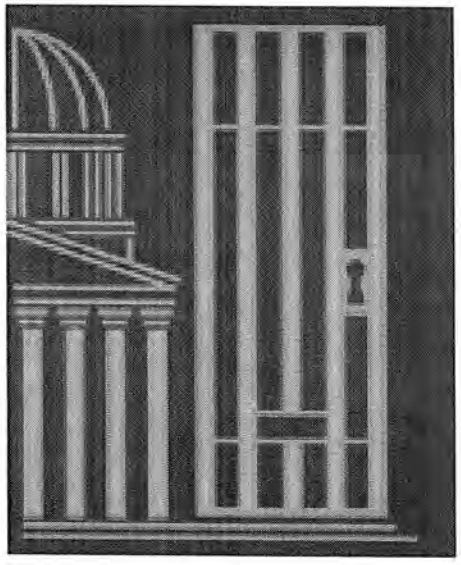


The Aging of the Oklahoma Prison Population:

Implications for Health Care Costs

Oklahoma Criminal Justice Resource Center
July 2005

L 1302.8 A276i 2005 c.3

Introduction

Oklahoma's prison system is expected to grow by nearly 1,500 inmates over the next decade, according to population projections by the OCJRC. How much will it cost to house those additional inmates? A simple calculation of housing costs used by most analysts (i.e., each inmate costs about $15,000 per year) shows that the Department of Corrections may need $21 million over the decade. But these calculations overlook a dynamic that many policymakers don't consider: Inmates are growing in age as well as numbers. Older, sicker inmates will add greatly to the prison system costs.

This study is presented at the request of the Oklahoma Sentencing Commission. In its Recommendations to the 2005 Legislature, the Commission directed OCJRC to study the aging prison population "to more accurately predict costs of the prison system" for the coming years.

Background

A few anecdotes from recent files of DOC's medical division illustrate a costly consequence of state government taking custody and control of lawbreakers:

Inmate A (Sentenced to Life Without Parole for murder, with a criminal history of child sex crimes) – Quadriplegic being housed at DOC's Lindsay Hospital since December 3, 2003. For FY'05 DOC has spent $284,161 on physician bills and respiratory therapy. Hospital costs for 600 days total $511,700.

Inmate B (Sentenced to Death for rape, kidnap and murder) – DOC paid $35,205 for hip replacement surgery while the inmate awaits execution. Conflicting medical opinions on the need for the surgery were resolved after the inmate's attorney got involved.

Inmate C (Convicted of DUI) – While the inmate was awaiting transfer from the Tulsa County Jail to DOC, he became ill, was hospitalized and later expired. Medical cost incurred by DOC was $237,621 (the state must pay health costs of backed-up inmates awaiting transfer to DOC once the official Judgment & Sentence is received by DOC).

Constitutional concerns by federal courts have made health-care cost growth in prisons a mandate more than an option. Punishment may be a primary goal of state judges and juries who order imprisonment, but confinement is not allowed to be cruel. Guaranteed access to modern health care services has thus become an unavoidable part of punishing offenders.

The general escalation of health care costs in the U.S. has been documented extensively. From 1987 to 1999 the average annual growth rate of personal health care spending was 7.6 percent (Keehan, Lazenby, Zezza, & Catlin, 2004). The growth can be attributed to a number of factors including technological advances, price inflation, utilization rates and the introduction of new and expensive prescription drugs. However, an additional factor is the changing age-mix of the population. In the future, Keehan, et al.

estimated that the aging of the population will add just under 0.5% per year to the projected cost increase between the years 1999 to 2049. The aging of the population will result in a 27% cumulative cost increase during that time period, over and above any other cost factors. During the 1987 to 1999 time span the authors noted a trend toward less money spent on hospital care, while more was spent on prescription drugs. It is likely that this trend will continue with the aging of the U.S. population. "Higher incidence of chronic illness associated with advancing age was a driving factor of these trends (Keehan, et al., 2004, p. 4)."

The cost of health care in prisons is significant, and becoming an increasing part of the budgets of correctional authorities nationwide. In 2001 spending on medical care for state prisoners nationwide totaled $3.3 billion, or 12% of operating expenditures (Stephan, 2004, p.6). According to the Oklahoma Department of Corrections (DOC), inmate medical expenses were expected to represent 13.1% (more than $50 million out of the total $383 million work program) of the Department's total expenditures during FY'04 (DOC, 2004). As reported in national media (Colimore, 2005), the link between correctional health care costs and the aging of the prison population has become obvious:

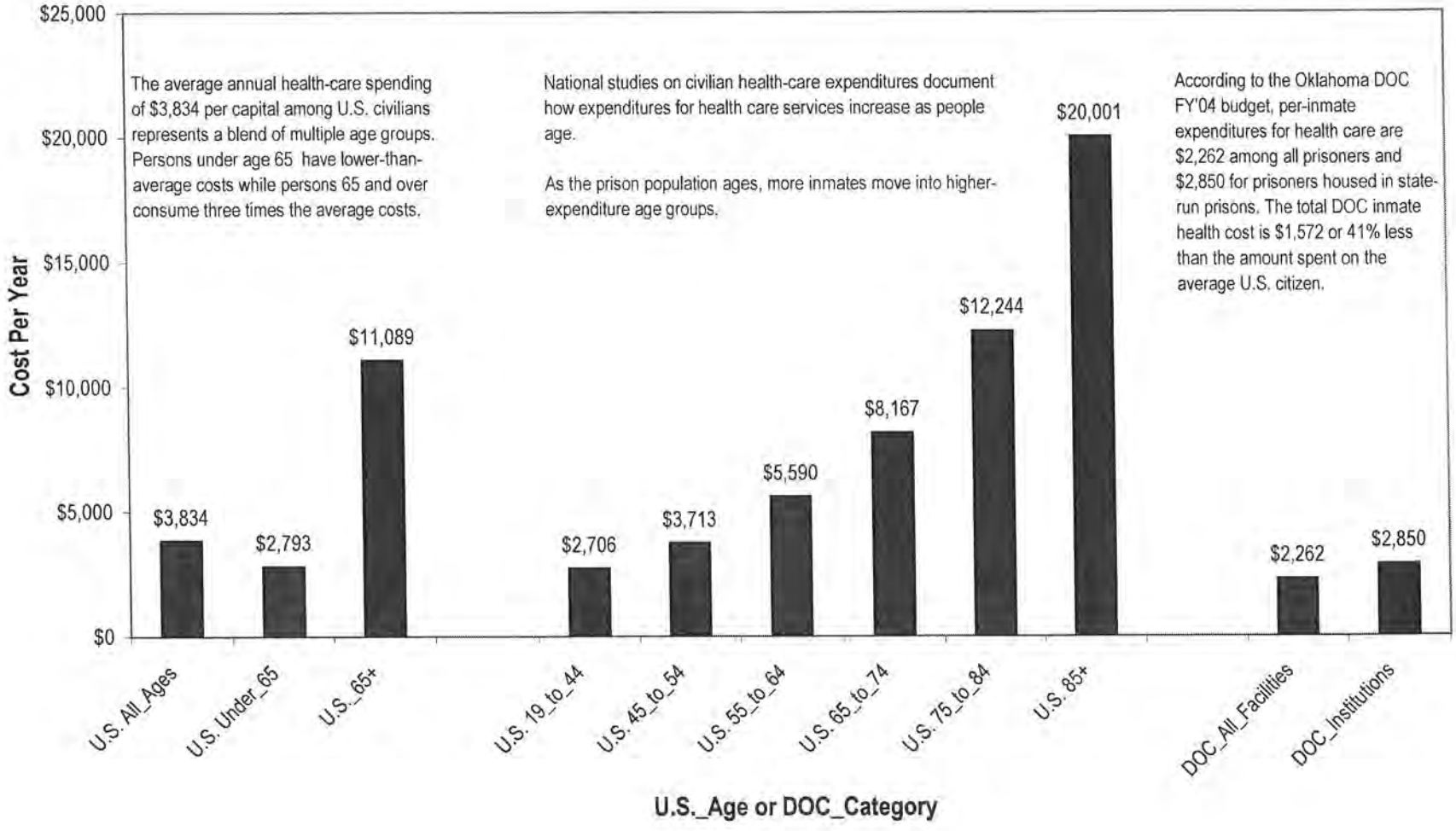
> "Nationwide, the cost of housing an inmate older than 60 averages $70,000 a year, about three times the average cost for prisoners overall, according to the Centers for Disease Control and Prevention. The difference is largely because of health-care costs. Corrections Departments ... consider prisoners older than 50 geriatric, arguing that many inmates had a lifetime of poor health care and age faster than people on the outside [note: Other sources indicated that a 50 year old inmate has the health status comparable to a never-incarcerated individual who is 10 years his senior.]. The increase in the nation's geriatric prison population is attributed to the graying of Baby Boomers, longer sentences, mandatory terms and older people being convicted of sex offenses and murder. 'The states that have implemented harsher penalties will see it sooner than other states,' said Herb Hoelter, chief of the National Center on Institutions and Alternatives in Alexandria, Va. "

Oklahoma faces the same trend as other states. The increasing numbers of elderly inmates will require increasing levels of health care services at a much greater cost. The following charts explore the Oklahoma trend for prison inmates age 45 years and older. They illustrate that health care expenses for persons age 55 to 64 are more than twice as much as those for the 19 to 44 age group. If the health-care needs of the prison population age 45+ parallel those of the general population at age 55 and older, then this represents an age group for whom the health care costs of the prison population are likely to increase substantially in the years ahead. Therefore, this study focused on the growth of the number of Oklahoma inmates in the 45+ age group for the fiscal years 1990 through 2005, and it provides a projection of the continued growth in the number of this inmate population through fiscal year 2015.

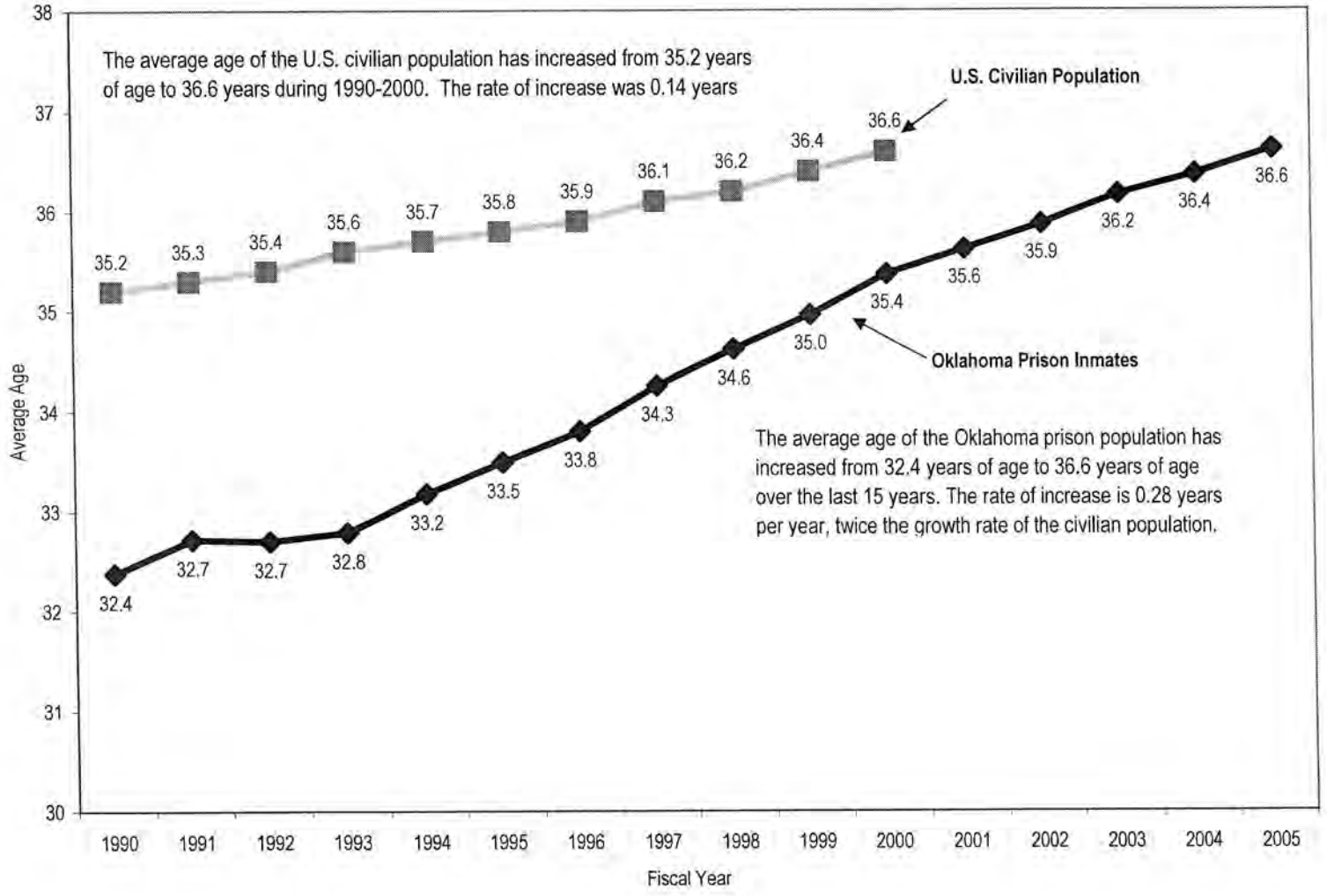
Key Findings

- Annual DOC health spending per-prisoner is $1,572 or 41% less than the amount spent on the average U.S. citizen. According to the Oklahoma DOC FY'04 budget, per-inmate expenditures for health care are $2,262 among all prisoners and $2,850 for prisoners housed in state-run prisons. Average citizen expenditures are $3,834 annually.
- The average age of the inmate population in Oklahoma has increased from 32.4 years of age to 36.6 over the last 15 years. This growth rate is twice that of the U.S. civilian population.
- The number of inmates age 45 or older has quadrupled since 1990, while the total prison population has nearly doubled.
- Over 23% of the prison population is over 45 years of age. This is more than double the percentage in 1990.
- The inmate population in Oklahoma over age 45 will increase by 62% from 5,651 to 9.147 in FY 2015 if current trends continue.
- The average age for people coming to prison has increased from 30 years of age to 32.9 over the last 15 years.
- The number of inmates received each year, age 45 or above, has nearly tripled since 1990 (from 516 to 1,341).
- The share of prison receptions age 45 or over has nearly double in the last 15 years, to 15% in Calendar Year 2004.
- Older inmates are more likely to be serving time for a violent offense.
- The crime categories with greater percentages of elderly inmates include Murder, Rape, Sex Offenses and DUI. The categories with lower percentages include Stolen Auto (UUMV), Larceny and Burglary II.
- Some of the growth in age of the inmate population can be attributed to longer sentences. The number of offenders sentenced for "Deadly Sin" crimes (which makes them ineligible for parole or time credits until 85% of their sentences are served in prison) increased by 33% from 2000-03.

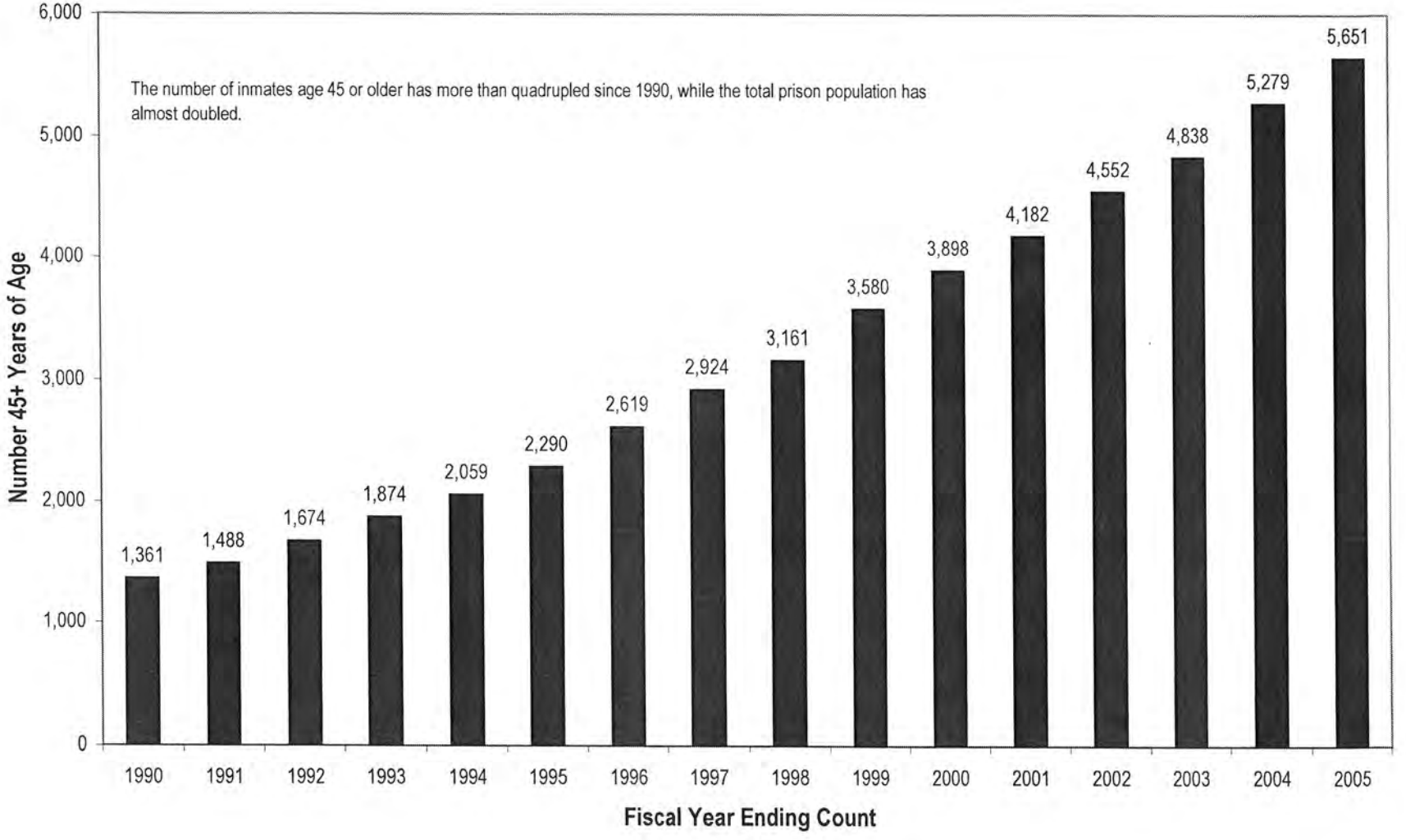
Per Capita Health Care Spending
U.S. Civilian Population vs. Oklahoma Prisoners



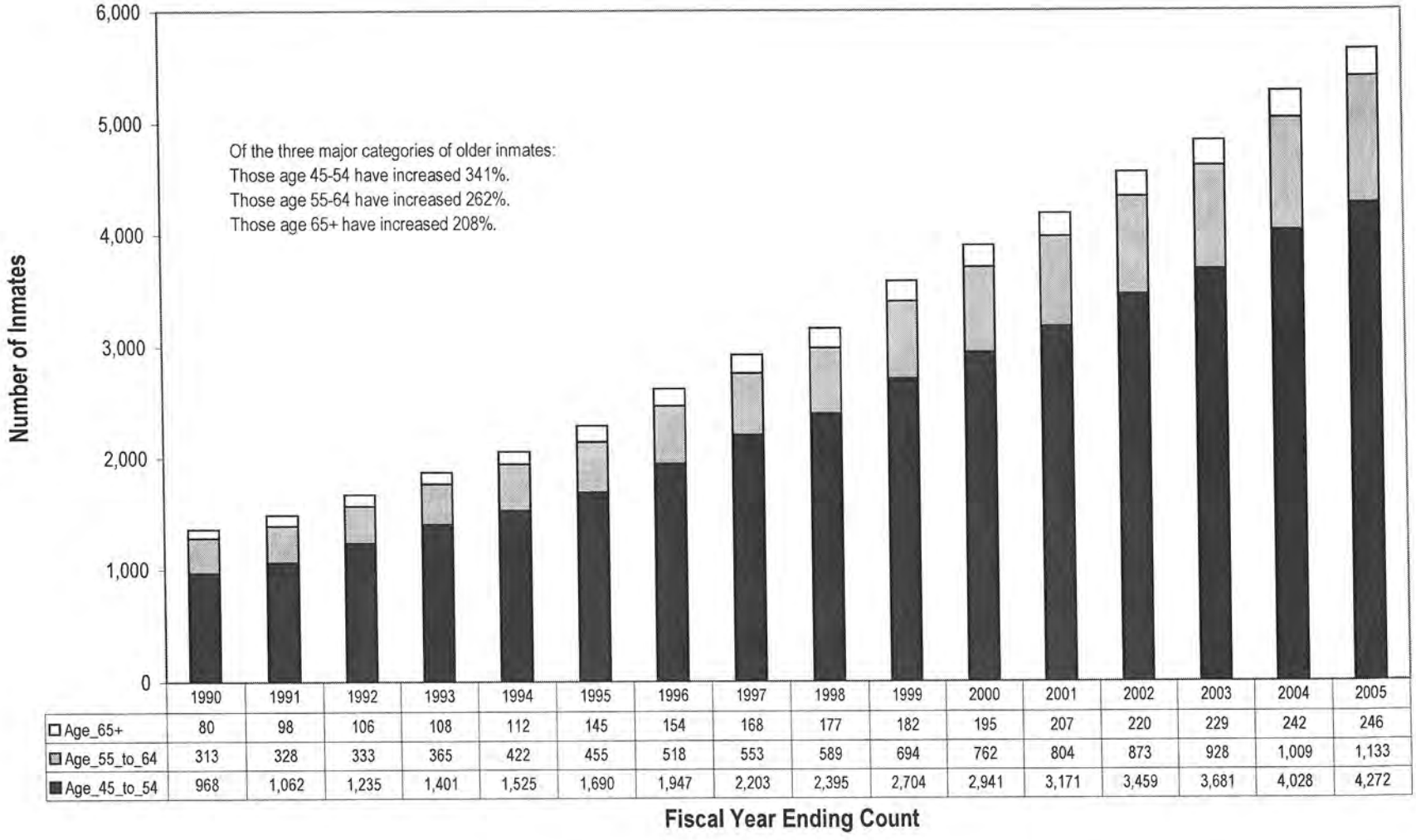
Average Age of U.S. Civilian Population vs. Oklahoma Prisoners



Number of Oklahoma Prison Inmates 45+ Years of Age

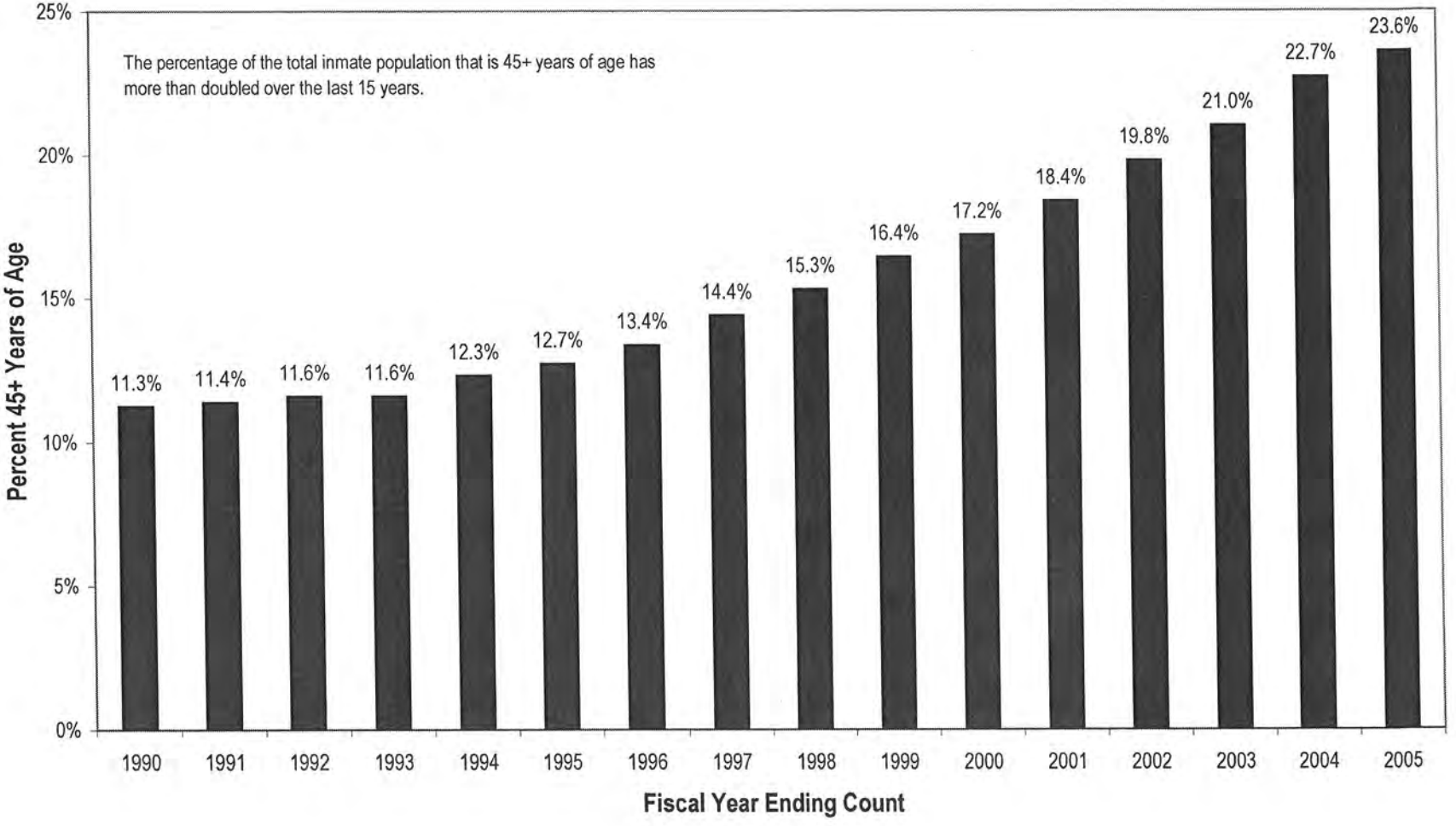


Number of Oklahoma Prison Inmates 45+ Years of Age By Age Category

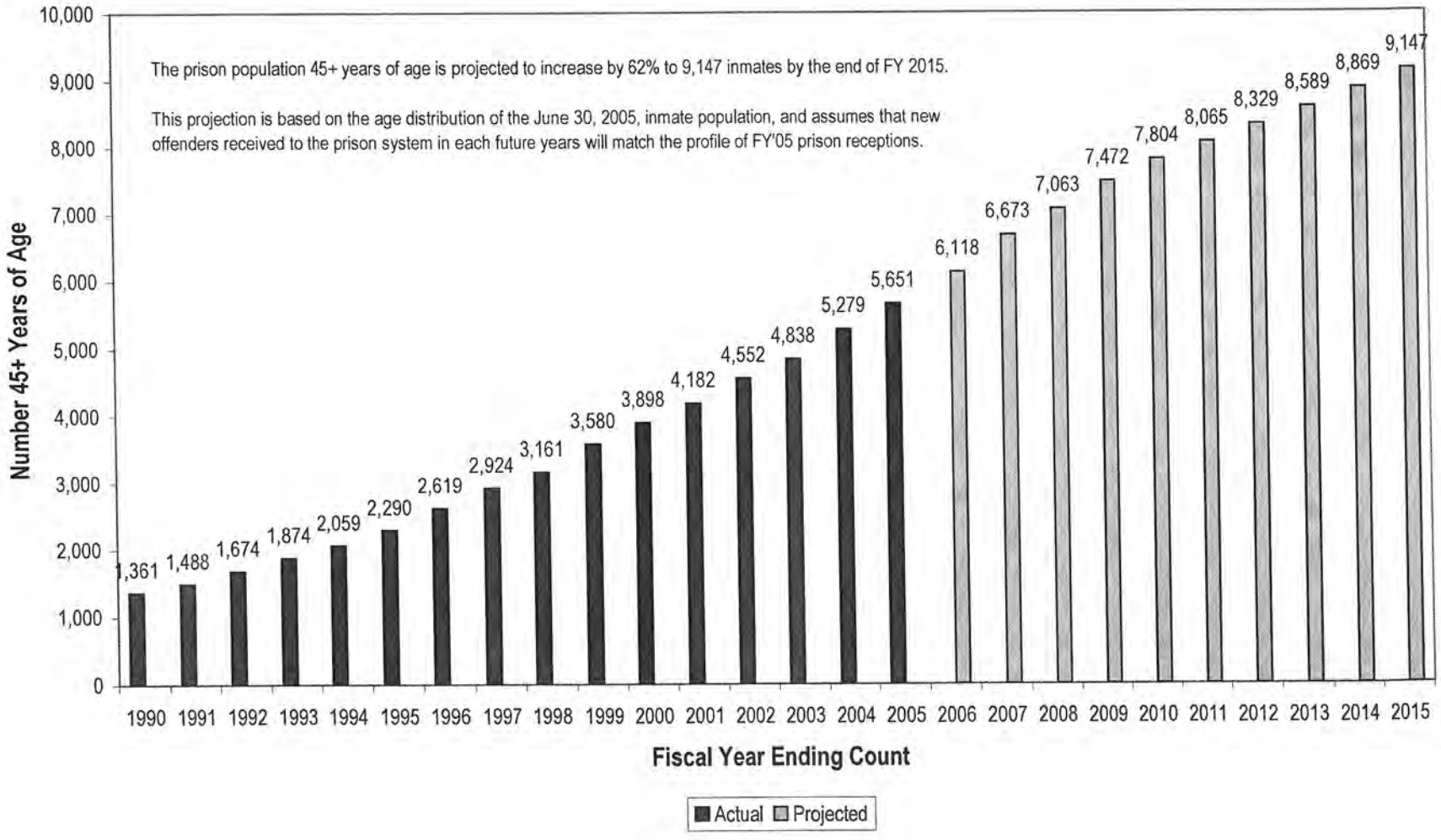


	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005
Age_65+	80	98	106	108	112	145	154	168	177	182	195	207	220	229	242	246
Age_55_to_64	313	328	333	365	422	455	518	553	589	694	762	804	873	928	1,009	1,133
Age_45_to_54	968	1,062	1,235	1,401	1,525	1,690	1,947	2,203	2,395	2,704	2,941	3,171	3,459	3,681	4,028	4,272

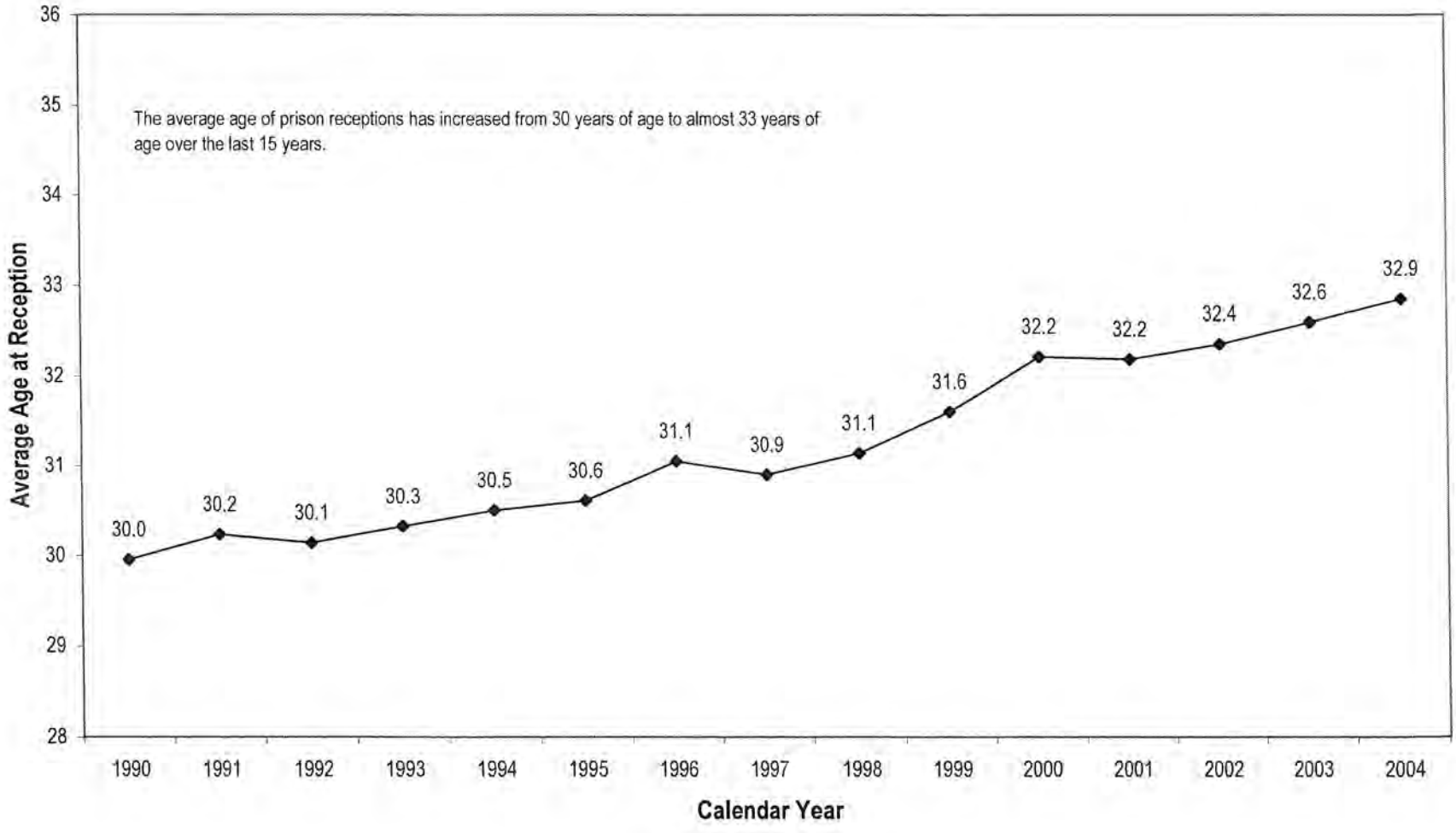
Percent of Oklahoma Prison Population 45+ Years of Age



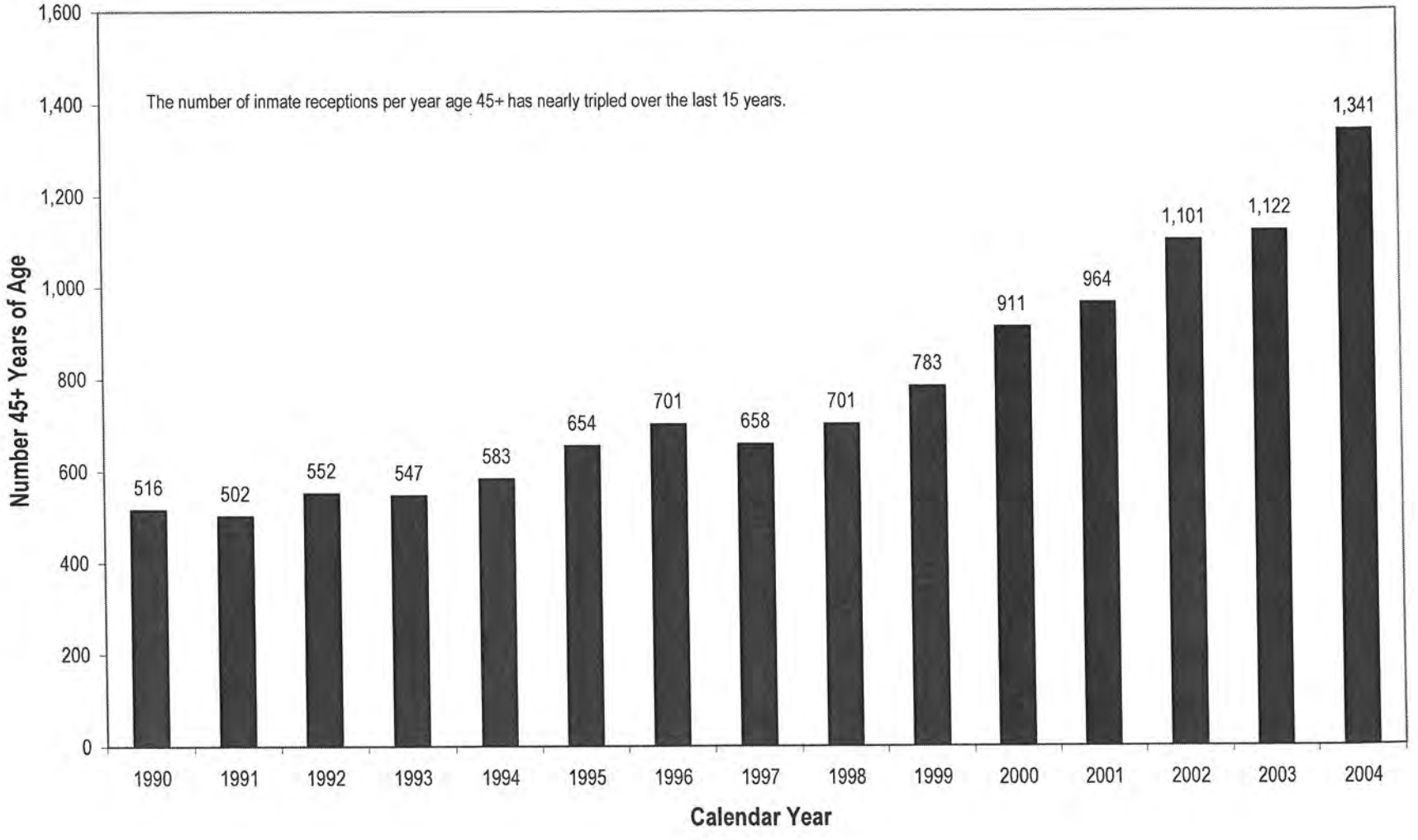
Actual and Projected Number of Oklahoma Prison Inmates 45+ Years of Age



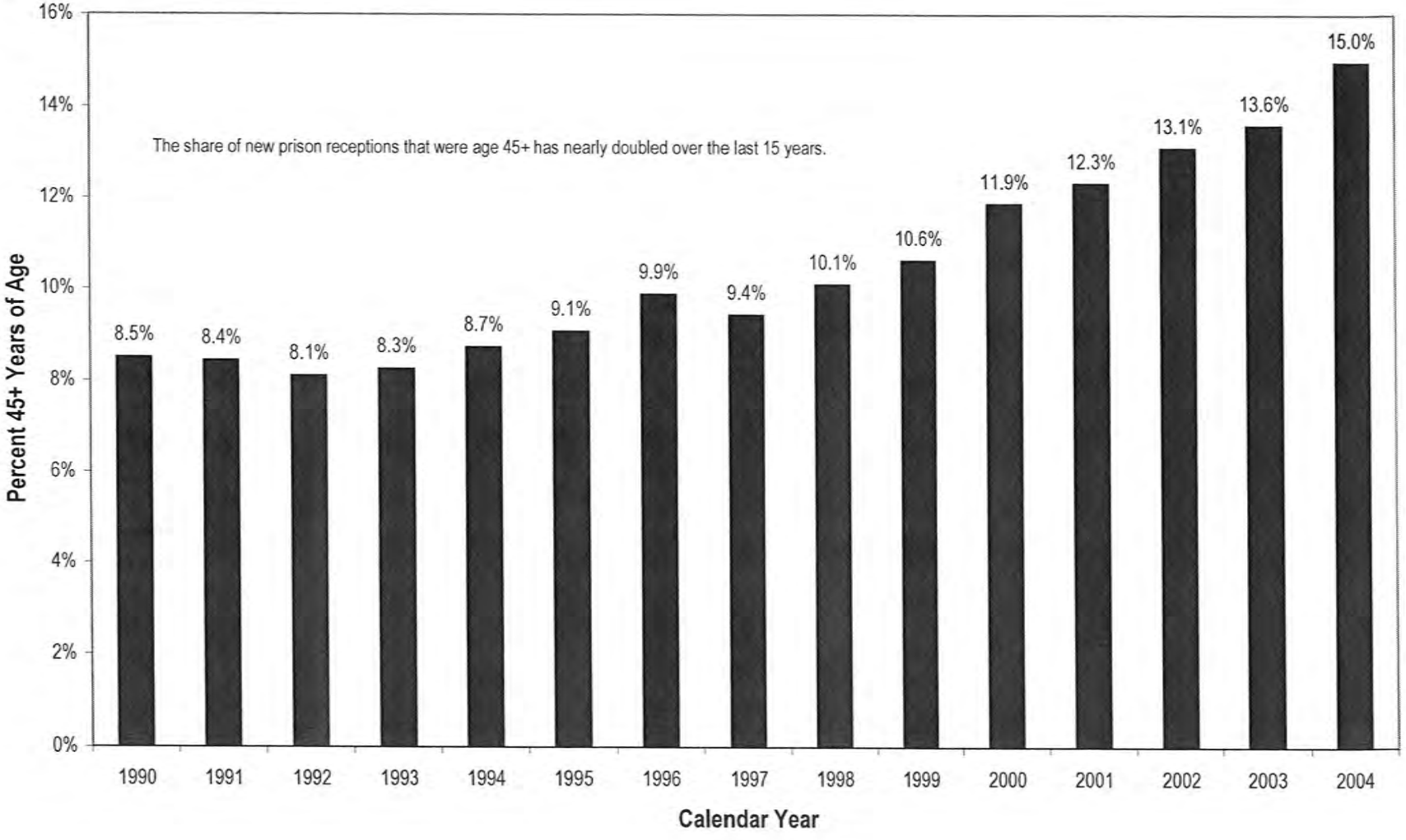
Average Age Of Oklahoma Prison Receptions
1990 through 2004



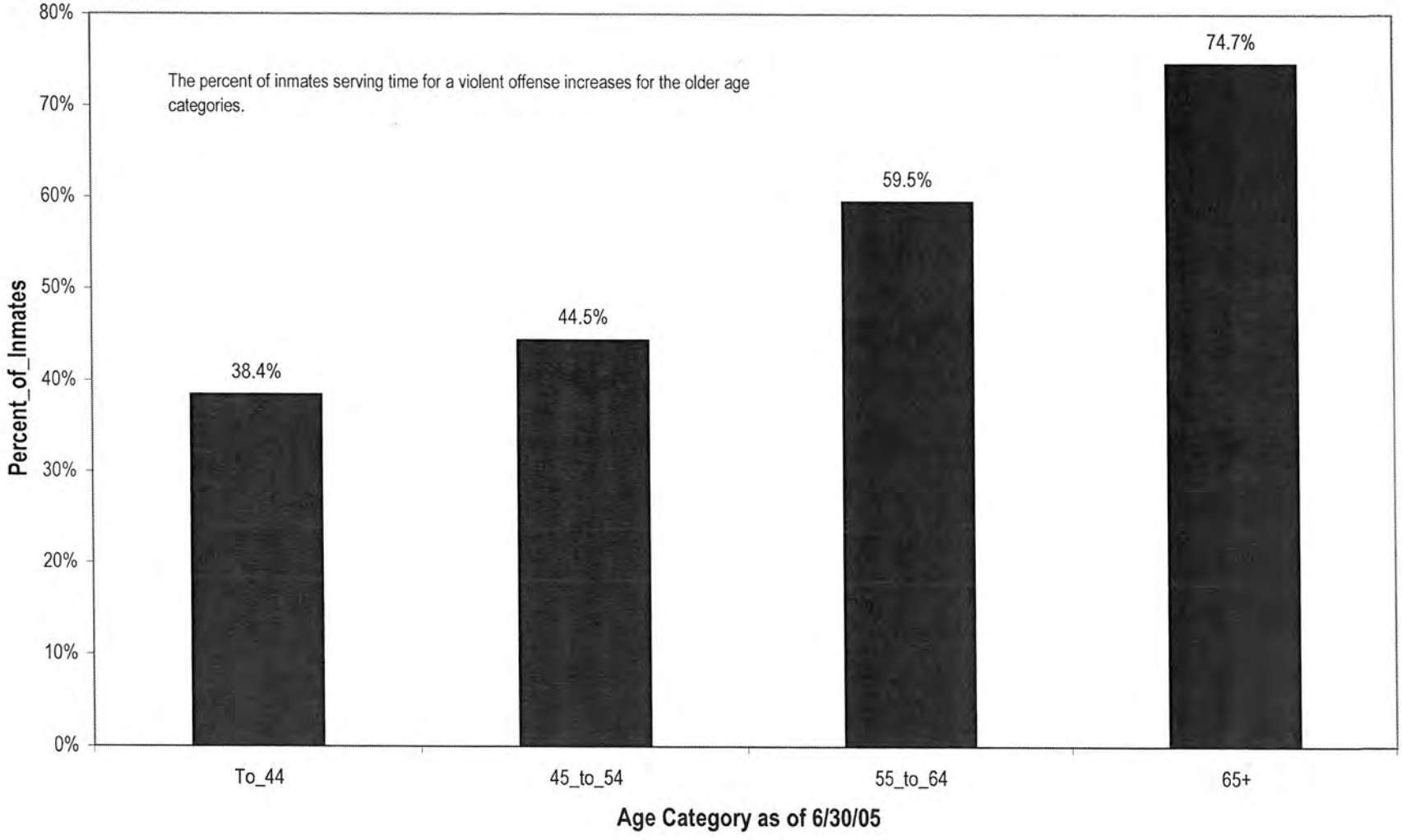
Number of Oklahoma Prison Receptions Age 45+ At Reception Date



Percent of Oklahoma Prison Receptions That Were Age 45+ At Reception

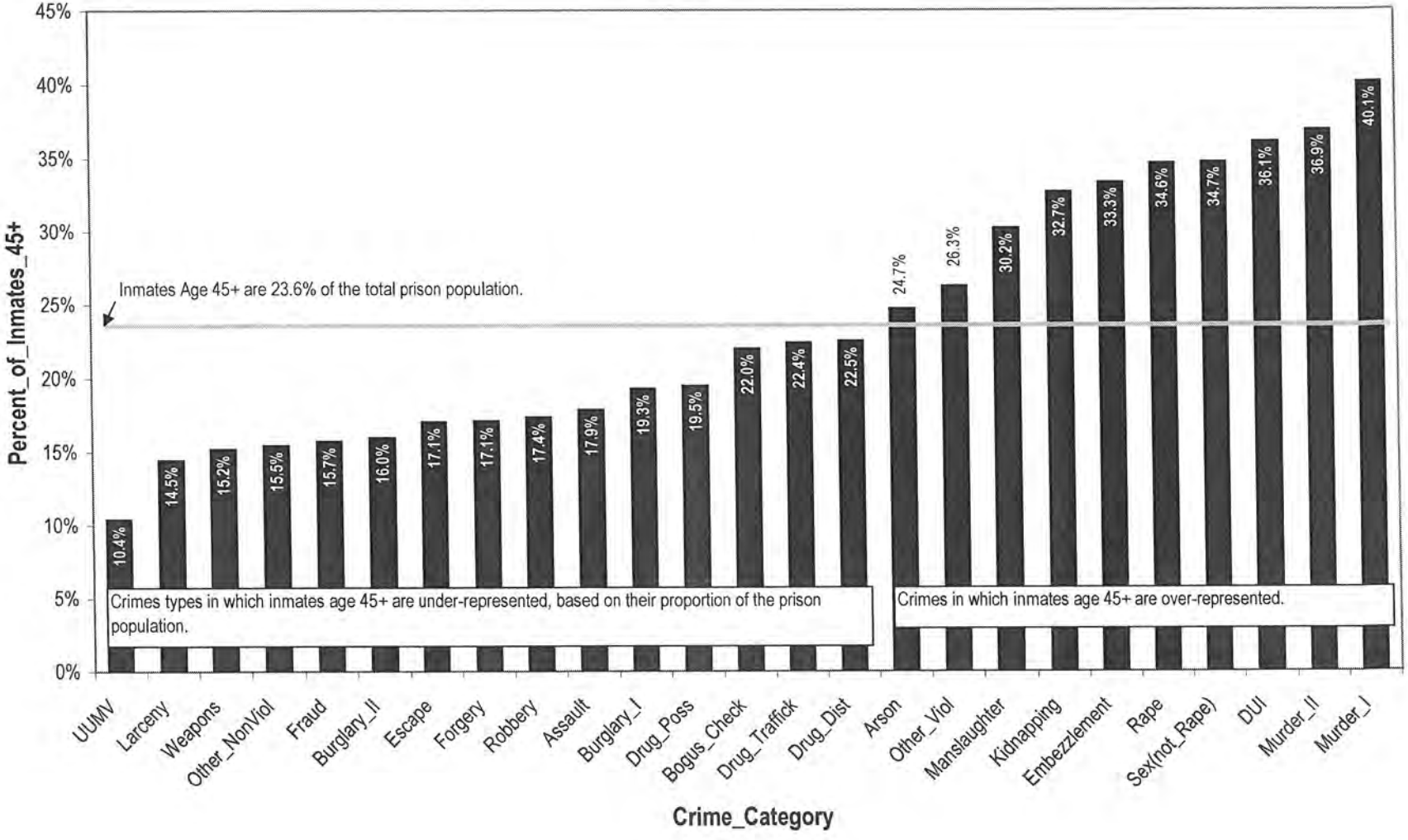


Percent of Oklahoma Prison Inmates Serving Time for a Violent Offense

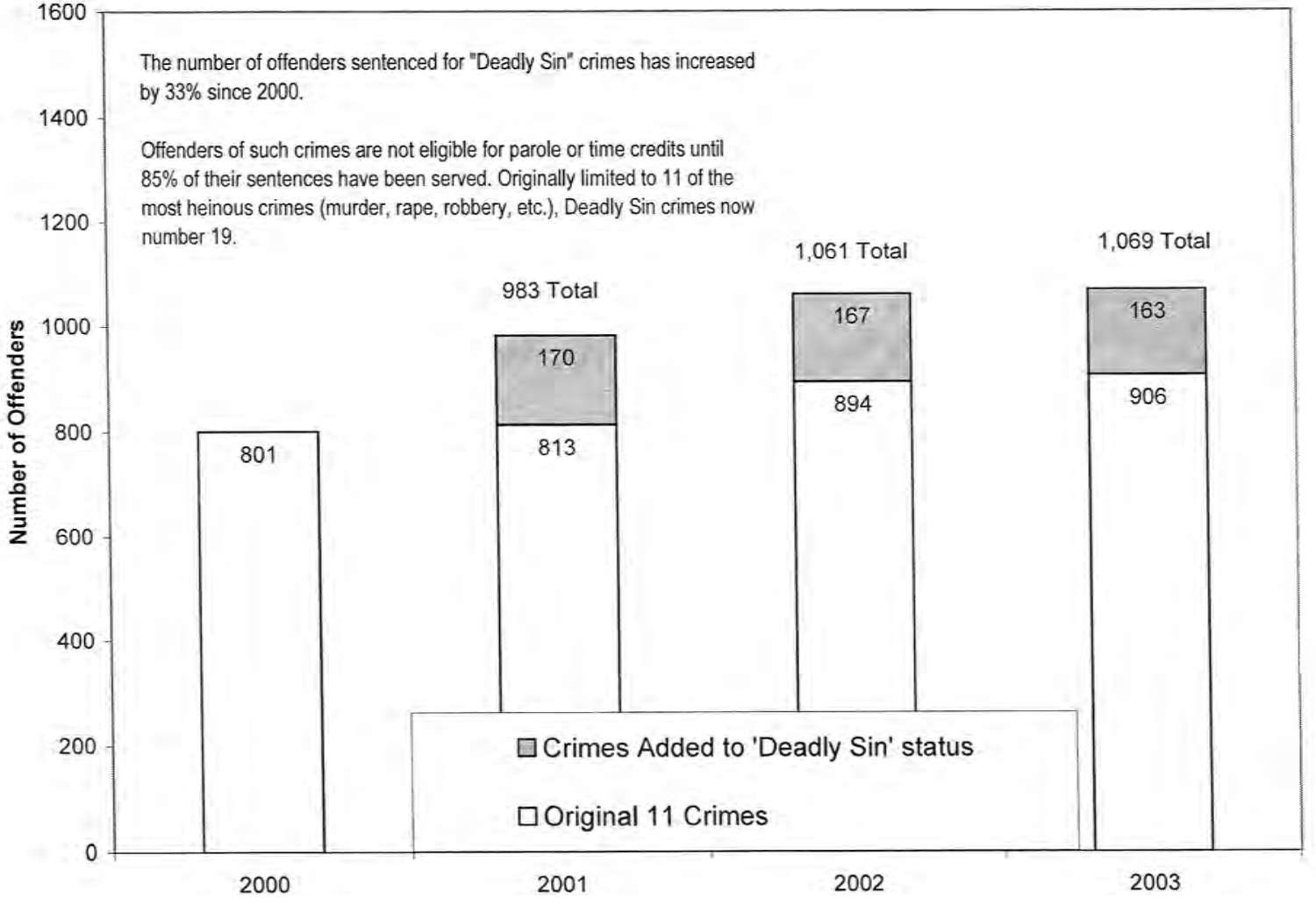


Percent of Oklahoma Prison Inmates Age 45+ By Crime Category

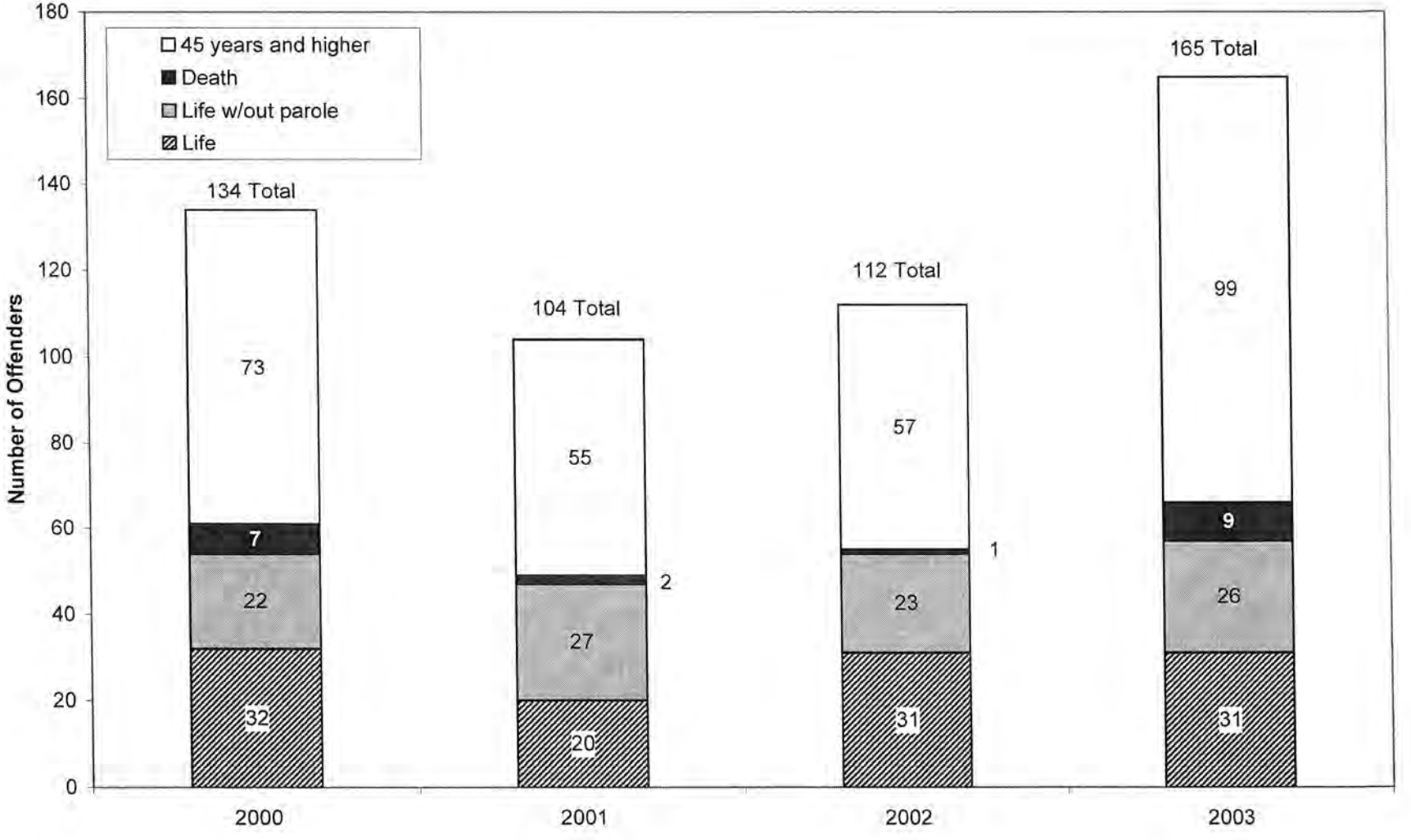
As of June 30, 2005



Number of Felons Sentenced for 'Deadly Sin' Crimes



Offenders Given Long Prison Terms



References

Colimore, E. (2005). *Older inmates lift prison health costs.* Chicago, IL: Chicago Tribune, June 23, 2005. Retrieved July 20, 2005 from the World Wide Web: http://bcbshealthissues.com/proactive/newsroom/release.vtm

Keehan, S., Lazenby, H., Zezza, M., & Catlin, A. (2004). *Age estimates in the national health accounts.* Baltimore, MD: Centers for Medicare & Medicaid Services (CMC). Retrieved from the World Wide Web: http://www.cms.hhs.gov/review/web_exclusives/keehan.pdf

Oklahoma Department of Corrections. (2004). *Statement of operating cost per inmate based on FY 2004 work program (not actual).* Oklahoma City, OK: Author. Retrieved July 20, 2005 from the World Wide Web: http://www.doc.state.ok.us/spreadsheet/04coi_wp.pdf

Stephan, J. (2004). *State prison expenditures, 2001.* Washington, DC: U.S. Department of Justice, Bureau of Justice Statistics. Retrieved July 20, 2005 from the World Wide Web: http://www.ojp.usdoj.gov/bjs/pub/pdf/spe01.pdf