

REFLECTION PAPER

**Ageing in Prison Systems**

**Public Health and Corrections**

Nicholas Tanner, January 2022

**Reflection Paper: Ageing in Prison Systems**

As a student in Public Health, this has been my first foray into a law-related course. The Public Health and Corrections course to date has broadened my perspective on the complex interplay between health and justice. The issue which has most captivated my attention thus far has been the exploration of the rising health, social, and economic costs of Australia's ageing prisoner population. Though it is not my intention to work in the field of criminal justice, instead striving for a high-level hospital administrator role, parallels abound between the implications of ageing populations in both systems. Whether it be the continuous ageing of prison populations or that of general society, policy makers, government and healthcare providers must be prepared to manage increasingly complex and costly health burdens.

The escalating number of ageing prisoners in Australia presents significant challenges for healthcare systems and correctional institutions alike (AIHW, 2021). The lack of a systematic and nationally coordinated approach exacerbates these challenges, leading to fragmented healthcare services that are ill-equipped to address the complex health needs of the ageing incarcerated population (AHCC, 2019).

In exploring the prevalence of cardiovascular disease (CVD) risk factors among prisoners, I found it particularly interesting that hypertension (HTN) manifested at a younger age in this population than expected (Roque et al., 2019). Initially, I had presumed that the relatively mundane and stress-free environment of prison might result in lower stress levels and, consequently, a decreased prevalence of HTN. However, upon further investigation, various factors contributed to the higher prevalence of HTN in the prisoner population.

These factors include prisoners' predominantly low socioeconomic backgrounds, with a significant proportion not completing secondary education (AIHW, 2021), which is associated with an increased uptake of HTN risk-increasing behaviours (Stringhini et al., 2017; Thakur et al., 2015). Additionally, prisons are often characterised by a lack of exercise, inadequate nutrition, substance abuse, and high rates of anxiety, depression, and mental illness (AIHW, 2021; Sutherland et al., 2021). The financial burden of healthcare for older prisoners also significantly exceeds that of non-incarcerated elderly individuals. In 2015, the average healthcare cost for an elderly Australian was $7,439, compared to $40,000 for prisoners of the same age bracket (AIHW, 2021).

The importance of preventative healthcare in reducing morbidity, mortality, and associated financial burdens has been consistently emphasised throughout my studies. Moving forward, I will continue to prioritise preventative healthcare considerations in decision-making processes related to healthcare programs and policies. It is evident that prison healthcare system reform should focus on implementing preventative healthcare initiatives and practices to mitigate the projected increase in healthcare costs for the ageing prisoner population (AIHW, 2021).

Factors such as mandatory sentencing, improved forensic techniques, and standardised non-parole periods contribute to the growing number of ageing prisoners, and thus healthcare costs are projected to increase by 17% by 2026 based solely on health-cost gradients from 2016-2026 (AIHW, 2021). Furthermore, consideration of the various factors contributing to ageing prison populations will likely lead to an actual increase in healthcare costs closer to 90% in this timeframe.

To address the escalating health needs of ageing populations both within and outside prison systems, policymakers, community organisations, and administrators must adopt a proactive approach, focusing on innovative care strategies that cater to the unique needs of older individuals and address broader social determinants of health (AIHW, 2021). By doing so, healthcare providers can promote healthy ageing and effectively manage the increasing health burdens associated with older populations.

Beyond health implications, the ageing prisoner population also poses significant social and economic challenges. Older prisoners are more likely to have disabilities and require extensive medical care, leading to higher costs for the correctional system (AIHW, 2021). Additionally, as these older prisoners are released, they may encounter substantial difficulties reintegrating into society due to their age and health status. This can result in increased healthcare costs and social support needs, putting further strain on already stretched resources.

One ethical debate arising from discussions on ageing prisoners and certainly one that has led to multiple discussions at the dinner table in my household is the possibility of early release for ageing prisoners, partially to reduce the growing health burden (AIHW, 2021). From a humanistic perspective, releasing elderly prisoners naturally offers numerous advantages, such as reduced healthcare costs and an opportunity for them to be reintegrated with their family units. Additionally, there is a significantly reduced rate of recidivism in elderly prisoners, indicating that they may no longer pose a substantial threat to society (Baidawi, 2016). This could be perceived as a more compassionate approach to punishment.

However, personally, I have found it difficult to justify the benefits from a moral perspective. The potential drawbacks to early release must also be given credence in such a contentious issue. These include the perception of unfairness to other prisoners or to victims and their families, as well as concerns about public safety, particularly if the elderly prisoner has a history of violent crime. Furthermore, there is a risk that elderly prisoners may not receive the support or care they need upon release, which could exacerbate existing health issues or lead to other negative outcomes (Maschi et al., 2018). Ultimately, any decision regarding early release for ageing prisoners must be based on a careful consideration of the risks and benefits, with a focus on promoting a fair and just approach to punishment that prioritises public safety and the health and wellbeing of prisoners.

The rising health, social, and economic costs of Australia's ageing prisoner population emphasise the need for a more comprehensive and coordinated approach to healthcare. With a career in medical administration, the readings to date in regards to the ageing prison population has confirmed the impetus on me to actively take a proactive approach in addressing the health needs of an ageing population. This involves addressing the broader social determinants of health and collaborating with other stakeholders to provide comprehensive and coordinated care to older Australians (AIHW, 2021). By doing so, we can help to ensure that our healthcare system is better equipped to deal with the challenges of an ageing population and provide the best possible care to all Australians.

In conclusion, the complex issue of ageing prisoners has provided invaluable insights that can be applied to my future career endeavours as a hospital administrator. The challenges posed by ageing populations, both within and outside prison systems, require a proactive and innovative approach to healthcare. By addressing the health needs of older individuals, developing effective preventative healthcare strategies, and collaborating with stakeholders to tackle broader social determinants of health, we can effectively manage the increasing health burdens associated with older populations and provide optimal care for all Australians.

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