Aging Behind the Four walls
Population Health Clerkship 2015, University of Massachusetts Medical School

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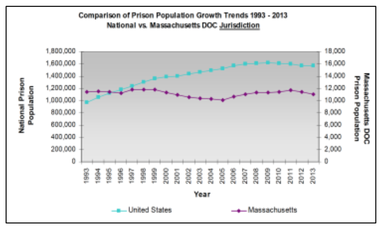
Introduction

By the end of 2030 the last of the *Baby Boomers* will have turned 65, and one in five Americans will be senior citizens. This shift in demographics will be reflected in our prison population. The overall rate of prison population growth has been slowly declining, yet the percentage of inmates aged 50 and older represents the fastest growing inmate subgroup. By 2019, elderly inmates are projected to represent 28% of the prison population.

It has been suggested that the aging institutional population can be traced back to the anti-drug laws of the 1980s along with the unforgiving sentencing policies of the era. Undoubtedly, these factors played a crucial role in the development of the problem, but it is also important to acknowledge current trends that perpetuate the situation. High recidivism rates in conjunction with an older average age of arrestees will ensure that the elderly population in prison continues to grow. The average annual cost to detain an inmate in Massachusetts is roughly 69,000. Considering the rising cost of health care and the growth of the prison population over the age of fifty, correctional institutions will soon be facing an insurmountable economic burden.

Population Demographics

Demographics



- MA DOC population decreased by 3% from 1993 -2013. The national DOC population increased by 62% in the same time period.

Male Jurisdiction Population on January 1, 2015

- 10,080 total males in the jurisdiction population: 9,156 criminally sentenced, 395 pre-trial detainees, and 529 civil commitments
- Average age was 41 years old
- 95% were serving a sentence of more than three years
- 69% had a violent governing offense
- 952 were serving a governing mandatory drug sentence
- 46% entered the Massachusetts DOC with less than a 9th grade reading level
- 43% entered the Massachusetts DOC with less than a 6th grade math level
- The 2011 three year recidivism rate was 36% for the total male population
- 28% had an open mental health case and 21% were on psychotropic medication for the **Custody** Population as of 1/1/2015.

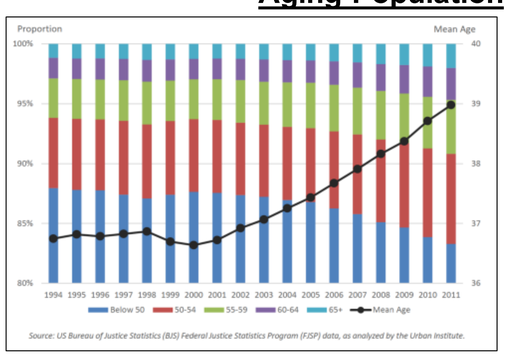
Note: Information provided by Health Services Division

Female Jurisdiction Population on January 1, 2015

- 733 total females in the jurisdiction population: 514 criminally sentenced, 211 pre-trial detainees, and 8 civil commitments
- Average age was 35 years old
- 53% were serving a sentence of more than three years
- 48% had a violent governing offense
- 30 were serving a governing mandatory drug sentence
- 31% entered the Massachusetts DOC with less than a 9th grade reading level
- 31% entered the Massachusetts DOC with less than a 6th grade math level
- The 2011 three year recidivism rate was 34% for the total female population
- 59% had an open mental health case and 46% were on psychotropic medication for the **Custody** Population as of 1/1/2015.

Note: Information provided by Health Services Division

Aging Population



- The average age of custody population rose from 35 to 38 years between 1998-2007 and is projected to continue rising.
- Inmates over 60 cost three times more than those of a younger age to house in prison.
- Prisoners over the age of 55 on average suffer from three chronic ailments for which continual medication is required.

Special Considerations

Activities of Daily Living (ADL) Centers are separate medical wards of Norfolk, MCI-Gardner, and MCI-Shirley, which manage bed-ridden and sick individuals who do not require dialysis, intravenous fluids, airway management, or other invasive medical procedures. ADLs provide a means for care of a limited number of elderly and frail inmates who are unable to live independently in the general population. These specialized units represent some of the only units available to geriatric patients in Massachusetts.

Skilled Nursing facility within Souza-Baranowski Correctional Center to house and manage care for the significant physical ill and disabled.

Companion program is a staff facilitated program that provides training to inmates who then provide support, care and encouragement to their fellow elderly or terminally ill inmates. This program is currently established *at Bridgewater State Hospital, MCI- Norfolk* and *MCI-Shirley*. An expansion of this program would be incredibly beneficial, as inmate companions are more able to relate to elderly inmates and assist in a trusting manner with their day to day activities.

Compassionate Release is a controversial policy that is not currently in place in MA, but would provide the release of terminally ill and significantly disabled inmates, so that they may live out their final days and die in the comfort of their own home and family. Older inmates have the lowest risk of reincarceration, and pose a low level of threat to public safety. Implementing such policies would be beneficial to terminally ill patients, but would also allow for some cost saving measures. Compassionate release policies are currently in place in 15 states and Washington D.C., although they are rarely used. The requirements are stringent, and vary widely by state preventing both inmates from applying and making it difficult for correctional staff to approve. The term compassionate release poses some controversy, and perhaps terming it "medical early release" would allow for a more favorable view of such policies amongst the public.

Service Project

- DNR orders can be made for some prisoners upon admission to a hospital/healthcare organization. These orders are inactive based on reentry to prison.
- There is a pilot program being implemented currently in Massachusetts. Souza-Baranowski Correctional Center (SBCC) is in the process of piloting DNR/DNI program which is only reserved for terminally ill patients.

Pros:

1. It may reduce overall cost for inmate for the Department Of Corrections.
2. It allows terminally ill inmates to make a decision to end physical and emotional suffering.

Cons:

1. The DNR/DNI order is unable to transfer between prisons, in the case of inmate relocating
2. Possibility of increased numbers of lawsuits towards DOC and healthcare providers

Objective: of the service project would be to further implement and enforce a DNR/DNI order for terminally ill inmates in the prison system.

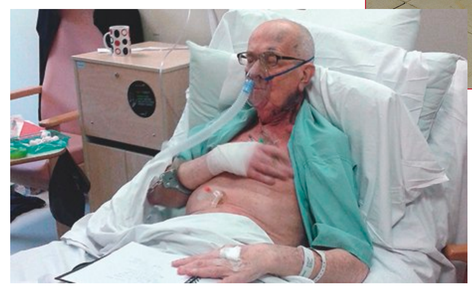
Procedure:

1) Identify a "champion" at each facility that would serve as our contact person and our primary facilitator. This person would also work with the medical staff to identify potential inmates that are terminally ill. Each group member would be assigned a prison to ensure that tasks are carried out.
2) Our group would ensure the implementation of the pilot program and further carry out the orders to all prisons in the state of Massachusetts. We would develop and provide training on the DNR/DNI orders for all medical staff and correctional officers
3) Once terminally ill inmates were identified we would ensure that they understood the DNR/DNI order in its totality. Each inmate with a DNR/DNI order would have a designation on their ID/badge

Conclusions and Lessons Learned

Around 30% of the inmate population is over 50 years old. An approximate annual cost of housing one "elderly" inmate in the U.S is 90,000 – 3.8 to 9 times more than younger inmates. Like in the community, as inmates age they begin to require more care and are often affected by chronic diseases such as diabetes, hypertension, asthma, arthritis, hepatitis C, heart failure and cognitive decline. In 2011-12 40% of state and federal prisoners and jail inmates reported having a current chronic medical illness, of 66% of prisoners and 40% of jail inmates reported taking prescription medication. Prisoners and jail inmates were more likely than the general population to report ever having a chronic condition, with high blood pressure being the most common. Furthermore, older prisoners were 3 times more likely than younger persons to report a chronic condition. Additionally, incarceration has been shown to accelerate the aging process by as much as fifteen years.

As one Correctional Officer said, "I've got one guy in a diaper, one who's frail. I can only give so much extra attention because I have to watch 70 other guys." All correctional facilities are becoming burden due to exponential growth rate of prison elderly population and cost related to their healthcare. Hence, special considerations, such as compassionate release or implementation of DNR/DNI must be considered through out the entire correctional system. In many instances not only is this an ethical concern, but it would also allow for some cost reduction measures.



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