IDENTIFICATION OF HEALTH CARE PROBLEMS IN A COUNTY JAIL

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ABSTRACT: The health care needs of prisoners often are not systematically addressed. To evaluate the ability of a questionnaire, that is administered at the time of arrest, to identify inmates’ medical problems and to predict subsequent use of care, we reviewed and analyzed medical records and questionnaires for 594 individuals incarcerated in a county jail. Only 54% of subjects had a completed questionnaire filed in a medical record; the questionnaire identified only 48% of persons who eventually sought care for such major problems as drug and alcohol abuse and cardiopulmonary disease. No question screened for psychiatric problems, even though five percent of subjects were diagnosed as having major psychiatric disorders during their incarcerations. On the other hand, many items addressed problems that were far less common. Uniform screening of prison populations may be effective if conducted with greater rigor and better instruments than were employed in the institution studied. Health care for inmates might be served better by universal screening and follow-up, targeted to such important problems as drug and alcohol abuse and psychiatric disorders.

Even though hundreds of thousands of Americans are incarcerated in prisons and jails, relatively little is known about the health care that is provided to this population, especially to those among them who are in short-term institutions. A number of studies have documented that prisoners are not a healthy population, and that they have a high frequency of medical complaints, problems and prior hospitalizations. High prevalences of tuberculosis, seizure disorders, major psychiatric disturbances, trauma and sexually transmitted diseases have been reported.

While most efforts to improve the medical conditions in these institutions have been mandated by the courts, often as a result of class action litigation, one notable voluntary initiative has been an accreditation program supported by the American Medical Association. An important
component of this program is the administration of a health history questionnaire at the time of arrest. If the form is to be an effective component of an institutional health program, it should be used appropriately, identify most important problems and lead to appropriate follow-up of positive findings. This study was undertaken to determine how the information generated from the health history questionnaire developed in one local correctional facility was used by clinicians in that institution.

Our specific objectives were to determine how often the completed questionnaire was available to medical officers in the facility; the appropriateness of the medical questions asked on the questionnaire, as reflected in the prevalence of positive responses to items it contained; the effectiveness of follow-up to positive responses by the medical staff; and the overall pattern of utilization of care in the facility.

METHODS

The study was conducted retrospectively using the records of a medium-sized county correctional facility in California. All inmates incarcerated on July 6, 1983, according to the facility’s roster of the day, became subjects of the study. All names were checked to determine if a medical chart existed for each inmate.

The health history questionnaire is a two page instrument. It inquires about the inmate’s health insurance status, asks a series of specific questions about particular medical problems and asks open-ended questions about medications taken, allergies and other medical problems. The questionnaire is administered by a deputy at the time of arrest. It is then given to a physician assistant (one is supposed to be on duty at all times), who reviews the responses to determine if medical attention is warranted.

Using a standardized form, we abstracted the following information: basic demographic data and information relating to the nature and time of arrest; whether and when a health history questionnaire was placed in the chart; the answers to the items in the questionnaire; data from clinical visits, including the date of the visit, the presenting complaint, the physical findings, laboratory results and any medication prescribed; and the relationship of visits to information obtained in the questionnaire.

Questionnaire availability was calculated by determining the proportion of completed forms in the medical charts within 24 hours of admission to the facility. Responses to each of the questions relating to specific medical conditions were tabulated. Medical charts of those inmates with positive responses were reviewed to determine what clinical decisions, if any, were made on the basis of those responses.

The problems responsible for each medical visit were categorized as follows: trivial complaints, probably not requiring a visit; acute problems requiring a visit during the current incarceration; chronic problems which may require a visit; or urgent problems. These categories were developed by an internist, who