

A Study of the Distribution of Health Complaints and Violations Among 34 Facilities Operated by the Indiana Department of Corrections: A Statistical Profile, October 2004

Background

A collaborative effort between the Indiana Black Legislative Caucus (IBLC) and the Indiana Minority Health Coalition (IMHC) was established to examine the health care needs of the Indiana Department of Corrections inmate populations. IMHC summarized the filed health related compliance issues submitted by staff, offenders or others (complaints) or through the Indiana State Department of Health (ISDH) routine surveying in the correctional system (violations) during the period of January 2001-June 2003. This study responded to the following areas:

- Health related problems identified by ISDH violations compared to staff/inmate generated complaints
- Health related complaints and violations resulting in a specific recommended corrective action
- Health related compliance reports categorized by the National Commission on Correctional Health Care (NCCHC) Standards
- Frequency of health related problems by inmate (facility) gender/age, and facility security level
- Rate of health related problems by inmate (facility) gender/age and facility security level

Findings from the 390 health compliance complaints and violations

- 59.7% originated as Staff/Inmate complaints; 40.3% were ISDH violations
- 32.6% resulted as “Corrective Action Needed”; 60.5% were “No Action Needed”
- Of the NCCHC Standard Category Code -- 35.6% were categorized as “Inmate Care and Treatment”; 32.8% “Managing a Safe and Healthy Environment”; 11.8% “Health Promotion and Disease Prevention
- Frequency of health related problems by inmate (facility) gender/age and security level:
 - 100% staff/inmate complaints coded as “No Corrective Action Noted” versus 1.9% ISDH violations
 - 84.5% staff/inmate complaints were “Essential” NCCHC Standards versus 51.1% ISDH violations
 - Inmate/staff complaints comprised a greater portion of the following NCCHC categories:
 - “Health Care Services Support” (39.1% versus 29.8%)
 - “Inmate Care and Treatment: (35.6% versus 28.4%)
 - “Health Records” (10.7% versus 3.5%)
 - 100% of the Female facility reports originated from ISDH violations versus 38.5% Male facilities
 - 64.9% originated from Inmates/staff complaints in Adult facilities versus 15.0% Juvenile facilities
 - 85% originated from ISDH violations in Juvenile facilities versus 35.1% Adult facilities
 - No significant differences found in distribution of complaints/violations by facility security level

- Rate of complaints and violations by inmate gender/age and facility security level:
 - Male facility rates (4.80/1,000) were higher than Female facility rates (1.46/1,000)
 - Male facility rates (3.38/1,000) were higher than Female facilities rates (0.26/1,000) for “Essential” NCCHC Standard Types
 - Juvenile facility rates (5.09/1,000) were slightly higher than Adult facilities (4.45/1,000)
 - Juvenile facility ISDH survey rates were higher (4.33/1,000) than Adult facilities (1.56/1,000)
 - Adult facility Inmate/Staff rates (2.89/1,000) were higher than Juvenile facilities (0.76/1,000)
 - Juvenile facility “Action Needed” rates (3.31/1,000) were higher than Adult facilities (1.28/1,000)
 - Medium Security Adult facility rates (1.41/1,000) were higher than Minimum Security Juvenile facility rates (1.27/1,000) and Maximum Security Adult facility rates (1.12/1,000)

Conclusions

There was significant variation in the frequency of inmate/staff complaints and ISDH survey violations among the 34 Indiana correctional facilities. A greater percentage of the inmate/staff complaints were from adult male facilities, while a larger percentage of ISDH violations were from juvenile facilities and female facilities. Male inmates in maximum and medium security facilities produced a greater rate of complaints compared to minimum security facilities. The “No Action Needed” violations and complaints occurred more frequently in adult male facilities, while all of the adult female facilities were classified at “No Action Needed”.

Recommendations for further study include an examination of the effectiveness of the processes used to remedy health related problems, determination of the extent to which “Essential” complaints and violations are remedied in a timely fashion, and examination of the criteria for a determination of “No Action Needed”.