

Using health indicators (physical, dental, nutritional) at offender intake to identify needs

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Correctional Service of Canada's Offender Intake Assessment (OIA) process² produces a comprehensive and integrated evaluation of each federal offender as they enter the correctional system. While the main purpose for these case-based assessments is to develop an individualized correctional plan to address criminal offending, the information can also be used to produce estimates of health care needs at admission.

This article offers distributions of three health indicators – (physical, dental and nutritional) for offender admissions (flow) and the institutional population (stock) over a five-year period, 1997 to 2001. Additional distributions are provided for the conditional release population and relationships are examined between these health indicators and post-release outcome.

Distribution of health indicators at intake

Recognizing the strategic and operational planning dividends that deriving case-specific information from automated assessment systems can yield, the Service successfully designed, developed and implemented by 1994 a nation-wide standardized offender assessment protocol. Known as OIA, there are two core components of the assessment process: *Static Factors Assessment* and *Dynamic Factors Identification and Analysis*.

During assessment, the offender's complete background is considered, including criminal record and personal characteristics. Albeit the description of the entire OIA process is beyond the scope of the present article, three health indicators are of particular interest. Each of them are contained in the Service's automated Offender Management System (OMS) and available from the principal component "health" in the community functioning domain of the *Dynamic Factors Identification and Analysis* section of the OIA process. These health indicators include: 'poor physical', 'poor dental', and 'poor nutritional'.

Notwithstanding the clinical utility of these health indicators in developing and managing a correctional plan for each offender, the compilation of these OIA indicators permits the Service to generate prevalence rates, track

trends over time, and alert staff to cases where additional health care assessments would be warranted. Noteworthy, these health indicators refer to the condition that prevailed at the time of the offender's intake assessment. The exact nature of these health problems beyond physical, dental and nutritional requires another level of effort.

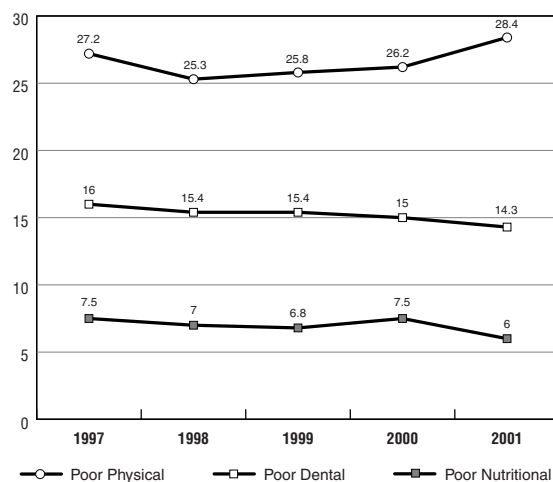
Offender admissions (flow)

A December 31, 2001 review of the Service's OMS identified 21,457 admissions with completed OIA's since January 1, 1997. According to officially reported admission statistics, this figure represents 97.5% of the newly admitted federal population. Of the completed admission assessments available for analysis, 5,703 (27%) were identified as having physical health problems at admission. About 15% of federal admissions reportedly had dental problems and 7% had poor nutrition.

Figure 1 shows three separate trend lines for the selected health indicators over a five calendar-year period. Each point in the line represents the proportion of offenders in each admission cohort identified with physical, dental and nutritional problems at admission.

Figure 1

Health indicators and offender admissions (flow)



When the trend line for 'poor physical' is examined the slope is generally upward. Relatively speaking, this means that the proportion of newly admitted offenders with a 'poor physical' health indicator has increased by 4.4% since 1997.

However, the review also determined that the trend lines for 'poor dental' and 'poor nutritional' are sloping downward. More specifically, the proportions of new admissions with these health indicators have been decreasing (10.6% and 20.0%, respectively).

Institutional population (stock)

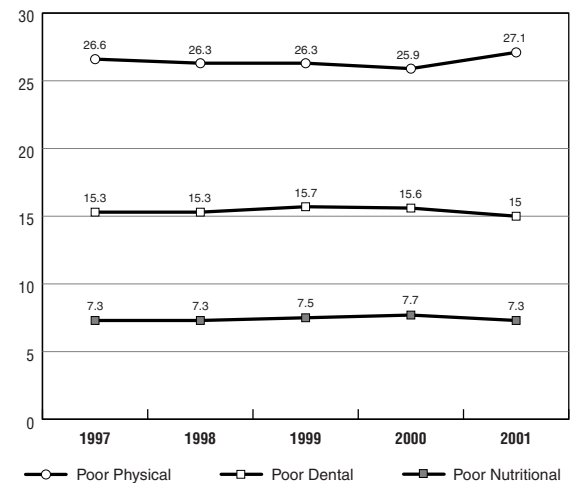
The end-of-2001 review of the Service's OMS identified 45,559 inmates with completed OIA's since January 1, 1997. Overall, and according to officially reported institutional population statistics, this figure represents 70.7% of the federal institutional population. The missing OIA indicators are due to legacy cases (offenders admitted prior to OIA implementation and serving long sentences). Nevertheless, for end-of-year 2001, the figure represents 78.7% of the institutional population. Of the completed OIA's available for analysis, 12,045 (26%) were identified as having physical health problems at admission. About 15% of federal institutional population reportedly had dental problems and 7% had poor nutrition at time of admission. These proportions essentially replicate the admission (flow) statistics. It would appear that offenders with health problems identified at admission are not accumulating by a significant amount in federal prisons.

Again, Figure 2 shows three separate trend lines for each of the selected health indicators over a five-year period. However, each point in Figure 2 represents the proportion of the institutional population at year-end (a snapshot) who had been identified with physical, dental and nutritional problems at admission. When the trend line for 'poor physical' is examined there is very little slope. Relative to 1997, the proportion of the institutional population exhibiting this health indicator has increased slightly by 1.9%.

The year-end review also showed that the health indicator trend lines for 'poor dental' and 'poor nutritional' have been relatively smooth. Although the proportion of institutional population that had a 'poor dental' indicator at intake has decreased 2.0% since 1997, the trend line is basically smooth.

Figure 2

Health indicators and institutional population (stock)



In sum, the proportions of institutional population with these health indicators identified at admission have remained relatively stable the past five years.

Health needs on conditional release

The Service has an automated means of monitoring (re-assessing) offender risk/need levels in the community at the domain level. Consequently, only health indicators identified at intake to prison are available.

Previous developmental research³ on the OIA physical health indicator found that when examined in a conditional release study population there was no significant relationship with community supervision outcome. Similarly, an earlier study⁴ on offender risk/needs in community showed no relationship between health and outcome on conditional release. Nevertheless, the relationship between 'poor physical' health at offender intake and outcome was revisited once more. This was accomplished by taking a snapshot of the conditional release population with OIA indicators as of July 1, 2001 and following-up for any return to federal custody within one year.

A July 1, 2001 review of the Service's OMS identified 6,486 offenders on conditional release with completed OIA's. Overall, this represents more than two-thirds of the conditional release population. Again, missing OIA indicators for the conditional release population are due to legacy cases (offenders admitted and/or released prior to OIA implementation). Of the

completed OIA's available for analysis, 1,585 (24%) were identified as having physical health problems at admission. Of those identified with a 'poor physical' health indicator at intake to prison, about 22% were returned to federal custody within one year. An equivalent proportion of those identified as not having 'poor physical' health were also returned within one year. Furthermore, this non-significant result held consistent over four phases of conditional release (0 to 3 months, 3 to 6 months, 6 to 12 months, and 12+ months). Consequently, no statistically significant relationship can be found between physical health at offender intake and post-release outcome.

Summary

Clearly, providing health services to offenders with physical, dental and nutritional issues presents both correctional administrators and practitioners with additional challenges. The results of selected health indicators derived from automated assessment systems, like OIA, can certainly raise awareness about offender health status at admission. Moreover, they can provide empirical support for delivering services to meet the health needs of correctional populations. However, we are still unable to generate specifics about the nature and magnitude of these health problems. Future health surveys may address this requirement for information. ■

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² Motiuk, L. L. (1997). Classification for correctional programming: The Offender Intake Assessment process. *Forum on Corrections Research*, 9(1), 18-22.

³ Motiuk, L. L., and Brown, S. (1993). *The validity of case needs identification and analysis in community corrections*. Research Report R-34. Ottawa, ON: Correctional Service Canada.

⁴ Motiuk, L. L., and Porporino, F. J. (1989). *Field test of the Community Risk/Needs Management Scale: A study of offenders on caseload*. Research Report R-6. Ottawa, ON: Correctional Service Canada.

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