

THE HEALTH STATUS OF SOON-TO-BE-RELEASED INMATES

A Report to Congress
Volume 1

National Commission on
Correctional Health Care



The Health Status of Soon-To-Be-Released Inmates

Volume 1

March 2002

This project was supported by cooperative agreement 97-IJ-CX-K018 awarded by the National Institute of Justice, Office of Justice Programs, U.S. Department of Justice. It was awarded to the National Commission on Correctional Health Care. Points of views in this document are those of the authors and do not represent the official position or policies of the U.S. Department of Justice.

This report fulfills the reporting requirements of Public Law 104-208 as set forth in the Conference Reports for HR 3610 and HR 3814.

Preface

Through the mid-1990s, a number of studies, limited in scope, found a higher prevalence of certain infectious diseases, chronic diseases, and mental illness among prison and jail inmates. Further, each year the Nation's prisons and jails release more than 11.5 million inmates. The potential that ex-offenders may be contributing to the spread of infectious disease in the community became of increasing concern. In addition, as these ex-offenders' diseases get worse, society may have to pay substantially more to treat them than if these conditions had been treated at an earlier stage—or prevented altogether—while these individuals were still incarcerated.

In 1997 Congress instructed the U.S. Department of Justice to determine whether these concerns were well founded and, if so, to recommend solutions. The National Institute of Justice (NIJ), the research arm of the Department of Justice, entered into a cooperative agreement with the National Commission on Correctional Health Care (NCCHC) to study the problem. *The Health Status of Soon-To-Be-Released Inmates* report is the result of that research.

The NCCHC commissioned a series of papers (summarized in volume 1 of this report and provided in full in volume 2) that documents indisputably that tens of thousands of inmates are being released into the community every year with undiagnosed or untreated communicable disease, chronic disease, and mental illness. Another set of commissioned papers clearly shows that it not only would be cost effective to treat several of these diseases, but in several instances, it would even save money in the long run.

The report concludes with policy recommendations designed to improve disease prevention, screening, and treatment programs in prisons and jails. The recommendations have been carefully crafted. First, they are based on a consensus among a number of the Nation's leading experts in correctional health care and public health. Second, they propose interventions for which there is strong, and in many cases overwhelming, scientific evidence of therapeutic effectiveness. Third, they reflect a realistic consideration of what correctional systems can reasonably be expected to accomplish.

There are serious political, logistical, and financial barriers to improving health services in prisons and jails. As documented in this report, however, a number of jurisdictions have found ways to overcome some of these barriers, often through collaborations with public health departments and national or community-based organizations.

Prisons and jails offer a unique opportunity to establish better disease control in the community by providing improved health care and disease prevention to inmates before they are released. Implementing the recommendations in this carefully researched report will go a long way toward taking advantage of this opportunity and contribute significantly to improving the health of both inmates and the larger community.

Edward A. Harrison, CCHP

President

National Commission on Correctional Health Care

Project Steering Committee

A steering committee coordinated the work and provided expert guidance to this project.

Robert Greifinger, MD, Principal Investigator
National Commission on Correctional Health Care
Chicago, Illinois

B. Jaye Anno, PhD, CCHP-A
Consultants in Correctional Care
Santa Fe, New Mexico

R. Scott Chavez, MPA, PA-C, CCHP
National Commission on Correctional Health Care
Chicago, Illinois

Andrew Goldberg, MA
National Institute of Justice
Washington, D.C.

Edward A. Harrison, MBA, CCHP
National Commission on Correctional Health Care
Chicago, Illinois

John Miles, MPA
Centers for Disease Control
Atlanta, Georgia

Marilyn Moses, MS
National Institute of Justice
Washington, D.C.

Cheryl Watson, MPA, JD
National Institute of Justice
Washington, D.C.

Laura Winterfield, PhD
National Institute of Justice
Washington, D.C.

Contents

Preface	iii
Executive Summary	ix
Introduction	ix
History of the Project.....	ix
Prevalence of Communicable Disease, Chronic Disease, and Mental Illness	
Among the Inmate Population	x
Improving Correctional Health Care: A Unique Opportunity to Protect Public Health.....	xii
Corrections’ Mixed Record of Compliance With National Clinical Guidelines.....	xii
Cost-Effectiveness of Prevention, Screening, and Treatment of Disease Among Inmates.....	xiii
Barriers to Effective Prevention, Screening, and Treatment—and Overcoming Them	xiv
Policy Recommendations	xv
Notes	xix
1. Introduction	1
Organization of the Report	1
Problem of Untreated Prison and Jail Inmates	2
Window of Opportunity	4
Preventing and Treating Disease in Prisons and Jails Are Cost Effective	4
Need for Scientific Data on Inmate Health	5
Notes	5
2. History of the Project	9
Steering Committee	9
Expert Panels	9
Prison Survey	10
Commissioned Papers.....	11
Need for Further Research	12
Notes	12
3. Prevalence of Communicable Disease, Chronic Disease, and Mental Illness	
Among the Inmate Population	15
Communicable Disease.....	15
Chronic Disease	20
Mental Illness.....	22
Notes	26
4. Improving Correctional Health Care: A Unique Opportunity to Protect Public Health	29
Current State of Correctional Prevention, Screening, and Treatment Programs.....	29
Corrections’ Mixed Record of Compliance With National Guidelines.....	31
Implications: A Significant Opportunity to Intervene	32
Notes	33

5. Cost-Effectiveness of Prevention, Screening, and Treatment of Disease Among Inmates	35
Cost-Effectiveness of Prevention, Screening, and Treatment.....	35
Communicable Disease.....	35
Chronic Disease	38
Moving Beyond Cost-Effectiveness	39
Conclusion	45
Notes	45
6. Barriers to Prevention, Screening, and Treatment—and Overcoming Them	49
Barriers to Improved Prevention, Screening, and Treatment	49
Solutions	53
Conclusion	57
Notes	57
7. Policy Recommendations	59
Background to the Policy Recommendations.....	59
Policy Recommendations	59
Recommended Actions by Government Agencies	64
Bibliography	64
Notes	68

Appendixes

Appendix A	NCCHC/NIJ Project Participants, Author/Experts, Consultants
Appendix B	Biographies of Contributors
Appendix C	Prevalence of Chronic Diseases and Chronic Mental Disorders in Prisons: NCCHC/NIJ Survey Instrument
Appendix D	Sample Draft Clinical Guidelines
Appendix E	Information About the National Commission on Correctional Health Care and Its Position Statements

List of Tables

Table 3–1	National Estimates of Selected Infectious Diseases Among Inmates and Releasees and Prevalence in U.S. Population
Table 3–2	National Estimates of Prevalence of Three Chronic Diseases Among Inmates in Prisons and Jails and in the Total U.S. Population, 1995
Table 3–3	National Estimates of Six Psychiatric Disorders Among Prison and Jail Inmates and Prevalence in U.S. Population, 1995
Table 4–1	States Reporting Systemwide Treatment Protocols for Chronic Disease (<i>n</i> = 41)

List of Figures

- Figure 3–1 Releasees With Selected Infectious Diseases as a Proportion of the Total U.S. Population With Each Disease, 1996
- Figure 3–2 National Estimates of Prevalence of Three Chronic Diseases Among Inmates in Prisons and Jails and in the Total U.S. Population, 1995
- Figure 3–3 Jails: Estimated Prevalence of Six Mental Illnesses Among Inmates in 1995 Compared With Prevalence Rates for the Total U.S. Population in the Early 1990s
- Figure 3–4 State Prisons: Estimated Prevalence of Six Mental Illnesses Among Inmates in 1995 Compared With Lifetime Prevalence Rates for the Total U.S. Population in the Early 1990s
- Figure 3–5 Federal Prisons: Estimated Prevalence of Six Mental Illnesses Among Inmates in 1995 Compared With Lifetime Prevalence Rates for the Total U.S. Population in the Early 1990s