

North Carolina
Department of Correction



Division of Prisons

Aging Inmate Population 2007 Addendum Report

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Aging Inmate Population Study 2007 Addendum Report

OVERVIEW:

On May 15, 2006, a full *Aging Inmate Population Study* report was submitted following an extensive study of North Carolina's aging inmate population. The purpose of the study was to assist the Division of Prisons in planning for the future of the increasing number of elderly inmates. Inmate data for that study were representative of the Fiscal Year (FY) 2004-2005.

The major objectives of the Aging Inmate Population Study were:

- To examine the factors that have accelerated the growth in the elderly inmate population;
- To examine the demographics of the elderly inmates;
- To explore avenues taken by other states in addressing the issues of an aging inmate population;
- To analyze the costs of providing care to an aging inmate population;
- To explore possible resources to help the Division in dealing with the aging inmate population;
- To investigate innovative approaches for dealing with health and mental health issues of the aging inmates;
- To recommend possible solutions to the overwhelming expenses of housing and caring for the elderly inmates; and
- To increase Division knowledge regarding the needs of the aging inmate population.

The Aging Inmate Population Study was a descriptive study that built upon exploratory studies completed on the national and state levels. The study provided more precise information on the aging inmate population specific to North Carolina. It addressed the characteristics of the aging inmate population and the issues facing the Division in providing efficient and effective services to this population.

The following report examines findings from the continued study of the aging inmate population in North Carolina. It is based on data and other information collected from the North Carolina Offender Population Unified System (OPUS) and Medical Operations Management System (MOMS) systems and gives an update on the changing characteristics of North Carolina's aging inmate population.

North Carolina had a total prison population of 38,423 as of June 30, 2007. Of this total population, 4,224 inmates were age 50 or older (11%). The National Institute of Corrections defines elderly inmates as those with a chronological age of 50 years or older. The tendency of inmates to engage in risky behaviors such as drug and alcohol abuse, combined with their lack of preventive health care, leads to an "early aging" of inmates. Inmates tend to have health problems that are more common in persons ten years older in the general population.

The elderly inmate population in North Carolina has increased faster than any other inmate age group over the past seven years. This is a trend seen nationwide in the correctional field. There has been a fundamental national shift over the past twenty years toward a more punitive response to crime, resulting in longer sentences. This combined with the overall aging of the U.S. population has led to the increased number of elderly inmates in our prison system.

In North Carolina, we have seen the number of inmates age 50 and older increase by 21% since June 2005 (original *Aging Inmate Population Study* baseline date) while the overall inmate population has increased by only 5% since that time. With the increase in the inmate age, come accelerated housing costs especially in the areas of medical and mental health services.

Chart 1 shows the steady increase in inmates age 50 and over since June 30, 1995:

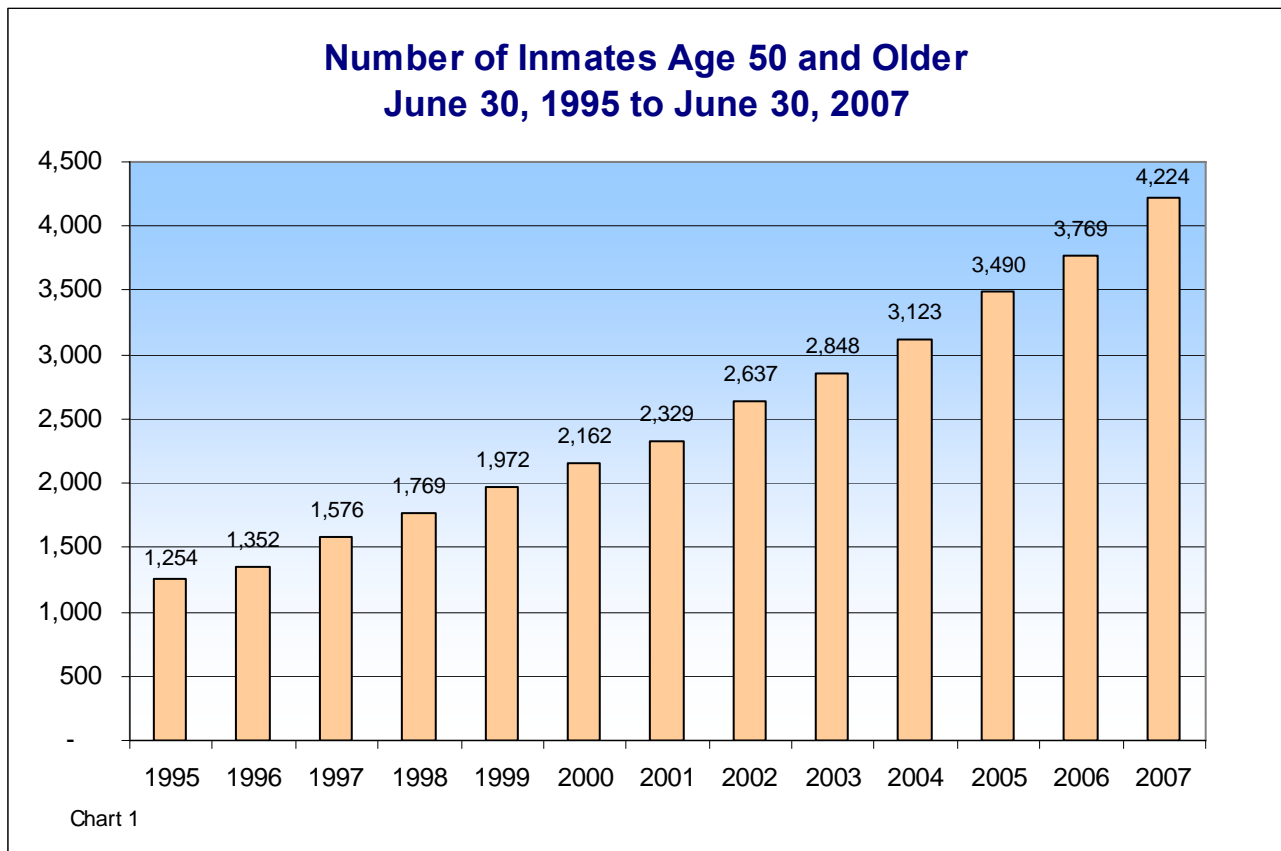


Chart 2 below shows the percent of the total inmate population that is age 50 or older. As indicated in this chart, not only has the number of aging inmates increased, but the percent of the total inmate population that is age 50 or older has also increased.

Percent of Total Inmate Population 50 and Older

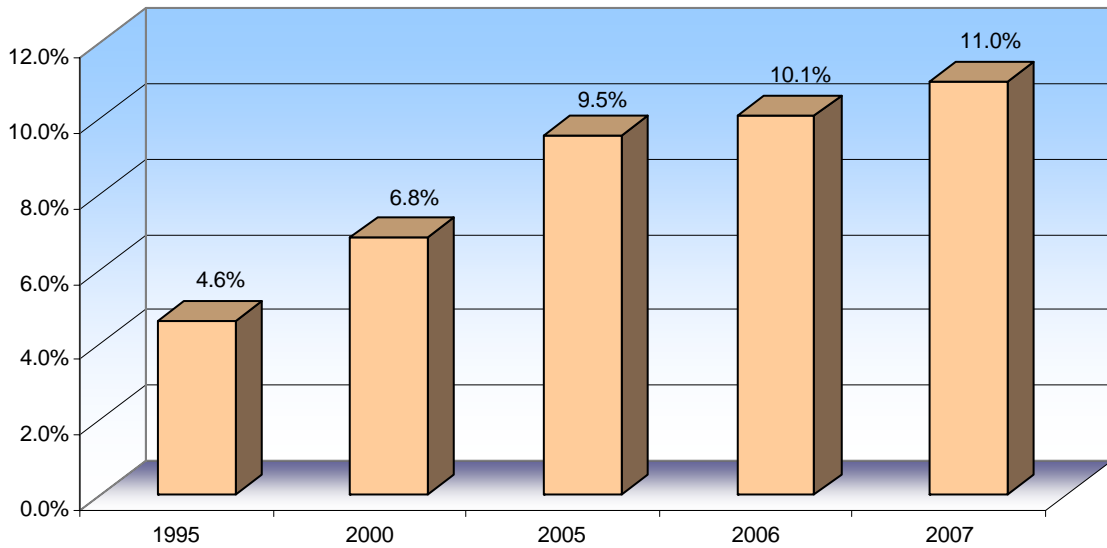


Chart 2

As of June 30

The Division of Prisons continues to see an increase in its admissions of inmates age 40 and older. Since fiscal year 1996 -1997, the percent of admissions by inmates 40 and older have increased while those 39 and younger have decreased overall. This phenomenon can be seen in Chart 3.

Percent of Prison Admissions by Age Group

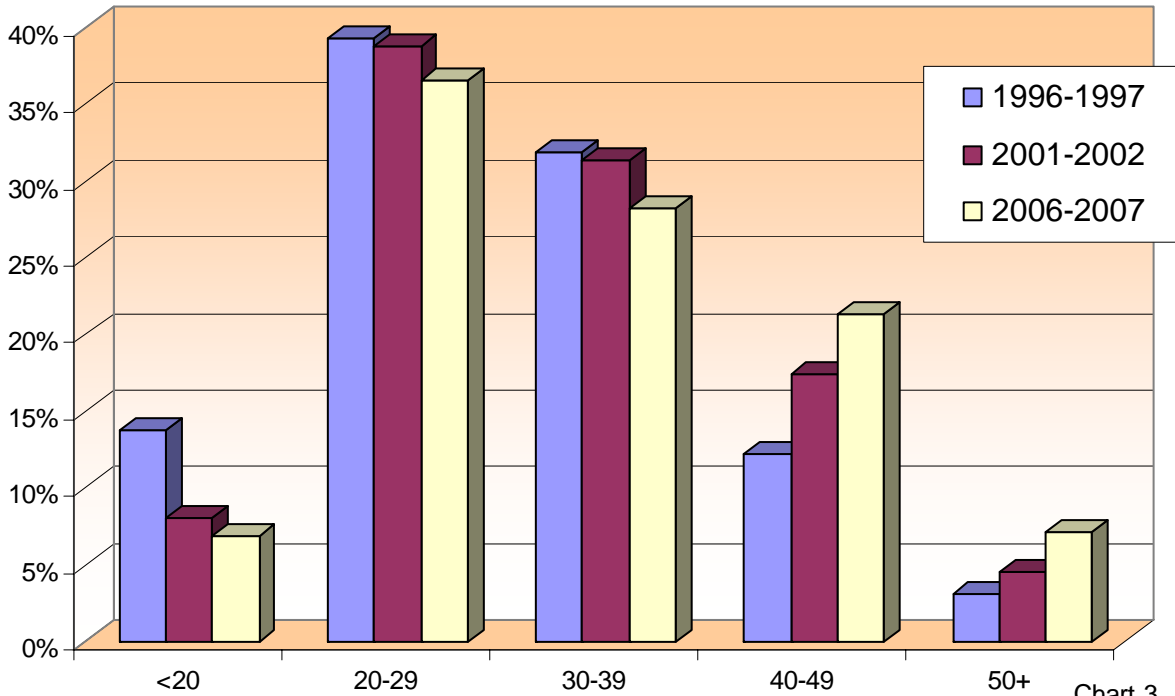


Chart 3

DEMOGRAPHICS:

Gender:

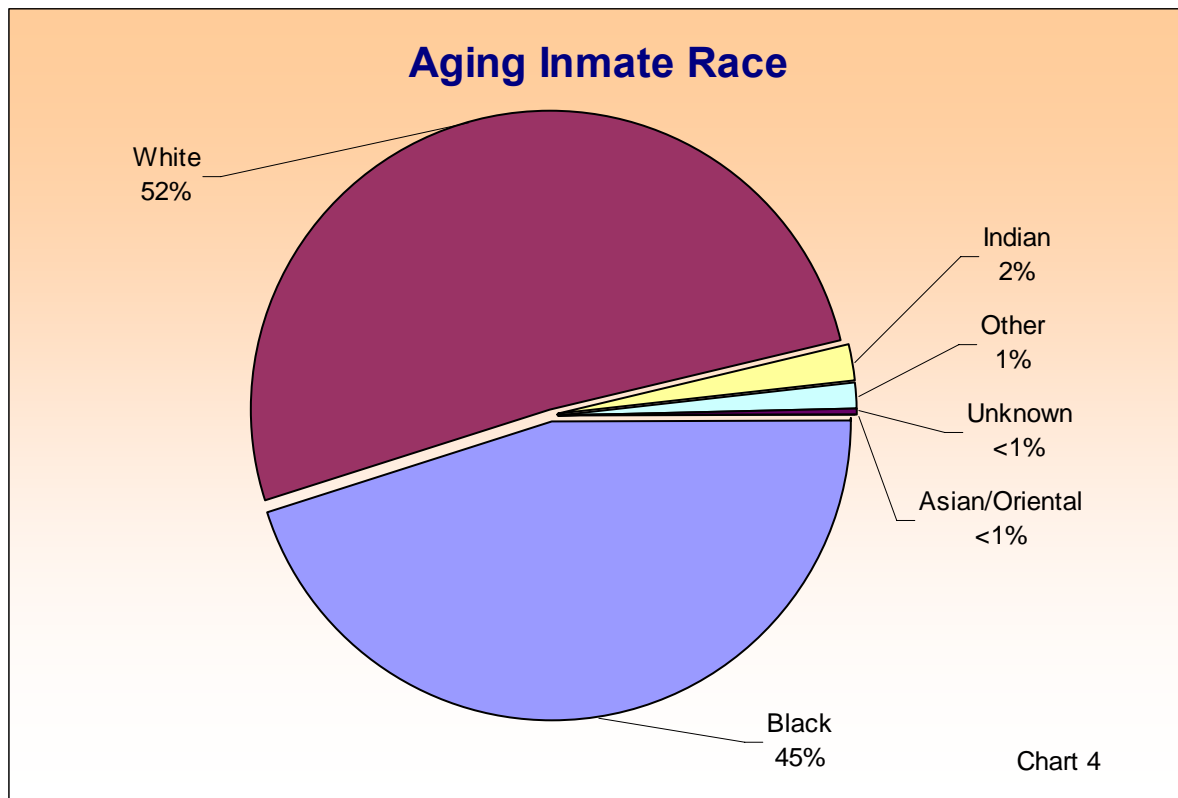
The majority (94%) of the aging inmates are male. This is statistically similar to the 93% of the total inmate population being male. The 3,979 aging male inmates account for slightly over 11% of the total male inmate population.

There are 245 aging female inmates which make up 9% of the total female inmate population. The following additional demographic information was collected from the North Carolina Offender Population Unified System (OPUS).

Race:

The majority of the inmates age 50 or older are White (52%). Black inmates make up 45% of the aging inmate population with only 2% Indian (Native American) and slightly less than 1% Asian/Oriental. The other aging inmates are classified as either “unknown” or “other” (less than 1%).

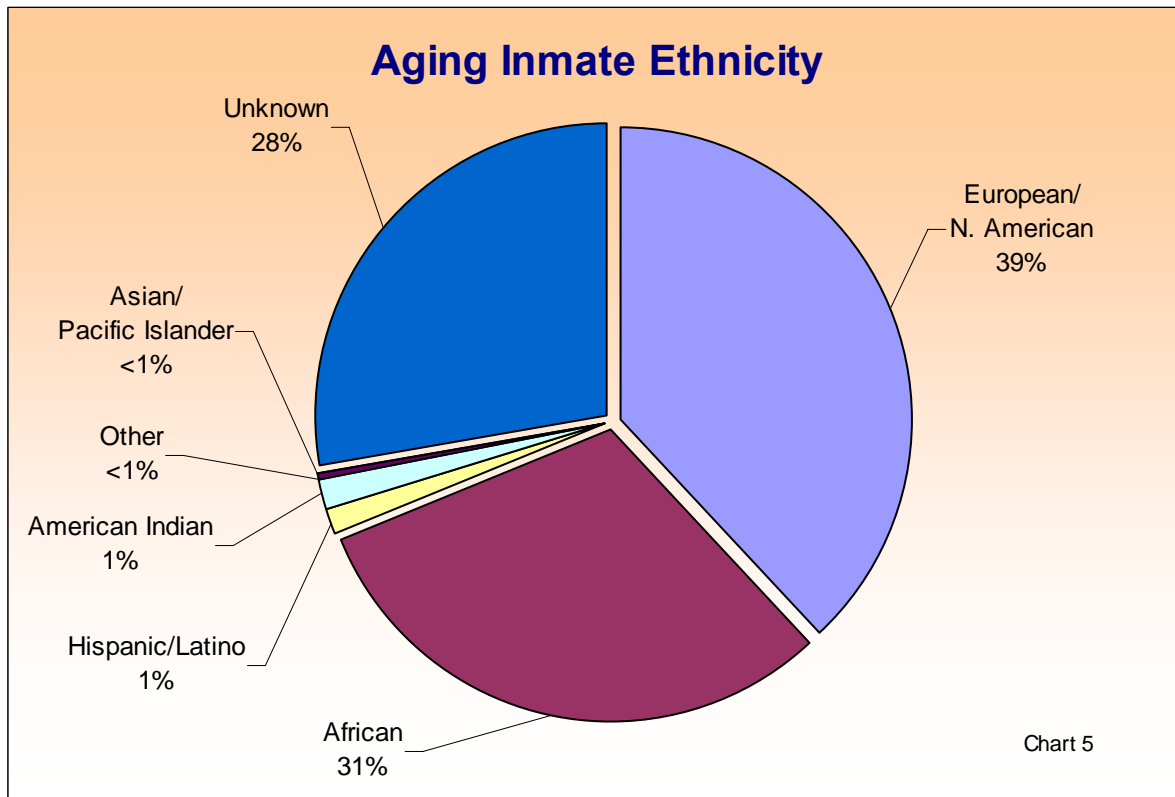
The racial makeup of the aging population is seen below in Chart 4.



Ethnicity:

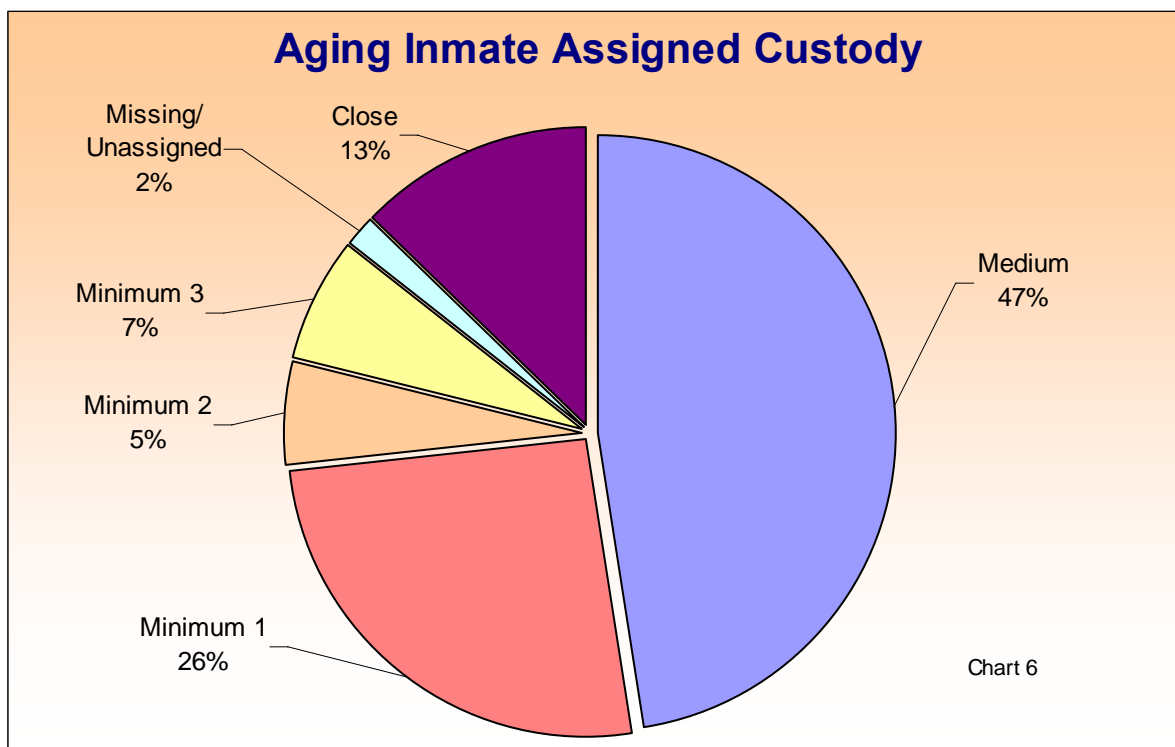
The ethnic background of the inmate population is more difficult to determine as 28% of the inmates' ethnic background is “unknown” according to OPUS. One recommendation of the original Aging Inmate Population Study of 2006 was to “review and correct the ethnic data on OPUS in order to reduce the 33% unknowns” at that time. Although some progress has been made in reducing the “unknown” ethnicity category, there needs to be continued effort to resolve this data issue.

Chart 5 below shows the breakdown of the aging inmate population ethnicity.



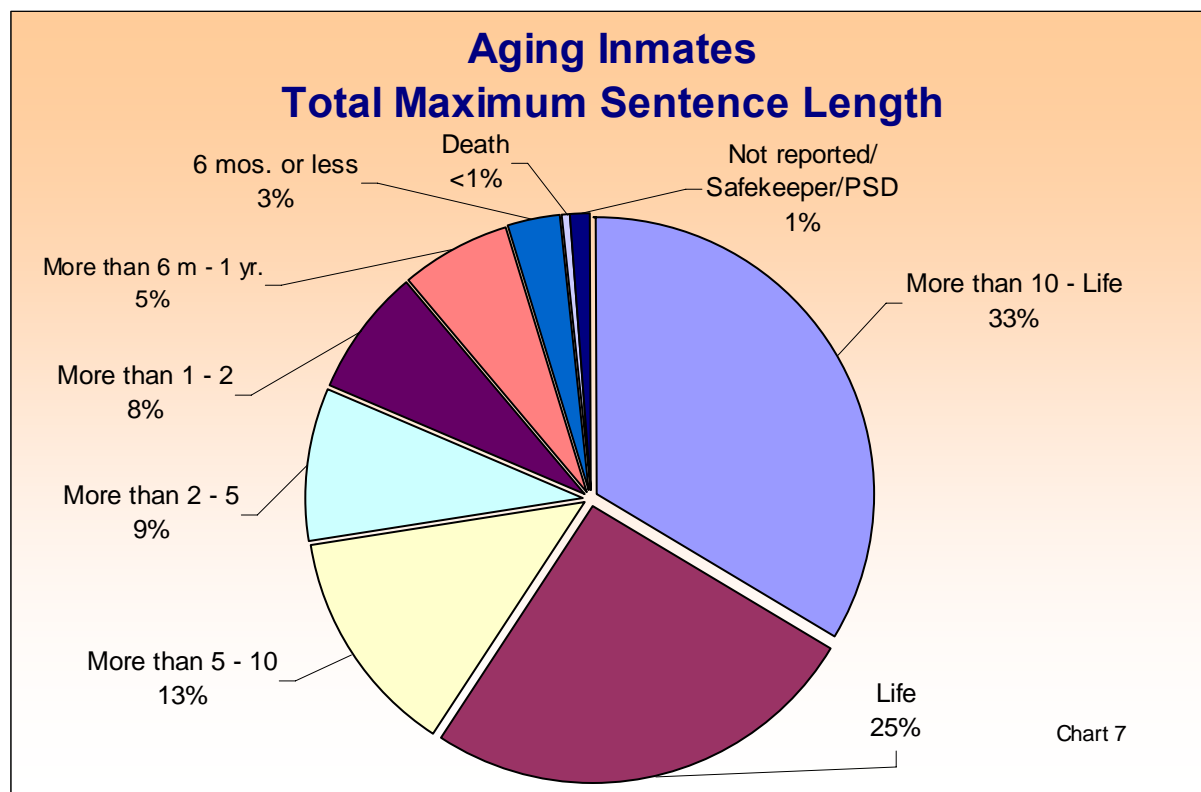
Custody Level:

Sixty percent (60%) of the aging inmates are assigned to medium custody or higher. Chart 6 shows the assigned custody breakdown of inmates age 50 and older:



Sentence Length:

The majority of aging inmates are serving a sentence of more than 10 years to life or life. Slightly more than 60% (2,527) of the aging inmates are serving a long term of 10 years to life, life, or death. Chart 7 shows the total maximum sentence length of the aging inmates:



Crime Type:

Almost 60% of the inmates age 50 and older are serving sentences for violent or sex crimes while less than 50% of the total inmate population is serving sentences for these same crime categories. Table 1 breaks down the crime categories for the aging inmates as compared to the total inmate population:

CRIME CATEGORY	Age ≥50	% of Age ≥50	Total Population	% of Total Population
Sexual Assault	858	20%	3876	10%
Habitual Felon	590	14%	4689	12%
Murder First Degree	452	11%	2006	5%
Murder Second Degree	436	10%	3232	8%
Drugs- Non-Trafficking	281	7%	3453	9%
Assault	233	6%	3028	8%
Robbery	174	4%	4369	11%
Drugs- Trafficking	170	4%	2430	6%
Driving While Impaired	147	3%	1086	3%
Other Sexual Offense	140	3%	846	2%
Fraud	112	3%	1096	3%
Breaking, Entering	104	2%	2070	5%

CRIME CATEGORY (Continued)	Age ≥50	% of Age ≥50	Total Population	% of Total Population
Kidnapping & Abduction	100	2%	829	2%
Burglary	90	2%	942	2%
Larceny	81	2%	1360	4%
Other Public Order	72	2%	1166	3%
Other Traffic Violations	68	2%	729	2%
Manslaughter	55	1%	487	1%
Forgery	18	<1%	252	1%
Burnings	12	<1%	158	<1%
Auto Theft	9	<1%	144	<1%
Other Property Crimes	8	<1%	56	<1%
Not Reported, Undefined	5	<1%	19	<1%
Worthless Checks	4	<1%	23	<1%
Other Offenses Against Person	3	<1%	68	<1%

Table 1

Education:

The average inmate age 50 or older has a higher education level than the overall total inmate population. The majority (55%) of the aging inmates have less than a high school education; 1,500 (36%) have a high school degree or GED; while 323 (8%) have some college. Of the total inmate population, 29% held a high school degree or GED and only 3% had some college.

MEDICAL SERVICES:

As would be expected, the number of disabled and seriously ill inmates in the aging population is higher than in the total inmate population. A look at inmate *health grades* shows that less than 1% of the total inmate population falls into the categories of “severely restricted activity” and “no work, recreation or training.” This percent increases to 3% for inmates age 50 and older.

The inmate *medical/mental health acuity* measure shows even a larger disparity between the two groups. Only 2% of the total inmate population falls into the 3 or 4 acuity levels (3A – Chronic Disease; 3AB Chronic and Residential Mental Health; 3B – Residential Mental Health; 4A – Inpatient Medical; 4AB Inpatient Medical/Mental Health; and 4B – Inpatient Mental Health.) Yet, 8% of the aging inmates have an acuity level of 3 or 4.

The health costs for housing an inmate age 50 or older in North Carolina is more than four times that of a younger inmate. The average cost for health care (dental, medical, mental health, and pharmaceutical) for an inmate under age 50 was \$1,284 in fiscal year 2006-2007 while that cost was \$5,425 for an average inmate age 50 or older.

Although a review of the North Carolina Medical Operations Management System (MOMS) does not provide a full picture of the medical cost of inmate aging, it does provide information regarding the number of encounters internally and externally, as

well as the cost of medical care. During fiscal year 2006-2007, the Division spent \$33,824,060 for the health care of its inmates age 50 and older. This is a 35% increase over the cost of health care for this population during FY2004-2005 as seen in the original Aging Inmate Study. The following chart breaks down the health care costs for inmates by age groups during FY2006-2007:

Internal Health Care	Under 20	Age 20-29	Age 30-39	Age 40-49	Age 50+	Total
# Dental Encounters	2,737	29,183	29,114	23,041	9,445	93,520
# Medical Encounters	24,616	183,659	221,057	229,869	160,377	819,578
# MH Encounters	5,592	50,868	59,165	57,606	28,567	201,798
# Rx Filled	4,615	103,981	223,383	316,593	269,418	917,990
External Medical Care	Under 20	Age 20-29	Age 30-39	Age 40-49	Age 50+	Total
# Encounters	676	8,847	12,799	16,292	18,929	57,543
Health Care Costs	Under 20	Age 20-29	Age 30-39	Age 40-49	Age 50+	Total
Dental Cost	\$41,666	\$478,951	\$482,057	\$385,147	\$155,717	\$1,543,538
Medical Cost	\$260,866	\$1,903,594	\$2,443,670	\$2,585,316	\$1,832,404	\$9,025,849
Mental Health Cost	\$93,568	\$887,682	\$1,136,862	\$1,186,050	\$589,812	\$3,893,974
Pharmacy Cost	\$131,659	\$2,359,006	\$6,264,543	\$9,218,638	\$5,600,486	\$23,574,331
External Care Cost	\$691,960	\$8,367,518	\$12,489,081	\$18,656,945	\$25,645,641	\$65,851,145
TOTAL HEALTH CARE COST	\$1,219,719	\$13,996,751	\$22,816,212	\$32,032,096	\$33,824,060	\$103,888,838
TOTAL COST/INMATE	\$643	\$714	\$1,222	\$2,221	\$5,425	\$1,708

Table 2

SUMMARY AND RECOMMENDATIONS

In reviewing the data for this addendum report, it was found that the number of aging inmates continues to grow. The number of inmates age 50 and older has increased by 21% since June 2005. The cost of housing these inmates has also increased. This is especially true in regards to health care for aging inmates which has increased 35% since FY2004-2005.

The Aging Inmate Report of May 2006 offered seven recommendations for addressing aging inmate issues in North Carolina. Although progress has been made on some of these recommendations, few of the recommendations have been completed as yet. The following chart shows the status of each of the initial recommendations.

Recommendation	Progress/Status
1. Explore the release of terminally ill inmates who are low security risks to hospice facilities.	Two inmates were released to hospice/private facilities during FY2006-2007. Cases are now being reviewed on an on-going basis and this number should increase during FY2007-2008.
2. Seek a way to release geriatric, special needs and severely disabled inmates to secure private facilities.	

Recommendation (Continued)	Progress/Status
3. Track inmate health care expenditures so that they can be analyzed by age and type of medical/mental health conditions and needs both internally and at outside providers.	The Department of Correction Management Information Systems is working on program development to address this recommendation.
4. Review geriatric-specific programs in other states and determine which ones could be implemented successfully in North Carolina.	DOP Program Services is currently reviewing other programs.
5. Add age as a variable in the annual Prison Population Projections Report in order to better plan for the increasing aging inmate population.	This recommendation is currently under review by the Sentencing Commission.
6. Review and consider legislation that would allow for releasing more geriatric inmates safely into the community.	The Sentencing Commission is including aging inmate issues in their Legislative "Correctional Program Evaluation" due for April 2008.
7. Review and correct the ethnic data on OPUS in order to reduce the 33% "unknowns" and to better understand the ethnic makeup of our inmates.	The "unknown" ethnic data in OPUS has been reduced from 33% in FY2004-2005 down to 28% "unknowns" in FY2006-2007.

Table 3

It is again recommended that North Carolina take a pro-active approach to dealing with the issues of the growing aging inmate population and that the Division of Prisons continue to monitor and address the recommendations listed in Table 3 above.

October 17, 2007

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The complete *Aging Inmate Population Study* from May 2006 can be found at <http://www.doc.state.nc.us/dop/Aging%20Study%20Report.pdf>.