



Bridging Priorities: A Cross-Sector Guide for Health Centers and Carceral Facilities

Health centers and carceral facilities can use this resource to learn about each other’s operating environment and identify opportunities to strengthen collaboration. This resource should be used as a primer before completing the *Strengthening Collaboration: Worksheet to Help Health Centers and Carceral Facilities Work Together*.

Overview

Health centers and carceral facilities can work together to address the care needs of individuals reentering communities after incarceration. Effective collaboration starts with a clear understanding of the goals, priorities, and constraints of both organizations. The resource below summarizes key similarities and differences between health centers and carceral facilities, along with implications for partnership—offering a foundation for mutual understanding and more effective collaboration (**Exhibit 1**). This summary is followed by brief descriptions of health centers and carceral facilities.

Similarities Between Health Centers and Carceral Facilities.

Health centers and carceral facilities have distinct missions but also share several foundational elements that can support collaboration:

Commitment to safety and well-being

- Health centers prioritize patient safety and well-being through person-centered care.
- Carceral facilities prioritize safety for staff, incarcerated individuals, and visitors.

Implication: Framing health as integral to safety could be a shared value to build on.

Staffing challenges and workforce constraints

- Both sectors face high turnover, burnout, and recruitment difficulties.

Implication: Joint planning must account for limited capacity and avoid overburdening either partner.

Regulatory and compliance pressures

- Health centers navigate complex billing and grant requirements.
- Carceral facilities manage regulations related to security, healthcare, and legal standards.

Implication: Collaboration must respect each sector’s compliance requirements and timelines.

Need for professional boundaries

- Both sectors emphasize maintaining appropriate relationships with those they serve.

Implication: Shared understanding of boundaries can support ethical, respectful partnership.

Differences Between Health Centers and Carceral Facilities.

The distinctions below may shape how each partner approaches collaboration:

Mission and culture

- Health centers are community-based, patient-centered organizations.
- Carceral facilities operate under a hierarchical structure focused on safety and security of incarcerated individuals, staff, and visitors.

Implication: Differences in decision-making structures and values may require intentional alignment.

Understanding terminology and term use

- Health centers use patient-centered language.
- Carceral facilities use terms that help maintain privacy and establish social distance.

Implication: Terms in joint materials or meetings may need careful attention to promote clarity

Access to care and patient autonomy

- Health centers emphasize informed consent and patient rights.
- Carceral settings may be limited in their ability to provide care due to restricted movement or funding constraints.

Implication: Planning will need to consider how to incorporate the health center's patient-centered practices within carceral constraints.

Operating hours and flexibility

- Health centers are typically open during the weekdays with limited nights and weekend hours.
- Carceral facilities are continuous operations.

Implication: Coordination around timing (e.g., release planning) is critical for continuity of care.

Implications for Partnering

Here are key considerations for strengthening collaboration:

Clarify roles and boundaries early

- ✓ Map responsibilities and expectations.
- ✓ Address differences in hierarchy and decision-making to avoid misunderstandings.

Build shared language and values

- ✓ Reframe health as part of safety to align missions.
- ✓ Use neutral, respectful language that honors both sectors' roles.

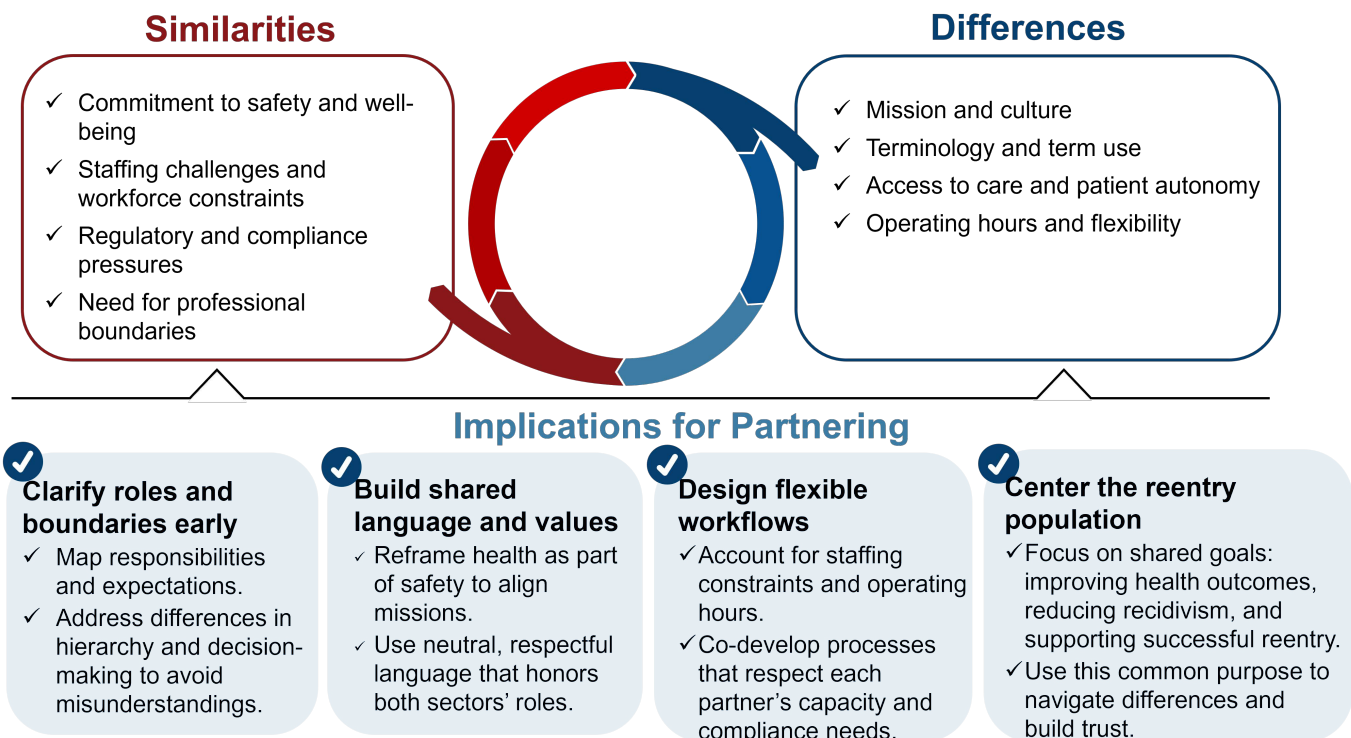
Design flexible workflows

- ✓ Account for staffing constraints and operating hours.
- ✓ Co-develop processes that respect each partner's capacity and compliance needs.

Center the reentry population

- ✓ Focus on shared goals: improving health outcomes, reducing recidivism, and supporting successful reentry.
- ✓ Use this common purpose to navigate differences and build trust.

Exhibit 1 Similarities, Differences, and Implications for Partnerships between Health Centers and Carceral Facilities



About Health Centers

Key Concepts

Health center mission

Health centers are community-based clinics that focus on meeting community needs, often in medically underserved areas. Health centers provide care to patients regardless of their insurance status or ability to pay and adjust their fees based on a person's income and family size.

Community-based providers of essential services

Health centers offer preventative care such as screenings, vaccinations, wellness programs, primary care, dental, and behavioral health services including substance use treatment services. Health centers may also provide specialty care services such as cardiology or gynecology. Some offer programs or referrals to address other health-related needs.

Health centers employ medical, dental, mental health, substance use disorder and supportive services staff as well as grant managers and quality management personnel. Though some staff may draw on their personal knowledge, experience, or expertise with incarceration, all maintain professional boundaries.

Patient-directed care approach and language

Health centers provide patient-directed care and put the patient's needs, experiences, and goals at the heart of every interaction. Providers co-develop care plans with patients to ensure they meet individual needs.

Patient rights are paramount

Patient rights include patient autonomy and informed consent for screening, treatment, and data sharing. The Health Information Portability & Accountability Act (HIPAA) protects patient privacy and limits sharing of health information.

Health center funding, resources, and community-partnerships

Health centers receive federal grants that may help cover care for underinsured and uninsured patients. The [340b Drug Pricing Program](#) enables health centers to purchase prescription drugs at discounted prices. Health centers also have established partnerships with community organizations that help address health-related needs such as housing, employment, transportation, and legal issues.

Operational Constraints

High demand for services and workforce capacity

Health centers are often located in underserved areas and serve patients with other needs like housing or transportation. While high caseloads and service demands create a dynamic and fast paced environment, they also highlight the essential role health centers play in meeting community needs. Supporting staff development and engagement can strengthen retention, enhance operations, and promote continuity of care for patients.

Operating times

Most health centers are typically open weekdays 9am-5pm. Some health centers may offer after-hour appointments and walk-ins.

Access to health records

Enhancing [interoperability](#) of health records across health centers and partner entities (including carceral facilities) presents an opportunity to improve information sharing and strengthen continuity of care. By investing in integrated systems and collaborative data standards, organizations can facilitate seamless transitions, reduce gaps in care, and achieve better health outcomes.

Regulatory and compliance requirements

Health centers operate using a mix of funding types which come with their own sets of regulatory requirements. Insurance billing rules can be complex and grant funding has reporting and compliance requirements.

About Carceral Facilities

Key Concepts

Safety and security

Safety is a primary concern of carceral facilities, including the safety of incarcerated individuals, staff, and visitors. Staff maintain professional boundaries and avoid sharing personal information, engaging in favors, or showing preferential treatment. Carceral facilities must balance security and health care objectives and should provide medical and mental health services at a community-level standard of care.¹

Responsibility and authority

Carceral settings operate under a hierarchical structure. A chain of command flows from the warden or sheriff down to officers.

Specialized language

The carceral environment fosters the development of specialized language and terms. Carceral staff and individuals who are incarcerated may use language to maintain privacy, express identity, and establish social distance.

Operational Constraints

Workforce capacity

Carceral staff face heavy workloads, staffing shortages, and difficulties in recruiting and retaining qualified personnel. Many carceral facilities have high attrition rates; nearly half of their workers leave each year.² Staffing shortages can lead to extended lockdowns, limited access to services and programming, and deteriorating conditions.³

Limited resources

Administrators must ensure compliance with complex regulations, maintain security, and balance the rights and needs of incarcerated individuals with limited resources.

Overcrowding

Overcrowding strains resources and may create unsafe conditions for staff and people who are incarcerated. These conditions may lead to increases in violence and physical and mental health crises. Overcrowding may result in reduced access to and diminished quality of healthcare and programming including legal resources and rehabilitative services.

Healthcare deficiencies

Despite elevated need (e.g., disproportionate prevalence of chronic health problems including physical and mental health issues and substance use disorders), medical care in carceral facilities is often inadequate and difficult to access.⁴ Some carceral settings charge medical copays, which may be a barrier to care for individuals who often earn very little or no wages. Healthcare deficiencies also contribute to an increase in infectious diseases, which spread easily in correctional facilities.⁵

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This publication lists non-federal resources in order to provide additional information to consumers. Neither HHS nor HRSA has formally approved the non-federal resources in this manual. Listing these is not an endorsement by HHS or HRSA.

¹ *Caring for Those in Custody: Identifying High Priority Needs To Reduce Mortality in Correctional Facilities* | National Institute of Justice.

<https://nij.ojp.gov/library/publications/caring-those-custody-identifying-high-priority-needs-reduce-mortality-0>. Accessed 15 Sep. 2025.

² Initiative, Prison Policy. *Why Jails and Prisons Can't Recruit Their Way out of the Understaffing Crisis*.

<https://www.prisonpolicy.org/blog/2024/12/09/understaffing/>. Accessed 15 Sep. 2025.

³ "Corrections Staffing Shortages Offer Chance to Rethink Prison." Vera Institute of Justice, 7 Jul. 2018, <https://www.vera.org/news/corrections-staffing-shortages-offer-chance-to-rethink-prison>.

⁴ "Mass Incarceration Is a Public Health Crisis." *Vera Institute of Justice*, 7 Jul. 2018, <https://www.vera.org/news/mass-incarceration-is-a-public-health-crisis>.

⁵ Comer, Amber R. "Care of Patients Who Are Incarcerated." *AMA Journal of Ethics*, vol. 27, no. 4, Apr. 2025, pp. 277–82. *journalofethics.ama-assn.org*, <https://doi.org/10.1001/amajethics.2025.277>.