

Chapter 2. History of the Project

This chapter describes how *The Health Status of Soon-To-Be-Released Inmates* project was conducted. The project involved three expert panels, a mail survey of State departments of corrections, commissioned papers, and the development of policy recommendations based on empirical evidence of need and effectiveness. A Steering Committee coordinated the work.

Steering Committee

The cooperative agreement between the National Institute of Justice (NIJ) and the National Commission on Correctional Health Care (NCCHC) was signed in spring 1997. Shortly thereafter, NCCHC established a steering committee to guide the project. The members, identified in “Steering Committee Members,” met six times to set priorities, develop and update a project work plan, and monitor progress toward project goals.

During the planning stages of the project, several NIJ staff members helped significantly in developing the project work plan. These staff included Cheryl Crawford, Deputy Director, Office of Development and Communication; Sally Hillsman, Deputy Director, NIJ; Pamela Lattimore, Director, Criminal Justice and Criminal Behavior Division; and Laura Winterfield, Director, Criminal Justice and Criminal Behavior Division.

The steering committee and NIJ staff made an early decision to form three expert panels, one each on communicable disease, chronic disease, and mental illness, that would meet periodically to provide expert guidance to the steering committee.

Expert Panels

Appendix A identifies the members of the three expert panels.¹ Panel members include many of the

Steering Committee Members

B. Jaye Anno, Ph.D., CCHP–A, Consultants in Correctional Care

R. Scott Chavez, M.P.A., PA–C, Vice President, National Commission on Correctional Health Care, Project Coordinator of *The Health Status of Soon-To-Be-Released Inmates* Project

Cheryl Crawford, M.P.A., J.D., Deputy Director, Office of Development and Communication, National Institute of Justice, U.S. Department of Justice

Andrew L. Goldberg, M.A., Social Science Analyst, National Institute of Justice, U.S. Department of Justice

Robert B. Greifinger, M.D., Chief, The Bromeen Group, Principal Investigator of *The Health Status of Soon-To-Be-Released Inmates* Project

Edward A. Harrison, President, National Commission on Correctional Health Care

John R. Miles, M.P.A., Special Assistant for Corrections and Substance Abuse, National Center for HIV, STD, and TB Prevention, Centers for Disease Control and Prevention, U.S. Department of Health and Human Services

Marilyn Moses, M.S., Social Science Analyst, National Institute of Justice, U.S. Department of Justice

Laura Winterfield, Ph.D., Director, Criminal Justice and Criminal Behavior Division, National Institute of Justice, U.S. Department of Justice

Nation's most respected researchers, practitioners, and scholars in the fields of public and correctional health care. Centers for Disease Control and Prevention (CDC) staff helped guide the scholarly work of the expert panels.

The steering committee asked each expert panel to:

- Estimate the extent of illness among inmates for the more common but remediable health problems.
- Identify the threat to the health status of the community from the release of inmates with untreated or undertreated illness.
- Determine the cost-effectiveness of preventing or treating these health problems.
- Identify public health opportunities among soon-to-be-released inmates.
- Develop public policy recommendations for capitalizing on these opportunities.

During these 2-day meetings held in August and September 1997, the expert panels identified the illnesses the project would examine using three criteria developed by the steering committee. The panels selected illnesses that:

- Were prevalent among prison or jail inmates.
- Involved a threat to public health or burden on public health expenditures.
- Could be effectively prevented or treated.

Based on these criteria, the communicable disease panel elected to study seven diseases:

- Syphilis, gonorrhea, and chlamydia.
- Hepatitis B and C.
- HIV/AIDS.
- Tuberculosis.

The chronic medical conditions panel chose to study three conditions:^{2,3}

- Asthma.
- Diabetes.
- Hypertension.

The mental illness panel decided to look at six disorders:

- Schizophrenia and other psychoses.
- Major depression.
- Bipolar disease.
- Dysthymia.
- Post-traumatic stress disorder.
- Anxiety.

At the direction of the steering committee, the panels identified experts to conduct research and prepare papers addressing these conditions (see *The Health Status of Soon-To-Be-Released Inmates*, volume 2).

In 1999, the steering committee reassembled the expert panels to review the draft papers that had been commissioned and the results of a survey of State departments of corrections. The panels developed policy recommendations based on the papers' and survey's conclusions. The steering committee distilled the panels' recommendations and prepared them in their final form (see chapter 7, "Policy Recommendations").

Prison Survey

While some data existed about the prevalence of HIV/AIDS, sexually transmitted diseases (STDs), and tuberculosis (TB) in the prison and jail population, little had been published in 1997 about the prevalence of hepatitis B or C and still less about the prevalence of chronic disease and mental illness among inmates. As a result, the steering committee commissioned a survey of State prison systems to collect information on the prevalence of four chronic medical conditions—asthma, diabetes, hypertension, and heart disease—and mental illness in the inmate population. The survey was also intended to identify the availability of the following information from State departments of corrections:

- Policies and procedures for discharge planning and providing medications to inmates when they are released.
- Databases on the prevalence of chronic disease and mental illness.

Papers Commissioned for the Study on *The Health Status of Soon-To-Be-Released Inmates*

Prevalence studies

The Burden of Infectious Disease Among Inmates and Releasees From Correctional Facilities (Theodore M. Hammett, Patricia Harmon, and William Rhodes)

A Projection Model of the Prevalence of Selected Chronic Diseases in the Inmate Population (Carlton A. Hornung, Robert B. Greifinger, and Soniya Gadre)

Prevalence Estimates of Psychiatric Disorders in Correctional Settings (Bonita M. Veysey and Gisela Bichler-Robertson)

Cost-effectiveness studies

Cost-Effectiveness of Routine Screening for Sexually Transmitted Diseases Among Inmates in United States Prisons and Jails (Julie R. Kraut, Anne C. Haddix, Vilma Carande-Kulis, and Robert B. Greifinger)

Cost-Effectiveness of Preventing Tuberculosis in Prison Populations (overhead slides) (Zachary Taylor and Cristy Nguyen)

Cost-Effectiveness of HIV Counseling and Testing in U.S. Prisons (Beena Varghese and Thomas A. Peterman)

What Is the Value of Immunizing Prison Inmates Against Hepatitis B? (overhead slides) (Robert Lyerla)

Cost-Effectiveness Analysis of Annual Screening and Intensive Treatment for Hypertension and Diabetes Mellitus Among Prisoners in the United States (Donna M. Tomlinson and Clyde B. Schechter)

Providing Psychiatric Services in Correctional Settings (Bonita M. Veysey and Gisela Bichler-Robertson)

Other paper

Communicable Diseases in Inmates: Public Health Opportunities (Jonathan Shuter)

- Information about the health status of inmates recently released into the community.

In December 1997, the National Commission on Correctional Health Care sent a mailback questionnaire (see appendix C), designed by a member of the steering committee,⁴ to corrections officials in each State, the District of Columbia, and the Federal Bureau of Prisons. At least two calls were made to departments that did not return the questionnaire to request their participation in the survey again. Responses were received from 41 of 52 systems.⁵ Four public health experts analyzed and reported on the survey results.⁶

Commissioned Papers

The steering committee commissioned eight papers and two presentations from nationally known experts in the correctional and public health care fields, some of whom were already members of the expert panels. The papers and presentations focused on three areas:

- Estimating the prevalence of the selected diseases in prisons and jails.
- Identifying effective prevention, screening, and treatment programs that could be implemented in prisons and jails to address these diseases.

- Determining whether it would save money or be cost effective to prevent, screen for, or treat these diseases.

“Papers Commissioned for the Study on *The Health Status of Soon-To-Be-Released Inmates*,” lists the papers and presentations that were commissioned. Volume 2 of this report provides the complete set of papers. The papers represent the principal empirical support for the policy recommendations the project developed.

Need for Further Research

The survey of departments of corrections was originally designed as the first phase of a two-stage survey research plan. The information provided by the first phase of the survey was expected to enable the steering committee to identify State prison systems with the most comprehensive data on the health status of their inmate populations and on the health status of inmates whom they had recently released into the community. The second phase of the survey research plan called for selecting a sample of prison facilities in these departments at which selected medical records could be reviewed to collect comprehensive data on the health status of a sample of inmates who had recently been released into the community. The review would have focused on the prevalence of communicable disease, chronic disease, and mental illness, and provisions for continuity of health care.

The planned second phase of the survey was not conducted because the steering committee determined that obtaining a representative national sample of medical records would require a massive study beyond the project’s available time and resources. The steering committee believes, however, that a national program for surveillance and reporting systems for tracking these conditions is of critical importance for quality management and research in correctional health care (see chapter 7, “Policy Recommendations”).

Notes

1. Appendix B provides brief biographies of all those who contributed to the project.
2. The steering committee concluded that it might still be cost effective to address hypertension and diabetes, even though these diseases might be less prevalent among inmate populations than among other adults (e.g., because of inmates’ younger average age). The committee came to this decision for three reasons. First, the inconvenience and cost of being diagnosed or treated are negligible to inmates. Although there may be copayments for some acute and chronic disease services, inmates do not lose income or have to give up leisure time while using health care system resources for screening or treatment of these conditions. Second, followup and adherence to dietary and medical regimens for these conditions can be encouraged in the prison or jail environment to a greater extent than outside. Third, it is cost effective to diagnose and treat these diseases in terms of the many years these inmates will be in the community following release (Tomlinson, D.M., and C.B. Schechter, “Cost-Effectiveness Analysis of Annual Screening and Intensive Treatment for Hypertension and Diabetes Mellitus Among Prisoners in the United States,” paper prepared for the National Commission on Correctional Health Care, Chicago, IL, n.d. (Copy in volume 2 of this report.)
3. The steering committee initially considered examining heart disease among inmates. The committee concluded that, because of the low prevalence of manifest disease, it was more important to concentrate on preventing chronic disease. See the policy recommendations related to chronic disease in the executive summary and chapter 7.
4. B. Jaye Anno.
5. No response was obtained from the Federal Bureau of Prisons or from 10 States that together at the time housed 200,000 inmates. The responses received from 40 States and the District of Columbia

were of limited value. Several of the States provided very few reliable data; either questions were not answered or clearly erroneous answers were provided. Instead of providing the number representing the proportion of the total inmate population with asthma, several systems provided a number representing the ratio of asthma patients to other patients who were currently in the hospital. Other systems reported that fewer than 10 inmates in a prison population of more than 10,000 suffered from asthma. Several considerations may account for missing or incomplete data. The departments of corrections may not have had the data or had it accessible; they may

have lacked confidence in the reliability of their data; or their health care units may not have had data analysts with the expertise to collect, store, analyze, or report the data properly. Some surveys may have not reached correctional staff with access to the requested data.

6. Hornung, C.A., B.J. Anno, R.B. Greifinger, and S. Gadre, "Health Care for Soon-To-Be- Released Inmates: A Survey of State Prison Systems," paper prepared for the National Commission on Correctional Health Care, Chicago, IL, 1998. (Copy in volume 2 of this report.)