

Co-payment policy: Impact on the health of women prisoners

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Purpose of the Paper

- To present findings from an exploratory, qualitative, community-based participatory research study that examined the impact of the prisoner healthcare co-payment policy on the health of women prisoners.

Study Aims

- Analyze women prisoners' use of co-payment for healthcare.
- Analyze how co-payment affects women prisoners' access to healthcare.
- Identify how women prisoners' view the impact of co-payment on their health.

Background

- **Women represent the fastest growing segment of the US jail and prison populations.**
- **State and Federal Prisons**

Men	2.7%
Women	4.6%
- **Local jails**

Men	2.2%
Female	4.9%



Bureau of Justice Statistics, June 2007

Women Prisoners

- **Poor**
- **Rates of incarceration reflect ethnic/racial disparities in US with African-American and Hispanic women incarcerated at disproportionately higher rates than their White counterparts.**
- **Have a high incidence of serious health concerns, including HIV, Hepatitis C, TB, MRSA, and Sexually Transmitted Infections**
- **Higher pregnancy rates than their non-incarcerated cohorts in the general population.**
- **Histories of violence, depression, substance abuse, & other mental illnesses.**

Federal Prisoner Healthcare Co-Payment Act of 2000

- Authorizes collection of a fee for health care services requested by a prisoner.
- Exempt from fees are preventive healthcare, emergency services, prenatal care, diagnosis/treatment for contagious diseases, mental health and substance abuse treatment.
- Prisoners are not to be charged for visits that result from staff referral, or follow-up visits for chronic conditions.
- Prisoner consent is not required for the collection of the fee.

Methods

- Exploratory study.
- This project was informed by previous research with women prisoners.
- Worked with members of a local grass roots agency that assists women in transition from jail or prison to the community.
- A research assistant from that agency was hired and participated in each phase of the project.
- A graduate nursing student interested in research with women prisoners also worked on this project.

Design

- Focus group design for this qualitative, community-based participatory research project
- 31 women released from jail or prison

Characteristics of Participants (n=31)

Age (mean, range)	38.48 (20-59)
Education (mean, range)	12.32 (6-16)
Children (mean, range)	2.47 (0-5)
Past incarcerations/jail (mean, range)	6.13 (0-30)
Days incarcerated/jail (mean, range)	530.77 (0-7200)
Past incarcerations/prison (mean, range)	1.29 (0-13)
Months incarcerated/prison (mean, range)	29.03 (0-468)
Ethnicity	
African-American (n, %)	6 (19%)
Hispanic/Latina (n, %)	8 (26%)
White (n, %)	14 (45%)
Other (n, %)	3 (10%)

Measures and Instruments

- A brief demographic form that included the characteristic noted in the previous slide.
- 4 open-ended questions:
 - Please tell us about a time when you used a co-pay while in jail or prison.
 - Please tell about a time when you decided not to see a doctor or nurse because of the co-payment.
 - How do you think these experiences have affected your health?
 - Is there anything else you want to tell us about getting healthcare in jail or prison?

Procedures

- Focus groups were conducted at the offices of the grass roots agency or at sober living residences where participants lived.
- Informed consent & discussion of confidentiality
- Audio-taped sessions
- 60-90 minutes
- \$30 gift certificate to local merchant

Analysis

- Quantitative data from demographic form were entered into SPSS and analyzed using descriptive statistics.
- Analysis of transcripts from focus groups was informed by grounded theory and qualitative field research methods.
- A consensual qualitative research strategy was used to construct a shared understanding of the data.

Limitations

- **The project provides only the perspective of former prisoners and does not include the views of staff working in jails or prisons.**
- **Reliance on former rather than currently imprisoned women.**

Findings

- **The co-payment hindered women prisoners' access to healthcare.**
 - **Inconsistent administration of the co-payment policy**
 - **Interruptions in care**
 - **The culture of prison healthcare and treatment by prison healthcare professionals contributed to poor quality care, avoidance of professionals, unnecessary suffering and poor health outcomes.**
- **In response, women developed self-advocacy skills to manage their healthcare needs and the challenges faced by the prison healthcare system.**

Inconsistent administration of co-payment policy

- “There was a TB scare and I put in an inmate request to get a TB test. I was in a room with two people who tested positive for TB. I had to pay a co-payment and for my TB test.”
- “I have mental issues and I really needed to see a psychiatrist but they charged me twice to go see him. The first time I went, they told me to read this piece of paper, it might help you. It took me another month to be seen again and I had to make another co-payment.”

Inconsistent administration of co-payment policy

- “Every time I would go see medical, for every little thing that went wrong, I’d have to fill out a request, even if they told me to come back.”

Inconsistent administration of co-payment policy

- “When you put in a co-pay to see the doctor you gotta see the nurse first, that’s \$5; then the nurse schedules you to see the doctor, that’s another \$5. There are layers of co-payments.”

Inconsistent administration of co-payment policy

- “When you work trustee you get a lot more, they come to the trustee dorm every day, they have a certain time for meds, the med line is short; I see a doctor right away. I never see a nurse; I go right to the doctor.”

Poor quality healthcare

- “For a lot of ailments they tell you to drink more water. Your eye hurts, drink more water; your toe hurts, drink more water. That’s what they do. Or, they give you Tylenol, that’s all they want to do for you.”
- “I’ve been in jail so many times that unless I’m deathly ill, I don’t go. Water and Motrin are their answers for everything, they won’t answer my questions. I don’t go.”

Other problematic healthcare

MINIMIZING

- “I have asthma so when I went in I said, ‘I need my inhalers; I’m on two different inhalers’. They listened to my lungs and kicked me out of the room. They said they weren’t going to give me my inhalers. Well, you know your lungs can sound clear one minute and then all of a sudden they can get real tight. You need your inhalers.”

Other problematic healthcare

INATTENTION

- “The last time I was incarcerated, the medical was truly atrocious. I had a broken jaw and staph infection and it was like pulling teeth to get them to help me.”

Other problematic healthcare

MISSED DIAGNOSIS

- “I had one heck of a toothache and couldn’t figure out which tooth it was. I went to the dentist and he pulled one of my teeth; it was the wrong tooth because I still had the toothache. I ended up having to go back to get another tooth pulled.”

Problematic health encounters

- “I went to see the psychiatrist, I didn’t get anything. I saw him through the glass barred window, and he asked me a couple of questions and that’s it. It’s \$3 for that.”
- “I still had questions to ask, but it was like forget it, it just makes you not want to go to them ever.”

Interruptions in Care

- **Lack of money for the co-payment**
- **Long-waits**

Lack of money for the co-payment

- “I didn’t want to spend the money I had because I knew I needed it for bus fare when I was released.”
- “The co-payment was a problem because I knew it wasn’t my money. I didn’t want to take my families money or whoever put money on my books.”
- “I didn’t have much money. I didn’t want to be charged again for something. So I opted not to sign up to see the doctor but I’ve got an infection, and I know it’s not getting proper treatment.”

Long Waits

- “I would go into jail and they would charge me \$3 to see the psychiatrist, it would take a week or two to get in to see him, he’d tell me to drink some warm milk and maybe put a little honey in it or something to calm me down. He’d just try to put me off a little and not really give me anything.”

Long Waits

- “I was up there two years and three months and they waited until the week I got ready to parole and notified me it was too late to see the dentist. For two years I was trying to get my teeth fixed, I ain’t got none. I need some teeth and dental was real critical up there.”

Consequences of these conditions on health

- Avoidance of health professionals
- Unnecessary suffering
- Poor health outcomes

Avoidance of health professionals

- “Now, I think all doctors are less caring, very untrustworthy because of my experiences there. They don’t really care so it makes me shy back from them and not want to go because of my experience.”
- “I’ll never go to a dentist again.”

Unnecessary suffering

- “I went the whole time I was incarcerated (3 years) without taking my psychiatric medications and I’d been taking those medications since I was 12 years old.”
- “I was pulling out my own teeth in my cell because I was scared to go to the dentist in there. I felt better pulling out my own teeth and that’s something I never in my whole life would imagine myself doing.”

Poor health outcomes

- “I’m still suffering with my knee.”
- “I don’t have any teeth, cause they pulled ‘em all.”
- “I still have high blood pressure, I never got the proper diet, or any medications for it. It still affects me.”
- “They just left that girl (with a psychiatric illness) in her cell and the other inmates would pick on her. She’d be screaming and yelling and the others are just down there making fun of her.”

Self-Care Advocacy

- “You have to fight for your rights.”
- “I have to fight for women, because I was a representative for the women in prison. I had to fight for other women who were epileptic or whatever. I’d have to say we’ve got somebody sick here, they need to see a doctor.”

Conclusions

- The co-payment policy hinders women prisoners' access to healthcare.
- Women often endured health problems or sought care as a last resort only after a problem worsened because they lacked sufficient funds to make a co-payment.
- Women utilize self advocacy skills to help themselves and one another deal with their healthcare needs.

Implications

- This study highlights several systemic issues central to healthcare access that have implications for prison/jail healthcare policy.
 - 1. inconsistencies in how co-payments are implemented in jails and prisons with participants reporting multi-level co-pays first to see a nurse followed by a second to see a physician;
 - 2. inconsistencies in what health conditions require co-payments including chronic mental illness and asthma, two conditions specifically exempted from co-payments in the major federal policy documents; and
 - 3. inconsistencies in the type and quality of healthcare the women experience including evidence that co-payments contribute to interruptions in care and delays in treatment.

Thank you

