

Health Status and Access to Care for Inmates Is Substandard Across the Country

Wilper AP, Woolhandler S, Boyd JW, et al. *The health and health care of US prisoners: results of a nationwide survey. Am J Public Health* 2009 Jan 15 [Epub ahead of print].

Study Overview

Objective. To assess the prevalence of chronic medical conditions, mental illness, and access to health care among U.S. inmates.

Design. Retrospective cross-sectional cohort study.

Setting and participants. Data were analyzed from the 2004 Survey of Inmates in State and Federal Correctional Facilities (SISFCF) and the 2002 Survey of Inmates in Local Jails (SILJ). The 2004 SISFCF was an in-person demographic, criminal justice, and health survey of 308 state and 42 federal prisons across the United States conducted between October 2003 and May 2004. The survey used a multistage sample design and had a response rate of 89.1% (14,499/16,152 inmates) in state prisons and 84.6% (3686/4253 inmates) in federal prisons. The 2002 SILJ used a similar multistage design and scope as the SISFCF and surveyed inmates in 651 local jails across the United States; the response rate was 84.1% (6982/7750 inmates). The surveys were weighted to adjust for sample design and nonresponse in order to yield national estimates. Nonresponse rates were low (< 6.3% on all measures).

Main outcome measures. Inmates' self-reported prevalence of common chronic medical and mental illness conditions that require ongoing treatment, serious injuries sustained while incarcerated, and health care received during incarceration. Crude and age-adjusted prevalence of selected con-

ditions were compared with data from the 2003–04 National Health and Nutrition Examination Survey. Five standard access to medical care measures were developed and included access to medical examinations, pharmacotherapy, prescription medication, laboratory tests, and adequacy of acute care for serious injury or assault. For inmates who disclosed a history of mental illness, receipt of medication and access to counseling services were measured.

Main results. Overall, local jails held 631,341 inmates in 2002, while state prisons held 1,225,680 inmates and federal prisons held 129,196 inmates in 2004. The majority of inmates were male, aged < 35 years, parents of minor children, and either Hispanic or black. 38.5% (standard error [SE], 2.2%) of federal inmates, 42.8% (SE, 1.1%) of state inmates, and 38.7% (SE, 0.7%) of local jail inmates had at least 1 chronic medical condition (totaling 750,000 inmates). Nearly 500,000 inmates reported a previously diagnosed mental illness. The age-adjusted prevalence of chronic conditions was higher among inmates than among the general population. For inmates with persistent medical problems, 13.9% (SE, 4.5%) of federal, 20.1% (SE, 2.1%) of state, and 68.4% (SE, 1.1%) of local jail inmates had not received a medical examination since incarceration. Following a serious injury or assault, 7.7% (SE, 10.6%) of federal, 12% (SE, 4.6%) of state, and 24.7% (SE, 3.9%) of local jail inmates did not receive a medical examination. Among inmates with a mental condition ever treated with a psychiatric medication, only 25.5% (SE, 7.5%)

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of federal, 29.6% (SE, 2.8%) of state, and 38.5% (SE, 1.5%) of local jail inmates were taking a psychiatric medication at the time of arrest. Notably, 69.1% (SE, 4.8%) of federal, 68.6% (SE, 1.9%) of state, and 45.5% (SE, 1.6%) of local jail inmates were restarted on a psychiatric medication after arrest.

Conclusion. A large number of inmates with serious chronic physical and mental illness fail to receive basic care while incarcerated. A significant proportion of inmates do not receive a medical examination following a serious injury. Among inmates with mental illness, a majority were off their treatments at the time of arrest but restarted once incarcerated.

Commentary

The United States incarcerates more people per capita (756 per 100,000) than any other country in the world [1], and the prison population has quadrupled to 2.3 million (almost 1% of the population) over the past quarter century [2]. Previous national and local studies of prisons documented poor access to health care and insufficient quality of care [3,4]. However, inmates appear to have high rates of chronic communicable and noncommunicable diseases [5,6].

Given the lack of national estimates for chronic diseases and access to care among the incarcerated population, the study by Wilper et al aimed to fill this knowledge gap using nationally representative data sets. The study found that a high proportion of inmates with chronic mental and physical illnesses fail to receive basic medical care while incarcerated or while injured during incarceration. Notably, a large proportion of inmates had a history of mental illness, and most of these inmates were not on medication at the time of arrest. Access to care appeared to be uniformly worse in local jails than in state and federal prisons.

This study was a well-conducted analysis of 2 nationally representative data sets that included detailed measures of demographic and health status variables. Response rates to the survey were high, and the surveys were anonymous and confidential. Comparisons with validated general population data as well as use of rigorous sampling and weighting

techniques enabled the researchers to project reasonable national estimates for the outcome variables.

A few limitations deserve note. The worse performance of jails could be due to shorter incarceration times as opposed to poorer care facilities and inadequate identification of medically needy inmates. No information on quality of care received was available. Finally, because data were self-reported, responses could not be validated.

Applications for Clinical Practice

Incarcerated inmates represent a rapidly growing and medically needy subsegment of the population. Given the large numbers of incarcerated inmates and high rates of chronic disease, improving access and provision of quality health care should not only be a high priority but may also represent a unique public health opportunity to make meaningful health improvements for this marginalized group. Finally, high rates of mentally ill inmates who were undermedicated at the time of arrest suggest that strengthening the outpatient mental health network of services may be an approach to reducing crime and improving mental health outcomes.

—Review by Asaf Bitton, MD

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