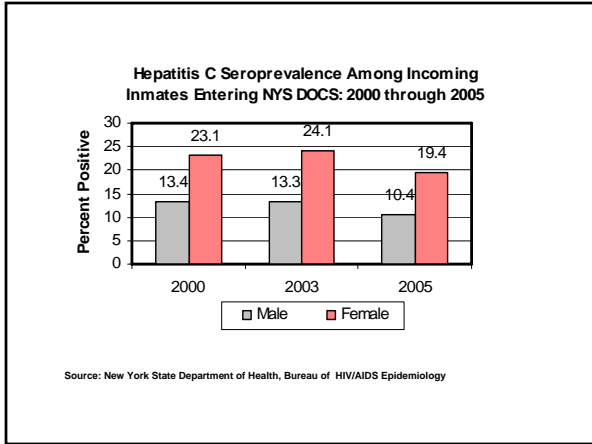
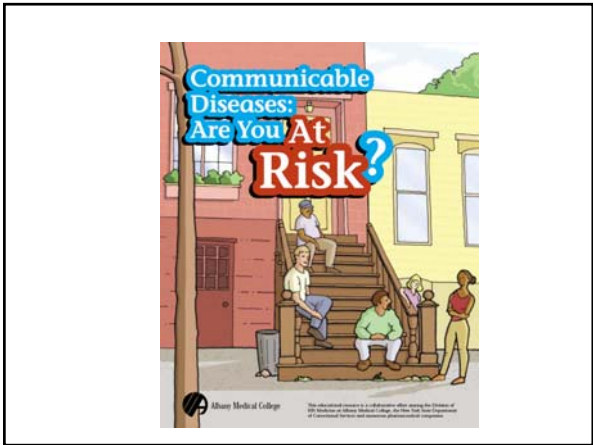


Hepatitis A and B Screening and Vaccination

- Since 2003, NYS DOCS has had a health services policy containing standing orders for hepatitis immunizations
 - Screening of all inmates for HBV at reception
 - Screening and vaccination extended to all inmates in all State Correctional facilities
 - At discharge, inmates receive copy of their immunization record and education about vaccine series completion (if not complete)
 - Inmates advised of free vaccine at local health departments

Hepatitis A and B Screening and Vaccination

- Calendar Years 2003-2005:
 - NYS DOCS administered over 45,000 HAV and HBV doses to inmates across 70 facilities
 - 31,488 (70%) doses administered in 2005
 - 4,551 inmates completed the 2-dose HAV vaccination series
 - 17,421 inmates completed the 3-dose HBV vaccination series



Hepatitis C Continuity Program

- First such program in the U.S.
- Statewide collaboration (DOCS, DOH, DOP, NYC HHC and participating health care facilities outside of NYC)
- Voluntary program for NYS DOCS inmates in HCV treatment
- Promotes treatment completion with no cost to inmate
- Medication may be provided by manufacturer

Hepatitis C Continuity Program

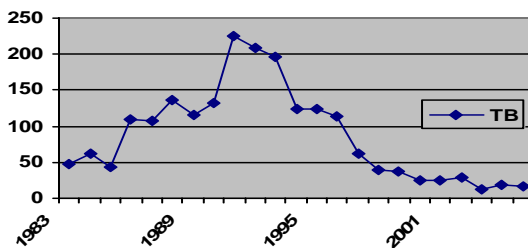
Cont.

- Not affected by expected incarceration time remaining
- Allows timely referrals for HCV treatment after release
- Assistance from DOCS health services staff and facility Parole Officers
 - Arrange participation, secure "Release" forms, arrange Medicaid eligibility, select "medical home" in community

Tuberculosis (TB)

- Inmates tend to be at high risk for TB infection
- Living settings
- Opportunities for DOT and DOPT

TB Case Rate per 100,000 DOCS Inmates



TB-Related Initiatives

- All inmates screened at reception with PPD and X-ray
- All inmates and staff screened annually
- All suspected disease in respiratory isolation until ruled-out or treated
- All disease treated with DOT
- All treatment of TB infection is DOPT
- All infected persons strongly encouraged to have DOPT (as recommended in IOM's "Ending Neglect")

Mental Illness

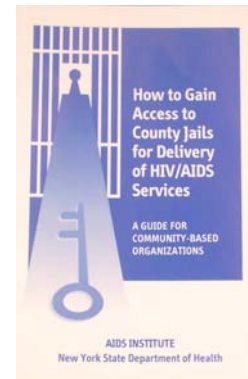
- Higher rates of mental illness in the incarcerated population than in the population in general
- Difficulty adjusting to confinement
- Disruption of facility life
- Treatment opportunities

Mental Health-Related Initiatives

- Access to care for all who need it
- Special behavioral health units for highly disruptive
- All in segregation seen regularly by health and mental health staff
- All screened at reception with treatment as needed
- Spectrum of care from general population to intermediate care programs to satellites to Central New York Psychiatric Center (CNYPC) with behavioral health and standard treatment protocol
- Treatment may be court-ordered at CNYPC and order continued at facility

County Jail Initiatives in New York State

- Anonymous HIV counseling, testing, referral and partner notification
- Hepatitis vaccination
- STD treatment
- Immunization
- Community Action for Prenatal Care (CAPC)
- Transitional Planning
- Referrals



Role of New York State Local Health Departments in Jail Health

- Eligible for State Aid reimbursement if described in Municipal Public Health Service Plan (MPHSP), Jail Medical Services
 - Health education
 - Administration of prophylaxis medications to prevent communicable diseases
 - Screening and treatment of STDs and TB
 - HIV counseling, testing and education
 - Adult vaccination programs (HAV, HBV, influenza, pneumococcal)
 - Outbreak investigation and control
 - Other services (depending on local need and description)

After Care Protocol

- NYS DOCS provides two-week supply of medication, a prescription and 30 day supply of HIV medication
- Appointments arranged for HIV and HCV
- Need better arrangements for continuity of care for other chronic diseases
- NYS Division of Parole assists in arranging supportive services to facilitate care
- Robert Wood Johnson pilots of community health centers giving care both inside jails and after release

Resources

- NYS Department of Health
www.nyhealth.gov/diseases/aids/index.htm
(Click on "Corrections and HIV/AIDS")
- NYS Department of Correctional Services
www.doccs.state.ny.us

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Preventing School Violence

February 15, 2007

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