

Florida's *Rapidly Aging* *Inmate Population*

“Compared to all other prisoners, older prisoners on average cost taxpayers the most and threaten public safety the least.” – ACLU

The United States is the largest incarcerator in the world, housing five percent of the world’s population and 25 percent of the world’s prisoners (Walmsley 2013).

Between 1980 and 2009 the total prison population in the U.S. had grown 377 percent (ACLU 2012; Human Rights Watch 2012). During the same period, the aging prisoner population increased more than 1,300 percent. This has little to do with the actual crime level—currently the lowest it has been in more than four decades—and more to do with “tough on crime” policy choices, including strict sentencing practices, three strikes laws, truth-in-sentencing schemes, and life without parole (National Research Council 2014). The result of this mass incarceration has led to a projection that more than one-third of the inmates in federal and state prisons will be

aging or aged by 2030 (ACLU 2012; Smyer and Burbank 2009).

In accordance with the 8th Amendment, in the case of *Estelle v. Gamble* (1976), the U.S. Supreme Court ruled all prisoners must have access to an appropriate level of medical care, defined as diagnosis and treatment by a physician without “deliberate indifference to serious medical needs.” The Supreme Court expanded on this ruling in the case of *Helling v. McKinney* (1993), stating that prison administrators cannot “ignore a condition...that is sure or very likely to cause serious illness and needless suffering” (Stal 2012). Since then, total annual prison spending has increased over tenfold, and more than 10 percent is spent on health care (Ahalt, Trestman, Rich, Greifinger, and Williams 2013). The public price tag is now \$80 billion annually for local, state, and federal corrections

expenditures (Kyckelhahn 2014). These rising healthcare costs are mostly due to the increasing number of older prisoners who tend to have the highest levels of chronic health conditions and disabilities.

Florida's Aging Prison Population

Florida Statute 944.02 defines aging and aged inmates as, “prisoners age 50 or older in a state correctional institution or facility operated by the Department of Corrections.” When compared to the general population, inmates tend to be physically older— estimated as up to ten years older than the general population— and experience a higher rate of many chronic illnesses (Binswanger, Krueger, and Steiner 2009). This accelerated aging process is likely due to a lifetime of cumulative disadvantage, notably poverty, unemployment, substance use, poor nutrition, lack of insurance and quality healthcare prior to and while in prison, and the mental and physical stresses of life behind bars (ACLU 2012; Human Rights Watch 2012; National Research Council 2014).

Florida is a microcosm of the national prison growth. As the third largest inmate population in the country, with more than 100,000, it represents 8 percent of the U.S. state prison population (Bureau of Justice Statistics 2012; Florida DOC 2012). Since the 1980s, longer prison terms, exacerbated

by the abolishment of parole and the addition of a non-negotiable 85 percent rule, have been the catalysts to this growth.

While these trends mirror states across the country, Florida has led the nation in increasing lengths of prison time served. The average length of time served for state prisoners across the country increased 36 percent, or 9 months, for prisoners released in 2009 versus 1999. In Florida, the increase was 166 percent, or an average of 22 additional months (Pew 2012). Similarly, between 1997 and 2007, the number of older prisoners in Florida grew 130 percent compared to a 36 percent growth in the total U.S. prison population (ACLU 2012). Florida was among the top five states for highest percentage (18%) and actual number of prisoners (17,980) aged 50 and over (ACLU 2012).

According to the Florida Department of Corrections (FDOC) annual report (2014), between 2006 and 2014, the number of older inmates in the state prison system has increased steadily by 86 percent (from 11,178 to 20,753). They represent 20.6 percent of the total population, and 46.2 percent have no prior prison commitments. The top three convictions are: violent offenses (30.8%), followed by property crimes (30.5%), and drug offenses (22.4%).

As a result of the aging inmate population, providing appropriate health care has become a challenge. Additionally, there is a high demand for specialized prison bed space for older inmates with chronic medical needs. Housing these inmates separate from the general population decreases the possibility for predatory and abusive behavior by younger, more aggressive inmates, and promotes efficient use of medical resources.

The Costs of Incarcerating the 50+ Population in Florida

A federal court ruled, in *Costello v. the State of Florida*, that inmate health services are a constitutional right; therefore, the state is responsible for providing convicted inmates with adequate health care (OPPAGA 2009). The *Costello* case was litigated for 21 years and ultimately resulted in a major shift in the medical care of inmates in Florida prisons.

Each major correctional institution provides a basic level of health services including nursing level care, such as monitoring vital signs, stabilizing patients after procedures, and monitoring long-term patients who cannot live among the general population (OPPAGA 2009). When inmates have medical emergencies or require more specialized medical treatment, the prison transports them to hospitals in the community. The institution then

negotiates contracts and price agreements with the hospitals and medical specialists for their services (OPPAGA 2009). These hospital visits tend to be expensive. However, since 2008, due to legislation tying outside medical services to Medicare rates, the FDOC has been able to secure more favorable contracts with outside medical providers reducing the cost of this care (Florida Statutes 2009).

A recent analysis of correctional health care spending (Pew 2014; MacArthur 2014) shows increases from 2001 through 2008 in 42 of the 44 states reporting data. However, the fiscal data in this report is now six years old and does not separate costs for older and/or infirm inmates from the general population. In Florida, although health per diem costs for inmates have decreased slightly since 2008, when managed care was introduced, the older population increased from 15.1 percent of the inmate population in 2008-2009 to 20.6 percent of the population in 2013-2014. This growth in the older prisoner population has led to an overall increase in spending.

Per-inmate cost is a measure of cost alone, and does not reflect quality, as measured by, say, staff safety, nor outcomes, like the impact on recidivism (VERA 2012). Human Rights Watch (2012) found prison medical expenditures for older inmates range from three to nine times higher than those for the

average inmate. While VERA (2012) found that the average annual cost per inmate in Florida was \$20,553, it is estimated by the Pew Center study (2012) that it costs \$70,000 to house an aging inmate for the same period of time.

Florida does not track inmate health care costs by age; however, utilization data shows that older inmates account for a disproportionate share of all medical contacts including chronic illness clinics and

hospital services (Human Rights Watch 2012). In FY 2011-12, they represented only 18.3

percent of the total prison population, but accounted for 46.6 percent of all episodes of care and 49 percent of all hospital days (FDOC 2012). In addition, they tended to have twice the number of sick calls as younger inmates, three times as many drug prescriptions as the average inmate, and 24 percent of all prescription drugs costs were spent on them (Human Rights Watch 2012). In FY 2013-2014, the incidences of care continued to increase: older inmates accounted for 51.3 percent of all episodes

of care and 63.4 percent of all hospital days despite representing only 20.6 percent of the total prison population (FDOC 2014).

This disproportionate use of medical care, along with the fact that federal health insurance programs do not cover medical care for prisoners leaving states to shoulder the entire load, leads to greater costs for taxpayers (ACLU 2012; Human Rights Watch 2012). At 19.1 percent of the total FDOC budget, taxpayer cost for health care

Aging prisoners are at higher risk than their younger counterparts for chronic diseases and conditions associated with age, including heart and lung problems, diabetes, hypertension, cancer, ulcers, poor hearing and eyesight, and a range of physical disabilities (Human Rights Watch 2012).

in Florida's prisons was just under \$395 million for FY 2012-2013 (FDOC 2013).

The bottom

line is that Floridians spend billions of dollars on prisons annually and these expenditures are only going to increase unless changes are made to the system (Clouser 2009). One of the biggest challenges over the next 15-20 years will be to find a better way to deliver medically necessary, cost effective health care services to this growing aging inmate population.

Facilities Serving Large Populations of Aging and Aged Inmates

There are currently five facilities in Florida that serve relatively large populations of aging and aged inmates who need assistance (FDOC 2014):

Facility	Description
Reception and Medical Center	Located in Lake Butler, this 100 bed licensed hospital cares for the chronically ill and aging inmates on ventilators. In 2011, this facility enhanced staff training and leased specialized medical equipment to treat inmates requiring ventilators. Previously, these inmates were transported to community hospitals for treatment and incurred higher costs for the department
South Unit of the Central Florida Reception Center	Designated for special needs and palliative care inmates
Zephyrhills Correctional Institution	Two-dorm facility designed for inmates with complex medical needs and aging inmates
Lowell Correctional Institution	Specifically for female inmates who are elderly or have complex needs
F-Dorm at the South Florida Reception Center	An 84 bed facility designated for palliative and long-term care, and care for inmates who can be discharged from hospitals but are not ready for an infirmary level of care at an institution

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