

## 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 health care for incarcerated populations will help to solve some of the leadership, logistical, financial, and policy barriers that affect many correctional and law enforcement systems.

The Academy for Health Services Research and Health Policy 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” (Lohr & Steinwachs, 2002). This NCCHC position statement does not address human subject research.

Growing interest in the health and well-being of correctional populations and recognition of correctional health care as a component of public health has led to more research in this area in the past decade. However, a need remains for well-designed, well-funded, large-scale system or national studies on correctional health care and delivery systems. Such studies are essential to developing informed public and private policy. The large gaps in correctional health care research have hampered policy decision making in all aspects of health care organization, provision, and financing for incarcerated populations.

There are many challenges to conducting such large-scale correctional health services research, including no centralized database of contact information and lack of standardized reporting networks, which is especially salient given that the country has more than 3,000 jails. In addition, some correctional administrators may be hesitant to share information about their facilities in research.

To improve correctional health quality and outcomes, we must collect and use health data effectively. Many correctional institutions now use electronic health records, thus increasing the capacity of the correctional health workforce to gather and present aggregate health data to policy makers. We also need to be innovative and inclusive in addressing the research needs of the correctional health care delivery system. Correctional health care research will benefit by greater collaboration among corrections and community partners. Barriers to research need to be collectively addressed.

### 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.

# POSITION STATEMENT

[ncchc.org/position-statements](https://ncchc.org/position-statements)



NATIONAL COMMISSION  
ON CORRECTIONAL HEALTH CARE

1. NCCHC advocates that Congress, through appropriate federal agencies and health-related national organizations, support research targeted to correctional health care to identify and address problems unique to correctional settings.
2. 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. Evaluate the utility of surveillance activities and implement improvements as appropriate.
3. A national correctional health care database is needed, along with standardized definitions and reporting measures to assess the prevalence of selected communicable diseases, chronic diseases, and mental illnesses. 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 required to report rates of selected communicable diseases, chronic diseases, pregnancy, and mental illnesses to aid in planning programs and allocating resources.
4. To strengthen correctional health care capacity and provide its unique insight to research findings, NCCHC endorses the model that includes relevant law enforcement and correctional health and custody staff involvement in data analysis and interpretation of research findings.
5. National, state, and local correctional and public health agencies should improve funding and efforts to establish electronic health data retrieval in correctional systems.
6. NCCHC advocates that Congress, through appropriate federal agencies and health-related national organizations, fund projects to evaluate models that emphasize cost-effective options for the provision of high-quality medical and mental health care in corrections as well as continuity of care after release; research programs to define effective health education and risk reduction strategies for incarcerated people; and research programs to identify correctional system barriers that prevent correctional health staff from implementing prudent health care and public health recommendations.
7. NCCHC advocates that Congress, through appropriate federal agencies, 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.
8. NCCHC advocates that Congress, through appropriate federal agencies, correctional and law enforcement organizations, and health-related national organizations, develop and maintain a national literature database for correctional health professionals, including a compendium of policies, standards, guidelines, and peer-reviewed literature.

# POSITION STATEMENT

[ncchc.org/position-statements](http://ncchc.org/position-statements)



NATIONAL COMMISSION  
ON CORRECTIONAL HEALTH CARE

9. 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.

*October 18, 2009 – adopted by the National Commission on Correctional Health Care Board of Directors*

*October 18, 2015 – reaffirmed with revision*

*November 1, 2020 – reaffirmed with revision*

## References

Lohr, K. N., & Steinwachs, D. M. (2002). Health services research: An evolving definition of the field. *Health Services Research, 37*, 15-17. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1430351/>

National Commission on Correctional Health Care. (2002). *The health status of soon-to-be released inmates: A report to Congress: Volumes I & II*. Chicago: Author. <http://www.ncchc.org/health-status-of-soon-to-be-released-inmates>