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ANALYSIS OF INMATE/PATIENT PROFILE DATA - YEAR TWO

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/] During the first year, the six state projects developed a pre-profile of these pilot jails and their existing health care delivery systems. The purpose of this data collection activity was two-fold. First, the information obtained was used by the states to identify deficiencies in the jails so that model health care delivery systems could be designed to correct them. Second,

[1]A total of thirty pilot jails was selected in the six states at the beginning of the program. By the end of the second year, twenty-seven sites remained. The reasons that three sites (numbers 1-4, 2-3 and 3-6) were dropped will be dealt with in more detail in the second year "Final Evaluation Report." Suffice it to say here that the basic reason was a lack of cooperation from the jails' correctional staff or medical staff or both.

the data served as the baseline from which subsequent changes in the delivery systems were measured. A post-profile of the health care systems in the pilot sites was conducted at the end of the second year to see what improvements had taken place.[2/]

The aggregate results of the Jail Pre/Post Profiles (J P-P) are available in separate reports.[3/] This report focuses on the second major data collection activity, namely, the Inmate/Patient Profiles, 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?

I/PPs were completed during both years of the AMA program. Data obtained from the original I/PPs were used by some of the states to help them establish priorities for initiating changes

[2]This data collection activity for both years is collectively referred to as the "Jail Pre/Post-Profile" or the "J P-P."

[3]See, B. Jaye Anno, "Analysis of Jail Pre-Profile Data," American Medical Association's Program to Improve Medical Care and Health Services in Jails. Washington, D.C.: Blackstone Associates (June 1977) and B. Jaye Anno and Allen H. Lang, "Analysis of Pilot Jail Post-Profile Data," American Medical Association's Program to Improve Medical Care and Health Services in Jails. Silver Spring, Maryland: B. Jaye Anno Associates (April 1978).

in their pilot jails' delivery systems. In addition, the first year I/PP results were used as a baseline to evaluate changes which occurred in Year Two in the extent of undetected and untreated illnesses in the pilot jails as well as changes in inmates' perception of jail health care services. This report includes both a description of the aggregate results obtained in the second year and a comparison of these findings with those of Year One.

The report is divided into five major sections. Following this introduction is a segment which describes the methodology employed and discusses the limitations of the data collected. Section III presents the second year I/PP results, while Section IV compares certain of the Year One and Year Two findings to determine what improvements have taken place in the pilot jails. The last section summarizes the results obtained. A list of the abbreviations used in this report can be found in Appendix A.

II. METHODOLOGY AND LIMITATIONS OF DATA COLLECTED

A. Forms and Procedures

1. Introduction

The first drafts of the I/PP forms and methodology were 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 of 1976. By the first week of June, the forms and procedures for the first year I/PPs 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.

The forms and procedures used to conduct the I/PPs in Year Two were the same as those for the first year. The I/PP instruments were mailed to the states in July of 1977, along with a detailed memorandum of important reminders regarding data collection procedures. Since four of the Pilot Project Directors (PPDs) had conducted I/PPs during the first year, it was not

necessary to provide on-site technical assistance in all six states. Nevertheless, the consultant did participate in various aspects of the I/PP process in three states. Further, while regular telephone and written contact were maintained with all states, extensive technical assistance was provided to the two PPDs who were new to the project in the second year.

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.

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

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. Further, there was a review of the inmate's current complaints and symptoms, which were subsequently 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 complete 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 were 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., emergency medical technicians, registered nurses, licensed practical nurses, or lab technicians) 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., physicians, osteopaths, physician assistants, 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 those 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 serum, 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 per inmate 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 staff and supplies, the logistics of completing the I/PPs were complicated by other factors. First, the states had to solicit the necessary permission and cooperation to conduct the I/PPs from the correctional administrators in each of their pilot jails. While this process was potentially beneficial to the inmates involved, it was also potentially disruptive of the jails' 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 accommodate 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 even in the second year some of the jails did not have in-house medical facilities,[5/] it was sometimes necessary

[5]See pages 29 & 40, "Analysis of the Pilot Jail Post-Profile Data," supra at note 3.

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' second 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.

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 remaining pilot sites with two exceptions (numbers 3-4 and 5-1).[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, several of the medical societies were able to find agencies willing to donate most, if not all, of the required supplies. In addition, many of the state Pilot Project Directors (PPDs) located institutions or agencies willing to provide staff

[6]See explanation on pages 18-19 of this report.

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, all of the professional time and services required to perform the actual physical examinations were 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.

[7]It was sometimes the case that volunteers to perform and analyze all of the lab tests could not be found. For example, the SGPT test for hepatitis is apparently expensive to administer and analyze, and while an agency might be willing to perform the other lab work for free, it would feel compelled to charge for the SGPT. Where this occurred, and where the cost of performing any test was prohibitive (e.g., $8-$12 per inmate), the states were exempted from doing this particular test in a particular jail.

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 of the pilot 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 were to 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 particularly 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, since the first year I/PPs had been conducted over a six-month period from mid-June to mid-December of 1976, the PPDs were told to try to schedule the second year I/PPs in any given jail as close to one year from the date of the first one as possible. Finally, it was anticipated that the I/PP data collection in all the states would be completed by the first of November. As noted below, these guidelines were followed in most instances.

As far as it could be determined, the days selected by the states to conduct the second year 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 some facilities the sample was pulled the day or night before. In one case, inmates were interviewed and examined on three consecutive days, while in two jails data were collected on half of the sample one day and on the remainder a few days later.

The first I/PP data collection took place on July 23, 1977, in Washington. 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 each had at least one facility where I/PPs had not yet been performed. By the end of November, however, all of the states had been through the I/PP process in all of their pilot sites as required; and by the end of December, all data had been submitted to the consultant. The mean number of months which had elapsed between the first and second year data collections was 12.7, although in one instance only ten months had passed and, in two jails, as many as sixteen months separated the two I/PPs.

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 to participate.

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

Of the twenty-five pilot jails completing I/PPs in the second year, fourteen had ADPs in 1976 that were less than fifty inmates and eleven 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.

Where sample selection was necessary, it should be noted that the process was not strictly "random" as that term is

[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 Company, Inc. (1960), pp. 138-142.

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 jail with an ADP of fifty or more inmates, the medical society Pilot Project Directors were told to accumulate the names of the jail's 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 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

[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 1,800 names), assign each a number, and then select fifty cases using a table of random numbers as a guide.

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 eleven 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 twenty-seven remaining pilot jails should have been about nine hundred 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 six jails that all had ADPs greater than fifty, would have had to do 300 I/PPs, while Indiana, Washington and Wisconsin would only have had to do about one hundred each and the other two states about one hundred and fifty each. Nevertheless, there was no attempt to adjust the workloads. The states were told to try to conduct I/PPs in all of their sites according to the prescribed methodology.

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[11] See, the discussion and figures on pages 6 - 7 and 23 -33, "Analysis of Jail Pre-Profile Data," and pages 11 - 13 and 25 in "Analysis of Pilot Jail Post-Profile Data," both 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	4	2	0	2	2	1	1
INDIANA	6	3	2	1	5	0	1
MARYLAND	6	0	4	2	1	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	27	9	11	7	16	6	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.

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[13] This table was taken from "Analysis of Pilot Jail Post Profile Data," supra at note 3, p. 2.

As it turned out, there were two sites where I/PPs could not be done. One of these jails was in Maryland (Number 3-4) and the other was in Washington (Number 5-1). In the case of the Maryland site, there was resistance to doing the I/PPs from the county medical society. A physician representative from this local organization stated that the group objected to "checking up on" the jail physician's work and to initiating physician/patient relationships themselves that might lead to subsequent liability problems. While the PPD initially felt she could find physician volunteers from outside the county to perform the necessary physical examinations, another difficulty occurred. In view of the extreme overcrowding at its facility, the jail administrator asked that the I/PPs be deferred until this condition was alleviated. Thus, I/PPs were not conducted at this site.

The primary reason that I/PPs were not performed at the Washington jail was that the status of this jail as a pilot site was itself uncertain during the Fall of 1977. The political difficulties which existed between the county government and the Sheriff's department had prevented any significant improvements from occurring in the jail's health care system. The Washington State Medical Association (WSMA) was concerned about the lack of responsiveness at this jail and was considering dropping it as a pilot site. Eventually, WSMA received the assurances of interest and cooperation it was looking for from the county and jail officials and the jail's physician, and it was retained as a site. However, by the time this decision was made, it was too

late to conduct the I/PPs. Thus, the expected number of I/PPs in these two jails was now zero.

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 167 inmates in 1976. 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.

The adjustments made in these three jails, as well as adjustments made for the actual number of inmates in the jails on the days the I/PPs were conducted, brought the total expected sample figure down.[14] 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 693. As it turned out, 548 I/PPs were done, which represented seventy-nine percent of the expected figure (see Table II).

[14] See Column D of Table II, on the next page.

TABLE II

Comparison of I/PP Expected and Actual Response Rates
by State and Jail

A	B	C	D	E	F	G
State	Jail Code	# Expected Based on Methodology ***	# Expected Adjusted for Problems & Actual ADPs ****	# 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	25	113.6
	1-2	50	50	45	39	86.7
	1-3	16	15	13	14	107.7
	1-5	16	11	10	9	90.0
	ST*	132	101	90	87	96.7
INDIANA	2-1	7	5	5	3	60.0
	2-2	8	5	5	5	100.0
	2-4	50	50	45	50	111.0
	2-5	24	28	25	26	104.0
	2-6	18	15	13	12	92.3
	2-7	4	3	3	3	100.0
	ST*	111	106	96	99	103.1
MARYLAND	3-1	50	50	45	24	53.3
	3-2	50	50	45	39	86.7
	3-3	50	50	45	16	35.6
	3-4**	50	0**	0**	0**	--
	3-5	50	50	45	22	48.9
	3-7	50	50	45	23	51.1
	ST*	300	250	225	124	55.1
MICHIGAN	4-1	3	6	5	6	120.0
	4-2	50	50	45	49	108.9
	4-3	36	23	21	14	66.7
	4-4	50	50	45	31	68.9
	ST*	139	129	116	100	86.2
WASHINGTON	5-1**	39	0**	0**	0**	--
	5-2	27	47	42	28	66.7
	5-3	35	31	28	24	85.7
	5-4	8	8	7	7	100.0
	ST*	109	86	77	59	76.6
WISCONSIN	6-1	11	6	5	6	120.0
	6-2	47	43	39	23	59.0
	6-3	50	50	45	50	111.1
	ST*	108	99	89	79	88.8
TOTAL	N = 27	899	771	693 *****	548	79.1

*ST = Subtotal

**As discussed in the text, I/PPs could not be conducted at these two jails.

***The sample size was set at 50 for facilities with Average Daily Populations (ADPs) $\geq$ 50 in 1976, and the total jail population for facilities with ADPs $<$50 in 1976.

****Jails 1-1, 3-4 and 5-1 were adjusted as discussed in the text and the jails which had ADPs$<$50 in 1976 were adjusted for the actual number of inmates in those facilities on the day the I/PPs were done.

*****Error due to rounding.

As Table II indicates, there were some differences in the response rates among the six states. Indiana and Georgia had the highest response rates, followed by Wisconsin and Michigan. While Maryland had the lowest response rate, it submitted the most I/PPs in terms of absolute numbers. Washington, with one of the lowest response rates, delivered the fewest number of I/PPs.

B. Limitations of the Data Collected

Before proceeding to an analysis of the second year Inmate/Patient Profiles, 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.[15]

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,[16] variations in the number and type of staff used[17] and the problems inherent in the sampling procedure itself[18] are but a few examples. Other difficulties are discussed below.

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[15] 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 pp. 1-6.

[16] See pages 12-13 of this report.

[17] The most important differences occurred with respect to the type of medical professional performing the physical exams. Some of the states used physicians only, while others used both physicians and physician assistants, and one used medical students with physician supervision.

[18] See the discussion regarding random sampling on pages 14-16 of this report.

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 computed 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 one could have that the total population would respond in a similar fashion would be increased.

A further source of error can be attributed to the fact that the inmates who participated in the I/PP process did so voluntarily -- i.e., once an inmate's name had been selected according to the appropriate sampling technique, s/he still had the opportunity to refuse to participate. 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

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. D ÷ Col. C)	Confidence Limits**
GEORGIA	1-1	167	25	.149	±18
	1-2	410	39	.095	±16
	1-3	15	14	.933	± 7
	1-5	11	9	.818	±15
	ST*	603	87	.144	±10
INDIANA	2-1	5	3	.600	±45
	2-2	5	5	1.000	± 0
	2-4	620	50	.081	±13
	2-5	28	26	.929	± 6
	2-6	15	12	.800	±14
	2-7	3	3	1.000	± 0
	ST*	676	99	.146	±10
MARYLAND	3-1	144	24	.167	±20
	3-2	1,812	39	.022	±16
	3-3	212	16	.075	±24
	3-5	369	22	.060	±20
	3-7	75	23	.307	±21
	ST*	2,612	124	.047	± 9
MICHIGAN	4-1	6	6	1.000	± 0
	4-2	528	49	.093	±14
	4-3	23	14	.609	±17
	4-4	157	31	.197	±18
	ST*	714	100	.140	±10
WASHINGTON	5-2	47	28	.596	±12
	5-3	31	24	.774	±10
	5-4	8	7	.875	±15
	ST*	86	59	.686	± 7
WISCONSIN	6-1	6	6	1.000	± 0
	6-2	43	23	.535	±14
	6-3	306	50	.163	±12
	ST*	355	79	.223	±10
TOTALS	N=25	5,046	548	.109	± 4

*ST = Subtotal.
**In interpreting this column, it should be understood that the lower the range, the higher the confidence.

could be preserved. Methodologically, however, a number of researchers have pointed out that self-selected samples may reduce the grounds for inference,[19] 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 participate in the I/PPs refused, or were otherwise not included in the final data. These reasons are summarized by jail in Table IV (see page 25). It should be noted that there were four jails where all of the inmates who were selected to participate did so. Thus, they were not included in the totals.

Of the 706 names that were pulled in the other twenty-one jails, I/PPs could not be done on 222 (31.4%) of them. Almost half of these latter cases came from Maryland. This state had problems in filling its quota of I/PPs in four of the five jails where they were conducted. In Jail 3-1, there were twenty-three inmates who had agreed to pariticpate, but I/PPs were not done because there were only two examiners and they ran out of time. In Jail 3-3, the physician examiner decided he only wanted to do about fifteen cases instead of fifty, because adequate space was not available. As for the other two Maryland jails (Numbers 3-5 and 3-7), a sizeable proportion

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

TABLE IV

Reasons I/PPs were Not Done on Some Inmates by Jail

State	Jail Code *	Number of Names Pulled For Sample	Number of I/PPs Not Done	REASONS I/PPS NOT DONE: Inmate Refused to Leave Cell. Thus I/PP Process Could Not Be Explained to Them	Inmate Refused Because s/he had Recently Had Physical Exam or Was Scheduled for One Shortly	Inmate Refused because s/he Was Scheduled to be Released Same or Next Day	Inmate Refused- No Other Explanation Given	Inmate Was Released or Transferred before I/PPs Could be Done	Inmate Was out of the Jail when I/PPs Were Done (e.g. Court, Hospital, School Release. etc)	Inmate Agreed to Participate but Examiners Ran Out of Time	Inmate Ineligible (e.g., Juvenile or Retarded	Case Dropped Due to Insufficient Data
GEORGIA	1-1	35	10				3	5	1		1	
	1-2	55	16			1	9	6				
	1-3	15	1				1					
	1-5	11	2				1		1			
	ST**	(116)	(29)	-	-	(1)	(14)	(11)	(2)	-	(1)	-
INDIANA	2-1	5	2				1				1	
	2-5	28	2				2					
	2-6	15	3				2				1	
	ST**	(48)	(7)	-	-	-	(5)	-	-	-	(2)	-
MARYLAND	3-1	50	26			1	1	1		23		
	3-2	60	21				11		10			
	3-3	26***	10	2		1	3		3	1		
	3-5	50	28	12****			16****					
	3-7	46	23	23*****								
	ST**	(232)	(108)	(37)	-	(2)	(31)	(1)	(13)	(24)	-	-
MICHIGAN	4-2	50	1					1				
	4-3	23	9				9					
	4-4	50	19				4	10	5			
	ST**	(123)	(29)	-	-	-	(13)	(11)	(5)	-	-	-
WASHINGTON	5-2	46	18				16	1				1
	5-3	32	8				8					
	5-4	8	1				1					
	ST**	(86)	(27)	-	-	-	(25)	(1)	-	-	-	(1)
WISCONSIN	6-1	7	1		1							
	6-2	43	20		6	5	7		2			
	6-3	51	1					1				
	ST**	(101)	(22)	-	(7)	(5)	(7)	(1)	(2)	-	-	-
TOTALS	N-21	706	222	37	7	8	95	25	22	24	3	1
			(100%)	(16.6%)	(3.2%)	(3.6%	(42.8%)	(11.3%)	(9.9%)	(10.9%)	(1.4%)	(0.4%)

*There were four jails where I/PPs were completed on all inmates whose names were drawn for the sample (numbers 2-2, 2-7, 4-1 and 6-1). Hence, these jails were not included in the table.

**ST = Subtotal.

***There should have been 50 cases drawn from this jail. However, in view of the tight security, the overcrowding and the lack of adequate space to perform the I/PPs, the physician examiners decided to only do a few.

****The PPD could offer little explanation for the high rate of refusals in this jail. One section of inmates would not even come down to learn what the I/PP was about and the others just refused to participate. The PPD did state that almost all of the inmates who declined were young blacks. Perhaps their refusals were simply due to their distrust of whites in general and of prison officials in particular.

*****Half of the sample in this jail refused to come down to discuss the I/PPs. The PPD indicated that part of their refusals may have been due to the inmates' dislike of the regular jail physician. When inmates learned this was not part of the regular medical program, the turndowns slowed considerably.

of the inmates would not even come down to talk to the medical society staff.

The reasons I/PPs were not done on the 222 inmates across all six states can be broken down in the following categories:

1. 37 (16.6%) inmates refused to leave their cells to even discuss the I/PPs;*
2. 95 (42.8%) inmates refused after the I/PP process had been explained to them, but offered no reason;*
3. 7 (3.2%) inmates refused because they were already receiving care, had just had a physical exam or were scheduled for one shortly;
4. 8 (3.6%) inmates refused because they were scheduled to be released that day or the next;
5. 25 (11.3%) inmates were released or transferred the day the I/PPs were conducted;
6. 22 (9.9%) inmates were out of the jail temporarily on the day of the I/PPs -- e.g., at court, in the hospital, on school or work release, etc.;
7. 24 (10.8%) inmates agreed to participate, but could not be included because the examiners ran out of time;
8. 3 (1.4%) inmates were ineligible (two because they were juveniles and parental consent would have been required and one because he was retarded and could not answer the questions directed to him); and
9. 1 (0.4%) inmate who was dropped from the study because insufficient data were provided.

*A number of individuals in these two categories were said to be young blacks.

Of these 222 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, 66.2% (categories 1-4 above) refused to participate in the I/PP for some reason and data could not be collected on the other 33.8% (categories 5-9) 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 147 individuals who declined to participate in the I/PPs may have differed from the health status of the 548 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., category 3) 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.[20] Further, one can also speculate that some of the individuals who may have been afraid to participate (e.g., categories 1 and 2, above) may well have been among those who were least used to receiving medical care.

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[20] 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 were 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 any 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 sizeable proportion of the participants would have at least one missing item out of the 220 variables where a response was called for 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 how they were 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. Further, while an attempt was made to follow up on abnormal lab results to determine whether a particular disease was actually present, this information was not always available. Thus, 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 OF THE SECOND YEAR INMATE/PATIENT PROFILES

In this chapter, the results of the Year Two I/PP data collection activity are presented and analyzed. Responses to the Health Status Profile (white sheet) and the Inmate Assessment (yellow sheet) 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 histories of the I/PP respondents are 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 physial exams are reported, along with the examiners' recommendations for follow-on diagnosis and treatment.

In the second major subdivision, 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 Particpants[21]

a. Age

As indicated in Table V below, the I/PP participants tended to be fairly young. Their ages ranged from 17[22] to 65 years, but the mean age was 27.5 years across all twenty-five jails.[23]

TABLE V

Mean Age of I/PP Participants, by State

State	Mean Age in Years	Standard Deviation	Number of Respondents
GEORGIA	31.2	11.5	85
INDIANA	26.6	10.6	98
MARYLAND	27.2	9.5	123
MICHIGAN	25.8	6.1	93
WASHINGTON	26.2	10.2	59
WISCONSIN	28.0	10.2	79
TOTAL	27.5	9.9	537[24]

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 35 years of age. As indicated in Table VI (see page 33), 82.1% of the I/PP participants were under 35 years of age, with almost half of them falling in the "18-24 years" category.

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

[22] 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.

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

[24] As discussed in the chapter on methodology (page 28) complete data were not available for all 548 respondents on every item.

TABLE VI

Age Breakdowns for I/PP Participants, by State

State	Age in Years: < 18 N	%	18-24 N	%	25-29 N	%	30-34 N	%	35-39 N	%	40-44 N	%	45-49 N	%	50-54 N	%	≥ 55 N	%	Total N	%
GEORGIA	0	-	28	32.9	19	22.4	13	15.3	9	10.6	5	5.9	3	3.5	2	2.3	6	7.1	85	100.0
INDIANA	9	9.2	45	45.9	19	19.4	12	12.2	2	2.0	3	3.1	3	3.1	1	1.0	4	4.1	98	100.0
MARYLAND	3	2.4	63	51.2	23	18.7	10	8.1	7	5.7	6	4.9	5	4.1	5	4.1	1	0.8	123	100.0
MICHIGAN	2	2.2	41	44.1	31	33.3	12	12.9	5	5.3	0	-	2	2.2	0	-	0	-	93	100.0
WASHINGTON	2	3.4	33	55.9	12	20.3	2	3.4	3	5.1	0	-	4	6.8	3	5.1	0	-	59	100.0
WISCONSIN	0	-	41	51.9	16	20.3	5	6.3	6	7.6	2	2.5	4	5.1	3	3.8	2	2.5	79	100.0
TOTAL	16	3.0	251	46.7	120	22.3	54	10.1	32	6.0	16	3.0	21	3.9	14	2.6	13	2.4	537	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 VII, below). 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. This, too, was in keeping with the totol population trends.

Table VII

Ethnicity of I/PP Participants, by State

State	White		Black		Spanish		Asian		Amer. Indian		Total	
	N	%	N	%	N	%	N	%	N	%	N	%
GEORGIA	43	50.0	43	50.0	0	-	0	-	0	-	86	100
INDIANA	60	60.6	39	39.4	0	-	0	-	0	-	99	100
MARYLAND	64	52.0	58	47.2	0	-	0	-	1	0.8	123	100
MICHIGAN	55	57.9	38	40.0	0	-	0	-	2	2.1	95	100
WASHINGTON	40	67.8	1	1.7	0	-	5	8.5	13	22.0	59	100
WISCONSIN	41	51.9	34	43.0	2	2.5	0	-	2	2.5	79	100
TOTAL	303	56.0	213	39.4	2	0.4	5	0.9	18	3.3	541	100

c. Sex

As for sex, the overwhelming majority of the sample were male (Tee Table VIII, below). On an aggregate basis the proportions of males and females in the sample were very close to those estimated for the total population (90.5% male and 9.5% 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 slightly overrepresented in Wisconsin. Similarly, females were slightly underrepresented in the small-sized facilities and somewhat overrepresented in the larger jails. These distortions were not of great magnitude, however.

TABLE VIII

Sex of I/PP Participants, by State

State	MALE		FEMALE		TOTAL	
	N	%	N	%	N	%
GEORGIA	79	92.0	8	8.0	87	100
INDIANA	89	89.9	10	10.1	99	100
MARYLAND	110	89.4	13	10.6	123	100
MICHIGAN	92	92.0	8	8.0	100	100
WASHINGTON	58	98.3	1	1.7	59	100
WISCONSIN	67	84.8	12	15.2	79	100
TOTAL	495	90.5	52	9.5	547	100

d. Type of inmate

According to previous estimates,[25] 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 IX, next page). Comparing these figures across the states, overrepresentation of sentenced inmates appears to be most marked in Washington, Maryland and Michigan. However, it should be noted that the jails in these 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 three states were, in fact, reasonably representative of their jails' total populations.

In the case of Maryland and to some extent, Michigan, there was a direct correspondence between the higher proportions of sentenced inmates and overcrowded conditions.[26] Many of the inmates in these jails had, in fact, been sentenced at the state level but were being held in county facilities due to overcrowding at the state prisons. This fact, then, partially accounts for the higher than usual number of sentenced inmates in these two states.

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[25] See page 25 and Appendix E of the "Analysis of Jail Pre-Profile Data," supra at note 3.

[26] See pages 18-21 and Appendix B of the "Analysis of Pilot Jail Post-Profile Data," supra at note 3.

TABLE IX

Type of Inmate by State

State	Sentenced		Unsentenced		Total	
	N	%	N	%	N	%
GEORGIA	28	32.9	57	57.1	85	100
INDIANA	20	20.4	78	79.6	98	100
MARYLAND	54	44.6	67	55.4	121	100
MICHIGAN	38	43.2	50	56.8	88	100
WASHINGTON	26	45.6	31	54.4	57	100
WISCONSIN	22	29.7	52	70.3	74	100
TOTAL	188	35.9	335	64.1	523	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 X (next page), 62% 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 did not appear to be significant.

TABLE X

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	63.1	31	36.9	84	100
INDIANA	62	65.3	33	34.7	95	100
MARYLAND	66	54.1	56	45.9	122	100
MICHIGAN	62	72.9	23	27.1	85	100
WASHINGTON	29	49.2	30	50.8	59	100
WISCONSIN	52	67.5	25	32.5	77	100
TOTAL	324	62.1	198	37.9	522	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.[27/] This could well be an instance

[27]For further discussion of this topic, see pp. 9-16 in Anno, "Health Care in Jails: Realities and Remedies," supra at note 20 and the references cited therein.

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 unproven.

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.[28/] Nevertheless, the information obtained in Year Two will be compared with Year One data in Section IV of this report to see whether any significant changes occurred. 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.

As indicated in Table XI (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 16% had never had an eye examination seems atypical

[28]A measure of this variable was not included in the I/PP data.

TABLE XI

Prior Health Care History of I/PP Participants

Inmates who Had Ever:	Never Been Treated		Treated within the Past: Week		Month		6 Months		Year		5 Years		Treated Over 5 Years Ago		Treated But Time Unknown		Total	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Been Treated by a Doctor	46	8.5	35	6.4	92	17.0	106	19.6	110	20.3	71	13.1	49	9.0	33	6.1	542	100.0
Had a Physical Examination	84	15.6	16	3.0	38	7.1	84	15.6	111	20.7	101	18.8	55	10.2	48	9.0	537	100.0
Been to See a Dentist	67	12.5	18	3.4	26	4.8	82	15.3	106	19.7	114	21.2	81	15.1	43	8.0	537	100.0
Been to See A Psychiatrist or other Mental Health Worker	322	60.4	20	3.8	20	3.8	35	6.5	27	5.0	39	7.3	50	9.4	20	3.8	533	100.0
Had an Eye Examination	84	15.8	2	0.4	17	3.2	69	13.0	112	21.0	125	23.4	79	14.8	45	8.4	533	100.0

for the average American. Similarly, the fact that 16% had never had a physical exam or that 12.5% had never been to a dentist, and that an additional 10% and 15% respectively had not received these services within the past five years also seems somewhat unusual.

In reviewing these statistics by state,[29] Georgia (12.6%) and then Wisconsin (10.1%) had the highest proportions of inmates who had never been treated by a doctor; Michigan (22.0%) and then Georgia (18.4%) had the highest proportions who had never had a physical exam; Georgia (17.2%) and Maryland (15.4%) had the greatest numbers who had never been to see a dentist; and Wisconsin (21.5%) and Michigan (18.6%) had the most inmates who had never had an eye examination. Throughout, Washington had the most inmates receiving all types of prior care, followed closely by Indiana on all variables except "eye examination."

In comparing the prevalence of various types of prior care by the size of the jail facility, some interesting differences were found (see Table XII). The incidence of individuals who had never had an eye exam and those who had never seen a mental health care worker showed positive relationships with the size of the jail facility (i.e., the percentage of inmates never receiving these services increased as the size of the jail increased).

Somewhat different relationships were found regarding the other variables, however. The proportion of inmates who had

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

never been treated by a doctor was lowest in the medium-sized facilities, somewhat higher in the small-sized jails and highest in the large jails. This same pattern was reflected in the proportion of inmates who had never had a physical exam. The definition of medium-sized jails was somewhat problematical, however, since this category encompassed jails with average daily populations (ADPs) ranging from 20 to 250. It may well be that if the definition of "medium-sized" were changed to jails with ADPs ranging from, say, 50 to 200, the results on these three variables might well have shown a consistent positive relationship with jail size as did the two variables noted above.

Overall, it was uniformly the case that the largest facilities also had the highest proportion of inmates never receiving certain types of care. Since the large jails were primarily located in urban areas, this finding seems consistent with the "poverty thesis" discussed previously.[30]

Table XII

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

Type of Care	Small (N=9) % Never Receiving	Medium (N=9) % Never Receiving	Large (N=7) % Never Receiving	Total (N=25) % Never Receiving
Treated by Doctor	4.9	4.8	12.1	8.5*
Physical Exam	11.1	9.8	21.0	15.6*
Dental Care	12.3	7.0	16.2	12.5*
Mental Health Care	16.8	49.5	66.0	60.4**
Eye Examination	7.4	13.6	19.8	15.8***

*Differences by size significant at the .01 level.
**Differences by size significant at the .001 level.
***Differences by size significant at the .02 level.

[30] See page 38 of this report.

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 XIII.[31] Without comparable statistics, it is difficult to draw any conclusions regarding these results. The incidence of treatment for allergies, gonorrhea, attempted suicide, and high blood pressure 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, ethnicity, and socioeconomic status were controlled for, the 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 at some point in the past.

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 XIV. 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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[31] Breakdowns by state, jail and jail size are available on request.

TABLE XIII

Past Medical Problems of I/PP Participants

Medical Problem	No		Yes												Yes, Over 5 Years		Yes, Time Unknown		Total	
			Within the Past:																	
			Week		Month		6 Months		Year		5 Years									
Treated for:	N	%	N	%	N	%	N	%	N	%	N	%			N	%	N	%	N	%
Allergies?	394	74.0	3	0.5	5	0.9	17	3.2	21	4.0	23	4.3			15	2.8	55	10.3	533	100.0
Asthma?	483	91.0	7	1.3	1	0.2	1	0.2	3	0.5	4	0.8			14	2.6	18	3.4	531	100.0
Epilepsy/ Seizures?	491	92.3	8	1.5	0	-	2	0.4	3	0.6	3	0.6			13	2.4	12	2.2	532	100.0
Diabetes?	525	98.3	2	0.4	0	-	1	0.2	0	-	0	-			1	0.2	5	0.9	534	100.0
Tuberculosis?	514	96.1	2	0.4	1	0.2	1	0.2	4	0.7	1	0.2			8	1.5	4	0.7	535	100.0
Hepatitis?	485	90.7	1	0.2	0	-	3	0.6	4	0.7	19	3.5			17	3.2	6	1.1	535	100.0
High Blood Pressure?	467	87.5	4	0.7	2	0.4	7	1.3	7	1.3	5	1.0			6	1.1	36	6.7	534	100.0
Heart Attack?	519	97.0	1	0.2	0	-	0	-	2	0.4	2	0.4			5	0.9	6	1.1	535	100.0
Heart Murmur?	514	96.0	2	0.4	0	-	3	0.6	0	-	3	0.6			6	1.1	7	1.3	535	100.0
Other Heart Trouble?	499	93.6	6	1.1	0	-	0	-	1	0.2	4	0.7			2	0.4	21	4.0	533	100.0
Gonorrhea?	419	78.2	3	0.5	2	0.4	9	1.7	16	3.0	23	4.3			35	6.5	29	5.4	536	100.0
Syphilis?	506	95.0	3	0.6	2	0.4	1	0.2	5	0.9	4	0.7			7	1.3	5	0.9	533	100.0
Ever Attempted Suicide?	460	87.6	3	0.6	4	0.8	9	1.7	10	2.0	9	1.7			14	2.6	16	3.0	525	100.0

TABLE XIV

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

	Nonusers		Users		Total		Users' Months of Sustained Usage			Withdrawal: Users Undergoing		Withdrawal: Users Not Undergoing		Withdrawal: Users Not Responding		Withdrawal: Total	
Drug	N	%	N	%	N	%	$\bar{x}$	R**	SD	N	%	N	%	N	%	N	%
Alcohol	297	55.8	235	44.2	532	100	52.8	1-98	36.7	42	17.8	132	56.2	61	26.0	235	100
Heroin	475	89.3	57	10.7	532	100	40.3	1-98	38.9	38	66.7	17	29.8	2	3.5	57	100
Methadone	505	96.7	17	3.2	522	100	21.8	1-98	16.7	8	47.1	3	17.6	6	35.3	17	100
Amphetamines	481	91.1	47	8.9	528	100	46.3	1-98	36.6	10	21.3	27	57.4	10	21.3	47	100
Barbiturates	488	92.6	39	7.4	527	100	38.4	1-98	33.3	7	18.0	19	48.7	13***	33.3	39	100
Tranquilizers	460	87.1	68	12.9	528	100	25.7	1-98	26.5	12	17.6	30	44.1	26	38.2	68	100
Other (Marijuana)*	413	84.3	77	15.7	490*	100	55.2	1-98	34.0	3	3.9	48	62.3	26	33.8	77	100
Other	435	89.5	51	10.5	486	100	31.8	1-98	33.4	13	25.5	21	41.2	17	33.3	51	100

KEY: N = Number R = Range
% = Percent SD = Standard Deviation
$\bar{x}$ = Mean

*See explanation regarding this category in text.
**This item was only allotted two columns on the computer cards. Hence the maximum length of time recorded for usage was 98 months.
***In jails 6-2 and 5-3 there was one person in each jail still using barbiturates when interviewed. These two are shown as missing, here.

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 XIV shows that two-thirds of the heroin users and about half of the methadone users experienced withdrawal after admission to jail. Only about 18% of the alcohol users, barbiturate users and tranquilizer users experienced withdrawal, while the withdrawal rates for users of amphetamines were slightly higher (21.3%). 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 for all drug categories except heroin.

In reviewing use alone, it appears that just under half of the inmates used alcohol on a daily basis. This finding is

consistent with those of other studies which show a strong relationship between alcohol abuse and crime. The most used drug by far, however, was marijuana. Over 90% of the inmates indicated they had used marijuana to some extent prior to being incarcerated. Even this 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 = 490) was so high that it was broken out as a separate category. Of this group, though, only about 16% were daily users (N = 77).

It may also be noted that three of the daily marijuana users stated they had 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.[32] Hence, it is possible that in some instances, inmates may have equated psychological craving for a drug with "undergoing withdrawal."

In comparing daily drug and alcohol use and withdrawal items by size of the facility, there was only one instance where significant differences occurred. The number of individuals using

[32] Verification of inmates' responses to drug use and withdrawal items was not possible since the pilot jails do not routinely keep this information.

heroin was positively associated with jail size (see Table XV, below). This finding is not surprising, however, since it would be expected that heroin use would be greater in the urban areas where access to this drug is more prevalent.

TABLE XV

I/PP Participants Using Heroin, by Jail Size

	Small (N=9)		Medium (N=9)		Large (N=7)		Total (N=25)	
Drug Use	N	%	N	%	N	%	N	%
Users	2	3.5	14	24.6	41	71.9	57	100
Nonusers	76	16.0	170	35.8	229	48.2	475	100
Total	78	14.7	184	34.6	270	50.8	532*	100

*Differences between jail sizes significant at the .001 level.

Comparing alcohol and drug use between the states revealed few important differences not accounted for by the size variable. For example, Washington with only small and medium-sized jails and no large facilities had the highest daily alcohol use rate (63.8%), but the lowest use of heroin and methadone (1.7% and 0%) respectively. On the other hand, Maryland with a greater emphasis on medium and large size jails, had the lowest alcohol use rate (37.7%), but among the highest heroin and methadone use rates. 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 basis seems very high. Rates of non-use were somewhat lower in Maryland and Indiana (46.8% and 46.5%, 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. In fact, the rates of use and non-use for the second year I/PPs are very close to the first year totals.[33]

[33] See, B. Jaye Anno, "Analysis of Inmate/Patient Profile Data," American Medical Association's Program to Improve Medical Care and Health Services in Jails. Washington, D.C.: Blackstone Associates (June 1977), p. 46.

TABLE XVI

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

STATE	None N	%	One N	%	Two N	%	Three N	%	Four N	%	Five N	%	Six N	%	Seven N	%	Total N	%
GEORGIA ($\bar{X}$ = 0.9)	36	41.4	33	38.0	10	11.5	6	6.9	1	1.1	1	1.1	0	-	0	-	87	15.9
INDIANA ($\bar{X}$ = 1.0)	46	46.5	29	29.3	13	13.1	4	4.0	2	2.0	2	2.0	2	2.0	1	1.0	99	18.1
MARYLAND ($\bar{X}$ = 1.0)	58	46.8	37	29.8	12	9.7	9	7.3	6	4.8	1	0.8	0	-	1	0.8	124	22.6
MICHIGAN ($\bar{X}$ = 0.9)	37	37.0	41	41.0	17	17.0	3	3.0	1	1.0	0	-	1	1.0	0	-	100	18.2
WASHINGON ($\bar{X}$ = 1.3)	12	20.4	31	52.5	8	13.5	4	6.8	2	3.4	2	3.4	0	-	0	-	59	10.8
WISCONSON ($\bar{X}$ = 1.4)	19	24.1	35	44.3	13	16.4	2	2.5	6	7.6	3	3.8	1	1.3	0	-	79	14.4
TOTAL ($\bar{X}$ = 1.1)	208	38.0	206	37.6	73	13.3	28	5.1	18	3.3	9	1.6	4	0.7	2	0.4	548	100.0

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 (44% reported having this problem), followed by heartburn (30.7%), night sweats (29%), toothaches (28%), itchiness and chest pain (27.7% each). While few of the males reported any problems with their reproductive organs, 30% 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 incidence of specific complaints such as "coughing up of blood" (8%) or "burning on urination" (7.6%).[34]

In reviewing these results broken down by state (see Appendix E), the findings were consistent with the general patterns reported above for the total sample. In all cases,

[34]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 20. In addition, the first year I/PP aggregate results regarding the number and types of complaints were very close to those reported here. See pp. 47-49, "Analysis of Inmate/Patient Profile Data," supra at note 33.

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	237	44.0	301	56.0	538	100
Recent Head Injury	146	27.3	388	72.7	534	100
Other Injury	99	20.1	394	79.9	493	100
Period of Unconsciousness	88	16.6	443	83.4	531	100
Trouble Hearing	107	19.9	430	80.1	537	100
Discharge from Eyes	72	13.4	466	86.6	538	100
Pain in Eyes	117	21.8	420	78.2	537	100
Other trouble with Eyes	103	19.2	433	80.3	536	100
Toothaches	152	28.1	388	71.9	540	100
Persistent Cough	139	26.0	396	74.0	535	100
Sore Throat	110	20.9	417	79.1	527	100
Skin Trouble	122	23.1	406	76.9	528	100
Itchiness	146	27.7	381	72.3	527	100
Night Sweats	151	28.6	377	71.4	528	100
Trouble Breating	121	22.9	407	77.1	528	100
Chest Pain	146	27.7	381	72.3	527	100
Coughing up of Blood	42	8.0	486	92.0	528	100
Heartburn (Indigestion)	162	30.7	365	69.3	527	100
Burning on Urination	40	7.6	487	92.4	527	100
Trouble with Bowels	74	14.1	451	85.9	525	100
Males Only (N = 495)						
Discharge from Penis	13	2.7	470	97.3	483	100
Sores on Penis	8	1.6	477	98.4	485	100
Pain in Testicles	17	3.5	463	96.5	480	100
Females Only (N = 52)						
Lumps in Breast	7	15.2	39	84.8	46	100
Unusual Vaginal Discharge	14	29.8	33	70.2	47	100
Unusual Vaginal Bleeding	9	19.6	37	80.4	46	100
Pregnancy	3	6.4	44	93.6	47	100
Other (all)	102	18.6	446	81.4	548	100

*The reader is reminded that the size of the total sample was 548 participants, of whom 495 were male, 52 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 only 2%-3%.

non-specific complaints such as headaches exceeded specific symptoms such as bleeding.

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 11% on an aggregate basis. The proportion with a single complaint was also relatively small -- almost as many inmates had "eleven to fourteen" 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. Wisconsin and then Georgia had the highest mean number of complaints per participant (5.3 and 4.9 respectively), while the other four states were right at the mean for the total sample.

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 (see page 55).

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 reasonable well with the male national averages.[35/] The average height of I/PP participants was the same as that for males elsewhere (about 69 inches), but the inmates tended to weigh less.

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[35] 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).

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 Twenty N	% (Cum %)	Total N	%	$\bar{X}$ #
GEORGIA (R = 0-20)	10	11.5	11	12.6 (12.6)	22	25.3 (37.9)	25	28.8 (66.7)	11	12.6 (79.3)	7	8.0 (87.3)	1	1.2 (88.5)	87	100.0	4.9
INDIANA (R = 0-17)	12	12.1	11	11.1 (11.1)	33	33.3 (44.4)	25	25.3 (69.6)	11	11.1 (80.8)	4	4.1 (84.9)	3	3.0 (87.9)	99	100.0	4.5
MARYLAND (R = 0-13)	15	12.1	14	11.3 (11.3	41	33.1 (44.4)	28	22.6 (67.0)	18	14.5 (81.5)	8	6.5 (88.0)	0	-	124	100.0	4.5
MICHIGAN (R = 0-18)	15	15.0	6	6.0 (6.0)	38	38.0 (44.0)	23	23.0 (67.0)	11	11.0 (78.0)	6	6.0 (84.0)	1	1.0 (85.0)	100	100.0	4.5
WASHINGTON (R = 0-14)	5	8.5	2	3.4 (3.4)	30	50.8 (54.2)	11	18.6 (72.8)	6	10.2 (83.0)	5	8.5 (91.5)	0	-	59	100.0	4.5
WISCONSIN (R = 0-15)	3	3.8	6	7.6 (7.6)	32	40.5 (48.1)	17	21.5 (69.6)	12	15.2 (84.8)	7	8.9 (93.7)	2	2.5 (96.2)	79	100.0	5.3
TOTAL (R = 0-20)	60	11.0	50	9.1 (9.1)	196	35.7 (44.8)	129	23.5 (68.3)	69	12.6 (80.9)	37	6.8 (87.7)	7	1.3 (89.0)	548	100.0	4.5

KEY: R = Range
% = Percent
Cum % = Cumulative Percent
N = Number
$\bar{X}$ = Mean Number

TABLE XIX

Average Height and Weight, by State - Total Population

State	Average Height in Inches $\bar{X}$	SD	Missing Cases N	%	Average Weight in Pounds $\bar{X}$	SD	Missing Cases N	%
GEORGIA (SN = 87)	68.8	3.7	2	2.3	150.8	23.9	2	2.3
INDIANA (SN = 99)	68.5	4.0	14	14.9	160.1	31.2	12	14.1
MARYLAND (SN = 124)	69.0	3.4	14	12.3	154.8	23.9	14	2.3
MICHIGAN (SN = 100)	69.1	3.3	2	2.0	160.0	24.3	2	2.0
WASHINGTON (SN = 59)	69.4	3.2	5	8.5	160.1	25.3	6	10.2
WISCONSIN (SN = 79)	68.8	3.3	6	7.6	160.6	26.8	2	2.5
TOTAL (TN = 548)	68.9	3.5	43	7.8	157.5	26.1	40	7.3

b. Vital signs

1) temperature

The average temperatures 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 Maryland and Washington with an abnormal reading.[36] In other words, 4.5% of the 376 individuals

[36] Defined as temperatures of 99.6 or higher.

whose temperatures were taken had a temperature elevation. It should be noted, however, that the proportion of missing cases in the two states where no abnormal readings were found was quite high, and thus, these results may well be an underestimate of the number of inmates who had temperature elevations on the day they participated in the I/PPs.

TABLE XX

Average Temperature and Rate of Abnormal Readings,* by State

State	Average Temperature $\bar{X}$	SD	# of Cases	Abnormal Readings* N	%	Missing Cases N	%
GEORGIA	98.5	.96	82	13	15.8	5	5.7
INDIANA	98.2	.53	83	1	1.2	16	16.2
MARYLAND	98.0	.49	24	0	-	100**	80.6
MICHIGAN	98.2	.60	99	2	2.0	1	1.0
WASHINGTON	98.3	.80	10	0	-	49***	83.0
WISCONSIN	98.1	.85	78	1	1.3	1	1.3
TOTAL	98.3	.74	376	17	4.5	172	31.4

*"Abnormal" was defined as readings of 99.6 and over.
**Temperatures were not taken in two Maryland jails (Numbers 3-2 and 3-3).
***Temperatures were not taken in two Washington Jails (Numbers 5-3 and 5-4).

2) pulse rates

The average radical pulse rates of I/PP participants in each state are presented in Table XXI 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

State	Average Radical Pulse Rate per Minute $\bar{X}$	SD	# of Cases	Abnormal Readings* N	%	Missing Cases N	%
GEORGIA	85.4	17.2	85	53	62.4	2	2.3
INDIANA	74.2	11.9	99	19	19.2	0	-
MARYLAND	73.1	8.6	112	16	14.3	12	9.7
MICHIGAN	77.9	11.0	100	27	27.0	0	-
WASHINGTON	74.2	10.5	55	16	29.1	4	6.8
WISCONSIN	80.0	12.5	79	30	38.0	0	-
TOTAL	77.6	12.5	530	161	30.4	18	3.3

*Below 60 or above 80 beats per minute.

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 (Georgia) was over a "high normal" reading. The second column indicates that the proportion of abnormal readings was consistently high in all states except Maryland and to a lesser extent, Indiana. 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.

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 Georgia and Michigan had the highest percent of abnormally high systolic rates and Wisconin and Washington had the highest percent of abnormally high diastolic rates.

Rates of hypertension were also calculated and are given in Tables XXIII(A) and XXIII(B) on page 61. It should be noted that in order to make comparisons with both Year One rates and with national rates two definitions of hypertension were used. In Table XXIII(A), hypertension was defined as "a systolic reading of 140 or above and a diastolic reading of 90 or higher," whereas in Table XXIII(B), hypertension was defined as "a systolic reading of 160 or above or a diastolic reading of 95 or higher." As the two tables show, the latter was the more conservative definition.

Using the first definition - see Table XXIII(A) - Georgia, Michigan and then Wisconsin had the highest rates of hypertension. However, these three states also had the lowest proportions of missing cases, so the true totals in the other three states may well have been higher than those reported here.

TABLE XXII

Average Blood Pressure Readings and Rate of Abnormal Readings,* By State

	SYSTOLIC							DIASTOLIC						
	Average Systolic Pressure			Anormal Readings*		% Missing Cases		Average Systolic Pressure			Abnormal Readings*		% Missing Cases	
	$\bar{X}$	SD	# of Cases	N	%	N	%	$\bar{X}$	SD	# of Cases	N	%	N	%
GEORGIA	119.5	14.6	84	10	11.9	3	3.4	74.7	9.5	84	7	8.3	3	3.4
INDIANA	115.4	15.7	88	7	8.0	11	11.1	71.5	11.0	88	6	6.8	11	11.1
MARYLAND	117.7	11.3	115	10	8.7	9	7.3	73.4	8.2	115	5	4.3	9	7.3
MICHIGAN	117.5	15.2	100	10	10.0	0	-	73.1	11.6	100	5	5.0	0	-
WASHINGTON	119.5	12.0	56	3	5.4	3	5.1	74.3	10.8	56	6	10.7	3	5.1
WISCONSIN	119.5	13.1	79	7	8.9	0	-	73.4	11.8	79	10	12.6	0	-
TOTAL	118.0	13.8	522	47	9.0	26	4.7	73.4	10.4	522	39	7.5	26	4.7

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

TABLE XXIII(A)

Rates of Hypertension,* by State

State	Hypertensive Cases N	Hypertensive Cases %	Non-Hypertensive Cases N	Non-Hypertensive Cases %	Total N	Total %	% Missing Cases N	% Missing Cases %
GEORGIA	5	5.9	80	94.1	85	100.0	2	2.3
INDIANA	3	3.4	85	96.6	88	100.0	11	11.1
MARYLAND	3	2.6	112	97.4	115	100.0	9	7.2
MICHIGAN	4	4.0	96	96.0	100	100.0	0	-
WASHINGTON	2	3.6	54	96.4	56	100.0	3	5.1
WISCONSIN	3	3.8	76	96.2	79	100.0	0	-
TOTAL	20	3.8	503	96.2	523	100.0	25	4.6

*Here, an individual was defined as "hypertensive" when the systolic pressure reading was 140 or above and the diastolic pressure reading was 90 or higher.

TABLE XXIII(B)

Rates of Hypertension,* by State

State	Hypertensive Cases N	Hypertensive Cases %	Non-Hypertensive Cases N	Non-Hypertensive Cases %	Total N	Total %	% Missing Cases N	% Missing Cases %
GEORGIA	4	4.7	81	95.3	85	100.0	2	2.3
INDIANA	4	4.5	84	95.5	88	100.0	11	11.1
MARYLAND	0	-	115	100.0	115	100.0	9	7.2
MICHIGAN	2	2.0	98	98.0	100	100.0	0	-
WASHINGTON	3	5.4	53	94.6	56	100.0	3	5.1
WISCONSIN	4	5.1	75	94.9	79	100.0	0	-
TOTAL	17	3.3	506	96.7	523	100.0	25	4.6

*Here, an individual was considered "hypertensive" if the systolic pressure reading was 160 or above or the diastolic pressure reading was 95 or higher.

On an overall basis, the rates of hypertension in each of the six states declined over those reported for Year One.[37]

Using the second definition of hypertension permits some comparisons of I/PP participants' rates with rates of hypertension found 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."[38] This is the same definition that was used to calculate rates of hypertension in Table XXIII(B). However, the national statistics were 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 calculated at 18.1%.[39] 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

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[37] See pp. 56-60 in "Analysis of Inmate/Patient Profile Data," June 1977, supra at note 33.

[38] "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).

[39] Ibid.

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 belonged. National rates for individuals in these two age groups were 3.1 and 6.6 respectively.[40] 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.

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.[41]

In interpreting these results, however, the reader should keep two things in mind. First, the high proportion of missing cases on the three communicable disease tests should be noted. Almost a fifth of the I/PP participants were not tested for tuberculosis, almost a fourth were not tested for syphilis and over half were not tested for hepatitis.

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[40] Ibid.

[41] Additional breakdowns by state and by size are given in Appendices F and G respectively.

TABLE XXIV

Incidence of Abnormal Test Results - Total Sample

Lab Test	Total Normal N	%	Abnormal Total N	%	Previously Identified N	%	Previously Identified and Treated by Jail N	%	Overall Totals N	%	Number and Percent of Total Cases Missing N	%
PPD or Tine for Tuberculosis	402	89.5	47	10.5	(5)*(10.6)		(14)	(29.8)	449	100.0	99[A]	18.1
VDRL for Syphilis	417	97.6	10	2.4	(2)*(20.0)		(2)	(20.0)	427	100.0	121[B]	22.1
SGPT or SGOT for Hepatitis	217	85.1	38	14.9	0	-	(1)	(2.6)	255	100.0	293[C]	53.5
Urine Dip Stick	451	88.6	58	11.4	(1)	(1.7)	(3)	(5.2)	509	100.0	39	7.1

*These categories include one person each whose illness was previously identified, but no treatment was necessary.

[A]Tests were not done in jails 2-1, 2-7 and 3-7 and most of those done in jail 1-1 were not read because the inmates had been released.

[B]Tests were not done in jails 3-1, 2-4 and 3-7.

[C]Tests were not done in jails 1-1, 1-2, 1-3, 2-1, 2-4, 2-7, 4-1, 4-2 and 4-4, and could not be analyzed in jail 6-2.

TABLE XXV

Specification of Urine Abnormalities from Dip Stick Test, by State

Type of Abnormality	GEORGIA		INDIANA		MARYLAND		MICHIGAN		WASHINGTON		WISCONSIN		TOTAL	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Abnormal Glucose Reading	2	66.7	0	-	2	16.7	3	50.0	1	33.3	3	37.5	11	19.0
Abnormal Albumin Reading	0	-	0	-	1	8.3	0	-	0	-	0	-	1	1.7
Abnormal Protein Reading	1	33.3	20	76.9	7	58.3	2	33.3	2	66.7	4	50.0	36	62.1
Occult Blood Present	0	-	0	-	0	-	0	-	0	-	1	12.5	1	1.7
Both Glucose and Blood Present	0	-	0	-	2	16.7	0	-	0	-	0	-	2	3.4
Other	0	-	6	23.1	0	-	1	16.7	0	-	0	-	7	12.1
Total	3	100.0	26	100.0	12	100.0	6	100.0	3	100.0	8	100.8	58	100.0

Second, the reader should recall from the methodology section that abnormal lab tests do not necessarily indicate the 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 was not immediately known. While an attempt was made to follow-up all individuals with positive laboratory test results, many inmates had already been transferred or released and could not be located. Hence, the most that can be said is that the presence of the actual diseases was confirmed for at least some inmates in each of the four lab test categories.[42]

It should also be noted that the incidence of abnormal lab tests per se was not nearly as important as whether the jails were aware of these abnormalities and were treating inmates for these conditions where indicated. As Table XXIV shows, at least some of the jails had previously identified the inmates' condition prior to the I/PPs and were providing treatment. Whether these were accredited or non-accredited jails and whether the incidence of unidentified and untreated conditions declined from the first year I/PP results will be examined in detail in Section Four.

[42] Of those inmates who could be followed-up, subsequent testing confirmed eleven cases of active tuberculosis, one case of active syphilis, one case of active hepatitis, one case of diabetes and one other inmate who needed treatment for a urine abnormality.

6. Physical Examinations and Recommendations for Follow-on Care

a. Physical examinations

Of the 548 I/PP participants, 27 either refused to be examined or were released before a physical exam could be performed. Hence, the total sample size in this subsection was reduced to 521 inmates.[43]

The first part of the physical examination simply asked whether the inmate's general appearance was healthy or unhealthy. As indicated in Table XXVI, below, in almost all of the instances where examiners completed this information, the inmates appeared healthy. Only 26 (5.7%) did not.

TABLE XXVI

General Appearance of I/PP Participants to Examiners, by State

State	General Appearance: Healthy N	Healthy %	Unhealthy N	Unhealthy %	Total N	Total %	Missing Cases N	Missing Cases %
GEORGIA	59	88.1	8	11.9	67	100.0	17	20.2
INDIANA	81	95.3	4	4.7	85	100.0	1	1.2
MARYLAND	105	96.3	4	3.7	109	100.0	14	11.4
MICHIGAN	76	96.2	3	3.8	79	100.0	12	13.2
WASHINGTON	38	92.7	3	7.3	41	100.0	17	29.3
WISCONSIN	71	94.7	4	5.3	75	100.0	4	5.1
TOTAL	430	94.3	26	5.7	456	100.0	65	12.5

[43] Of these 27 inmates, 3 were from Georgia, 13 from Indiana, 9 from Michigan and 1 each from Maryland and Washington. In terms of sex, 26 were male and 1 was female. Thus, the total number of males was reduced to 469, the total number of females to 51, and there was still one case where sex was not recorded.

The physical examination itself called for forty-one items to be checked for females and thirty-nine items to be checked for males.[44] The number and type of items actually completed on any given individual varied, however. In some instances, inmates refused examination of certain body parts.[45] In others, the examiners skipped certain items. In still others, the physical set-up at the jail 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). Hence, the proportions of missing cases for these items were somewhat higher than might otherwise be expected.

The incidences of abnormalities of I/PP participants which were identified during the physical examinations are given in Table XXVII. Before turning to those results, however, a few words regarding the 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

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

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

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 XXVII (see next page), a total of 1,228 abnormalities were identified. This represented about 2.4 abnormalities per inmate examined. The highest proportion of abnormalities identified during the physical examinations was associated with "teeth/dentures" (Item #6(a) -- 39.3%). Not quite a fifth of the inmates had some abnormality of the skin involving lesions, ulcers or jaundice (Item #2(a)) and just over 12% had an abnormally-sized liver (Item #13(a)). About the same percent had some problem with their ears (which was usually excess cerumen - Item #4(a)), and 10% had an abnormal abdominal appearance (Item #12).

While abnormalities of the reproductive organs were not particularly high for males (8.2% -- Item #22), those for females were fairly high in two categories: about a fifth had abnormalities

TABLE XXVII

Incidence of Abnormalities Identified during Physical Examinations

Body Part	Total Normal		ABNORMAL								Total		Missing Cases	
			Total Abnormal		Not Previously Identified or Treated		Previously Identified		Previously Identified and Treated		Previously Identified, No Treatment Necessary			
Total Sample: (N = 521)	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
1. Head, Face, Scalp	479	90.7	39	9.3	(32)	(82.0)	(5)	(12.8)	(1)	(2.6)	(1)	(2.6)	518	100	3	0.6
2. Skin (a) lesions, Ulcers, Jaundice	428	82.5	91	17.5	(64)	(70.3)	(9)	(9.9)	(16)	(17.6)	(2)	(2.2)	519	100	2	0.4
(b) lacerations, tracks	471	92.4	39	7.6	(27	(69.2)	(7)	(18.0)	(2)	(5.1)	(3)	(7.7)	510	100	11	2.1
3. Eyes (a) pupils	495	95.9	21	4.1	(17)	(81.0)	(4)	(19.0)	(0)	-	(0)	-	516	100	5	1.0
(b) conjunctiva, sclera	497	96.7	17	3.3	(14)	(82.3)	(2)	(11.8)	(1)	(5.9)	(0)	-	514	100	7	1.3
4. Ears (a) pinnae, canals, drums	452	87.8	63	12.2	(49)	(77.8)	(8)	(12.7)	(6)	(9.5)	(0)	-	515	100	6	1.2
(b) gross hearing	475	94.8	26	5.2	(25)	(96.2)	(1)	(3.8)	(0)	-	(0)	-	501	100	20	3.8
5. Nose	472	92.4	39	7.6	(29)	(74.4)	(3)	(7.7)	(7)	(17.9)	(0)	-	511	100	10	1.9
6. Mouth (a) teeth/dentures	315	60.7	204	39.3	(178)	(87.2)	(12)	(5.9)	(14)	(6.9)	(0)	-	519	100	2	0.4
(b) throat	477	92.6	38	7.4	(28)	(73.7)	(4)	(10.5)	(6)	(15.8)	(0)	-	515	100	6	1.2
7. Neck (a) lymph nodes	483	93.4	34	6.6	(26)	(76.5)	(8)	(23.5)	(0)	-	(0)	-	517	100	4	0.8
(b) masses	510	98.8	6	1.2	(4)	(66.7)	(1)	(16.7)	(1)	(16.7)	(0)	-	516	100	5	1.0
8. Chest Wall	500	96.9	16	3.1	(6)	(37.5)	(7)	(43.8)	(2)	(12.5)	(1)	(6.2)	516	100	5	1.0
9. Breasts	506	98.3	9	1.7	(6)	(66.7)	(2)	(22.2)	(1)	(11.1)	(0)	-	515	100	6	1.2
10. Lungs	485	93.6	33	6.4	(26)	(78.8)	(3)	(9.1)	(4)	(12.1)	(0)	-	518	100	3	0.6
11. Heart (a) rate	504	97.5	13	2.5	(11)	(84.6)	(1)	(7.7)	(1)	(7.7)	(0)	-	517	100	4	0.8
(b) murmurs	478	92.5	39	7.5	(30)	(76.9)	(7)	(18.0)	(2)	(5.1)	(0)	-	517	100	4	0.8
12. Abdomen (appearance)	465	90.0	52	10.0	(39)	(75.0)	(10)	(19.2)	(2)	(3.8)	(1)	(2.0)	517	100	4	0.8
13. Liver (a) size (cm.)	433	87.5	62	12.5	(58)	(93.6)	(3)	(4.8)	(1)	(1.6)	(0)	-	495	100	26	5.0
(b) tenderness	494	96.7	17	3.3	(10)	(58.8)	(5)	(29.4)	(2)	(11.8)	(0)	-	511	100	10	1.9
(c) edge	475	95.0	25	5.0	(22)	(88.0)	(2)	(8.0)	(1)	(4.0)	(0)	-	500	100	21	4.0
14. Spleen	511	99.4	3	0.6	(3)	(100.0)	(0)	-	(0)	-	(0)	-	514	100	7	1.3
15. Groin (a) nodes	455	92.1	39	7.9	(27)	(69.2)	(12)	(30.8)	(0)	-	(0)	-	494	100	27	5.2
(b) lesions	484	98.0	10	2.0	(7)	(70.0)	(2)	(20.0)	(1)	(10.0)	(0)	-	494	100	27	5.2
(c) hernias	481	97.8	11	2.2	(8)	(72.7)	(2)	(18.2)	(1)	(9.1)	(0)	-	492	100	29	5.6
16. Back (a) pain	481	93.9	31	6.1	(26)	(83.9)	(5)	(16.1)	(0)	-	(0)	-	512	100	9	1.7
(b) range of motion	500	97.7	12	2.3	(10)	(83.4)	(1)	(8.3)	(1)	(8.3)	(0)	-	512	100	9	1.7
17. Extremities:																
(a) clubbing	487	94.6	28	5.4	(26)	(92.9)	(2)	(7.1)	(0)	-	(0)	-	515	100	6	1.2
(b) tracks	484	94.0	31	6.0	(18)	(58.1)	(8)	(25.8)	(1)	(3.2)	(4)	(12.9)	515	100	6	1.2
18. Flanks	511	99.2	4	0.8	(3)	(75.0)	(1)	(25.0)	(0)	-	(0)	-	515	100	6	1.2
19. Joints:																
(a) deformity	493	95.5	23	4.5	(17)	(74.0)	(3)	(13.0)	(3)	(13.0)	(0)	-	516	100	5	1.0
(b) range of motion	500	97.1	15	2.9	(12)	(80.0)	(1)	(6.7)	(2)	(13.3)	(0)	-	515	100	6	1.2
20. Neurologic:																
(a) reflexes	496	96.5	18	3.5	(15)	(83.4)	(2)	(11.1)	(1)	(5.5)	(0)	-	514	100	7	1.3
(b) gross touch	502	97.7	12	2.3	(9)	(75.0)	(2)	(16.7)	(1)	(8.3)	(0)	-	514	100	7	1.3
(c) gait	507	98.2	7	1.8	6	85.7	(1)	(14.3)	(0)	-	(0)	-	514	100	7	1.3
(d) oriented	507	98.4	8	1.6	(4)	(50.0)	(0)	-	(4)	(50.0)	(0)	-	515	100	6	1.2
(e) speech	508	98.8	6	1.2	(6)	(100.0)	(0)	-	(0)	-	(0)	-	514	100	7	1.3
21. Rectal	312	91.5	29	8.5	(28)	(96.6)	(1)	(3.4)	(0)	-	(0)	-	341	100	180	34.5
22. Males (N = 469): Penis, Scrotum, Testes	394	91.8	35	8.2	(25)	(71.4)	(4)	(11.4)	(6)	(17.2)	(0)	-	429	100	40	8.5
23. Females (N = 51):																
(a) vulva, vagina	28	77.7	8	9.3	(6)	(75.0)	(1)	(12.5)	(1)	(12.5)	(0)	-	36	100	15	29.4
(b) cervix	26	78.8	7	21.2	(7)	(100.0)	(0)	-	(0)	-	(0)	-	33	100	18	35.3
(c) uterus, adnexae	25	75.8	8	24.2	(7)	(87.5)	(0)	-	(1)	(12.5)	(0)	-	33	100	18	35.3
TOTAL (N = 521)			1228	100.0	(971)	(79.1)	(152)	(12.4)	(93)	(7.6)	(12)	(1.0)				

of the cervix and about a fourth had abnormalities of the uterus (see items #23(b) and (c)). It should be recognized that there were very few females who were examined, however.

The proportion of abnormalities in all other categories was under ten percent.

While comparable statistics for the general population are not available, these results can be placed in somewhat better perspective by reviewing the first year I/PP figures.[46] In virtually every category, the proportion of abnormalities identified during the physical exams had declined from Year One to Year Two. More importantly, however, the incidence of undetected and untreated conditions had also declined. The first year I/PP results indicated that the pilot jails were only aware of 3.5% of the 1,721 abnormalities located, whereas Table XXVII shows that the jails had previously identified and/or treated 21% of the 1,228 abnormalities found in Year Two.

A comparison of a different sort can be made by calculating the number of abnormalities per I/PP participant. Table XXVIII gives these breakdowns by state (see next page).

The findings indicate that the percent of inmates without a single abnormality was fairly low (only about 18% on an aggregate basis). The percent with only one abnormal finding was somewhat higher, though (an additional 25%). The majority

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[46] See pp. 72-74 in "Analysis of Inmate/Patient Profile Data," June 1977, supra at note 33.

TABLE XXVIII

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 Nineteen		Total		
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	$\bar{x}$#
GEORGIA R* = (0-19)	13	15.5	20	23.8	39	46.4	8	9.5	2	2.4	1	1.2	1	1.2	84	100	2.6
INDIANA R = (0-6)	22	25.6	32	37.2	30	34.9	2	2.3	0	-	0	-	0	-	86	100	1.4
MARYLAND R = (0-9)	29	23.6	30	24.4	55	44.7	8	6.5	1	0.8	0	-	0	-	123	100	1.9
MICHIGAN R = (0-14)	11	12.1	21	23.1	42	46.2	12	13.2	4	4.4	1	1.1	0	-	91	100	2.8
WASHINGTON R = (0-11)	3	5.2	7	12.1	27	46.6	13	22.4	5	8.6	3	5.2	0	-	58	100	4.1
WISCONSIN R = (0-9)	16	20.3	20	25.3	34	43.0	6	7.6	3	3.8	0	-	0	-	79	100	2.1
TOTAL R = (0-19)	94	18.0	130	25.0	227	43.6	49	9.4	15	2.9	5	1.0	1	0.2	521	100	2.4

*R = Range

CONTINUED

1 OF 4

of the inmates in each state fell in the "two to four" abnormalities category, with the exception of those in Indiana where the modal number of abnormalities was one.

While the average number of abnormalities across all six states was about two and a half per participant, examiners in Indiana, Maryland and Wisconsin identified somewhat fewer abnormalities per inmate than those elsewhere. The somewhat higher incidence of recorded abnormalities in Georgia, Michigan and, especially, Washington leads one to speculate whether the level of staff and the 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.[47/]

The real test of whether the abnormalities noted by the examiners were significant was whether or not they made recommendations for the inmates to receive follow-on care. This topic is discussed below.

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[47]The data do show a definite association between the examiners' skill level and the number of abnormalities noted. Washington, which used medical students to perform the physicals, had the highest number of abnormalities per inmate identified by examiners. Those states using physician assistants (PAs) only, or a mixture of PAs and physicians as examiners, had the next highest rate of abnormalities per participant, whereas the states using physicians only had the lowest.

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 386 recommendations were made across all six states. The types of suggested follow-up care required are shown in Table XXIX (see next two pages).

As indicated in this chart, the majority of the recommendations (75.1%) were for some type of medical services (columns A - J), followed by suggested referrals to dentists (19.7% -- column K), to mental health workers (3.9% -- column L), and finally, to optometrists for eye refraction or glasses (1.3% -- column M). Within the medical section, most of the types of services required were suggested referrals to a physician for follow-on primary care (29.3% of medical recommendations and 22% of the total -- column E), or suggested referrals for follow-up diagnostic tests (25.5% of medical recommendations and 19.2% of total -- column G).

The proportion of suggested referrals to medical specialists (column F) was also of some importance. If this latter type of referral is added to those for general practitioners (column E), it can be stated that less than a third (i.e., 29%) of the I/PP participants receiving the physical needed to see some type of

TABLE XXIX

Types of Examiner Recommendations, by State

	Medical													
	A		B		C		D		E		F		G	
	Continue Current Medication or Treatment		Change Current Medication or Treatment*		Special Diet Needed or Prescribed		Treatment for Alcohol Addiction Needed		Refer to MD for Follow-on Primary Care		Refer to Medical Specialist		Follow-on Diagnostic Tests Indicated	
State	N	%	N	%	N	%	N	%	N	%	N	%	N	%
GEORGIA	1	3.1	7	21.9	1	3.1	1	3.1	7	21.9	5	15.7	8	25.0
INDIANA	3	6.2	2	4.2	0	-	0	-	9	18.7	1	2.1	9	18.7
MARYLAND	5	6.6	9	11.9	3	4.0	1	1.3	20	26.3	7	9.2	2	2.6
MICHIGAN	7	7.8	14	15.6	0	-	1	1.1	16	17.8	1	1.1	17	18.8
WASHINGTON	0	-	8	13.8	0	-	1	1.7	18	31.0	5	8.6	9	15.5
WISCONSIN	6	7.3	10	12.2	0	-	1	1.2	15	18.3	9	11.0	29	35.4
TOTAL	22	5.7	50	13.0	4	1.0	5	1.3	85	22.0	28	7.3	74	19.2

*Includes stop, increase or start.

(con't.)

TABLE XXIX (con't.)

Types of Examiner Recommendations, by State

	Medical						Dentist		Mental		Other			
	H		I		J		K		L		M			
	Patient Education and/or Self-Care Indicated		Needs Treatment for Drug Addiction		Inpatient Hospital Care Needed		Refer to Dentist or Dental Specialist		Refer to Psychiatrist or Other Mental Health Worker		Refer to Optometrist		Total	
State	N	%	N	%	N	%	N	%	N	%	N	%	N	%
GEORGIA	1	3.1	0	-	0	-	1	3.1	0	-	0	-	32	100
INDIANA	1	2.1	0	-	1	2.1	20	41.7	2	4.2	0	-	48	100
MARYLAND	2	2.6	0	-	0	-	24	31.6	2	2.6	1	1.3	76	100
MICHIGAN	8	8.9	2	2.2	0	-	15	16.7	9	10.0	0	-	90	100
WASHINGTON	4	6.9	0	-	1	1.7	7	12.1	2	3.5	3	5.2	58	100
WISCONSIN	0	-	2	2.4	0	-	9	11.0	0	-	1	1.2	82	100
TOTAL	16	4.1	4	1.0	2	0.5	76	19.7	15	3.9	5	1.3	386	100

physician.[48] The proportion of participants who needed hospitalization was negligible (only two cases -- column J).

In order to place these findings in a better perspective, the number of recommendations per participant was also calculated. These appear in Table XXX, below. As shown in this chart, over half of the total participants (50.7%) did not have a single recommendation for follow-on care, and an additional 30.7% had only one recommendation. There did not appear to be any consistent association between the number of recommendations and the professional skill level of the examiners.

TABLE XXX

Number of Examiner Recommendations per I/PP Participant, by State

State	Number of Recommendations: None N	None %	One N	One %	Two N	Two %	Three N	Three %	Total # of Participants N	Total # of Participants %	Mean # of Recommendations per Participant
GEORGIA	63	75.0	13	15.5	5	6.0	3	3.6	84	100	0.4
INDIANA	47	54.7	31	36.0	7	8.1	1	1.2	86	100	0.6
MARYLAND	65	52.8	43	35.0	12	9.8	3	2.4	123	100	0.6
MICHIGAN	41	45.1	23	25.3	14	15.4	13	14.3	91	100	1.0
WASHINGTON	23	39.7	16	27.6	15	25.9	4	6.9	58	100	1.0
WISCONSIN	25	31.6	34	43.0	12	15.2	8	10.1	79	100	1.0
TOTAL	264	50.7	160	30.7	65	12.5	32	6.1	521	100	0.7

[48] 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.

As stated previously, the real test of whether the abnormalities noted by the examiners were significant ones was whether or not they resulted in a recommendation for follow-on care. Table XXXI, below, shows that the overall ratio of abnormalities to recommendations was three to one. In other words, for every three abnormalities identified, the condition was not serious enough in two instances to warrant a recommendation for follow-on care.

TABLE XXXI

Ratio of Abnormalities to Examiner Recommendations, by State

STATE	Total # of Abnormalities	Total # of Recommendations	Ratio of Abnormalities to Recommendations
GEORGIA	221	32	7:1
INDIANA	122	48	2.5:1
MARYLAND	229	76	3:1
MICHIGAN	251	90	3:1
WASHINGTON	238	58	4:1
WISCONSIN	167	82	2:1
TOTAL	1,228	386	3:1

B. Inmate Assessment of Jail Health Services[49]

The second major piece of the I/PP consisted of interviewing the participants who had been in jail a week or longer [50] 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: availability, 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[51]

a. Medical care

1) admission physicials

Inmates were first asked whether they had received a physical examination upon being admitted to jail. Table XXXII (next page)

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[49] Additional breakdowns by state are given in Appendix H for the items covered in this section.

[50] "Inmate Assessment" sheets were completed for 442 inmates. Thus, 106 (19.3%) of the original 548 participants had either been in jail less than a week or could not be interviewed for some reason. Breakdowns of sample size by state were now as follows:

Georgia = 51
Indiana = 82
Maryland =102
Michigan = 95
Washington = 36
Wisconsin = 76
Total =442

[51] "Availability" refers to whether the jail offers particular services. "Access" refers to how the inmate goes about obtaining services that are offered. Since the Jail Pre-Post Profile focused on the availability of services, questions on this part of the "Inmate Assessment" sheet were primarily devoted to issues of access.

indicates that about 30% of the respondents had been examined when admitted and that most of this group were from Maryland jails.

TABLE XXXII

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	4	7.8	47	92.2	51	100	0	-
INDIANA	21	25.6	61	74.4	82	100	0	-
MARYLAND	68	66.7	34	33.3	102	100	0	-
MICHIGAN	30	31.6	65	68.4	95	100	0	-
WASHINGTON	7	19.0	29*	80.6	36	100	0	-
WISCONSIN	0	-	74	100.0	74	100	2	2.6
TOTAL	130	29.5	310	70.5	440	100	2	0.4

*One of these was due to inmate refusal.

Of those individuals receiving admission physicals, the majority (76%) were examined within the first week of incarceration and an additional 11% within the first two weeks (see Chart 1, Appendix H).

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 439 individuals responding to this item, 66.3% indicated they had (see Table XXXIII on the next page). At least two-thirds of the respondents in Michigan, Georgia, Wisconsin and

Maryland had seen a medical person, whereas only about half of those in Indiana and Washington had.

TABLE XXXIII

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

	Reported Seeing		Reported Not Seeing		Total		Missing Cases	
	N	%	N	%	N	%	N	%
GEORGIA	37	72.5	14	27.5	51	100.0	0	-
INDIANA	44	54.3	37	45.7	81	100.0	1	1.2
MARYLAND	68	66.7	34	33.3	102	100.0	0	-
MICHIGAN	74	77.9	21	22.1	95	100.0	0	-
WASHINGTON	16	45.7	19	54.3	35	100.0	1	2.8
WISCONSIN	52	69.3	23	30.7	75	100.0	1	1.3
TOTAL	291	66.3	148	33.7	439	100.0	3	0.7

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 (70%), the visit had occurred within the past month.[52] The usual person seen was a physician (73.8%) or a nurse (19.9%), while the remainder were treated by someone at a lower professional level.[53]

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

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

Most of those receiving treatment were given some type of medication (see Table XXXIV, below) and slightly more than half of those treated indicated they felt better after seeing a medical person (see Table XXXV on the next page). Inmates in Michigan and Indiana were somewhat more satisfied with their visits than those elsewhere.

TABLE XXXIV

Medication Administered, by State

State	Given Medication		Not Given Medication		Total		Missing Cases	
	N	%	N	%	N	%	N	%
GEORGIA	24	68.6	11	31.4	35	100.0	2	5.4
INDIANA	28	71.8	11	28.2	39	100.0	5	11.4
MARYLAND	51	77.3	15	22.7	66	100.0	2	2.9
MICHIGAN	53	73.6	19	26.4	72	100.0	2	2.7
WASHINGTON	10	62.5	6	37.5	16	100.0	0	-
WISCONSIN	37	78.7	10	21.3	47	100.0	5	9.6
TOTAL	203	73.8	72	26.2	275	100.0	16	5.5

TABLE XXXV

I/PP Participants who "Felt Better" after Medical Visit, by State

State	Felt Better N	Felt Better %	Did Not Feel Better N	Did Not Feel Better %	Total N	Total %	Missing Cases N	Missing Cases %
GEORGIA	13	39.4	20	60.6	33	100.0	4	10.8
INDIANA	23	65.7	12	34.3	35	100.0	9	20.4
MARYLAND	29	46.8	33	53.2	62	100.0	6	8.8
MICHIGAN	47	69.1	21	30.9	68	100.0	6	8.1
WASHINGTON	6	46.2	7	53.8	13	100.0	3	18.8
WISCONSIN	18	40.0	27	60.0	45	100.0	7	13.5
TOTAL	136	53.1	120	46.9	256	100.0	35	12.0

3) procedures for obtaining medical services

Inmates were asked what the procedure was for gaining access to medical services in their jails. The intent of this question was to determine whether correctional or medical personnel controlled access to health care services. Unfortunately, as Table XXXVI indicates (see next page), the majority of the respondents (52.3%) did not specify the level of staff to whom requests were made. Thus, no conclusions can be drawn with respect to this item.

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 XXXVII (see page 85), fewer than

TABLE XXXVI

Procedure for Obtaining Medical Assistance, by State

State	Through Correctional Officer N	%	Through "Para-Medic"* N	%	Through Nurse N	%	Through either CO or Nurse N	%	Direct Request to Doctor N	%	Person Not Unspecified (e.g., "Write a Note") N	%	Procedure Unknown to Inmate N	%	Other N	%	Total N	%	Missing Cases N	%
GEORGIA	15	29.4	0	-	1	2.0	0	-	0	-	32	62.7	1	2.0	2	3.9	51	100	0	-
INDIANA	26	34.7	0	-	0	-	0	-	0	-	46	61.3	3	4.0	0	-	75	100	7	8.5
MARYLAND	25	25.0	0	-	0	-	0	-	0	-	74	74.0	1	1.0	0	-	100	100	2	2.0
MICHIGAN	45	47.4	18	18.9	9	9.5	0	-	0	-	19	20.0	0	-	4	4.2	95	100	0	-
WASHINGTO	21	60.0	0	-	0	-	0	-	0	-	10	28.6	3	8.6	1	2.8	35	100	1	2.8
WISCONSIN	19	25.7	0	-	4	5.4	3	4.1	0	-	44	59.5	2	2.7	2	2.7	74	100	2	2.6
TOTAL	151	35.1	18	4.2	14	3.3	3	0.7	0	-	225	52.3	10	2.3	9	2.1	430	100	12	2.7

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

a fifth of those responding to this item indicated that access to desired medical services had been denied. When asked to explain, 33 of the 78 inmates who felt they had been denied medical care stated that their requests had simply not been acknowledged, and another 17 stated that their requests had been refused or screened out by a correctional officer.[54]

TABLE XXXVII

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

State	Access Barred N	%	Access Not Barred or Care Not Needed N	%	Total N	%	Missing Cases N	%
GEORGIA	13	26.0	37	74.0	50	100.0	1	2.0
INDIANA	11	13.9	68	86.1	79	100.0	3	3.6
MARYLAND	12	12.1	87	87.9	99	100.0	3	2.9
MICHIGAN	24	25.5	70	74.5	94	100.0	1	1.0
WASHINGTON	2	5.5	34	94.4	36	100.0	0	-
WISCONSIN	16	21.6	58	78.4	74	100.0	2	2.6
TOTAL	78	18.1	354	81.9	432	100.0	10	2.3

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 XXXVIII on the next page shows that a somewhat greater proportion said they were

[54] See Chart 4, Appendix H, of this report for additional breakdowns by state.

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 acted upon immediately.[55]

TABLE XXXVIII

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

State	Access Barred N	%	Access Not Barred or Care Not Needed N	%	Total N	%	Missing Cases N	%
GEORGIA	16	31.4	35	68.6	51	100.0	0	-
INDIANA	21	26.2	59	73.8	80	100.0	2	2.4
MARYLAND	29	29.3	70	70.7	99	100.0	3	2.9
MICHIGAN	43	45.3	52	54.7	95	100.0	0	-
WASHINGTON	10	27.8	26	72.2	36	100.0	0	-
WISCONSIN	26	36.1	46	63.9	72	100.0	4	5.3
TOTAL	145	33.5	288	66.5	433	100.0	9	2.0

Finally, inmates were asked how long they usually had to wait to see a medical person after a routine request for medical care was made. Almost a fifth of the responsents indicated they were seen the same day and an additional two-thirds indicated they received medical service within a week of making a request.[56]

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

[56] See Chart 6, Appendix H, of this report for breakdowns by state.

b. Dental care

Only 15.5% of those responding stated they had received any dental care since incarcerated (Table XXXIX, below). This lack of dental care availability was a consistent trend across all six states. More inmates in Michigan reported receiving care than those elsewhere, but even here, only 28.4% had received dental services.

TABLE XXXIX

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

State	Reported Receiving N	%	Reported Not Receiving N	%	Total N	%	Missing Cases N	%
GEORGIA	6	11.8	45	88.2	51	100.0	0	-
INDIANA	11	13.4	71	86.6	82	100.0	0	-
MARYLAND	17	16.8	84	83.2	101	100.0	1	1.0
MICHIGAN	27	28.4	68	71.6	95	100.0	0	-
WASHINGTON	1	2.8	35	97.2	36	100.0	0	-
WISCONSIN	6	8.1	68	91.9	74	100.0	2	2.6
TOTAL	68	15.5	371	84.5	439	100.0	3	0.7

Of those individuals receiving dental care, the majority were seen within a week after making the request.[57] The real issue,

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

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

TABLE XL

Incidence of Participants who Reported Needing Dental Care but not Obtaining It, by State

State	Access Barred or Service Not Available N	%	Access Not Barred or Care Not Needed N	%	Total N	%	Missing Cases N	%
GEORGIA	14	28.0	36	72.0	50	100.0	1	2.0
INDIANA	5	6.8	68	93.2	73	100.0	9	11.0
MARYLAND	23	25.0	69	75.0	92	100.0	10	9.8
MICHIGAN	34	35.8	61	64.2	95	100.0	0	-
WASHINGTON	8	23.5	26	76.5	34	100.0	2	5.6
WISCONSIN	20	27.0	54	73.0	74	100.0	2	2.6
TOTAL	104	24.9	314	75.1	418	100.0	24	5.4

The explanations offered by those inmates who said they needed dental care regarding why they did not receive it were varied. About 15% indicated they had never requested it for some reason and an additional 10% said dental services were not available in their jails. Of the remaining 75%, the majority indicated that services were available but they had to wait too long to obtain them. Only about a fifth (N = 19 inmates) stated their requests had been refused or not acknowledged.[58]

[58] See Chart 8, Appendix H, of this report for breakdowns by state.

c. Mental health care

As indicated in Table XLI below, about 28% of the inmates stated they had received some type of mental health counseling since being incarcerated. Services were most available in Michigan and least available in Georgia and then Washington.

TABLE XLI

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

State	Reported Seeing N	%	Reported Not Seeing N	%	Total N	%	Missing Cases N	%
GEORGIA	5	9.8	46	90.2	51	100.0	0	-
INDIANA	23	28.4	58	71.6	81	100.0	1	1.2
MARYLAND	30	29.4	72	70.6	102	100.0	0	-
MICHIGAN	36	37.9	59	62.1	95	100.0	0	-
WASHINGTON	6	16.7	30	83.3	36	100.0	0	-
WISCONSIN	22	29.7	52	70.3	74	100.0	2	2.6
TOTAL	122	27.8	317	72.2	439	100.0	3	0.7

Of those inmates who had seen a mental health worker, more than half felt they had been helped by this individual (see Table XLII on the next page). Of the 43 who said they had not been helped, most said it was because they had only been seen once or that the counselor's attitude or treatment techniques were unacceptable.

TABLE XLII

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

State	Felt Were Helped N	%	Felt Were Not Helped N	%	Total N	%	Missing Cases N	%
GEORGIA	3	60.0	2	40.0	5	100.0	0	-
INDIANA	5	38.5	8	61.5	13	100.0	10	43.5
MARYLAND	14	53.8	12	46.2	26	100.0	4	13.3
MICHIGAN	15	53.6	13	46.4	28	100.0	8	22.2
WASHINGTON	5	83.3	1	16.7	6	100.0	0	-
WISCONSIN	12	63.2	7	36.8	19	100.0	3	13.6
TOTAL	54	55.7	43	44.3	97	100.0	25	20.5

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

TABLE XLIII

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

State	Access Barred/ Service Not Available N	%	Access Not Barred or Care Not Needed N	%	Total N	%	Missing Cases N	%
GEORGIA	10	19.6	41	80.4	51	100.0	0	-
INDIANA	5	6.8	68	93.2	73	100.0	9	11.0
MARYLAND	23	24.5	71	75.5	94	100.0	8	7.8
MICHIGAN	30	31.9	64	68.1	94	100.0	1	1.0
WASHINGTON	6	17.1	29	82.9	35	100.0	1	2.8
WISCONSIN	14	19.7	57	80.3	71	100.0	5	6.6
TOTAL	88	21.1	338	80.9	418	100.0	24	5.4

The reasons offered by those inmates who felt they needed mental health services regarding why such care was not obtained were again varied. About 17% said they had never requested mental health care for some reason and an additional 19% said such services were not available in their jails. Of the remaining 64%, the majority indicated that mental health services were available, but they had to wait too long to obtain them. Less than a fourth of these inmates (N = 18) stated their request had been refused or not acknowledged.[59]

2. Attitude of Health Care Personnel

Respondents were also asked about the attitudes of health care personnel serving the jail toward the inmates. Table XLIV (see next page) shows that somewhat less than a fourth of the respondents felt health care providers had negative attitudes toward their patients in jails (columns A, B and C). On the other hand, about 30% felt the attitudes of health care providers toward inmates were at least "fair" (column D) and about a fourth described these attitudes as "good, very good or ideal" (column E). Inmates in Georgia seemed to be the least satisfied with the attitudes of health care providers, whereas those in Indiana were the most satisfied.

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 XLV, page 93). Another 30% said their health was "fair" while the remaining 10% said it was "bad" or "very bad." Since

[59] See Chart 9, Appendix H, of this report for breakdowns by state.

TABLE XLIV

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

State	ATTITUDE: A Hostile, Cynical or condescending N	%	B Indifferent or Impersonal N	%	C Not as Good as Provided in Community N	%	D Fair/ Okay/ Alright N	%	E Good/Very Good/Ideal N	%	F Mixed (Some Nice, Some Not) N	%	G Don't Know or Never Had Any Contact N	%	H Same as on the Outside N	%	I There Are no Personnel N	%	Total N	%	Missing Cases N	%
GEORGIA	5	10.2	11	22.5	3	6.1	13	26.5	10	20.4	3	6.1	2	4.1	0	-	2	4.1	49	100	2	3.9
INDIANA	3	4.3	2	2.8	0	-	34	48.6	24	34.3	2	2.8	5	7.2	0	-	0	-	70	100	12	14.6
MARYLAND	13	14.4	19	21.1	1	1.1	24	26.7	19	21.1	10	11.1	4	4.5	0	-	0	-	90	100	12	11.8
MICHIGAN	11	11.8	6	6.5	1	1.1	34	36.6	14	15.0	24	25.8	3	3.2	0	-	0	-	93	100	2	2.1
WASHINGTON	0	-	0	-	1	3.0	4	12.1	16	48.5	1	3.0	10	30.4	1	3.0	0	-	33	100	3	8.3
WISCONSIN	6	8.9	13	19.4	2	3.0	11	16.5	13	19.4	6	8.9	15	22.4	1	1.5	0	-	67	100	9	11.8
TOTAL	38	9.4	51	12.7	8	2.0	120	29.9	96	23.9	46	11.4	39	9.7	2	0.5	2	0.5	402	100	40	9.0

TABLE XLV

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

Own Health Rated:

State	Excellent		Good		Fair		Bad		Very Bad		Total		Missing Cases	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%
GEORGIA	13	25.5	21	41.2	8	15.7	7	13.7	2	3.9	51	100	0	-
INDIANA	15	18.3	33	40.2	29	35.4	4	4.9	1	1.2	82	100	0	-
MARYLAND	19	18.6	35	34.3	35	34.3	10	9.8	3	2.9	102	100	0	-
MICHIGAN	6	6.3	49	51.6	31	32.6	6	6.3	3	3.2	95	100	0	-
WASHINGTON	6	16.7	21	58.3	8	22.2	1	2.8	0	-	36	100	0	-
WISCONSIN	17	23.0	26	35.1	22	29.7	9	12.2	0	-	74	100	2	2.6
TOTAL	76	17.3	185	42.1	133	30.2	37	8.4	9	2.0	440	100	2	0.4

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 XLVI, below, indicates, about 10% 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 XLVI

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

State	Health Status: Improved N	%	Stayed About The Same N	%	Worsened N	%	Total N	%	Missing Cases N	%
GEORGIA	6	11.8	19	37.3	26	51.0	51	100.0	0	-
INDIANA	10	12.3	35	43.2	36	44.6	81	100.0	1	1.2
MARYLAND	11	10.9	46	45.5	44	43.6	101	100.0	1	1.0
MICHIGAN	8	8.6	42	45.2	43	46.2	93	100.0	2	2.1
WASHINGTON	5	13.9	17	47.2	14	38.9	36	100.0	0	-
WISCONSIN	2	2.7	44	60.3	27	37.0	73	100.0	3	3.9
TOTAL	42	9.6	203	46.7	190	43.7	435	100.0	7	1.6

Also of interest in Table XLVI above is the number of respondents who felt that their health had worsened since being incarcerated (43.7% on an aggregate basis). Of these 190 inmates, about a fifth said it was their mental health which had deteriorated simply as a result of being incarcerated. About another fifth said their health had worsened, either because they could not obtain treatment for an existing condition or because they had developed a new health problem since being in jail. 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 XLVII, on the next page, shows that most respondents (59%) 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 half of these 236 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. Less than 8% complained that certain services were not available at all in jail and only 6% complained that the attitudes of jail health care providers were not as good as those serving the community.

TABLE XLVII

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

State	Better in Jail N	%	Both About The Same N	%	Better in Community N	%	Total N	%	Missing Cases N	%
GEORGIA	5	10.4	15	31.3	28	58.3	48	100.0	3	5.9
INDIANA	6	7.8	33	42.9	38	49.4	77	100.0	5	6.1
MARYLAND	5	5.7	21	42.1	61	70.1	87	100.0	15	14.7
MICHIGAN	1	1.1	26	28.6	64	70.3	91	100.0	4	4.2
WASHINGTON	4	13.3	20	66.7	6	20.0	30	100.0	6	16.7
WISCONSIN	3	4.5	24	36.4	39	59.1	66	100.0	10	13.2
TOTAL	24	6.0	139	34.8	236	59.2	399	100.0	43	9.7

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.

4. Recommendations

At the end of these interviews, the inmates were given an opportunity to make suggestions for improving or changing their jail's current health care delivery system. Table XLVIII (see next page) shows that about 41% of the respondents had no recommendations to make. Proportionately greater numbers of inmates in Michigan, Wisconsin and Maryland made suggestions than did those in the other three states.

TABLE XLVIII

Number of Recommendations per I/PP Participant, by State

State	None N	None %	One N	One %	Two N	Two %	Three N	Three %	Four N	Four %	Total N	Total %	$\bar{x}$
GEORGIA	23	45.1	18	35.3	7	13.7	3	5.9	0	-	51	100	0.8
INDIANA	56	68.3	20	24.4	6	7.3	0	-	0	-	82	100	0.4
MARYLAND	35	34.3	53	52.0	10	9.8	4	3.9	0	-	102	100	0.8
MICHIGAN	21	22.1	39	41.0	30	31.6	4	4.2	1	1.0	95	100	1.2
WASHINGTON	20	55.6	9	25.0	6	16.7	1	2.8	0	-	36	100	0.7
WISCONSIN	25	32.9	29	38.2	14	18.4	8	10.5	0	-	76	100	1.1
TOTAL	180	40.7	168	38.0	73	16.5	20	4.5	1	0.2	442	100	0.9

The 262 respondents who had suggestions for improving health care systems in jails made a total of 378 recommendations. Of this latter figure, about 73% (N = 275) were directly related to improvements in medical services, 18% concerned improvements in environmental conditions and only 6% 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 275 recommendations made, 45.1% were suggestions to improve the availability of certain services, facilities and staff; 22.5% concerned recommendations to improve the adequacy (i.e., quality) of services presently offered; 23.3% were suggestions to improve inmates' access to services now offered; and 9.1% were suggestions to improve the attitudes of current health care professionals.

IV. COMPARISON OF FIRST AND SECOND YEAR I/PP RESULTS

A. Introduction

In the previous section, the aggregate results of the second year I/PP were presented. Few attempts were made to draw comparisons with the first year results or even to compare the findings between states or between jails of different sizes, as was done the first year. In the former instance, changes in the findings between Year One and Year Two were not examined because the data bases were not yet comparable. In the latter two instances, comparisons along state and jail size variables were no longer considered valid. Each of these points deserves further explanation.

As indicated previously, there were thirty original pilot sites participating in the AMA program. During Year One, I/PPs were completed in all but one of these jails (#3-5). By the time of the second year I/PPs, however, three of the original sites had been dropped from the program (#1-4, #2-3 and #3-6), and data could not be collected in two others (#3-4 and #5-1). In order to make the data sets for the two years comparable, then, it was necessary to drop from the analysis those jails which did not have data for both years. Hence, data from the six jails noted above were eliminated wherever they appeared. Now comparisons between first and second year I/PP results could be made for those twenty-four remaining sites with data for both years.

In the first year I/PP report,[60] the findings were often compared by state and by jail size categories. This was done because the pre-profile report of the pilot jails' health care delivery systems[61] indicated there were important differences among the jails in terms of the availability of health care services. Jails in certain states offered fewer services than those elsewhere and there was an inverse relationship between jail size and health care availability. By the time of the second year post-profile report,[62] however, differences in availability of services by size of the facility had disappeared. Instead, most differences could now be accounted for by examining whether or not the jails were accredited.

While some differences between states remained in the availability of services, these, too, could usually be accounted for by determining how many of the jails in each state were accredited. In other words, if the jails in one state were all accredited and those in another state were not, we would expect to find differences between these two states in terms of the availability of services. If, however, we examined only the accredited facilities in each of these states, differences between the states should disappear.

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[60] "Analysis of Inmate/Patient Profile Data," June 1977, supra at note 33.

[61] "Analysis of Jail Pre-Profile Data," June 1977, supra at note 3.

[62] "Analysis of Pilot Jail Post-Profile Data," April 1978, supra at note 3.

This same logic was used in the present analysis, which examines differences between first and second year I/PP results. Data from the twenty-four jails which completed I/PPs in both years were grouped according to their accreditation status. Three categories of accreditation status were used: non-accredited, provisionally accredited and fully accredited. Because the definitions of these terms for the report differed somewhat from those used by the AMA, further explanation is warranted.

By March of 1978, the AMA had conducted two rounds of accreditation surveys. The first occurred in July of 1977 and the awards were made in August. The second occurred in December 1977 and the awards were made in February 1978. Thus, by the end of the second program year, it was possible to determine the existing accreditation status of the pilot jails from the AMA's perspective. However, the second year I/PPs were conducted from July to November 1977 in various jails. Thus, the crucial question was not whether or not a jail was accredited by the end of the second program year, but rather, what its accreditation status was at the time the Year Two I/PPs were conducted.

The definitions used to classify the twenty-four jails included in both I/PP data sets were as follows:

"Non-accredited" -- Included six jails which were neither fully nor provisionally accredited by the AMA by the end of Year Two, and one jail where provisional accreditation (conferred in August 1977) was subsequently withdrawn by the AMA.

"Provisionally accredited" -- Included one jail which was provisionally accredited in August 1977, and four jails which were either fully or provisionally accredited in February 1978 but not before.

"Fully accredited" -- Included twelve jails which were fully accredited in August 1977 and therefore were accredited at the time I/PPs were conducted.

A list of the twenty-four pilot jails included in the two year comparisons and the accreditation status of each as defined for this report are shown in Table XLIX, on the next page.

Before turning to the results, one additional factor should be noted. Comparisons between the findings for both years were not made for each and every variable. The purpose of this analysis was to determine whether the improvements which occurred in the health care delivery systems of the pilot jails had any effect on improving the health status of inmates. Hence, only those variables which were related to this issue are discussed in the results section which follows.

B. Results

1. Incidence of Participants Never Receiving Certain Types of Care

The first area where differences were expected to occur between Year One and Year Two I/PP findings was in the incidence of participants who had never received certain types of care. Inmates were asked such things as whether they had ever been to see a doctor or a dentist or a mental health counselor and whether they had ever had a physical examination or an eye

TABLE XLIX

Classification of Pilot Jails by I/PP Accreditation Status

State	Jail Code	I/PP Accreditation Status		
		Non	Provisional	Full
GEORGIA: (N = 4)	1-1	x		
	1-2			x
	1-3	x		
	1-5		x	
INDIANA: (N = 6)	2-1	x		
	2-2			x
	2-4			x
	2-5		x	
	2-6	x		
	2-7	x		
MARYLAND: (N = 4)	3-1			x
	3-2		x	
	3-3			x
	3-7	x		
MICHIGAN: (N = 4)	4-1			x
	4-2			x
	4-3			x
	4-4			x
WASHINGTON: (N = 3)	5-2	x		
	5-3			x
	5-4			x
WISCONSIN: (N = 3)	6-1		x	
	6-2			x
	6-3		x	
TOTALS:	(N=24)	7	5	12

examination. The aggregate results for both years indicated that seemingly high proportions of inmates had never received these types of health care in their lives -- i.e., neither in the community nor since being incarcerated.

Since the AMA standards call for providing certain of these services to inmates, it seemed reasonable to expect that the incidence of inmates who had never received them would be lower in accredited facilities. This assumption did not prove true in all instances, however.

Chart 1 of Appendix I shows that the proportion of inmates who had never seen a physician in their lives declined from Year One to Year Two in accredited facilities. However, it also declined in non-accredited jails and increased slightly in provisionally accredited facilities. Differences between yearly results were not significant for any of the three accreditation classifications, though.

The results with respect to the proportion of inmates who had never had a physical examination in their lives were even more puzzling (see Chart 2, Appendix I). Since providing physical examinations is a requirement that accredited facilities must fulfill, it was expected that the proportion of inmates who had never had one would have decreased significantly in the accredited jails in the second year. By the same token, some decrease (albeit not necessarily a significant one) was expected in the provisionally accredited jails and little change was predicted in the results between years for non-accredited facilities.

In fact, somewhat the reverse occurred. The proportion of inmates who had never had a physical exam increased in both the fully and provisionally accredited jails and decreased in the non-accredited facilities. Although none of these differences was significant, the direction of the results was still of concern. The relatively high proportion of missing cases in the accredited facilities may have affected these results. However, it is still possible that accredited facilities are not providing physical examinations as required. By the same token, it is possible that some crucial variable has been ignored.

In this latter regard, the missing variable may well be the inmates' length of stay. The AMA standards require that a physical examination be provided between the seventh and fourteenth day of incarceration. If these tables were re-run controlling for length of stay, and if the accredited facilities were providing examinations as required, we would expect all of those inmates in accredited facilities who said they had never had a physical examination to have been in these jails less than fifteen days. If this was still not the case, it would be necessary to examine the results on a jail by jail basis to determine which of the accredited facilities was not fulfilling its obligation to provide physical examinations to inmates. While such an analysis will be done for the forthcoming evaluation report, here we are only interested in aggregate results.

Since providing dental services is another requirement of the AMA standards, it was also expected that the proportion of inmates who had never seen a dentist would change. This time, the results were all in the expected direction. As Chart 3, Appendix I indicates, there was a significant reduction in the proportion of inmates who had never seen a dentist in the accredited jails, a non-significant reduction in the provisionally accredited facilities and a significant increase in the non-accredited jails.

Chart 4, Appendix I shows the proportion of inmates who had ever seen a mental health worker. There were no significant differences in the results between years in any of the three accreditation status categories. However, unlike physical examinations and dental services, the AMA standards do not require mental health care to be provided to everyone within a specified time period. Rather, the requirement is that mental health services be provided "as needed." Hence, it is difficult to draw any conclusions one way or the other with respect to these results.

The last instance of prior treatment where differences between years were expected was in the proportion of inmates never having had an eye examination. While eye examinations are not specifically required by the AMA standards, they are usually a routine part of standard physical examinations. Hence, it seemed reasonable to anticipate that the proportion of inmates

in accredited facilities never having received this service would decline. As Chart 5, Appendix I shows, the proportion of inmates never having received eye examinations declined in all three types of jails. However, the only significant reduction occurred in accredited facilities.

2. Incidence of Abnormalities Previously Identified and/or Treated

The second area where differences were expected to occur between Year One and Year Two findings was in the incidence of abnormalities identified by the I/PP examiners which the jails were already aware of and were treating where required. In other words, it was not the incidence of diseases per se that was of interest, but rather, the incidence of unidentified and untreated illnesses.

Chart 6, Appendix I shows that there was an increase in the proportion of previously identified and/or treated lab abnormalities across all three types of jails. However, the difference between years in the proportion of previously identified and/or treated lab abnormalities was not significant in the non-accredited jails and was highly significant in the provisionally and fully accredited facilities. These results, then, were in the expected direction.

Also of concern in Chart 6, however, is the high proportion of unidentified and therefore untreated lab abnormalities. Even though significant reductions in this category occurred from Year One to Year Two in provisionally and fully accredited jails,

there were still sizeable proportions of lab abnormalities of which the jails were unaware. This, again, may well be a function of the time variable. Testing for communicable diseases is a part of the health appraisal requirement of the AMA standards, but such screening is not required to be completed until the inmate has been at the jail for fourteen days. Hence, even in accredited facilities, inmates who are incarcerated for lesser periods of time could have communicable diseases which go undetected. In view of these results, the AMA may wish to tighten its standard on communicable disease screening in the future.

Chart 7, Appendix I compares the proportion of body abnormalities identified by the I/PP examiners of which the jails were already aware. On an overall basis, I/PP examiners found fewer abnormalities the second year than the first. More importantly, however, the proportion of abnormalities which the jails had previously identified and/or treated increased in all three types of facilities.

In non-accredited facilities, the proportions of abnormalities of which the jails were aware increased from 2.8% in Year One to 7.7% in Year Two. Although the difference was small, the results are somewhat gratifying. They indicate that even in jails which did not attain accreditation, some increased awareness of inmates' health problems may have occurred as a function of participating in the AMA program. In the provisionally accredited jails, the proportion of previously identified and/or treated abnormalities was up from 2.5% to 21.2%, whereas

in the fully accredited jails, the proportion was up from 4.5% to 22.4%. While differences between years were significant across all three categories, those for provisionally and fully accredited facilities were highly significant (beyond the .0001 level).

In viewing these results, the question remains of why only about a fourth of the abnormalities identified by the I/PP examiners were known to the accredited jails. Again, this is undoubtedly a function of the time variable, since the AMA standards do not require physical examinations to be completed until the fourteenth day of incarceration. Still, the AMA standards do require that receiving screening be performed on admission and that regular sick call be provided. Hence, we would still expect the accredited facilities to have picked up the most serious abnormalities, even if full physical examinations were not performed until the fourteenth day. Chart 8, Appendix I indicates that this may well be the case.

The only aggregate measure of the seriousness of the abnormalities identified by the I/PP examiners was whether or not they made recommendations for follow-up testing and/or treatment. Chart 8 shows that there were proportionately more inmates in the non-accredited jails requiring follow-up than those in provisionally or, especially, fully-accredited facilities. Further, the difference between years in the proportion requiring follow-on care versus those not requiring it was highly significant in the accredited jails and non-significant in the other two types of jails.

This relationship can be demonstrated in another fashion. As indicated in Table XL below, the ratio of body abnormalities to examiner recommendations was lowest in the accredited facilities. In other words, for every three and a half abnormalities identified in the second year, only one was serious enough to warrant a recommendation for follow-on care.

TABLE XL

Ratio of Body Abnormalities to Examiner Recommendations

	Accreditation Status		
Year	Non-Accredited	Provisionally Accredited	Fully Accredited
Year One	3.6:1	3:1	2.7:1
Year Two	3:1	2.4:1	3.5:1

3. Availability of Health Care Services

The third area where differences were expected to occur between the first and second year I/PP findings was in the availability of certain health care services. Specifically, it was expected that significantly more inmates in accredited facilities would report that certain services were available in the second year than the first year. For the most part, this was true for the four variables examined.

While providing physical examination on admission is not specifically required by the AMA standards, it was expected that if significant increases occurred in the number of inmates reporting receiving them, it would be in jails which were fully accredited. Chart 9, Appendix I shows this to be the case.

In view of the requirements of the AMA standards for accredited jails to provide routine as well as emergency medical care, it was further expected that the proportion of inmates who reported seeing a medical person for other than an admission physical would have increased most in jails which were subsequently accredited. Chart 10, Appendix I shows that increases occurred in the proportion of inmates who reported receiving some type of medical care in all three types of jails (from 34.4% to 40.7% in non-accredited facilities, 55.2% to 72% in provisionally accredited jails and from 59.1% to 69.4% in fully accredited institutions). While this increase was not significant in non-accredited facilities, it was significant for both provisionally and fully accredited jails.

The AMA standards also require that some dental services be provided. In order for a jail to be accredited, though, it is not necessary for it to comply with 100% of the standards. Rather, to be fully accredited by the AMA, a jail must meet at least 90% of the essential standards and at least 80% of those designated as important. The corresponding cut-offs to attain provisional accreditation are 75% and 66% respectively. Hence, it is possible for a jail to be fully accredited and not have complied with some or all of the four "essential" and three "important" standards on dental care.

In fact, the post-profile report on the pilot jails' health care delivery systems[63] indicated that the majority of the

[63] See pp. 47-48, "Analysis of Pilot Jail Post-Profile Data," supra at note 3.

fully and provisionally as well as non-accredited jails were still not providing routine dental screening and treatment. The findings of the second year I/PP bear this out.

Chart 11, Appendix I indicates that the proportion of inmates who reported receiving dental services since incarcerated decreased significantly in the non-accredited jails (chi-square significant at the .01 level). It also decreased somewhat in the provisionally accredited jails, but not to a significant degree. In the accredited facilities, the proportion who reported receiving dental care increased somewhat from Year One to Year Two, but again, the difference was not significant. Even with this increase in the accredited facilities, there were still over 80% of the inmates in the second year who had not received dental care, and the proportions not receiving it in the other two types of facilities were even higher.

These results are even more discouraging when it is remembered that, of all the body abnormalities identified by the I/PP examiners in the second year, those of the "teeth/dentures" were the greatest. Almost 40% of the 521 participants had abnormalities of the teeth/dentures, and the overwhelming majority of these (87%) had not been previously identified or treated by the jails.[64]

The final area where availability of services was expected to improve was for mental health care. Chart 12, Appendix I

[64] See pp. 69-70 of this report.

shows there was no change in the availability of mental health care in non-accredited facilities from Year One to Year Two. Only 10% in either year reported seeing a mental health worker. There was, however, a slight but non-significant increase in the proportion who reported seeing a mental health worker in the provisionally accredited jails (from 25.8% to 30.5%) and a significant increase in the accredited facilities over time (from 19.8% to 32.2%).

4. Access to Health Care Services

It was also expected that access to certain health care services would improve most in accredited facilities. Inmates were first asked whether they had ever been stopped from gaining access to medical services. Chart 13, Appendix I indicates that there was no change in non-accredited jails from the first to second years in the proportion of inmates reporting that access had been barred. However, there was a decrease (albeit non-significant) in the proportion reporting access had been barred in the provisionally accredited jails and a significant reduction in this same proportion in the accredited facilities.

Inmates were also asked whether they knew of any other inmates who were stopped from gaining access to medical services. On an overall basis, proportionately more inmates reported that they knew of others who were stopped than reported being stopped themselves (see Chart 14, Appendix I). There was an increase from Year One to Year Two in the proportion reporting others had been denied access to medical services in the non-

accredited jails, a decrease in this same proportion in provisionally accredited jails and no change in the proportions over time in accredited facilities. None of these differences was significant, though.

No significant changes occurred over time in the proportion of inmates who reported needing dental care but not obtaining it (see Chart 15, Appendix I). This finding again reinforces the fact that little has been done in the pilot jails to improve the availability, adequacy or access of dental services.

The incidence of participants who reported needing mental health care but not obtaining it also did not change significantly over time in any of the three types of jails (see Chart 16, Appendix I). Somewhat surprisingly, in view of the results on mental health care availability (Chart 12, Appendix I), proportionately more inmates in the accredited facilities said they could not obtain needed mental health care.

5. Attitudes of Health Care Personnel

Inmates were also asked about the attitudes of health care personnel serving the jail toward their inmate/patients. Chart 17, Appendix I shows that significant changes occurred over time in the inmates' perception of how they were treated by health care personnel in all three types of jails. However, in the non-accredited jails, proportionately more inmates in the second year described the health care personnel treating them as "hostile" or "indifferent" and fewer described their attitudes

as "fair" or "good." Conversely, in provisionally accredited facilities in the second year, proportionately fewer inmates described the attitudes of health care personnel as "hostile" or "indifferent" and significantly more described their attitudes as "fair" or "good."

As for the accredited facilities, there was no change over time in the proportion of inmates who felt health care personnel serving their jails were "hostile" or "indifferent." However, of the three types of jails, the proportion of inmates describing the attitudes of health care personnel in this negative fashion was still lowest in the accredited facilities in the second year (17.9% versus 21.5% for provisionally accredited jails and 44.4% for non-accredited jails). Further, there was a significant increase over time in the proportion of inmates in accredited facilities who described the attitudes of the health care personnel treating them as "fair" or "good."

6. Inmate Satisfaction with Health Care Services Received

In addition to the objective questions with respect to the availability of certain types of health care services, inmates were asked a few subjective questions regarding how satisfied they were with the health care received. It was anticipated that inmates in accredited facilities would be more satisfied over time than those in other types of facilities.

Chart 18, Appendix I shows that, while on an overall basis, proportionately more inmates in accredited facilities "felt better" after their medical visits in the second year than

inmates in other types of facilities, no significant changes occurred within categories over time. In fact, there was a slight decrease in the proportion who felt better from Year One to Year Two in accredited jails. However, there was also a substantial decrease in the proportion who said they felt better in non-accredited jails over time.

The findings with respect to the proportion of inmates seeing a mental health worker who felt they had been helped were not any better (see Chart 19, Appendix I). No significant changes occurred in any of the three types of jails.

A further measure of inmate satisfaction concerned the number of recommendations that inmates had for improving health care services in their jails. It was anticipated that significantly more inmates in accredited jails would have no recommendations to make in the second year than in the first year. The direction of this relationship (albeit not the significance) was expected to hold true for provisionally accredited jails as well, but not for non-accredited facilities.

As it turned out, the relationship held only for provisionally accredited jails (see Chart 20, Appendix I). Here, more inmates had no recommendations to make in Year Two and more had only one rather than several. The same thing was true for non-accredited jails though, whereas in accredited facilities, the increase in those with no recommendations to make was only slight. There was, however, a significant increase in the proportion of inmates who had only one recommendation to make rather than several in accredited jails.

If these results are viewed across accreditation status, we find that there was a slight decrease overall from Year One to Year Two in the mean numbers of recommendations per participant. However, inmates in provisionally and fully accredited jails had more recommendations to make to improve health care services than those in non-accredited facilities.

In terms of overall satisfaction, then, it does not appear that inmates in fully and provisionally accredited jails were any more satisfied with their jails' health care systems over time than were inmates in non-accredited institutions. These findings are particularly puzzling since most of the objective measures clearly indicate that availability and access have improved significantly in fully accredited jails over time, improved somewhat in provisionally accredited facilities and improved little, if at all, in non-accredited sites. If this is the case, why was there so little change in inmate satisfaction?

The most likely explanation seems to rest with the methodology. In view of the short length of stay for most individuals in jails, it was not possible to do a pre/post assessment on the same sample of inmates. The majority of those who participated in the first I/PPs were no longer in the same jail a year later when the second I/PPs were conducted. Hence, equivalent samples had to be used. While this methodology was

sufficient for gauging changes in objective measures such as the availability of health care services, it does not work well for subjective measures.

If the first group of I/PP participants had been asked to indicate their satisfaction with existing health care services, had then witnessed the improvements that took place in the health care delivery systems of accredited facilities, and were then retested, their satisfaction might well be expected to increase. Since it was not the same group of inmates who were retested in Year Two, though, the second group of I/PP participants had no way of knowing that any improvements had occurred. Hence, their was no significant change in their satisfaction over time.

This explanation seems even more plausible when the results of inmates' assessment of their own health status are reviewed and compared with the assessments of the I/PP examiners. Chart 21, Appendix I shows that the overwhelming majority of inmates in all three types of jails for both years had at least one bodily complaint (e.g., "frequent headaches," indigestion, backaches, bleeding, etc.). In fact, the average number of complaints per participant in the second year was close to five in all three types of jails. Examiners, however, only identified about two abnormalities per participant in Year Two, and less than one of these was serious enough to require follow-on care. Obviously, inmates feel they are less healthy than doctors think they are.

This same relationship held true when inmates were asked to rate their own health care status (see Chart 22, Appendix I). About 40% of the inmates on an aggregate basis for both years described themselves as being in "very bad," "bad" or only "fair" health. Similarly, large proportions of inmates in both years felt their health status had gotten worse since being incarcerated. In fact, there was a significant increase in the proportions of inmates who felt their health status had declined since being incarcerated in both fully accredited and non-accredited facilities over time.

Finally, regardless of the objective measures which indicate that at least the accredited facilities have adequate health care systems, the majority of the inmates in all three types of facilities in the second year still said that the health care they were used to in the community was better than that available in jail (see Chart 24, Appendix I).

Most assuredly, inmates do not like being incarcerated. Hence, it is probably unrealistic to expect them to be more satisfied from one year to the next in terms of the health care services available to them. As indicated previously, though, the results might have been different for at least some variables if the same group of inmates had been interviewed both years.

V SUMMARY AND CONCLUSIONS

The specific findings of the Year Two I/PP screening process and comparisons with first year results 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 warranted.

The purpose of the reapplication of the I/PP screening process in the second year was to determine whether or not improvements which occurred in the health care delivery systems in pilot jails had any effect on improving the health status of inmates. Specifically, it was of interest to determine whether significant changes over time could be documented in jails which were subsequently accredited by the AMA. In other words, were improvements more apparent in fully accredited versus provisionally or non-accredited facilities? For the most part, comparisons of first and second year findings indicated that this was, indeed, the case.

In terms of inmates' prior care, there were no significant reductions over time within any of the three accreditation status categories in the proportion of inmates who had never seen a physician, had a physical exam or seen a mental health worker, regardless of whether it was in the community or at the jail. As explained in the text, however, the failure to achieve significant results on these variables may have been due to a neglect on the researchers' part to control for

inmates' length of stay in analyzing these responses. Significant reductions did occur though in the proportion of inmates in accredited jails who stated they had never seen a dentist and in the proportion saying they had never had their eyes examined.

In terms of the abnormalities picked up in the four lab tests administered during the I/PPs, reductions occurred over time in the proportion of abnormalities that had not been previously identified and/or treated by the pilot jails across all three types of accreditation status. Only the reductions occurring in the fully and provisionally accredited jails were significant, though. It should also be noted that there were still large proportions of lab abnormalities that had not been previously identified or treated in all three types of jails. This is undoubtedly due to the fact that the AMA standards do not require communicable disease screening on all inmates to be completed until after the fourteenth day of incarceration.

There was also a reduction over time in the proportion of body abnormalities picked up during the I/PP physicial examinations which had not been previously identified and/or treated by the pilot jails. This was true across all three types of accreditation status, although only the reductions in provisionally and fully accredited jails were significant. Again, there were still sizeable numbers of abnormalities which had not been previously identified by the jails, and again, this

is undoubtedly due to the fact that AMA standards do not require inmates to have been given physical examinations until they have been there for fourteen days.

On the other hand, significantly fewer of the abnormalities picked up during the I/PP physicals were considered serious enough by the examiners to warrant recommendations for follow-on testing and/or treatment in accredited jails over time. Undoubtedly, the AMA standards requiring receiving screening of all inmates on admission and those requiring that regular sick call be offered influenced these results in accredited facilities. In other words, even though physical examination of inmates on admission is not required by the AMA standards, the requirements for receiving screening and regular sick call mean that most of the more serious abnormalities are probably picked up prior to the full physical examination of inmates, which is supposed to occur between the seventh and fourteenth day of incarceration.

In terms of the availability of health care services, significantly more inmates in accredited jails over time reported receiving: physical exams on admission, medical care for other than an admission physical, and mental health care. However, there was no significant increase in the proportion of inmates who reported receiving dental services in any of the three types of jails. Dental care, then, remained one of the most neglected services offered.

In terms of access to health care services, there were significant reductions in the proportion of inmates who reported being barred from obtaining medical services in accredited jails over time. The same thing did not hold true for access to dental and mental health services, though.

In terms of the inmates' assessment of the attitudes of the health care personnel treating them, significantly fewer inmates described these attitudes as negative in provisionally accredited facilities and significantly more described them in a positive fashion in accredited facilities over time.

In terms of inmate satisfaction, there were no significant changes which occurred on these variables over time in any of the three types of accreditation status of jails.

Thus, on an overall basis, it seems clear that the objective measures in the I/PP documented significant increases over time in the availability and adequacy of health care services in accredited jails, and some significant improvements in the provisionally accredited facilities as well. In addition, increasingly greater proportions of inmates' abnormalities were being identified and treated in the second year than the first. On a subjective basis, though, inmates in the second year were no more satisfied with the health care delivery systems in their jails than were those inmates interviewed the first year.

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 Associations/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

$\bar{X}$ = Mean
= Number
% = Percent
Cum % = Cumulative Percentage
$>$ = Greater Than
$\geq$ = Greater Than or Equal To
$<$ = Less Than
$\leq$ = Less than or Equal To

APPENDIX B

Forms 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)

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

I. 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. Inmate/Patient 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 "1" "1" 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 or otherwise identified.

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 to let the physician know whether or not a pelvic should be done.

6. Under "Lab Work," specimens are gathered but this section is not 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 physicians 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 the 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 if 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 or 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. If the inmate has given you permission and if the jail wants a copy of the white sheet for their records, send them one. DO NOT send the jail a copy of the yellow sheet responses though, as that information should be kept confidential.

I/PP Sample - Master List

State/Jail Code _____ Date _____

Inmate ID Number	Inmate Name	I/PP Done? Yes	No	If No, Reason:
01				
02				
03				
04				
05				
06				
07				
08				
09				
10				
11				
12				
13				
14				
15				
16				
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41				
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43				
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49				
50				

SAMPLE EXPLANATORY STATEMENT

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

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, _____ (name of witness), 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.

_____ _____
(Signature of Witness) (Date)

Minimum Space, Personnel and Equipment Needs
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
			I/PP 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
			Tuberculum 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)	
			Urine test	
			Urine specimen cups	1 per inmate
			Inmate identification equipment	1 per inmate
			Urine dip sticks	1 per inmate

D. Lab Work (con't).			<u>Blood tests</u> Vacutainer tubes Holders Needles Alcohol swabs Tourniquet Inmate identification equipment	 1 per inmate 1 per inmate 1 per inmate 1 per inmate 1 per jail 1 per inmate
E. Physical Exan	1 Examining Room	1 Physician	Usual equipment and supplies a physician would carry (e.g. stethoscope, otoscope, opthalmoscope, reflex hammer, tongue depressers, etc.) plus: examining table, disposable gloves and jelly for rectals, speculum for pelvics	Equipment = per physician Supplies = per inmate

LAB TEST RESULTS

State/Jail Code _____ Date _____

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

INMATE/PATIENT PROFILE

NAME OF JAIL | STATE | DATE

BASIC DATA

INMATE ID	AGE	SEX	RACE/ETHNIC GROUP	ADMISSION DATE	SENTENCED?	IF SENTENCED-RELEASE DATE	HERE BEFORE?
		☐ MALE ☐ FEMALE	☐ WHITE ☐ SPAN ☐ AMER IND ☐ BLACK ☐ ASIAN		☐ YES ☐ NO		☐ YES ☐ NO

HEALTH HISTORY

PRIOR CARE:

Have you ever been...?	YES	NO	IF YES, MOST RECENT EXPERIENCE. 1 WK	1 MO	6 MOS	YEAR	5 YRS	OVER 5
treated by a doctor								
given a physical exam								
hospitalized (medical)								
operated upon								
to see a dentist								
to see a "psychiatrist"								
hospitalized (mental)								
given an eye exam								

PAST MEDICAL PROBLEMS

Have you had RX for...?								
allergies								
asthma								
epilepsy/seizures								
diabetes								
tuberculosis								
hepatitis								
high blood pressure								
heart attack								
heart murmur								
other heart trouble								
gonorrhea								
syphilis								
an attempted suicide								

IN THE SPACE PROVIDED BELOW, SPECIFY ALL HOSPITALIZATIONS, OPERATIONS, PSYCHIATRIC PROBLEMS, AND ALLERGIES REPORTED.

When you came into the jail were you using...?

	YES	NO	IF YES, WHAT AND HOW MUCH PER DAY? SPECIFIC NAME OR BRAND NAME.	QUANTITY PER DAY	FOR HOW LONG? (SUSTAINED USAGE)	UNDERGO WITHDRAWAL? YES	NO
alcohol							
heroin							
methadone							
amphetamines							
barbituates*							
tranquilizers**							
other drugs							

*For example: nembutal, seconal, tuinal, etc. / ** For example, valium.

	YES	NO
Are you taking any medicines now?		
If yes, what? _____		
Have you gained or lost weight lately?		
If yes, how much? + ____ lbs - ____ lbs		
Do you wear eyeglasses or contact lenses?		

As far as you know, have you lived with, or been exposed to, anybody who has:

	YES	NO
tuberculosis		
hepatitis		

REVIEW OF SYSTEMS

Do you presently or have you had:	YES	NO
frequent headaches?		
a head injury?		
other injuries? (Specify below.)		
any periods of unconsciousness?		
trouble hearing?		
discharge from your eyes?		
pain in your eyes?		
other trouble with your eyes?		
toothaches?		
a persistent cough?		
a sore throat?		
any skin trouble?		
any itchiness anywhere?		
night sweats?		
trouble breathing?		
chest pain?		
coughing up of blood?		
heartburn (indigestion)?		
burning on urination?		
trouble with your bowels?		

MALES: Do you have any:	YES	NO
discharge from your penis?		
sores on your penis?		
pain in your testicles?		
FEMALES: Do you have any:		
lumps in your breasts?		
unusual vaginal discharge?		
unusual vaginal bleeding?		
Do you think you might be pregnant?		
Are you presently menstruating?		

Are there any other health problems that are bothering you? If yes, specify:

PHYSICAL ASSESSMENT

HEIGHT	WEIGHT	TEMP.	PULSE	BLOOD PRESSURE

LABORATORY WORK	NORMAL	ABNORMAL	IDENT?	RX?
PPD or ting test(for tuberculosis)				
RPR or VDRL(syphilis serology)				
SGPT(for hepatitis)				
Urine dip stick				

If urine is abnormal, specify:
☐ glucose present ☐ occult blood
☐ albumin present ☐ other
☐ protein present

PHYSICAL EXAMINATION

General appearance: ☐ Healthy ☐ Unhealthy

PARTS OF THE BODY		OBSERVATIONS	IDENT?	RX.
1. Head, face, scalp				
2. Skin	(a) lesions, ulcers, jaundice			
	(b) lacerations, tracks			
3. Eyes	(a) pupils			
	(b) conjunctiva, sclera			
4. Ears	(a) pinnae, canals, drums			
	(b) gross hearing			
5. Nose				
6. Mouth	(a) teeth/dentures			
	(b) throat			
7. Neck	(a) lymph nodes			
	(b) masses			
8. Chest Wall				
9. Breasts				
10. Lungs				
11. Heart	(a) rate			
	(b) murmurs			
12. Abdomen (appearance)				
13. Liver	(a) size (cm)			
	(b) tenderness			
	(c) edge			
14. Spleen				
15. Groin	(a) nodes			
	(b) lesions			
	(c) hernias			
16. Back	(a) pain			
	(b) range of motion			
17. Extremities	(a) clubbing			
	(b) tracks			
18. Flanks				
19. Joints	(a) deformity			
	(b) range of motion			
20. Neurologic	(a) reflexes			
	(b) gross touch			
	(c) gait			
	(d) oriented			
	(e) speech			
21. Rectal				
22. MALES: Penis, scrotum, testes				
23. FEMALES:	(a) vulva, vagina			
	(b) cervix			
	(c) uterus, adnexae			

RECOMMENDATIONS FOR FOLLOW-UP TREATMENT:

INMATE ASSESSMENT OF JAIL'S HEALTH SERVICES

NAME OF JAIL | STATE | DATE | INMATE ID

NOTE: This questionnaire should be applied only to individuals who have been in the jail one week or more.

	YES	NO	VERIFIED?
1. Did a doctor or a medical staff person examine you when you were admitted to the jail?	☐	☐	☐
If yes, how soon after admission? _____			☐
2. Aside from an admission physical, have you seen a medical person since you've been in jail?	☐	☐	☐
If yes:			
(a) Who? (level of staff) _____			☐
(b) When? _____			☐
(c) Why? _____			☐
(d) Were you given any medicine (pills, shots, etc.)?	☐	☐	☐
(e) Did you feel better after you saw this person?	☐	☐	☐
3. What's the procedure for getting medical assistance here? _____			☐
4. Has anyone ever stopped you from seeing a doctor or any other medical person that you wanted to see?	☐	☐	
If yes, explain: _____			
5. Have any other inmates, that you know of, been sick and haven't been able to see a doctor?	☐	☐	
If yes, explain: _____			
6. How long do you usually have to wait to see a doctor? _____			
7. Have you seen a dentist since you've been in jail?	☐	☐	☐
If yes, how long did you have to wait to see the dentist? _____			
8. Have you ever felt the need to see a dentist and couldn't?	☐	☐	
If yes, why couldn't you? _____			
9. Have you seen a psychiatrist or counselor since you've been in jail?	☐	☐	☐
If yes, did you feel this person helped you?	☐	☐	
If no help, why? _____			
10. Since you've been in jail, have you wanted to see a psychiatrist or counselor and couldn't?	☐	☐	
If yes, explain: _____			

11. How would you rate your health? Would you say it was: ☐ Excellent ☐ Good ☐ Fair ☐ Bad ☐ Very bad

12. Since you've been in jail, do you think your health has: ☐ Gotten better ☐ Stayed about the same ☐ Gotten worse

If better or worse, why? _____

13. In comparison to the health care you were receiving on the outside, do you think the health care here in the jail is: ☐ Better ☐ About the same ☐ Worse

If better or worse, why? _____

14. What is the attitude of the health care personnel, serving the jail, towards the inmates?

15. Do you have any over-all comments or suggestions to make regarding health care services in this jail?

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 Hospitalized for a Medical Problem, by State

	Never Treated		Treated within Past: Week		Month		6 Months		Year		5 Years		More than 5 Years		Time Unknown		Total	
STATE	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
GEORGIA	11	12.6	6	6.9	17	19.5	15	17.2	14	16.1	11	12.6	10	11.5	3	3.4	87	100
INDIANA	7	7.1	8	8.1	20	20.2	21	21.2	21	21.2	14	14.1	7	7.1	1	1.0	99	100
MARYLAND	10	8.1	6	4.9	15	12.2	22	17.9	31	25.2	23	18.7	8	6.5	8	6.5	123	100
MICHIGAN	9	9.5	8	8.4	18	18.9	14	14.7	15	15.8	6	6.3	9	9.5	16	16.8	95	100
WASHINGTON	1	1.7	4	6.8	14	23.7	14	23.7	11	18.6	8	13.6	4	6.8	3	5.1	59	100
WISCONSIN	8	10.1	3	3.8	8	10.1	20	25.3	18	22.8	9	11.4	11	13.9	2	2.5	79	100
TOTAL	46	8.5	35	6.4	92	17.0	106	19.6	110	20.3	71	13.1	49	9.0	33	6.1	542	100

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	16	18.4	2	2.3	7	8.0	16	18.4	12	13.8	18	20.7	12	13.8	4	4.6	87	100
INDIANA	11	11.1	5	5.1	7	7.1	13	13.1	27	27.3	21	21.2	9	9.1	6	6.1	99	100
MARYLAND	20	16.4	3	2.5	10	8.2	17	13.9	26	21.3	18	14.8	12	9.8	16	13.1	122	100
MICHIGAN	20	22.0	4	4.4	10	11.0	12	13.2	15	16.5	12	13.2	4	4.4	14	15.4	91	100
WASHINGTON	6	10.2	1	1.7	4	6.8	13	22.0	11	18.6	14	23.7	9	15.3	1	1.7	59	100
WISCONSIN	11	13.9	1	1.3	-	-	13	16.5	20	25.3	18	22.8	9	11.4	7	8.9	79	100
TOTAL	84	15.6	16	3.0	38	7.1	84	15.6	111	20.7	101	18.9	55	10.2	48	8.9	537	100

Chart 3

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

	Never Been Hospitalized		Hospitalized within the Past: Week		Month		6 Months		Year		5 Years		More than 5 Years		Time Unknown		Total	
STATE	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
GEORGIA	29	33.3	1	1.1	1	1.1	7	8.0	10	11.5	18	20.7	18	20.7	3	3.4	87	100
INDIANA	44	44.4	1	1.0	3	3.0	5	5.1	10	10.1	18	18.2	17	17.2	1	1.0	99	100
MARYLAND	46	37.7	-	-	3	2.5	5	4.1	20	16.4	17	13.9	20	16.4	11	9.0	122	100
MICHIGAN	40	44.4	-	-	3	3.3	7	7.8	6	6.7	17	18.9	12	13.3	5	5.6	90	100
WASHINGTON	17	28.8	-	-	-	-	3	5.1	9	15.3	11	18.6	16	27.1	3	5.1	59	100
WISCONSIN	21	26.6	-	-	-	-	5	6.3	12	15.2	11	13.9	23	29.1	7	8.9	79	100
TOTAL	197	36.8	2	0.4	10	1.9	32	5.9	67	12.5	92	17.2	106	19.7	30	5.6	536	100

Chart 4

I/PP Participants Who Had Had an Operation, by State

STATE	Never Had Operation		Operated on 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	42	48.3	1	1.1	-	-	2	2.3	3	3.4	13	14.9	18	20.7	8	9.2	87	100
INDIANA	53	53.5	1	1.0	2	2.0	2	2.0	4	4.0	15	15.2	21	21.2	1	1.0	99	100
MARYLAND	71	58.2	-	-	-	-	2	1.6	10	8.2	11	9.0	18	14.8	10	8.2	122	100
MICHIGAN	51	54.3	1	1.1	-	-	3	3.2	5	5.3	11	11.7	15	16.0	8	8.5	94	100
WASHINGTON	26	44.8	-	-	-	-	-	-	3	5.2	4	6.9	23	39.7	2	3.4	58	100
WISCONSIN	21	26.6	-	-	-	-	5	6.3	12	15.2	11	13.9	23	29.1	7	8.9	79	100
TOTAL	264	48.9	3	0.6	2	0.4	14	2.6	37	6.9	65	12.1	118	21.9	36	6.6	539	100

Chart 5

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

	Saw One within the Past:																	
	Never Saw One		Week		Month		6 Months		Year		5 Years		More than 5 Years		Time Unknown		Total	
STATE	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
GEORGIA	15	17.2	2	2.3	6	6.9	9	10.3	11	12.6	18	20.7	19	21.8	7	8.0	87	100
INDIANA	9	9.1	5	5.1	2	2.0	17	17.2	21	21.2	26	26.3	15	15.2	4	4.0	99	100
MARYLAND	19	15.4	2	1.6	9	7.3	13	10.6	26	21.1	30	24.4	11	8.9	13	10.6	123	100
MICHIGAN	11	12.2	4	4.4	4	4.4	15	16.7	21	23.3	9	10.0	9	10.0	17	18.9	90	100
WASHINGTON	4	6.8	4	6.8	4	6.8	7	11.9	11	18.6	15	25.4	13	22.0	1	1.7	59	100
WISCONSIN	9	11.4	1	1.3	1	1.3	21	26.6	16	20.3	16	20.3	14	17.7	1	1.3	79	100
TOTAL	67	12.5	18	3.4	26	4.8	82	15.3	106	19.7	114	21.2	81	15.1	43	8.0	537	100

Chart 6

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

	Never Saw One		Saw One within the Past: Week		Month		6 Months		Year		5 Years		More than 5 Years		Time Unknown		Total	
STATE	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
GEORGIA	56	64.4	2	2.3	1	1.1	2	2.3	4	4.6	5	5.7	14	16.1	3	3.4	87	100
INDIANA	53	53.5	10	10.1	2	2.0	8	8.1	3	3.0	10	10.1	13	13.1	-	-	99	100
MARYLAND	74	60.2	1	0.8	8	6.5	7	5.7	8	6.5	10	8.1	7	5.7	8	6.5	123	100
MICHIGAN	56	65.1	3	3.5	6	7.0	4	4.7	3	3.5	4	4.7	5	5.8	5	5.8	86	100
WASHINGTON	37	62.7	1	1.7	2	3.4	4	6.8	4	6.8	7	11.9	4	6.8	-	-	59	100
WISCONSIN	46	58.2	3	3.8	1	1.3	10	12.7	5	6.3	3	3.8	7	8.9	4	5.1	79	100
TOTAL	322	60.4	20	3.8	20	3.8	35	6.5	27	5.1	39	7.3	50	9.3	20	3.8	533	100

Chart 7

I/PP Participants Who Had Been Hospitalized for a Mental 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	78	89.7	-	-	-	-	2	2.3	1	1.1	3	3.4	3	3.4	-	-	87	100
INDIANA	79	79.8	2	2.0	1	1.0	2	2.0	2	2.0	5	5.1	4	4.0	4	4.0	99	100
MARYLAND	106	86.9	-	-	-	-	2	1.6	3	2.5	4	3.3	4	3.3	3	2.5	122	100
MICHIGAN	73	84.9	-	-	-	-	-	-	2	2.3	4	4.7	5	5.8	2	2.3	86	100
WASHINGTON	53	89.8	-	-	1	1.7	-	-	-	-	2	3.4	1	1.7	2	3.4	59	100
WISCONSIN	63	79.7	-	-	-	-	4	5.1	2	2.5	4	5.1	2	2.5	4	5.1	79	100
TOTAL	452	84.9	2	0.4	2	0.4	10	1.9	10	1.9	22	4.1	19	3.6	15	2.8	532	100

CONTINUED

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Chart 8

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

STATE	Had Not Received An Eye Exam		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	14.9	-	-	5	5.7	12	13.8	11	12.6	18	20.7	24	27.6	4	4.6	87	100
INDIANA	16	16.2	-	-	5	5.1	13	13.1	27	27.3	23	23.2	11	11.1	4	4.0	99	100
MARYLAND	18	14.6	1	0.8	5	4.1	11	8.9	28	22.8	24	19.5	16	13.0	20	16.3	123	100
MICHIGAN	16	18.6	-	-	-	-	15	17.4	16	18.6	19	22.1	7	8.1	13	15.1	86	100
WASHINGTON	4	6.8	1	1.7	2	3.4	7	11.9	13	22.0	21	35.6	10	16.9	1	1.7	59	100
WISCONSIN	17	21.5	-	-	-	-	11	13.9	17	21.5	20	25.3	11	13.9	3	3.8	79	100
TOTAL	84	15.8	2	0.4	17	3.2	69	13.0	112	21.0	125	23.4	79	14.8	45	8.4	533	100

APPENDIX D

USE OF AND WITHDRAWAL FROM SELECTED DRUGS
BY STATE AND JAIL

Charts:

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

Chart 1

Use of and Withdrawal from Selected Drugs, by State and Jail

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	17	68.0	8	32.0	1	5.9	6	35.3	1	4.0	24	96.0	0	-	1	100.0	0	-	25	100.0	0	-	0	-
1-2	11	28.2	28	71.8	1	9.1	10	90.9	5	12.8	34	87.2	2	40.0	3	60.0	1	2.6	38	97.4	0	-	1	100.0
1-3	7	50.0	7	50.0	2	28.6	5	71.4	1	7.1	13	92.9	0	-	1	100.0	0	-	14	100.0	0	-	0	-
1-5	0	-	9	100.0	0	-	0	-	0	-	9	100.0	0	-	0	-	0	-	9	100.0	0	-	0	-
Sub-Total	35	40.2	52	59.8	4	11.4	21	60.0	7	8.0	80	92.0	2	28.6	5	71.4	1	1.1	86	98.9	0	-	1	100.0
INDIANA																								
2-1	1	33.3	2	66.7	0	-	1	100.0	0	-	3	100.0	0	-	0	-	0	-	2	100.0	0	-	0	-
2-2	1	20.0	4	80.0	0	-	1	100.0	0	-	4	100.0	0	-	0	-	0	-	4	100.0	0	-	0	-
2-4	13	26.0	37	74.0	4	30.8	9	69.2	7	14.0	43	86.0	6	85.7	1	14.3	1	2.0	49	98.0	1	100.0	0	-
2-5	14	53.8	12	46.2	2	14.3	6	42.9	1	3.8	24	96.2	0	-	1	100.0	0	-	24	100.0	0	-	0	-
2-6	9	75.0	3	25.0	1	11.1	8	88.9	2	16.7	10	83.3	1	50.0	1	50.0	0	-	12	100.0	0	-	0	-
2-7	2	66.7	1	33.3	0	-	2	100.0	0	-	3	100.0	0	-	0	-	0	-	3	100.0	0	-	0	-
Sub-Total	40	40.4	59	59.6	7	17.5	27	67.5	10	10.2	87	89.8	7	70.0	3	30.0	1	1.1	94	98.9	1	100.0	0	-
MARYLAND																								
3-1	15	62.5	9	37.5	3	20.0	10	66.7	1	4.2	23	95.8	0	-	1	100.0	0	-	24	100.0	0	-	0	-
3-2	7	17.9	32	82.1	2	28.6	4	57.1	5	12.8	34	87.2	4	80.0	1	20.0	2	5.3	36	94.7	2	100.0	0	-
3-3	7	46.7	8	53.3	3	42.8	3	42.8	3	20.0	12	80.0	3	100	0	-	1	6.7	14	93.3	0	-	0	-
3-5	5	22.7	17	77.3	1	20.0	3	60.0	5	22.7	17	77.3	4	80.0	1	20.0	2	9.5	19	90.5	2	100.0	0	-
3-7	12	54.5	10	45.5	3	25.0	5	41.7	1	4.3	22	95.7	1	100.0	0	-	1	4.3	22	95.7	0	-	1	100.0
Sub-Total	46	37.7	76	62.3	12	26.0	25	54.3	15	12.2	108	87.8	12	80.0	3	20.0	6	5.0	115	95.0	4	66.7	1	16.6
MICHIGAN																								
4-1	3	50.0	3	50.0	0	-	0	-	0	-	6	100.0	0	-	0	-	0	-	6	100.0	0	-	0	-
4-2	19	43.2	25	56.8	2	10.5	12	63.2	6	13.3	39	86.7	5	83.3	0	-	1	2.4	41	97.6	1	100.0	0	-
4-3	10	76.9	3	23.1	2	20.0	4	40.0	1	9.1	10	90.9	1	100.0	0	-	0	-	10	100.0	0	-	0	-
4-4	10	40.0	15	60.0	3	30.0	4	40.0	5	18.5	22	81.5	2	40.0	3	60.0	1	3.7	26	96.3	0	-	1	100.0
Sub-Total	42	47.7	46	52.3	7	16.6	20	47.6	12	13.5	77	86.5	8	66.7	3	25.0	2	2.4	83	97.6	1	50.0	1	50.0
WASHINGTON																								
5-2	20	71.4	8	28.6	4	20.0	7	35.0	1	3.7	26	96.3	1	100.0	0	-	0	-	27	100.0	0	-	0	-
5-3	14	60.9	9	39.1	2	14.3	11	78.6	0	-	24	100.0	0	-	0	-	0	-	24	100.0	0	-	0	-
5-4	3	42.9	4	57.1	0	-	3	100.0	0	-	7	100.0	0	-	0	-	0	-	7	100.0	0	-	0	-
Sub-Total	37	63.8	21	36.2	6	16.2	21	56.8	1	1.7	57	98.3	1	100.0	0	-	0	-	58	100.0	0	-	0	-
WISCONSIN																								
6-1	3	50.0	3	50.0	0	-	3	100.0	0	-	5	100.0	0	-	0	-	0	-	6	100.0	0	-	0	-
6-2	10	43.5	13	56.5	3	30.0	7	70.0	0	-	23	100.0	0	-	0	-	0	-	21	100.0	0	-	0	-
6-3	22	44.9	27	55.1	3	13.6	8	36.4	12	24.0	38	76.0	8	66.7	3	25.0	7	14.3	42	85.7	2	28.5	0	-
Sub-Total	35	44.9	43	55.1	6	17.1	18	51.4	12	15.4	66	84.6	8	66.7	3	25.0	7	9.2	69	90.8	2	28.5	0	-
TOTAL	235	44.2	297	55.8	42	17.9	132	56.2	57	10.7	475	89.3	38	66.7	17	29.8	17	3.3	505	96.7	8	47.1	3	17.6

* Percents based on number of users. Where percents in the withdrawal column do not total 100, 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.

Chart 2

Use of and Withdrawal from Selected Drugs, by State and Jail

Amphetamines, Barbiturates, Tranquilizers

State/Jail Codes	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	0	-	24	100.0	0	-	0	-	1	4.0	24	96.0	0	-	1	100.0	0	-	25	100.0	0	-	0	-
1-2	4	10.5	34	89.5	2	50.0	2	50.0	1	2.6	37	97.4	1	100.0	0	-	5	13.2	33	86.8	2	40.0	2	40.0
1-3	2	14.3	12	85.7	0	-	2	100.0	1	7.1	13	92.9	0	-	1	100.0	1	7.1	13	92.9	0	-	1	100.0
1-5	1	11.1	8	88.9	0	-	1	100.0	0	-	9	100.0	0	-	0	-	0	-	9	100.0	0	-	0	-
Sub-Total	7	8.2	78	91.8	2	28.6	5	71.4	3	3.5	83	96.5	1	33.3	2	66.7	6	7.0	80	93.0	2	33.3	3	50.0
INDIANA																								
2-1	0	-	3	100.0	0	-	0	-	0	-	3	100.0	0	-	0	-	0	-	3	100.0	0	-	0	-
2-2	0	-	5	100.0	0	-	0	-	0	-	5	100.0	0	-	0	-	0	-	5	100.0	0	-	0	-
2-4	3	6.0	47	94.0	0	-	3	100.0	3	6.0	47	94.0	1	33.3	2	66.7	3	6.3	45	93.8	0	-	3	100.0
2-5	2	8.0	23	92.0	0	-	2	100.0	3	12.0	22	88.0	0	-	1	33.3	3	12.0	22	88.0	0	-	2	66.7
2-6	4	33.3	8	66.7	1	25.0	3	75.0	3	25.0	9	75.0	1	33.3	2	66.7	4	33.3	8	66.7	1	25.0	3	75.0
2-7	0	-	3	100.0	0	-	0	-	0	-	3	100.0	0	-	0	-	0	-	3	100.0	0	-	0	-
Sub-Total	9	9.2	89	90.8	1	11.1	8	88.9	9	9.2	89	90.8	2	22.2	5	55.5	10	10.4	86	89.6	1	10.0	8	80.0
MARYLAND																								
3-1	5	20.8	19	79.2	0	-	4	80.0	4	16.7	20	83.3	0	-	4	100.0	2	9.1	20	90.9	0	-	2	100.0
3-2	2	5.1	37	94.9	0	-	2	100.0	3	7.7	36	92.3	1	33.3	1	33.3	3	7.7	36	92.3	0	-	2	66.7
3-3	2	13.3	13	86.7	1	50.0	0	-	2	13.3	13	86.7	0	-	1	50.0	3	20.0	12	80.0	1	33.3	1	33.3
3-5	0	-	22	100.0	0	-	0	-	0	-	22	100.0	0	-	0	-	1	4.5	21	95.5	0	-	1	100.0
3-7	2	9.1	20	90.9	0	-	2	100.0	3	13.6	19	86.4	0	-	3	100.0	2	8.7	21	91.3	0	-	1	50.0
Sub-Total	11	9.0	111	91.0	1	9.1	8	72.7	12	9.8	110	90.2	1	8.3	9	75.0	11	9.1	110	90.9	1	9.1	7	63.6
MICHIGAN																								
4-1	0	-	6	100.0	0	-	0	-	0	-	6	100.0	0	-	0	-	1	16.7	5	83.3	0	-	0	-
4-2	2	4.8	40	95.2	0	-	1	50.0	2	4.9	39	95.1	0	-	0	-	11	25.0	33	75.0	1	9.1	7	63.6
4-3	1	10.0	9	90.0	1	100.0	0	-	1	9.1	10	90.9	1	100.0	0	-	3	27.3	8	72.7	2	66.7	1	33.3
4-4	1	3.7	26	96.3	0	-	0	-	0	-	27	100.0	0	-	0	-	2	7.4	25	92.6	0	-	1	50.0
Sub-Total	4	4.7	81	95.3	1	25.0	1	25.0	3	3.5	82	96.5	1	33.3	0	-	17	19.3	71	80.7	3	17.6	9	52.9
WASHINGTON																								
5-2	3	10.7	25	89.3	0	-	0	-	2	7.4	25	92.6	0	-	1	50.0	2	7.1	26	92.9	1	50.0	0	-
5-3	2	8.3	22	91.7	1	50.0	1	50.0	1	4.3	22	95.7	0	-	0	-	3	12.5	21	87.5	0	-	0	-
5-4	2	28.6	3	71.4	0	-	1	50.0	0	-	7	100.0	0	-	0	-	1	14.3	6	85.7	1	100.0	0	-
Sub-Total	7	11.9	52	88.1	1	14.3	2	28.6	3	5.3	54	94.7	0	-	1	33.3	6	10.2	53	89.8	2	33.3	0	-
WISCONSIN																								
6-1	0	-	6	100.0	0	-	0	-	1	16.7	5	83.3	1	100.0	0	-	2	33.3	4	66.7	1	50.0	0	-
6-2	4	17.4	19	82.6	2	50.0	2	50.0	0	-	23	100.0	0	-	0	-	3	13.0	20	87.0	0	--	0	-
6-3	5	10.0	45	90.0	2	40.0	1	20.0	8	16.0	42	84.0	1	12.5	2	25.0	13	26.3	36	73.5	2	15.4	3	23.0
Sub-Total	9	11.4	70	88.6	4	44.4	3	33.3	9	11.4	70	88.6	2	22.2	2	22.2	18	23.1	60	76.9	3	16.7	3	16.7
TOTAL	47	8.9	481	91.1	10	21.3	27	57.4	39	7.4	488	92.6	7	17.9	19	48.7	68	12.9	460	87.1	12	17.6	30	44.1

*Percents based on number of users. Where percents in the withdrawal column do not total 100, 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.

**In jails G-2 and 5-3, there were two people still using barbiturates when interviewed. These two cases are shown as missing, here.

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

Chart 1

Headaches, Head Injury, Unconsciousness

Type of Complaint

State	Frequent Headaches: Reported Having N	%	Reported Not Having N	%	Total Responding N	%	Recent Head Injury: Reported Having N	%	Reported Not Having N	%	Total Responding N	%	Periods of Unconsciousness: Reported Having N	%	Reported Not Having N	%	Total Responding N	%
GEORGIA (SN = 87)*	37	42.5	50	57.5	87	100.0	28	32.2	59	67.8	87	100.0	14	16.5	71	83.5	85	100.0
INDIANA (SN = 99)*	45	45.9	53	54.1	98	100.0	23	23.2	76	76.8	99	100.0	15	15.2	84	84.8	99	100.0
MARYLAND (SN = 124)*	50	41.3	71	58.7	121	100.0	27	22.1	95	77.9	122	100.0	16	13.1	106	86.9	122	100.0
MICHIGAN (SN = 100)*	53	56.4	41	43.6	94	100.0	24	27.0	65	73.0	89	100.0	12	13.8	75	86.2	87	100.0
WASHINGTON (SN = 59)*	17	28.8	42	71.2	59	100.0	22	37.3	37	66.7	59	100.0	16	27.1	43	72.9	59	100.0
WISCONSIN (SN = 79)*	35	44.3	44	55.7	79	100.0	22	28.2	56	71.8	78	100.0	15	19.0	64	81.0	79	100.0
TOTAL (TN = 548)*	237	44.1	301	55.9	538	100.00	146	27.3	388	72.7	534	100.0	88	16.6	443	83.4	531	100.0

*See Abbreviation Key, Appendix A.

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 Responding		Reported Having		Reported Not Having		Total Responding		Reported Having		Reported Not Having		Total Responding	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
GEORGIA (SN = 87)*	17	21.0	64	79.0	81	100.0	17	19.8	69	80.2	86	100.0	25	28.7	62	71.3	87	100.0
INDIANA (SN = 99)*	17	18.1	77	81.9	94	100.0	17	17.2	82	82.8	99	100.0	30	30.3	69	69.7	99	100.0
MARYLAND (SN = 124)*	20	17.4	95	82.6	115	100.0	33	26.8	90	73.2	123	100.0	21	17.1	102	82.9	123	100.0
MICHIGAN (SN = 100)*	11	15.5	60	84.5	71	100.0	14	15.4	77	84.6	91	100.0	36	38.7	57	61.3	93	100.0
WASHINGTON (SN = 59)*	19	32.8	39	67.2	58	100.0	13	22.0	46	78.0	59	100.0	18	30.5	41	69.5	59	100.0
WISCONSIN (SN = 79)*	15	20.3	59	79.7	74	100.0	13	16.5	66	83.5	79	100.0	22	27.8	57	72.2	79	100.0
TOTAL (TN = 548)*	99	20.1	394	79.9	493	100.0	107	19.9	430	80.1	537	100.0	152	28.1	388	71.9	540	100.0

*See Abbreviation Key, Appendix A.

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 Responding		Reported Having		Reported Not Having		Total Responding		Reported Having		Reported Not Having		Total Responding	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
GEORGIA (SN = 87)*	8	9.3	78	90.7	86	100.0	21	24.1	66	75.9	87	100.0	16	18.4	71	81.6	87	100.0
INDIANA (SN = 99)*	13	13.1	86	86.9	99	100.0	17	17.2	82	82.8	99	100.00	17	17.3	81	82.7	98	100.0
MARYLAND (SN = 124)*	19	15.4	104	84.6	123	100.0	23	18.9	99	81.1	122	100.0	25	20.3	98	79.7	123	100.0
MICHIGAN (SN = 100)*	15	16.3	77	83.7	92	100.0	25	27.5	66	72.5	91	100.0	18	20.0	72	80.0	90	100.0
WASHINGTON (SN = 59)*	2	3.4	57	96.6	59	100.0	9	15.3	50	84.7	59	100.0	13	22.0	46	78.0	59	100.0
WISCONSIN (SN = 79)*	15	19.0	64	81.0	79	100.0	22	27.8	57	72.2	79	100.0	14	17.7	65	82.3	79	100.0
TOTAL (TN = 548)*	72	13.4	466	86.6	538	100.0	117	21.8	420	78.2	537	100.0	103	19.2	433	80.8	536	100.0

*See Abbreviation Key, Appendix A.

Chart 4

Skin Trouble, Itchiness, Night Sweats

Type of Complaint

State	Skin Trouble						Itchiness						Night Sweats					
	Reported Having		Reported Not Having		Total Responding		Reported Having		Reported Not Having		Total Responding		Reported Having		Reported Not Having		Total Responding	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
GEORGIA (SN = 87)*	9	10.6	76	89.4	85	100.0	21	25.0	63	75.0	84	100.0	24	28.2	61	71.8	85	100.0
INDIANA (SN = 99)*	23	23.2	76	76.8	99	100.0	35	35.4	64	64.6	99	100.0	31	31.3	68	68.7	99	100.0
MARYLAND (SN = 142)*	24	19.8	97	80.2	121	100.0	28	23.1	93	76.9	121	100.0	32	26.4	89	73.6	121	100.0
MICHIGAN (SN = 100)*	28	32.6	58	67.4	86	100.0	28	32.6	58	67.4	86	100.0	23	26.7	63	73.3	86	100.0
WASHINGTON (SN = 59)*	18	31.0	40	69.0	58	100.0	15	25.9	43	74.1	58	100.0	13	22.4	45	77.6	58	100.0
WISCONSIN (SN = 79)*	20	25.3	59	74.7	79	100.0	19	24.1	60	75.9	79	100.0	28	35.4	51	64.5	79	100.0
TOTAL (TN = 548)*	122	23.1	406	76.9	528	100.0	146	27.7	381	72.3	527	100.0	151	28.6	377	71.4	528	100.0

*See Abbreviation Key, Appendix A.

Chart 5

Respiratory or Circulatory Problems

Type of Complaint

State	Trouble Breathing						Chest Pain						Coughing up of Blood					
	Reported Having		Reported Not Having		Total Responding		Reported Having		Reported Not Having		Total Responding		Reported Having		Reported Not Having		Total Responding	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
GEORGIA (SN = 87)*	16	18.8	69	81.2	85	100.0	22	25.9	63	74.1	85	100.0	7	8.2	78	91.8	85	100.0
INDIANA (SN = 99)*	22	22.2	77	77.8	99	100.0	24	24.2	75	75.8	99	100.0	9	9.1	90	90.9	99	100.0
MARYLAND (SN = 124)*	31	25.6	90	74.4	121	100.0	39	32.2	82	67.8	121	100.0	9	7.4	112	92.6	121	100.0
MICHIGAN (SN = 100)*	19	21.8	68	78.2	87	100.0	20	23.0	67	77.0	87	100.0	0	-	87	100.0	87	100.0
WASHINGTON (SN = 59)*	12	21.1	45	78.9	57	100.0	14	25.0	42	75.0	56	100.0	6	10.5	51	89.5	57	100.0
WISCONSIN (SN = 79)*	21	26.6	58	73.4	79	100.0	27	34.2	52	65.8	79	100.0	11	13.9	68	86.1	79	100.0
TOTAL (TN = 548)*	121	29.9	407	77.1	528	100.0	146	27.7	381	72.3	527	100.0	42	8.0	486	92.0	528	100.0

*See Abbreviation Key, Appendix A.

Chart 6

Problems of Digestive System

Type of Complaint

State	Heart Burn (Indigestion)						Burning on Urination						Trouble with Bowels					
	Reported Having		Reported Not Having		Total Responding		Reported Having		Reported Not Having		Total Responding		Reported Having		Reported Not Having		Total Responding	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
GEORGIA (SN = 87)*	35	41.2	50	58.8	85	100.0	8	9.4	77	90.6	85	100.0	15	17.6	70	82.4	85	100.0
INDIANA (SN = 99)*	26	26.3	73	73.7	99	100.0	10	10.1	89	89.9	99	100.0	18	18.6	79	81.4	97	100.0
MARYLAND (SN = 124)*	33	27.3	88	72.7	121	100.0	8	6.7	112	93.3	120	100.0	18	15.0	102	85.0	120	100.0
MICHIGAN (SN = 100)*	25	29.1	61	70.9	86	100.0	6	6.9	81	93.1	87	100.0	8	9.2	79	90.8	87	100.0
WASHINGTON (SN = 59)8	18	31.6	39	68.4	57	100.0	2	3.5	55	96.5	57	100.0	5	8.8	52	91.2	57	100.0
WISCONSIN (SN = 79)*	25	31.6	54	68.4	79	100.0	6	7.6	73	92.4	79	100.0	10	12.7	69	87.3	79	100.0
TOTAL (TN = 548)*	162	30.7	365	69.3	527	100.0	40	7.6	487	92.4	527	100.0	74	14.1	451	85.9	525	100.0

*See Abbreviation Key, Appendix A.

Chart 7

Cough, Sore Throat, Other

Type of Complaint

State	Persistent Cough						Sore Throat						Other Complaint					
	Reported Having		Reported Not Having		Total Responding		Reported Having		Reported Not Having		Total Responding		Reported Having		Reported Not Having		Total Responding	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
GEORGIA (SN = 87)*	26	29.9	61	70.1	87	100.0	14	16.5	71	83.5	85	100.0	26	29.9	61	70.1	87	100.0
INDIANA (SN = 99)*	13	13.4	84	86.6	97	100.0	14	14.1	85	85.9	99	100.0	10	10.1	89	89.9	99	100.0
MARYLAND (SN = 124)*	43	35.2	79	64.8	122	100.0	25	20.7	96	79.3	121	100.0	21	16.9	103	83.1	124	100.0
MICHIGAN (SN = 100)*	23	25.0	69	75.0	92	100.0	27	31.8	58	68.2	85	100.0	17	17.0	83	83.0	100	100.0
WASHINGTON (SN = 59)*	14	24.1	44	75.9	58	100.0	10	17.2	48	82.8	58	100.0	6	10.2	53	89.8	59	100.0
WISCONSIN (SN = 79)*	20	25.3	59	74.7	79	100.0	20	25.3	59	74.7	79	100.0	22	27.8	57	72.2	79	100.0
TOTAL (TN = 548)*	139	26.0	396	74.0	535	100.0	110	20.9	417	79.1	527	100.0	102	18.6	446	81.4	548	100.0

*See Abbreviation Key, Appendix A.

Chart 8

Problems with Reproductive Organs - Male

Type of Complaint

State	Discharge from Penis: Reported Having N	%	Reported Not Having N	%	Total Responding N	%	Sores on Penis: Reported Having N	%	Reported Not Having N	%	Total Responding N	%	Pain in Testicles: Reported Having N	%	Reported Not Having N	%	Total Responding N	%
GEORGIA (SN = 79)*	3	3.8	75	96.2	78	100.0	0	-	78	100.0	78	100.0	3	3.8	75	96.2	78	100.0
INDIANA (SN = 89)*	3	3.4	86	96.6	89	100.0	1	1.1	88	98.9	89	100.0	3	3.4	85	96.6	88	100.0
MARYLAND (SN = 110)*	4	3.6	106	96.4	110	100.0	2	1.8	108	98.2	110	100.0	3	2.7	107	97.3	110	100.0
MICHIGAN (SN = 92)*	2	2.4	81	97.6	83	100.0	2	2.4	82	97.6	84	100.0	4	4.9	78	95.1	82	100.0
WASHINGTON (SN = 58)*	0	-	57	100.0	57	100.0	1	1.8	56	98.2	57	100.0	2	3.6	54	96.4	56	100.0
WISCONSIN (SN = 67)*	1	1.5	65	98.5	66	100.0	2	3.0	65	97.0	67	100.0	2	3.0	64	97.0	66	100.0
TOTAL (TN = 495)*	13	2.7	470	97.3	483	100.0	8	1.6	477	98.4	485	100.0	17	3.5	463	96.5	480	100.0

*See Abbreviation key, Appendix A.

Chart 9

Problems with Reproductive Organs - Female

Type of Complaint

State	Lumps in Breasts						Unusual Vaginal Discharge						Pregnancy					
	Reported Having		Reported Not Having		Total Responding		Reported Having		Reported Not Having		Total Responding		Reported Having		Reported Not Having		Total Responding	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
GEORGIA (SN = 8)*	1	16.7	5	83.3	6	100.0	1	16.7	5	83.3	6	100.0	0	-	6	100.0	6	100.0
INDIANA (SN = 10)*	3	30.0	7	70.0	10	100.0	3	30.0	7	70.0	10	100.0	2	20.0	8	80.0	10	100.0
MARYLAND (SN = 13)*	2	16.7	10	83.3	12	100.0	3	25.0	9	75.0	12	100.0	1	8.3	11	91.7	12	100.0
MICHIGAN (SN = 8)*	1	16.7	5	83.3	6	100.0	3	42.9	4	57.1	7	100.0	0	-	7	100.0	7	100.0
WASHINGTON (SN = 1)*	0	-	1	100.0	1	100.0	0	-	1	100.0	1	100.0	0	-	1	100.0	1	100.0
WISCONSIN (SN = 12)*	0	-	11	100.0	11	100.0	4	36.4	7	63.6	11	100.0	0	-	11	100.0	11	100.0
TOTAL (TN = 52)*	7	15.2	39	84.8	46	100.0	14	29.8	33	70.2	47	100.0	3	6.4	44	93.6	47	100.0

*See Abbreviation key, Appendix A.

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

Chart 1

Incidence of Abnormal Lab Tests, by State

PPD or Tine for Tuberculosis

State	Total Normal N	%	Abnormal Total N	%	Previously Identified N	%	Previously Identified and Treated N	%	Overall Totals N	%	Number and Percent of State Cases Missing N	%
GEORGIA (SN = 87)*	51	76.1	16	23.9	(3)	(18.8)	(3)	(18.8)	67	100.0	20	23.0
INDIANA (SN = 99)*	64	94.1	4	5.9	(0)	-	(0)	-	68	100.0	31	31.3
MARYLAND (SN - 124)*	94	94.0	6	6.0	(0)	-	(6)	(100.0)	100	100.0	24	19.4
MICHIGAN (SN = 100)*	93	94.9	5	5.1	(1)**	(20.0)	(3)	(60.0)	98	100.0	2	2.0
WASHINGTON (SN = 59)*	38	92.7	3	7.3	(1)	(33.3)	(0)	-	41	100.0	18	30.5
WISCONSIN (SN = 79)*	62	82.7	13	17.3	(0)	-	(2)	(15.4)	75	100.0	4	5.1
TOTAL (SN = 548)*	402	89.5	47	10.5	(5)	(10.6)	(14)	(29.8)	449	100.0	99	18.1

*See Abbreviation Key, Appendix A

**This case was designated as previously identified but no treatment necessary.

Chart 2

Incidence of Abnormal Lab Tests, by State

VDRL for Syphilis

State	Total Normal N	%	Abnormal Total N	%	Previously Identified N	%	Previously Identified and Treated N	%	Overall Totals N	%	Number and Percent of State Cases Missing N	%
GEORGIA (SN = 87)*	81	100.0	0	-	(0)	-	(0)	-	81	100.0	6	6.9
INDIANA (SN = 99)*	32	97.0	1	3.0	(1)	(100.0)	(0)	-	33	100.0	66	66.7
MARYLAND (SN = 124)*	93	98.9	1	1.1	(0)	-	(1)	(100.0)	94	100.0	30	24.2
MICHIGAN (SN = 100)*	85	95.5	4	4.5	(1)**	(25.0)	(0)	-	89	100.0	11	11.0
WASHINGTON (SN = 59)*	50	98.0	1	2.0	(0)	-	(1)	100.0	51	100.0	8	13.6
WISCONSIN (SN = 79)*	76	96.2	3	3.8	(0)	-	(0)	-	79	100.0	0	-
TOTAL (TN = 548)*	417	97.6	10	2.4	(2)	(20.0)	2	(20.0)	427	100.0	121	22.1

*See Abbreviation key, Appendix A.
**This case was designated as previously identified but no treatment necessary.

Chart 3

Incidence of Abnormal Lab Tests, by State

SGPT or SGOT for Hepatitis

State	Total Normal N	%	Abnormal Total N	%	Previously Identified N	%	Previously Identified and Treated N	%	Overall Totals N	%	Number and Percent of State Cases Missing N	%
GEORGIA (SN = 87)*	9	81.8	2	18.2	(0)	-	(0)	-	11	100.0	76	87.4
INDIANA (SN = 99)*	30	85.7	5	14.3	(0)	-	(0)	-	35	100.0	64	64.6
MARYLAND (SN = 124)*	83	82.2	18	16.8	(0)	-	(1)	(5.6)	101	100.0	23	18.5
MICHIGAN SN = 100)*	---------- Not Done ----------											
WASHINGTON (SN = 59)*	43	82.7	9	17.3	(0)	-	(0)	-	52	100.0	7	11.9
WISCONSIN (SN = 79)*	52	92.9	4	7.1	(0)	-	(0)	-	56	100.0	23	29.1
TOTAL (TN = 548)*	217	85.1	38	14.9	(0)	-	(1)	(2.6)	255	100.0	293	53.5

*See Abbreviation Key, Appendix A.

Chart 4

Incidence of Abnormal Lab Tests, by State

Urine Dip Stick

State	Total Normal N	%	Abnormal: Total N	%	Previously Identified N	%	Previously Identified and Treated N	%	Overall Totals N	%	Number and Percent of State Cases Missing N	%
GEORGIA (SN = 87)*	81	97.6	2	2.4	(0)	-	(0)	-	83	100.0	4	4.6
INDIANA (SN = 99)*	60	69.8	26	30.2	(0)	-	(0)	-	86	100.0	13	13.1
MARYLAND (SN = 124)*	97	88.2	13	11.8	(1)	(7.7)	(1)	(7.7)	110	100.0	14	11.3
MICHIGAN (SN = 100)*	89	91.8	8	8.2	(0)	-	(2)	(25.0)	97	100.0	3	3.0
WASHINGTON (SN = 59)*	53	94.6	3	5.4	(0)	-	(0)		56	100.0	3	5.1
WISCONSIN (SN = 79)*	71	92.2	6	7.8	(0)	-	(0)	-	77	100.0	2	2.5
TOTAL (TN = 548)*	451	88.6	58	11.4	(1)	(1.7)	(3)	(5.2)	509	100.0	39	7.1

*See Abbreviation Key, Appendix A.

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

Chart 1

Incidence of Abnormal Test Results, by Jail Size

PPD or Tine for Tuberculosis

Jail Size*	Total Normal		Abnormal								Percent and Number of Cases Missing	
			Total		Previously Identified		Previously Identified and Treated		Overall Totals			
	N	%	N	%	N	%	N	%	N	%	N	%
SMALL** (N = 9 Jails)	56	84.8	10	15.2	(1)	(10.0)	(2)	(20.0)	66	100.0	15	18.5
MEDIUM (N = 10 Jails)	144	95.4	7	4.6	(1)	(14.3)	(2)	(28.6)	151	100.0	42	21.8
LARGE (N = 7 Jails)	202	87.1	30	12.9	(3)	(10.0)	(10)	(20.0)	232	100.0	42	15.3
TOTAL (N = 26 Jails)	402	89.5	47	10.5	(5)	(10.6)	(14)	(29.8)	449	100.0	99	18.1

*See key following last chart.
**PPD not done in jail 2-7.

Chart 2

Incidence of Abnormal Lab Tests, by Jail Size

VDRL for Syphilis

Jail Size*	Total Normal N	Total Normal %	Abnormal: Total N	Abnormal: Total %	Abnormal: Previously Identified N	Abnormal: Previously Identified %	Abnormal: Previously Identified and Treated N	Abnormal: Previously Identified and Treated %	Overall Totals N	Overall Totals %	Percent and Number of Cases Missing N	Percent and Number of Cases Missing %
SMALL** (N = 9 Jails)	62	96.9	2	3.1	(0)	-	(2)	(100.0)	64	100.0	17	21.0
MEDIUM (N = 10 Jails)	142	97.2	4	2.8	(1)	(25.0)	(0)	-	146	100.0	47	24.4
LARGE (N = 7 Jails)	213	98.2	4	1.8	(1)	(25.0)	(0)	-	217	100.0	57	20.8
TOTAL (N = 26 Jails)	417	97.6	10	2.4	(2)	(20.0)	(2)	(20.0)	427	100.0	121	22.1

*See key following last chart.
**VDRL tests were not done in jails 2-1, 2-2, 4-1.

Chart 3

Incidence of Abnormal Lab Tests, by Jail Size

SGPT or SGOT for Hepatitis

Jail Size*	Total Normal		Abnormal								Percent and Number of Cases Missing	
			Total		Previously Identified		Previously Identified and Treated		Overall Totals			
	N	%	N	%	N	%	N	%	N	%	N	%
SMALL** (N = 9 Jails)	43	82.7	9	17.3	(0)	-	(0)	-	52	100.0	29	35.8
MEDIUM*** (N = 10 Jails)	95	92.2	8	7.8	(0)	-	(0)	-	103	100.0	90	46.6
LARGE**** (N = 7 Jails)	79	79.0	21	21.0	(0)	-	(1)	(4.8)	100	100.0	174	63.5
TOTAL (N = 26 Jails)	217	85.1	38	14.9	(0)	-	(1)	(2.6)	255	100.0	293	53.5

*See key following last chart.
**SGPT not done in jails 2-1 and 4-1.
***SGPT not done in jails 6-2, 4-3, and 4-4.
****SGPT not done in jails 2-4 and 4-2..

Chart 4

Incidence of Abnormal Test Results, by Jail Size

Urine Dip Stick

Jail Size*	Total Normal		Abnormal								Percent and Number of Cases Missing	
			Total		Previously Identified		Previously Identified and Treated		Overall Totals			
	N	%	N	%	N	%	N	%	N	%	N	%
SMALL (N = 9 Jails)	70	94.6	4	5.4	(0)	-	(0)	-	74	100.0	7	8.6
MEDIUM (N = 10 Jails)	154	90.0	17	10.0	(0)	-	(0)	-	171	100.0	22	10.9
LARGE (N = 7 Jails)	227	86.0	37	14.0	(1)	(2.7)	(3)	(8.1)	264	100.0	10	3.6
TOTAL (N = 26 Jails)	451	88.6	58	11.4	(1)	(1.7)	(3)	(5.2)	509	100.0	39	7.1

*See key following last chart.

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	14
	1-5	9
INDIANA	2-1	3
	2-2	5
	2-7	3
MICHIGAN	4-1	6
WASHINGTON	5-2	28
	5-4	7
WISCONSIN	6-1	6
	N=9	81 (14.8% 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
INDIANA	2-5	26
	2-6	12
MARYLAND	3-1	24
	3-3	16
	3-7	23
MICHIGAN	4-3	14
	4-4	31
WASHINGTON	5-1	0
	5-3	24
WISCONSIN	6-2	23
	N=10	193 (35.2% 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	25
	1-2	39
INDIANA	2-4	50
MARYLAND	3-2	39
	3-5	22
MICHIGAN	4-2	49
WISCONSIN	6-3	50
	N=7	274 (50.0% 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

Time in Days

State	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	4	100.0	0	-	0	-	0	-	0	-	0	-	0	-	4	100.0	0	-
INDIANA	10	47.6	5	23.8	5	23.8	1	4.8	0	-	0	-	0	-	21	100.0	0	-
MARYLAND	21	31.3	38	56.7	5	7.5	2	3.0	0	-	1	1.5	0	-	67	100.0	1	1.5
MICHIGAN	2	6.9	15	51.7	2	6.9	9	31.0	1	3.4	0	-	0	-	29	100.0	1	3.3
WASHINGTON	2	28.6	0	-	2	28.6	2	28.6	1	14.2	0	-	0	-	7	100.0	0	-
WISCONSIN	---------- Not Applicable ----------																	
TOTAL	39	30.5	58	45.3	14	10.9	14	10.9	2	1.6	1	0.8	0	-	128	100.0	2	1.5

Chart 2

Time of Most Recent Visit, by State

State	Within Past Week N	%	One to Two Weeks N	%	Two to Three Weeks N	%	Three Weeks to One Month N	%	One to Two Months N	%	Over Two Months Ago N	%	Total N	%	Missing Cases N	%
GEORGIA	9	26.5	1	3.0	6	17.6	2	5.9	8	23.5	8	23.5	34	100.0	3	8.1
INDIANA	10	26.3	4	10.5	7	18.4	6	15.8	6	15.8	5	13.2	38	100.0	6	13.6
MARYLAND	20	34.5	5	8.6	8	13.8	11	19.0	6	10.3	8	13.8	58	100.0	10	14.7
MICHIGAN	11	16.0	13	18.8	11	16.0	14	20.3	10	14.4	10	14.5	69	100.0	5	6.8
WASHINGTON	5	38.5	4	30.7	0	-	2	15.4	2	15.4	0	-	13	100.0	3	18.8
WISCONSIN	7	14.6	5	10.4	8	16.7	12	25.0	11	22.9	5	10.4	48	100.0	4	7.7
TOTAL	62	23.8	32	12.3	40	15.4	47	18.1	43	16.5	36	13.9	260	100.0	31	10.6

Chart 3

Level of Staff Seen, by State

State	Physician N	Physician %	Nurse N	Nurse %	"Paramedic"* N	"Paramedic"* %	Correction Officer N	Correction Officer %	Total N	Total %	Missing Cases N	Missing Cases %
GEORGIA	23	62.2	12	32.4	2	5.4	0	-	37	100.0	0	-
INDIANA	21	70.0	3	10.0	6	20.0	0	-	30	100.0	14	31.8
MARYLAND	47	71.2	10	15.2	9	13.6	0	-	66	100.0	2	2.9
MICHIGAN	64	91.4	6	8.6	0	-	0	-	70	100.0	4	5.4
WASHINGTON	7	43.8	9	56.2	0	-	0	-	16	100.0	0	-
WISCONSIN	38	73.1	14	26.9	0	-	0	-	52	100.0	0	-
TOTAL	200	73.8	54	19.9	17	6.3	0	-	271	100.0	20	6.9

*This term refers to correctional officers who have had some on-the-job training in performing some medical functions, as well as to individuals 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 Nonexistent		Total		Missing Cases	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
GEORGIA	2	15.4	8	61.5	2	15.4	0	-	0	-	1	7.7	13	100.0	0	-
INDIANA	0	-	8	72.7	3	27.3	0	-	0	-	0	-	11	100.0	0	-
MARYLAND	1	9.0	3	27.3	3	27.3	3	27.3	0	-	1	9.0	11	100.0	1	8.3
MICHIGAN	6	26.1	7	30.4	8	34.8	2	8.7	0	-	0	-	23	100.0	1	4.2
WASHINGTON	1	50.0	1	50.0	0	-	0	-	0	-	0	-	2	100.0	0	-
WISCONSIN	4	28.6	6	42.8	1	7.1	2	14.3	1	7.1	0	-	14	100.0	2	12.5
TOTAL	14	18.9	33	44.6	17	22.9	7	9.5	1	1.4	2	2.7	74	100.0	4	5.1

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 Is Insufficient or Nonexistent		Total		Missing Cases	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
GEORGIA	7	50.0	4	28.6	2	14.3	0	-	0	-	1	7.1	14	100.0	2	12.5
INDIANA	6	46.1	2	15.4	3	23.1	0	-	1	7.7	1	7.7	13	100.0	8	38.1
MARYLAND	8	28.6	10	35.7	7	25.0	0	-	3	10.7	0	-	28	100.0	1	3.4
MICHIGAN	14	36.9	19	50.0	4	10.5	0	-	0	-	1	2.6	38	100.0	5	11.6
WASHINGTON	6	60.0	3	30.0	0	-	1	10.0	0	-	0	-	10	100.0	0	-
WISCONSIN	8	32.0	14	56.0	1	4.0	1	4.0	1	4.0	0	-	25	100.0	1	3.8
TOTAL	49	38.3	52	40.6	17	13.3	2	1.6	5	3.9	3	2.3	128	100.0	17	11.7

Chart 6

Length of Usual Wait before Medical Care Obtained, by State

State	Seen Same Day N	Seen Same Day %	1-7 Days N	1-7 Days %	8-14 Days N	8-14 Days %	15-21 Days N	15-21 Days %	22-30 Days N	22-30 Days %	Over 30 Days N	Over 30 Days %	Total N	Total %	Missing Cases N	Missing Cases %
GEORGIA	7	25.0	17	60.7	1	3.6	3	10.7	0	-	0	-	28	100.0	23	45.1
INDIANA	10	24.4	30	73.2	1	2.4	0	-	0	-	0	-	41	100.0	41	50.0
MARYLAND	20	34.5	36	62.1	2	3.4	0	-	0	-	0	-	58	100.0	44	43.1
MICHIGAN	4	6.6	42	68.8	9	14.8	3	4.9	3	4.9	0	-	61	100.0	34	35.8
WASHINGTON	5	38.4	5	38.4	1	7.7	1	7.7	0	-	1	7.7	13	100.0	23	63.9
WISCONSIN	2	4.3	34	73.9	5	10.9	3	6.5	1	2.2	1	2.2	46	100.0	30	39.5
TOTAL	4[illegible]	19.4	164	66.4	19	7.7	10	4.1	4	1.6	2	0.8	247	100.0	195	44.1

Chart 7

Length of Wait before Receiving Requested Dental Care, 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	2	33.3	2	33.3	1	16.7	1	16.7	0	-	0	-	6	100.0	0	-
INDIANA	0	-	7	100.0	0	-	0	-	0	-	0	-	7	100.0	4	36.4
MARYLAND	1	6.7	9	60.0	3	20.0	0	-	2	13.3	0	-	15	100.0	2	11.8
MICHIGAN	1	3.8	9	34.6	8	30.8	4	15.4	2	7.7	2	7.7	26	100.0	1	3.7
WASHINGTON	0	-	1	100.0	0	-	0	-	0	-	0	-	1	100.0	0	-
WISCONSIN	2	50.0	0	-	0	-	1	25.0	1	25.0	0	-	4	100.0	2	33.3
TOTAL	8	13.1	28	45.9	12	19.7	6	9.8	5	8.2	2	3.3	59	100.0	9	13.2

Chart 8

Reason Needed Dental Care Not Obtained, by State

State	Never Requested		Request Refused or not Acknowledged		Had to Wait Too Long		Did Not Know Procedures		Could Not Not Afford		Only Extractions Provided		Service Not Available		Did Not Trust Dentist		Total		Missing Cases	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
GEORGIA	3	27.3	7	63.6	0	-	0	-	0	-	1	9.1	0	-	0	-	11	100.0	3	21.4
INDIANA	1	33.3	1	33.3	0	-	1	33.3	0	-	0	-	0	-	0	-	3	100.0	2	40.0
MARYLAND	3	15.0	2	10.0	9	45.0	1	5.0	1	5.0	1	5.0	3	15.0	0	-	20	100.0	3	13.0
MICHIGAN	4	12.1	3	9.1	19	57.6	1	3.0	0	-	6	18.2	0	-	0	-	33	100.0	1	3.0
WASHINGTON	2	33.3	0	-	1	16.7	0	-	1	16.7	2	33.3	0	-	0	-	6	100.0	2	25.0
WISCONSIN	1	5.3	6	31.6	3	15.8	0	-	1	5.3	2	10.5	6	31.6	0	-	19	100.0	1	5.0
TOTAL	14	15.2	19	20.6	32	34.8	3	3.3	3	3.3	12	13.0	9	9.8	0	-	92	100.0	12	11.5

Chart 9

Reason Needed Mental Health Care Not Obtained, by State

State	Never Requested		Request Refused or not Acknowledged		Had to Wait Too Long		Do 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	2	22.2	3	33.3	0	-	2	22.2	0	-	0	-	2	22.2	0	-	9	100.0	1	10.0
INDIANA	1	20.0	2	40.0	1	20.0	0	-	0	-	0	-	1	20.0	0	-	5	100.0	0	-
MARYLAND	0	-	4	25.0	6	37.5	1	6.3	1	6.3	0	-	4	25.0	0	-	16	100.0	7	30.4
MICHIGAN	7	26.9	2	7.7	13	50.0	2	7.7	0	-	0	-	2	7.7	0	-	26	100	4	13.3
WASHINGTON	3	50.0	2	33.3	1	16.7	0	-	0	-	0	-	0	-	0	-	6	100	0	-
WISCONSIN	0	-	5	38.5	3	23.1	0	-	0	-	0	-	5	38.5	0	-	13	100	1	7.1
TOTAL	13	17.3	18	24.0	24	32.0	5	6.7	1	1.3	0	-	14	18.7	0	-	75	100	13	14.8

APPENDIX I

YEAR ONE AND YEAR TWO COMPARISONS

Chart:

1. Inmates Who Had Ever Seen a Doctor, by Year I/PP Survey Was Done, by Accreditation Status of Jails
2. Inmates Who Had Ever Had a Physical Exam, by Year I/PP Survey Was Done, by Accreditation Status of Jails
3. Inmates Who Had Ever Seen a Dentist, by Year I/PP Survey Was Done, by Accreditation Status of Jails
4. Inmates Who Had Ever Seen a Mental Health Worker, by Year I/PP Survey Was Done, by Accreditation Status of Jails
5. Inmates Who Had Ever Received an Eye Exam, by Year I/PP Survey Was Done, by Accreditation Status of Jails
6. Total Number of Lab Abnormalities Previously Identified and/or Treated, by Year of I/PP Survey, by Accreditation Status of Jails
7. Total Body Abnormalities Previously Identified and/or Treated by Jail, by Year I/PP Survey Was Done, by Accreditation Status of Jails
8. Number of Examiner Recommendations per I/PP Participant by Year I/PP Survey Was Done, by Accreditation Status of Jail
9. I/PP Participants Receiving a Medical Exam on Admission, by Year I/PP Was Done, by Accreditation Status of Jail
10. I/PP Participants Seeing a Medical Person since Incarcerated for other than an Admission Physical, by Year I/PP Was Done, by Accreditation Status of Jails
11. I/PP Participants Receiving Dental Care since Incarcerated, by Year I/PP Was Done, by Accreditation Status of Jails
12. Incidence of I/PP Participants Seeing a Mental Health Worker since Incarcerated, by Year I/PP Survey Was Done, by Accreditation of Jails
13. Incidence of Participants who Reported Being Stopped from Gaining Access to Medical Services, by Year I/PP Survey Was Done, by Accreditation Status of Jails
14. Incidence of Participants Stating Others Were Stopped from Gaining Access to Medical Services, by Year I/PP Survey Was Done, by Accreditation Status of Jails
15. Incidence of Participants who Reported Needing Dental Care but not Obtaining It by Year I/PP Was Done, by Accreditation Status of Jails
16. Incidence of Participants Who Reported Needing Mental Health Care but not Obtaining It, by Year I/PP Survey Was Done, by Accreditation Status of Jails
17. Attitudes of Health Care Personnel Serving the Jail toward Inmates, by Year I/PP Survey Was Done, by Accreditation Status of Jails
18. I/PP Participants Who "Felt Better" after Medical Visit, by Year of I/PP, by Accreditation Status of Jails
19. Participants Seeing a Mental Health Worker who Felt They Had Been Helped, by Year I/PP Was Done, by Accreditation Status of Jails

APPENDIX I, con't.

20. Number of Inmate Recommendations per I/PP Participant, by Year of I/PP Survey, by Jail Accreditation Status
21. Total Number of Bodily Complaints per I/PP Participant, by Year I/PP Survey Was Done, by Accreditation Status of Jails
22. I/PP Participants' Self-Rating of Health Care Status, by Year of I/PP Survey, by Accreditation Status of Jails
23. Inmate Assessment of Changes in Health Status since Incarcerated, by Year of I/PP Survey, by Accreditation Status of Jails
24. Inmate Assessment of Jail's Health Care Compared to what Used to on the Outside, by Year of I/PP Survey, by Accreditation Status of Jails

Chart 1

Inmates Who Had Ever Seen a Doctor, By Year I/PP Survey Was Done, By Accreditation Status of Jails

	Not Accredited								Provisionally Accredited								Fully Accredited							
	Had Seen		Had Never Seen		Total		Missing Cases		Had Seen		Had Never Seen		Total		Missing Cases		Had Seen		Had Never Seen		Total		Missing Cases	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
YEAR 1	80	87.9	11	12.1	91	100	0	-	124	92.5	10	7.5	134	100	2	0.1	286	90.2	31	9.8	317	100	46	12.7
YEAR 2	99	91.7	9	8.3	108	100	0	-	118	90.8	12	9.2	130	100	0	-	260	92.2	22	7.8	282	100	6	2.1
TOTAL	179	89.9	20	10.1	199	100	0	-	242	91.7	22	8.3	264	100	2	.07	546	91.2	53	8.8	599	100	52	8.0

Chart 2

Inmates Who Had Ever Had a Physical Exam, by Year I/PP Survey Was Done, by Accreditation Status of Jails

	Not Accredited								Provisionally Accredited								Fully Accredited							
	Received		Never Received		Total		Missing Cases		Received		Never Received		Total		Missing Cases		Received		Never Received		Total		Missing Cases	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
YEAR 1	74	81.3	17	18.7	91	100	0	-	111	85.4	19	14.6	130	100	6	4.4	271	85.8	45	14.2	316	100	47	12.9
YEAR 2	97	89.8	11	10.2	108	100	0	-	98	81.0	23	19.0	121	100	9	6.9	210	81.7	47	18.3	257	100	31	10.8
TOTAL	171	85.9	28	4.1	199	100	0	-	209	83.3	42	16.7	251	100	15	5.6	481	83.9	92	16.1	573	100	78	12.0

Chart 3

Inmates Who Had Ever Seen a Dentist, by Year I/PP Survey Was Done,
by Accreditation Status of Jails

	Not Accredited						Provisionally Accredited						Fully Accredited					
	Had Seen		Had Never Seen		Total		Had Seen		Had Never Seen		Total		Had Seen		Had Never Seen		Total	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
YEAR 1	86	95.6	4	4.4	90	100	115	84.6	21	15.4	136	100	262	82.6	55	17.4	317	100
YEAR 2	90	83.3	18	16.7	108	100	116	89.2	14	10.8	130	100	247	89.2	30	10.8	277	100
TOTAL	176	88.9	22	10.1	198*	100	231	86.8	35	13.2	266	100	509	85.7	85	14.3	594*	100

	Missing Cases									
	Not Accredited		Provisionally Accredited		Fully Accredited					
	N	%	N	%	N	%				
YEAR 1	1	1.1	0	-	46	12.7				
YEAR 2	0	-	0	-	11	3.8				
TOTAL	1	0.5	0	-	57	8.8				

*Results significant at the .05 level or below.

Chart 4

Inmates Who Had Ever Seen a Mental Health Worker, by Year I/PP Survey Was Done, by Accreditation Status of Jails

	Not Accredited						Provisionally Accredited						Fully Accredited					
	Had Seen		Had Never Seen		Total		Missing Cases		Had Seen		Had Never Seen		Total		Missing Cases		Had Seen		Had Never Seen		Total		Missing Cases	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
YEAR 1	33	36.3	58	63.7	91	100	0	-	55	41.0	79	59.0	134	100	2	1.5	141	43.9	180	56.1	321	100	42	11.6
YEAR 2	45	41.7	63	59.3	108	100	0	-	44	33.8	86	66.2	130	100	0	-	118	43.2	155	56.7	273	100	15	5.2
TOTAL	78	39.2	121	60.8	199	100	0	-	99	37.5	165	62.5	264	100	2	0.8	259	43.6	335	56.4	594	100	57	8.8

Chart 5

Inmates Who Had Ever Received an Eye Exam, by Year I/PP Survey Was Done, by Accreditation Status of Jails

Not Accredited

	Had Received		Never Received		Total		Missing Cases	
	N	%	N	%	N	%	N	%
YEAR 1	70	77.8	20	22.2	90	100	1	1.1
YEAR 2	95	88.0	13	12.0	108	100	0	-
TOTAL	165	83.3	33	16.7	198	100	1	0.5

Provisionally Accredited

	Had Received		Never Received		Total		Missing Cases	
	N	%	N	%	N	%	N	%
YEAR 1	107	79.3	28	20.7	135	100	1	0.7
YEAR 2	106	81.5	24	18.5	130	100	1	-
TOTAL	213	80.4	52	19.6	265	100	1	0.4

Fully Accredited

	Had Received		Never Received		Total		Missing Cases	
	N	%	N	%	N	%	N	%
YEAR 1	234	73.8	83	26.2	317	100	46	12.7
YEAR 2	229	83.9	44	16.1	273	100	15	5.2
TOTAL	463	78.5	127	21.5	590*	100	61	9.4

*Results significant at .01 level or below.

Chart 6

Total Number of Lab Abnormalities Previously Identified and/or Treated, by Year of I/PP Survey, by Accreditation Status of Jails

	Not Accredited						Provisionally Accredited						Fully Accredited					
	Previously Identified/ Treated Lab Abnormalities		Unidentified Lab Abnormalities		Total		Previously Identifed/ Treated Lab Abnormalities		Unidentified Lab Abnormalities		Total		Previously Identified/ Treated Lab Abnormalities		Unidentified Lab Abnormalities		Total	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
YEAR 1	1	5.9	16	94.1	17	100.0	3	3.4	84	96.6	87	100.0	2	1.9	106	98.1	108	100.0
YEAR 2	4	12.5	28	87.5	32	100.0	11	22.0	39	78.0	50	100.0	12	18.5	53	81.5	65	100.0
TOTAL	5	10.2	44	89.8	49	100.0	14	10.2	123	89.8	137*	100.0	14	8.1	159	91.9	173*	100.0

*Differences significant below the .001 level.

Chart 7

Total Body Abnormalities Previously Identified and/or Treated by Jail, by Year I/PP Survey Was Done, by Accreditation Status of Jails

	Not Accredited						Provisionally Accredited						Fully Accredited					
	Previously Identified/ Treated Abnormalities		Unidentified Abnormalities		Total		Previously Identified/ Treated Abnormalities		Unidentified Abnormalities		Total		Previously Identified/ Treated Abnormalities		Unidentified Abnormalities		Total	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
YEAR 1	7	2.8	242	97.2	249	100.0	9	2.5	358	97.5	367	100.0	41	4.5	869	95.5	190	100.0
YEAR 2	21	7.7	253	92.3	274	100.0	49	21.2	182	78.8	231	100.0	146	22.4	505	77.6	651	100.0
TOTAL	28	5.4	495	94.6	523*	100.0	58	9.7	540	90.3	598**	100.0	187	12.0	1374	88.0	1561**	100.0

*Differences significant at .02 level.
**Differences significant beyond the .0001 level.

Chart 8

Number of Examiner Recommendations per I/PP Participant
by Year I/PP Survey Was Done, by Accreditation Status of Jails

Number of Recommendations Per I/PP Participant	Not Accredited				Provisionally Accredited				Fully Accredited			
	Year 1		Year 2		Year 1		Year 2		Year 1		Year 2	
	N	%	N	%	N	%	N	%	N	%	N	%
NONE	51	56.0	49	45.4	52	38.2	67	51.5	159	43.8	161	55.9
ONE	20	22.0	33	30.6	56	41.2	38	29.2	105	28.9	85	29.5
TWO	11	12.1	19	17.6	19	14.0	18	13.8	65	17.9	26	9.0
THREE	9	9.9	7	6.5	9	6.6	7	5.4	34	9.4	16	5.6
TOTAL	91	100.0	108	100.0	136	100.0	130	100.0	363**	100.0	288**	100.0
*T $\bar{X}$		0.8		0.8		0.9		0.7		0.9		0.3

*T$\bar{X}$ = Total Mean
**Differences significant at the .0007 level.

Chart 9

I/PP Participants Receiving a Medical Exam on Admission,
by Year I/PP Was Done, by Accreditation Status of Jails

	Not Accredited				Provisionally Accredited				Fully Accredited			
	Year 1		Year 2		Year 1		Year 2		Year 1		Year 2	
	N	%	N	%	N	%	N	%	N	%	N	%
Reported Receiving Admission Exam	2	3.0	3	5.1	49	39.2	39	33.1	38	14.7	72	29.4
Reported Not Receiving Admission Exam	64	97.0	56	94.2	76	60.8	79	66.9	221	85.3	173	70.6
Total	66	100.0	59	100.0	125	100.0	118	100.0	259*	100.0	245*	100.0
Missing Cases	2	2.9	0	-	0	-	0	-	0	-	1	0.4

*Significant at the .0001 level.

Chart 10

I/PP Participants Seeing a Medical Person Since Incarcerated for
Other than an Admission Physical, by Year I/PP Was Done, by Accreditation Status of Jails

	Not Accredited				Provisionally Accredited				Fully Accredited			
	Year 1		Year 2		Year 1		Year 2		Year 1		Year 2	
	N	%	N	%	N	%	N	%	N	%	N	%
Reported Seeing	21	34.4	24	40.7	69	55.2	85	72.0	150	59.1	170	69.4
Reported Not Seeing	40	65.6	35	59.3	56	44.8	33	28.0	104	40.9	75	30.6
TOTAL	61	100.0	59	100.0	125*	100.0	118	100.0	254**	100.0	245	100.0
MISSING CASES	7	10.3	0	-	0	-	0	-	5	1.9	1	0.4

*Significant at .01 level.
**Significant at .02 level.

Chart 11

I/PP Participants Receiving Dental Care Since Incarcerated, by Year I/PP Was Done, by Accreditation Status of Jails

	Not Accredited				Provisionally Accredited				Fully Accredited			
	Year 1		Year 2		Year 1		Year 2		Year 1		Year 2	
	N	%	N	%	N	%	N	%	N	%	N	%
Reported Receiving	15	22.1	3	5.1	19	15.2	15	12.7	37	14.3	48	19.6
eported not Receiving	53	77.9	56	94.9	106	84.8	103	87.3	222	85.7	197	80.4
TOTAL	68*	100.0	59	100.0	125	100.0	118	100.0	259	100.0	245	100.0
MISSING CASES	0	-	0	-	0	-	0	-	0	-	1	0.4

*Significant at the .01 level.

Chart 12

Incidence of I/PP Participants Seeing a Mental Health Worker
since Incarcerated, by Year I/PP Survey Was Done, by Accreditation Status of Jails

	Not Accredited				Provisionally Accredited				Fully Accredited			
	Year 1		Year 2		Year 1		Year 2		Year 1		Year 2	
	N	%	N	%	N	%	N	%	N	%	N	%
Reported Seeing	7	10.3	6	10.2	32	25.8	36	30.5	51	19.8	79	32.2
Reported not Seing	61	89.7	53	89.8	92	74.2	82	69.5	206	80.2	166	67.8
TOTAL	68	100.0	59	100.0	124	100.0	118	100.0	257*	100.0	245	100.0
MISSING CASES	0	-	0	-	1	0.8	0	-	2	0.8	1	0.4

*Significant at the .002 level.

CONTINUED

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Chart 13

Incidence of Participants who Reported Being Stopped from Gaining Access to Medical Services, by Year I/PP Survey Was Done, by Accreditation Status of Jails

	Not Accredited				Provisionally Accredited				Fully Accredited			
	Year 1		Year 2		Year 1		Year 2		Year 1		Year 2	
	N	%	N	%	N	%	N	%	N	%	N	%
ccess arred	9	15.3	9	15.8	37	31.4	27	23.7	68	26.8	41	17.0
ccess not arred or Care ot Needed	50	84.7	48	84.2	81	68.6	87	76.3	186	73.2	200	83.0
TOTAL	59	100.0	57	100.0	118	100.0	114	100.0	254*	100.0	241	100.0
MISSING CASES	9	13.2	2	3.4	7	5.6	4	3.4	5	1.9	5	2.0

*Significant at the .01 level.

Sheet 14

Incidence of Participants Stating Others Were Stopped from Gaining Access to Medical Services, by Year I/PP Survey Was Done, by Accreditation Status of Jails

	Not Accredited				Provisionally Accredited				Fully Accredited			
	Year 1		Year 2		Year 1		Year 2		Year 1		Year 2	
	N	%	N	%	N	%	N	%	N	%	N	%
Access Barred	13	23.2	20	35.7	45	40.9	37	32.7	81	32.7	80	32.7
Access Barred or Care Not Needed	43	76.8	36	64.3	65	59.1	76	67.3	167	67.3	165	67.3
TOTAL	56	100.0	56	100.0	110	100.0	113	100.0	248	100.0	245	100.0
MISSING CASES	12	17.6	3	5.1	15	12.0	5	4.2	11	4.2	1	0.4

Chart 15

Incidence of Participants Who Reported Needing Dental Care but not Obtaining It
by Year I/PP Was Done, by Accreditation Status of Jails

	Not Accredited				Provisionally Accredited				Fully Accredited			
	Year 1		Year 2		Year 1		Year 2		Year 1		Year 2	
	N	%	N	%	N	%	N	%	N	%	N	%
ıccess Barred or Service ıot Available	8	13.6	8	14.5	24	20.9	31	27.4	63	26.6	62	26.5
ıccess not Barred or Care Not Needed	51	86.4	47	85.5	91	79.1	82	72.6	174	73.4	172	73.5
TOTAL	59	100.0	55	100.0	115	100.0	113	100.0	237	100.0	234	100.0
MISSING CASES	9	13.2	4	6.8	10	8.0	5	4.2	22	8.5	12	4.9

Chart 16

Incidence of Participants Who Reported Needing Mental Health Care but not Obtaining it, by Year I/PP Survey Was Done, by Accreditation Status of Jails

	Not Accredited				Provisionally Accredited				Fully Accredited			
	Year 1		Year 2		Year 1		Year 2		Year 1		Year 2	
	N	%	N	%	N	%	N	%	N	%	N	%
Access Barred or Service Not Available	9	16.7	8	14.0	23	19.3	20	17.9	51	20.9	54	23.2
Access Not Barred or Service not Available	45	83.3	49	86.0	96	80.7	92	82.1	193	79.1	179	76.8
TOTAL	54	100.0	57	100.0	119	100.0	112	100.0	244	100.0	233	100.0
MISSING CASES	14	20.6	2	3.4	6	4.8	6	5.1	15	5.8	13	5.3

Chart 17

Attitudes of Health Care Personnel Serving the Jail toward Inmates,
by Year I/PP Survey Was Done, by Accreditation Status of Jails

Attitudes of Jail Health Care Personnel toward Inmates	Not Accredited				Provisionally Accredited				Fully Accredited			
	Year 1		Year 2		Year 1		Year 2		Year 1		Year 2	
	N	%	N	%	N	%	N	%	N	%	N	%
Hostile, Indifferent	11	20.4	20	44.4	37	33.0	23	21.5	41	17.4	42	17.9
Not as Good as in the Community	1	1.9	3	6.7	7	6.3	4	3.7	2	0.9	1	0.4
Fair/Okay, Good, Mixed (Some Nice, Some Not	21	38.9	12	26.7	32	28.6	62	57.9	154	65.5	177	75.6
Don't Know, Same as on the Outside, There Aren't Personnel	21	38.9	10	22.2	36	32.1	18	16.8	38	16.2	14	6.0
Total	54*	100.0	45	100.0	112**	100.0	107	100.0	235***	100.0	234	100.0
Missing Cases	14	20.6	14	23.7	13	10.4	11	9.3	24	9.3	12	4.9

*Significant at the .03 level.
**Significant at the .0002 level.
***Significant at the .005 level.

Chart 18

I/PP Participants Who "Felt Better" after Medical Visit,
by Year of I/PP, by Accreditation Status of Jail

	Not Accredited				Provisionally Accredited				Fully Accredited			
	Year 1		Year 2		Year 1		Year 2		Year 1		Year 2	
	N	%	N	%	N	%	N	%	N	%	N	%
Felt Better	11	57.9	7	31.8	28	45.9	38	47.5	85	62.5	84	59.2
Did not Feel Better	8	42.1	15	68.2	33	54.1	42	52.5	51	37.5	58	40.8
TOTAL	19	100.0	22	100.0	61	100.0	80	100.0	136	100.0	142	100.0
MISSING CASES	2	9.5	2	8.3	8	11.6	5	5.9	14	9.3	28	16.5

Chart 19

Participants Seeing a Mental Health Worker who Felt They Had Been Helped,
by Year I/PP Was Done, by Accreditation Status of Jails

	Not Accredited				Provisionally Accredited				Fully Accredited			
	Year 1		Year 2		Year 1		Year 2		Year 1		Year 2	
	N	%	N	%	N	%	N	%	N	%	N	%
Felt Were Helped	5	71.4	6	100.0	16	64.0	16	59.3	25	54.3	32	50.8
Felt Were Not Helped	2	28.6	0	-	9	36.0	11	40.7	21	45.7	31	49.2
TOTAL	7	100.0	6	100.0	25	100.0	27	100.0	46	42.2	63	100.0
MISSING CASES	0	-	0	-	7	21.9	9	25.0	5	9.8	16	20.2

Chart 20

Number of Inmate Recommendations per I/PP Participant,
by Year of I/PP Survey, by Jail Accreditation Status

Number of Recommendations per I/PP participant	Not Accredited				Provisionally Accredited				Fully Accredited			
	Year 1		Year 2		Year 1		Year 2		Year 1		Year 2	
	N	%	N	%	N	%	N	%	N	%	N	%
None	27	39.7	28	47.4	42	33.6	47	39.8	99	38.2	97	39.4
One	26	38.2	21	35.6	41	32.8	48	40.7	78	30.1	90	36.6
Two	11	16.2	8	13.6	22	17.6	16	13.6	45	17.4	45	19.1
Three	4	5.9	2	3.4	16	12.8	7	5.9	21	8.1	11	4.5
Four	0	-	0	-	4	3.2	0	-	16	6.2	1	0.4
Total	68	100.0	59	100.0	125	100.0	118	100.0	** 259	100.0	** 246	100.0
T $\bar{X}$*		(0.9)		(0.7)		(1.2)		(0.9)		(1.1)		(0.9)

*T $\bar{X}$ = Total Mean
**Significant at the .0003 level.

Chart 21

Total Number of Bodily Complaints per I/PP Participant,
by Year I/PP Survey Was Done, by Accreditation Status of Jails

	Not Accredited				Provisionally Accredited				Fully Accredited			
	Year 1		Year 2		Year 1		Year 2		Year 1		Year 2	
	N	%	N	%	N	%	N	%	N	%	N	%
Total Number of Bodily Complaints	428	-	531	-	745	-	620	-	1,413	-	1,322	-
Number of Inmates with any Bodily Complaints	86	(94.5)	97	(89.8)	130	(95.6%)	124	(95.4)	290	(79.9)	249	(86.5)
Total Number of Inmates	91	(100.0)	108	(100.0)	136	(100.0)	130	(100.0)	363	(100.0)	288	(100.0)
$\bar{X}$ per Inmate	4.7		4.9		5.5		4.8		3.9		4.6	

Chart 22

I/PP Participants' Self-Rating of Health Care Status,
by Year of I/PP Survey, by Accreditation Status of Jails

Self-Rating of Health Care Status	Not Accredited				Provisionally Accredited				Fully Accredited			
	Year 1		Year 2		Year 1		Year 2		Year 1		Year 2	
	N	%	N	%	N	%	N	%	N	%	N	%
Excellent	14	20.6	11	18.6	16	12.9	25	21.2	41	15.9	38	15.4
Good	27	39.7	21	35.6	53	42.7	43	36.4	118	45.7	114	46.3
Fair	20	29.4	21	35.6	44	35.5	34	28.8	71	27.5	71	28.9
Bad	6	8.8	5	8.5	11	8.9	14	11.9	25	9.7	17	6.9
Very Bad	1	1.5	1	1.7	0	-	2	1.7	3	1.2	6	2.4
Total	68	100.0	59	100.0	124	100.0	118	100.0	258	100.0	246	100.0
Missing Cases	0	-	0	-	1	0.8	0	-	1	0.4	0	-

Chart 23

Inmate Assessment of Changes in Health Status since Incarcerated,
by Year of I/PP Survey, by Accreditation Status of Jails

	Not Accredited				Provisionally Accredited				Fully Accredited			
	Year 1		Year 2		Year 1		Year 2		Year 1		Year 2	
	N	%	N	%	N	%	N	%	N	%	N	%
Gotten Better	4	6.0	8	13.8	18	14.8	7	6.0	27	10.7	26	10.7
Stayed Same	45	67.2	27	46.6	43	35.2	58	50.0	140	55.3	109	44.7
Gotten Worse	18	26.9	23	39.7	61	50.0	51	44.0	86	34.0	109	44.7
Total	67*	100.0	58	100.0	122***	100.0	116	100.0	253**	100.0	244	100.0
Missing Cases	1	1.5	1	1.7	3	2.4	2	1.7	6	2.3	2	0.8

*Significant at the .05 level.
**Significant at the .04 level.
***Significant at the .02 level.

Chart 24

Inmate Assessment of Jail's Health Care Compared to What Used to on the Outside,
by year of I/PP Survey, by Accreditation Status of Jails

	Not Accredited				Provisionally Accredited				Fully Accredited			
	Year 1		Year 2		Year 1		Year 2		Year 1		Year 2	
	N	%	N	%	N	%	N	%	N	%	N	%
Better in Jail	2	3.4	4	8.5	4	4.1	7	6.3	15	6.3	13	5.8
Both about the Same	33	56.9	19	40.4	15	15.3	30	27.0	96	40.5	81	35.8
Better in Community	23	39.7	24	51.1	79	80.6	74	66.7	126	53.2	132	58.4
Total	58	100.0	47	100.0	98	100.0	111	100.0	237	100.0	226	100.0
Missing Cases	10	14.7	12	20.3	27	21.6	7	5.9	22	8.5	20	8.1

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END