HEALTHCARE IN PRISON: AN INSIDE LOOK

By **Erica Benning**, MBA◆ & **Caitlyn Allen**, MPH*†

Often depicted in films and television, much of what the general population knows about prison—particularly the infirmaries—comes from Hollywood. *Patient Safety* managing editor, **Caitlyn Allen**, sat down with **Erica Benning**, Bureau of Healthcare director for the Pennsylvania Department of Corrections (PA DOC), to discuss healthcare delivery for almost 40,000 incarcerated individuals: what can be done in-house, how her team handles inmates with mental illness, their COVID response, and more.

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Disclosure: The authors declare that they have no relevant or material financial interests.

Caitlyn Allen: What does healthcare typically look like in prison? What kind of services do you routinely provide in-house?

Erica Benning: Healthcare inside a prison looks much like healthcare in the community. Incarcerated individuals have access to primary care providers, dentists, some specialty care providers, and hospital level of care (infirmaries) at the prison. The services routinely offered in-house are primary care (chronic care) clinics, sick visits, yearly physicals, dentistry, physical therapy, dialysis, X-rays, ultrasounds, wound care, ophthalmology, oral surgery, and hospital (infirmary) care.

What about in a jail setting?

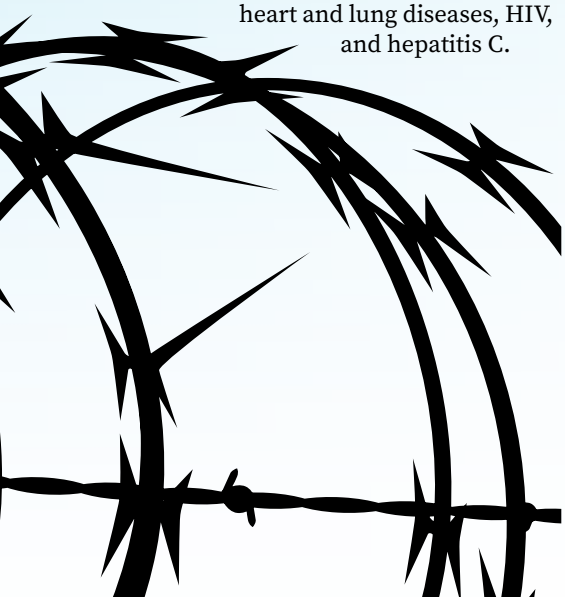
County jails are not operated by the state DOC. You will need to contact each county jail for comment.

When might a prisoner be transported to a healthcare facility?

Outside healthcare facilities are utilized for specialist consults and care such as cardiology, orthopedics, urology, ophthalmology for eye surgery, and any needed surgeries. Incarcerated individuals are also transported to healthcare facilities when there is an emergency where the individual's life may be in danger, such as heart attack, head trauma, stroke, and lacerations.

What does the health of a typical prisoner look like? Are there common comorbidities?

Approximately 50% of all incarcerated individuals are considered vulnerable with comorbidities. The most common comorbidities inside our institutions are those typically seen in the community and consist of diabetes, hypertension, heart and lung diseases, HIV, and hepatitis C.



Are health clinics in prisons different than traditional health clinics? Does this setting influence how care is delivered safely?

The healthcare departments/clinics inside a facility are much like a traditional health clinic. For routine appointments, schedules are completed and a daily call out is created so the incarcerated individual is aware of their appointment and can be sent from their housing unit to healthcare for their appointment. Sick visits are requested each day and, again, a schedule and call out are created for the individual to be sent for their appointment. Within a prison setting and within the healthcare department, we do have correctional officers present for safety.

After the mental health institutions were largely all closed in the 1980s, there's a presumption that without many viable alternatives, most of those patients wound up in the prison system. Do you think that's accurate?

Currently our mental health roster is approximately 36% of our population. It is not clear what percentage of individuals would have been inpatient at a mental health facility prior to incarceration. It is safe to say that an individual who has severe mental illness, if not able to be at an inpatient mental health facility, does have a higher chance of entering the correctional system.

Along those lines, according to the FY22–23 budget, more than a third of prisoners are being treated for a mental illness, 21% for a serious mental illness. That must be tremendously challenging for your staff. What does mental health treatment look like? And what are some of the inherent challenges to delivering mental health services safely?

Mental health treatment is a large mission and focus of the PA DOC. We have a large team of psychologist, psychiatrist, and mental health workers that focus on the care of all incarcerated individuals that are on the mental health roster.

Most Common Comorbidities

- Diabetes
- Hypertension
- Heart and lung diseases
- HIV
- Hepatitis C

In-House Services:

- Primary care
- Clinics
- Sick visits
- Yearly physicals
- Dentistry
- Physical therapy
- Dialysis
- X-rays
- Ultrasounds
- Wound care
- Ophthalmology
- Oral surgery
- Hospital care

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MAT 101

Medication-assisted treatment is an evidence-based program to treat substance use disorders (SUD)—*but what exactly is it?*

Medication

Medications—including methadone, naltrexone, and buprenorphine—are given to inmates with opioid use disorder.

Assisted

The medication **assists** by curbing cravings, allowing inmates to focus on reentry and rehabilitation.

Treatment

Like with anxiety, cholesterol, or high blood pressure, the medication is a part of an overall **treatment** plan to help manage symptoms.

Source: Pennsylvania Department of Corrections

What about substance abuse? How many patients enter prison with an addiction who then need to go through detox?

Substance abuse, as in the community, is a growing concern within the PA DOC. The amount of self-reported substance use disorders has increased recently. We are seeing more and more new commitments and parole violators who have a substance use disorder. PA DOC is currently offering medication-assisted treatment (MAT). While I do not have the number of patients who enter prison needing detox, all individuals who are coming in from the streets undergo an intense screening for substance abuse and the need to detox.

According to Johns Hopkins, the overall case-fatality ratio (CFR) for COVID in the United States is 1.11%. According to the FY22–23 budget, the CFR for Pennsylvania prisons is 1.08% (slightly lower than the national average). That's not a story that's often told. What was your approach to handling the pandemic throughout the correctional system?

The department's mission throughout the pandemic was to keep all incarcerated individuals healthy while continuing with their care, custody, and control. This approach was successful by following CDC [Centers for Disease Control and Prevention] guidelines, minimizing contacts by decreasing cohort size, masking, handwashing, social distancing, facility cleanings, vaccinations when they became available, and use of antiviral medications when they became available. Communication was critical throughout the pandemic, and especially in the early days. Facility staff did an excellent job keeping the inmate population updated, engaged, and involved during uncertain times.

An exemplary 90% inmate vaccination rate has helped the department's COVID-19 mitigation continue to be largely successful systemwide. Inmates who received a COVID-19 vaccine were given a $25 incentive in their commissary account from the Inmate General Welfare Fund (IGWF). The IGWF is self-supporting and not taxpayer-funded.

What are some of the long-term health effects from being in prison? For instance, patients who have spent long periods in solitary confinement may develop myopia.

Studies have shown that incarcerated individuals age more quickly than individuals in the community. Long-term incarceration also affects mental health and developing a mental health illness.

About the Authors

Erica Benning serves as the director of Healthcare for the Pennsylvania Department of Corrections. She is responsible for the administration of daily and long-term health and wellness services for almost 40,000 incarcerated individuals in Pennsylvania. Benning earned her Bachelor of Science degree in finance from Penn State University and a Master of Business Administration with a focus on healthcare administration from the Jack Welch Management Institute.

Caitlyn Allen (caiallen@pa.gov) is director of Engagement for the Patient Safety Authority and managing editor for *Patient Safety*, the PSA's peer-reviewed journal. Before joining the PSA, she was the project manager for Patient Safety at Jefferson Health, where she also was the only nonphysician elected to serve on the House Staff Quality and Safety Leadership Council. Previously, Allen also was a project manager and patient safety officer for Wills Eye Hospital.