Southeastern National Tuberculosis Center

SHARE • LEARN • CURE

Arresting TB: Understanding the Culture of Corrections

Tara Wildes, Chief
Jails Division
Jacksonville Sheriff's Office

Ellen R. Murray, RN, BSN
Nurse Consultant/Training Specialist
Southeastern National Tuberculosis Center

Objectives

- Discuss the general administrative structure of correctional systems and inmate medical programs
- Describe the different jail and prison cell classifications and the implications for TB prevention
- Describe the “Prisonization” of staff and inmates
- Define the opportunities for enhanced collaboration between public health TB programs and corrections medical and security staff

Hierarchy within the Walls

- Corrections
  - Generally military type regime
  - Shift/Squad
  - Support/Operations
  - Security/Programs
  - Little autonomy
- Medical
  - Supervisory
  - Often more lateral
  - Some autonomy

Polling Question

- How often do you communicate with your correctional facility/local public health TB program?
  - Never
  - On an as-needed basis only
  - Regularly by phone only
  - Regularly in face to face meetings (at least quarterly) and by phone

Different Types of Corrections Facilities

- Federal (short term or long term)
  - Includes prison and detention facilities
    - Generally run by Bureau of Prisons
- ICE Detention Center
  - Generally don't have criminal charges
  - Sometimes contract with local jails to house overflow
- State (long term)
  - Prison
  - Run by the State Department of Corrections
  - Have dedicated TB program staff

Different Types of Correctional Facilities

- County (short-term but can have longer-term inmates)
  - Includes jails and detention facilities
  - Generally run by sheriff
  - Could be run by other – private corporation/Public Health Trust/County Commissioners
  - Contract with Federal BOP, ICE

Southeastern National Tuberculosis Center
SHARE • LEARN • CURE

Different Types of Correctional Facilities

- City
  - Generally small
  - Short term, but sometimes contract with Federal
- Juvenile
  - Can be all of the above

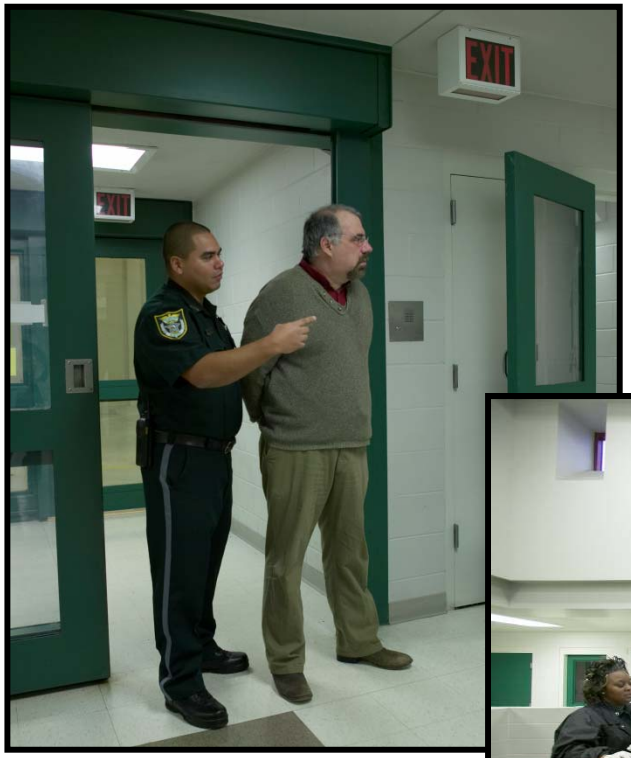
Division of Immigration and Health Services (DIHS)

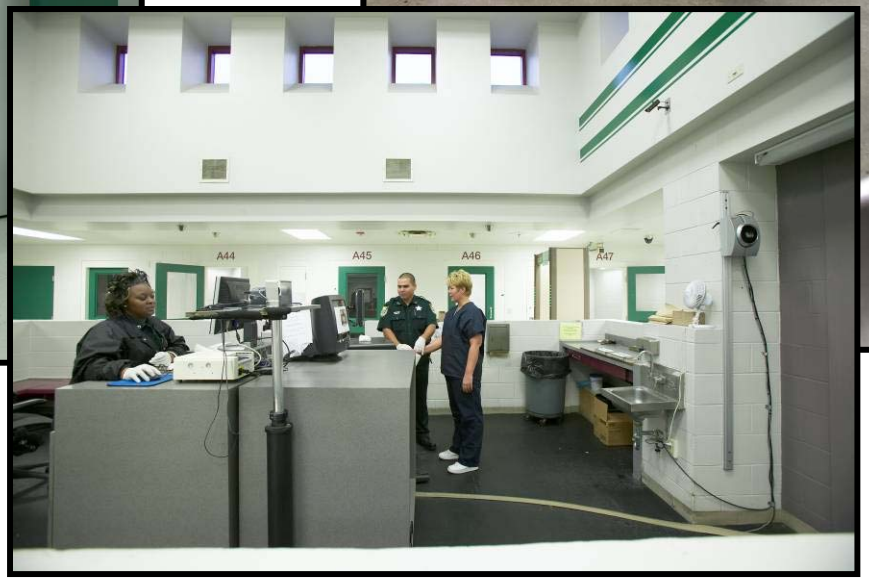
- Serves the illegal immigrant population who may be incarcerated
- Provides flow diagrams that outline the referral and continuity of care processes
- Provides guidance for health departments and detention facilities that house ICE detainees, including contact information
  - CureTB enrollment forms
    - www.curetb.org
  - TBNet enrollment forms
    - http://www.migrantclinician.org/network/tbnet

Polling Question

- Who is the best source of information you speak to when identifying the custody of an inmate?
  - Medical staff
  - Public health
  - The Newspaper
  - Classifications staff

Intake/Booking



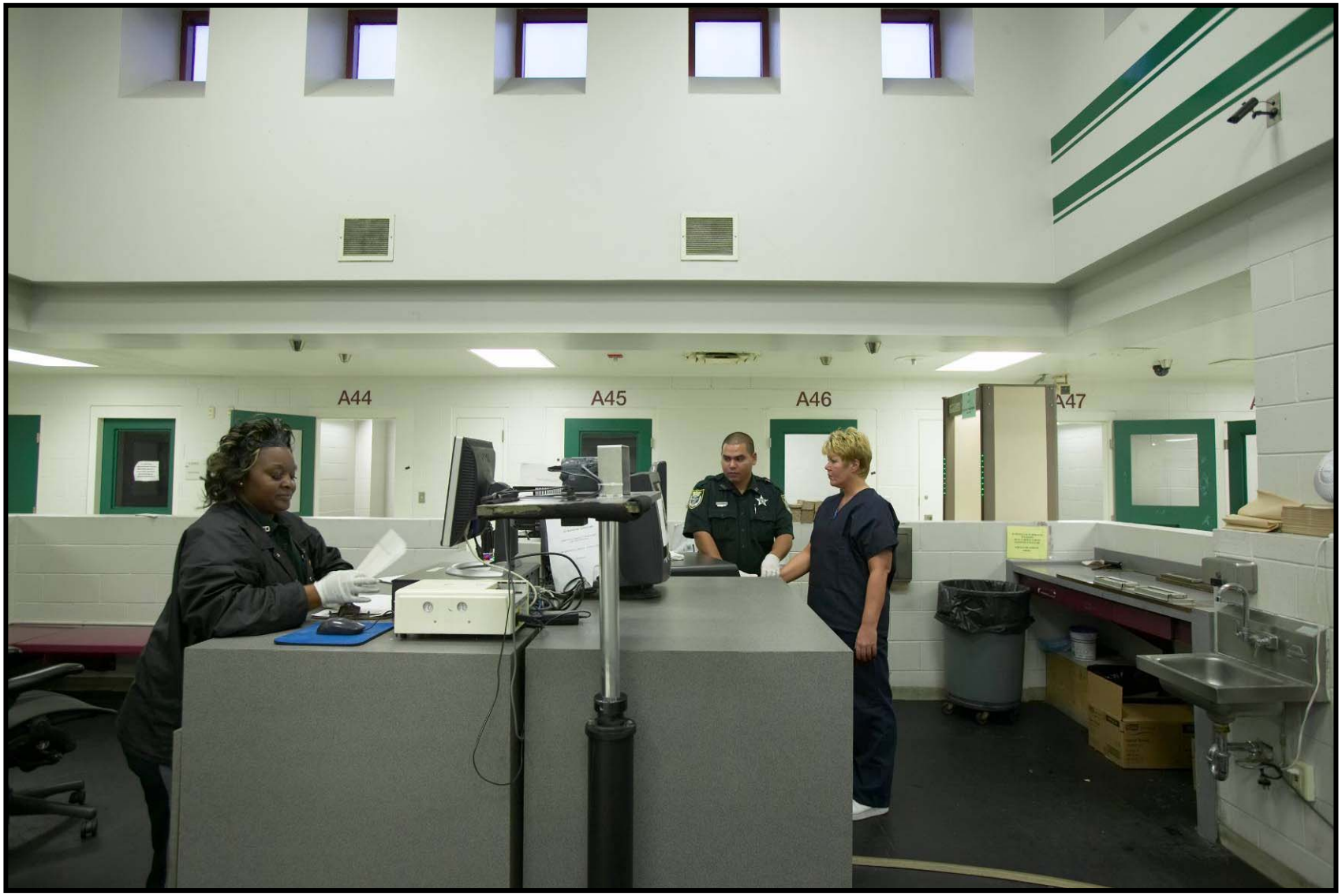


Cell Classification

Cell Classification

Classifications

Release Staff



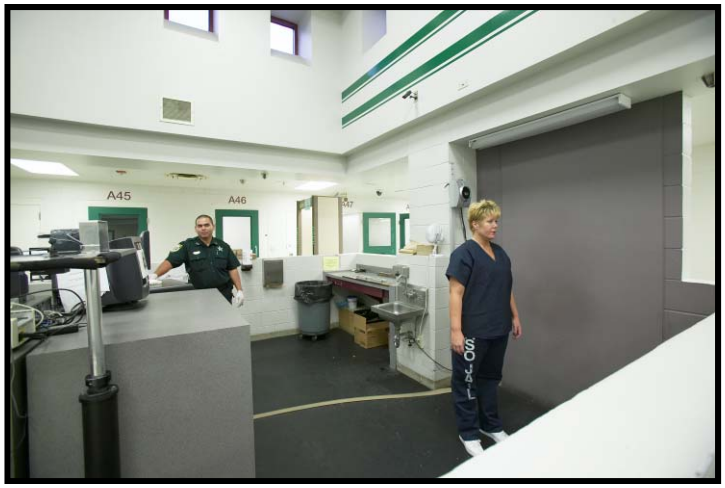
Polling Question

- Is there a formal written discharge plan between the correctional facility and the public health department in your area?
  - Yes
  - No
  - Unsure

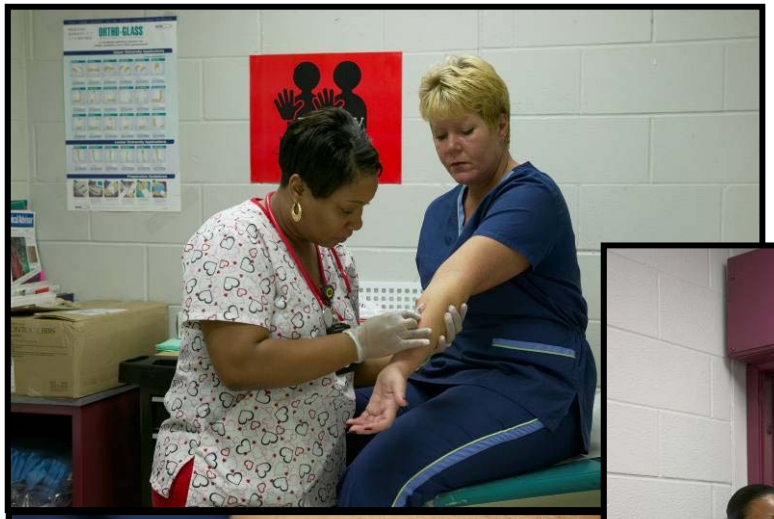
Polling Question

- If there is a formal written plan, is it effective?
  - Yes
  - No

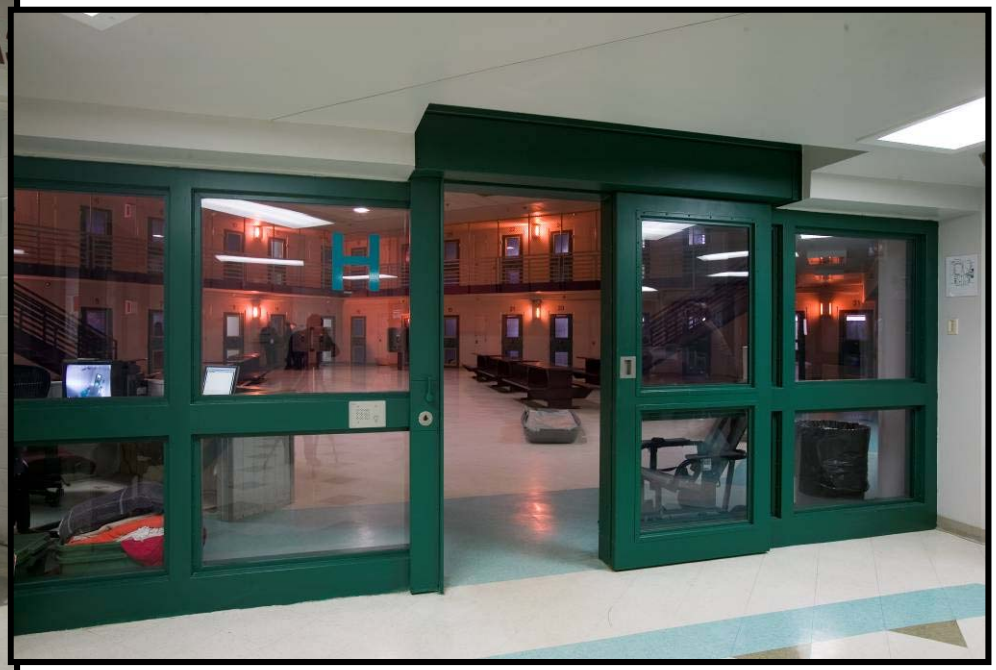
Candy Goes to Jail



Candy Goes to Jail



Inmate Carlos – Where did he go?

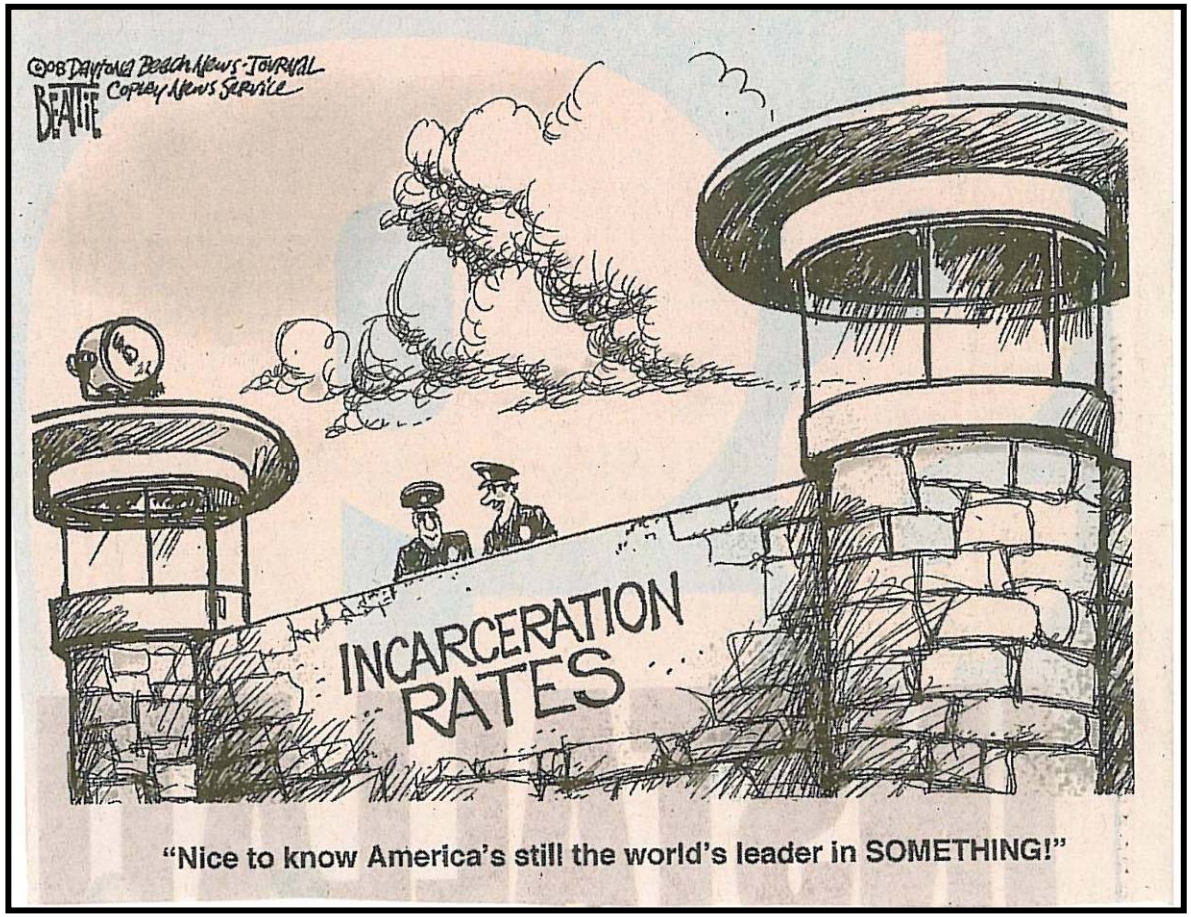


Inmate Carlos Gets Released – Where?

Polling Question

- Approximately how many released inmates show up at your local health department for follow-up TB care?
  - 0%
  - < 5%
  - 5% - 25%
  - 26% - 49%
  - 50% - 74%
  - 75% - 100%

Now That We've Laid The Groundwork…



Southeastern National Tuberculosis Center
SHARE • LEARN • CURE

What is “culture”?

- “Culture is integrated patterns of human behavior that include the language, thoughts, communication, actions, customs, beliefs, values, and institutions of racial, ethnic, religious, or social groups.”

Prison Culture – a.k.a. "Prisonization" vs. Corrections Culture – a.k.a. "Correctionalization"

Involves the formation of an informal inmate code and develops from the individual characteristics of inmates and from institutional features of the prison.

Gillespie, W. (2006), Prisonization: Individual and Institutional Factors Affecting Inmate Conduct. Criminal Justice. LFB Scholarly Publishing LLC

"Correctionalization" involves all aspects of prison culture (inmates) and more . . . It includes the actions and behaviors of the staff as well.

Cultural Variables

- Ethnicity
- Race
- Gender
- Spirituality/religion
- Class
- Age

- History of the culture
- Caste/status
- Sexual orientation
- Language or dialect
- Socioeconomic status

- Work/jail experience
- Experience within other correctional facilities

Secondary Characteristics of Prisonization

- Recidivism
- Violence
- Mental health issues
- Degradation

Inmate Variables

- Medical & health provision
  - Availability of physicians
  - Serious medical issues
    - "Medicalization" of inmates (multiple sick calls)
  - Reporting of incidents
  - Range and diversity of diet
- Recreation and sports
  - Use and availability of TV, videos, computers
  - Camps
  - Facilities
  - Options available

Inmate Manipulation Plays a Role

- Crowding
  - Cell size
  - Facility population (overcrowding)
- Denial of responsibility
  - Told when to get up, wash, lights on/off
- Type of work
  - Menial, uninteresting
- Social isolation
  - Families, correspondence
  - Relationships (little to none)
- Control over self
  - Cell searches
  - Medical issues
    - Headache
    - Medication schedule

The Impact of Health Disparities

- For the individual, health disparities can result in:
  - Increased morbidity
  - Earlier deaths
  - Decreased quality of life
  - Loss of economic opportunities
  - Perceptions of injustice
- For society, health disparities can lead to:
  - Less than optimal productivity
  - Higher health-care costs
  - Social inequity
- For the inmate, health disparities can lead to:
  - Delayed diagnosis
  - Increase in complexities of diseases
  - Transmission

Corrections Harbors All these Issues and More

- Prisonization/Correctionalization in institutions includes staff prejudices
  - Preconceived notions – between corrections and inmates
  - Difficult to overcome due to manipulative nature of inmates

Training Paradigms

- Corrections
  - Security over all else
  - Care, custody and control
  - Law enforcement relationship
  - Certifications and standards
  - Adversarial role
- Learning is often scenario based
- Medical/Social Services
  - Health and life over all
  - Improvement for society
  - Advocate role
- Learning through scientific method, evidence-based practice, statistics

Chain of Command

- Medical/Social Services– often more lateral, with specific duties to each supervisor, some autonomy

- Corrections – military, but not always…Shift/Squad, Support/Operations, Security/Program differences, little autonomy

Understanding the chain of command is important to support training and education

Comments Heard from Medical . . .

- No support from officers
- Officers are too dumb to understand medical issues
- CO's don't want to go out of their way for anything . . . "I just want to do my 8 and hit the gate"
- Vindictive
- Not willing to help inmates with health problems, callous attitudes
- "Bottom of the barrel" LEO's – Police wannabes
- "Who do they (health department) think they are, coming into my facility and telling me what to do?"

Comments Heard from Custody . . .

- “Inmate lovers”
- “Too dumb to understand chain of command”
- “Think CO’s are here to serve their needs”
- “Only here to make a profit”
- No respect for CO schedules
- “Bottom of the barrel” medical personnel . . . you only work in a jail/prison if you can’t get a job anywhere else

Attitude is Everything

- Staff and inmates can become hardened to the environment
- Development of corrections-specific education & trainings
  - NTNC/NTCA PH Nurse and Case Manager - Corrections Liaison Core Competencies
  - SNTC and other RTMCCs
    - Corrections specific education
    - SNTC Special Populations Corrections Webpage
    - Technical Assistance and Mini-Fellowship
    - SNTC – 3-day TB in Corrections Contact Investigation and Discharge Planning Course & Toolkit

Cultural Competency Continuum for TB Programs in Corrections

- Cultural destructiveness
- Cultural incapacity
- Cultural blindness
- Cultural pre-competence
- Basic cultural competence
- Advanced cultural competence

Southeastern National Tuberculosis Center
SHARE • LEARN • CURE

Case Example

- Inmate identified in Intake as suspect for TB
  - Identified with symptoms of active disease – cough, fever, weight loss
- Immediately placed into **isolation** and health department notified next day
- Sputum collected, returned positive
- Inmate released to community after two weeks in **isolation**
- No need to do contact investigation at facility – everything done correctly

The Rest of the Story

- After one year, evaluation done at health department and facility – records reviewed at both areas
- Health department considered record to be complete
  - Contained clear documentation of all aspects needed
    - Symptoms
    - Isolation
    - Medication regimen
- Then record from local jail was reviewed

The Rest of the Story

- Inmate **identified in intake**
  - "Immediately removed and placed in **MISO#8** (medical isolation number eight) with two other inmates"
    - Viewed area –three bunks with open bars
    - Asked questions again – which is your **isolation** room? – response – "all of them"
    - Asked differently – "Which one sucks air instead of blows air?" Response – "that would be MISO#1" – only cell with solid door.
    - Identified 67 contacts one year later, some of which had returned to the facility and had positive TSTs

Education Using Case Example

- After the review, staff were given specific training regarding screening
  - Officers and medical staff were included in the training
  - Given information on doing symptom screening at intake
- Another chance for redemption
  - Different Inmate
  - Booked into the facility with no complaints to medical staff
  - Officer witnessed the inmate coughing, asked about symptoms and isolated inmate from others
  - Inmate immediately returned to medical staff
  - Asked more specific questions – further complaints identified:
    - Coughing
    - Fever
    - Weight Loss

Education Using Case Example

- Medical staff placed the inmate into a negative airborne infection isolation room
  - Contacted the local health department
  - Inmate had not shown up for medications for active TB for several months
  - Further testing done
  - Inmate found to be infectious again
    - Restarted on medications
- Five contacts identified – none with infection

Polling Question

- Do you have a designated corrections liaison identified in your facility (public health or correctional)?
  - Yes
  - No
  - Working on it

Summary – Understanding the Culture of Corrections

- Administrative structures are important to TB awareness
- Understanding "Prisonization" and "Correctionalization"
  - Aids in increased communication and collaboration
  - Greater impact on training and education
  - Identify possibilities for public health oversight of TB programs in correctional facilities
    - Leads to better understanding of TB and opportunities for improvement
      - For continuity of care for inmates being released to the community or other facilities

Understanding the culture of corrections will aid in making changes occur

To Arrest TB!

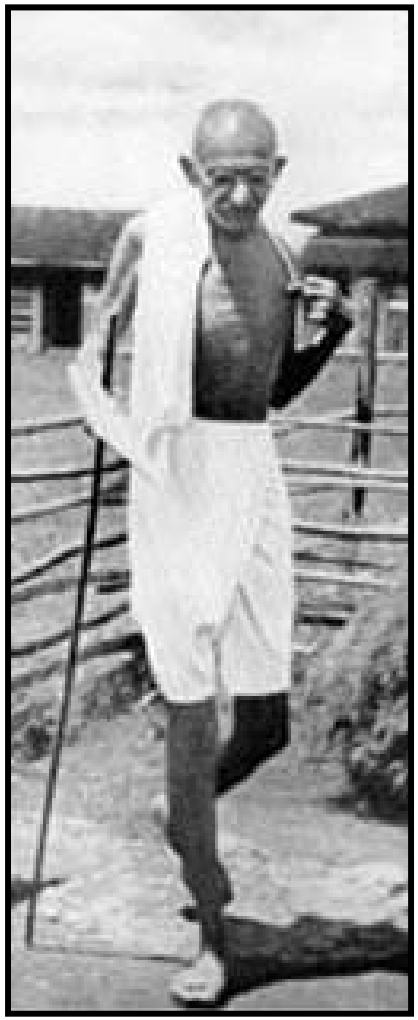
Southeastern National Tuberculosis Center
SHARE • LEARN • CURE

White Board Question

- What will you see as a next step toward building collaboration between public health and corrections?

Resources

- CDC. (2006). Prevention and Control of Tuberculosis in Correctional and Detention Facilities: Recommendations from CDC. MMWR, 55(RR09); 1-44
- Gillespie, W. (2003), Prisonization: Individual and Institutional Factors Affecting Inmate Conduct. LFB Scholarly Publishing LLC. New York
- University of Tasmania Prison Action and Reform. (2003). Prison Culture and The Pains of Imprisonment. Available on the web at http://www.utas.edu.au/sociology/pdf_files/bp_3.pdf
- MacNeil, J., Lobato, M., Moore, M. (2005). An unanswered health disparity: tuberculosis among correctional inmates. 1993 through 2003. Am J Public Health; 9,; (10); 1800 – 1805. http://www.medscape.com/viewarticle/516102
- National TB Controllers Association/National TB Nurse Coalition (NTCA/NTNC). (2008). NTCA/NTNC Workgroups for Public Health Workforce Development in TB Programs: Core Competencies – Corrections (Final 06/08).



You must be the change you wish to see in the world.

Mahatma Gandhi

Southeastern National Tuberculosis Center
SHARE • LEARN • CURE