

---

# National Health Statistics Reports

---

Number 96 ■ July 28, 2016

## National Survey of Prison Health Care: Selected Findings

Karishma A. Chari, M.P.H., Alan E. Simon, M.D., Carol J. DeFrances, Ph.D., National Center for Health Statistics; and  
Laura Maruschak, M.A., Bureau of Justice Statistics

### Abstract

**Objectives**—This report presents selected findings on the provision of health care services in U.S. state prisons. Findings on admissions testing for infectious disease, cardiovascular risk factors, and mental health conditions, as well as the location of the provision of care and utilization of telemedicine are all included.

**Methods**—Data are from the National Survey of Prison Health Care (NSPHC). The survey aimed to conduct semi-structured telephone interviews with respondents from all 50 state Departments of Corrections and the Federal Bureau of Prisons. Interviews were conducted in 2012 for calendar year 2011. The level of participation varied by state and questionnaire item.

**Results**—Overall, 45 states participated in NSPHC. In 2011, the percentages of prison admissions occurring in states that tested at least some prisoners for the following conditions during the admissions process were: 76.9% for hepatitis A, 82.0% for hepatitis B, 87.3% for hepatitis C, 100.0% for tuberculosis, 100.0% for mental health conditions and suicide risk, 40.3% for traumatic brain injury, 82.5% for cardiovascular conditions and risk factors using electrocardiogram, 70.0% for elevated lipids, and 99.8% for high blood pressure.

Of the 45 states that participated in the survey, most states delivered several services on-site, including inpatient and outpatient mental health care (27 and 44 states, respectively), care for chronic diseases (31 states), long-term or nursing home care (35 states), and hospice care (35 states). For inpatient and outpatient medical, dental, and emergency care, most states delivered services using a combination of on-site and off-site care locations. Most states delivered selected diagnostic procedures and radiologic tests off-site. Telemedicine was most commonly used for psychiatry (28 states).

**Keywords:** prison admissions testing • health care delivery • National Survey of Prison Health Care (NSPHC)

### Introduction

At the end of 2013, there were more than 1.5 million prisoners in the United States (1). The number of prisoners aged 55 and over has increased in the last three decades. In 1981, there were 8,853 prisoners aged 55 and over; this number increased to 144,500 in 2013 (1,2). The trend is expected to continue as the number of prisoners in this age group is expected to reach an estimated 400,000 by 2030 (2,3). Prison inmates have higher rates of mental illness, chronic medical conditions, and infectious diseases compared with the general population (4–6).

National- and state-level data concerning the provision and delivery of health care services in U.S. prisons are lacking. In particular, data regarding the provision of medical and mental health services by type of services delivered and the mechanisms used to deliver the services to prisoners are generally not available. To help remedy this research gap, the National Center for Health Statistics (NCHS) and the Bureau of Justice Statistics (BJS) partnered to develop and conduct the National Survey of Prison Health Care (NSPHC). With BJS' expertise in correctional systems and populations and NCHS' expertise



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES  
Centers for Disease Control and Prevention  
National Center for Health Statistics



in health and health care, the agencies brought together two perspectives essential to the success of the project. The BJS and NCHS project managers provided input, guidance, and oversight on all aspects of the data collection effort. NCHS acted as the data collection agent, conducted all semi-structured interviews, processed the data, and created the data files for analysis.

This report focuses on NSPHC's goal to gather data on the provision and delivery of health care in U.S. prison systems. Specifically, the report highlights findings related to admissions testing for selected infectious diseases, mental health conditions, and cardiovascular risk factors conducted upon entry into the system; the location of health care service delivery (including general medical and mental health care, as well as specialty services); and the use of telemedicine for certain health services.

## Methods

To produce national-level findings, NCHS staff sought interviews with one or more respondents in each of the 50 state Departments of Corrections (DOC) and the Federal Bureau of Prisons (BOP). The reference period for the semi-structured telephone interview ([Technical Notes](#)) is January 1, 2011, through December 31, 2011. NSPHC data collection began in October 2012 and continued through March 2013.

NSPHC respondents typically had job titles related to medical or mental health care fields. These often included medical directors or deputy directors, directors or deputy directors of nursing or mental health, chief medical officers, and health services administrators. In some cases, respondents were from research offices with positions such as health records administrator.

In addition to survey questions, the telephone interview guide also included qualitative subquestions to facilitate discussion and capture additional information related to certain responses. Each NSPHC telephone interview involved one or more employees of a state's Department of Corrections as well as two NCHS staff members. One NCHS staff member led the interview and both

used a copy of the NSPHC interview guide to record answers and take notes. During an interview, if a respondent was unsure of an answer, the interviewer gave him or her the opportunity to refer to another, more appropriate respondent. In addition, if a respondent did not know the answer to a question at the time of the interview, but believed that the answer could be obtained, he or she was given the opportunity to follow up by email.

To ease the burden on study respondents who also participated in an earlier pilot study, NCHS provided them with an NSPHC interview guide that was prefilled with the information already obtained, and newly requested information was highlighted. The reference dates for the pilot study (July 1, 2010, through June 30, 2011) differed from those for the national study (January 1, 2011, through December 31, 2011).

To help respondents prepare for the interview, NCHS staff developed a "topics document" that described the content areas that would be discussed during the interview and sent it to many of the respondents before the scheduled interview. The initial plan was to provide this document to respondents only upon request. However, during the study, NCHS staff decided to offer the document ahead of each interview to decrease the burden on respondents and increase item validity. The topics document was sent to respondents before the interview in 19 states.

NCHS staff collected data from 45 states. In addition to the data collected via telephone interviews from 43 states, 2 states (Texas and Wyoming) supplied written submissions. For the majority of the states, only 1 respondent participated in the interview; however, for 15 states, 2 or more respondents took part.

Respondents from 12 states failed to provide some or any of the follow-up information by email when information was unavailable at the time of the interview. Five states (Alaska, Massachusetts, Mississippi, Tennessee, and West Virginia) and the BOP did not participate in NSPHC. Reasons for not participating included: NCHS was unable to reach the appropriate respondent, NCHS was unable to schedule a telephone interview within the data collection time period, or respondents

stated that they were too busy to participate in a telephone interview.

To efficiently organize interview data, NCHS staff used Q-Notes, a computer software system developed by NCHS' Questionnaire Design Research Laboratory for cognitive interviews. The NSPHC data were analyzed using SAS 9.3 and Excel.

For questions related to the admissions process, respondents were asked whether they test prisoners for certain infectious diseases (hepatitis A, B, and C, and tuberculosis) and cardiovascular risk factors [e.g., testing for elevated lipids, electrocardiogram (ECG), and high blood pressure] during the admissions process. For mental health conditions, including general mental health, suicide risk, and traumatic brain injury (TBI), respondents were asked if they screened prisoners during the admissions process. Answer categories included: "yes," "no," and "don't know."

Respondents were also given an opportunity to provide qualifying information on the criteria used to determine if a prisoner would be tested (e.g., all prisoners, upon clinical indication, or upon request). In providing information about these criteria, many states used the terms "opt-in" and "opt-out" to describe their testing practices. Although definitions were not provided to the states during the interview process, opt-in testing generally means that the tests are offered, but the prisoner must actively give permission before the test or procedure is performed. In contrast, opt-out testing generally means that the test is performed after informing the prisoner that the test is normally performed, but the prisoner can refuse the test.

The question related to blood pressure testing asked whether blood pressure was taken during the admissions process to the prison system, not whether prisoners were tested for hypertension, which can require multiple blood pressure measurements to diagnose. For mental health and TBI screening, respondents were asked to provide additional information on the minimum qualifications of the staff member conducting the screening (e.g., social worker, nurse, or physician). No precise definitions were provided for TBI;

therefore, states could vary in the type of screening tools they used to qualify a “yes” for this question.

For questions related to the location of general health care services (e.g., inpatient mental health or hospice care), states were asked if a given service was provided to prisoners on-site (within the DOC facility), off-site, or both on-site and off-site. For specialty health services (e.g., cardiology or colonoscopy), answers included: “on-site,” “off-site,” “both on-site and off-site,” “don’t know,” and “not available.” Additionally, for specialty health services, states were asked whether telemedicine services were available. For all questions related to the location of health services, respondents were given an opportunity to provide reasons why a prisoner would be sent off-site versus being treated on-site.

For admissions testing and screening, statistics are expressed as the percentage of prison admissions occurring in states where a particular test or screening was performed on at least some prisoners during the admissions process. This method represents the coverage of prison admissions in participating states that screen or test at least some prisoners upon entry into the system. For these percentages, the numerator equals the number of prison admissions in NSPHC-participating states indicating that they tested or screened at least some prisoners during the admissions process, and the denominator equals the total number of prison admissions in 2011 (578,175) in the 45 states participating in NSPHC. Admissions data for these calculations came from the BJS report, “Prisoners in 2011” (7). The total prison admissions in the 45 participating states made up 86.4% of total admissions in state and federal prisons in the United States in 2011. This method of calculating coverage is less appropriate for measuring the availability and location of health care services and diagnostic testing, as these services may or may not be accessed by any given prisoner during the data collection year. Therefore, all other statistics in this report are presented as the number of participating states by response category.

No standard errors were calculated for statistics, as the survey aimed to collect data for all states, and no sampling

methodology was used. Similarly, denominators of prison admissions were not calculated using a sampling methodology and are considered to be without sampling error.

## Results

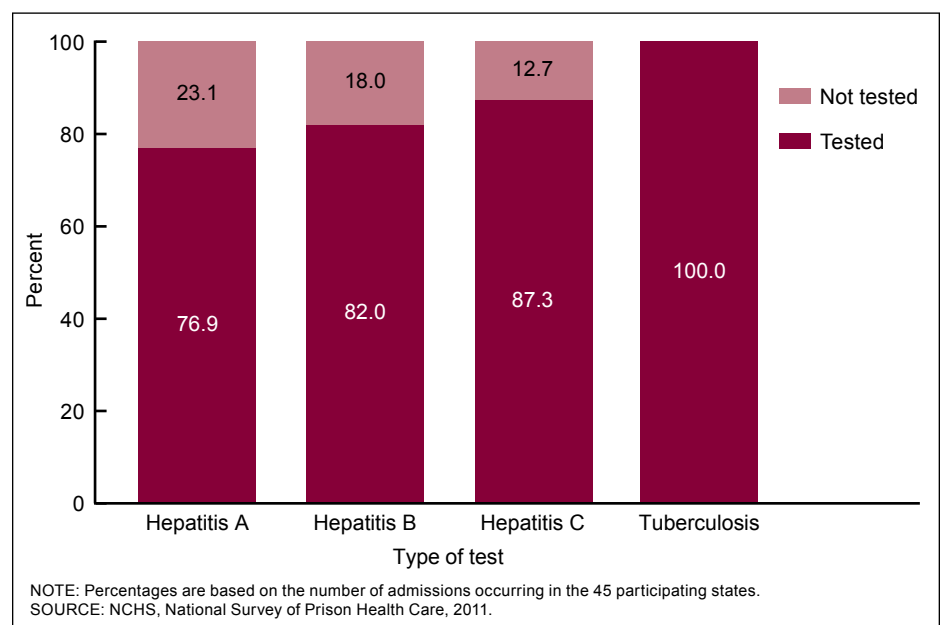
### Admissions testing and screening

#### Infectious disease testing

- Respondents in all 45 participating states were able to provide information regarding infectious disease testing during the admissions process for the reference period of January 1, 2011, through December 31, 2011.
- **Hepatitis A:** Two-thirds or 30 of the 45 participating states tested at least some incoming prisoners for hepatitis A. About three-quarters (76.9%) of the prison admissions in participating states occurred in these 30 states. Of the 30 states that tested, only 1 state universally tested all incoming prisoners for hepatitis A, while 24 tested upon clinical indication. Three states offered the tests to incoming prisoners on an opt-out basis. Two states indicated that hepatitis A testing was done

but did not provide any qualifying information. Of the 15 states that did not conduct routine hepatitis A testing, 3 states reported that they offered vaccinations to incoming prisoners (Table 1, Figure 1).

- **Hepatitis B:** Nearly three-quarters of the 45 participating states (32 states) tested at least some incoming prisoners for hepatitis B. Eighty-two percent of the prison admissions in participating states occurred in these 32 states. Of the 32 states testing, 21 conducted testing for hepatitis B upon clinical indication, and 5 offered tests to incoming prisoners on an opt-out basis.
- **Hepatitis C:** Thirty-six of the 45 participating states tested at least some incoming prisoners for hepatitis C. Nearly 9 out of 10 (87.3%) of the prison admissions in participating states occurred in these 36 states. Of the 36 states testing, 3 universally tested all incoming prisoners, and 23 tested incoming prisoners upon clinical indication. Five states offered hepatitis C tests to incoming prisoners on an opt-out basis, while two other states provided testing only for prisoners who opted in.
- **Tuberculosis (TB):** All 45 participating states reported that they conducted TB tests on at least some



**Figure 1. Percentage of prison admissions occurring in states testing for selected infectious diseases: United States, 2011**

prisoners during the admissions process. In 43 participating states, TB testing was universally required of incoming prisoners. In two states, prisoners could decline TB tests.

**Cardiovascular risk testing**

- Respondents from all 45 participating states were able to provide information on cardiovascular risk testing during the admissions process.
- **Elevated lipids:** Respondents from two-thirds or 30 of the 45 participating states indicated that they tested at least some prisoners for elevated lipids during the admissions process. Seventy percent of the prison admissions in participating states occurred in these 30 states. Among the 30 states testing for elevated lipids, 12 states provided testing for prisoners upon clinical indication (e.g., history of cardiovascular disease), 15 states tested all prisoners, and 3 states did not provide any additional information (Table 1, Figure 2).
- **High blood pressure:** Respondents from 44 of the 45 participating states reported that their prison system tested at least some prisoners for high blood pressure during the admissions process. Almost all

(99.8%) of the prison admissions in participating states occurred in these 44 states.

- **Electrocardiogram (ECG):** Twenty-nine of the 45 participating states reported that their system conducted an ECG on at least some prisoners during the admissions process. More than 8 out of 10 (82.5%) prison admissions in participating states occurred in these 29 states. Of the states testing, 20 provided an ECG for prisoners with a history of heart disease or upon other clinical indication, 3 states offered the test to all prisoners over a certain age (e.g., aged 50 and over), and 6 states provided an ECG to prisoners who either had a clinical indication or were over a certain age. None of the states tested universally during the admissions process.

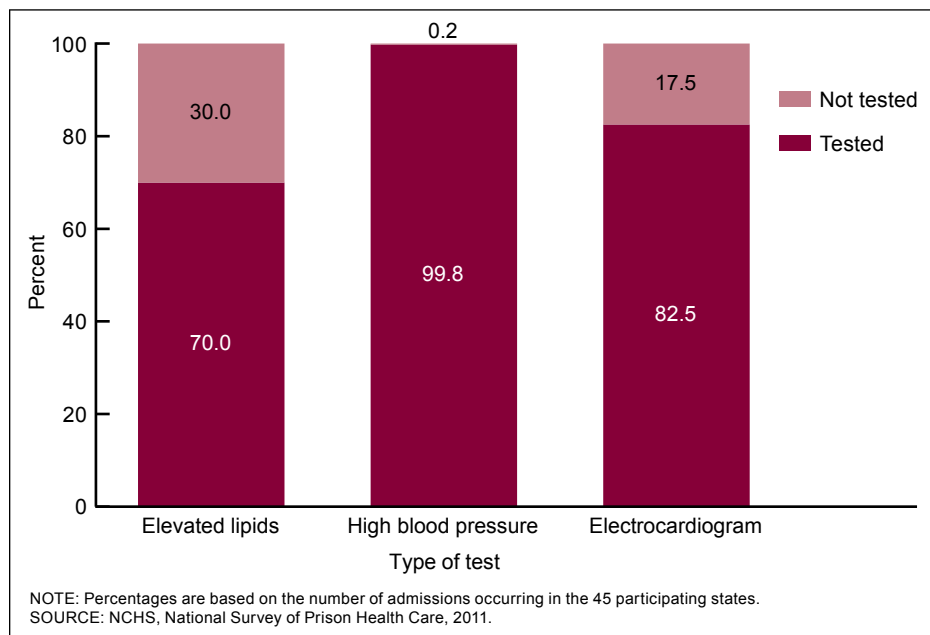
**Mental health screenings**

- Respondents from all 45 participating states were able to provide information on mental health and suicide risk screening during the admissions process.
- **Mental health:** Respondents from all 45 participating states reported that they provided mental health screening to at least some prisoners during the admissions process.

One state provided mental health screening only as needed and based on whether a prisoner had a history of mental health issues. Respondents from about two-thirds of participating states (31 states) provided additional information on the minimum qualifications of health care workers administering the mental health screenings. Among these 31 states, nurses administered the screening in 9 states; psychologists or psychiatrists administered the screening in 7 states; some other form of licensed mental health care provider (including master’s-level social workers) administered the screening in 14 states; and correctional officers who had been specially trained for this purpose administered the screening in 1 state (Table 1, Figure 3).

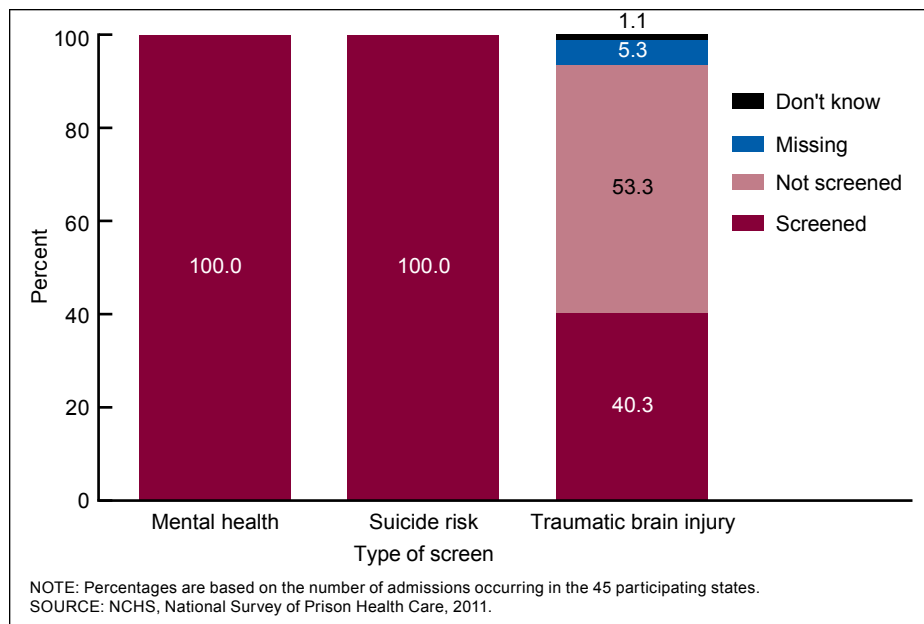
- **Suicide risk:** Respondents from all 45 participating states indicated that their systems screened at least some prisoners for suicide risk during the admissions process.
- **Traumatic brain injury (TBI):** Twenty-three of the 45 participating states screened at least some prisoners for TBI during the admissions process. A respondent from one state did not know whether the system provided such screening, and respondents from two states did not answer the question. Four out of 10 (40.3%) prison admissions in participating states occurred in the 23 states that screened at least some prisoners for TBI. More than one-half (53.3%) of prison admissions in participating states occurred in the 19 states that did not screen prisoners for TBI; 5.3% of prison admissions occurred in the 2 participating states that did not respond to the question; and 1.1% of prison admissions in participating states occurred in the 1 state that responded “don’t know.”

Among the 23 states that provided TBI screening, respondents from 3 states specified that nurses or licensed mental health care providers of some type administered the screening. Respondents from seven states indicated that their states screened for TBI as part of the initial



**Figure 2. Percentage of prison admissions occurring in states testing for cardiovascular risk: United States, 2011**





**Figure 3. Percentage of prison admissions occurring in states screening for selected mental health conditions: United States, 2011**

admissions process or mental health screening.

Among the 19 states that did not screen for TBI, respondents from 2 states provided additional information. A respondent from one state mentioned that their prison system had been trying for several years to implement TBI screening and that the system planned to add extensive procedures for detecting TBI during the admissions process, contingent on funding. One state did not screen for TBI during 2011 but implemented a program for prisoners admitted beginning in 2012.

## Location of services

- Inpatient and outpatient mental health care:** Of the 45 participating states, 44 delivered outpatient mental health care exclusively on-site. In 27 states, inpatient mental health care was delivered exclusively on-site. Three states delivered inpatient mental health care exclusively off-site. Respondents from about one-third of participating states (14 states) reported that inpatient mental health care was provided both on-site and off-site. Respondents from 3 of the 27 states that answered “on-site only” for inpatient mental health care clarified that a prisoner

with a serious mental health issue might be sent to an off-site facility, but these were extremely rare cases. And in three states, off-site inpatient mental health facilities had reserved beds or secured units specifically for prisoners. In the 14 states where inpatient mental health care was delivered both on-site and off-site, the severity of the issue (e.g., violent episodes or crises) and the resources available in the local community surrounding the facility consistently determined whether off-site treatment was provided (Table 2, Figure 4).

- Inpatient and outpatient medical care:** For inpatient medical services, about four out of five of the participating states (38 states) delivered care both on-site and off-site, depending on the severity of the issue or the expertise required. Two states delivered inpatient care exclusively on-site, while four states delivered all inpatient care off-site. Nineteen states delivered outpatient care exclusively on-site, and 25 states delivered outpatient medical care both on-site and off-site. Respondents from 11 states reported that the need for specialty care constituted the majority of inpatient medical issues that were sent off-site. In five states, prisoners with

cardiac problems (e.g., chest pain) were sent off-site. Respondents from seven states reported that their prison system included at least one hospital-level inpatient facility. The intake facility in one state had a dedicated hospital unit. Another state operated three general acute care hospitals throughout the state, each with an emergency department.

- Dental care:** Approximately four out of five of the participating states (37 states) provided dental care services both on-site and off-site. Seven states delivered this type of care exclusively on-site. None of the states provided all dental care off-site.
- Emergency care:** Respondents from almost two-thirds of participating states (29 states) indicated that, although their prison systems sent most emergencies off-site, some level of emergency care was available on-site. In 18 of these states, the only types of emergency care provided on-site involved triage, stabilization, and basic suturing. Fifteen states sent all emergency care off-site. None of the states delivered emergency care exclusively on-site. Respondents from three states indicated that their prison system had at least one emergency room or emergency department.
- Chronic care:** More than two-thirds of participating states (31 states) delivered all care for prisoners with common chronic diseases on-site, while approximately one-quarter (13 states) delivered care both on-site and off-site. States provided these services either in the infirmary setting or at dedicated clinics housed in a facility within their prison system that served patients with a specific chronic disease or a specific group of chronic diseases. In most states that had dedicated chronic-care clinics, the care provided at each clinic covered a wide range of diseases. In a few states, each clinic provided care for only one or a small number of specific diseases (Table 3, Figure 5).
- Long-term or nursing home care:** Long-term or nursing home care was delivered on-site only in

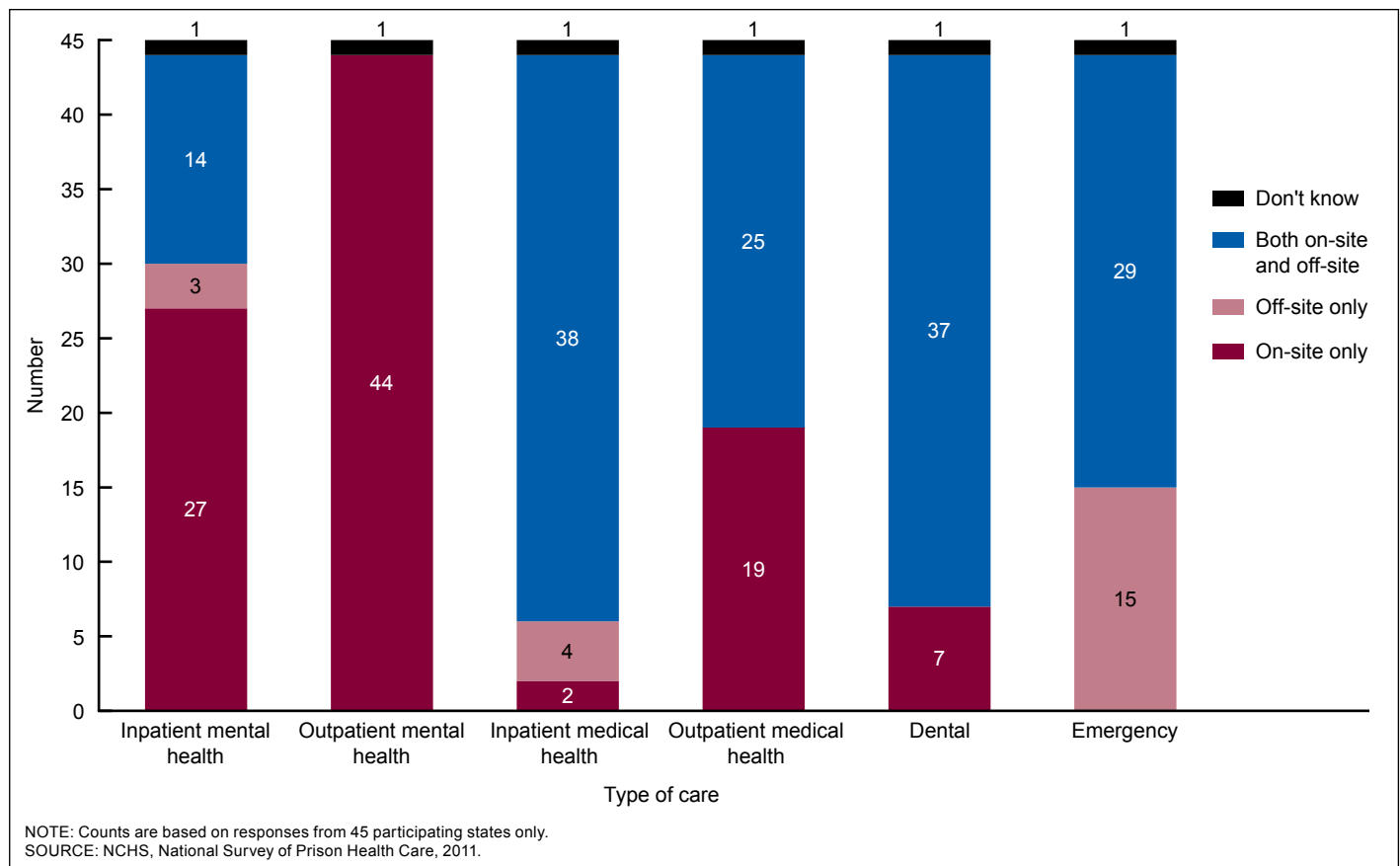


Figure 4. Number of participating states providing mental health and general medical health care services, by location: United States, 2011

35 of the participating states. Of these, 18 states provided additional information: 12 states delivered this type of care in dedicated units and 6 states in reserved beds on-site. Security costs and the reluctance of hospitals or nursing homes to accept inmates for long-term stays were commonly cited issues with providing long-term care off-site. One state provided long-term care off-site through a sister agency. In the eight states that occasionally sent prisoners off-site, the types of care that could not be provided on-site included TBI rehabilitation, care for ventilated patients, and intensive physical therapy.

- Hospice care:** Hospice care followed a pattern similar to that of long-term or nursing home care, with 35 participating states providing hospice care exclusively on-site. Of these, 12 had either a specific hospice program or reserved beds for hospice care in at least one facility, and 6 of the 12 states jointly provided hospice care and long-term care in shared units or

beds. The other 23 states providing hospice care on-site did not provide any qualifying information with their response. Respondents from nine states reported that hospice care was provided both on-site and off-site, though most stated that off-site care was rarely used. Two of the nine states sent all or most female prisoners off-site for long-term or hospice care to ensure the safety of female prisoners who would otherwise be cared for in areas with mostly male prisoners.

#### Location of specialty health and diagnostic services and telemedicine utilization

- Cardiology:** Twenty-five of the participating states had cardiology services available exclusively off-site. Seventeen states had services available both on-site and off-site, and two states had cardiac services available exclusively on-site. In states that had care available both

on-site and off-site, respondents mentioned that prisoners were typically sent off-site for cardiac procedures or surgeries (Figure 6).

- Psychiatry:** Thirty-nine participating states had all psychiatric care available on-site, and four states had care available both on-site and off-site. No states had psychiatric care available exclusively off-site. Respondents often indicated that their prison system used telemedicine in rural or geographically remote facilities to reduce travel for psychiatric providers and to communicate among facilities within their prison system.
- Dialysis:** Twenty-four participating states had all dialysis services available on-site. Ten states had dialysis available exclusively off-site, and 10 states had dialysis available both on-site and off-site. Three states provided qualifying information for sending prisoners off-site: Two states frequently sent female prisoners off-site for dialysis

services and one state reported that it always did.

- **Oral surgery:** About two-thirds of the participating states (31 states) had oral surgery available both on-site and off-site, and the difficulty or complexity of a procedure determined the location of the surgery. Four states had all oral surgeries available exclusively on-site, while nine states had all oral surgeries available exclusively off-site. Respondents most commonly stated that procedures of high difficulty or complexity, as well as those requiring general anesthesia, were done off-site.
- **Gynecology:** Sixty percent or 27 of the participating states had gynecological services available both on-site and off-site. Respondents frequently stated that prisoners were taken off-site for gynecological procedures. Fourteen states had all gynecological services available exclusively on-site, while three states had gynecological services available exclusively off-site.
- **Obstetrics:** More than three-quarters of participating states (34 states) had obstetric services available both on-site and off-site. Nine states had obstetrical care available only off-site, while one state had all care available only on-site. Among the

34 states that had obstetric services available both on-site and off-site, 29 sent prisoners off-site for deliveries when possible.

- **Optometry:** Thirty-four of the participating states had all optometry services available exclusively on-site. Ten states had optometry care available both on-site and off-site.
- **Ophthalmology:** Five participating states had ophthalmology services available exclusively on-site, 23 states exclusively off-site, and 16 states had services available both on-site and off-site.
- **Orthopedics:** Thirty participating states had orthopedic services available both on-site and off-site. One state had all orthopedic care available exclusively on-site, and 13 states had services available exclusively off-site. Among the 30 states that had orthopedic services available both on-site and off-site, 14 states sent prisoners off-site for orthopedic surgeries, although a few of the respondents from these states mentioned that their system had some surgical procedures available on-site.
- **Oncology:** Twenty-six participating states had oncological services available exclusively off-site, and 18 states had services available both on-site and off-site. None of the

states surveyed had all oncological services available exclusively on-site. Respondents from seven states explicitly mentioned that chemotherapy was available on-site in at least some cases.

- **Cardiac catheterizations:** In the 44 participating states, cardiac catheterizations were available exclusively off-site (Figure 7).
- **Sigmoidoscopies:** Thirty-three participating states had sigmoidoscopies available exclusively off-site, and three states had the procedure available exclusively on-site. Six states had sigmoidoscopies available both on-site and off-site, depending on the resources available to a particular facility. Respondents from two states said that sigmoidoscopies were not available because, according to the respondents, it was an “outdated” procedure.
- **Colonoscopies:** Thirty-seven participating states had colonoscopies available exclusively off-site, and six states had the procedure available both on-site and off-site. One state had colonoscopies available exclusively on-site.
- **Colposcopies:** About one-half of the participating states (23 states) had colposcopies available exclusively off-site. Nine states had colposcopies available exclusively on-site. Twelve states had the procedure available both on-site and off-site.
- **Computed tomography (CT):** Thirty-four participating states had CT scans available exclusively off-site, and three states had them available exclusively on-site. Seven states had CT scans available both on-site and off-site, depending on the resources available in a particular facility. Of the states with on-site availability, five states reported using mobile units for some on-site CT scans.
- **Electrocardiogram (ECG):** More than two-thirds of participating states (33 states) had ECGs available exclusively on-site. Of these, respondents from two states specifically mentioned that every facility had (or had access to) on-site ECG equipment, and a respondent from one other state noted that a

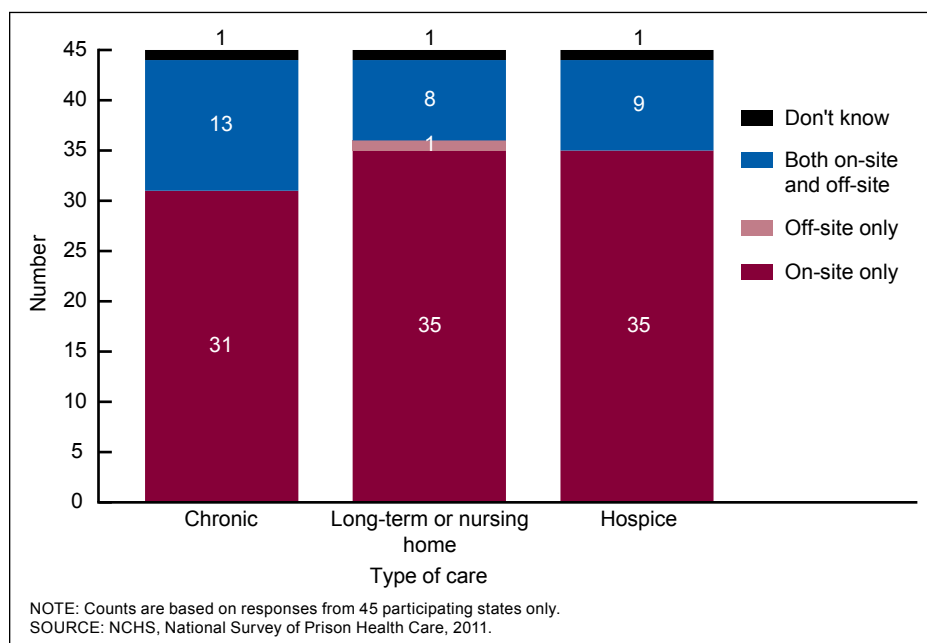
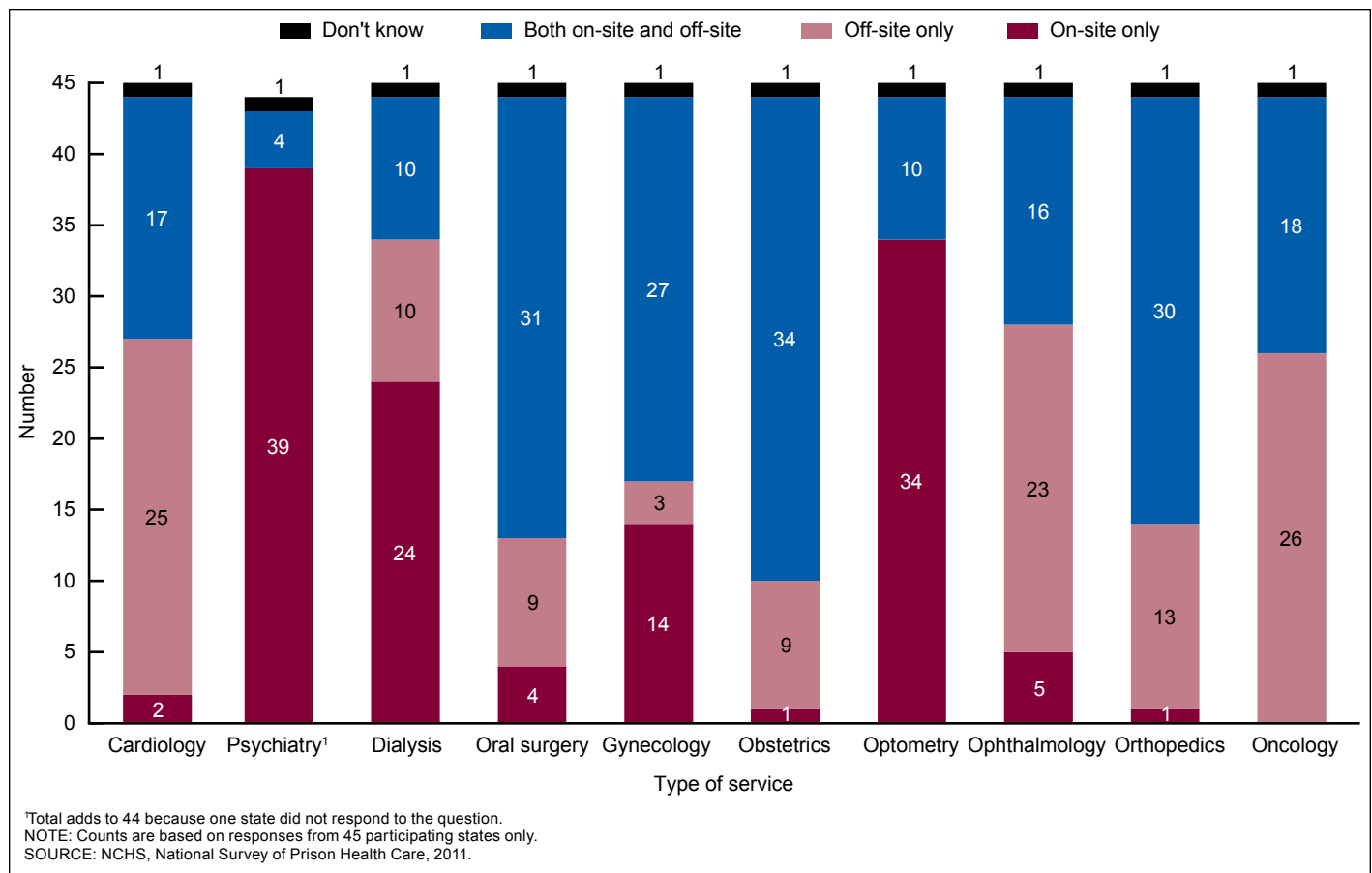


Figure 5. Number of participating states providing long-term or nursing home, hospice, and chronic disease care, by location: United States, 2011



**Figure 6. Number of participating states with specialty health services available, by location: United States, 2011**

mobile unit came to each facility every other week. Eleven states had ECGs available both on-site and off-site.

- **Mammography:** Ten participating states had mammography available on-site only, 18 states had it available off-site only, and 16 states had it available both on-site and off-site. Seventeen of the states that had mammography available on-site used mobile units for these services, while the remaining state with on-site services had on-site equipment at one facility. In states that used mobile units, respondents said that prisoners with urgent or unscheduled needs were sent off-site for mammography, as the mobile units typically conducted only scheduled tests.
- **Magnetic resonance imaging (MRI):** MRI scans were available off-site only in 34 participating states. Two states had MRI scans available on-site only, and eight states reported that scans were available both on-site and

off-site. Of the 10 states with on-site availability, 5 used mobile units for on-site MRI scans.

- **Ultrasounds:** Ultrasounds were available exclusively off-site in 25 participating states and exclusively on-site in 6 states. Thirteen states had ultrasounds available both on-site and off-site.

#### Telemedicine

- Two-thirds or 30 of the participating states reported using telemedicine for at least one specialty health or diagnostic service in their system (Tables 4 and 5).
- One-third or 15 of the participating states reported that their system did not use telemedicine or answered “don’t know.”
- No state reported using telemedicine for a service not otherwise provided within their system.
- Participating states reported using telemedicine for 11 different specialty health or diagnostic

services (Figure 8, Tables 4 and 5).

- All 30 states reporting any telemedicine use used it in combination with on-site care, off-site care, or both (Table 5).
- Six participating states reported using telemedicine in combination with exclusive off-site care for at least one service.

#### Specialty health services

- Approximately one-quarter of participating states (12 states) had cardiology-related services available by telemedicine (Figure 8, Tables 4 and 5).
- Almost two-thirds of participating states (28 states) had psychiatric-related services available by telemedicine.
- One state had dialysis-related services available by telemedicine.
- Two states had gynecological-related services available by telemedicine.



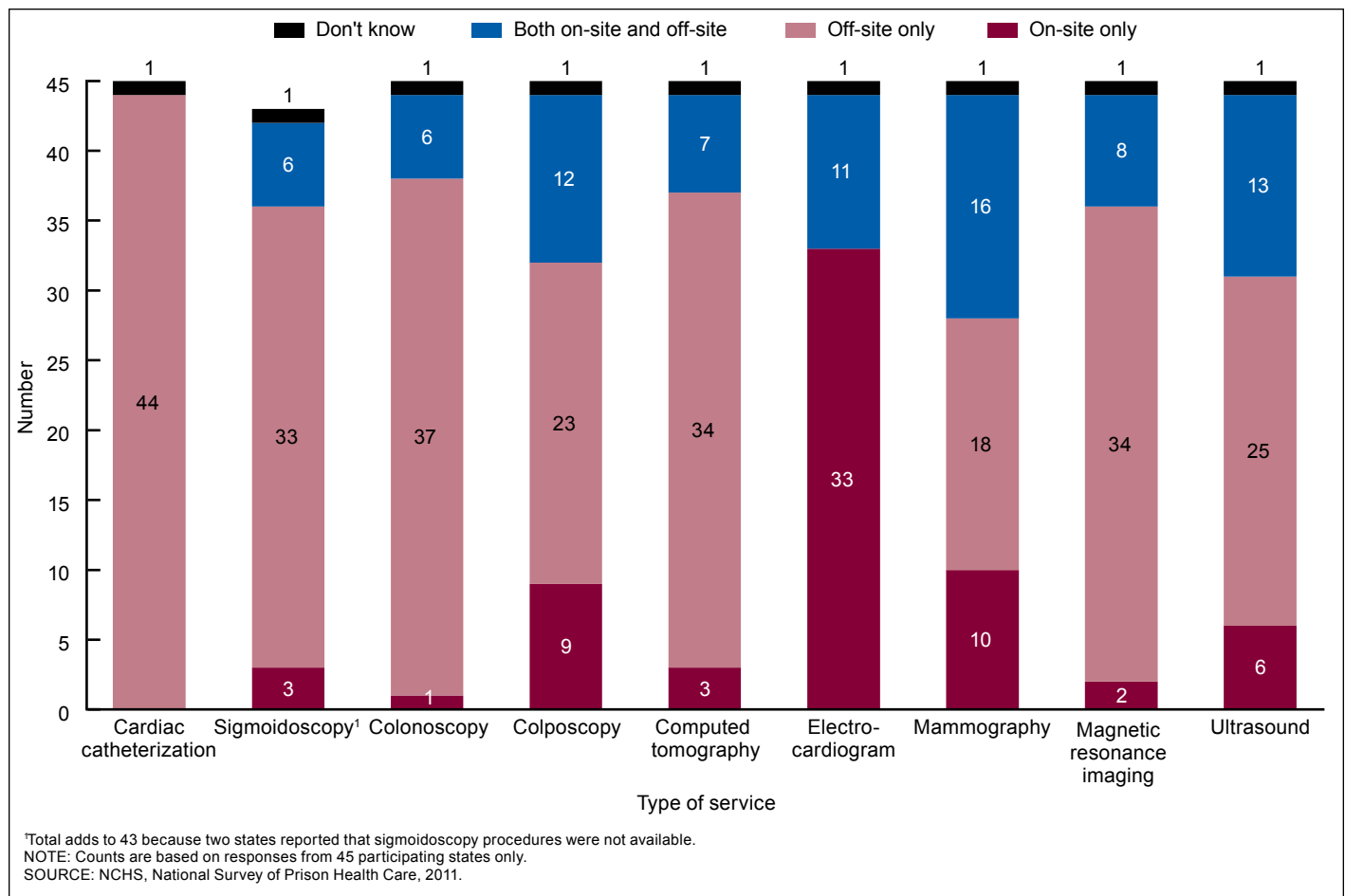


Figure 7. Number of participating states with specialty diagnostic services available, by location: United States, 2011

- Three participating states had obstetric-related services available by telemedicine.
- Three participating states had ophthalmology-related services available by telemedicine.
- Seven participating states had orthopedic-related services available by telemedicine.
- Seven participating states had oncology-related services available by telemedicine.

#### Specialty diagnostic services

- One participating state had colonoscopy-related services available by telemedicine (Figure 8, Tables 4 and 5).
- One participating state had colposcopy-related services available by telemedicine.
- One participating state had ECG-related services available by telemedicine.

## Conclusion

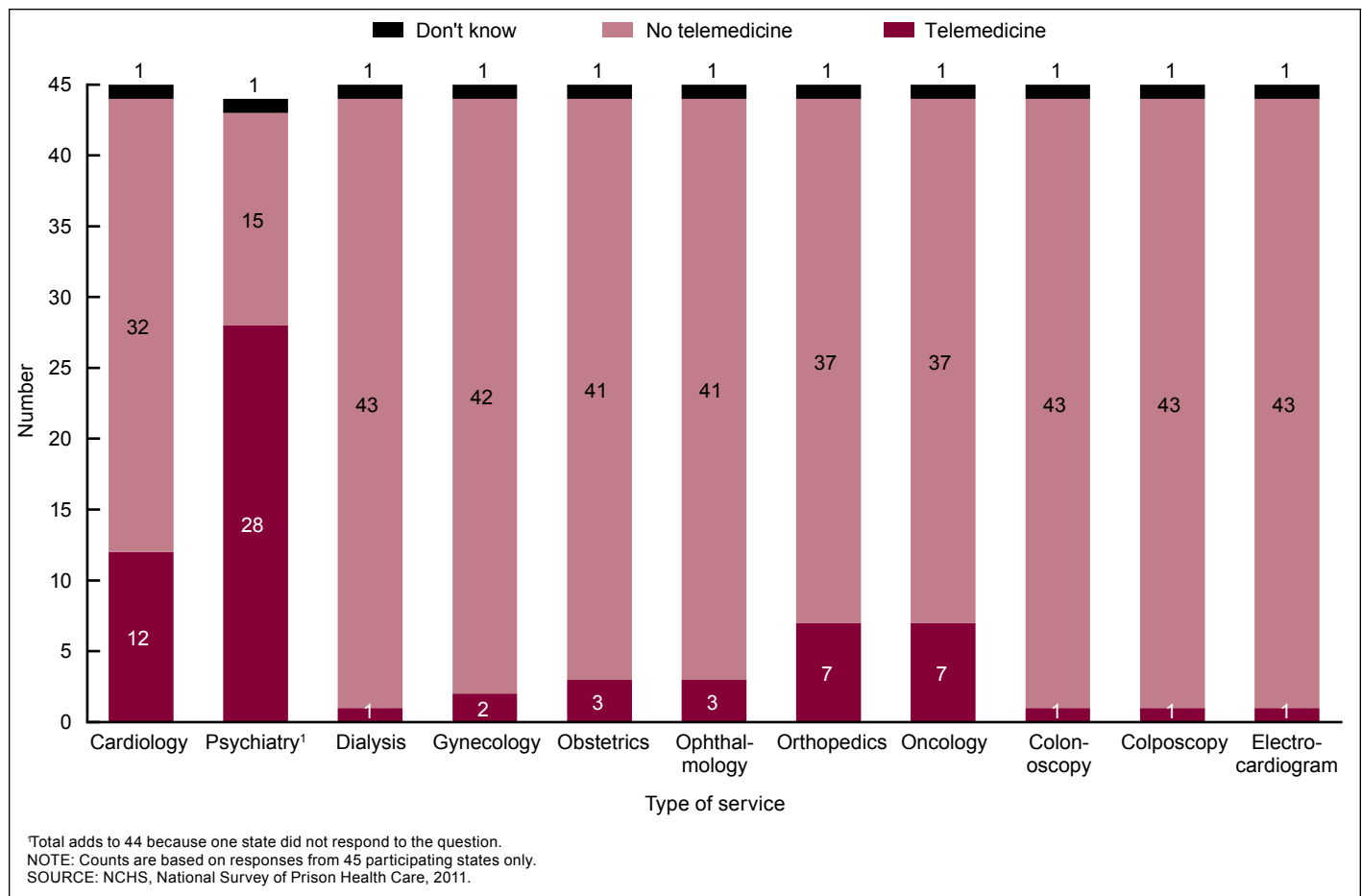
NSPHC served as a first step in understanding the structure, provision, and delivery of prison health care in the United States. The survey successfully obtained responses via telephone interviews from officials in 43 states and written questionnaires from respondents in 2 states detailing the structure and capacity of health care delivery in state prison systems. Appropriate respondents were easily identified and were very knowledgeable about their states' correctional health care systems.

Admissions testing and screening practices in participating states varied by condition. Most, but not all, states tested at least some prisoners for hepatitis A, B, and C; TBI; and cardiovascular risk during the admissions process. These testing practices are consistent with research indicating that prisoners have greater rates of certain infectious diseases than the general population (4–6). All participating states conducted mental

health screening and screening for suicide risk. All 45 states also tested at least some prisoners for tuberculosis during the admissions process.

A majority of the admissions in participating states in 2011 occurred in states that tested at least some prisoners for infectious diseases and cardiovascular risk during the admissions process. Similarly, a majority of the admissions in participating states in 2011 occurred in states that conducted mental health screening and screening for suicide risk on at least some prisoners. Even though approximately one-half of participating states screened for TBI during the admissions process, the majority of admissions occurred in states that did not screen for TBI. Research indicates that the incarcerated population reports TBI at higher rates than the general population (8–10), and that routine screening is needed to help identify TBI history and TBI-related issues (11,12).

The location of procedures and diagnostic services also varied among



**Figure 8. Number of participating states providing specialty health or diagnostic services, by telemedicine utilization: United States, 2011**

participating states. For several general health care services such as inpatient and outpatient mental health and medical care, dental care, emergency care, chronic care, long-term or nursing home care, and hospice care, states were more often able to deliver services either exclusively on-site or using a combination of on-site and off-site services. Emergency care was more commonly available off-site only, and no state reported providing emergency care on-site only. Diagnostic services such as cardiac catheterization, MRI, CT scans, and colonoscopies were more often delivered off-site. The major exception to this was the availability of ECG technology on-site in almost three-quarters of participating states.

Among the participating states, telemedicine was most commonly used for psychiatric services (62.2%) and cardiology services (26.6%).

This study is subject to several limitations. Data were gathered at the state level; therefore, any facility-level variation in services was not captured.

For example, if urban facilities within a state had different screening practices than the state's rural facilities, this was not captured in the data collected through NSPHC.

Another limitation of the survey is the inability to identify or measure the extent to which services were provided in a certain location. For example, some states responded to the questions about the location of a service as "both on-site and off-site" simply because extreme cases involving surgeries would be sent off-site, but all other care was provided on-site. States sending their prisoners off-site one-half of the time would also respond "both." In some cases, the qualitative information collected helped to distinguish between these two situations, although exact counts were not obtained or necessarily available.

Similarly, data collected through NSPHC do not capture how often screening tests were conducted in many cases. For example, states responding "yes" to whether they tested for

hepatitis C during the admissions process might have differed in that one state tested universally during the admissions process while the other state tested only upon clinical indication. Again, in some cases, the qualitative data collected helped to distinguish between these different approaches on the part of the DOCs.

Information collected by NSPHC may be useful in designing and implementing future data collections. Additionally, some of the data gathered could be of interest to researchers, state DOCs, federal agencies, and policymakers. The information gathered through NSPHC serves as a first step toward filling existing gaps in research on the structure and provision of health care in the U.S. prison system.

## References

1. Carson AE. Prisoners in 2013. Bureau of Justice Statistics. 2014. Available from: <http://www.bjs.gov/content/pub/pdf/p13.pdf>.
2. American Civil Liberties Union. At America's expense: The mass incarceration of the elderly. 2012. Available from: [https://www.aclu.org/files/assets/elderlyprisonreport\\_20120613\\_1.pdf](https://www.aclu.org/files/assets/elderlyprisonreport_20120613_1.pdf).
3. Human Rights Watch. Old behind bars: The aging prison population in the United States. 2012. Available from: [http://www.hrw.org/sites/default/files/reports/usprisons0112webwcover\\_0\\_0.pdf](http://www.hrw.org/sites/default/files/reports/usprisons0112webwcover_0_0.pdf).
4. James DJ, Glaze LE. Bureau of Justice Statistics special report: Mental health problems of prison and jail inmates. 2006. Available from: <http://bjs.ojp.usdoj.gov/content/pub/pdf/mhppji.pdf>.
5. Maruschak LM. Bureau of Justice Statistics bulletin: HIV in prisons, 2005. 2007. Available from: <http://www.bjs.gov/content/pub/pdf/hivp05.pdf>.
6. Weinbaum CM, Sabin KM, Santibanez SS. Hepatitis B, hepatitis C, and HIV in correctional populations: A review of epidemiology and prevention. *AIDS* 19(Suppl 3):S41–6. 2005.
7. Carson EA, Sabol WJ. Bureau of Justice Statistics bulletin: Prisoners in 2011. 2012. Available from: <http://www.bjs.gov/content/pub/pdf/p11.pdf>.
8. Slaughter B, Fann JR, Ehde D. Traumatic brain injury in a county jail population: Prevalence, neuropsychological functioning and psychiatric disorders. *Brain Inj* 17(9):731–41. 2003.
9. Morrell RF, Merbitz CT, Jain S, Jain S. Traumatic brain injury in prisoners. *J Offender Rehabil* 27(3–4):1–8. 1998.
10. Silver JM, Kramer R, Greenwald S, Weissman M. The association between head injuries and psychiatric disorders: Findings from the New Haven NIMH Epidemiologic Catchment Area Study. *Brain Inj* 15(11):935–45. 2001.
11. Sarapata M, Herrmann D, Johnson T, Aycock R. The role of head injury in cognitive functioning, emotional adjustment and criminal behaviour. *Brain Inj* 12(10):821–42. 1998.
12. Fowles GP. Neuropsychologically impaired offenders: Considerations for assessment and treatment. *Psychiatr Ann* 18(12):692–7. 1988.

**Table 1. Testing or screening conducted on at least some prisoners during the admissions process, by state: United States, 2011**

State	Hepatitis A	Hepatitis B	Hepatitis C	Tuberculosis	Elevated lipids	High blood pressure	Electrocardiogram	Mental health	Suicide risk	Traumatic brain injury
Alabama	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Arizona	Yes	Yes	No	Yes	Yes	Yes	No	Yes	Yes	Yes
Arkansas	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No
California	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No
Colorado	No	No	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Connecticut	No	No	No	Yes	No	Yes	No	Yes	Yes	No
Delaware	No	No	No	Yes	No	Yes	Yes	Yes	Yes	No
Florida	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No
Georgia	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Hawaii	No	No	No	Yes	No	No	No	Yes	Yes	Yes
Idaho	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	No
Illinois	No	No	No	Yes	No	Yes	Yes	Yes	Yes	Yes
Indiana	No	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No
Iowa	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No
Kansas	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Kentucky	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Louisiana	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Maine	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Maryland	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Michigan	No	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	No
Minnesota	Yes	Yes	Yes	Yes	No	Yes	No	Yes	Yes	Yes
Missouri	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No
Montana	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Nebraska	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No
Nevada	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes
New Hampshire	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
New Jersey	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes
New Mexico	Yes	Yes	Yes	Yes	No	Yes	No	Yes	Yes	No
New York	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
North Carolina	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
North Dakota	No	No	Yes	Yes	No	Yes	No	Yes	Yes	Yes
Ohio	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Oklahoma	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Oregon	No	No	Yes	Yes	No	Yes	No	Yes	Yes	No
Pennsylvania	No	No	Yes	Yes	Yes	Yes	No	Yes	Yes	No
Rhode Island	No	No	Yes	Yes	Yes	Yes	No	Yes	Yes	No
South Carolina	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	No
South Dakota	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	---
Texas	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	No
Utah	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	No
Vermont	No	No	No	Yes	Yes	Yes	No	Yes	Yes	Yes
Virginia	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Washington	No	Yes	Yes	Yes	No	Yes	No	Yes	Yes	Yes
Wisconsin	No	No	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Wyoming	No	No	No	Yes	No	Yes	No	Yes	Yes	Yes
Total "Yes"	30	32	36	45	30	44	29	45	45	23
Total "No"	15	13	9	0	15	1	16	0	0	19
Total "Don't know"	0	0	0	0	0	0	0	0	0	1
Total missing	0	0	0	0	0	0	0	0	0	2

--- Data not available (answer was not provided).

NOTES: For mental health, suicide risk, and traumatic brain injury, states were asked whether they conducted a screening, not a test. Nonparticipating respondents not displayed include: Alaska, Massachusetts, Mississippi, Tennessee, West Virginia, and the Federal Bureau of Prisons.

SOURCE: NCHS, National Survey of Prison Health Care, 2011.

**Table 2. Location of general health care services, by state: United States, 2011**

State	Inpatient mental health	Outpatient mental health	Inpatient medical	Outpatient medical	Dental	Emergency
Alabama	On-site	On-site	Both	Both	On-site	Both
Arizona	Off-site	On-site	Off-site	On-site	Both	Both
Arkansas	On-site	On-site	On-site	On-site	Both	Off-site
California	On-site	On-site	Both	On-site	Both	Both
Colorado	Both	On-site	Both	On-site	On-site	Both
Connecticut	On-site	On-site	Both	Both	Both	Both
Delaware	Both	On-site	Both	On-site	On-site	Off-site
Florida	On-site	On-site	Both	On-site	Both	Both
Georgia	Both	On-site	Both	On-site	Both	Both
Hawaii	Off-site	On-site	Off-site	Both	Both	Both
Idaho	On-site	On-site	Both	Both	Both	Both
Illinois	On-site	On-site	Both	On-site	Both	Both
Indiana	On-site	On-site	Both	Both	Both	Off-site
Iowa	On-site	On-site	Both	On-site	Both	Off-site
Kansas	Both	On-site	Both	Both	On-site	Both
Kentucky	On-site	On-site	Both	Both	Both	Off-site
Louisiana	Both	On-site	Both	Both	On-site	Both
Maine	On-site	On-site	Both	Both	Both	Both
Maryland	On-site	On-site	Both	Both	Both	Both
Michigan	On-site	On-site	Both	On-site	Both	Both
Minnesota	Both	On-site	Both	Both	Both	Off-site
Missouri	On-site	On-site	Both	Both	Both	Both
Montana	On-site	On-site	Both	Both	Both	Both
Nebraska	On-site	On-site	Both	On-site	Both	Both
Nevada	On-site	On-site	Both	On-site	Both	Both
New Hampshire	On-site	On-site	Both	Both	Both	Off-site
New Jersey	Both	On-site	Both	Both	Both	Both
New Mexico	Both	On-site	Both	Both	Both	Both
New York	Both	On-site	Both	On-site	Both	Both
North Carolina	On-site	On-site	Both	On-site	Both	Both
North Dakota	On-site	On-site	Both	Both	Both	Both
Ohio	Both	On-site	Both	On-site	Both	Both
Oklahoma	On-site	On-site	Off-site	On-site	On-site	Both
Oregon	On-site	On-site	Off-site	Both	Both	Off-site
Pennsylvania	On-site	On-site	Both	Both	Both	Off-site
Rhode Island	Both	On-site	Both	Both	Both	Off-site
South Carolina	Both	On-site	Both	On-site	Both	Off-site
South Dakota	Off-site	On-site	Both	Both	Both	Off-site
Texas	Don't know	Don't know	Don't know	Don't know	Don't know	Don't know
Utah	Both	On-site	Both	On-site	Both	Both
Vermont	Both	On-site	Both	Both	Both	Both
Virginia	On-site	On-site	Both	Both	Both	Off-site
Washington	On-site	On-site	Both	Both	Both	Both
Wisconsin	On-site	On-site	Both	Both	Both	Off-site
Wyoming	On-site	On-site	On-site	On-site	On-site	Off-site
Total "On-site"	27	44	2	19	7	0
Total "Off-site"	3	0	4	0	0	15
Total "Both"	14	0	38	25	37	29
Total "Don't know"	1	1	1	1	1	1

NOTE: Nonparticipating respondents not displayed include: Alaska, Massachusetts, Mississippi, Tennessee, West Virginia, and the Federal Bureau of Prisons.

SOURCE: NCHS, National Survey of Prison Health Care, 2011.



**Table 3. Location of chronic, long-term or nursing home, and hospice care services, by state: United States, 2011**

State	Chronic	Long-term care or nursing home	Hospice
Alabama	Both	On-site	On-site
Arizona	On-site	Both	Both
Arkansas	Both	On-site	On-site
California	On-site	Both	On-site
Colorado	On-site	Both	On-site
Connecticut	Both	On-site	On-site
Delaware	On-site	On-site	On-site
Florida	On-site	On-site	On-site
Georgia	Both	On-site	Both
Hawaii	Both	On-site	On-site
Idaho	Both	On-site	On-site
Illinois	On-site	Both	Both
Indiana	On-site	On-site	On-site
Iowa	Both	On-site	On-site
Kansas	On-site	On-site	On-site
Kentucky	On-site	On-site	On-site
Louisiana	On-site	On-site	Both
Maine	On-site	On-site	On-site
Maryland	On-site	On-site	On-site
Michigan	On-site	On-site	On-site
Minnesota	On-site	Both	Both
Missouri	On-site	On-site	On-site
Montana	Both	On-site	On-site
Nebraska	On-site	On-site	On-site
Nevada	On-site	On-site	On-site
New Hampshire	On-site	On-site	On-site
New Jersey	Both	On-site	On-site
New Mexico	Both	On-site	On-site
New York	On-site	On-site	On-site
North Carolina	On-site	Both	Both
North Dakota	On-site	On-site	On-site
Ohio	On-site	On-site	On-site
Oklahoma	On-site	On-site	On-site
Oregon	On-site	On-site	On-site
Pennsylvania	On-site	On-site	On-site
Rhode Island	Both	Off-site	On-site
South Carolina	On-site	On-site	Both
South Dakota	On-site	On-site	On-site
Texas	Don't know	Don't know	Don't know
Utah	On-site	On-site	On-site
Vermont	On-site	Both	Both
Virginia	Both	On-site	On-site
Washington	On-site	On-site	On-site
Wisconsin	Both	Both	Both
Wyoming	On-site	On-site	On-site
Total "On-site"	31	35	35
Total "Off-site"	0	1	0
Total "Both"	13	8	9
Total "Don't know"	1	1	1

NOTE: Nonparticipating respondents not displayed include: Alaska, Massachusetts, Mississippi, Tennessee, West Virginia, and the Federal Bureau of Prisons.

SOURCE: NCHS, National Survey of Prison Health Care, 2011.

**Table 4. Utilization of telemedicine for specialty health or diagnostic services, by state: United States, 2011**

State	Cardiology	Psychiatry	Dialysis	Gynecology	Obstetrics	Ophthalmology	Orthopedics	Oncology	Colonoscopy	Colposcopy	Electrocardiogram
Alabama	No	No	No	No	No	No	No	No	No	No	No
Arizona	Yes	Yes	No	No	No	No	No	Yes	No	No	No
Arkansas	No	Yes	No	Yes	Yes	No	No	No	No	No	No
California	Yes	Yes	No	No	No	Yes	Yes	Yes	No	No	No
Colorado	No	Yes	No	No	No	No	No	Yes	Yes	No	No
Connecticut	No	No	No	No	No	No	No	No	No	No	No
Delaware	No	No	No	No	No	No	No	No	No	No	No
Florida	No	No	No	No	No	No	No	No	No	No	No
Georgia	Yes	Yes	No	No	No	No	No	No	No	No	No
Hawaii	No	No	No	No	No	No	No	No	No	No	No
Idaho	No	No	No	No	No	No	No	No	No	No	No
Illinois	No	Yes	No	No	No	No	No	No	No	No	No
Indiana	No	No	No	No	No	No	No	No	No	No	No
Iowa	No	Yes	No	No	No	No	Yes	No	No	No	No
Kansas	No	Yes	No	No	No	No	No	No	No	No	No
Kentucky	No	Yes	No	No	No	No	No	No	No	No	No
Louisiana	Yes	Yes	No	No	No	Yes	No	No	No	No	No
Maine	No	Yes	No	No	No	No	No	No	No	No	No
Maryland	No	No	No	No	No	No	No	No	No	No	No
Michigan	No	Yes	No	No	No	No	No	No	No	No	No
Minnesota	No	No	No	No	No	No	No	No	No	No	No
Missouri	Yes	No	No	No	No	No	Yes	No	No	No	No
Montana	No	Yes	No	No	No	No	No	No	No	No	No
Nebraska	No	Yes	No	No	No	No	No	No	No	No	No
Nevada	No	Yes	No	No	No	No	No	No	No	No	No
New Hampshire	No	No	No	No	No	No	No	No	No	No	No
New Jersey	Yes	No	No	No	No	No	No	Yes	No	No	No
New Mexico	No	Yes	No	No	No	No	No	No	No	No	No
New York	No	---	No	No	No	No	No	No	No	No	No
North Carolina	Yes	Yes	No	No	No	No	No	No	No	No	No
North Dakota	No	Yes	No	No	No	No	Yes	No	No	No	No
Ohio	Yes	Yes	Yes	No	Yes	Yes	Yes	No	No	No	No
Oklahoma	No	Yes	No	No	No	No	No	No	No	No	No
Oregon	No	Yes	No	No	No	No	No	No	No	No	No
Pennsylvania	Yes	Yes	No	No	No	No	Yes	No	No	No	No
Rhode Island	No	Yes	No	No	No	No	No	Yes	No	No	No
South Carolina	No	No	No	No	No	No	No	No	No	No	No
South Dakota	No	No	No	No	No	No	No	No	No	No	No
Texas	Don't know	Don't know	Don't know	Don't know	Don't know	Don't know	Don't know	Don't know	Don't know	Don't know	Don't know
Utah	Yes	Yes	No	Yes	Yes	No	Yes	No	Yes	No	No
Vermont	No	Yes	No	No	No	No	No	No	No	No	No
Virginia	Yes	Yes	No	No	No	No	No	No	No	No	No
Washington	No	Yes	No	No	No	No	No	No	No	No	No
Wisconsin	No	Yes	No	No	No	No	No	No	No	No	No
Wyoming	Yes	Yes	No	No	No	No	No	No	No	No	Yes
Total "Yes"	12	28	1	2	3	3	7	7	1	1	1
Total "No"	32	15	43	42	41	41	37	37	43	43	43
Total "Don't know"	1	1	1	1	1	1	1	1	1	1	1
Total missing	0	1	0	0	0	0	0	0	0	0	0

--- Data not available (answer was not provided).

NOTES: Oral surgery, cardiac catheterization, and sigmoidoscopy are not listed, because no state reported using telemedicine for these services. Telemedicine is utilized in combination with on-site care, off-site care, or both. Nonparticipating respondents not displayed include: Alaska, Massachusetts, Mississippi, Tennessee, West Virginia, and the Federal Bureau of Prisons.

SOURCE: NCHS, National Survey of Prison Health Care, 2011.

**Table 5. Utilization of telemedicine in combination with on-site, off-site, or both on-site and off-site care for specialty health or diagnostic services, by state: United States, 2011**

State	Cardiology	Psychiatry	Dialysis	Gynecology	Obstetrics	Ophthalmology	Orthopedics	Oncology	Colonoscopy	Colposcopy	Electrocardiogram
Arizona	Yes, both	Yes, on-site	No	No	No	No	No	Yes, off-site	No	No	No
Arkansas	No	Yes, on-site	No	Yes, both	Yes, both	No	No	No	No	No	No
California	Yes, both	Yes, on-site	No	No	No	Yes, both	Yes, both	Yes, both	No	No	No
Colorado	No	Yes, on-site	No	No	No	No	No	Yes, both	Yes, off-site	No	No
Georgia	Yes, both	Yes, both	No	No	No	No	No	No	No	No	No
Illinois	No	Yes, on-site	No	No	No	No	No	No	No	No	No
Iowa	No	Yes, on-site	No	No	No	No	Yes, both	No	No	No	No
Kansas	No	Yes, on-site	No	No	No	No	No	No	No	No	No
Kentucky	No	Yes, on-site	No	No	No	No	No	No	No	No	No
Louisiana	Yes, off-site	Yes, on-site	No	No	No	Yes, off-site	No	No	No	No	No
Maine	No	Yes, on-site	No	No	No	No	No	No	No	No	No
Michigan	No	Yes, on-site	No	No	No	No	No	No	No	No	No
Missouri	Yes, on-site	No	No	No	No	No	Yes, both	Yes, both	No	No	No
Montana	No	Yes, on-site	No	No	No	No	No	No	No	No	No
Nebraska	No	Yes, on-site	No	No	No	No	No	No	No	No	No
Nevada	No	Yes, on-site	No	No	No	No	No	No	No	No	No
New Jersey	Yes, on-site	No	No	No	No	No	No	Yes, both	No	No	No
New Mexico	No	Yes, on-site	No	No	No	No	No	No	No	No	No
North Carolina	Yes, on-site	Yes, on-site	No	No	No	No	No	No	No	No	No
North Dakota	No	Yes, on-site	No	No	No	No	No	No	No	No	No
Ohio	Yes, off-site	Yes, on-site	Yes, both	No	Yes, both	Yes, off-site	Yes, both	Yes, off-site	No	No	No
Oklahoma	No	Yes, on-site	No	No	No	No	No	No	No	No	No
Oregon	No	Yes, on-site	No	No	No	No	No	No	No	No	No
Pennsylvania	Yes, off-site	Yes, on-site	No	No	No	No	Yes, both	Yes, both	No	No	No
Utah	Yes, off-site	Yes, on-site	No	Yes, on-site	Yes, off-site	No	Yes, off-site	No	Yes, both	No	No
Vermont	No	Yes, both	No	No	No	No	No	No	No	No	No
Virginia	Yes, on-site	Yes, on-site	No	No	No	No	No	No	No	No	No
Washington	No	Yes, on-site	No	No	No	No	No	No	No	No	No
Wisconsin	No	Yes, on-site	No	No	No	No	No	No	No	No	No
Wyoming	Yes, on-site	Yes, on-site	No	No	No	No	No	No	No	No	Yes, both
Total "Yes, on-site"	5	26	0	1	0	0	0	0	0	0	0
Total "Yes, off-site"	4	0	0	0	1	2	2	2	1	0	0
Total "Yes, both"	3	2	1	1	2	1	5	5	0	1	1
Total "No"	18	2	29	28	27	27	23	23	29	29	29

NOTES: States not reporting any use of telemedicine (Alabama, Connecticut, Delaware, Florida, Hawaii, Idaho, Indiana, Maryland, Minnesota, New Hampshire, New York, Rhode Island, South Carolina, South Dakota, and Texas) are not listed. Oral surgery, cardiac catheterization, and sigmoidoscopy are not listed, because no state reported using telemedicine for these services. Telemedicine is utilized in combination with on-site care, off-site care, or both. Nonparticipating respondents not displayed include: Alaska, Massachusetts, Mississippi, Tennessee, West Virginia, and the Federal Bureau of Prisons.

SOURCE: NCHS, National Survey of Prison Health Care, 2011.

## Technical Notes

### NSPHC Interview Guide

OMB No. 0920-0935: Approval expires 06/30/2014

### NATIONAL SURVEY OF PRISON HEALTH CARE QUESTIONS

**1) Does your prison system have a contract agreement (e.g., with a private company, a university, or other health care provider in the community) for the following health care services provided to inmates?**

Health care services	All contracted	Some Contracted	None (all DOC provided)	Don't know
a) Mental health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Pharmaceutical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Dental	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Laboratory Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Radiology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) Medical (excluding all of the above)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**2) On December 31, 2011, how many full-time equivalent (FTE) employees did your prison system have employed under the DOC or contracted (e.g., with a private company, a university, or other health care provider in the community) for each of the following health care positions?**

*{If FTEs are not employed by DOC or contracted, please indicate with NOT*

*APPLICABLE}*

Employee Type	Number of FTE employees			
	DOC	If estimate, check box below	Contracted	If estimate, check box below
<b>Mental health</b>				
a) Psychiatrists (MD, DO)		<input type="checkbox"/>		<input type="checkbox"/>
b) Psychiatric physician assistants		<input type="checkbox"/>		<input type="checkbox"/>
c) Psychiatric nurses (PMHCNS, NP)		<input type="checkbox"/>		<input type="checkbox"/>
d) Clinical psychologists (PhD, PsyD, MS)		<input type="checkbox"/>		<input type="checkbox"/>
e) Clinical social workers (LCSW)		<input type="checkbox"/>		<input type="checkbox"/>
f) Other mental health staff		<input type="checkbox"/>		<input type="checkbox"/>
<b>Pharmaceutical</b>				
g) Pharmacists (DPh, RPh)		<input type="checkbox"/>		<input type="checkbox"/>
h) Other pharmaceutical staff		<input type="checkbox"/>		<input type="checkbox"/>
<b>Dental</b>				
i) Dentists (DDS)		<input type="checkbox"/>		<input type="checkbox"/>
j) Dental hygienists/assistants		<input type="checkbox"/>		<input type="checkbox"/>
k) Other dental staff		<input type="checkbox"/>		<input type="checkbox"/>
<b>Medical only</b>				
l) Physician assistants (PA)		<input type="checkbox"/>		<input type="checkbox"/>
m) Nurse practitioners (NP)		<input type="checkbox"/>		<input type="checkbox"/>
n) Other nurses (RN, LPN, LVN)		<input type="checkbox"/>		<input type="checkbox"/>
o) Surgeons (MD, DO)		<input type="checkbox"/>		<input type="checkbox"/>
p) All other physicians (MD, DO)		<input type="checkbox"/>		<input type="checkbox"/>
q) Other medical staff		<input type="checkbox"/>		<input type="checkbox"/>





4) **Between January 1, 2011 and December 31, 2011, did your prison system have any of the following health care services available on-site, off-site (i.e., in the community), by telemedicine, or was the service not available?**

Services	On-site	Off-site/In Community	Telemedicine	Service Not Available	Don't Know
<b>Specialty Services</b>					
a) Cardiology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Psychiatry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Dialysis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Oral surgery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Gynecology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) Obstetrics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) Optometry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h) Ophthalmology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i) Orthopedics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j) Oncology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Diagnostic Tests</b>					
k) Cardiac catheterization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l) High-sensitivity fecal occult blood test (FOBT)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m) Hemoglobin A1C test (HAIC)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n) Sigmoidoscopy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o) Colonoscopy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
p) Colposcopy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
q) CT scan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
r) ECG (EKG)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
s) Mammography	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
t) MRI	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
u) Ultrasound (excluding hand-held dopplers and bladder scanners)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
v) X-rays	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Therapies</b>					
w) Restorative/rehabilitation/physiatry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
x) Physical/occupational therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**5) How long is your prison system's admissions process, in days?** *{Please provide a range if necessary}*

**Physical Health**

*{Please answer the following questions according to the time frame provided in Question 5}*

**6) Does your prison system test inmates for the following infectious diseases during the admissions process?**

Infectious Diseases	Yes	No	Don't Know
a. Hepatitis A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Hepatitis B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Hepatitis C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Gonorrhea	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Chlamydia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Syphilis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Tuberculosis (PPD)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**7) Does your prison system test inmates for the following health concerns during the admissions process?**

*{Please answer the following questions according to the time frame provided in Question 5}*

Health Concerns	Yes	No	Don't Know
a. Pregnancy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Elevated lipids	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. High blood pressure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**8) Does your prison system conduct the following tests for inmates during the admissions process?**

*{Please answer the following questions according to the time frame provided in Question 5}*

Tests	Yes	No	Don't Know
a. Routine dental exam	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. ECG (EKG)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Chest x-ray	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Mental Health**

*{Please answer the following questions according to the time frame provided in Question 5}*

**9) Does your prison system conduct the following mental health screenings during the admissions process?**

Tests	Yes	No	Don't Know
a. Mental health problems (excluding suicide risk)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Suicide risk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Traumatic brain injury	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Admissions**

**10) How many total inmates were in the custody of your state's prison system on (END DATE FOR ADMISSION RANGE)?**

**11) How many inmates were admitted to your state's prison system between (INSERT DATE RANGE HERE)?**

**12) What major challenges/issues is the DOC currently facing in regards to the delivery of health care?**

**U.S. DEPARTMENT OF  
HEALTH & HUMAN SERVICES**

Centers for Disease Control and Prevention  
National Center for Health Statistics  
3311 Toledo Road, Room 5419  
Hyattsville, MD 20782-2064

FIRST CLASS MAIL  
POSTAGE & FEES PAID  
CDC/NCHS  
PERMIT NO. G-284

OFFICIAL BUSINESS  
PENALTY FOR PRIVATE USE, \$300

For more NCHS NHSRs, visit:  
<http://www.cdc.gov/nchs/products/nhsr.htm>.



---

National Health Statistics Reports ■ Number 96 ■ July 28, 2016

---

**Acknowledgments**

Maria Owings, Ph.D. [formerly with the National Center for Health Statistics (NCHS)] provided technical assistance in creating the National Survey of Prison Health Care data set. Frank McCormack (formerly with NCHS) led the semi-structured interviews with participating states and coded the interviews into Q-Notes.

---

**Suggested citation**

Chari KA, Simon AE, DeFrances CJ, Maruschak L. National Survey of Prison Health Care: Selected findings. National health statistics reports; no 96. Hyattsville, MD: National Center for Health Statistics. 2016.

---

**Copyright information**

All material appearing in this report is in the public domain and may be reproduced or copied without permission; citation as to source, however, is appreciated.

---

**National Center for Health Statistics**

Charles J. Rothwell, M.S., M.B.A., *Director*  
Jennifer H. Madans, Ph.D., *Associate Director  
for Science*

**Division of Health Care Statistics**

Clarice Brown, M.S., *Director*  
Alexander Strashny, Ph.D., *Associate Director  
for Science*

---

For e-mail updates on NCHS publication releases, subscribe online at: <http://www.cdc.gov/nchs/govdelivery.htm>.  
For questions or general information about NCHS: Tel: 1-800-CDC-INFO (1-800-232-4636) • TTY: 1-888-232-6348  
Internet: <http://www.cdc.gov/nchs> • Online request form: <http://www.cdc.gov/info>  
DHHS Publication No. 2016-1250 • CS265908