ANALYSIS OF INMATE/PATIENT PROFILE DATA

American Medical Association's
Program to Improve Medical Care and Health
Services in Jails

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I. INTRODUCTION

In June of 1975, the American Medical Association (AMA) received a grant from the Law Enforcement Assistance Administration (LEAA) to conduct a program to improve health care in the nation's jails. The AMA, in turn, sent out a Request for a Proposal to all interested state medical societies and subsequently selected six of them to serve as subgrantees. The successful applicants included medical societies in three mid-Western states (Indiana, Michigan and Wisconsin), one Southern state (Georgia), one on the East Coast (Maryland), and one on the West Coast (Washington).

Each of these medical societies then selected between three to seven jails in its state to serve as pilot sites.[1] Their next step was to develop a pre-profile of the jails and their existing health care delivery systems.[2] The purpose of this data collection activity was twofold. First, the information obtained was to be used by the states to identify deficiencies in the jails so that model health care delivery systems could be designed to correct them. Second, the data was to serve as the baseline profile from which subsequent changes in the delivery systems could be measured.

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[1] A total of thirty pilot jails was selected in the six states.

[2] This data collection activity is hereinafter referred to as the "Jail Pre-profile" or the J P-P."

The aggregate results of the J P-P have been analyzed and are available in a separate report.[3/] This report focuses on the second major baseline data collection activity, namely, the Inmate/Patient Profile or the "I/PP." Whereas the J P-P was designed to elicit information regarding deficiencies in the thirty pilot jails' health care delivery systems, the I/PP was designed to determine what consequences these deficiencies had on the health status of inmates. In other words, the I/PP process sought to answer two important questions: Did inmates have health care needs that were neither identified nor treated by the pilot jails, and if so, what was the significance of the jails' failure to discover and treat these illnesses?

It was anticipated that the data obtained from the I/PPs would be used by the states to help them establish priorities for initiating changes in their pilot jails' delivery systems. In addition, the first year I/PP results will be used as a baseline to evaluate changes in the extent of undetected and untreated illnesses in the pilot jails as well as changes in inmates' perception of jail health care services when this process is repeated in subsequent years. The present report, however, is simply a description of the aggregate results obtained from the first Inmate/Patient Profile process.

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[3] B. Jaye Anno, "Analysis of the Jail Pre-Profile Data from the American Medical Association's Program to Improve Health Care in Jails." Washington , D.C.: Blackstone Associates June, 1977. Hereinafter referred to as "Analysis of the J P-P."

II. METHODOLOGY AND LIMITATIONS OF DATA COLLECTED

A. Forms and Procedures

1. Introduction

The first draft of the I/PP forms and methodology was presented to the six state project directors and their medical advisors at a meeting held in Chicago, Illinois on April 14, 1976. In addition to the feedback received at that meeting, subsequent contacts with staff members from each state, with physician representatives of the AMA National Advisory Committee and with the AMA central program staff resulted in further suggestions to improve the forms and procedures.

Feedback on and revision of the I/PP forms and process continued through May. By the first week of June, the forms and procedures had been finalized. Copies of the forms, along with detailed instruction sheets regarding their use, were then mailed to the six state project directors and the AMA central staff. In addition, the consultant made on-site visits to each of the states to provide further technical assistance (TA) regarding the implementation of the I/PP process.

2. Content of the I/PP Forms

Specifically, the I/PP forms consisted of the following items:

a. A detailed Instruction Sheet for completing the two major forms (letters e and f, below);

b. A packet of procedural forms including instructions for sampling; a suggested list of space, personnel and equipment needs; and

a sample explanatory statement of the AMA's program and the I/PP process to be used when soliciting inmates' participation;

c. A packet of administrative forms including a Master List to keep track of the I/PP participants; a Key to read the State/Jail code numbers; and a form to record the lab test results;

d. An "Informed Consent" sheet developed by the AMA legal staff for inmates to sign after the AMA program and the I/PP process had been explained to them and they had agreed to participate;

e. A Health Status Profile sheet; and

f. An Inmate Assessment sheet.[4]

As they were the primary data forms, these last two items warrant further explanation.

A Health Status Profile sheet was administered to each inmate agreeing to participate. It began with a few items regarding the inmate's demographic characteristics. This "Basic Data" section was followed by a health history section which was designed to determine the inmate's previous health problems and the types of care received. Here, also, were questions regarding the inmate's use of alcohol and drugs with particular emphasis on sustained usage which may have resulted in withdrawal symptoms upon admission to the jail. There was also a review of the inmate's current complaints and symptoms which were subsequently

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[4]Copies of forms utilized in the Inmate/Patient Profile process may be found in Appendix B.

verified through a physical examination. In addition, the inmate's vital signs were checked and lab tests were performed for three communicable diseases as well as for possible urine abnormalities.

If the inmate had been at one of the pilot jails for a week or longer at the time the I/PPs were done, an Inmate Assessment sheet was also administered. This form was designed to elicit the "consumer's" view of the health care offered in the pilot jails and any problems associated with it from their perspective. Since not all of the participants would be completing this section, the Inmate Assessment sheet was issued as a separate form. To further distinguish it from the Health Status Profile sheet, the two forms were color coded. The former is sometimes referred to as the "Yellow Sheet" while the latter is referred to as the "White Sheet."

3. Logistics of Performing the I/PPs: Staffing Supplies and Equipment

As suggested by the content of the forms, the number and type of staff required to conduct the I/PPs was substantial. At each jail where the I/PPs were to be performed, the minimum staffing required included:

a. One or two medical society individuals to explain the program to inmates, obtain signed consent forms, fill out or monitor the completion of the basic data and health history sections and interview inmates to complete the Inmate Assessment forms;

b. One or two allied health personnel (e.g., EMTs, RNs, LPNs, lab technicians, etc.) who were qualified to take vital signs and perform the necessary functions for the laboratory tests; and

c. One or two individuals who were qualified to perform physical examinations (e.g., MDs, DOs, PAs, Nurse Practitioners or medical students).

The states were also expected to perform all of the I/PPs in any given jail on a single day in order to minimize the attrition of the sample size due to rapid turnover of jail populations. Therefore, in the larger jails where at least fifty I/PPs were expected to be completed in one day, more staff of each type was needed than that listed above.

In addition, supplies had to be obtained for a number of different procedures for each inmate expected to participate in the I/PP. A partial list of such items included tongue depressors, thermometers, inmate identification equipment for four different lab tests, alcohol, swabs, tuberculin syrum, disposable syringes, urine specimen cups, urine dip sticks, vacutainer tubes, holders, needles, disposable gloves and jelly. It should be noted that in most cases the supplies were required <u>per inmate</u> and that the number of inmates expected to participate was several hundred. Also, three of the lab tests required analysis beyond that which could be immediately performed, and hence, additional arrangements for laboratory analysis had to be made.

Beyond securing sufficient staffing and supplies, the logistics of completing the I/PPs were complicated by other

factors. First, the states had to solicit permission and co-operation from the correctional administrators in each of the thirty pilot jails to conduct the I/PPs. While this process was potentially beneficial to the inmates involved, it was also potentially disruptive of the jail's usual routine. Further, the presence of non-jail staff and the necessary increase in "inmate traffic" represented an additional security risk.

Second, finding adequate space in the jails to accomodate the I/PP procedures was often problematical. Since most of the jails did not have a series of empty rooms where separate pieces of the I/PP could be performed, makeshift arrangements had to be made.

Third, since a number of even the larger jails did not have in-house medical facilities,[5] it was often necessary to transport equipment such as a scale, blood pressure apparatus, physician instruments and even examining tables to the jails.

Finally, and most importantly, the state medical societies' first year funding was in no way sufficient to cover the costs of conducting the I/PPs if all staffing, lab analyses, supplies and equipment had to be paid for. Therefore, if the I/PPs were to be done at all, the states had to find health professionals who would volunteer to do the work and health agencies which would donate most, if not all, of the necessary equipment and supplies.

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[5] See pages 34-45, "Analysis of the J P-P," supra at note 3.

In spite of all the potential difficulties that could have thwarted this data collection activity, at least some I/PPs were conducted in all of the pilot sites with one exception.[6] None of the sheriffs or correctional administrators in charge of the jails refused permission to conduct the I/PPs. In fact, most of them were extremely cooperative in a number of ways, including assigning additional security personnel so that the movement of inmates from station to station could be accomplished quickly and smoothly.

Further, all of the medical societies were able to find agencies willing to donate most, if not all, of the required supplies. In addition, the state Pilot Project Directors (PPDs) located institutions or agencies willing to provide staff without charge to conduct the lab tests and, in many instances, to perform the subsequent lab analyses as well.[7] These donations of staff and supplies usually came from state or county public health departments or local hospitals, or in a few cases, from the jail's own medical facility.

The PPDs were also able to locate health professional volunteers to complete other aspects of the I/PP such as obtaining health histories or taking vital signs. Finally, with the

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[6] See explanation on pages 13 - 15 of this report.

[7] It was sometimes the case that donors for all but one type of lab test could be found. For example, the SGPT test for hepatitis is apparently expensive to administer and analyze, and while an agency was willing to perform the other lab work for free, it felt compelled to charge for the SGPT. Where this occurred, and where the cost of performing the test was prohibitive (e.g., $8-$12 per inmate), the states were exempted from doing this particular test in a particular jail.

exception of one state, all of the professional time and services required to perform the actual physical examinations was donated by local physicians or other qualified personnel.

In short, conducting the I/PPs was a tremendous undertaking. Considering the sheer logistics, that they were completed at all is a tribute to the support and cooperation of the correctional personnel in the pilot jails, to the perseverance and persuasiveness of the six state medical society staffs, and in particular, to the dedication of physicians and other health care professionals who demonstrated their commitment to improving medical services in jails by volunteering their time and services.

4. Time Period

For obvious reasons -- most notably, the necessary preparations that had to be made and the staffing requirements -- the I/PPs could not be conducted simultaneously in all thirty jails. In fact, since the preparations needed, the problems encountered in soliciting staff and supplies, and the difficulties incurred in scheduling the I/PPs were expected to vary from jail to jail, no attempt was made to specify exact dates when the data should be collected. The only time guidelines given to the state staffs, then, were general ones.

First, they were told to try to pick a "typical day" as opposed to a holiday or a peak load day (such as after the weekend), or a particulary busy day (such as one when a number of inmates were going to court). Second, they were told to try

to do all of the I/PPs in a single day in order to minimize the number of inmates who might be released before the data collection could be completed. Third, they were told that all of the data had to be in by November 1. In most instances, these guidelines were followed.

As far as it could be determined, the days selected by the states to conduct the I/PPs were "typical" days -- at least none of the PPDs indicated that this was not the case. With few exceptions, the I/PPs were conducted at any given jail on a single day, although in the larger facilities, the sample was sometimes pulled the day or night before. In one case, inmates were interviewed and examined on two consecutive days, while in another jail data was collected on half of the sample one day and on the remainder a week later. In a third jail, data was collected only on new admissions over the course of a three week period.

The first I/PP data collection took place on June 7, 1976, in Wisconsin. By the cut-off date of November 1, only two of the states had completed I/PPs in all of their pilot jails. The other four states had at least one facility each where I/PPs had not yet been performed. By the second week in December, however, all of the states had been through the I/PP process in all of their pilot sites as required.

5. Sample Size and Sampling Procedures

a. Methodology

For any given pilot jail, the number of inmates on whom the I/PP was to be done varied with the size of the jail population itself. Methodologically speaking, it has been well established that the smaller the total population size, the larger the sampling proportion must be in order to increase the chances of obtaining a representative group. Conversely, if the total population size is large (e.g., greater than fifty), then the sampling proportion may be smaller.[8] Therefore, the sample size for I/PPs conducted in the pilot jails was determined according to the following guidelines:

-- Where the average daily population (ADP) was less than fifty inmates, all of the inmates who were at the jail on the day the I/PPs were conducted were to be interviewed and examined (if they agreed).

-- Where the ADP was greater than or equal to fifty inmates, a minimum of fifty cases were to be randomly selected.

Of the thirty pilot jails, seventeen had ADPs in 1975 that were less than fifty inmates and thirteen had ADPs that were greater than fifty. Thus, the medical societies were expected to perform I/PPs on everyone in jails in this first group, while they had to select a sample of fifty inmates in each of the jails in the latter group.

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[8] See e.g., the discussion regarding the "law of large numbers" and sample size in Hubert M. Blalock, Social Statistics. New York: McGraw-Hill Book Co., Inc. (1960), pp. 138-142.

Where sample selection was necessary, it should be noted that the process was not strictly "random" as that term is usually understood by researchers.[9] Time and resources did not permit the luxury of assigning each inmate in the jails a number and then pulling the samples from a table of random numbers. In part, this was due to the fact that complete daily listings of each jail's total population were not readily available in usable form,[10] and in part, because the number of inmates in these larger jails was often several hundred. Therefore, an alternative sampling procedure was used.

For any given large jail, the medical society Pilot Project Directors (PPDs) were told to accumulate the names of the jails' inmates in one central location and then to pick any one case "at random." After the first cases had been selected, the remaining cases were to be pulled according to the formula of "M" divided by "N," where "M" equaled the jail's ADP and "N" equaled

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[9] To the lay person, "random selection" is usually interpreted to mean "chance selection." To the researcher, however, "random" selection is restricted to those instances where every member of a population has an equal and independent chance of being selected. See, e.g., pp. 108 - 109 in Blalock, supra at note 8.

[10] For example, none of the larger jails had printouts or sheet listings of the inmates in their jails on any given day since the rapid turnover of the jails' populations would make these lists obsolete almost as soon as they were printed. Rather, most of them used some type of card file which could be continuously updated. These card files were not always in a central location, however. In some jails they were kept by floor or by tier. Thus, to do a true random sampling, it would have been necessary to write the name of each inmate down (which in one jail was over 1,500 names), assign each a number, and then select fifty cases using a table of random numbers as a guide.

the desired sample size. Thus, for example, if the jail had an ADP of 1,000 inmates and the PPD wanted to select fifty cases, the sampling ratio was one to twenty. This meant that after the first case had been selected, every twentieth case after that would be selected until a total of fifty cases had been pulled.

It should also be noted that no attempt was made to stratify the samples in the thirteen larger jails. This was again due to time and resource considerations as well as the fact that no reliable statistics existed reflecting demographic characteristics of the total populations in the pilot jails to begin with.[11/]

b. Response rates

On the basis of the methodology, the total sample in all thirty pilot jails should have been about a thousand inmates. However, given the different number and size categories of the jails selected in each state,[12/] the potential workload in the six projects varied significantly. Maryland, with seven jails (all but one of which had ADPs of greater than fifty), would have had to do more than 300 I/PPs, while Washington and Wisconsin would only have had to do about one hundred each. Thus, some initial adjustments were necessary.

In order to bring Maryland's workload more in line with the others, it was agreed that two sites could be dropped. One of the jails selected was Jail 3-4. Since it already had

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[11] See the discussion and figures on pages 6 - 7 and 23 - 33, in "Analysis of the J P-P," supra at note 3.

[12] See Table I on the next page.

Table I [13]

Number, Size and Locale of the Pilot Sites by State

State	Total Number of Jails	Number of Jails by Size*			Geographic Locale**		
		Small	Medium	Large	Rural	Suburban	Urban
GEORGIA	5	2	1	2	3	1	1
INDIANA	7	3	2	2	5	1	1
MARYLAND	7	1	4	2	2	4	1
MICHIGAN	4	1	2	1	2	1	1
WASHINGTON	4	2	2	0	4	0	0
WISCONSIN	3	1	1	1	2	0	1
TOTAL	30	10	12	8	18	7	5

*Size designations were based on the categories used by LEAA in its jail surveys. "Small" jails have average daily populations (ADPs) of 20 or fewer inmates; "medium-sized" jails have ADPs of 21 to 249 inmates; and "large" jails have ADPs of 250 or more inmates.

**Geographic locale designations were based on the general population size of the area served by the jail. Boundaries were arbitrarily set as follows:

Rural = population size of less than 110,000;
Suburban = population size of 110,000 - 700,000;
Urban = population size of over 700,000.

The actual population ranges for these categories were:

Rural = 2,500 to 108,000;
Suburban = 250,000 to 690,000;
Urban = 828,000 to well over 1,000,000.

[13] This table was taken from "Analysis of the J P-P," supra at note 3. See also the discussion on pages 9 - 22 of the same report for additional information regarding the pilot jails' characteristics.

a fairly good health care system and most inmates were already being given limited physicals on admission, it was decided that the I/PP data would be less crucial for this site than some of the others.[14] The second jail to be dropped was Number 3-5. While I/PPs in this facility might have been revealing, the physical conditions at that jail dictated its elimination. The extent of overcrowding[15] and the limited medical service facilities at this site would have made doing the I/PPs all but prohibitive in any case. Thus, while Maryland still had the heaviest I/PP workload, eliminating these one hundred cases made the contrast between it and some of the other states less startling.

The only other jail where the expected number of I/PPs was reduced was Jail 1-1 in Georgia. This facility had an ADP of 330 inmates in 1975. On this basis, fifty I/PPs should have been done. However, Jail 1-1 is strictly a detention facility and, hence, has a very short length of stay. It also holds a high proportion of "overnight drunks," which means it has an extremely rapid turnover rate. Given these factors, it was subsequently decided that a requirement of fifty I/PPs in this facility was unrealistic, and therefore, only half that number would be expected.

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[14] In actuality, a few admission physicals were conducted in this jail using the AMA I/PP forms. In calculating the number of physicals expected from this facility, however, the figure was zero.

[15] With a rated capacity of seventy-seven beds, the ADP in this jail has been consistently quadruple that figure for the past couple of years.

The adjustments made in these three jails, as well as adjustments made for the actual numbers of inmates in the jails on the days the I/PPs were conducted, brought the total expected sample figure down.[16/] A further reduction occurred as a result of assuming that a ten percent attrition rate was likely across all jails. In other words, if a state selected its sample of fifty inmates in a particular jail, it seemed reasonable to anticipate that five of them would either refuse the physical or be unavailable or be released before it could be done. In view of all of these adjustments, the total expected number of I/PP participants was now 775. As it turned out, 641 I/PPs were done, which represented 83 percent of the expected figure (see Table II).

B. Limitations of the Data Collected

Before proceeding to the analysis of the Inmate/Patient Profile, a brief discussion of the limitations of the data collected is warranted. As with any other research endeavor, questions regarding the reliability and validity of the data obtained influence the confidence one can place in the results.[17/]

With respect to the I/PP data, there were a number of potential sources of error. Variations in the time period when the data were gathered at different jails, variations in the

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[16] See Table II on the next page.

[17] See e.g., Donald T. Campbell and Julian C. Stanley, Experimental and Quasi-Experimental Designs for Research. Chicago: Rand McNally College Publishing Co. (1966), especially pages 1 - 6.

TABLE II

Comparison of I/PP Expected and Actual Response

by State and Jail

A	B	C	D	E	F	G
State	Jail* Code	# Expected Based on Methodology ***	# Expected Adjusted for Workloads and Actual DPs ****	# Expected Adjusted for 10% Attrition	# of I/PP Forms Submitted	% Actual # Submitted was of Expected # (Column F ÷ Column E)
Georgia:	1-1	50	25	22	15	68.2
	1-2	50	50	45	44	97.8
	1-3	17	21	19	17	89.5
	1-4	30	27	24	13	54.2
	1-5	15	16	14	12	85.7
	ST**	162	139	124	101	81.4
Indiana:	2-1	4	4	4	4	100.0
	2-2	13	13	12	5	41.7
	2-3	50	50	45	46	102.2
	2-4	50	50	45	53	117.8
	2-5	22	22	20	14	70.0
	2-6	25	25	22	12	54.5
	2-7	4	4	4	3	75.0
	ST**	168	168*****	152	137	90.1
Maryland:	3-1	50	50	45	20	44.4
	3-2	50	50	45	50	111.1
	3-3	50	50	45	15	33.3
	3-4	50	0	--	20	--
	3-5	50	0	--	--	--
	3-6	12	12	11	3	27.2
	3-7	50	50	45	24	53.3
	ST**	312	212******	191	132	69.1
Michigan:	4-1	4	2	2	2	100.0
	4-2	50	50	45	49	108.9
	4-3	37	38	34	31	91.2
	4-4	50	50	45	48	106.7
	ST**	141	140	126	130	103.2
Washington:	5-1	39	46	41	11	26.8
	5-2	18	34	31	16	51.6
	5-3	36	26	23	21	91.3
	5-4	7	5	4	5	125.0
	ST**	100	111	99	53	53.5
Wisconsin:	6-1	8	10	9	10	111.1
	6-2	47	32	29	28	96.6
	6-3	50	50	45	50	111.1
	ST**	105	92	83	88	106.0
TOTAL	N = 30	988	862	775	641	82.7

*See Abbreviation Key, Appendix A.

**ST = Subtotal

***The sample size was set at 50 for facilities with ADPs $\geq$ 50 in 1975, and the total jail population for facilities with ADPs $<$ 50.

****Jails 1-1, 3-4 and 3-5 were adjusted as discussed in the text, and jails which had ADPs $<$ 50 were adjusted for the actual number of inmates in those facilities on the day the I/PPs were done.

*****Maryland and Indiana did not return the "I/PP Sample: Master Lists" for their jails, so the same figures as those in the preceding column had to be used.

number and type of staff used and the problems inherent in the sampling procedure itself[18] are but a few examples. Additional difficulties are discussed below.

Three of the states (Georgia, Indiana and Maryland) each had one or two jails where the recommended sampling procedures were not or could not be followed. Obviously, to the extent that the samples were not random, the assumption that the individuals selected were representative of the entire jail population can not be made. This was particularly problematical in two of the jails in Maryland and in the Georgia jail, since not only was the sampling not random in these cases, but the sample sizes were small as well.

For example, in Jail 1-1 (Georgia), the PPD pulled his sample according to the specified procedures the day before the I/PPs were conducted. He interviewed sixty inmates, forty-two of whom agreed to participate.[19] This facility has an extremely rapid turnover rate, however, and as it turned out, thirty-five of the forty-two volunteers were released the next day before I/PPs could be done. While an additional eight volunteers were found, bringing the total sample to fifteen inmates, the representativeness of this group with respect to the jail's total population is questionable.

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[18] See the discussion regarding random sampling on pages 12-13 of this report.

[19] Most of the eighteen who refused were already receiving care elsewhere and saw no need for additional medical work.

Similarly, in one of Maryland's jails (Number 3-3), the chief jailer determined which of the inmates the medical volunteers could see.[20] In addition, he would only allow one inmate out at a time, so that the whole I/PP process (which took 30-40 minutes per inmate) had to be completed on one before another inmate was released. Thus, in spite of the fact that the medical volunteers were at the jail on two consecutive nights, only fifteen I/PPs were completed.

Additional problems with respect to the representativeness of the sample occurred at another Maryland jail (Number 3-4). In this instance, I/PP data were collected by the regular medical staff at that facility in the course of their usual examinations of newly admitted inmates. In other words, for a three week period, the AMA I/PP form was used instead of the jail's regular admission physical form. Thus, in this site, indications of the medical needs of longer term inmates are still unknown.

Finally, in two of Indiana's larger jails (Numbers 2-3 and 2-4), something of a reverse bias occurred. Here, the medical volunteers deliberately selected the longer term inmates for examination (i.e., those that were expected to be in jail for the next thirty days). The balance of the samples were then filled by choosing "every other one" who wished to participate.

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[20] It should be noted that this was the only jail where interference from correctional staff was encountered. In the other twenty-eight jails, the security staffs were extremely cooperative.

In one jail (2-4), this already questionable sampling procedure was complicated by other instances of specified rather than random inclusion: five cases were chosen because they were food handlers and an additional nine because the jail staff felt they needed to be medically examined. While the consultant would not argue with the fact that the sampling technique used in these two jails was probably more beneficial to the inmates and the jails themselves, selecting the potentially higher risk cases may well have introduced a bias into the results -- at least for that particular jail.

An additional source of possible error concerns the proportions that the samples were of their jails' total populations. As noted previously, if the total population is small, the sampling proportion must be quite large to ensure representativeness. By the same token, if the total population is large, the sampling proportion can be reduced and still achieve the same results. This principle is illustrated in Table III (see next page). A quick glance down column F indicates that few of the confidence limits for individual jails are very low but that these figures improve when calculating per state, and especially, on a total aggregate basis. It should also be noted that confidence limits were calculated on a "worst case" basis (i.e., when p = 50), and therefore for any given item where more than half of the total sample responded in a particular way, the amount of confidence we could have that the total population would respond in a similar fashion would be increased.

Table III

Sampling Proportions and Confidence Limits
by State and Jail

A	B	C	D	E	F
State	Jail Code #*	Estimated ADP on Day of Data Collection	# of Inmates Participating in I/PP	Proportion of Jail's Population Sampled (Col. E ÷ Col. D)	Confidence Limits****
GEORGIA	1-1	330	15	.045	±26%
	1-2	400	44	.110	±14%
	1-3	21	17	.810	±11%
	1-4	27	13	.481	±21%
	1-5	16	12	.750	±16%
	ST**	794	101	.127	± 9%
INDIANA	2-1	4	4	1.000	± 0%
	2-2	13	5	.385	±42%
	2-3	260	46	.177	±13%
	2-4	650	53	.082	±13%
	2-5	22	14	.636	±17%
	2-6	25	12	.480	±22%
	2-7	4	3	.750	±46%
	ST**	978	137	.140	± 8%
MARYLAND***	3-1	120	20	.167	±21%
	3-2	1,545	50	.032	±14%
	3-3	230	15	.065	±25%
	3-4	165	20	.121	±21%
	3-6	12	3	.250	±50%
	3-7	70	24	.343	±17%
	ST**	2,142	132	.062	± 8%
MICHIGAN	4-1	2	2	1.000	± 0%
	4-2	525	49	.093	±13%
	4-3	38	31	.816	± 8%
	4-4	130	48	.369	±11%
	ST**	695	130	.187	± 8%
WASHINGTON	5-1	46	11	.239	±28%
	5-2	34	16	.471	±19%
	5-3	26	21	.808	±10%
	5-4	5	5	1.000	± 0%
	ST**	111	53	.477	±10%
WISCONSIN	6-1	10	10	1.000	± 0%
	6-2	32	28	.875	± 7%
	6-3	330	50	.152	±13%
	ST**	372	88	.237	± 9%
TOTALS	N=29	5,092	641	.126	± 3.6%

*See Abbreviation Key, Appendix A.
**ST = Subtotal.
***It should be noted that Jail 3-5 was dropped as discussed in the text.
****In interpreting this column, it should be understood that the lower the range, the higher the confidence.

It should also be noted that the inmates who participated in the I/PP process did so voluntarily. Ethically, this was the only way that this research could be conducted, since neither the consultant nor the AMA nor the state medical societies nor the health professionals wanted to compel individuals to submit to physical examinations. This way, the inmates' rights to privacy, to bodily integrity and to refuse treatment could be preserved. Methodologically, however, a number of researchers have pointed out that self-selected samples may reduce the grounds for inference,[21] especially since the characteristics of those who volunteer may be quite different from those who refuse.

In view of this factor, the states were asked to keep track of the reasons why inmates who were asked to particpate in the I/PPs refused, or were otherwise not included in the final data. Unfortunately, this was not done at all of the sites and, hence, a full accounting could not be made. In the sixteen of the twnety-nine jails where the "I/PP Sample: Master Lists" were returned, however,[22] the reasons why I/PPs were not done broke down as follows:

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[21] See, e.g., Claire Selltiz, Marie Jahoda, Morton Deutsch and Stuart W. Cook, Research Methods in Social Relations, revised edition. New York: Holt, Rinehart and Winston (1959), pp. 101 - 102.

[22] This included all of the jails in four states (Georgia, Michigan, Washington and Wisconsin), but none of the jails in the other two states.

1) 60 (32.6%) refused but offered no reason. 34 of these came from a medium-sized jail in Washington (Number 5-1), whereas most of the balance were from Georgia jails. The latter's PPD indicated that almost all of the inmates who declined were black and he felt their refusal might simply have been due to their mistrust of whites in general and of prison officials in particular;

2) 41 (22.3%) refused because they were already receiving care, had just had a physical exam or were scheduled for one shortly;

3) 9 (4.9%) refused because they objected to some piece of the I/PP (e.g. the lab work or the rectals) and did not want to participate even though they were told they could refuse that part of the exam;

4) 1 (0.5%) refused on the advice of his attorney;

5) 1 (0.5%) refused because he was "too tired";

6) 1 (0.5%) refused because he did not want to miss visiting hours;

7) 1 (0.5%) refused because he did not want to sign the consent form;

8) 55 (29.9%) inmates were released from the jails before I/PPs could be completed;

9) 9 (4.9%) inmates whose names had been listed were out of the jail (on school or work release, at court or in a hospital) at the time the I/PPs were done;

10) 4 (2.2%) inmates could not be included because the examiners ran out of time; and

11) 2 (1.1%) inmates were not included because they were minors and parental consent would have been required.

Of these 184 inmates, then, whose names were listed on the rolls in the small jails or whose names had been pulled for the samples in the larger jails, 62% (numbers 1 - 7 above) refused to participate in the I/PP for some reason and data could not be collected on the other 38% (numbers 8 - 11) due to reasons other than inmate refusal. In reviewing this list, it is difficult to come to any conclusions with respect to how the health status of those 114 individuals who declined to participate in the I/PPs may have differed from the health status of the 641 who wished to be examined.

There is some evidence to indicate that a few of the refusals may have come from healthier individuals (e.g., number 2 above), but by the same token, it seems equally as likely that some of the inmates who agreed to participate may have also been on the healthy side. Other literature has suggested that the sheer boredom of the prison or jail routine may propel inmates to seek medical care that they do not always need.[23] Further, one can also speculate that some of the individuals who may have been afraid to participate (e.g., numbers 1 and 3 above) may well have been among those who were least used to receiving medical care.

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[23] See e.g., B. Jaye Anno, "Health Care in Jails: Realities and Remedies," June 1976 (mimeographed), especially pages 42-47; Edward Brecher and Richard Della Penna, M.D., Health Care in Correctional Institutions. Washington, D.C.: U. S. Government Printing Office (September 1975), p. 71; Seth Goldsmith, Prison Health: Travesty of Justice. New York: Prodist (1975), pp. 19-25.

A further source of possible distortion concerns the manner in which missing data was handled. Since I/PP participants were given the option not only to decline initially, but also to refuse to answer or take part in any aspect of the data collection, the number of individuals responding varied from item to item. There are a number of ways that a researcher can treat missing data. One method is simply to assign all missing cases the mean response for any given item. This implies that all of the data are interval level, however, and in addition, is not particularly revealing. The two most common ways to treat missing data are called "listwise" and "pairwise" deletion. In the former instance, all cases with missing responses on <u>any</u> item are eliminated from the analysis, whereas in the latter instance, cases are deleted only in the analysis of items where responses are missing.

While listwise deletion implies less distortion in that only similarly complete cases are analyzed, it may also severely reduce the sample size. For example, with respect to the I/PP data, the probability that a sizable proportion of the participants would have at least one item out of the 215 variables where a response was missing was quite large. For this reason, then, pairwise deletion was the missing data option selected.

Finally, another potential source of error concerns not how the data were collected nor treated, but rather, the type of data itself. In interpreting the results, the reader should

keep in mind that the responses to some medical items are necessarily inconclusive. The I/PP process was a one-shot screening device. It was intended to pinpoint potential medical problems and to suggest which inmates required additional diagnostic and/or treatment services in the opinion of the examiners. While recommendations for follow-on services were made, the inmates themselves were not followed to see whether the suggested tests and/or care were actually provided. Thus, in some instances where the medical examiner may have suspected a health problem and recommended further diagnostic procedures, the eventual outcome of additional testing remained unknown.

This situation was particularly problematical in interpreting the laboratory tests. All the I/PP data showed was whether the inmates had normal or abnormal results, but the fact that a lab test is abnormal is not conclusive evidence of the presence of a particular disease. For example, an abnormal SGPT reading does not necessarily mean that an individual has hepatitis. Any previous liver damage such as that associated with heavy alcohol or drug use could produce an abnormal SGPT result. Hence, wherever possible, laboratory test readings were cross-tabulated with instances of relevant prior history of diseases or alcohol and drug use which may have influenced these results.

Nevertheless, the reader would do well to interpret instances of abnormalities found among the I/PP participants as indicative of potential health problems, rather than as conclusive evidence of particular diseases.

III RESULTS

In this chapter, the results of the I/PP data collection activity are presented and analyzed. The Health Status Profile (white sheet) and the Inmate Assessment (yellow sheet) responses are discussed separately and, hence, represent the two major subdivisions. The former is also broken down into sections.

In the first part of the Health Status Profile, characteristics of the I/PP participants are given and compared with what was known about similar characteristics for the total population of each jail. Then, in the second section, the prior medical history of the I/PP respondents is reviewed, while the third section discusses the inmates' use of alcohol and drugs. In the fourth section, the types of symptoms and complaints made by the inmates at the time of the I/PPs are given while the fifth section reviews vital signs and lab test results. Finally, in the sixth section, abnormalities identified during the physical exams are reported, along with the examiners' recommendations for follow-on diagnosis and treatment. The report then moves to a discussion of the inmates' assessment of health care availability, access and adequacy in their jails.

A. Health Status Profile

1. Characteristics of the I/PP Participants[24]

a. Age

As indicated in Table IV (p. 29), the I/PP particpants tended to be fairly young. Their ages ranged from 17[25] to 75 years, but the mean age was 27.8 years across all twenty-nine jails. Differences between states and between size categories[26] were not significant. However, differences in the mean age of the inmates in jails within two states (Georgia and Indiana) were significant at the .05 and .001 levels respectively.[27]

This emphasis on young adults participating in the I/PPs is consistent with the jails' total population characteristics. Previous estimates indicated that about 72% of all of the inmates at the pilot sites on any given day would be under thirty-five years of age. As indicated in Table V (see page 30), 77.6% of the I/PP participants were under thirty-five years of age, with almost half of them falling in the "18-24 years" category.

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[24] All of the comparative statistics for the jails' total population utilized in this section were taken from the "Analysis of the J P-P," supra at note 3, pp. 23-33 and Appendices B and E.

[25] Even though the jails in the AMA program are adult facilities, some of them hold juveniles charged as juveniles. These individuals were excluded from participating in the I/PP where parental permission would have been required. In a couple of the states, however, the legal definition of a juvenile is "under 17" years of age. Hence, there were a few seventeen-year old "adults" included in the state samples.

[26] The size categories are "small," medium" and "large" as defined in footnote *, Table I, page 14 of this report.

[27] With few exceptions, breakdowns by jails within states are not included in this report. The information is available on request if needed.

Table IV

Mean Age of I/PP Participants by State

State	Mean Age in Years	Standard Deviation	Number of Respondents
GEORGIA	28.9	10.8	99
INDIANA	30.5	12.0	135
MARYLAND	27.0	8.8	132
MICHIGAN	25.4	9.5	122
WASHINGTON	29.1	10.8	52
WISCONSIN	25.9	7.7	88
TOTAL	27.8	10.2	628[28]

[28] As discussed in the chapter on methodology (page 25) complete data was not available for all 641 respondents on every item.

Table V

Age Breakdowns for I/PP Participants by State

Age in Years

State	<18		18-24		25-29		30-34		35-39		40-44		45-49		50-54		≥55		Total	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
GEORGIA	4	4.0	42	41.6	20	19.8	11	10.9	8	7.9	3	3.0	6	5.9	2	2.0	5	5.0	101	15.8
INDIANA	4	0.7	61	44.5	20	14.6	11	8.0	10	7.3	10	7.3	10	7.3	5	3.7	9	6.6	137	21.4
MARYLAND	0	-	71	53.8	21	15.9	16	12.1	14	10.6	3	2.3	3	2.3	2	1.5	2	1.5	132	20.6
MICHIGAN	6	4.6	68	52.3	23	17.7	10	7.7	6	4.6	4	3.1	2	1.5	2	1.5	9	6.9	130	20.3
WASHINGTON	0	-	25	47.2	11	20.8	3	5.7	2	3.8	5	9.4	3	5.7	1	1.9	3	5.7	53	8.3
WISCONSIN	0	-	46	52.3	23	26.1	5	5.7	5	5.7	4	4.5	3	3.4	2	2.3	0	-	88	13.7
TOTAL	11	1.7	313	48.8	118	18.4	56	8.7	45	7.0	29	4.5	27	4.2	14	2.2	28	4.4	641	100.0

b. Ethnicity

In terms of ethnicity, a few more than half of the I/PP respondents were white while the majority of the remainder were black (see Table VI). A glance at the jails' total populations statistics indicated that whites tended to be somewhat overrepresented and blacks somewhat underrepresented in the sample. Within states, however, the proportions sampled were reasonably reflective of the jails' ethnic compositions on any given day. There was also a marked tendency in the samples for more whites to come from small and medium-sized jails and more blacks from the large urban jails (chi square significant beyond the .001 level). This, too, was in keeping with the total population trend.

Table VI

Ethnicity of I/PP Participants by State

	Ethnicity											
	White		Black		Spanish		Asian		American Indian		Total	
	N	%	N	%	N	%	N	%	N	%	N	%
GEORGIA	40	40.4	59	59.6	-	-	-	-	-	-	99	100
INDIANA	85	63.9	42	31.6	4	3.0	1	0.8	1	0.8	133	100
MARYLAND	56	42.4	75	56.8	1	0.8	-	-	-	-	132	100
MICHIGAN	79	63.7	40	32.3	2	1.6	-	-	3	2.4	124	100
WASHINGTON	38	71.7	1	1.9	1	1.9	-	-	13	24.5	53	100
WISCONSIN	53	60.2	31	35.2	3	3.4	-	-	1	1.1	88	100
TOTAL	351	55.8	248	39.4	11	1.7	1	0.2	18	2.9	629	100

c. Sex

As for sex, the overwhelming majority of the sample were male (see Table VII). On an aggregate basis, the proportions of males and females in the sample were almost exactly those estimated for the total population (92% male and 8% female for the sample, compared with 93.5% male and 6.5% female for the population). Comparisons between states indicated that females were underrepresented in Washington and, especially, Maryland, and slightly overrepresented in Indiana and Wisconsin. Similarly, females were underrepresented in the small and medium-sized facilities and somewhat overrepresented in the large jails. These distortions were not of great magnitude, however.

Table VII

Sex of I/PP Participants by State

State	Sex					
	Male		Female		Total	
	N	%	N	%	N	%
GEORGIA	91	91.0	9	9.0	100	100
INDIANA	117	85.4	20	14.6	137	100
MARYLAND	132	100.0	-	-	132	100
MICHIGAN	122	93.8	8	6.2	130	100
WASHINGTON	52	98.1	1	1.9	53	100
WISCONSIN	75	85.2	13	14.8	88	100
TOTAL	589	92.0	51	8.0	640	100

d. Type of inmate

According to previous estimates, on any given day in the pilot sites about 74% of the inmate populations would be unsentenced and only about 26% would be sentenced. In the I/PP sample, there was a tendency for sentenced inmates to be somewhat overrepresented (see Table VIII). Comparing these figures acorss the states, overrepresentation of sentenced inmates was most marked in Indiana. As discussed in the methodology section, this undoubtedly occurred as a result of Indiana's bias in its sampling procedure in favor of longer term inmates. While the proportions of sentenced inmates in the sample also appear high in Maryland and Washington, it should be noted that the jails in these two states tended to have higher than average numbers of sentenced inmates in their populations than jails in other states. The high proportions of sentenced inmates in the samples from these two states were, in fact, reasonably representative of their jails' total populations. Differences by size of jail were not significant.

Table VIII

Type of Inmate by State

State	Sentenced		Unsentenced		Total	
	N	%	N	%	N	%
GEORGIA	28	28.9	69	71.1	97	100
INDIANA	55	41.0	79	59.0	134	100
MARYLAND	66	50.4	65	49.6	131	100
MICHIGAN	44	35.8	79	64.2	123	100
WASHINGTON	25	48.1	27	51.9	52	100
WISCONSIN	29	33.0	59	67.0	88	100
TOTAL	247	39.5	378	60.5	625	100

While the I/PP form did not specifically inquire about prior criminality, there was one question regarding whether the respondents had been in that particular jail before. As indicated in Table IX, 60% of the inmates in the sample had been in the same jail at least one other time. Although there was a tendency for the percent of inmates who had been in that jail before to increase as the size of the jail increased, differences by jail size were not significant.

Table IX

Percent of Inmates Who Had Been in the Same Jail Before by State

State	In Same Jail Before		Not In Same Jail Before		Total	
	N	%	N	%	N	%
GEORGIA	53	54.1	45	45.9	98	100
INDIANA	78	63.9	44	36.1	122	100
MARYLAND	86	66.7	43	33.3	129	100
MICHIGAN	71	58.7	50	41.3	121	100
WASHINGTON	27	50.9	26	49.1	53	100
WISCONSIN	51	58.6	36	41.4	87	100
TOTAL	366	60.0	244	40.0	610	100

2. Inmates' Health History

a. Prior health care

One of the common assumptions with respect to inmates' health status is that, as a group, they are less likely than others of their age to have received adequate health care prior to being incarcerated. The assumption is based in large part on the fact that inmates tend to come from low socioeconomic areas. Since other researchers have documented the correlation between poverty, lack of care, and poor health, the inference is that, since many inmates are poor, they are also likely not to have previously received adequate medical care.[29] This could well be an instance of the "ecological fallacy" in operation. Unfortunately, research which indicates the health status of inmates upon admission to correctional facilities and the type of care previously received is all but nonexistent. Hence, the veracity of this assumption remains unproved.

In this study, data were obtained regarding the prevalence of certain types of prior care among inmates in the I/PP sample. However, it is difficult to determine their true significance. In the first place, comparable statistics for prisoners elsewhere are not available and in the second, it was not possible to compare these items with similar statistics generated on others of the same socioeconomic status.[30] Nevertheless, the information

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[29] For further discussion of this topic, see pp. 9-16 in Anno, "Health Care in Jails: Realities and Remedies," supra at note 23 and the references cited therein.

[30] This variable was not included in the I/PP data.

obtained will provide a base which future studies can use for comparative purposes.[31] In addition, speculation regarding the extent to which the prior health care of inmates falls below that of the average American is not totally precluded.

An indicated in Table X (see next page), the proportions of inmates who had never seen certain types of health care providers appear somewhat high from a common sense perspective. While the fact that 60% of the sample had never seen a mental health professional is probably not unusual (in fact, perhaps it is the reverse which is unusual -- i.e., that 40% had seen one), the fact that 26% had never had an eye examination seems atypical for the average American. Similarly, the fact that 15% had never had a physical exam or that 16% had never been to a dentist, and that an additional 9% and 13% respectively had not received these services within the past five years also seems somewhat unusual.

In reviewing these statistics by state,[32] Maryland (17.6%) and then Georgia (10.2%) had the highest proportions of inmates who had never been treated by a doctor; Maryland (21.2%) and then Michigan (16.8%) had the highest proportions who had never had a physical exam; Indiana (24.1%) and Michigan (23.8%) had the greatest numbers who had never been to see a dentist; and Georgia (34.3%) and Indiana (33.6%) had the most inmates who had never had an eye examination. Throughout, Washington and Wisconsin

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[31] Present plans call for a second I/PP to be completed in the same jails in Year Two of the AMA program.

[32] Breakdowns by state are given in Appendix C.

Table X

Prior Health Care of I/PP Participants

Inmates Who Had Ever:	Never Been Never Been Treated		Treated: Within the Past: Week		Month		6 Months		Year		5 Years		Over 5 Years Ago		Time Unknown		Total	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Been Treated by a Doctor	59	9.4	58	9.2	100	15.8	119	18.9	110	17.4	92	14.6	58	9.2	35	5.5	631	100
Had a Physical Examination	96	15.2	12	1.9	41	6.5	94	14.8	136	21.5	130	20.5	58	9.2	66	10.4	633	100
Been to See a Dentist	102	16.1	16	2.5	40	6.3	93	14.6	132	20.8	131	20.6	80	12.6	41	6.5	635	100
Been to See a Psychiatrist or Other Mental Health Worker	381	60.5	21	3.3	20	3.2	92	6.7	54	8.6	50	7.9	30	4.8	32	5.1	630	100
Had an Eye Examination	165	26.0	3	.05	17	2.7	68	10.7	111	17.5	137	21.6	84	13.2	49	7.7	634	100

had the most inmates receiving all types of prior care.

In comparing the prevalence of various types of prior care by the size of the jail facility, some interesting differences were found (see Table XI). The incidence of individuals who had never had a physical exam and those who had never seen a dentist showed a positive relationship with the size of the jail facility. Somewhat different relationships were found regarding other variables, however. On the one hand, the proportion of inmates who had never been treated by a doctor was lowest in the small facilities, highest in the medium-sized jails and somewhat lower in the largest jails. On the other, the proportion who had never seen a mental health professional and those who had never had an eye examination were lowest in the medium-sized facilities, somewhat higher in the small jails and highest in the large jails.

Table XI

Percent of Inmates Never Receiving Certain Types of Prior Care by Jail Size

Type of Care	SMALL (N=10) % Never Receiving	MEDIUM (N=12) % Never Receiving	LARGE (N=7) % Never Receiving	TOTAL (N=25) % Never Receiving
Treated by a Doctor	1.3	11.6	9.6	9.4**
Physical Exam	13.2	14.6	16.1	15.2
Dental Care	7.9	13.0	20.6	16.1*
Mental Health Care	59.2	54.4	65.9	60.5**
Eye Examination	20.0	19.8	32.7	26.0**

*Differences by size significant at the .05 level.
**Differences by size significant at the .01 level.

b. Past medical problems

I/PP participants were also asked a few questions regarding the types of illnesses they had been treated for in the past. These figures are given on an aggregate basis in Table XII.[33/] Without comparable statistics, it is difficult to draw any conclusions regarding these results. The incidence of treatment for gonorrhea and attempted suicide are among the highest. One can speculate as to whether these incidences are higher than would be expected for a group of "typical" citizens, but if age and socioeconomic status were controlled for, these results might in fact be lower than expected. It should be noted however, that the operative word in these items is "treated," Thus, the figures do not necessarily reflect the full incidence of these diseases among I/PP participants, but rather, only the incidence of individuals receiving treatment for particular diseases.

3. Alcohol and Drug Use

I/PP participants were also asked about the extent of their use of alcohol and drugs prior to their admission to jail. Aggregate results are shown in Table XIII. Because inmates may have interpreted questions regarding alcohol and drug use differently, other items were included regarding the type, quantity, and duration of use as well as whether the inmate had undergone withdrawal after being admitted to jail.

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[33]Breakdowns by state, jail and jail size are available but were not included in this report since the differences on these items were non-significant in virtually every case.

Table XII

Past Medical Problems of I/PP Participants

			Yes															
			Within the Past:															
	No		Week		Month		6 Months		Year		5 Years		Over 5 Years		Time Unknown		Total	
Medical Problem:	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Treated for Allergies?	546	87.2	1	0.2	2	0.3	5	0.8	7	1.1	4	0.6	16	2.6	45	7.2	626	100
Treated for Asthma?	579	92.1	3	0.5	2	0.3	2	0.3	4	0.6	6	1.0	17	2.7	16	2.5	629	100
Treated for Epilepsy/Seizures?	598	95.4	0	-	1	0.2	4	0.6	3	0.5	6	1.0	4	0.6	11	1.8	627	100
Treated for Diabetes?	621	98.9	0	-	0	-	0	-	1	0.2	2	0.3	0	-	4	0.6	628	100
Treated for Tuberculosis?	601	95.4	0	-	1	0.2	3	0.5	3	0.5	4	0.6	9	1.4	9	1.4	630	100
Treated for Hepatitis?	563	89.2	1	0.2	0	-	2	0.3	4	0.6	19	3.0	23	3.6	19	3.0	631	100
Treated for High Blood Pressure?	564	90.2	3	0.5	3	0.5	4	0.6	3	0.5	8	1.3	5	0.8	35	5.6	625	100
Treated for Heart Attack?	619	98.3	1	0.2	0	-	2	0.3	1	0.2	2	0.3	1	0.2	4	0.6	630	100
Treated for Heart Murmur?	593	93.8	1	0.2	0	-	1	0.2	1	0.2	7	1.1	9	1.4	20	3.2	632	100
Treated for Other Heart Trouble?	596	95.1	1	0.2	0	-	1	0.2	0	-	2	0.3	2	0.3	25	4.0	627	100
Treated for Gonorrhea?	489	77.5	2	0.3	1	0.2	11	1.7	19	3.0	34	5.4	35	5.5	40	6.3	631	100
Treated for Syphilis?	596	94.9	1	0.2	0	-	6	1.0	2	0.3	7	1.1	4	0.6	12	1.9	628	100
Attempted Suicide?	555	88.5	1	0.2	6	1.0	13	2.1	4	0.6	19	3.0	9	1.4	20	3.2	627	100

Table XIII

Extent of Alcohol and Drug Use of I/PP Participants at Time of Admission to Jail

	Non-Users		Users		Total		Users' Months of Sustained Usage			Withdrawal							
										Users Undergoing		Users Not Under-Going		Users Not Responding		Total	
	N	%	N	%	N	%	$\bar{X}$	R**	SD	N	%	N	%	N	%	N	%
Alcohol	314	50.1	313	49.9	627	100	52.6	1-98	35.5	48	15.3	167	53.4	98	31.3	313	100
Heroin	506	81.6	114	18.4	620	100	39.2	1-98	32.9	68	59.6	32	28.1	14	12.3	114	100
Methadone	576	94.3	35	5.7	611	100	26.4	1-98	29.5***	17	48.6	7	20.0	11	31.4	35	100
Amphetamines	527	87.1	78	12.9	605	100	40.9	1-98	28.3	8	10.3	39	50.0	31	39.7	78	100
Barbiturates	522	85.6	88	14.4	610	100	40.3	1-98	30.5	8	9.1	44	50.0	36	40.9	88	100
Tranquilizers	509	84.0	97	16.0	606	100	32.5	1-98	30.3	7	7.2	37	38.1	53	54.7	97	100
Other (Marijuana)*	238	64.0	134	36.0	372*	100	55.6	1-98	28.2	1	0.7	59	43.3	75	56.0	134	100
Other	442	82.2	96	17.8	538	100	43.5	1-98	31.6	11	11.5	42	43.7	43	44.8	96	100

Key

N = Number
% = Percent
$\bar{X}$ = Mean (average)
R = Range
SD = Standard Deviation

*See explanation regarding this category in text, page
**This item was only allotted two columns in the computer cards. Hence, the maximum length of time that could be recorded for usage was 98 months (i.e., 8 years and two months). The "99" code was reserved for missing data.
***Distribution skewed in a positive direction.

Since the real purpose of these items was to obtain indications of drug abuse which might affect the inmate's health status, additional interpretation was needed at the time the items were coded for analysis. Coders were asked to assign non-user/user status to inmates on the basis of the amount used daily. If the inmate was not a daily user, or if the amount used was small (e.g., "two beers" or "one tranquilizer"), the inmate was coded as a non-user. Admittedly, this was a somewhat arbitrary process, but it did serve to exclude occasional or light users of drugs from the user category.

However, since some inmates may have been prone to exaggerate the extent and duration of their drug and alcohol use, a further measure of the seriousness of use was obtained by asking inmates whether they had undergone withdrawal. A glance at this section of Table XIII shows that over half of the heroin users and about half of the methadone users experienced withdrawal after admission to jail. Only about 15% of the alcohol users experienced withdrawal and the rates for users of other types of drugs were even lower. On the other hand, there were high proportions of users in each drug category except heroin who did not respond to the withdrawal item. Thus, the withdrawal rates may well be underestimated.

In reviewing use alone, it appears that about half the inmates used alcohol on a daily basis and somewhat less than two-thirds used marijuana to some extent prior to being incarcerated.

The latter figure may be underestimated, however, since inmates were not specifically asked about marijuana use. Rather, they were simply asked about "other drug use," but the number of individuals who mentioned marijuana (N=372) was so high that it was broken out as a separate category. Of this group, however, only about a third were daily users (N=134).

It may also be noted that one of the daily marijuana users indicated s/he experienced withdrawal when admitted to jail. Although medical research has indicated that marijuana is not a physically addictive drug, it should be remembered that questions regarding withdrawal were responded to from the inmate's perspective. In other words, the extent of alcohol or drug use and/or withdrawal symptoms were not medically verified.[34/] Hence, it is possible that in some instances, inmates may have equated psychological craving for a drug with "undergoing withdrawal."

In comparing daily alcohol or drug use and withdrawal items by size of the facility, there were only two instances where significant differences occurred. The number of individuals using heroin and the number experiencing methadone withdrawal were both positively associated with jail size (see Tables XIV and XV, on the next page). These findings are not surprising, however, since it would be expected that heroin use would be greater in the urban

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[34]Verification of inmates' responses to drug use and withdrawal items was not possible since the pilot jails do not routinely keep this information. In fact, the majority of the pilot jails do not routinely screen for alcohol and drug abuse when inmates are admitted nor do most provide detoxification services. See pp. 41 - 42 in "Analysis of the J P-P," supra at note 3.

areas where access to this drug is more prevalent.

Table XIV

I/PP Participants Using Heroin by Jail Size

	Jail Size							
	Small (N = 10)		Medium (N = 12)		Large (N = 7)		Total (N = 29)	
	N	%	N	%	N	%	N	%
Users	5	6.7	33	13.7	76	25.0	114	18.4
Non-Users	70	93.3	208	86.3	228	75.0	506	81.6
Total	75	100.0	241	100.0	304	100.0	620*	100.0

*Chi square significant at the .0001 level.

Table XV

Methadone Users Experiencing Withdrawal by Jail Size*

	Jail Size							
	Small (N = 10)		Medium (N = 12)		Large (N = 7)		Total (N = 29)	
	N	%	N	%	N	%	N	%
Experiencing	1	20.0	2	50.0	14	93.3	17	70.8
Not experiencing	4	80.0	2	50.0	1	6.7	7	29.2
Total	5	100.0	4	100.0	15	100.0	24**	100.0

*The total number of I/PP participants using methadone on admission to jail was 35. However, 11 did not respond to the withdrawal item.

**Chi-square significant at the .0046 level.

Comparing alcohol and drug use between the states revealed few important differences not accounted for by the size variable. For example, Washington with two small, two medium and no large size facilities had the highest alcohol use rate (58.5%), but the lowest use of heroin and methadone (8.0% and 4.1% respectively). On the other hand, Maryland with a greater emphasis on medium and large size jails, had the lowest alcohol use rate (36.6%), but almost the highest heroin and methadone use rates (20.9% and 7.9% respectively). Additional breakdowns of alcohol and drug use by state and by jail are given in Appendix D.

While the tables reviewed above indicated the number of I/PP participants using particular types of drugs, the categories were not mutually exclusive -- i.e., the same individual could appear as a user of more than one type of drug. Thus, it seemed important to determine what proportion of the I/PP participants did not use alcohol or other drugs at all on a daily basis and what proportion used one drug or more. These breakdowns by state are given in Table XVI (see next page). It should be noted that the "Other (marijuana)" category was dropped from this analysis. The drugs included were: alcohol, heroin, methadone, amphetamines, barbiturates, tranquilizers and "other" excluding marijuana.

A review of this table reveals some startling results. Although again, comparisons with other studies are lacking, the number of I/PP participants using one or more drugs on a daily

Table XVI

Number of Drugs Used Daily by I/PP Participants by State

Number of Drugs

	None		One		Two		Three		Four		Five		Six		Seven		Total	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
GEORGIA ($\bar{X}$ = 1.22)	44	43.6	26	25.7	15	14.9	6	5.9	5	5.0	2	2.0	2	2.0	1	1.0	101	15.8
INDIANA ($\bar{X}$ = 0.72)	39	28.5	62	45.3	20	14.6	10	7.3	3	2.2	2	1.5	1	0.7	0	-	137	21.4
MARYLAND ($\bar{X}$ = 1.05)	58	43.9	42	31.8	18	13.6	5	3.8	3	2.3	3	2.3	2	1.5	1	0.8	132	20.6
MICHIGAN ($\bar{X}$ = 1.35)	38	29.2	56	43.1	17	13.1	2	1.5	10	7.7	4	3.1	1	0.8	2	1.5	130	20.3
WASHINGTON ($\bar{X}$ = 1.30)	15	28.3	22	41.5	8	15.1	3	5.7	4	7.5	0	-	1	1.9	0	-	53	8.3
WISCONSIN ($\bar{X}$ = 1.73)	22	25.0	33	37.5	9	10.2	9	10.2	6	6.8	4	4.5	5	5.7	0	-	88	13.7
TOTAL ($\bar{X}$ = 1.28)	216	33.7	241	37.6	87	13.6	35	5.5	31	4.8	15	2.3	12	1.9	4	0.6	641	100.0

basis seems very high. Rates of non-use were somewhat lower in Georgia and Maryland (43.6% and 43.9% respectively), but even in these two states, well over half used at least one drug daily.

It is possible, of course, that sampling quirks may have inflated these figures. It is also possible that the inmates may have exaggerated the extent of their use of alcohol and drugs. By the same token, however, it is also possible that the figures are accurate.

4. Inmate Complaints

Prior to receiving a physical exam, inmates were asked a series of questions regarding health problems that they were currently experiencing or had experienced within the past month. Responses to the types of complaints listed are given in Table XVII (see next page).

As indicated in this table, "frequent headaches" was the most common complaint of all inmates with complaints (41.1% reported having this problem), followed by heartburn (31.2%), toothaches (30.9%), itchiness (28.5%), night sweats (27.2%), skin trouble (27.0%) and chest pain (26.3%). While few of the males reported any problems with their reproductive organs, 42.9% of the responding females indicated they had been experiencing "unusual vaginal discharge." What is revealing about this list is the non-specific nature of most of the frequently reported symptoms, especially when compared with the lower

Table XVII

Incidence of Inmate Complaints - Total Sample

Type of Complaint	Reported Having		Reported Not Having		Total Responding*	
Total Sample:	N	%	N	%	N	%
Frequent headaches	259	41.1	371	58.9	630	100
Recent head injury	145	22.9	487	77.1	632	100
Other injury	116	19.6	477	80.4	593	100
Periods of unconsciousness	99	15.7	531	84.3	630	100
Trouble hearing	106	16.7	527	83.3	633	100
Discharge from eyes	74	11.7	558	88.3	632	100
Pain in eyes	131	20.6	504	79.4	635	100
Other trouble with eyes	113	17.9	519	82.1	632	100
Toothaches	196	30.9	438	69.1	634	100
Persistent cough	148	23.3	486	76.7	634	100
Sore throat	117	18.7	509	81.3	626	100
Skin trouble	170	27.0	460	73.0	630	100
Itchiness	180	28.5	452	71.5	632	100
Night sweats	171	27.2	458	72.8	629	100
Trouble breathing	121	19.2	510	80.8	631	100
Chest pain	166	26.3	464	73.7	630	100
Coughing up of blood	45	7.1	586	92.9	631	100
Heartburn (indigestion)	197	31.2	434	68.8	631	100
Burning on urination	58	9.2	572	90.8	630	100
Trouble with bowels	92	14.6	536	85.4	628	100
Males Only:						
Discharge from penis	23	4.0	559	96.0	582	100
Sores on penis	20	3.4	561	96.6	581	100
Pain in testicles	21	3.7	551	96.3	572	100
Females Only:						
Lumps in breasts	7	14.6	41	85.4	48	100
Unusual vaginal discharge	21	42.9	28	57.1	49	100
Unusual vaginal bleeding	2	4.2	46	95.8	48	100
Pregnancy	6	12.8	41	87.2	47	100
Other (All)	153	23.9	488	76.1	641	100

*The reader is reminded that the size of the total sample was 641 participants, of whom 589 were male, 51 were female and the sex of one was not recorded. The number of missing cases on any given item can be calculated by simply subtracting the totals in this column from the corresponding total sample size or the total number for each sex. The proportion of missing cases for virtually all items was less than 2%.

incidence of specific complaints such as "coughing up of blood" (7.1%), "burning on urination" (9.2%), or for females, "unusual vaginal bleeding" (4.2%).[35]

In reviewing these results broken down by states (see Appendix E), the findings were consistent with the general patterns reported above for the total sample. In all cases, non-specific complaints such as headaches exceeded specific symptoms such as bleeding. Breakdowns by jail size were not significant in any complaint category.

In comparing the number of complaints per participant (see Table XVIII), it was discovered that the proportion of inmates without at least one complaint was very small -- only about 10% on an aggregate basis. The proportion with a single complaint was also relatively small -- almost as many inmates had eight to ten complaints as had only one.

Two to four complaints was the most frequent number reported per inmate while the mean number was 4.5 complaints for the total sample. Indiana had the fewest average number of complaints per participant (3.6), while Wisconsin had the highest (5.1).

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[35]Again, while comparable statistics for the total United States population are not available and those for prison inmates are hard to come by, there was one study conducted by Seth Goldsmith at the Orleans Parish Prison in 1972 which showed somewhat similar results for the few categories of complaints which were common to both studies. See pp. 12 - 13 in Goldsmith, Prison Health, supra, at note 23.

Table XVIII

Number of Complaints per Participant by State

State	None or Missing N	% (Cum %)	One N	% (Cum %)	Two to Four N	% (Cum %)	Five to Seven N	% (Cum %)	Eight to Ten N	% (Cum %)	Eleven to Fourteen N	% (Cum %)	Fifteen to Eighteen N	% (Cum %)	Total N	%	$\bar{X}$#
GEORGIA (R = 0 - 17)*	10	9.9	9	8.9 (8.9)	35	34.7 (43,6)	28	27,7 (71.3)	17	16,9 (88.2)	1	1.0 (89.2)	1	1.0 (90.2)	101	100	4.5
INDIANA (R = 0 - 15)*	18	13.1	19	13.9 (13.9)	58	42.3 (56.2)	29	21.2 (77.4)	8	5.9 (83.3)	4	2.9 (86.2)	1	0.7 (86.9)	137	100	3.6
MARYLAND (R = 0 - 16)*	10	7.6	20	15.2 (15.2)	39	29.6 (44.8)	37	28.0 (72.8)	17	12.9 (85.7)	8	6.0 (91.7)	1	0.8 (92.5) ←	132	100	4.6
MICHIGAN (R = 0 - 18)*	16	12.3	17	13.1 (13.1)	36	27.7 (40.8)	33	25.5 (66.3)	19	14.6 (80.9)	3	2.3 (83.2)	6	4.6 (87.8)	130	100	4.8
WASHINGTON (R = 0 - 13)*	6	11.3	7	13.2 (13.2)	18	33.9 (47.1)	14	26.4 (73.5)	4	7.6 (81.1)	4	7.5 (88.6)	0	- (88.6)	53	100	4.3
WISCONSIN (R = 0 - 17)*	5	5.7	13	14.8 (14,8)	26	29.6 (44.4)	22	24.9 (69.3)	14	15.9 (85.2)	7	8.0 (93.2)	1	1.1 (94.3)	88	100	5.1
TOTAL (R = 0 - 18)*	65	10.1	85	13.3 (13.3)	235	33.1 (46.4)	163	25.4 (71.8)	79	12.3 (84.1)	27	4.2 (88.3)	10	1.6 (89.9)	641	100	4.5

*See Abbreviation Key, Appendix A.

5. Physical Measurements, Vital Signs and Lab Test Results

a. Height and weight

The average height and weight for I/PP participants are shown in Table XIX below.

Table XIX

Average Height and Weight by State

State	Average Height in Inches		Missing Cases		Average Weight in Pounds		Missing Cases	
	$\overline{X}$	SD	N	%	$\overline{X}$	SD	N	%
GEORGIA (SN = 10)	68.8	4.3	2	2.0	157.3	23.8	3	3.0
INDIANA (SN - 137)	68.1	3.2	4	2.9	156.3	24.9	3	2.2
MARYLAND (SN = 132)	69.5	3.0	43	32.6*	158.9	28.7	45	34.1*
MICHIGAN (SN = 130)	69.4	3.2	30	23.1**	155.2	19.8	30	23.1**
WASHINGTON (SN = 53)	69.7	4.5	7	13.2	164.3	22.6	8	15.1
WISCONSIN (SN = 88)	69.0	3.6	2	2.3	158.5	27.8	2	2.3
TOTAL (TN = 641)	69.0	3.6	88	13.7	157.7	24.8	91	14.2

*All cases in Jail 3-1 were missing as were a few cases in other Maryland jails.
**Most of the missing cases were in Jail 4-4.

These figures were not broken out by sex. However, since most of the respondents were male, they are probably only slight underestimates of height and weight for men. Even so, they compare reasonably well with the male national averages.[36] The average height of I/PP participants was the same as that for males elsewhere (69.0 inches), but the inmates tended to weigh less.

b. Vital signs

1) temperature

The average temperature of inmates in each state's sample are given in Table XX, on the next page. As indicated, mean temperatures in all states were normal, but there was at least one individual in each state except Michigan with an abnormal reading.[37] In other words, just over 3% of the 458 individuals whose temperatures were taken had a temperature elevation.

It should be noted, however, that the proportion of missing cases in four of the six states was quite high, and thus, these results may well be an underestimate of the number of inmates who had elevations on the day they participated in the I/PP. As can be seen in Table XX, the state with the highest proportion of inmates with temperature rises (Georgia) also had the smallest proportion of missing cases (2.0%).

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[36] See, e.g., "Height and Weight of Adults 18 - 74 Years of Age in the United States." Rockville, Maryland: National Center for Health Statistics, DHEW, No. 3 (November 19, 1976).

[37] Defined as temperatures of 99.6 or higher.

Table XI

Average Temperature and Rate of Abnormal Readings* by State

State	Average Temperature			Abnormal Readings*		Missing Cases	
	$\bar{X}$	SD	# of Cases	N	%	N	%
GEORGIA	98.3	0.8	99	8	8.1	2	2.0
INDIANA	98.5	0.5	82	1	1.2	55**	40.1
MARYLAND	98.4	0.6	82	2	2.4	50***	37.9
MICHIGAN	98.3	0.5	83	0	-	47****	36.2
WASHINGTON	98.9	0.6	29	2	6.9	24*****	45.3
WISCONSIN	98.3	0.6	83	2	2.4	5	5.7
TOTAL	98.4	0.6	458	15	3.3	183	28.6

Differences in temperature within jails in the same state or by jail size were not significant.

*"Abnormal" was defined as readings of 99.6 and over. Readings of 99.5 or below were considered afebrile.

**All cases in jails 2-3 and 2-7 were missing as were a few readings in other jails.

***All cases in Jail 3-3 were missing as were a few readings in other jails.

****Almost all cases in jail 4-4 were missing as were a few readings in other jails.

*****All cases in jail 5-2 were missing as were a few readings in other jails.

2) pulse rate

The average radical pulse rates of I/PP participants in each state are presented in Table XX below. The range of normal for pulse was defined as 60 to 80 beats per minute. Thus, anything below 60 or above 80 was considered abnormal.

Table XXI

Average Radical Pulse Rate and Rate of Abnormal Readings by State

	Average Pulse Rate Per Minute			Abnormal Readings		Missing Cases	
State	$\bar{X}$	SD	# of Cases	N	%	N	%
GEORGIA	77.4	11.6	95	26	27.4	6	5.9
INDIANA	80.7	13.3	123	58	47.2	14	10.2
MARYLAND	74.1	7.6	102	14	13.7	30	22.7
MICHIGAN	76.7	11.5	106	33	31.1	24	18.5
WASHINGTON	78.5	10.6	46	21	45.7	7	13.2
WISCONSIN	78.1	18.0	87	26	29.9	1	1.1
TOTAL	77.6	12.7	559	178	31.8	82	12.8

A glance at the first column of Table XXI shows that the mean pulse rates in five of the six states were on the high end of the normal range and that the average pulse rate in the remaining state was just over a "high normal" reading. The second column indicates

that the proportion of abnormal readings was consistently high in all states except Maryland. Here again, however, it is worth noting that although Maryland had the lowest mean pulse rate and the lowest proportion of abnormal readings, it also had the highest proportion of missing cases.

As indicated by the high mean rates, the majority of the abnormal pulse recordings were in the rapid (i.e., over 80) rather than the low (i.e., 50 to 59) pulse range. It is difficult to determine what might account for these consistently high readings. It may well be that inmates as a group tend to have higher than normal pulse rates. On the other hand, it is at least possible that these rates were artificially inflated as a consequence of the I/PP process itself.

As shown in the section on prior care, some of the participants had never had a medical examination before. One can speculate that they may have approached their first experience with at least some apprehension. In addition, the fact that the examiners were unknown to most of the inmates and that many of the participants were probably unsure exactly what was going to happen to them, may have served to increase their anxiety level. This, in turn, may have elevated their usual pulse rates.

Some support for the latter interpretation was indicated from the results of cross-tabulations of pulse rate with certain "prior treatment" variables. No association was found between pulse rate and the inmates' responses to questions regarding whether they had

previously been treated for high blood pressure, a heart attack, a heart murmur or other heart trouble.

3) blood pressure

The average readings for both systolic and diastolic blood pressure of I/PP participants in each state are shown in Table XXII (see next page) along with the percents of abnormally high readings. For the present purposes, "abnormal readings" were defined as 140 or higher for systolic pressure and 90 or higher for diastolic pressure.

Comparing these figures across the states, it can be seen that Wisconsin and Maryland had the highest percent of abnormally high systolic rates and Georgia and Wisconsin had the highest percent of abnormally high diastolic rates.

Rates of hypertention were also calculated and are given in Table XXIII below. As indicated, Wisconsin and Georgia had the highest rates. They also had the lowest proportion of missing cases.

Table XXIII

Rate of Hypertention* by State

State	Hypertensive Cases		Non-Hypertensive Cases		Total		% Missing Cases
	N	%	N	%	N	%	
GEORGIA	6	6.2	90	93.8	96	100	5.0
INDIANA	5	4.0	120	96.0	125	100	8.8
MARYLAND	7	6.1	108	93.9	115	100	12.9
MICHIGAN	5	4.4	109	95.6	114	100	12.3
WASHINGTON	2	4.1	47	95.9	49	100	7.5
WISCONSIN	7	8.0	80	92.0	87	100	1.1
Totals	32	5.5	554	94.5	586	100	8.6

*Individuals were considered hypertensive if their systolic pressure was 140 or higher and their diastolic pressure was 90 or higher.

Table XXII

Average Blood Pressure Readings and Rate of Abnormal Readings* by State

	SYSTOLIC							DIASTOLIC						
	Average Systolic Pressure			Abnormal Readings*		Missing Cases		Average Diastolic Pressure			Abnormal Readings*		Missing Cases	
	$\bar{X}$	SD	# of Cases	N	%	N	%	$\bar{X}$	SD	# of Cases	N	%	N	%
GEORGIA	120.9	15.7	97	12	12.4	4	4.8	75.1	10.8	96	13	13.5	5	5.0
INDIANA	118.6	14.5	128	14	10.9	9	6.6	75.2	11.3	125	10	8.0	12	8.8
MARYLAND	123.7	14.7	115	20	17.4	17	12.9	74.1	10.8	115	10	8.7	17	12.9
MICHIGAN	117.0	11.7	115	11	9.6	15	11.5	71.9	9.2	114	7	6.1	16	12.3
WASHINGTON	124.2	11.2	49	3	6.1	4	7.5	77.3	8.2	49	5	10.2	4	7.5
WISCONSIN	123.9	23.2	87	16	18.4	1	1.1	75.1	10.9	87	11	12.6	1	1.1
TOTAL	120.9	15.8	591	76	12.9	50	7.8	74.5	10.5	586	56	9.6	55	8.6

*"Abnormal readings" were defined as 140 or higher for systolic pressure and 90 or higher for diastolic pressure.

Unfortunately, the definition of hypertension utilized in this report does not permit true comparisons with rates of hypertension in the general population. The National Center for Health Statistics of the Department of Health, Education and Welfare (DHEW) defines hypertension as "systolic blood pressure of at least 160 mm. Hg or diastolic blood pressure of at least 95 mm. Hg."[37] This appears to be a somewhat stricter definition than the one employed here. Further, national statistics are broken down by several additional variables such as sex, ethnicity, and age.

Ignoring all of these variables, the national rate of hypertension among adults 18 to 74 years of age in 1974 was calculaged at 18.1%.[38] The rates for participants in the I/PP, however, were considerably lower. Since hypertension is positively associated with age, though, a somewhat more accurate comparison may be made by looking at the national rates of hypertension for individuals in the 18 - 24 and 25 - 34 year categories -- the age groups to which about three-fourths of the I/PP participants belong. National rates for individuals in these two age groups were 3.1 and 6.6 respectively.[39] Hence, it would appear that the rates of hypertension among inmates in the I/PP probably do not differ significantly from those of their same age groups in the general population.

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[37] "Blood Pressure of Persons 6 - 74 Years of Age in the United States." Rockville, Maryland: National Center for Health Statistics, DHEW No. 1 (October 18, 1976), p. 5. See also "Hypertension: United States, 1974." Rockville, Maryland: National Center for Health Statistics, DHEW No. 2 (November 8, 1976).

[38] Ibid.

[39] Ibid.

What is significant about the inmate hypertensive cases, however, is that in most instances, the condition had not been previously identified by the jail and, hence, was not being treated. Only two of these thirty-two individuals indicated on the Inmate Assessment sheet that they had seen a medical person since being incarcerated specifically for blood pressure checks and treatment.

This finding is even more surprising when compared with the results of cross-tabulations of systolic and diastolic blood pressure readings with past treatment for high blood pressure as reported by the inmates. The association between high systolic readings and past treatment for high blood pressure was significant at the .05 level, while the association between high diastolic readings and past treatment for high blood pressure was significant beyond the .005 level.[40/]

In other words, while a number of inmates had been treated for high blood pressure in the past, and hence were aware of their condition, the jails remained ignorant of their inmates' prior medical histories. This situation is one of the unfortunate consequences of the failure of most of the pilot sites to provide a physical examination to inmates on admission, or even to inquire

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[40]Cross-tabs of systolic blood pressure with a prior history of treatment for heart attacks, heart murmurs or other heart trouble were not significant. The same results were found for cross-tabs of diastolic pressure with the variables noted above, with the exception of heart murmurs. In the latter case, the association with high diastolic readings was significant at the .05 level.

regarding inmates' past medical histories.[41]

c. Lab test results

Laboratory tests for three different communicable diseases (tuberculosis, syphilis, and hepatitis) were administered to I/PP participants along with a "dip stick" test designed to uncover urine abnormalities. Aggregate results of the incidence of abnormal lab tests are shown in Table XXIV (see next page) and specification of the types of urine abnormalities are given in Table XXV.

In interpreting these results, the reader should recall from the metholodogy section that abnormal lab tests do not necessarily indicate positive presence of a disease.

Since the I/PP was a screening process only, the proportion of individuals receiving subsequent diagnostic confirmation of the presence of one or more diseases remains unknown. However, informal follow-up with a few of the jails indicated that the presence of the actual diseases was confirmed for at least some inmates in each of the four lab test categories.[42]

The high proportion of missing cases on two of the lab tests should also be noted. Tuberculosis tests were not performed on about half of the respondents in Indiana, Maryland and Washington,

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[41]Only four of the thirty facilities performed routine physical examinations on all inmates on admission, and in two of these four jails, the exams given were quite cursory. See pp. 40 - 41 in "Analysis of the J P-P," supra at note 3.

[42]In one small jail in Washington, for example, two of the four inmates with abnormal tuberculosis tests also had positive x-ray readings for tuberculosis.

Table XXIV

Incidence of Abnormal Test Results - Total Sample

Lab Test	Total Normal		Abnormal						Overall Totals		Number and Percent of Total Cases Missing	
			Total		Previously Identified		Previously Identified and Treated by Jail					
	N	%	N	%	N	%	N	%	N	%	N	%
PPD or Tine for Tuberculosis	359	87.6	51	12.4	(1)	(2.0)	(3)	(5.9)	410	100	231	36.0
VDRL for Syphilis	511	94.1	32	5.9	0	-	(1)	(3.1)	543	100	98	15.3
SGPT or SGOT for Hepatitis	201	70.0	88	30.0	0	-	(2)	(2.3)	289	100	352*	54.9
Urine Dip Stick	521	87.6	74	12.4	(1)	(1.4)	0	-	595	100	46	7.2

*Of these missing cases, 231 or 65.6% were from two states where no hepatitis tests were performed due to prohibitive costs (see text for additional details).

Table XXV

Specification of Urine Abnormalities from Dip Stick Test by State

STATE

Type of Abnormality	Georgia		Indiana		Maryland		Michigan		Washington		Wisconsin		Total	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Abnormal glucose reading	1	6.7	1	7.1	1	16.7	0	-	1	11.1	4	19.0	8*	10.8
Abnormal albumin reading	2	13.3	2	14.3	0	-	0	-	1	11.1	0	-	5	6.8
Abnormal protein reading	0	-	3	21.4	5	83.3	10	90.9	5	55.6	17	81.0	40**	54.0
Occult blood present	1	6.7	7	50.0	0	-	1	9.1	0	-	0	-	9	12.2
Other	11	73.1	1	7.1	0	-	0	-	0	-	0	-	12	16.2
Total	15	100.0	14	100.0 ****	6	100.0 ***	11	100.0	7	100.0	21	100.0 ****	74	100.0

*None of these eight individuals reported a history of prior treatment for diabetes.
**In somewhat less than half of these instances, only a trace of protein was found.
***Differences between jails within a state significant at the .05 level or below.
****Differences between jails within a state significant at the .01 level or below.

and in two states (Georgia and Michigan), no tests for hepatitis were performed due to prohibitive costs (see methodology section for additional details).

In comparing these results by state (see Appendix F), some interesting differences were found. Georgia had the highest proportion of abnormalities on lab tests for both tuberculosis and syphilis (20.0% and 10.5% respectively). Washington also had a fairly high rate of abnormal tuberculosis test readings (19.2%), especially when it is considered that over half of the respondents did not receive this particular lab test. The next highest rate for reactive VDRLs for syphilis occurred in Wisconsin (8.1%). It also had the lowest proportion of missing cases on this test.

Maryland had the highest rate of abnormal readings on hepatitis tests (a whopping 50.6% even though tests were not done on 38.6% of the total respondents in the state). This latter result is even more surprising when it is noted that Maryland had one of the lowest rates of alcohol and drug use reported by its inmates.[43] About a fourth of the inmates in Washington and Wisconsin also showed up with abnormal hepatitis readings as did about 18% of those in Indiana. In the latter instance, however, SGPTs were not performed on almost half of

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[43] See pages 39 - 47 of this report.

the state sample. As noted previously, no hepatitis tests were done in either Georgia or Michigan.

As for urine abnormalities, Wisconsin had the highest rates (24.7%). However, a number of these were abnormal protein readings and the amount involved was only a trace. As indicated in Table XXV, the number of abnormal dip stick readings for glucose, albumin and occult blood was quite small on an aggregate basis.

Comparing lab test results by size of the jail facility also produced some interesting results (see Appendix G). The rates of abnormalities on both tuberculosis and syphilis tests were positively associated with jail size -- i.e., the rates increased as the size of the jail increased. Why this was the case is a matter of speculation, but to some extent it is not surprising that more abnormalities on communicable disease tests occurred in the more populated areas. These differences were significant at the .01 and .001 levels respectively.

On the other hand, the incidence of urine abnormalities was inversely related to the size of the facility -- i.e., as the jail size increased, rates of abnormality decreased. Again, results were significant at the .001 level, but why this association should exist is unknown. The only plausible hypothesis the author could think of was that more inmates in the small jails had never had a physical exam, and, hence, these

abnormalities had gone undetected. A comparison with the jail size breakdowns on the "prior treatment" variables, however, indicated that this was probably not the case.

Another anomaly concerned the rates of abnormal hepatitis tests broken down by jail size. Here, rates were highest in the large jails, then the small jails and then the medium-sized facilities. These differences were significant at the .05 level. A comparison of drug and alcohol use variables broken down by jail size did not provide any explanatory clues. While heroin use was significantly associated with jail size, the relationship was a positive one. As for alcohol, the greatest use was in the medium-sized jails, followed by the small jails and then the large facilities. Differences in alcohol use by size were not significant, however.

As indicated in Table XXIV, the overwhelming majority of abnormal lab test results were conditions previously unknown to the pilot jails. Since it was still possible, though, that inmates had been treated for conditions prior to being incarcerated that could account for these abnormal lab test results, the latter were cross-tabulated with "prior treatment" variables.

A glance at Tables XXVI through XXVII, which follow, shows that prior treatment for specific diseases only partially accounts for abnormalities on corresponding lab tests. Only 12% of those with abnormal tuberculosis lab tests, 25% with abnormal syphilis lab and 21% with abnormal hepatitis labs had ever been treated for tuberculosis, syphilis or hepatitis respectively. None of

the eight individuals with high glucose readings on the urine "dip stick" test had ever been investigated or treated for diabetes. This still leaves a sizeable proportion of abnormal lab test results unaccounted for by either a history of the disease prior to incarceration or treatment received while incarcerated.

Table XXVI

Prior History of Tuberculosis Treatment by Abnormal TB Lab Test

Abnormal TB Lab	Never Treated		Treated: Within Past Year		Treated: Within Past 5 Years		Treated: Over 5 Years Ago		Treated: Time Unknown		Treated: Total		Overall Totals	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Not Previously Identified or Treated by Jail	42	91.3	0	-	1	2.2	2	4.3	1	2.2	(4)	(8.7)	46	100
Previously Identified by Jail	1	100.0	0	-	0	-	0	-	0	-	0	-	1	100
Previously Identified and Treated by Jail	1	33.3	1	33.3	0	-	0	-	1	33.3	(2)	(66.7)	3	100
Total	44	88.0	1	2.0	1	2.0	2	4.0	2	4.0	(6)	(12.0)	50*	100

*One of the individuals with an abnormal tuberculosis lab test result was missing data on this "prior treatment" variable.

Table XXVII

Prior History of Syphilis Treatment by Abnormal VDRL

Abnormal VDRL	Never Treated		Treated: Within Past Year		Treated: Within Past 5 Years		Treated: Over 5 Years Ago		Treated: Time Unknown		Treated: Total		Overall Totals	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Not Previously Identified or Treated by Jail	23	74.2	2	6.5	2	6.5	0	-	4	12.9	(8)	(25.9)	31	100
Previously Identified by Jail	0	-	0	-	0	-	0	-	0	-	0	-	-	-
Previously Identified and Treated by Jail	1	100.0	0	-	0	-	0	-	0	-	0	-	1	100
Total	24	75.0	2	6.25	2	6.25	0	-	4	12.5	(8)	(25.0)	32	100

Table XXVIII

Prior History of Hepatitis Treatment by Abnormal SGPT or SGOT

Abnormal SGPT or SGOT	Never Treated		Treated: Within Past Year		Treated: Within Past 5 Years		Treated: Over 5 Years Ago		Treated: Time Unknown		Treated: Total		Overall Totals	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Not Previously Identified or Treated by Jail	69	80.2	1	1.2	6	7.0	10	11.6	0	-	(17)	(19.8)	86	100
Previously Identified by Jail	0	-	0	-	0	-	0	-	0	-	0	-	0	-
Previously Identified and Treated by Jail	0	-	1	100.0	0	-	0	-	0	-	0	-	1	100
Total	69	79.3	2	2.3	6	6.9	10	11.5	0	-	(18)	(20.7)	87*	100

*One of the individuals with an abnormal hepatitis lab test reading was missing data on this "Prior treatment" variable.

6. Physical Examinations and Recommendations for Follow-on Care

a. Physical examinations

Of the 641 I/PP participants, 35 (5.5%) were released or were otherwise unavailable, so for them physical examinations could not be completed.[44] Hence, the total sample size in this section was reduced to 606 inmates.

The first part of the physical examination simply asked whether the inmates' general appearance was healthy or unhealthy. As indicated in Table XXIX below, in almost all of the instances where examiners[45] completed this information, the inmates appeared healthy. Only 18 (3.5%) did not.

Table XXIX

General Appearance of I/PP Participants to Examiners by State

State	General Appearance						Missing Cases	
	Healthy		Unhealthy		Total			
	N	%	N	%	N	%	%	%
GEORGIA	93	96.9	3	3.1	96	100	4	4.0
INDIANA	104	94.5	6	5.5	110	100	21	16.0
MARYLAND	86	100.0	0	-	86	100	40	31.7
MICHIGAN	103	94.5	6	5.5	109	100	5	4.4
WASHINGTON	36	100.0	0	-	36	100	11	23.4
WISCONSIN	74	96.1	3	3.9	77	100	11	12.5
TOTAL	496	96.5	18	3.5	514	100	92	15.2

[44]Of these thirty-five inmates, 1 (2.9%) was from Georgia; Indiana, Maryland and Washington each had 6 (17.1% per state); and the remaining 16 (45.7%) were from Michigan. Wisconsin had no inmates on whom exams could not be completed. The sex of these individuals could not be determined from the computerized data. Where calculations by sex breakdowns were required, however, the missing cases were presumed to be male since there were substantially more of the latter than females. Thus, the total for males was now 554, the total for females remained 51 and one case had no sex listed.

[45]Examiners included medical students (Washington), physician assistants (Georgia), and physicians (Indiana, Maryland and Wisconsin). Michigan utilized both physicians and PAs.

The physical examination itself called for forty-one items to be checked for females and thirty-nine items to be checked for males.[46] The number and type of items actually completed on any given individual varied, however. In some instances, inmates refused examination of certain body parts.[47] In others, the examiners skipped items. In still others, the physical set-up at the jails and/or the lack of necessary equipment and supplies precluded certain body parts from being checked. The latter reason was particularly true for portions of the physical examination requiring privacy (e.g., pelvics and rectal exams). While the health professionals who conducted the physicals performed admirably under what were often make-shift conditions,[48] they were sometimes unable to compensate for the facilities themselves. Hence, the proportions of missing cases for certain items were somewhat higher than might otherwise be expected.

The incidence of abnormalities of I/PP participants identified during the physical examinations is given in Table XXX (see next page). Before turning to those results,

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[46]See Appendix B, page two of the Inmate Health Status Form (white sheet) for body parts covered on the physical examination.

[47]For example, the objections of some participants to the rectals has already been noted.

[48]Only about a third of the pilot jails have in-house medical clinics, and not even all of these are properly equipped to perform physical examinations with ease (see pp. 38 - 39, "Analysis of the J P-P," supra at note 3). In some cases, portable examining tables and other equipment were brought in from the outside. In others, physicals were conducted on desk tops, dining room tables and even chapel pews.

a few words regarding definitions of abnormalities are warranted. In most instances, the responses recorded by examiners were of a qualitative rather than a quantitative nature. For example, the response to the item, "liver edge," might have been "smooth" or "not palpable" as opposed to some number. In these instances, content analysis of the responses was performed. The various types of responses were first listed, and the list was then checked with a physician consultant who designated each term as either "normal or "abnormal." These definitions were then used in coding responses for computation.

For the few items where the responses were numeric (e.g., "heart rate" or "liver size"), a physician was again consulted to determine the normal range. In these instances, the definitions used were as follows:

Item	Range of Normal	Abnormal Range
Heart Rate	60 to 100	$<$ 60 or $>$100
Liver Size	8 to 10 cm.	$<$ 8 or $>$10
Reflexes	1 to 3	$<$ 1 or $>$3

As indicated in Table XXX, a total of 1,721 abnormalities were identified. This represented about 2.8 abnormalities per inmate examined. The highest proportion of abnormalities identified during the physical examinations was associated with "teeth/dentures" (Item #6(a) -- 39.8%). About a fourth of the inmates had some abnormality of the skin involving lesions, ulcers or jaundice (Item #2(a)) and about a fifth had an abnormal abdominal

Table XXX

Incidence of Abnormalities Identified During Physical Examinations

BODY PART	Total Normal		Abnormal: Not Previously Identified		Abnormal: Previously Identified		Abnormal: Previously Identified and Treated		Overall Totals		% Missing Cases
TOTAL SAMPLE: (N = 606)	N	%	N	%	N	%	N	%	N	%	
1. Head, face, scalp	535	89.9	60	10.1	(1)	(1.7)	(2)	(3.3)	595	100	1.8
2. Skin (a) lesions, ulcers, jaundice	435	76.0	137	24.0	(1)	(0.7)	(6)	(4.4)	572	100	5.6
(b) lacerations, tracks	461	85.5	78	14.5	0	-	(1)	(1.3)	539	100	11.1
3. Eyes (a) pupils	564	93.5	39	6.5	(1)	(2.6)	0	-	603	100	0.5
(b) conjunctiva, sclera	525	93.8	35	6.2	0	-	(1)	(2.9)	560	100	7.6
4. Ears (a) pinnae, canals, drums	530	87.6	75	12.4	0	-	(2)	(2.7)	605	100	0.2
(b) gross hearing	533	94.7	30	5.3	0	-	0	-	563	100	7.1
5. Nose	545	94.6	31	5.4	0	-	0	-	576	100	5.0
6. Mouth (a) teeth/dentures	337	60.2	223	39.8	(4)	(1.8)	(4)	(1.8)	560	100	7.6
(b) throat	526	94.3	32	5.7	0	-	0	-	558	100	7.9
7. Neck (a) lymph nodes	548	90.4	58	9.6	0	-	0	-	606	100	0.0
(b) masses	561	97.4	15	2.6	0	-	0	-	576	100	5.0
8. Chest Wall	549	93.7	37	6.3	(1)	(2.7)	0	-	586	100	3.3
9. Breasts	488	97.0	15	3.0	0	-	0	-	503	100	17.0
10. Lungs	543	90.3	58	9.7	(1)	(1.7)	(3)	(5.2)	601	100	0.8
11. Heart (a) rate	552	95.0	29	5.0	(1)	(3.4)	-	-	581	100	4.1
(b) murmurs	547	93.8	36	6.2	(1)	(2.8)	(1)	(2.8)	583	100	3.8
12. Abdomen (appearance)	471	80.4	115	19.6	0	-	(1)	(0.9)	586	100	3.3
13. Liver (a) size (cm)	483	84.3	90	15.7	0	-	0	-	573	100	5.4
(b) Tenderness	532	96.7	18	3.3	(1)	(5.6)	0	-	550	100	10.9
(c) edge	500	96.7	17	3.3	(1)	(5.9)	0	-	517	100	14.7
14. Spleen	563	99.1	5	0.9	0	-	0	-	568	100	6.3
15. Groin (a) nodes	484	85.2	84	14.8	0	-	0	-	568	100	6.3
(b) lesions	534	98.3	9	1.7	0	-	0	-	543	100	10.4
(c) hernias	526	96.0	22	4.0	(1)	(4.5)	0	-	546	100	9.6
16. Back (a) pain	543	94.1	34	5.9	(1)	(2.9)	(1)	(2.9)	577	100	4.8
(b) range of motion	551	97.7	13	2.3	(1)	(7.7)	0	-	564	100	6.9
17. Extremities (a) clubbing	524	90.8	54	9.2	(1)	(1.9)	(1)	(1.9)	578	100	4.6
(b) tracks	514	91.8	46	8.2	0	-	0	-	560	100	7.6
18. Flanks	521	97.0	16	3.0	0	-	0	-	537	100	11.4
19. Joints (a) deformity	547	94.8	30	5.2	0	-	(1)	(3.3)	577	100	4.8
(b) range of motion	532	95.2	27	4.8	0	-	(1)	(3.7)	559	100	7.8
20. Neurologic (a) reflexes	561	96.2	22	3.8	0	-	0	-	583	100	3.8
(b) gross touch	578	99.1	5	0.9	0	-	0	-	583	100	3.8
(c) gait	574	98.8	7	1.2	0	-	(2)	(28.6)	581	100	4.1
(d) oriented	572	99.3	4	0.7	0	-	0	-	576	100	5.0
(e) speech	567	99.1	5	0.9	0	-	0	-	572	100	5.6
21. Rectal	360	89.6	42	10.4	(1)	(2.4)	0	-	402	100	33.7
22. Males (N = 554): Penis, scrotum, testes	432	91.1	42	8.9	(1)	(2.4)	(5)	(11.9)	474	100	14.4
23. Females (N = 51) (a) vulva, vagina	14	43.8	18	56.2	(1)	(5.6)	(3)	(16.7)	32	100	37.3
(b) cervix	20	62.5	12	37.5	(2)	(16.7)	(2)	(16.7)	32	100	37.3
(c) uterus, adnexae	19	63.3	11	36.7	0	-	(1)	(9.1)	30	100	41.2
Total			(1721)	(100)	(22)	(1.3)	(38)	(2.2)	606		-

appearance [Item #12]. About 16% had an abnormally sized liver [Item #13(a)], about 15% had nodes in the groin area [Item #15(a)], and about the same percent had lacerations or tracks on the skin [Item #2(b)].

While abnormalities of the reproductive organs were not particularly high for males [8.9% -- Item #22), those for females were consistently high in all three categories -- ranging from about a third with abnormalities on two of the items to over half with abnormalities of the vulva/vagina [see items #23(a) - (c)].

Breakdowns by state, jail and jail size were not included in this report since differences in the rates of abnormalities by these variables were non-significant on almost all items. The only consistent exception was the rate of abnormalities associated with liver size. In this instance, significantly higher rates of abnormally sized livers were found in the smaller jails. In part, this may be a consequence of the somewhat higher rate of use of alcohol in these facilities. The differences associated with jail size also help to account for the significant differences found within jails in each of the six states.

Again, while comparable statistics for the general population are not available, these results can be placed in a somewhat better perspective by calculating the number of abnormalities per I/PP participant. Table XXXI gives these breakdowns by state (see next page).

Table XXXI

Number of Abnormalities Per Participant on Physical Exam by State

State	None		One		Two to Four		Five to Seven		Eight to Ten		Eleven to Fifteen		Sixteen to Twenty-Four		Total		
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	$\bar{X}$#
GEORGIA (R = 0 -15)*	6	6.0	20	20.0 (20.0)	48	48.0 (68.0)	21	21.0) (89.0)	4	4.0 (93.0)	1	1.0 (94.0)	0	-	100	100	3.3
INDIANA (R = 0 -10)*	23	17.6	34	26.0 (26.0)	56	42.7 (68.7)	14	10.7 (79.4)	4	3.0 (82.4)	0	-	0	-	131	100	2.4
MARYLAND (R = 0 - 9)*	34	27.0	33	26.2 (26.2)	44	34.9 (61.1)	12	9.5 (70.6)	3	2.4 (73.0)	0	-	0	-	126	100	1.9
MICHIGAN (R = 0 - 11)*	4	3.5	9	7.9 (7.9)	74	64.9 (72.8)	24	21.0 (93.8)	2	1.8 (95.6)	1	0.9 (96.5)	0	-	114	100	3.4
WASHINGTON (R = 0 - 13)*	4	8.5	3	6.4 (6.4)	25	53.2 (59.6)	13	27.7 (87.3)	1	2.1 (89.4)	1	2.1 (91.5)	0	-	47	100	3.7
WISCONSIN (R = 0 - 24)*	18	20.5	12	13.6 (13.6)	36	40.9 (54.5)	18	20.5 (75.0)	3	3.4 (78.4)	0	- (78.4)	1	1.1 (79.5)	88	100	3.1
TOTAL (R = 0 - 24)*	89	14.7	111	18.3 (18.3)	283	46.7 (65.0)	102	16.8 (81.8)	17	2.8 (84.6)	3	0.5 (85.1)	1	0.2 (85.3)	606	100	2.8

*R = range

The findings indicate that the percent of inmates without a single abnormality was fairly low (only about 15% on an aggregate basis). The percent with only one abnormal finding was also low (only an additional 18%). The majority of the inmates in each state fell in the "two to four" abnormalities category, with the average number across all states being about three abnormalities per participant.

Examiners in Maryland and Indiana identified somewhat fewer abnormalities per inmate than those elsewhere. The somewhat higher incidence of recorded abnormalities in Georgia and Washington leads one to speculate whether the level of staff and extent of the examiners' experience in performing physical examinations were inversely associated with the recording of abnormalities. In other words, it may be that the more experienced physicians only record what they consider to be significant abnormalities whereas medical students and physician assistants may record all abnormalities they find.

Be that as it may, there is some evidence to indicate that the extent of recorded abnormalities are under-estimates of the true rates on at least some items. Most notable of these omissions concerns the reported rates for the "mouth: teeth/ dentures" category. In Indiana, for example, dental evaluations were performed by a DDS on I/PP participants in three of the pilot sites. While the regular physical exams showed only about 44% of the sampled inmates in these three jails had abnormalities of the teeth/dentures, the findings of the dentist

were considerably higher. In fact, only one of the 106 individuals examined did not need some type of dental care, and in a number of instances (28.8% in one jail where dental checks were made on 45 inmates), the dental work was described as "urgently needed." If these findings are at all representative, one would expect the abnormal rates of the "teeth/dentures" region to be much higher than those reported here, if this test had been performed by dentists rather than medical professionals.

b. Examiners' recommendations for follow-on diagnosis and treatment

Space was provided at the bottom of the physical examination form for the examiner to make recommendations regarding follow-on diagnostic and treatment services that might be needed. A total of 599 recommendations were made across all six states. The types of suggested follow-up care required are shown in Table XXXII (see next page).

As indicated in this chart, the majority of the recommendations (79.2%) were for some type of medical services (columns A - J), followed by suggested referrals to dentists (16.0% -- column K), to mental health workers (3.3% -- column L), and finally, to optometrists for eye refraction or glasses (1.5% -- column M). Within the medical section, most of the types of services required were suggested referrals to a physician for follow-on primary care (32.7% of medical recommendations and 25.9% of the total -- column F) or suggested referrals for

Table XXXII

Types of Examiner Recommendations by State

Medical

State	A Continue Current Medication or Treatment		B Change Current Medication or Treatment*		C Special Diet Needed or Prescribed		D Treatment for Alcohol Addiction Needed		E Treatment for Drug Addiction Needed		F Refer to MD For Follow-on Primary Care	
	N	%	N	%	N	%	N	%	N	%	N	%
GEORGIA	1	1.0	1	1.0	0	-	1	1.0	0	-	39	39.8
INDIANA	2	2.2	7	7.6	0	-	2	2.2	1	1.1	23	25.0
MARYLAND	4	5.1	0	-	0	-	2	2.5	2	2.5	24	30.4
MICHIGAN	11	6.3	13	7.5	2	1.1	1	0.6	15	8.6	19	10.9
WASHINGTON	1	2.3	3	6.8	0	-	1	2.3	1	2.3	15	34.1
WISCONSIN	6	5.4	7	6.2	1	0.9	3	2.7	2	1.8	35	31.2
TOTAL	25	4.2	31	5.2	3	0.5	10	1.7	21	3.5	155	25.9

*Includes stop, increase or start.

Table XXXII (con't.)

	Medical								Dental		Mental		Other			
	G		H		I		J		K		K		M			
	Refer to Medical Specialist		Follow-on Diagnostic Tests Indicated		In-Patient Hospital Care Needed		Patient Education and/or Self-Care Indicated		Refer to Dentist or Dental Special-ist		Refer to Psy-chiatrist or other Mental Health Worker		Refer to Optom-etrist		Total	
State	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
GEORGIA	16	16.3	18	18.4	1	1.0	3	3.1	17	17.3	1	1.0	0	-	98	100
INDIANA	11	12.0	23	25.0	2	2.2	2	2.2	15	16.3	4	4.3	0	-	92	100
MARYLAND	8	10.1	12	15.2	1	1.3	2	2.5	20	25.3	1	1.3	3	3.8	79	100
MICHIGAN	19	10.9	32	18.4	2	1.1	16	9.2	35	20.1	6	3.5	3	1.7	174	100
WASHINGTON	4	9.1	9	20.5	0	-	0	-	6	13.6	3	6.8	1	2.3	44	100
WISCONSIN	15	13.4	21	18.8	0	-	12	10.7	3	2.7	5	4.5	2	1.8	112	100
TOTAL	73	12.2	115	19.2	6	1.0	35	5.8	96	16.0	20	3.3	9	1.5	599	100

follow-up diagnostic tests (24.3% of medical recommendations and 19.2% of total -- column H).

The proportion of suggested referrals to medical specialists (column G) was also comparatively high (15.4% of medical and 12.2% of total). If this latter type of referral is added to those for general practitioners (column F), it can be stated that over a third of the I/PP participants receiving the physical (38%) needed to see some type of physician.[49] The proportion of participants who needed hospitalization, however, was quite small (only 1% -- Column I).

In order to place these findings in a better perspective, the number of recommendations per participant was also calculated.[50] These appear in Table XXXIII (see next page). As shown in this chart, only slightly more than a third of the total participants (39.1%) did not have a single recommendation for follow-on care. Maryland, Washington and Indiana each had about half of their samples who did not require any services, whereas only about a third of those in Georgia, a fourth of those in Wisconsin and less than a fifth in Michigan fell into

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[49]While most of the categories are not mutually exclusive -- i.e., the same individual could have more than one type of recommendation -- it is not likely that recommendations for the same person would include simultaneous referrals to both a general practitioner and a specialist.

[50]It should be noted that the computer analysis only allowed for up to three recommendations to be coded per participant. Thus, if any individual had four or more, those beyond three were not included in the total. There were probably only a few individuals, if any, affected by this, however. As indicated in Table XXXIII, the number of recommendations after "Two" drops off markedly.

Table XXXIII

Number of Examiner Recommendations per I/PP Patient by State

Number of Recommendations

	None		One		Two		Three		Total		
	N	%	N	% (Cum. %)	N	% (Cum. %)	N	% (Cum. %)	N	%	X
GEORGIA	33	33.0	44	44.0 (44.0)	15 (59)	15.0 (59.0)	8 (67)	8.0 (67.0	100	100	1.0
INDIANA	65	49.6	46	35.1 (35.1)	14 (60)	10.7 (45.8)	6 (66)	4.6 (50.4)	131	100	0.7
MARYLAND	71	56.3	36	28.6 (28.6)	14 (50)	11.1 (39.7)	5 (55)	4.0 (43.7)	126	100	0.6
MICHIGAN	21	18.4	32	28.1 (28.1)	41 (73)	36.0 (64.1))	20 (93)	17.5 (81.6)	114	100	1.5
WASHINGTON	25	53.2	8	17.0 (17.0)	6 (14)	12.8 (29.8)	8 (22)	17.0 (46.8)	47	100	0.9
WISCONSIN	22	25.0	33	37.5 (37.5)	20 (53)	22.7 (60.2)	13 (66)	14.8 (75.0)	88	100	1.3
TOTAL	237	39.1	199	32.8 (32.8)	110 (309)	18.2 (51.0)	60 (369)	9.9 (60.9)	606	100	1.0

this category.[51] There did not appear to be any consistent association between the number of recommendations and the professional level of the examiners.

The mean number of recommendations per participant was one. In comparing this figure with the previous figures for abnormalities identified, the ratio was one to three. In other words, for every three abnormalities identified, the condition was serious enough in one instance to warrant a recommendation for follow-on care.

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[51]While the two studies are not strictly comparable, the high proportion of Michigan I/PP participants needing some type of follow-on care was not inconsistent with a larger study done on prison inmates in the same state. See, Michigan Department of Corrections, Key to Health For a Padlocked Society. Lansing, Michigan: March 1975, especially pages 221 - 232.

B. Inmate Assessment of Jail Health Services

The second major piece of the I/PP consisted of interviewing the participants who had been in jail a week or longer[52/] regarding their opinions of the health care services in the facilities where they were incarcerated. Questions were focused on what the author termed the "four As" of health care in jails, namely: availabiliity, access and adequacy of services, and the attitude of health care personnel serving the jail. In addition, the inmates were asked to rate their own health status and to make recommendations for improving the health care services in their jails. The findings regarding each of these issues are discussed below.

1. Availability, Access and Adequacy[53/]

a. Medical care

1) admission physicials

Inmates were first asked whether they had received a physical examination upon being admitted to jail. Table XXXIV on the next page indicates that only 20% of the respondents had been

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[52]One hundred thirty-nine, or 21.7% of the original 641 participants had been in jail less than a week. Hence, the total sample size in this section was reduced to 502. Breakdowns of sample size by state were as follows: Georgia, 73; Indiana, 102; Maryland, 95; Michigan, 115; Washington, 38; and Wisconsin, 79.

[53]"Availability" refers to whether the jail offers particular services. "Access" refers to how the inmate goes about obtaining services that are offered. Since the "Analysis of the J P-P Data" report (supra at note 3) focused on the availability of services, questions on this part of the Inmate Assessment sheet were primarily devoted to issues of access.

examined when admitted and that most of this group were from Maryland. As expected, the incidence of respondents receiving admission physicals was positively associated with jail size (chi square significant beyond the .001 level). These findings are consistent with those reported in the "Analysis of the J P-P Data" report.[54]

Table XXXIV

I/PP Participants Receiving A Medical Exam on Admission by State

	Reported Receiving Admission Exam		Reported Not Receiving Admission Exam		Total		Missing Cases	
	N	%	N	%	N	%	N	%
GEORGIA	2	2.8	69	97.2	71	100	2	2.7
INDIANA	19	18.6	83	81.4	102	100	0	-
MARYLAND	59	62.8	35	37.2	94	100	1	1.1
MICHIGAN	20	17.4	95	82.6	115	100	0	-
WASHINGTON	0	-	38	100.0	38	100	0	-
WISCONSIN	0	-	79	100.0	79	100	0	-
TOTAL	100	20.0	399	80.0	499	100	3	0.6

Of those individuals receiving admission physicals, the majority were examined within the first week of incarceration (see Chart 1, Appendix H).

[54] See pp. 40 - 41 and Appendix D, supra at note 3.

2) other medical care

Inmates were also asked whether they had seen a medical person since being incarcerated for other than an admission physical. Of the 488 individuals responding to this item, 52.9% indicated they had (see Table XXXV below). These findings were also significantly associated with the size of the facility in a positive direction (chi square significant beyond the .001 level).

Table XXXV

I/PP Participants Seeing a Medical Person Since Incarcerated for other than an Admission Physical by State

State	Reported Seeing		Reported Not Seeing		Total		Missing Cases	
	N	%	N	%	N	%	N	%
GEORGIA	31	42.4	42	57.6	73	100	0	-
INDIANA	36	36.3	63	63.7	99	100	3	2.9
MARYLAND	60	65.9	31	34.1	91	100	4	4.2
MICHIGAN	74	64.9	40	35.1	114	100	1	0.9
WASHINGTON	11	34.4	21	65.7	32	100	6	15.8
WISCONSIN	46	58.2	33	41.8	79	100	0	-
TOTAL	258	52.9	230	47.1	488	100	14	2.9

While a few of the respondents indicated they had seen a medical person more than once, only the most recent visit was recorded. For most of the respondents seeing a medical person, the visit had occurred within the past month.[55] The usual person seen was a physician (74.2%) or a nurse (20.5%), while the remainder were treated by someone at a lower professional level.[56]

Most of those receiving treatment were given some type of medication (Table XXXVI, on the next page). However, only slightly more than half of those treated indicated they felt better after seeing a medical person (Table XXXVII, on the next page). Inmates in Indiana, Wisconsin and Georgia were somewhat more dissatisfied with their visits than those elsewhere. Interestingly, these findings were also positively associated with jail size (chi square significant at the .001 level). The level of satisfaction appeared to be inversely related to the size of the facility. In other words, inmates in the larger jails which tended to have more medical services and facilities available were less satisfied than those in the smaller jails with the fewest medical facilities and services.

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[55] See Chart 2, Appendix H, of this report for breakdowns by state.

[56] See Chart 3, Appendix H, of this report for breakdowns by state.

Table XXXVI

Medication Administered, by State

State	Given Medication		Not Given Medication		Total		Missing Cases	
	N	%	N	%	N	%	N	%
GEORGIA	22	73.3	8	26.7	30	100	1	3.2
INDIANA	24	70.6	10	29.4	34	100	2	5.6
MARYLAND	50	86.2	8	13.8	58	100	2	3.3
MICHIGAN	53	75.7	17	24.3	70	100	4	5.4
WASHINGTON	9	81.8	2	18.2	11	100	0	-
WISCONSIN	38	84.4	7	15.6	45	100	1	2.2
TOTAL	196	79.0	52	21.0	248	100	10	3.9

Table XXXVII

I/PP Participants Who "Felt Better" After Medical Visit, by State

State	Felt Better		Did Not Feel Better		Total Total		Missing Cases	
	N	%	N	%	N	%	N	%
GEORGIA	14	48.3	15	51.7	29	100	2	6.5
INDIANA	13	39.4	20	60.6	33	100	3	8.3
MARYLAND	37	66.1	19	33.9	56	100	4	6.7
MICHIGAN	40	61.5	25	38.5	65	100	9	12.2
WASHINGTON	6	54.5	4	45.5	11	100	0	-
WISCONSIN	18	45.0	22	55.0	40	100	6	13.0
TOTAL	128	54.7	106	45.3	234	100	24	9.3

3) procedure for obtaining medical services

In most instances, access to medical services was controlled by correctional personnel (see Table XXXVIII, on next page). Only 6.1% of the 410 individuals responding to this item indicated that medical services were obtained by making a request directly to a physician or a nurse. Significant differences beyond the .001 level were again found by jail size. Obviously, in the smaller jails where no medical staff are employed, access to health care must be initiated by contacting a correctional staff member.

Inmates were also asked whether anyone had ever stopped them from seeing a physician or any other medical person they wanted to see. As indicated in Table XXXIX (page 89), slightly more than a fourth of those responding to this item indicated that access to desired medical services had been denied. When asked to explain, almost half of the 125 inmates who felt they had been denied medical care stated that their requests had simply not been acknowledged, and another fifth stated that their requests had been referred or screened out by a correctional officer.[57]

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[57] See Chart 4, Appendix H, of this report for additional breakdowns.

Table XXXVIII

Procedure for Obtaining Medical Assistance, by State

State	Through Correctional Officer (CO)		Through "Para-medic"*		Through Nurse		Through Either CO or Nurse		Direct Request to Doctor		Person Not Specified (e.g., "Write a note", or "ask")		Pro-cedure Unknown to Inmate		Other		Total		Missing Cases	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
GEORGIA	4	14.3	0	-	2	7.1	2	7.1	1	3.6	16	57.1	3	10.7	0	-	28	100	45	61.6
INDIANA	57	67.8	0	-	0	-	2	2.4	3	3.6	9	10.7	11	13.1	2	2.4	84	100	18	17.6
MARYLAND	33	41.2	0	-	0	-	0	-	0	-	41	51.3	6	7.5	0	-	80	100	15	15.8
MICHIGAN	49	48.0	23	22.5	10	9.8	3	2.9	0	-	13	12.7	1	1.0	3	2.9	102	100	13	11.3
WASHINGTON	31	83.7	0	-	0	-	0	-	0	-	1	2.7	4	10.8	1	2.7	37	100	1	2.6
WISCONSIN	30	38.0	0	-	9	11.4	0	-	0	-	35	44.3	4	5.1	1	1.3	79	100	0	-
TOTAL	204	49.8	23	5.6	21	5.1	7	1.7	4	1.0	115	28.0	29	7.1	7	1.7	410	100	92	18.3

*This term refers to correctional officers who have had some on-the-job training in performing a few medical functions as well as individuals who have had more formal training, such as that at the EMT level.

Table XXXIX

Incidence of Participants Who Reported Being Stopped from Gaining Access to Medical Services, by State

State	Access Barred		Access Not Barred or Care Not Needed		Total		Missing Cases	
	N	%	N	%	N	%	N	%
GEORGIA	22	31.0	49	69.0	71	100	2	2.7
INDIANA	18	17.8	83	82.2	101	100	1	1.0
MARYLAND	19	22.6	65	77.4	84	100	11	11.6
MICHIGAN	35	30.7	79	69.3	114	100	1	0.9
WASHINGTON	12	33.3	24	66.7	36	100	2	5.3
WISCONSIN	19	25.0	57	75.0	76	100		3.8
TOTAL	125	25.9	357	74.1	482	100	12	2.4

As a further measure of access problems, respondents were asked whether they knew of instances where other inmates who needed care were unable to obtain it. Table XL, on the next page, shows that a somewhat greater proportion were aware of instances where the access of others to medical care had been restricted than had experienced restricted access themselves. The explanations given were similar to the previous instance -- that is, the majority stated that other inmates' requests had simply not been acknowledged, or if acknowledged, had not been heeded.[58]

[58] See Chart 5, Appendix H, of this report for additional breakdowns.

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1 OF 2

Table XL

Incidence of Participants Stating Others were Stopped from Gaining Access to Medical Services, by State

State	Access Barred		Access Not Barred or Care Not Needed		Total		Missing Cases	
	N	%	N	%	N	%	N	%
GEORGIA	29	39.7	44	60.3	73	100	0	-
INDIANA	21	21.4	77	78.6	98	100	4	3.9
MARYLAND	17	20.0	68	80.0	85	100	10	10.5
MICHIGAN	45	39.1	70	60.9	115	100	0	-
WASHINGTON	7	19.4	29	80.6	36	100	2	5.3
WISCONSIN	32	42.1	44	57.9	76	100	3	3.8
TOTAL	151	31.3	332	68.7	483	100	19	3.8

Finally, inmates were asked how long they usually had to wait to see a doctor after the initial request was made. About 60% stated they were seen within the first week.[59] However, only 196 (39%) of the 502 participants responded to this item. Hence, this finding is not considered to be a reliable indicator of total sample trends.

[59] See Chart 6, Appendix H, of this report for additional breakdowns.

b. Dental care

Only 15.4% of those responding stated they had received any dental care since incarcerated (Table XLI below).

Table XLI

I/PP Participants Receiving Dental Care Since Incarcerated, by State

State	Reported Receiving		Reported Not Receiving		Total		Missing Cases	
	N	%	N	%	N	%	N	%
GEORGIA	13	17.8	60	82.2	73	100	0	-
INDIANA	13	12.7	89	87.3	102	100	0	-
MARYLAND	18	19.1	76	80.9	94	100	1	1.1
MICHIGAN	18	15.7	97	84.3	115	100	0	-
WASHINGTON	5	13.2	33	86.8	38	100	0	-
WISCONSIN	10	12.7	69	87.3	79	100	0	-
TOTAL	77	15.4	424	84.6	501	100	1	0.2

This was a consistent trend across all states. While differences between states were not significant, those between various sized jails were (chi sqaure signigicant beyond the .001 level). As anticipated, having received dental care was positively associated with jail size.

Of those individuals receiving dental care, the majority were seen within a week after making the request.[60/] The real

[60] See Chart 7, Appendix H, of this report for additional breakdowns.

issue, however, is whether any inmates needed dental care and were unable to obtain it. Table XLII, below, shows that about a fourth of the respondents were in this category.

Table XLII

Incidence of Participants Who Reported Needing Dental Care but Not Obtaining It, by State

State	Access Barred or Service Not Available		Access Not Barred Or Care Not Needed		Total		Missing Cases	
	N	%	N	%	N	%	N	%
GEORGIA	13	18.1	59	81.9	72	100	1	1.4
INDIANA	17	19.1	72	80.9	89	100	13	12.7
MARYLAND	11	13.9	68	86.1	79	100	16	16.8
MICHIGAN	39	34.8	73	65.2	112	100	3	2.6
WASHINGTON	8	21.1	30	78.9	38	100	0	-
WISCONSIN	21	30.9	47	69.1	68	100	11	13.9
TOTAL	109	23.8	349	76.2	458	100	44	8.8

The explanations offered by those inmates who needed dental care regarding why they did not receive it were varied. About a fourth indicated that they had never requested it for some reason. Most of the remaining 74%, however, stated that their requests were refused or not acknowledged (23%) or had gone unheeded (19%). Another 9% stated they did not know the procedure for obtaining dental care, 10% did not request care because the only dental service provided by the jail was tooth extraction, and 6%

indicated that dental services were simply not available. The remaining few either did not trust the dentist or could not afford to pay for these services themselves.[61]

c. Mental health care

As indicated in Table XLIII, below, about 19% of the inmates stated they had received some type of mental health counseling since being incarcerated. Again, these findings were significantly associated with jail size beyond the .001 level. As expected, mental health services were more often available in the medium and large sized jails than in the smaller facilities.

Table XLIII

Incidence of I/PP Participants Seeing a Mental Health Worker Since Incarcerated, by State

State	Reported Seeing		Reported Not Seeing		Total		Missing Cases	
	N	%	N	%	N	%	N	%
GEORGIA	4	5.5	69	94.5	73	100	0	-
INDIANA	14	14.3	84	85.7	98	100	4	3.9
MARYLAND	20	21.5	73	78.5	93	100	2	2.1
MICHIGAN	32	27.8	83	72.2	115	100	0	-
WASHINGTON	10	26.4	28	73.7	38	100	0	-
WISCONSIN	15	19.0	64	81.0	79	100	0	-
TOTAL	95	19.2	401	80.8	496	100	6	1.2

[61] See Chart 8, Appendix H, of this report for additional breakdowns.

Of those inmates who had seen a mental health worker, however, less than three-fifths felt that individual had helped them (Table XLIV, below). Most of those who felt they had not been helped indicated this was because they had only been seen once (43.7%) or that the counselor's attitude or treatment techniques were unacceptable (43.7%).[62]

Table XLIV

Participants Seeing a Mental Health Worker Who Felt They Had Been Helped, by State

State	Felt Were Helped		Felt Were Not Helped		Total		Missing Cases	
	N	%	N	%	N	%	N	%
GEORGIA	2	50.0	2	50.0	4	100	0	-
INDIANA	4	28.6	10	71.4	14	100	0	-
MARYLAND	12	70.6	5	29.4	17	100	3	15.0
MICHIGAN	16	57.1	12	49.9	28	100	4	12.5
WASHINGTON	6	66.7	3	33.3	9	100	1	10.0
WISCONSIN	8	80.0	2	20.0	10	100	5	33.3
TOTAL	48	58.5	34	41.5	82	100	13	13.7

Again, however, the real question is whether there were any inmates who felt they needed mental health services but were unable to obtain them. Table XLV, on the next page, shows that about a fifth of the respondents were in this category.

[62] See Chart 8, Appendix H, of this report for additional breakdowns.

Table XLV

Incidence of Participants who Reported Needing Mental Health Care but Not Obtaining It, by State

State	Access Barred Service Not Available		Access Not Barred or Care Not Needed		Total		Missing Cases	
	N	%	N	%	N	%	N	%
GEORGIA	9	12.7	62	87.3	71	100	2	2.8
INDIANA	19	19.0	81	81.0	100	100	2	2.0
MARYLAND	11	15.3	61	84.7	72	100	23	24.2
MICHIGAN	33	30.0	77	70.0	110	100	5	4.3
WASHINGTON	4	11.4	31	88.6	35	100	3	7.9
WISCONSIN	18	23.4	59	76.6	77	100	2	2.5
TOTAL	94	20.2	371	79.8	465	100	37	7.4

Most of the reasons offered by those who felt they needed mental health services regarding why such care was not obtained, were again focused on issues of access. Almost half indicated that their requests had been refused or were never acknowledged and another 14% stated their requests had been acknowledged but they were still waiting to be treated. About 11% said they had never made a request for services for some reason even though they felt they needed counseling, and 15% said mental health services were not available in their jails.[63]

[63] See Chart 9, Appendix H, of this report for additional breakdowns.

d. Summary

In summary, it appears that sizeable proportions of the respondents experienced difficulties in receiving needed health care. In some instances, medical, dental and/or mental health services were simply not available in their jails. Even where they were provided, however, inmates could not always obtain care when needed. Sometimes, individuals had to wait too long before services were provided. In the majority of cases, however, the request was refused or not acknowledged.

Without knowing the circumstances of the refusals or the level of staff making them, it is difficult to be too critical of this finding. However, the issue of acknowledgement is somewhat different. In the large facilities which may have medical staff, the inmate should at least be told that the request for service was received and what action will be taken. A request screened out by a medical professional is a very different situation than one screened out by a correctional officer without medical training.

There were also instances where health care was not received because the inmates did not know the procedures for obtaining it. Again, this circumstance could easily be corrected.

2. Attitude Of Health Care Personnel

Respondents were also asked about the attitudes of health care personnel serving the jail toward the inmates. Table XLVI (see next page) shows that somewhat more than a fourth of the respondents felt health care providers had negative attitudes toward their patients in jails (columns A, B and C).

Table XLVI

Attitudes of Health Care Personnel Serving the Jail toward the Inmates, by State

State	Attitude: A Hostile, Cynical or Condesending		B Indifferent or Impersonal		C Not as Good as Provided in Community		D Fair/Okay/ Alright		E Good/Very Good/Ideal		F Mixed (Some nice, some not)		G Don't Know or Never Had Any Contact		Total		Missing Cases	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
GEORGIA	10	22.8	6	13.6	1	2.3	7	15.9	5	11.4	3	6.8	12	27.3	44	100	29	39.7
INDIANA	6	6.6	22	24.2	0	-	14	15.4	25	27.5	1	1.1	23	25.3	91	100	11	10.8
MARYLAND	9	10.0	16	17.8	4	4.4	29	32.2	10	11.1	5	5.6	17	18.9	90	100	5	5.3
MICHIGAN	8	7.4	7	6.5	0	-	24	22.2	45	41.7	19	17.6	5	4.6	108	100	7	6.1
WASHINGTON	1	3.2	4	12.9	1	3.2	4	12.9	4	12.9	2	6.5	15	48.4	31	100	7	18.4
WISCONSIN	10	13.3	10	13.3	4	5.4	11	14.6	8	10.7	5	6.7	27	36.0	75	100	4	5.1
TOTAL	44	10.0	65	14.8	10	2.3	89	20.3	97	22.1	35	8.0	99	22.6	439	100	63	12.5

On the other hand, about 20% felt the attitudes of health care providers toward inmates were at least "fair," and about an equal number described these attitudes as "good, very good or great." Differences in responses on this item within jails in the same state were significant at the .05 level or below in Indiana, Maryland and Michigan. Differences between jails in Georgia, Washington and Wisconsin were not significant.

3. Inmate Ratings

In rating their own health care status, about 60% of the respondents said they were in "excellent" or "good" health (see Table XLVII, next page). Another 30% said their health was "fair" while the remaining 10% said it was "bad or "very bad." Since the majority of the inmates who participated in the I/PP were young (about three-fourths were under thirty-five years of age), the number who said they were in good to excellent health is not surprising. In fact, somewhat the reverse is true -- i.e., in view of their youth, the number who described their health as only fair or bad appears high.

It should be remembered, however, that a sizeable proportion of the inmates reported using drugs or alcohol on a daily basis, and this fact may account for a number of those who did not feel they were in good health. As Table XLVIII (page 100) indicates, about 11% of the respondents said their health status had improved since being incarcerated. In most of these cases, the reason given for the improvement was that the person was now off alcohol and/or drugs.

Table XLVII

I/PP Participants Self-Rating of Health Care Status, by State

State	Own Health Rated: Excellent N	Excellent %	Good N	Good %	Fair N	Fair %	Bad N	Bad %	Very Bad N	Very Bad %	Total N	Total %	Missing Cases N	Missing Cases %
GEORGIA	10	13.9	36	50.0	20	27.8	6	8.3	0	-	72	100	1	1.4
INDIANA	19	18.8	45	44.6	24	23.8	12	11.9	1	1.0	101	100	1	1.0
MARYLAND	11	11.6	41	43.2	39	41.1	4	4.2	0	-	95	100	0	-
MICHIGAN	22	19.3	49	43.0	25	21.9	15	13.2	3	2.6	114	100	1	0.9
WASHINGTON	9	23.7	14	36.8	10	26.3	4	10.5	1	2.6	38	100	0	-
WISCONSIN	8	10.3	32	41.0	32	41.0	6	7.7	0	-	78	100	1	1.3
TOTAL	79	15.9	217	43.6	150	30.1	47	9.4	5	1.0	498	100	4	0.8

Table XLVIII

Inmate Assessment of Changes in Health Status Since Incarcerated, by State

State	Health Status: Improved		Stayed About The Same		Worsened		Total		Missing Cases	
	N	%	N	%	N	%	N	%	N	%
GEORGIA	3	4.2	35	49.3	33	46.5	71	100	2	2.7
INDIANA	11	11.5	56	58.3	29	30.2	96	100	6	5.9
MARYLAND	10	10.8	59	63.4	24	25.8	93	100	2	2.1
MICHIGAN	11	9.6	57	50.0	46	40.4	114	100	1	0.9
WASHINGTON	4	13.5	15	40.5	17	46.0	37	100	1	2.6
WISCONSIN	14	17.9	25	32.1	39	50.0	78	100	1	1.3
TOTAL	54	11.0	247	50.5	188	38.5	489	100	13	2.6

Also of interest in Table XLVIII is the number of respondents who felt that their health had worsened since being incarcerated (38.5% on an aggregate basis). Of these 188 inmates, a full 25% indicated their mental health had deteriorated simply as a result of being imprisoned. About another fourth indicated their health had worsened either because they could not obtain treatment for an existing condition or because they had developed a new health problem. Most of the remainder attributed the decline in their health status to various environmental factors of jail life such as a lack of exercise and/or other activities, unsanitary conditions, overcrowding, insufficient or inadequate food, etc.

The third rating respondents were asked to make was to compare the health care services they were used to receiving on the outside with those available at the jail. Table XLIX, below, shows that most respondents (60%) felt they had received better care in the community. Primary among the reasons offered regarding why they felt they had received better care in the community were explanations related to issues of access. About 55% of these 254 inmates said they could get the kind of care they needed when they needed it on the outside more often than they could in jail.

Table XLIX

Inmate Assessment of Jail's Health Care Compared to What Used to on the Outside, by State

State	Better in Jail		Both About the Same		Better in Community		Total		Missing Cases	
	N	%	N	%	N	%	N	%	N	%
GEORGIA	1	2.4	8	19.0	33	78.6	42	100	31	42.5
INDIANA	8	8.6	39	41.9	46	49.5	93	100	9	8.8
MARYLAND	2	2.3	40	46.0	45	51.7	87	100	8	8.4
MICHIGAN	8	7.6	36	34.3	61	58.1	105	100	10	8.7
WASHINGTON	0	-	13	38.2	21	61.8	34	100	4	10.5
WISCONSIN	5	7.6	13	19.7	48	72.7	66	100	13	16.5
TOTAL	24	5.6	149	34.9	254	59.5	427	100	75	14.9

Another 28% indicated that certain services were not available at all in jail whereas they were available in the community, and 10% stated that the attitude of community health care providers was better than those serving the jail.

Most of those few who said the health care in jail was better than what they were used to in the community, did so because they had never received any health care on the outside.

Some interesting differences were found when these results were compared by the size of the jails. Again, there was an inverse relationship between the size of the jail and the proportion of inmates who felt that the health care at the jail was about the same as what they were used to in the community (chi square significant beyond the .001 level). In other words, inmates in the larger jails where the most facilities and services were available, still felt what they were used to in the community was better.

4. Recommendations

At the end of these interviews, the inmates were given an opportunity to make suggestions for improving or changing the jail's current health care delivery system. Table L (see next page) shows that only about a third of the respondents had no recommendations to make. Proportionately greater numbers of inmates in Washington, Wisconsin and Michigan made suggestions than did those in the other three states. Also, proportionately more of the recommendations were made by inmates in the large size jails than in the smaller facilities (chi square significant beyond the .001 level).

The 317 respondents who had suggestions for improving health care systems in jails made a total of 567 recommendations. Of

Table L

Number of Recommendations per I/PP Participant by State

	None		One		Two		Three		Four		Total		
	N	%	N	%	N	%	N	%	N	%	N	%	$\overline{X}$
GEORGIA	29	39.7	16	21.9	14	19.2	5	6.8	9	12.3	73	100	1.3
INDIANA	50	49.0	22	21.6	23	22.5	5	4.9	2	2.0	102	100	0.9
MARYLAND	42	44.2	39	41.1	11	11.6	3	3.2	0	-	95	100	0.7
MICHIGAN	39	33.9	39	33.9	22	19.1	12	10.4	3	2.6	115	100	1.1
WASHINGTON	5	13.2	13	34.2	13	34.2	5	13.2	2	5.3	38	100	1.6
WISCONSIN	20	25.3	26	32.9	13	16.5	14	17.7	6	7.6	79	100	1.5
TOTAL	185	36.9	155	30.9	96	19.1	44	8.8	22	4.4	502	100	1.1

this latter figure, about 63% (N = 356) were directly related to improvements in medical ser ıces, 27% concerned improvements in environmental conditions and only 10% of the suggestions referred to special services such as mental health care, dental care, hearing and eye examinations or special services for drug addicts, alcoholics or women. In other words, the inmates most immediate problems seemed to revolve around issues related to primary medical care.

In this latter category, of the 356 recommendations made, 45.5% were suggestions to improve the availability of certain services, facilities and staff; 27.5% concerned recommendations to improve the adequacy (i.e., quality) of services presently offered; 11.5% were suggestions to improve inmates' access to services now offered; and 9.8% were suggestions to improve the attitudes of current health care professionals.

IV SUMMARY AND CONCLUSIONS

The specific findings of the I/PP screening process in the six states included in the AMA Jail Program have been sufficiently detailed in the text and the tables and need not be reiterated in full. Nevertheless, a brief summary of a few of the highlights is revealing. Keeping in mind that the majority of the 641 inmates examined were young adults (75% were under thirty-five years of age), and that this age group tends to be the healthiest in the general population, consider the following statistics:

Prior Care

- 26% of the respondents indicated they had never had their eyes examined;
- 15% said they had never had a physical examination and another 9% had not had one for over five years;
- 16% had never been to a dentist and an additional 13% had not seen one within the past five years.

Prior Alcohol and Drug Use

- 50% reported using alcohol and 18% reported using heroin on a daily basis prior to incarceration;
- In 15% of the former and 60% of the latter cases, the alcohol or drug use was heavy enough that the individuals reported undergoing withdrawal when admitted to jail.

Vital Signs

- 3% of the individuals whose temperatures were taken had readings in excess of 99.5 on the day they were examined for the I/PP;

- 5.5% of those examined had hypertention. This condition was unknown to the jails in most instances, and hence treatment was not being given.

Lab Tests

Initial laboratory screening showed that:

- 12.4% had abnormal tuberculosis test results;
- 5.9% had abnormal VDRL tests for syphilis;
- 30% had abnormal hepatitis test results; and
- 12.4% had urine abnormalities.

Prior histories of treatment for certain diseases (e.g., tuberculosis, syphilis, hepatitis, diabetes, etc.) and heavy alcohol and/or drug use accounted for some but not all of the abnormal test results. While the exact proportion is unknown of those whose lab tests were abnormal where the positive presence of a disease was subsequently confirmed, informal follow-up showed the presence of the actual diseases in some inmates in each category. Again, these conditions were largely unknown to the jails and, hence, were not being treated.

Physical Examinations

- 90% of the inmates examined had at least one medical complaint;
- In 60.9% of these cases, recommendations for some type of follow-up care were made by the medical examiners;
- Physical examinations revealed about three abnormalities per participant. Of these, one in every three was serious enough to elicit a recommendation from the medical examiner for the inmate to receive some type of follow-up care. Again, most of these conditions requiring further diagnosis and/or treatment had not been previously identified or treated by the jails.

Inmate Assessment

- Of the 502 inmates interviewed, only 20% reported having received a physical examination on admission to jail;
- 26% of these 502 reported they were unable to obtain the medical care they needed either because it was not available in the jail or because access to these services was denied either by correctional or medical staff (but especially the former);
- About the same percent indicated they had been unable to obtain needed dental care for the same reasons as above, and 20% indicated they needed mental health care but had not been able to obtain it;
- 60% said the health care available in the jail was not as good as what they were used to receiving in the community; and
- Almost 40% of the inmates felt their health status had declined since being incarcerated.

The analysis of the Jail Pre-Profile data indicated that a number of health care services and facilities were not available to inmates in the pilot jails. The results of the Inmate/Patient Profile data as discussed in this report clearly show that some of the consequences of not providing certain services are, indeed, serious ones.

The major significance of the I/PP data was not the discovery that inmates have health problems. Their lack of regular prior care and their extensive use of alcohol and drugs render the above statement an "expected" finding. What is important about the I/PP results, then, is not the incidence of particular diseases and problems per se, but rather that, for the most part, these conditions were not previously known to the jails and, hence, inmates were not being treated.

Thus, if one of the consequences of failing to examine inmates on admission regarding existing or potential health problems is that certain diseases go undetected, the jails and the communities they serve must decide if they are willing to bear the costs of allowing this situation to continue. Given the highly communicable nature of some of the diseases identified in this report, the overcrowding that exists in a number of the jails, and the fact that the majority of the individuals in jails will be returning to their communities in just a few days, it is inconceivable from the author's perspective that even one case of tuberculosis or syphilis or hepatitis should be allowed to go untreated. From a public health standpoint, to continue to ignore the high risk population represented by jail inmates would be sheer folly.

APPENDIX A

Abbreviation Key

ABBREVIATION KEY

General

ADP - Average Daily Population
DOC - Department of Corrections
I/PP - Inmate/Patient Profile
J P-P - Jail Pre-profile
LOS - Length of Stay
TA - Technical Assistance

National Organizations/Agencies

AA - Alcoholics Anonymous
ABA - American Bar Association
ACA - American Correctional Association
ADA - American Dental Association
AMA - American Medical Association
DHEW - Department of Health, Education and Welfare
LEAA - Law Enforcement Assistance Administration
NACCJSG - National Advisory Committee on Criminal Justice Standards and Goals
NSA - National Sheriffs' Association
PSRO - Professional Standards Review Organizations

State Medical Association/Societies

ISMA - Indiana State Medical Association
MAG - Medical Association of Georgia
MED/CHI - Medical and Chirurgical Faculty of the State of Maryland
MFHC - Maryland Foundation for Health Care
MSMS - Michigan State Medical Society
SMSW - State Medical Society of Wisconsin
WSMA - Washington State Medical Association

Personnel

Corrections

CO - Corrections Officer

Health Care

DDS - Doctor of Dental Surgery
DO - Doctor of Osteopathy
ECT - Emergency Care Technician
EMT - Emergency Medical Technician
LPN - Licensed Practical Nurse
MD - Doctor of Medicine
RN - Registered Nurse
PA - Physician's Assistant

Research Terms

N = Number
N/A = Not applicable
R = Range
SD = Standard deviation
SN = State sample size
TN = Total sample size

Symbols Used in Charts

$\overline{X}$ = Mean
= Number
% = Percent
Cum
% = Cumulative percentage
$>$ = Greater than
$\geq$ = Greater than or equal to
$<$ = Less than
$\leq$ = Less than or equal to

APPENDIX B

Form and Instructions for Conducting the Inmate/Patient Profiles

1. Instruction Sheet
2. I/PP Sample: Master List
3. Sample Explanatory Statement
4. Informed Consent Form
5. Guidelines for Space, Personnel and Equipment Needed
6. Lab Test Results Form
7. Health Status Profile Form (White Sheet)
8. Inmate Assessment Form (Yellow Sheet)

AMA JAIL PROJECT

Instructions for Completing the Inmate/Patient Profile (I/PP) Forms

1. EXPLANATION OF FORMS

Most of the forms are self-explanatory. However, additional information may be helpful regarding the following:

A. I/PP Sample - Master List

This is the form you will use to record whom you are going to see that day. If everyone in the jail is to be seen, you simply list the names of everyone in the jail that day. If you are pulling a sample, you list the names of the inmates selected.

You don't have to see the inmates in the order in which their names appear, but you should try to see the unsentenced inmates first as they will usually be there for the shortest period of time.

This form allows you to keep track of who participated in the I/PP. If you are unable to do an I/PP on any of the inmates listed, please indicate why it could not be done in the column titled "If no, reason?" e.g., "inmate refused," "inmate released," "inmate at court," "inmate at work," etc.

B. Health Status Profile (White Sheet)

1. The top line can be completed before the day of actual implementation. For those of you who do not wish to complete the name of the jail and state in full, I have enclosed a key for jail codes which may be used instead. Thus, instead of writing, e.g., "Atlanta City Jail, Ga." on each sheet, that state could enter numbers in the appropriate blanks. Please note, however, that the order is "Jail/State" on the I/PP forms and "State/Jail" on the Jail Code Key.

2. The "Inmate ID" is the number taken from the Inmate Sample - Master List.

3. Under "Basic Data" on the I/PP, "Here before?" means "Have you ever been in this jail before?"

4. Under "Health History":

a. "Most recent experience" is only to get an approximate time frame and need not be an exact date.

b. "In the Space Provided Below" - Make sure anything written in this section is entered on the same line as the item it refers to.

c. Under "Prior Care," "psychiatrist" should be taken to mean any mental health professional, e.g., psychologist, social worker, etc.

d. "Are you taking any medicines now?" means "as of today."

e. "Have you gained or lost weight lately?" means within the past month or so.

5. Under "Review of Systems," the time frame of interest is "within the past month" except under Females, "Are you presently menstruating?" means "as of today." This latter piece of information is only tolet the physician know whether or not a pelvic should be done.

6. Under "Lab Work," specimens are gathered on the day of the I/PP but this section can not be completed until after the lab analysis has been done.

7. Under "Physical Exam," the "Ident?" (Identified) and "Rx?" (treated) columns are not completed by the physican, so s/he can just ignore those items. Physicians who want to can sign the form at the bottom of the page although their names will appear on the consent form as well.

II LAY TERMS AND ABBREVIATIONS

It may be necessary to translate some of the diseases and drugs into lay terms. I did not come up with any additional slang terms other than those I sent previously, so you're on your own.

As for abbreviations, please use the following symbols to record responses not provided for:

DK = Don't Know
NAP = Not Applicable
NAV = Not available
ND = Not Done
NR = No Record
RF = Refused

III PROCEDURES

On the day you have selected to do the I/PP, you will need to get to the jail early to pull your sample or to list the names of the people in jail that day. (Fill out I/PP Sample - Master List form.)

About half an hour or an hour later, you should sit down with your volunteers (except the physicians) to go over the forms and the plans for that day. Or, you may wish to have a planning session with your volunteers a couple of days prior to the date of implementation if the jail is a large one.

In any case, after you have your list of the inmates you want to see, you will need to work out a "schedule" with the correctional staff. If possible and if space is available, try to get the inmates in groups instead of one at a time.

When you have your first inmate or group of inmates, explain the program. (See enclosed "Sample Explanatory Statement.) If the inmate(s) agree to participate, give them a copy of the consent form. Read the consent form out loud to the inmate(s), stopping to explain each paragraph as you go and answer any questions. Cross out any sections they do not agree with. Then, have the inmate(s) sign one copy and have it witnessed. If the inmate does not want to participate, mark "refused" in the "Reason" column on the Master List.

Then, you will need to start a "white sheet" for each inmate participating. Complete the top line if not done previously and enter the Inmate's ID number. Then complete or have the inmates complete the rest of the Basic Data Section.

For those inmates who have been in jail a week or more on the day you see them, fill out the top line of the "yellow sheet" as well. The inmates then take their forms to the next station to complete the Health History.

The Health History section can be self-administered in a group if you have a staff member to serve as "group leader." In this case, the questions should be read aloud and the leader should monitor the inmates filling out the forms to make sure they are completing them correctly. In some instances, inmates may be illiterate or slow, and the medical society staff person will have to complete the form by interviewing inmates individually.

Inmates would then move to the next station to have their height, weight, etc., measured and to take the specimens for the lab tests.

Next, they see a physician, who does the physical exam.

Finally, they go to the last station where the white forms are collected and the inmates with yellow forms are interviewed. Please note that the yellow forms should be completed through individual interviews and not self-administered in order to provide the best possible data.

You should also note that the order of the procedures as outlined is simply a suggested one. You may come up with better ones depending on the space available and the size of your volunteer staff.

IV FOLLOW-UP STEPS

After gathering the data, you will need to arrange for the following:

A. Obtain the results of the lab analyses and check the appropriate boxes on the white forms.

Note: Depending on the type of test used to detect tuberculosis, it may be necessary to have an RN go back to the jail to "read" the tests. If the tine test is used, though, there are cards the inmates can complete themselves and all you will need to do is to collect them.

B. If any diseases or abnormalities are discovered and/or the physician has made recommendations for follow-up treatment, you will need to:

1. Inform the inmate;

2. Inform the sheriff/jailer <u>if</u> the inmate has given you permission to do so on the consent form;

3. Verify whether or not the jail had already identified that medical problem and the inmate was receiving treatment.

C. Verify the factual (as opposed to subjective) statements the inmates have given on the yellow sheets from available records of your own knowledge of the jail's health care delivery system. If the jail does not keep the necessary records, just mark the "Verified?" box "NR" (i.e., No Record).

D. <u>If</u> the inmate has given you permission and <u>if</u> the jail want a copy of the white sheet for their records, send them one. <u>DO NOT</u> send the jail a copy of the yellow sheet responses though, as that information should be kept confidential.

AMA JAIL PROJECT

I/PP Sample: Master List

State/Jail Code _____ Date _____

Inmate ID Number	Name of Inmate	I/PP Done? Yes	No	If No, Reason:
01				
02				
03				
04				
05				
06				
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AMA JAIL PROJECT

Sample Explanatory Statement for
Potential I/PP Participants

Hi. My name is _____. I work for the _____ state medical association. We're one of six states currently involved in a national program sponsored by the American Medical Association. The purpose of this program is to improve health care in jails. As a part of the program, we are talking to a few inmates in different jails to see what their medical needs are and to see what they think can be done to improve health care services in their jails. (If only doing a sample of inmates): "From a list of everybody who's in this jail today, we pulled a few names. Yours was one of the ones that came up." OR (if the whole jail is to be done): "In this jail, we're going to try to talk to everyone."

What we would like to do today is to ask you a few questions about your past medical problems, then have a doctor give you a check-up and, if you've been here awhile, to ask you a few questions about how you feel about the health care that may or may not be available here.

We would like you to know that you don't have to participate in this interview and physical if you don't want to. If you do decide to participate, however, you still have the right to refuse to answer any questions asked of you. Also, the information we obtain will be kept confidential. It will not be released to anyone in the jail without your permission.

Now, before you decide, are there any questions you would like to ask of me?

Well, what do you think? Would you be willing to help us in this or not?

Jail: _____ State: _____

INFORMED CONSENT

I, _____, agree to furnish personal health and medical information to the _____ and to
(name of inmate) (state medical society)

_____, M.D., for the American Medical Association's Health Care in Correctional Institutions Program (The Program) and I give my consent to all the following actions which will be taken under the Program. The Program's goal is to improve medical care and health services for inmates of jails in the United States.
(name of physician)

I fully understand that my participation is voluntary; that I do not have to answer every question; and, that I may withdraw from this project at any time without any harmful effects to me, and without any penalty against me or my record. I also understand that the specific information I provide may be given by the state medical society, to the American Medical Association, their consultants and to the Law Enforcement Assistance Administration.

I have been told that the purpose of this information collection is to determine what the medical and health needs of inmates are and what steps can be taken to provide improved medical and health care for them and I authorize the use of the information I provide for these purposes. I further authorize a copy of the medical history, problems, laboratory tests and examinations to be placed in my medical record.

I agree to submit to, and provide the Information Collector with the results of the following: a skin test to see if I have tuberculosis (T.B.); a urine test; a blood test to see if I have syphilis; a blood test to see if I have hepatitis; a general examination of my body; and I understand that there are no foreseeable risks or discomforts reasonably to be expected from my participation in The Program or the above tests, and that it is hoped the results of this data collection may lead to improvements in the health services of jails. The nature of the tests, possible alternative methods of testing and the risks, if any, of injury to me, despite precautions has been explained to me.

I have been promised nothing that will be of benefit to me. I understand that this information gathering and testing is not the start of, nor is it in the nature of, medical treatment for me.

The Information Collectors have agreed to answer to their best ability any questions I may have.

By signing below, I acknowledge that I have read and/or understand all of the above provisions, and hereby give my voluntary consent to them.

_____ _____
(Signature of Inmate) (Date)

WITNESS: I, _____, witness to the above signature, acknowledge that this "Informed Consent" was orally explained to the Inmate prior to signing, and that the Inmate acknowledged understanding the form and further acknowledged that he or she signed it voluntarily and without any coercion, force, promises or special inducements.
(name of witness)

_____ _____
(Signature of Witness) (Date)

AMA JAIL PROJECT

Guidelines for Space, Personnel and Equipment Needed to Complete the I/PP

I/PP Section	Space Needed	Personnel	Forms and Equipment	Number
A. Explanation and consent	1 Room/Area	1 Medical society staff member	I/PP Sample - Master List	1 per jail
			Sample Explanatory Statement	1 per jail
			Inmate Consent Forms	1 per inmate
			Health Status forms (white sheet)	1 per inmate
			Inmate Assessment Forms, (yellow sheet)	1 per inmate who has been in jail 1 week or more
B. Health History Section	1 Room/Area	1 Paramedic (EMT, LPN, RN, etc.) or 1 medical society staff member	No additional equipment required except a pen or pencil. Inmates bring their I/PP white sheets with them.	
C. Physical Assessment	1 Room/Area (could double up with "Health History Room")	1 Paramedic (EMT, LPN, RN)	Ruler or measuring tape	1 per jail
			Scale	1 per jail
			Syphinogomonometer (blood-pressure apparatus)	1 per jail
			Thermometer	1 per jail
			Alcohol (to sterilize thermometer)	1 bottle
D. Lab Work	1 Room/Area plus access to bathroom	1 Paramedic (RN, lab technician, etc., trained to perform necessary tests)	TB test (Manatou)	
			Inmate identification equipment	1 per inmate
			Tuberculin syrum	1 per inmate
			Disposable syringe	1 per inmate
			Alcohol swab	1 per inmate
			(Note: this equipment may differ by type of TB test selected	

D.	Lab Work (con't)			<u>Urine Test</u>	
				Urine specimen cups	1 per inmate
				Inmate identification equipment	1 per inmate
				Urine dip sticks	1 per inmate
				<u>Blood Tests</u>	
				Vacutainer tubes	1 per inmate
				Holders	1 per inmate
				Needles	1 per inmate
				Alcohol swabs	1 per inmate
				Tourniquet	1 per jail
				Inmate identification equipment	1 per inmate
E.	Physical Examination	1 Examining Room	1 Physician, PA, or medical student trained to perform physical exams	Usual equipment and supplies a physician would carry (e.g., stethoscope, otoscope, opthalmoscope, reflex hammer, tongue depressors, etc.), plus: examining table, disposable gloves and jelly for rectals, speculum for pelvics	Equipment = per physician Supplies = per inmate

AMA JAIL PROJECT

Lab Test Results

State/Jail Code _____ Date _____

Patient ID No.	TB Test (Tine, Mantoux, Etc.)	Blood		Urine		
		SGPT	VDRL	Sugar	Protein	Blood

APPENDIX C

Prior Health Care of I/PP Participants by State

Charts:

1. Treated by a Doctor
2. Had a Physical Exam
3. Hospitalized for a Medical Problem
4. Had an Operation
5. Been To See a Dentist
6. Been To See a Psychiatrist or other Mental Health Professional
7. Hospitalized for a Mental Problem
8. Had an Eye Examination

Chart 1

I/PP Participants Who Had Been Treated by a Doctor, by State

State	Never Treated		Treated within the Past: Week		Month		6 Months		Year		5 Years		More Than 5 Years		Time Unknown		Total	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
GEORGIA	10	10.2	10	10.2	15	15.3	21	21.4	11	11.2	14	14.3	13	13.3	4	4.1	98	100
INDIANA	10	7.4	12	8.8	18	13.2	32	23.5	25	18.4	26	19.1	8	5.9	5	3.7	136**	100
MARYLAND	23	17.6	6	4.6	9	6.9	19	14.5	33	25.2	23	17.6	15	11.5	3	2.3	131***	100
MICHIGAN	11	8.7	18	14.3	23	18.3	23	18.3	17	13.5	6	4.8	9	7.1	19	15.1	126**	100
WASHINGTON	2	3.8	6	11.5	11	21.2	7	13.5	10	19.2	9	17.3	4	7.7	3	5.8	52	100
WISCONSIN	3	3.4	6	6.8	24	27.3	17	19.3	14	15.9	14	15.9	9	10.2	1	1.1	88	100
TOTAL	59	9.4	58	9.2	100	15.8	119	18.9	110	17.4	92	14.6	58	9.2	35	5.5	631	100

*Differences between jails within a state were significant at the .05 level or lower.
**Differences between jails within a state were significant at the .01 level or lower.
***Differences between jails within a state were significant at the .001 level or lower.

Chart 2

I/PP Participants Who Ever Had a Physical Exam, by State

State	Never Had One		Had One Within the Past: Week		Month		6 Months		Year		5 Years		More Than 5 Years		Time Unknown		Total	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
GEORGIA	13	13.1	1	1.0	2	2.0	20	20.2	20	20.2	25	25.3	14	14.1	4	4.0	99*	100
INDIANA	21	15.3	1	0.7	8	5.8	23	16.8	27	19.7	34	24.8	11	8.0	12	8.8	137*	100
MARYLAND	28	21.2	1	0.8	9	6.8	10	7.6	35	26.5	24	18.2	12	9.1	13	9.8	132**	100
MICHIGAN	21	16.8	7	5.6	11	8.8	21	16.8	26	20.8	13	10.4	6	4.8	20	16.0	125	100
WASHINGTON	4	7.7	1	1.9	5	9.6	4	7.7	12	23.1	16	30.8	7	13.5	3	5.8	52	100
WISCONSIN	9	10.2	1	1.1	6	6.8	16	18.2	16	18.2	18	20.5	8	9.1	14	15.9	88*	100
TOTAL	96	15.2	12	1.9	41	6.5	94	14.8	136	21.5	130	20.5	58	9.2	66	10.4	633	100

*Differences between jails within a state were significant at the .05 level or lower.
**Differences between jails within a state were significant at the .01 level or lower.
***Differences between jails within a state were significant at the .001 level or lower.

Chart 3

I/PP Participants Who Had Been Hospitalized for a Medical Problem, by State

State	Never Been Hospitalized		Hospitalized within the Past: Week		Month		6 Months		Year		5 Years		More Than 5 Years		Time Unknown		Total	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
GEORGIA	45	45.0	0	-	1	1.0	7	7.0	13	13.0	19	19.0	13	13.0	2	2.0	100	100
INDIANA	48	35.8	1	0.7	1	0.7	12	9.0	17	12.7	22	16.4	17	12.7	16	11.9	134	100
MARYLAND	54	40.9	0	-	1	0.8	4	3.0	19	14.4	26	19.7	21	15.9	7	5.3	132	100
MICHIGAN	44	35.2	3	2.4	3	2.4	11	8.8	11	8.8	19	15.2	20	16.0	14	11.2	125	100
WASHINGTON	15	28.3	1	1.9	0	-	5	9.4	4	7.5	14	26.4	12	22.6	2	3.8	53	100
WISCONSIN	37	42.0	0	-	3	3.4	4	4.5	6	6.8	20	22.7	5	17.0	3	3.4	88	100
TOTAL	243	38.4	5	0.8	9	1.4	43	6.8	70	11.1	120	19.0	98	15.5	44	7.0	632	100

Chart 4

I/PP Participants Who Had Had an Operation by State

State	Never Had an Operation		Had One within the Past: Week		Month		6 Months		Year		5 Years		More Than 5 Years		Time Unknown		Total	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
GEORGIA	55	55.0	0	-	0	-	4	4.0	7	7.0	15	15.0	16	16.0	3	3.0	100	100
INDIANA	69	50.7	0	-	0	-	3	2.2	7	5.1	16	11.8	21	15.4	20	14.7	136	100
MARYLAND	84	63.6	0	-	0	-	1	0.8	10	7.6	18	13.6	17	12.9	2	1.5	132**	100
MICHIGAN	50	39.7	0	-	0	-	8	6.3	10	7.9	15	11.9	23	18.3	20	15.9	126	100
WASHINGTON	20	37.7	0	-	1	1.9	1	1.9	2	3.8	8	15.1	19	35.8	2	3.8	53	100
WISCONSIN	45	51.7	0	-	1	1.1	1	1.1	2	2.3	14	16.1	20	23.0	4	4.6	87	100
TOTAL	323	50.9	0	-	2	0.3	18	2.8	38	6.0	86	13.6	116	18.3	51	8.0	634	100

** Differences between jails within a state were significant at the .01 level or lower.

Chart 5

I/PP Participants Who Had Been to See a Dentist by State

State	Never Saw One		Saw One within the Past: Week		Month		6 Months		Year		5 Years		More Than 5 Years		Time Unknown		Total	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
GEORGIA	6	6.1	5	5.1	6	6.1	17	17.2	16	16.2	30	30.3	17	17.2	2	2.0	99	100
INDIANA	33	24.1	5	3.6	13	9.5	17	12.4	22	16.1	20	14.6	16	11.7	11	8.0	137***	100
MARYLAND	26	19.7	2	1.5	6	4.5	11	8.3	38	28.8	31	23.5	15	11.4	3	2.3	132**	100
MICHIGAN	30	23.8	1	0.8	6	4.8	16	12.7	22	17.5	15	11.9	12	9.5	24	19.0	126***	100
WASHINGTON	3	5.7	1	1.9	6	11.3	13	24.5	12	22.6	11	20.8	7	13.2	0	-	53	100
WISCONSIN	4	4.5	2	2.3	3	3.4	19	21.6	22	25.0	24	27.3	13	14.8	1	1.1	88	100
TOTAL	102	16.1	16	2.5	40	6.3	93	14.6	132	20.8	131	20.6	80	12.6	41	6.5	635	100

**Differences between jails within a state were significant at the .01 level or lower.
***Differences between jails within a state were significant at the .001 level or lower.

Chart 6

I/PP Participants Who Had Been to See a Psychiatrist or Other Mental Health Professional by State

State	Never Saw One		Saw One within the Past: Week		Month		6 Months		Year		5 Years		More Than 5 Years		Time Unknown		Total	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
GEORGIA	65	65.7	2	2.0	1	1.0	9	9.1	5	5.1	5	5.1	7	7.1	5	5.1	99	100
INDIANA	95	70.4	0	-	3	2.2	9	6.7	8	5.9	9	6.7	6	4.4	5	3.7	135	100
MARYLAND	84	63.6	4	3.0	1	0.8	3	2.3	25	18.9	9	6.8	2	1.5	4	3.0	132	100
MICHIGAN	67	54.5	8	6.5	4	3.3	8	6.5	11	8.9	8	6.5	5	4.1	12	9.8	123**	100
WASHINGTON	30	56.6	3	5.7	4	7.5	5	9.4	2	3.8	4	7.5	2	3.8	3	5.7	53	100
WISCONSIN	40	45.5	4	4.5	7	8.0	8	9.1	3	3.4	15	17.0	8	9.1	3	3.4	88	100
TOTAL	381	60.5	21	3.3	20	3.2	42	6.7	54	8.6	50	7.9	30	4.8	32	5.1	630	100

**Differences between jails within a state were significant at the .01 level or lower.

Chart 7

I/PP Participants Who Had Been Hospitalized for a Mental Problem by State

State			Hospitalized with the Past: Week		Month		6 Months		Year		5 Years		More Than 5 Years		Time Unknown		Total	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
GEORGIA	87	87.0	1	1.0	1	1.0	5	5.0	2	2.0	1	1.0	1	1.0	2	2.0	100	100
INDIANA	126	93.3	0	-	0	-	4	3.0	1	0.7	3	2.2	0	-	1	0.7	135	100
MARYLAND	112	84.8	1	0.8	0	-	1	0.8	10	7.6	5	3.8	2	1.5	1	0.8	132	100
MICHIGAN	101	83.5	0	-	1	0.8	1	0.8	4	3.3	6	5.0	2	1.7	6	5.0	121	100
WASHINGTON	42	80.8	0	-	3	5.8	0	-	1	1.9	3	5.8	3	5.8	0	-	52	100
WISCONSIN	64	73.6	0	-	1	1.1	3	3.4	2	2.3	10	11.5	5	5.7	2	2.3	87	100
TOTAL	532	84.8	2	0.3	6	1.0	14	2.2	20	3.2	28	4.5	13	2.1	8	1.9	627	100

Chart 8

I/PP Participants Who Had Had an Eye Examination, by State

State			Had one within the Past: Week		Month		6 Months		Year		5 Years		More Than 5 Years		Time Unknown		Total	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
GEORGIA	34	34.3	1	1.0	2	2.0	14	14.1	16	16.2	16	16.2	13	13.1	3	3.0	99*	100
INDIANA	45	33.6	1	0.7	1	0.7	13	9.7	18	13.4	20	14.9	22	16.4	14	10.4	134*	100
MARYLAND	35	26.5	1	0.8	2	1.5	3	2.3	23	17.4	44	33.3	20	15.2	4	3.0	132	100
MICHIGAN	38	29.7	0	-	8	6.3	14	10.9	24	18.8	12	9.4	10	7.8	22	17.2	128*	100
WASHINGTON	6	11.3	0	-	2	3.8	9	17.0	8	15.1	19	35.8	8	15.1	1	1.9	53	100
WISCONSIN	7	8.0	0	-	2	2.3	15	17.0	22	25.0	26	29.5	11	12.5	5	5.7	88	100
TOTAL	165	26.0	3	0.5	17	2.7	68	10.7	111	17.5	137	21.6	84	13.2	49	7.7	634	100

*Differences between jails within a state were significant at the .05 level or lower.

APPENDIX D

Use of and Withdrawal from Selected Drugs by State and Jail

Charts:

1. Alcohol, Heroin, Methadone
2. Amphetamines, Barbiturates, Tranquilizers

Use of and Withdrawal from Selected Drugs by State and Jail

Chart 1: Alcohol, Heroin and Methadone

State/ Jail Codes*	Alcohol								Heroin								Methadone							
	Use?				Withdrawal?**				Use?				Withdrawal?**				Use?				Withdrawal?**			
	Yes		No		Yes		No		Yes		No		Yes		No		Yes		No		Yes		No	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
GEORGIA																								
1-1	6	40.0	9	60.0	2	33.3	1	16.7	4	26.7	11	73.3	2	50.0	0	-	1	6.7	1	93.3	0	-	0	-
1-2	15	34.1	29	65.9	3	20.0	6	40.0	10	22.7	34	77.3	4	40.0	5	50.0	6	13.6	38	86.4	2	33.0	1	16.7
1-3	1	5.9	16	94.1	1	100.0	0	-	0	-	17	100.0	N/A*	-	N/A*	-	1	5.9	16	94.1	0	-	1	100.0
1-4	10	83.3	2	16.7	1	10.0	6	60.0	0	-	12	100.0	N/A*	-	N/A*	-	0	-	11	100.0	N/A*	-	N/A*	-
1-5	8	66.7	4	33.3	0	-	4	100.0	0	-	12	100.0	N/A*	-	N/A*	-	0	-	12	100.0	N/A*	-	N/A*	-
Sub-Total	40	40.0	60	60.0	7	17.5	17	42.5	14	14.0	86	86.0	6	42.9	5	35.7	8	8.1	91	91.9	2	25.0	2	25.0
	(*****)								(****)															
INDIANA																								
2-1	3	75.0	1	25.0	0	-	2	66.7	1	25.0	3	75.0	1	100.0	0	-	1	25.0	3	75.0	0	-	1	100.0
2-2	1	20.0	4	80.0	0	-	0	-	0	-	5	100.0	N/A*	-	N/A*	-	0	-	5	100.0	N/A*	-	N/A*	-
2-3	22	51.2	21	48.8	6	27.3	5	22.7	13	29.5	31	70.5	7	53.8	5	38.5	1	2.3	42	97.7	0	-	0	-
2-4	35	66.0	18	44.0	6	17.1	26	74.3	4	7.5	49	92.5	3	75.0	1	25.0	0	-	53	100.0	N/A*	-	N/A*	-
2-5	6	46.2	7	53.8	1	16.7	3	50.0	1	9.1	10	90.9	1	100.0	0	-	0	-	11	100.0	N/A*	-	N/A*	-
2-6	6	54.5	5	45.5	0	-	3	50.0	1	10.0	9	90.0	0	-	0	-	0	-	10	100.0	N/A*	-	N/A*	-
2-7	2	66.7	1	33.3	0	-	2	100.0	0	-	3	100.0	N/A*	-	N/A*	-	0	-	3	100.0	N/A*	-	N/A*	-
Sub-Total	75	56.8	57	43.2	13	17.3	41	54.7	20	15.4	110	84.6	12	60.0	6	30.0	2	1.6	127	98.4	0	-	1	50.0
																	(***)							
Maryland																								
3-1	15	75.0	5	25.0	3	20.0	0	-	4	21.1	15	78.9	2	50.0	2	50.0	2	11.1	16	88.9	2	100.0	0	-
3-2	17	34.0	33	66.0	1	5.9	4	23.5	12	24.5	37	75.5	6	50.0	5	41.7	4	8.2	45	91.8	3	75.0	0	-
3-3	2	13.3	13	86.7	1	50.0	0	-	7	46.7	8	53.3	6	85.7	1	14.3	2	13.3	13	86.7	0	-	0	-
3-4	4	20.0	16	80.0	1	25.0	2	50.0	0	-	19	100.0	N/A*	-	N/A*	-	1	5.3	18	94.7	0	-	1	100.0
3-6	2	100.0	0	-	0	-	1	50.0	1	33.3	2	66.7	0	-	1	100.0	1	33.3	2	66.7	0	-	1	100.0
3-7	8	33.3	16	66.7	1	12.5	2	25.0	3	12.5	21	87.5	2	66.7	0	-	0	-	23	100.0	N/A*	-	N/A*	-
Sub-Total	48	36.6	83	63.4	7	14.6	9	18.8	27	20.9	102	79.1	16	59.3	9	33.3	10	7.9	117	92.1	5	50.0	2	20.0
	(*****)								(***)															
MICHIGAN																								
4-1	2	100.0	0	-	0	-	2	100.0	0	-	2	100.0	N/A*	-	N/A*	-	0	-	2	100.0	N/A*	-	N/A*	-
4-2	21	46.7	24	53.3	2	9.5	13	61.9	21	42.9	28	57.1	14	66.7	4	19.0	4	8.9	41	91.1	4	100.0	0	-
4-3	24	80.0	6	20.0	2	8.3	21	87.5	0	-	28	100.0	N/A*	-	N/A*	-	0	-	28	100.0	N/A*	-	N/A*	-
4-4	22	46.8	25	53.2	0	-	13	59.1	12	27.3	32	72.7	5	41.7	4	33.3	2	4.5	42	95.5	0	-	0	-
Sub-Total	69	55.6	55	44.4	4	5.8	49	71.0	33	26.8	90	73.2	19	57.6	8	24.2	6	5.0	113	95.0	4	66.7	0	-
	(****)								(*****)															
WASHINGTON																								
5-1	6	54.5	5	45.4	1	16.7	5	83.3	1	10.0	9	90.0	1	100.0	0	-	0	-	9	100.0	N/A*	-	N/A*	-
5-2	12	75.0	4	25.0	3	25.0	6	50.0	1	7.1	13	92.9	0	-	1	100.0	1	7.1	13	92.9	0	-	1	100.0
5-3	11	52.4	10	47.6	4	36.4	6	54.5	1	4.8	20	95.2	1	100.0	0	-	0	-	21	100.0	N/A*	-	N/A*	-
5-4	2	40.0	3	60.0	1	50.0	1	50.0	1	20.0	4	80.0	1	100.0	0	-	1	20.0	4	80.0	1	100.0	0	-
Sub-Total	31	58.5	22	41.5	9	29.0	18	58.0	4	8.0	46	92.0	3	75.0	1	25.0	2	4.1	47	95.9	1	50.0	1	50.0
WISCONSIN																								
6-1	6	60.0	4	40.0	0	-	5	83.3	1	10.0	9	90.0	1	100.0	0	-	0	-	10	100.0	N/A*	-	N/A*	-
6-2	19	67.9	9	32.1	2	10.5	17	89.5	3	10.7	25	89.3	1	33.3	2	66.7	1	3.6	27	96.4	0	-	1	100.0
6-3	25	51.0	24	49.0	6	24.0	11	44.0	12	24.0	38	76.0	10	83.3	0	-	6	12.0	44	88.0	5	83.3	0	-
Sub-Total	50	57.5	37	42.5	8	16.0	33	66.0	16	18.2	72	81.8	12	75.0	2	12.5	7	8.0	81	92.0	5	71.4	1	14.3
													(***)											
TOTAL	313	49.9	314	50.1	48	15.3	167	53.4	114	18.4	506	81.6	68	59.6	32	28.1	35	5.7	576	94.3	17	48.6	7	20.0

*See Abbreviation Key, Appendix A.

**Percents based on number of users. Where percents in the withdrawal columns do not total to one hundred, it is because some users did not respond to this item. The number of missing cases can be calculated by adding the "yes" and "no" responses in the withdrawal columns and subtracting this figure from the number of "yes" responses in the "Use?" column for the corresponding drug.

***Differences in responses by jails within a state were significant at the .05 level or below.

****Differences in responses by jails within a state were significant at the .01 level or below.

*****Differences in responses by jails within a state were significant at the .001 level or below.

Use of and Withdrawal from Selected Drugs by State and Jail

Chart 2: Amphetamines, Barbiturates, Tranquilizers

	Amphetamines								Barbiturates								Tranquilizers							
	Use?				Withdrawal?**				Use?				Withdrawal?**				Use?				Withdrawal?**			
	Yes		No		Yes		No		Yes		No		Yes		No		Yes		No		Yes		No	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
GEORGIA																								
1-1	3	21.4	11	78.6	0	-	0	-	3	20.0	12	80.0	0	-	0	-	4	26.7	11	73.3	0	-	0	-
1-2	6	14.0	37	86.0	2	33.3	4	66.7	9	20.9	34	79.1	1	11.1	8	88.9	5	11.4	39	88.6	1	20.0	3	60.0
1-3	0	-	17	100.0	N/A*	-	N/A*	-	0	-	17	100.0	N/A*	-	N/A*	-	0	-	17	100.0	N/A*	-	N/A*	-
1-4	2	16.7	10	83.3	0	-	2	100.0	1	8.3	11	91.7	0	-	1	100.0	3	25.0	9	75.0	1	33.3	1	33.3
1-5	0	-	11	100.0	N/A*	-	N/A*	-	0	-	11	100.0	N/A*	-	N/A*	-	3	27.3	8	72.7	0	-	1	33.3
Sub-Total	11	11.3	86	88.7	2	18.2	6	54.5	13	13.3	85	86.7	1	7.7	9	69.2	15	15.2	84	84.8	2	13.3	5	33.3
INDIANA																								
2-1	1	25.0	3	75.0	0	-	1	100.0	1	25.0	3	75.0	0	-	1	100.0	1	25.0	3	75.0	0	-	1	100.0
2-2	0	-	5	100.0	N/A*	-	N/A*	-	0	-	5	100.0	N/A*	-	N/A*	-	0	-	5	100.0	N/A*	-	N/A*	-
2-3	7	15.9	37	84.1	0	-	1	14.3	10	23.3	33	76.7	0	-	2	20.0	5	11.6	38	88.4	0	-	2	100.0
2-4	1	1.9	52	98.1	1	100.0	0	-	3	5.8	49	94.2	0	-	2	66.7	3	5.7	50	94.3	0	-	0	-
2-5	1	9.1	10	90.9	0	-	1	100.0	1	8.3	11	91.7	0	-	0	-	1	9.1	10	90.9	0	-	1	100.0
2-6	4	36.4	7	63.6	1	25.0	2	50.0	3	27.3	8	72.7	1	33.3	2	66.7	3	30.0	7	70.0	0	-	0	-
2-7	0	-	3	100.0	N/A*	-	N/A*	-	0	-	3	100.0	N/A*	-	N/A*	-	0	-	3	100.0	N/A*	-	N/A*	-
Sub-Total	14	10.7	117	89.3	2	14.3	5	35.7	18	13.8	112	86.2	1	5.5	7	38.9	13	10.1	116	89.9	0	-	4	30.8
	(***)																							
MARYLAND																								
3-1	2	11.8	15	88.2	1	50.0	0	-	3	17.6	14	82.4	1	33.3	0	-	3	18.8	13	81.2	0	-	0	-
3-2	4	8.2	45	91.8	1	25.0	0	-	3	6.1	46	93.9	1	33.3	0	-	3	6.1	46	93.9	0	-	0	-
3-3	1	6.7	14	93.3	0	-	0	-	1	6.7	14	93.3	0	-	0	-	0	-	15	100.0	N/A*	-	N/A*	-
3-4	0	-	19	100.0	N/A*	-	N/A*	-	0	-	19	100.0	N/A*	-	N/A*	-	2	10.5	17	89.5	0	-	2	100.0
3-6	1	33.3	2	66.7	0	-	1	100.0	0	-	3	100.0	N/A*	-	N/A*	-	0	-	3	100.0	N/A*	-	N/A*	-
3-7	7	29.2	17	70.8	1	14.3	2	28.6	7	29.2	17	70.8	0	-	1	50.0	4	16.7	20	83.3	0	-	1	25.0
Sub-Total	15	11.8	112	88.2	3	20.0	3	20.0	14	11.0	113	89.0	2	14.3	1	7.1	12	9.5	114	90.5	0	-	3	25.0
	(***)								(***)															
MICHIGAN																								
4-1	0	-	2	100.0	N/A*	-	N/A*	-	0	-	2	100.0	N/A*	-	N/A*	-	0	-	2	100.0	N/A*	-	N/A*	-
4-2	5	11.1	40	88.9	0	-	3	60.0	12	26.1	34	73.9	0	-	8	66.7	11	23.9	35	76.1	0	-	7	63.6
4-3	1	3.6	27	96.4	0	-	1	100.0	0	-	27	100.0	N/A*	-	N/A*	-	2	7.1	26	92.9	1	50.0	0	-
4-4	3	7.3	38	92.7	0	-	2	66.7	8	18.6	35	81.4	1	12.5	5	62.5	14	32.6	29	67.4	2	14.3	5	35.7
Sub-Total	9	7.8	107	92.2	0	-	6	66.7	20	16.9	98	83.1	1	5.0	13	65.0	27	22.7	92	77.3	3	11.1	12	44.4
									(***)												(***)			
WASHINGTON																								
5-1	2	22.2	7	77.8	0	-	1	50.0	4	40.0	6	60.0	0	-	3	75.0	1	9.1	10	90.9	0	-	1	100.0
5-2	4	28.6	10	71.4	0	-	4	100.0	3	21.4	11	78.6	0	-	3	100.0	3	25.0	9	75.0	0	-	3	100.0
5-3	2	9.5	19	90.5	0	-	2	100.0	2	9.5	19	90.5	1	50.0	1	50.0	1	5.0	19	95.0	0	-	0	-
5-4	0	-	5	100.0	N/A*	-	N/A*	-	1	20.0	4	80.0	0	-	0	-	1	20.0	4	80.0	0	-	1	100.0
Sub-Total	8	16.3	41	83.7	0	-	7	87.5	10	20.0	40	80.0	1	10.0	7	70.0	6	12.5	42	87.5	0	-	5	83.3
WISCONSIN																								
6-1	3	30.0	7	70.0	0	-	2	66.7	3	30.0	7	70.0	0	-	2	66.7	1	10.0	9	90.0	0	-	0	-
6-2	6	22.2	21	77.8	0	-	5	83.3	2	7.1	26	92.9	0	-	2	100.0	6	22.2	21	77.8	1	16.7	3	50.0
6-3	12	25.0	36	75.0	1	8.3	5	41.7	8	16.3	41	83.7	2	25.0	3	37.5	17	35.4	31	64.6	1	5.9	5	29.4
Sub-Total	21	24.7	64	75.3	1	4.8	12	57.1	13	14.9	74	85.1	2	15.4	7	53.8	24	28.2	61	71.8	2	8.3	8	33.3
TOTAL	78	12.9	527	87.1	8	10.3	39	50.0	88	14.4	522	85.6	8	9.1	44	50.0	97	16.0	509	84.0	7	7.2	37	38.1

*See Abbreviation Key, Appendix A.

**Percents based on number of users. Where percents in the withdrawal columns do not total to one hundred, it is because some users did not respond to this item. The number of missing cases can be calculated by adding the "yes" and "no" responses in the withdrawal columns and subtracting this figure from the number of "yes" responses in the "Use?" column for the corresponding drug.

***Differences in responses by jails within a state were significant at the .05 level or below.

****Differences in responses by jails within a state were significant at the .01 level or below.

*****Differences in responses by jails within a state were significant at the .001 level or below.

APPENDIX E

TYPE OF INMATE COMPLAINT
BY STATE

Charts:

1. Headaches, Head Injury, Unconsciousness
2. Injury (Other), Hearing Trouble, Toothaches
3. Eye Problems - Discharge, Pain, Other
4. Skin Trouble, Itchiness, Night Sweats
5. Respiratory or Circulatory Problems
6. Problems of Digestive System
7. Cough, Sore Throat, Other
8. Problems with Reproductive Organs -- Male
9. Problems with Reproductive Organs -- Female

Type of Inmate Complaint by State

Chart 1: Headaches, Head Injury, Unconsciousness

Type of Complaint

State	Frequent Headaches						Recent Head Injury						Periods of Unconsciousness					
	Reported Having		Reported Not Having		Total Respon-ding		Reported Having		Reported Not Having		Total Respon-ding		Reported Having		Reported Not Having		Total Respon-ding	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
GEORGIA (SN = 101)*	44	44.0	56	56.0	100	100	18	18.2 (****)	81	81.8	99	100	9	9.0 (**)	91	91.0	100	100
INDIANA (SN = 137)*	53	40.2	79	59.8	132	100	39	28.7	97	71.3	136	100	27	20.0	108	80.0	135	100
MARYLAND (SN = 132)*	50	38.2	81	61.8	131	100	22	16.8	109	83.2	131	100	19	14.4	113	85.6	132	100
MICHIGAN (SN = 130)*	51	40.2	76	59.8	127	100	36	28.3	91	71.7	127	100	21	17.1	102	82.9	123	100
WASHINGTON (SN = 53)*	21	39.6	32	60.4	53	100	8	15.4 (***)	44	84.6	52	100	9	17.3	43	82.7	52	100
WISCONSIN (SN = 88)*	40	46.0	47	54.0	87	100	22	25.3	65	74.7	87	100	14	15.9 (**)	74	84.1	88	100
TOTAL (TN = 641)*	259	41.1	371	58.9	630	100	145	22.9	487	77.1	632	100	99	15.7	531	84.3	630	100

*See Abbreviation Key, Appendix A.
**Differences by jails within a state significant at the .05 level or below.
***Differences by jails within a state significant at the .01 level or below.
****Differences by jails within a state significant at the .001 level or below.

Type of Inmate Complaint by State

Chart 2: Injury Other Than Head, Hearing Trouble, Toothaches

Type of Complaint

State	Injury Other Than Head						Hearing Trouble						Toothaches					
	Reported Having		Reported Not Having		Total Respon-ding		Reported Having		Reported Not Having		Total Respon-ding		Reported Having		Reported Not Having		Total Respon-ding	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
GEORGIA (SN = 101)*	12	13.2	79	86.8	91	100	15	15.0	85	85.0	100	100	40	40.4	59	59.6	99	100
		(**)																
INDIANA (SN = 137)*	29	22.0	103	78.0	132	100	23	17.0	112	83.0	135	100	37	27.6	97	72.4	134	100
		(**)						(****)						(**)				
MARYLAND (SN = 132)*	24	18.2	108	81.8	132	100	18	13.6	114	86.4	132	100	29	22.0	103	78.0	132	100
MICHIGAN (SN = 130)*	18	16.4	92	83.6	110	100	19	15.0	108	85.0	127	100	47	36.7	81	63.3	128	100
WASHINGTON (SN = 53)*	17	34.7	32	65.3	49	100	13	25.0	39	75.0	52	100	14	26.4	39	73.6	53	100
WISCONSIN (SN = 88)*	16	20.3	63	79.7	79	100	18	20.7	69	79.3	87	100	29	33.0	59	67.0	88	100
TOTAL (TN = 641)*	116	19.6	477	80.4	593	100	106	16.7	527	83.3	633	100	196	30.9	438	69.1	634	100

*See Abbreviation Key, Appendix A.
**Differences by jails within a state significant at the .05 level or below.
***Differences by jails within a state significant at the .01 level or below.
****Differences by jails within a state significant at the .001 level or below.

Type of Inmate Complaint by State

Chart 3: Eye Problems -- Discharge, Pain, Other

Type of Complaint

State	Discharge from Eyes						Pain in Eyes						Other Eye Trouble					
	Reported Having		Reported Not Having		Total Respon-ding		Reported Having		Reported Not Having		Total Respon-ding		Reported Having		Reported Not Having		Total Respon-ding	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
GEORGIA (SN = 101)*	11	11.1 (***)	88	88.9	99	100	25	25.0 (***)	75	75.0	100	100	9	9.2	89	90.8	98	100
INDIANA (SN = 137)*	11	8.3	122	91.7	133	100	21	15.7 (**)	113	84.3	134	100	16	11.9	118	88.1	134	100
MARYLAND (SN = 132)*	22	16.7	110	83.3	132	100	28	21.2	104	78.8	132	100	31	23.5	101	76.5	132	100
MICHIGAN (SN = 130)*	14	11.0	113	89.0	127	100	33	25.8	95	74.2	128	100	27	21.3	100	78.7	127	100
WASHINGTON (SN = 53)*	7	13.2	46	86.8	53	100	11	20.8	42	79.2	53	100	11	20.8	42	79.2	53	100
WISCONSIN (SN = 88)*	9	10.2	79	89.8	88	100	13	14.8	75	85.2	88	100	19	21.6	69	78.4	88	100
TOTAL (TN = 641)*	74	11.7	558	88.3	632	100	131	20.6	504	79.4	635	100	113	17.9	519	82.1	632	100

*See Abbreviation Key, Appendix A.
**Differences by jails within a state significant at the .05 level or below.
***Differences by jails within a state significant at the .01 level or below.
****Differences by jails within a state significant at the .001 level or below.

Type of Inmate Complaint by State

Chart 4: Skin Trouble, Itchiness, Night Sweats

Type of Complaint

State	Skin Trouble						Itchiness						Night Sweats					
	Reported Having		Reported Not Having		Total Respon-ding		Reported Having		Reported Not Having		Total Respon-ding		Reported Having		Reported Not Having		Total Respon-ding	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
GEORGIA (SN = 101)*	31	31.0	69	69.0	100	100	40	40.0	60	60.0	100	100	24	24.0	76	76.0	100	100
INDIANA (SN = 137)*	24	18.0	109	82.0	133	100	24	18.0	109	82.0	133	100	24	18.0	109	82.0	133	100
MARYLAND (SN = 132)*	43	32.6	89	67.4	132	100	42	31.8	90	68.2	132	100	48	36.6	83 (***)	63.4	131	100
MICHIGAN (SN = 130)*	41	32.5	85	67.5	126	100	36	28.3	91	71.7	127	100	36	29.0	88	71.0	124	100
WASHINGTON (SN = 53)*	15	28.8	37	71.2	52	100	13	24.5	40	75.5	53	100	13	24.5	40	75.5	53	100
WISCONSIN (SN = 88)*	16	18.4	71	81.6	87	100	25	28.7	62	71.3	87	100	26	29.5	62	70.5	88	100
TOTAL (TN = 641)*	170	27.0	460	73.0	630	100	180	28.5	452	71.5	632	100	171	27.2	458	72.8	629	100

*See Abbreviation Key, Appendix A.
**Differences by jails within a state significant at the .05 level or below.
***Differences by jails within a state significant at the .01 level or below.
****Differences by jails within a state significant at the .001 level or below.

Type of Inmate Complaint by State

Chart 5: Respiratory of Circulatory Problems

Type of Complaint

State	Trouble Breathing						Chest Pain						Coughing up of Blood					
	Reported Having		Reported Not Having		Total Respon-ding		Reported Having		Reported Not Having		Total Respon-ding		Reported Having		Reported Not Having		Total Respon-ding	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
GEORGIA (SN = 101)*	19	19.0	81	81.0	100	100	23	23.0	77	77.0	100	100	6	6.0	94	94.0	100	100
INDIANA (SN = 137)*	24	18.2	108	81.8	132	100	23	17.3	110	82.7	133	100	4	3.0	128	97.0	132	100
MARYLAND (SN = 132)*	30	22.7	102	77.3	132	100	45	34.1	87	65.9	132	100	10	7.6	122	92.4	132	100
MICHIGAN (SN = 130)*	24	19.0	102	81.0	126	100	43	34.7	81	65.3	124	100	12	9.5	114	90.5	126	100
WASHINGTON (SN = 53)*	10	18.9	43	81.1	53	100	10	18.9	43	81.1	53	100	3	5.7	50	94.3	53	100
WISCONSIN (SN = 88)*	14	15.9	74	84.1	88	100	22	25.0	66	75.0	88	100 (***)	10	11.4	78	88.6	88	100
TOTAL (TN = 641)*	121	19.2	510	80.8	631	100	166	26.3	464	73.7	630	100	45	7.1	586	92.9	631	100

*See Abbreviation Key, Appendix A.
**Differences by jails within a state significant at the .05 level or below.
***Differences by jails within a state significant at the .01 level or below.
****Differences by jails within a state significant at the .001 level or below.

Type of Inmate Complaint by State

Chart 6: Problems of Digestive System

Type of Complaint

State	Heartburn (Indigestion)						Burning on Urination						Trouble with Bowels					
	Reported Having		Reported Not Having		Total Respon-ding		Reported Having		Reported Not Having		Total Respon-ding		Reported Having		Reported Not Having		Total Respon-ding	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
GEORGIA (SN = 101)*	29	29.0	71	71.0	100	100	10	10.9	90	90.0	100	100	19	19.2	80	80.8	99	100
INDIANA (SN = 137)*	34	25.4 (***)	100	74.6	134	100	8	6.0	125	94.0	133	100	15	11.3	118	88.7	133	100
MARYLAND (SN = 132)*	38	28.8	94	71.2	132	100	10	7.6	122	92.4	132	100	21	15.9	111	84.1	132	100
MICHIGAN (SN = 130)*	43	34.4	82	65.6	125	100	13	10.5	111	89.5	124	100	14	11.4	109	88.6	123	100
WASHINGTON (SN = 53)*	16	30.8 (**)	36	69.2	52	100	4	7.5 (**)	49	92.5	53	100	6	11.3	47	88.7	53	100
WISCONSIN (SN = 88)*	37	42.0	51	58.0	88	100	13	14.8	75	85.2	88	100	17	19.3 (***)	71	80.7	88	100
TOTAL (TN = 641)*	197	31.2	434	68.8	631	100	58	9.2	572	90.8	630	100	92	14.6	536	85.4	628	100

*See Abbreviation Key, Appendix A.
**Differences by jails within a state significant at the .05 level or below.
***Differences by jails within a state significant at the .01 level or below.
****Differences by jails within a state significant at the .001 level or below.

Type of Inmate Complaint by State

Chart 7: Cough, Sore Throat, Other

Type of Complaint

State	Persistent Cough						Sore Throat						Other Complaint					
	Reported Having		Reported Not Having		Total Respon-ding		Reported Having		Reported Not Having		Total Respon-ding		Reported Having		Reported Not Having		Total Respon-ding	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
GEORGIA (SN = 101)*	27	27.0	73	73.0	100	100	21	21.0	79	79.0	100	100	33	32.7	68	67.3	101	100
INDIANA (SN = 137)*	22	16.5	111	83.5	133	100	17	12.9	115	87.1	132	100	25	18.2	112	81.8	137	100
MARYLAND (SN = 132)*	42	31.8 (***)	90	68.2	132	100	26	19.7	106	80.3	132	100	18	13.6	114	86.4	132	100
MICHIGAN (SN = 130)*	17	13.2	112	86.8	129	100	27	22.3	94	77.7	121	100	24	18.5	106	81.5	130	100
WASHINGTON (SN = 53)*	14	26.9	38	73.1	52	100	6	11.3	47	88.7	53	100	20	37.7	33	62.3	53	100
WISCONSIN (SN = 88)*	26	29.5	62	70.5	88	100	20	22.7	68	77.3	88	100	33	37.5	55	62.5	88	100
TOTAL (TN = 641)*	148	23.3	486	76.7	634	100	117	18.7	509	81.3	626	100	153	23.9	488	76.1	641	100

*See Abbreviation Key, Appendix A.
**Differences by jails within a state significant at the .05 level or below.
***Differences by jails within a state significant at the .01 level or below.
****Differences by jails within a state significant at the .001 level or below.

Type of Inmate Complaint by State

Chart 8: Problems with Reproductive Organs -- Male

Type of Complaint

State	Discharge from Penis						Sores on Penis						Pain in Testicles					
	Reported Having		Reported Not Having		Total Respon-ding		Reported Having		Reported Not Having		Total Respon-ding		Reported Having		Reported Not Having		Total Respon-ding	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
GEORGIA (SN = 91)*	2	2.2	89	97.8	91	100	6	6.6	85	93.4	91	100	2	2.2	88	97.8	90	100
INDIANA (SN = 117)*	3	2.6	111	97.4	114	100	2	1.8	112	98.2	114	100	3	2.7 (**)	110	97.3	113	100
MARYLAND (SN = 132)*	6	4.6	125	95.4	131	100	3	2.3 (***)	128	97.7	131	100	3	2.3	128	97.7	131	100
MICHIGAN (SN = 122:)*	10	8.4	109	91.6	119	100	5	4.2	113	95.8	118	100	8	7.2	103	92.8	111	100
WASHINGTON (SN = 52)*	1	1.9	51	98.1	52	100	2	3.8	50	96.2	52	100	3	5.8	49	94.2	52	100
WISCONSIN (SN = 75)*	1	1.3	74	98.7	75	100	2	2.7	73	97.3	75	100	2	2.7	73	97.3	75	100
TOTAL (TN = 589)*	23	4.0	559	96.0	582	100	20	3.4	561	96.6	581	100	21	3.7	551	96.3	572	100

*See Abbreviation Key, Appendix A.
**Differences by jails within a state significant at the .05 level or below.
***Differences by jails within a state significant at the .01 level or below.
****Differences by jails within a state significant at the .001 level or below.

Type of Inmate Complaint by State

Chart 9: Problems with Reproductive Organs -- Female

Type of Complaint

State	Lumps in Breasts						Unusual Vaginal Discharge						Unusual Vaginal Bleeding						Pregnancy					
	Reported Having		Reported Not Having		Total Respon-ding		Reported Having		Reported Not Having		Total Respon-ding		Reported Having		Reported Not Having		Total Respon-ding		Reported Having		Reported Not Having		Total Respon-ding	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
GEORGIA (SN = 9)*	0	-	9	100.0	9	100	4	44.4	5	55.6	9	100	1	11.1	8	88.9	9	100	2	22.2	7	77.8	9	100
INDIANA (SN = 20)*	2	10.0	18	90.0	20	100	6	30.0	14	70.0	20	100	0	-	19	100.0	19	100	-	-	19	100.0	19	100
MARYLAND (SN = 0)*	Not Applicable																							
MICHIGAN (SN = 8)*	3	50.0	3	50.0	6	100	3	50.0	3	50.0	6	100	1	16.7	5	83.3	6	100	1	16.7	5	83.3	6	100
WASHINGTON (SN = 1)*	0	-	1	100.0	1	100	0	-	1	100.0	1	100	0	-	1	100.0	1	100	0	-	1	100.0	1	100
WISCONSIN (SN = 13)*	2	16.7	10	83.3	12	100	8	61.5	5	38.5	13	100	0	-	13	100.0	13	100	3	25.0	9	75.0	12	100
TOTAL (TN = 51)*	7	14.6	41	85.4	48	100	21	42.9	28	57.1	49	100	2	4.2	46	95.8	48	100	6	12.8	41	87.2	47	100

APPENDIX F

INCIDENCE OF ABNORMAL LAB TEST RESULTS
BY STATE

Charts:

1. PPD or Tine for Tuberculosis
2. VDRL for Syphilis
3. SGPT or SGOT for Hepatitis
4. Urine Dip Stick

Incidence of Abnormal Lab Test Results by State

Chart 1: PPD or Tine for Tuberculosis

	Total Normal		Abnormal						Overall Totals		Number & Percent of State Cases Missing	
			Total		Previously Identified		Previously Identified and Treated					
	N	%	N	%	N	%	N	%	N	%	N	%
GEORGIA (SN = 101)*	60	80.0	15	20.0	0	-	0	-	75	100	26	25.7
INDIANA (SN = 137)*	64	85.3 (****)	11	14.7	0	-	(1)	(9.1)	75	100	62	45.3
MARYLAND (SN = 132)*	61	92.4 (****)	5	7.6	(1)	(20.0)	(1)	(20.0)	66	100	66	50.0
MICHIGAN (SN = 130)*	97	90.7	10	9.3	0	-	0	-	107	100	23	17.7
WASHINGTON (SN = 53)*	21	80.8 (**)	5	19.2	0	-	(1)	(20.0)	26	100	27	50.9
WISCONSIN (SN = 88)*	56	91.8	5	8.2	0	-	0	-	61	100	27	30.7
TOTAL (TN = 641)*	359	87.6	51	12.4	(1)	(2.0)	(3)	(5.9)	410	100	231	36.0

*See Abbreviation Key, Appendix A.

**Differences between jails within a state significant at the .05 level or below.

***Differences between jails within a state significant at the .01 level or below.

****Differences between jails within a state significant at the .001 level or below.

Incidence of Abnormal Lab Test Results by State

Chart 2: VDRL for Syphilis

	Total Normal		Abnormal						Overall Totals		Number & Percent of State Cases Missing	
			Total		Previously Identified		Previously Identified and Treated					
	N	%	N	%	N	%	N	%	N	%	N	%
GEORGIA (SN = 101)*	85	89.5	10	10.5	0	-	0	-	95	100	6	5.9
INDIANA (SN = 137)*	119	95.2	6 (****)	4.8	0	-	(1)	(16.7)	125	100	12	8.8
MARYLAND (SN = 132)*	81	93.1	6	6.9	0	-	0	-	87	100	45	34.1
MICHIGAN (SN = 130)*	101	97.1	3	2.9	0	-	0	-	104	100	26	20.0
WASHINGTON (SN = 53)*	46	100.0	0	-	0	-	0	-	46	100	7	13.2
WISCONSIN (SN = 88)*	79	91.9	7	8.1	0	-	0	-	86	100	2	2.3
TOTAL (TN = 641)*	511	94.1	32	5.9	0	-	(1)	(3.1)	543	100	98	15.3

*See Abbreviation Key, Appendix A.
**Differences between jails within a state significant at the .05 level or below.
***Differences between jails within a state significant at the .01 level or below.
****Differences between jails within a state significant at the .001 level or below.

Incidence of Abnormal Lab Test Results by State

Chart 3: SGPT or SGOT for Hepatitis

	Total Normal		Abnormal: Total		Abnormal: Previously Identified		Abnormal: Previously Identified and Treated		Overall Totals		Number & Percent of State Cases Missing	
	N	%	N	%	N	%	N	%	N	%	N	%
GEORGIA (SN = 101)*	Not Done										101	100.0
INDIANA (SN = 137)*	61	82.4	13	17.6	0	-	(1)	(7.7)	74	100	63	46.0
		(***)										
MARYLAND (SN = 132)*	40	49.4	41	50.6	0	-	(1)	(2.4)	81	100	51	38.6
		(**)										
MICHIGAN (SN = 130)*	Not Done										130	100.0
WASHINGTON (SN = 53)*	35	74.5	12	25.5	0	-	0	-	47	100	6	11.3
WISCONSIN (SN = 88)*	65	75.6	21	24.4	0	-	0	-	86	100	2	2.3
TOTAL (TN = 641)*	201	69.8	87[1]	30.2	0	-	(2)	(2.3)	288[1]	100	353	55.1

*See Abbreviation Key, Appendix A.
**Differences between jails within a state significant at the .05 level or below.
***Differences between jails within a state significant at the .01 level or below.
****Differences between jails within a state significant at the .001 level or below.

[1]One of the abnormal cases on this test was apparently missing the state variable, as these totals are one less than those for the "Total Sample" or "Size" tables.

Incidence of Abnormal Lab Test Results by State

Chart 4: Urine Dip Stick

	Total Normal		Abnormal						Overall Totals		Number & Percent of State Cases Missing	
			Total		Previously Identified		Previously Identified and Treated					
	N	%	N	%	N	%	N	%	N	%	N	%
GEORGIA (SN = 101)*	80	84.2	15	15.8	(1)	(6.7)	0	-	95	100	6	5.9
		(****)										
INDIANA (SN = 137)*	118	89.4	14	10.6	0	-	0	-	132	100	5	3.6
MARYLAND (SN = 132)*	123	95.3	6	4.7	0	-	0	-	129	100	3	2.3
MICHIGAN (SN = 130)*	105	90.5	11	9.5	0	-	0	-	116	100	14	10.8
WASHINGTON (SN = 53)*	31	81.6	7	18.4	0	-	0	-	38	100	15	28.3
WISCONSIN (SN = 88)*	64	75.3	21	24.7	0	-	0	-	85	100	3	3.4
		(***)										
TOTAL (TN = 641)*	521	87.6	74	12.4	(1)	(1.4)	0	-	595	100	46	7.2

*See Abbreviation Key, Appendix A.
**Differences between jails within a state significant at the .05 level or below.
***Differences between jails within a state significant at the .01 level or below.
****Differences between jails within a state significant at the .001 level or below.

APPENDIX G

Incidence of Abnormal Lab Tests by Jail Size

Charts:

1. PPD or Tine for Tuberculosis
2. VDRL for Syphilis
3. SGPT or SGOT for Hepatitis
4. Urine Dip Stick

Incidence of Abnormal Lab Test Results by Size of Jail

Chart 1: PPD or Tine for Tuberculosis

Jail Size*	Total Normal		Abnormal: Total		Abnormal: Previously Identified		Abnormal: Previously Identified and Treated		Overall Totals		Number & Percent of Missing Cases	
	N	%	N	%	N	%	N	%	N	%	N	%
SMALL (N = 10 jails)	47	94.0	3	6.0	0	-	0	-	50	100	27	35.1
MEDIUM (N = 12 jails)	142	92.8	11	7.2	0	-	(2)	(18.2)	153	100	104	40.5
LARGE (N = 7 jails)	170	82.1	37	17.9	(1)	(2.7)	(1)	(2.7)	207	100	100	32.6
TOTAL N = 29 jails)	359	87.6	51	12.4	(1)	(2.0)	(3)	(5.9)	410 ***	100	231	36.0

Chart 2: VDRL for Syphilis

Jail Size*	Total Normal		Abnormal: Total		Abnormal: Previously Identified		Abnormal: Previously Identified and Treated		Overall Totals		Number & Percent of Missing Cases	
	N	%	N	%	N	%	N	%	N	%	N	%
SMALL (N = 10 jails)	66	100.0	0	-	0	-	0	-	66	100	11	14.3
MEDIUM (N = 12 jails)	181	97.3	5	2.7	0	-	0	-	186	100	71	27.6
LARGE (N = 7 jails)	264	90.7	27	9.3	0	-	(1)	(3.7)	291	100	16	5.2
TOTAL (N = 29 jails)	511	94.1	32	5.9	0	-	(1)	(3.1)	543	100	98	15.3

*See Key following last chart.
**Differences by size significant at the .05 level or below.
***Differences by size significant at the .01 level or below.
****Differences by size significant at the .001 level or below.

Incidence of Abnormal Lab Test Results by Size of Jail

Chart 3: SGPT or SGOT for Hepatitis

Jail Size*	Total Normal		Abnormal: Total		Abnormal: Previously Identified		Abnormal: Previously Identified and Treated		Overall Totals		Number & Percent of Missing Cases	
	N	%	N	%	N	%	N	%	N	%	N	%
SMALL (N = 10 jails)	26	72.2	10	27.8	0	-	0	-	36	100	41	53.2
MEDIUM (N = 12 jails)	87	75.7	28	24.3	0	-	(1)	(3.6)	115	100	142	55.3
LARGE (N = 7 jails)	88	63.8	50	36.2	0	-	(1)	(2.0)	138	100	169	55.0
TOTAL N = 29 jails)	201	70.0	88	30.0	0	-	(2)	(2.3)	289 ***	100	352	54.9

Chart 4: Urine Dip Stick

Jail Size*	Total Normal		Abnormal: Total		Abnormal: Previously Identified		Abnormal: Previously Identified and Treated		Overall Totals		Number & Percent of Missing Cases	
	N	%	N	%	N	%	N	%	N	%	N	%
SMALL (N = 10 jails)	51	73.9	18	26.1	(1)	(5.6)	0	-	69	100	8	10.4
MEDIUM (N = 12 jails)	203	88.6	26	11.4	0	-	0	-	229	100	28	10.9
LARGE (N = 7 jails)	267	89.9	30	10.1	0	-	0	-	297	100	10	3.3
TOTAL (N = 29 jails)	521	87.6	74	12.4	(1)	(1.4)	0	-	595 ****	100	46	7.2

*See Key following last chart.
**Differences by size significant at the .05 level or below.
***Differences by size significant at the .01 level or below.
****Differences by size significant at the .001 level or below.

Jail Size Key - Appendix G

1. SMALL JAILS - Defined as those with an average daily population (ADP) of twenty or fewer inmates.

STATE	JAIL CODE	% OF I/PP PARTICIPANTS
Georgia	1-3	17
	1-5	12
Indiana	2-1	4
	2-2	5
	2-7	3
Maryland	3-6	3
Michigan	4-1	2
Washington	5-2	16
	5-4	5
Wisconsin	6-1	10
	N = 10	77 (12.0% of Total Sample)

2. MEDIUM JAILS - Defined as those with an ADP of twenty-one to two hundred forty-nine inmates.

STATE	JAIL CODE	% OF I/PP PARTICIPANTS
Georgia	1-4	18
Indiana	2-5	14
	2-6	12
Maryland	3-1	20
	3-3	15
	3-4	20
	3-7	24
Michigan	4-3	31
	4-4	48
Washington	5-1	11
	5-3	21
Wisconsin	6-2	28
	N = 12	257 (40.1% of Total Sample)

3. LARGE JAILS - Defined as those with an ADP of two hundred fifty or more inmates.

STATE	JAIL CODE	% OF I/PP PARTICIPANTS
Georgia	1-1	15
	1-2	44
Indiana	2-3	46
	2-4	53
Maryland	3-2	50
Michigan	4-2	49
Wisconsin	6-3	50
	N = 7	307 (47.9% of Total Sample)

APPENDIX H

Additional Tables from the "Inmate Assessment" Form

Charts:

1. Days After Admission when Physical Examination Was Made, by State
2. Time of Most Recent Visit, by State
3. Level of Staff Seen, by State
4. Type of Inmate Explanation for Stating Own Access to Medical Care Was Denied, by State
5. Type of Inmate Explanation for Stating Others' Access to Medical Care was Denied, by State
6. Length of Usual Wait before Medical Care Obtained, by State
7. Length of Wait before Receiving Requested Dental Care, by State
8. Reason Needed Dental Care not Obtained, by State
9. Reason Why Needed Mental Health Care Was Not Obtained, by State

Chart 1

Days after Admission when Physical Examination Was Made, by State

State	Time in Days: 1		2-7		8-14		15-30		31-60		61-90		Over 90		Total		Missing Cases	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
GEORGIA	0	-	0	-	0	-	0	-	0	-	0	-	0	-	0	-	2	100.0
INDIANA	3	20.0	4	26.7	0	-	7	46.7	0	-	1	6.7	0	-	15	100	4	21.1
MARYLAND	34	65.4	17	32.7	1	1.9	0	-	0	-	0	-	0	-	52	100	7	1.2
MICHIGAN	4	23.5	7	41.2	0	-	6	35.3	0	-	0	-	0	-	17	100	3	15.0
WASHINGTON	Not Applicable																N/A	
WISCONSIN	Not Applicable																N/A	
TOTAL	41	48.8	28	33.3	1	1.2	13	15.5	0	-	1	1.2	0	-	84	100	16	16.0

Chart 2

Time of Most Recent Visit, by State

State	Within Past Week		One to Two Weeks		Two to Three Weeks		Three Weeks to One Month		One to Two Months		Over Two Months Ago		Total		Missing Cases	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
GEORGIA	2	7.1	6	21.4	2	7.1	1	3.6	12	42.9	5	17.9	28	100	3	9.7
INDIANA	7	23.3	4	13.3	0	-	8	26.7	6	20.0	5	16.7	30	100	6	16.7
MARYLAND	5	11.9	7	16.7	6	14.3	8	19.0	3	7.1	13	31.0	42	100	18	30.0
MICHIGAN	8	14.8	9	16.7	11	20.4	10	18.5	7	13.0	9	16.7	54	100	20	27.0
WASHINGTON	1	10.0	5	50.0	0	-	1	10.0	3	30.0	0	-	10	100	1	9.1
WISCONSIN	8	18.6	6	14.0	3	7.0	10	23.3	9	20.9	7	16.3	43	100	3	6.5
TOTAL	31	15.0	37	17.9	22	10.6	38	18.4	40	19.3	39	18.8	207	100	51	19.8

Chart 3

Level of Staff Seen, by State

State	Level of Staff: Physician N	Physician %	Nurse N	Nurse %	"Para-medic"* N	"Para-medic"* %	Correction Officer N	Correction Officer %	Total N	Total %	Missing Cases N	Missing Cases %
GEORGIA	19	63.3	11	36.7	0	-	0	-	30	100	1	3.2
INDIANA	24	77.4	2	6.5	4	12.9	1	3.2	31	100	5	13.9
MARYLAND	41	69.5	18	30.5	0	-	0	-	59	100	1	1.7
MICHIGAN	47	68.1	14	20.3	7	10.1	1	1.4	69	100	5	6.8
WASHINGTON	11	100.0	0	-	0	-	0	-	11	100	0	-
WISCONSIN	39	88.6	5	11.4	0	-	0	-	44	100	2	4.3
TOTAL	181	74.2	50	20.5	11	4.5	2	0.8	244	100	14	5.4

*This term refers to correction officers who have had some on-the-job training in performing a few medical functions as well as those who have had more formal training, such as that at the EMT level.

Chart 4

Type of Inmate Explanation for Stating Own Access to Medical Care Was Denied, by State

State	Had to Wait Too Long		Request Unheeded or Not Acknowledged		Request Refused or Screened out by: Correction Officer		Request Refused or Screened out by: Nurse		Request Refused or Screened out by: Doctor		Medical Staff Insufficient or Non-Existent		Total		Missing Cases	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
GEORGIA	1	5.6	13	72.0	1	5.6	1	5.6	1	5.6	1	5.6	18	100	4	18.2
INDIANA	2	12.5	6	37.5	6	37.5	0	-	1	6.25	1	6.25	16	100	2	11.1
MARYLAND	1	5.6	5	27.8	5	27.8	2	11.1	3	16.7	2	11.1	18	100	1	5.3
MICHIGAN	7	21.2	20	60.6	4	12.1	0	-	1	3.0	1	3.0	33	100	2	5.7
WASHINGTON	1	8.3	6	50.0	4	33.3	0	-	1	8.3	0	-	12	100	0	-
WISCONSIN	5	27.7	6	33.3	3	16.7	3	16.7	1	5.6	0	-	18	100	1	5.3
TOTAL	17	14.8	56	48.7	23	20.0	6	5.2	8	7.0	5	4.3	115	100	10	8.0

Chart 5

Type of Inmate Explanation for Stating Others' Access to Medical Care Was Denied, by State

State	Had to Wait too Long		Request Unheeded or Not Acknowledged		Request Refused or Screened out by: Correction Officer		Request Refused or Screened out by: Nurse		Request Refused or Screened out by Doctor		Medical Staff Insufficient or Non-Existent		Total		Missing Cases	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
GEORGIA	2	7.7	18	69.2	2	7.7	1	3.8	3	11.5	0	-	26	100	3	3.4
INDIANA	4	21.1	5	26.3	3	15.8	0	-	3	15.8	4	21.1	19	100	2	9.5
MARYLAND	0	-	5	38.5	6	46.2	1	7.7	0	-	1	7.7	13	100	4	23.5
MICHIGAN	18	43.9	14	34.1	6	14.6	2	4.9	1	2.4	0	-	41	100	4	8.9
WASHINGTON	2	33.3	4	66.7	0	-	0	-	0	-	0	-	6	100	1	14.3
WISCONSIN	7	24.1	12	41.4	4	13.8	1	3.4	3	10.3	2	6.9	29	100	3	9.4
TOTAL	33	24.6	58	43.3	21	15.7	5	3.7	10	7.5	7	5.2	134	100	17	11.3

Chart 6

Length of Usual Wait before Medical Care Obtained, by State

State	Seen Same Day		1-7 Days		8-14 Days		15-21 Days		22-30 Days		Over 30 Days		Total		Missing Cases	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
GEORGIA	6	33.3	7	38.9	4	22.2	1	5.6	0	-	0	-	18	100	55	75.3
INDIANA	8	18.2	10	22.7	25	56.8	1	2.3	0	-	0	-	44	100	58	56.9
MARYLAND	4	20.0	7	35.0	0	-	1	5.0	4	20.0	4	20.0	20	100	75	78.9
MICHIGAN	3	15.4	26	50.0	8	15.4	4	7.7	5	9.6	1	1.9	52	100	63	54.8
WASHINGTON	5	23.8	13	61.9	1	4.8	1	4.8	1	4.8	0	-	21	100	17	44.7
WISCONSIN	0	-	29	70.7	7	17.1	1	2.4	4	9.8	0	-	41	100	38	48.1
TOTAL	31	15.8	92	46.9	45	23.0	9	4.6	14	7.1	5	2.6	196	100	306	61.0

Chart 7

Length of Wait before Receiving Requested Dental Care, by State

	Seen Same Day		1-7 Days		8-14 Days		15-21 Days		22-30 Days		Over 30 Days		Total		Missing Cases	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
GEORGIA	2	18.2	3	27.3	2	18.2	2	18.2	0	-	2	18.2	11	100	2	15.4
INDIANA	2	18.2	6	54.5	1	9.1	0	-	1	9.1	1	9.1	11	100	2	15.4
MARYLAND	7	50.0	5	35.7	2	14.3	0	-	0	-	0	-	14	100	4	22.2
MICHIGAN	0	-	4	23.5	4	23.5	5	29.4	2	11.8	2	11.8	17	100	1	5.6
WASHINGTON	1	25.0	3	75.0	0	-	0	-	0	-	0	-	4	100	1	20.0
WISCONSIN	1	11.1	5	55.6	1	11.1	0	-	2	22.2	0	-	9	100	1	10.0
TOTAL	13	19.7	26	39.4	10	15.2	7	10.6	5	7.6	5	7.6	66	100	11	14.3

Chart 8

Reason Needed Dental Care Not Obtained, by State

State	Never Requested		Request Refused or Not Acknow-ledged		Had to Wait Too Long		Did Not Know Pro-cedure		Could Not Afford It		Only Extrac-tions Provided		Service not Avail-able		Did Not Trust Dentist		Total		Missing Cases	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
GEORGIA	3	23.1	4	30.8	4	30.8	1	7.7	0	-	0	-	1	7.7	0	-	13	100	0	-
INDIANA	5	29.4	4	23.5	2	11.8	3	17.6	0	-	1	5.9	0	-	2	11.8	17	100	0	-
MARYLAND	4	50.0	0	-	1	12.5	1	12.5	0	-	1	12.5	1	12.5	0	-	8	100	3	27.3
MICHIGAN	8	22.2	7	19.4	8	22.2	2	5.6	2	5.6	4	11.1	4	11.0	1	2.8	36	100	3	7.7
WASHINGTON	3	37.5	1	12.5	1	12.5	1	12.5	0	-	2	25.0	0	-	0	-	8	100	0	-
WISCONSIN	3	15.8	7	36.8	3	15.8	1	5.3	2	10.5	2	10.5	0	-	1	5.3	19	100	2	9.5
TOTAL	26	25.7	23	22.8	19	18.8	9	8.9	4	4.0	10	9.9	6	5.9	4	4.0	101	100	8	7.3

Chart 9

Reason Why Needed Mental Health Care Was Not Obtained, by State

State	Never Requested		Request Refused or Not Acknowledged		Had to Wait Too Long		Did Not Know Procedure		Could Not Afford It		Staff Unconcerned		Service Not Available		Did Not Trust Staff		Total		Missing Cases	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
GEORGIA	1	12.5	3	37.5	0	-	0	-	1	12.5	0	-	3	37.5	0	-	8	100	1	11.1
INDIANA	3	15.8	6	13.6	1	5.3	4	21.1	0	-	1	5.3	1	5.3	3	15.8	19	100	0	-
MARYLAND	0	-	4	66.7	1	16.7	0	-	0	-	0	-	1	16.7	0	-	6	100	5	45.5
MICHIGAN	4	13.8	12	41.4	5	17.2	1	3.4	0	-	1	3.4	5	17.2	1	3.4	29	100	4	12.1
WASHINGTON	1	33.3	1	33.3	0	-	0	-	0	-	0	-	1	33.3	0	-	3	100	1	25.0
WISCONSIN	0	-	10	62.5	4	25.0	1	6.3	0	-	0	-	1	6.3	0	-	16	100	2	11.1
TOTAL	9	11.1	36	44.4	11	13.6	6	7.4	1	1.2	2	2.5	12	14.8	4	4.9	81	100	13	13.8

END