Eighteen Jails and Their Public Health Partnership Initiatives

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Editor's Note: *Any opinions expressed herein are the authors' and do not necessarily reflect those of the U.S. Department of Justice or the U.S. Department of Health and Human Services.*

Public health officials recently have come to understand one thing about jails — jails and correctional facilities, at least in terms of infectious disease, can be "ground zero" for community public health or a public health disaster. The health care status of offenders in jail is a key public health indicator. If the prevalence of infectious diseases exceeds threshold levels, it can be considered a sentinel event indicating that the "free world" public health system may not be functioning as it should and that an epidemic in the community may be forthcoming.

The *1993 Census of Jails* reported that 6,711 inmates were known to be HIV-positive and 1,888 had confirmed AIDS. The infection rate was highest in larger jail jurisdictions. Recently, nearly 25 percent of all newly diagnosed cases of syphilis in Illinois were tracked to the Cook County Jail.

Recognizing the need for fostering jail and public health partnerships, last October, the Centers for Disease Control and Prevention (CDC), the National Institute of Justice (NIJ) and their partners, the Health Resources and Services Administration, Substance Abuse and Mental Health Service Administration, Chicago Department of Public Health and Bristol Meyers Squibb Immunology, sponsored a conference designed to foster partnerships between jails, and public health and community-based care and service providers.

Teams were comprised of six jail and public health professionals from 18 jurisdictions. The conference represented a significant step toward generating a collaboration between public health and corrections at a local level. Coordination among these organizations is necessary to support surveillance, prevention and public health care activities for HIV, sexually transmitted diseases (STDs), tuberculosis (TB) and other health conditions within jail settings that extend into the community upon an inmate's release.

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The chart below is a list of the participating jurisdictions and their identified partnership goals:

Jails	Public Health Partnership Goals
Baltimore City, Md.	Establish linkage with the Johns Hopkins' Hospital's expanded clinical facility to assure transition for inmates.
Broward County (Fort Lauderdale), Fla.	Enhance HIV linkage systems and establish an STD linkage program.
Cook County (Chicago), Ill.	Develop an on-site domestic violence program for offenders.
Dallas County, Texas	Implement first-day screening for HIV, syphilis, gonorrhea and chlamydia for 30 percent of daily bookings.
Denver County, Colo.	Develop an HIV counseling and testing system.
Fulton County (Atlanta), Ga.	Establish an HIV linkage program and establish STD screening.
Harris County (Houston), Texas	Increase collaboration and communication between corrections and public health by creating a coalition that meets quarterly.
Jackson County (Kansas City), Mo.	Institute a streamlined screening system for TB.
Los Angeles County, Calif.	Improve communicable disease screening to reduce duplication. Improve communication of epidemiological data.
Maricopa County (Phoenix), Ariz.	Create a case management model of discharge planning for pregnant women.
Miami-Dade County, Fla.	Institute HIV prevention education and hepatitis-B screening.
Milwaukee County, Wis.	Establish HIV, STD and TB linkage programs.
New York City	Assess and enhance a comprehensive linkage system for HIV-positive inmates/releases.
Orleans Parish, La.	Develop and implement statewide cross-training for public health and correctional staff, and distribute prevention education materials to releases and visitors.
Philadelphia County, Pa.	Educate public health agencies about correctional health.
San Diego, Calif.	Institute surveillance screening for chlamydia, gonorrhea and syphilis at two facilities.
Shelby County, Tenn.	Improve surveillance and management of TB, syphilis and HIV.
St. Louis, Mo.	Establish a screening and treatment program for TB and syphilis.

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Jails provide a unique opportunity to access hard-to-reach populations for disease identification, treatment and follow-up once they are released. The goal of the conference was to provide the 18 teams with an opportunity to assess their community public health needs, identify the appropriate nexus between the jail and community public health, and design blueprints for future action.

Not only can inmates benefit from treatment and preventive health care, but the community at large can as well. Development of effective strategies that include local jails is now seen as an essential way to address the current epidemics of HIV, STDs, TB and substance abuse that impact many of our communities.

It is hoped that these 18 jails and their experiences implementing "blueprints for action" will become catalysts or models for the development of additional jail and public health partnerships across the country. To this end, CDC and NIJ have funded a conference follow-up. A contractor, Abt Associates Inc., will be checking the progress of each site on a quarterly basis, ensuring that it is moving toward achieving its public health goals. At the conclusion of a year's follow-up, the contractor will deliver a final report to CDC and NIJ, outlining lessons learned from each site's successes and failures. This research will be used for developing future strategies for partnership development and meeting technical assistance needs within the original 18 jurisdictions and future sites interested in developing partnership models.

NIJ and CDC have collaborated on a number of publications that are of interest to those in the field of correctional health care. To obtain a free copy of the following publications, contact the National Criminal Justice Reference Service, Box 6000, Rockville, MD 20849-6000; 1-800-851-3420; e-mail: askncjrs.aspensys.com.

- *1996-1997 Update: HIV/AIDS, STDs* and *TB in Correctional Facilities*, 1999. (NCJ 176344)
- *Telemedicine Can Reduce Correctional Health Care Costs: An Evaluation of a Prison Telemedicine Network, 1999* (NCJ 175040)
- *Case Management in the Criminal Justice System, 1999* (NCJ 173409)
- *Public Health/Corrections Collaborations: Prevention and Treatment of HIV/AIDS, STDs and TB, 1998* (NCJ 169590)
- *Controlling Tuberculosis in Community Corrections, 1995* (NCJ 153211)

Other publications of interest can be obtained from CDC's Public Health and Corrections Web site: www.cdc.gov/nchstp/od/cccwg.

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Hate Crimes Summit

The U.S. Department of Justice sponsored the Hate Crimes Summit, a day-long gathering held in late July that brought together 300 Immigration and Naturalization Service officers, Secret Service agents, district and suburban police, and security officers from local colleges.

According to *The Washington Post*, the summit is part of a nationwide initiative due to a string of hate-related crimes. The FBI recorded 7,755 bias-motivated crimes in 1998, which were reported by 10,730 agencies in 45 states and the District of Columbia.

At the summit, officers were taught to consider the race of the perpetrators and victims, determine if hostile or hateful speech was used during the crimes and search for hate symbols on the victims' property. Officers also were told to pay close attention to crimes coinciding with certain holidays or dates of particular significance.

Officials expect that the House will approve the Hate Crimes Prevention Act of 2000, which already has been approved by the Senate.

Low Cost of Heroin Blamed For Many Deaths

The Centers for Disease Control and Prevention (CDC) claims that heroine costs about $20 a dose on the West Coast and that black tar heroin is readily available in Mexico and South America, the *Chicago Tribune* reports. This may be a reason for the dramatic rise in heroine use in the Pacific Northwest because, according to the government, overdoses in the Portland, Ore., area account for nearly as many deaths among young and middle-age men as heart diseases.

In Portland's Multnomah County, overdoses increased from 46 in 1993 to 111 in 1999. Heroin overdoses increased in most U.S. cities in the 1990s, but not as dramatically as in Seattle and Portland, other studies report.

CDC contends that the report probably underestimated the overdose total since many deaths were excluded because they may have been suicides.

Execution Delayed Under New Clemency Rules

According to *The Washington Post*, President Clinton delayed the federal execution of Juan Raul Garza, originally scheduled for Aug. 5, giving the Texas inmate's attorneys more time to argue for clemency. The delay of at least four months came about when Clinton signed an executive grant of clemency for Garza, which postpones the execution until at least Dec. 12.

The delay was possible when Clinton and Attorney General Janet Reno approved new federal clemency regulations, which grant federal death row inmates and their victims the opportunity to make private oral presentations before the Justice Department's "pardon attorney" and to submit arguments in writing. The president still will make the final decision of whether an inmate should be executed.

The new guidelines allow a defendant facing the death penalty at least 120 days notice of his or her execution and 30 days to file a petition for commutation of the sentence. All other papers supporting commutation must be filed no later than 15 days after the petition is filed.

— Elizabeth Klug