

# Caring for the Incarcerated Patient: Provider Perceptions of Quality of Care

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## Background

Louisiana has the highest rate of incarceration in the United States, with a rate of 1,094 people per 100,000. In 2023, roughly 50,000 people were housed in over 100 prisons, jails, detention centers, juvenile facilities throughout the state. There are notable racial disparities in incarceration. Roughly 32% of the state's overall population and roughly two thirds of its prison population is Black. These disparities can be traced to policy issues.

A recent lawsuit against Louisiana Department of Public Safety and Corrections (DPSC), *Lewis v. Cain*, found the healthcare offered at its flagship facility, Louisiana State Penitentiary (widely known as Angola) is inadequate under constitutional standards (*Lewis v. Cain*). Both men and women who have been incarcerated in Louisiana have reported barriers to care including having health concerns ignored and cost-prohibitive co-pays, as well as lack of respect from providers. A 2021 legislative report that examined services across Louisiana's eight prison facilities uncovered inconsistent policies regarding preventive care, behavioral health services, and medication access.

Prisons and jails contract with local hospitals and clinics in order to obtain medical care for incarcerated individuals, as most prisons and jails do not have the capacity to provide healthcare in-house. Providers from a range of specialties interact with incarcerated patients and the goal of this qualitative research was to determine themes among provider perceptions of the quality of care provided to incarcerated patients.

## Methods

Between November 2020 and January 2021, we interviewed healthcare professionals about their experiences with providing services for currently and formerly incarcerated people. A semi-structured interview guide was used to guide all discussions. All interviews were audio-recorded and transcribed verbatim by a professional transcription service. We used applied thematic analysis techniques to analyze qualitative data and identify themes and subthemes.

## Results

A total of nine health professionals participated in interviews. Seven interviewees were physicians who worked at a total of three different hospitals that serve currently incarcerated individuals. Physicians' specialties included internal medicine, surgery, and emergency medicine. One had experience working at prisons. We also interviewed two community health workers who provide health system navigation and health education for formerly incarcerated individuals.

Several main themes and subthemes emerged. Interviewees generally believed that prisons do not provide adequate care to individuals in their charge, with several noting examples of substandard care. Furthermore, discussion of patient presentation uncovered a theme of patients presenting to the hospital with late diagnoses or in terminal states of illnesses that otherwise would likely not have occurred had the patients not been incarcerated. The providers noted challenges in providing care to incarcerated patients and barriers to care, such as involvement of security measures in the hospital and inability to ensure continuity of care upon patient discharge back to prison facilities.

## Conclusions

Interviewees generally perceive that incarcerated patients in Louisiana receive healthcare below the standard of care, and these findings are in line with previous research and recent litigation. Healthcare providers who work directly with incarcerated patients are in an excellent position to notice

disparities in care and advocate on behalf of their patients to ensure that every individual, regardless of incarceration status, has access to adequate healthcare in this state.