



THE CHALLENGES FACED BY OLDER, INCARCERATED ADULTS: HOW AGE IMPACTS THE PRISON EXPERIENCE

By

Judy Patrick, RN, BN student (judyball@students.athabascau.ca)

&

Dr. Annette Lane (alane@athabascau.ca),

Faculty of Health Disciplines, Centre for Nursing and Health Studies,
Athabasca University, Athabasca, Alberta, T9S 3A3, Canada

ABSTRACT

The number of aging prisoners in North America has increased substantially in recent years. This group of inmates often experiences challenges that their younger counterparts do not, such as health issues, difficulty accessing health care, a lack of programming, navigating an environment that is not designed for aging individuals, and challenges related to post-release, such as securing adequate housing. In this paper, we discuss the aforementioned challenges, as well as address implications from a health care perspective.

Keywords: older adults, incarceration, health care

Across the globe the population is aging (World Health Organization [WHO], 2016). People are living much longer than in previous years and this trend is expected to continue (Statistics Canada, 2017). Statistics Canada stresses that knowing more about the older population is important, asserting that this knowledge will offer insight into the needs for health care and other services in this demographic (2017). With increased needs, there are typically increased costs related to those needs (Ahalt, Trestman, Rich, Greifinger, & Williams, 2013). While efforts are being made to develop age friendly environments within society and to align health systems to meet the needs of older adults, as recommended by the WHO (2016), there is still much work to be done. Many older adults are underserved; amongst them are some of the most vulnerable to health challenges and inappropriate living environments.

Developing an age appropriate environment is particularly challenging for some of the emerging sub-populations of older adults, such as incarcerated older adults, who are often underserved and marginalized (Lane & Reed, 2015). A report by the Government of Canada (GC) states the number of offenders entering federal penitentiaries later in life has increased by 50% over the last decade (2013). This increase is astounding and its potential ramifications are significant. Further, there are individuals who enter prisons at a younger age, but grow old while

incarcerated. As this sub-population is also expected to continue growing (Davoren, Fitzpatrick, Caddow, & Kennedy, 2015), the need to optimize health care for older prisoners becomes "more than an economic imperative" (Ahalt et al., 2013, p. 2040).

In this paper, we discuss imprisoned older adults within developed countries with a focus on Canada. We consider the issues this sub-population is commonly confronted with, what changes to the health care system are needed to assist them, and how nurses can intervene. We argue the importance of developing strategies to facilitate the achievement of "healthy ageing for all" (WHO, 2016), specifically aging prisoners.

Who are the aged in prison?

The older inmate is considered to be elderly at a much younger age than aging people in the community (Williams, Goodwin, Bailiargeon, Ahalt, & Walter, 2012). Although there is no clear consensus on what chronological age constitutes "elderly" in the incarcerated, Canada uses the age of 50 and over (GC, 2013). Notably, one in five federally incarcerated offenders are reported to be aged 50 or over (GC, 2013). This younger chronological age is partly due to the rapid aging process that takes place in prison where natural aging is accelerated by as much as ten years or more (Ahalt et al., 2013; GC, 2013; Snyder, van Wormer, Chadha, & Jagers, 2009; Williams, Goodwin, et al., 2012). This phenomenon is a result of the high prevalence of risk factors for poor health present in this sub-population such as a history of substance abuse, head trauma, poor self-care practices, low level of education and socioeconomic status (Williams, Goodwin, et al., 2012), as well as a disadvantaged background (Snyder et al., 2009), and lifestyle choices, such as alcohol abuse (Higgins & Severson, 2009). Additionally, inmates are now living longer (Snyder et al., 2009), receiving longer sentences (Williams, Goodwin et al., 2012), and as aforementioned, being imprisoned later in life (GC, 2013; Snyder et al., 2009).

Issues faced by older inmates

The United Nations (2009) has classified older prisoners as a special needs population. As the GC categorizes their needs as access to health care, opportunities for programming, conditions of confinement, and post-release considerations (GC, 2013), we will address the needs of aging prisoners within these categories.

Health care access and health issues

Within the literature, it is frequently noted that older prisoners lack access to health care largely due to inadequate resources and a lack of knowledge among prison staff (Bretschneider & Elger, 2014). The availability of care varies between prisons (e.g., some prisons are far from

hospitals), there are few health care personnel present, and health care is often not delivered in a timely fashion (Bretschneider & Elger, 2014). While the lack of health care resources in prisons is concerning, the paucity of health care is particularly serious for aging inmates. Even though statistics about the rates of illness vary, it is clear that older prisoners experience significant health challenges. Older prisoners experience double the rates of illness of their younger counterparts and higher than aging individuals in the community (Davoren et al., 2015). On average, older prisoners have three chronic medical conditions that cost 3.5 times that of younger prisoners to manage (Williams, Goodwin, et al., 2012). Some of the chronic diseases and illnesses of inmates include cancer, chronic obstructive pulmonary disease (COPD), dementia, diabetes, cardiovascular disease (Williams, Goodwin et al., 2012), arthritis, end-stage liver disease (Williams, Stern, Mellow, Safer, & Greifinger, 2012), and various communicable diseases (Williams, Goodwin et al., 2012). Others may experience visual or hearing impairments, incontinence and falls (Williams, Goodwin et al., 2012). Given their conditions, some have difficulty with their activities of daily living and need more constant assistance (GC, 2013).

Older prisoners may also experience psychological distress (Baidawi, 2016) and depression (Baidawi, 2016; Davoren et al., 2015). Aging female prisoners may experience greater rates of psychological distress than their male counterparts (Baidawi, 2016). In one study, three quarters of older prisoners were determined to be lonely, and nearly one quarter of older prisoners were at risk for suicide (De Smet, De Donder, Ryan, Van Regemortel, Brosens, & Vandeveldel, 2017).

There are a number of reasons why mental illness is a concern in older inmates. Mental illness may have been a longstanding problem. Also, older inmates, particularly those who have been imprisoned for many years, may have tenuous or non-existent ties with family members (Snyder et al., 2009). Newly incarcerated older adults may feel extremely uncomfortable in prison, and thus, withdraw into their cells (De Smet et al., 2017), particularly because older prisoners have higher rates of victimization by other prisoners than those who are younger (Davoren et al., 2015). Further, activities and work opportunities in prison may be either limited for aging individuals (De Smet et al., 2017) or these adults may avoid activities out of fear of other prisoners (Snyder et al., 2009).

Lack of access to suitable programming

There is a lack of suitable programming in prisons for older inmates. Unfortunately, unlike younger prisoners, older offenders are not considered high priority for vocational training, reintegration and rehabilitation programs (GC, 2013; Snyder et al., 2009). Many prisons focus the bulk of their programs for younger inmates, such as those addressing future employability, which may be irrelevant to an older offender (GC, 2013). Regrettably, the lack of age appropriate

programs contributes to the marginalization of the elderly inmates (Ahalt et al., 2013). The scarcity of programming for aging prisoners impacts self-esteem and affects their ability to build confidence, upgrade skills, and improve coping. Gaining confidence and upgrading skills may be useful in minimizing the reliance on social services for financial supports, enhancing wellbeing, and preventing recidivism.

Conditions of confinement

With respect to the conditions of confinement, the GC (2013) revealed that prisons were built to accommodate young inmates, thus the design and infrastructure is often not appropriate for aging offenders. Although prison conditions vary, many prison buildings are old and have narrow staircases, which can be difficult for older prisoners to negotiate. Some areas are actually inaccessible by wheelchair and there is often a shortage of lifts to assist with transfers for baths, etc. (Duffin, 2010). There may be a lack of handrails and grab bars, and in some institutions, there are barriers to accessing bathrooms (United Nations Office of Drugs and Crime, 2009). Cells that have bunk beds can be difficult for aging adults with decreased mobility (Buckwalter, Mellilo, & Loeb, 2009). Additionally an aging person's cellblock can be a long distance from essential areas such as the dining room, making the trip back and forth difficult (Buckwalter et al., 2009). Finally, it is important to note that older inmates can be the victims of intimidation and bullying by younger inmates to the point where they fear them and isolate themselves. Self-isolation due to fear, or isolation imposed by prisons is problematic as "segregating older offenders from the rest of the population for security reasons creates further isolation and marginalization of an already distressed population" (GC, 2013, p. 2).

Issues related to post-release supervision

For aging inmates who have served their time and are re-entering society, post-release supervision can be problematic (GC, 2013). There may be a lack of planning for resettlement during incarceration so that when these individuals are released, they do not get the services they need (Duffin, 2010). Housing may be a problem, as many care facilities will not accept former prisoners as they are perceived to not 'fit in' with current residents (Williams, Goodwin, et al., 2012). Further, newly released inmates may have lost their support systems due to their lengthy incarceration (Howe & Scott, 2012).

While terminally ill aging prisoners can apply for "parole by exception", it is extremely rare that they are granted it; in fact, they are often discouraged from applying for parole due to the lengthy and complicated process that it entails (GC, 2013). As such, the terminally ill, who likely no longer pose a risk to society given their poor state of health, are dying in prisons in conditions much less therapeutic than hospitals or hospices (GC, 2013).

Implications

The discussion which follows indicates specific examples regarding how each of the above-mentioned issues might be addressed.

Health care for aging prisoners

Aging prisoners need greater access to health care (Buckwalter et al., 2009). This can be problematic for health care professionals who work within prisons, those who visit prisons, or for prisoners who need to leave the prison to receive health care services. For instance, health care providers within prisons may lack the knowledge to provide adequate care for aging or dying prisoners. Specifically, healthcare staff in institutions may need additional education and training in palliative care, gerontology (Howe & Scott, 2012; Williams, Stern et al., 2012), chronic disease management (Ahalt et al., 2013), mental health (Buckwalter et al., 2009), addictions (Williams, Stern et al., 2012) and transitions (Lane & Reed, 2015; Williams, Goodwin et al., 2012) in order to develop their skill set to feel confident in providing appropriate care for this population. As noted by Buckwalter, “additions to the corrections health care team would be practical and affordable if full-time advance practice nurses were employed in facilities housing substantial numbers of geriatric inmates and services were contracted for facilities with fewer numbers of geriatric inmates” (2009, p. 5).

Providing care to aging inmates via visiting health care providers may be difficult as security is the primary focus within prisons (Howe & Scott, 2012). Health care providers coming to provide end stage care may be subjected to lengthy security procedures at each visit (Howe & Scott, 2012). In countries outside of Canada (which has universal healthcare), the cost for care outside of prisons may be prohibitive.

The level of care needs may be increased as death approaches. Aging inmates who are palliative may need psychological and spiritual care related to the desire for resolution, forgiveness and redemption (Wood, 2007). They may also need assistance with estate planning, hospice, advance directives, do-not-resuscitate orders, and end-of-life care (Snyder et al., 2009).

Access to programming

Programs that address the needs of older inmates are warranted and may enhance the success of reintegration into society. Useful programs would focus on education, work, and recreation. Snyder et al. (2009) recommend basic education courses for inmates that allow for a varied pace and delivery of material to accommodate the range of learning abilities, as well as text with larger print for those with visual impairments. Work opportunities that older adults can engage in

include sorting, folding, or making things (Duffin, 2010). As for recreation, board games, movies and music would engage older prisoners. Physical activity could involve chair exercises, shuffleboard, walks and horseshoes as suitable (Aday, 2003). Some aging prisoners may find art projects therapeutic and a means of self-expression (Hongo, Katz, & Valenti, 2015). Of course, rehabilitation programs targeted at minimizing risk factors, such as addictions that potentiate criminal behaviours, are also needed.

Conditions of confinement

The GC recommends new prisons be built to more optimally accommodate the aging prisoners' needs (GC, 2013). In existing prisons, renovations should be done to accommodate aging individuals (Williams, Goodwin et al., 2012; Williams, Stern et al., 2012). Renovations could include the construction of new long-term geriatric wings that allow for the easy usage of walkers, wheelchairs, etc. (Snyder et al., 2009). Further, it has been suggested that policies focusing on the continuum of care - from independent living to assisted living to 24 hour nursing care (similar to that of community) - be devised and incorporated (Williams, Stern et al., 2012).

Post-release supervision considerations

To enhance quality of life and prevent recidivism following release, anticipatory release planning that addresses the continuation of care in the community is essential (Canada Mortgage and Housing Corporation [CMHC], 2007). Amongst other things, former inmates often need assistance in securing housing as they typically experience difficulties due to their lack of identification papers, lack of education, lack of stable employment, mental health status, previous and/or current lifestyle, and restrictive parole conditions (CMHC, 2007). With proper guidance and support in the community these individuals have a better chance of successfully reintegrating into society (GC, 2013).

With respect to the terminally ill inmate, some authors assert that correctional administrators, healthcare administrators, and policymakers make a concerted effort to update and advance policies that facilitate early release for the terminally ill (Williams, Stern et al., 2012). Creating national medical eligibility criteria for early release and developing guidelines on identifying and addressing barriers may be worthwhile (Williams, Stern et al., 2012). Overall, the application and approval process needs to be simplified to allow for timelier decisions as well as enhance post release supports (GC, 2013).

Conclusion

In order to move toward “healthy aging for all” (WHO, 2016), changes need to be made in regard to the health care provided to, and living situation of, aging prisoners. Better access to health care, greater access to programming within prisons, modifications to the prison environment, as well as addressing post-release challenges may enhance the dignity experienced by aging inmates in their latter life and dying.

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