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Disseminating Innovations in Correctional Health: A Necessary Step to Recognition by Academe

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When I was provided with the opportunity to assist a public medical school with the development of a system of medical care for inmates housed in the state's prisons, I naively reflected that these were likely my community-based patients "when they got in trouble." It took just a few interviews with experienced prison physicians to learn that this was a different world of health care serving a population of patients that rarely receives regular medical care prior to incarceration and one unlikely experienced by health professionals in training.

Few would argue that the competencies required to be successful in the correctional health field are often taught by word of mouth and that best evidence for practice often evolves from on-the-job experience. Although availability of health care while incarcerated has been deemed to be a constitutional right and despite the high prevalence of incarceration, there is limited research and research dissemination on evidence-based practices in the care of detained persons (Kendig, 2004). Many leaders across professional groups believe that the pendulum has swung too far and that inmates should have access to clinical trials for treatment of conditions such as cancer, HIV, and hepatitis C (Thomas, 2010). However, the barriers to conducting research in a secure environment are multiple. Prior ethical abuses by inflicting research on inmates without informed consent have led to stringent requirements for institutional review board approvals (Gostin, 2007). The security agenda is a particular impediment for conducting research, particularly in the area of medication-assisted treatment for opioid addiction for fear of drug diversion. Corrections officials and leaders in correctional health programs are reticent to engage in research that could lead to poor outcomes, thus encouraging litigious behavior by inmates and inmate advocate groups. Moreover, the lack of empirical evidence to develop best practices for treatment during incarceration and postrelease significantly impedes progress for improving health care quality and cost-effective care.

National organizations such as the National Commission on Correctional Health Care (NCCHC) and the American Correctional Association have been successful in standardizing quality, supporting the training and credentialing of correctional health clinicians, and creating a governance structure that links the field to recognized health professional organizations. Concurrently, there has been a growing trend in the number of medical schools concerned with justice health, including provision of care in prisons and jails, conducting research, and development of formal clinical training programs for health professions' students. Yet, despite these gains, there is still much work to be done to see the

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field recognized by academic health sciences institutions and grant-making organizations (Kendig, 2004).

With respect to health professions training, core competencies have been identified that are unique to the field (Haley, Ferguson, Hale, & Brewer, 2009). While fellowship programs and innovative models for student and resident training have been developed, only a handful of the more than 80 public academic medical health centers have embraced training to care for inmate populations. This is a critical issue to a health workforce pipeline, particularly in primary care with current and projected shortages of clinicians. Health professions' schools need to evaluate innovative curricula on justice health and disseminate results in order to validate the unique competencies required to successfully care for this growing population. Additionally, there is no better example of the intersection of medical care and community health. Infectious disease, substance abuse, and mental health prevalences along with social determinants that are predictive of criminal justice involvement provide very interesting learning opportunities for students of health science. Moreover, with 95% of detainees returning to communities (NCCHC, 2002) and a growing interest in strategies to coordinate care at the time of release, all health care professionals should become familiar with the health risks post-release (Binswanger et al., 2007).

With these observations in mind, we set about developing the Academic and Health Policy Conference on Correctional Health, whose unique signature has been the ability to engage transdisciplinary physicians from multiple specialties, nurses, public health professionals, behavioral health clinicians, policy makers, and criminal justice scholars working together. In 2011, participants from six countries, 33 states, and 56 academic institutions along with practicing clinicians and justice health administrators contributed to the most successful conference to date. A key objective of the conference includes networking; there have been at least three successful research projects initiated from collaborations formed during the conference. A second key objective is dissemination of innovative research, training programs, and policy concerned with care of inmate populations. The conference has evolved and matured over the last 4 years with the development of a national advisory group, National Institutes of Health grant support, and a commitment from the *Journal of Correctional Health Care (JCHC)* to publish some of the proceedings of the conference. This commentary inaugurates collaboration with *JCHC* to publish selected manuscripts based on presentations at the conference, something not seen since the inaugural conference in 2007 (Appelbaum, 2008; Hale, Brewer, & Ferguson, 2008; Paar, Bova, Baillargeon, Mazur, & Boly, 2008).

Dissemination of the innovations presented at this and other national conferences is an important factor in the translation of research into practice (Berwick, 2003). Moreover, credible representation of justice health innovations in research, training, and policy are critical to recognition by academe. With the relatively recent inclusion of *JCHC* as a journal recognized by the National Library of Medicine, this agreement to publish selected proceedings of the conference ensures that the current readership as well as health service researchers and grant-making organizations have easy access to important innovations emerging in the field of justice health.

Finally, criminal justice policies and their impact on public health and health policy are emerging as an important area for dissemination. For those working behind bars, current policies can seem counterproductive and fruitless when considering economic, criminal, and public health outcomes (Rich, Wakeman, & Dickman, 2011). With states turning to alternatives to incarceration for substance abuse offenses and offenses committed by those afflicted by serious mental illness, evaluating results and subsequent dissemination is paramount to changing criminal justice policies.

In his seminal editorial article in the *Journal of the American Medical Association* in 2004, Dr. Newton Kendig made note of several unanswered questions regarding best practices in correctional health: “What infection control strategies best protect correctional workers and inmates? How can drug abuse treatment strategies be improved to reduce inmate relapse and recidivism? What case management practices will ensure the continuity of care for released inmates with serious medical and mental health conditions?” Innovations covering these topics and myriad other “bread-and-butter” issues experienced by clinicians behind bars are presented annually at the Academic and Health Policy Conference on Correctional Health. We welcome the opportunity to disseminate these innovations through this collaboration with *JCHC*.

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