POSITION STATEMENT

Health Services Research in Correctional Settings

Introduction

The National Commission on Correctional Health Care (NCCHC) in its Health Status of Soon-to-Be-Released Inmates (2002) report concluded that to reduce health risks and health care costs, we need answers for many health care policy questions. To improve on health care efficacy, expenditures, and prioritization, we need evidence on what affects health outcomes. The acquisition of scientific data on inmate health care will help to solve some of the leadership, logistical, financial, and policy barriers that affect many correctional and law enforcement systems.

AcademyHealth (n.d.) defines health services research as “the multidisciplinary field of scientific investigation that studies how social factors, financing systems, organizational structures and processes, health technologies, and personal behaviors affect access to health care, the quality and cost of health care, and ultimately our health and well-being. Its research domains are individuals, families, organizations, institutions, communities, and populations.” This NCCHC position statement does not address human subject research.

Very few well-designed and well-funded studies emphasizing correctional health services research have been conducted. A review of the literature finds predominantly quasi-experimental correlational studies, qualitative case and ethnographic studies, and few randomized control trials. There have been too few large-scale system or national studies on inmate health care and delivery systems (NCCHC, 2002). Such studies are essential to developing informed public and private policy. The lack of correctional health care research has hampered policy decision making in all aspects of health care organization, provision, and financing for incarcerated populations.

Many correctional institutions, including the Federal Bureau of Prisons and some larger jails, now use electronic health records, thus increasing the capacity of the correctional health workforce to gather and present aggregate inmate health data to policy makers.

If building correctional health capacity is critical, then we must collect and use health data effectively. A greater emphasis on collaboration among corrections and community partners must emerge as a model for correctional health care research. Barriers to research need to be collectively removed so that we can gain a better understanding of health care delivery in correctional settings. We need to be innovative and inclusive in addressing the research needs of the correctional health care delivery system.

Position Statement

A coordinated national health services research agenda is needed to build correctional health care research capacity in the United States. NCCHC endorses the following national research priorities for correctional health care.

- NCCHC advocates that Congress, through appropriate federal agencies and health-related national organizations, should support research specifically targeted to correctional health care to identify and address problems unique to correctional settings.

- Appropriate federal agencies in partnership with health-related national organizations should develop mandated 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 the surveillance program collects data in prisons and jails in the same manner as they are collected in the community. The results of data collection should be shared with the community. Surveillance guidelines should incorporate processes for protecting confidentiality of personal health information.
• A national correctional health care database should be created. Standardized definitions and reporting measures to assess the prevalence of selected communicable diseases, chronic diseases, and mental illnesses should be developed. An information system should be designed for use by national, state, and local correctional authorities to measure and report the data with the ability to categorize data by age, race, and gender. National, state, and local correctional and public health agencies should be encouraged to report rates of selected communicable diseases, chronic diseases, and mental illnesses to aid in planning programs and allocating resources.

• To strengthen correctional health care capacity and provide its unique insight to research findings, NCCHC endorses the model that includes related law enforcement and correctional health and custody staff involvement in data analysis and interpretation of research findings.

• National, state, and local correctional and public health agencies should evaluate the utility of surveillance activities and implement improvements as appropriate. Build effective health care systems by improving decision making through efficient data collection. We must improve funding and efforts to establish electronic health data retrieval in correctional systems.

• NCCHC advocates that Congress, through appropriate federal agencies and health-related national organizations, should fund projects to evaluate models that emphasize creative, cost-effective options for the provision of high-quality medical and behavioral care in corrections as well as continuity of care after release; research programs to define effective health education and risk reduction strategies for inmates; and research programs to identify correctional system barriers that prevent correctional health staff from implementing prudent health care and public health recommendations.

• NCCHC advocates that Congress, through appropriate federal agencies, should support large-scale research to address problems unique to the incarcerated population. Creating a research infrastructure unique to correctional health care will link researchers and practitioners, help to identify research priorities, and have an economy of scale by sharing tools and resources and building research capacity.

• NCCHC advocates that Congress, through appropriate federal agencies, correctional and law enforcement organizations, and health-related national organizations, should develop and maintain a national literature database for correctional health professionals, including a compendium of policies, standards, guidelines, and peer-reviewed literature.

• Relevant stakeholders should be more involved in the process of setting the research agenda. Community-based participatory research is intended to include community voices in all aspects of the research process, including data analysis and interpretation. Researchers studying correctional health care should understand the importance of collaborating with policymakers, organizations, and communities to plan, conduct, and translate health services research into policy and practice.

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References
