8 Data gaps and future directions

This chapter discusses issues regarding availability and quality of data in the prisoner health field, areas for data development, and future directions for the prisoner health census.

Over time good quality data will:

- be aligned with national and international standards to allow comparison
- be collected according to well-defined standards and evidence-based best practice and research
- be stable over time
- be fit for the purposes for which they are collected
- be used to monitor outcomes
- be relevant, complete, and free of errors (and can be validated).

8.1 Missing information and unavailable data

For some indicators, data were either not available or not of sufficient quality to be reported. PHIG is committed to developing indicators of post-release morbidity and mortality, starting with an indicator of mortality in the period immediately following release.

There are a number of indicators for which data covers a 12-month period, such as the number of pregnant prisoners, number of prisoners receiving medication for hepatitis C and the number of prisoners on an OPT. The prison population on a single day is not representative as a denominator, given the high turnover rates in prisons. However, data for a more appropriate denominator, such as receptions or releases during the 12-month period, were not available from all jurisdictions and are not currently published as national data. These data need to be available so that rates can be calculated, making the indicators comparable year to year, rather than simply numbers as in this report.

Data on the number of notifications of notifiable diseases were only available from two jurisdictions and not considered to be of suitable quality to be published. An alternative data source or collection method needs to be investigated.

8.2 | Data mapping

Clinic data from New South Wales were extracted from their database. As a result the description of problems managed at the clinics in New South Wales was not consistent with the categories used in the Census. These data could not be matched closely enough to the required definitions and therefore could not be used in detail.

8.3 | Indicators not included in this report

The indicator on mortality rates post-release requires significant development. Data from the National Coroners Information System (NCIS), which records whether or not the deceased person was released from an institution during the week before death, are currently only collected from four jurisdictions and are available only in hard-copy format. Recent research suggests that the NCIS is able to detect only a minority of deaths among ex-prisoners, even among those who die in the first few weeks post-release (Wade et al. 2009). Although not currently feasible, one robust and efficient way of monitoring deaths among ex-prisoners would be through routine data linkage, in a manner similar to that used by researchers in New South Wales and Western Australia.

8.4 | Indicators requiring redevelopment

As data analysis progressed, it became clear that some indicators did not provide the information as originally intended. For example, immunisations available in prisons may not be the same as immunisations actually offered to prisoners. Further, the definitions for discharge planning should differentiate between sentenced prisoners and unsentenced prisoners, as the processes for these two groups are very different. The indicator reporting on visits by Aboriginal medical services or Aboriginal community controlled health organisations may not adequately capture the range of culturally appropriate services provided to prisoners. These indicators, and/or the method of collecting data for them, will need to be redefined for future collections.

8.5 | Future directions for the Census

It is anticipated that in the future, the Census will move towards using fully electronic data. Ideally, these data would be a by-product of existing administrative systems, rather than a separate data collection as currently takes place. That would allow the prison entrants sample to be increased, thereby expanding the options for analysis. It is understood that this will take time to achieve, as the data requirements for the Census are built in to the administrative systems in each jurisdiction.

A shorter-term aim is for complete coverage of all prisons in all jurisdictions. Most of the prisons not included in this census have prison health services delivered by private contractors. This issue was not fully addressed in this first collection; however, it is hoped that it will not be an obstacle to participation in the future. An increase in the sample size would allow for future reports to present data disaggregated by jurisdiction.