

Chapter 5

Growing Older: Challenges of Prison and Reentry for the Aging Population

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Introduction

The United States is experiencing an aging crisis in its prisons, with an exponential increase in the number of older inmates (Aday, 2003; Anno, Graham, Lawrence, & Shansky, 2004). In 2003, only 4.3% of incarcerated inmates were aged 55 years or older, but this percentage is increasing dramatically every year (Harrison & Beck, 2004). There are many consequences of this change in demographics, including surging costs associated with incarceration. Older prisoners cost approximately \$70,000 per year—two to three times that of younger prisoners (Anno et al., 2004; Mitka, 2004).

In the community, geriatrics is the discipline of medicine specializing in care of the aged, defined as 65 years and older. In prison, the age at which an inmate is deemed “geriatric” varies from state to state (Lemieux, Dyeson, & Castiglione, 2002). In some states, inmates as young as 50 are defined as geriatric; in other states, inmates are not considered geriatric until they reach age 55 or 60 (Anno et al., 2004; Lemieux et al., 2002). Despite these differing definitions, there is consensus that inmates undergo a process of *accelerated aging* compared to their age-matched counterparts outside of prison (Aday, 2003).

The accelerated aging of inmates is reflected in their development of chronic illness and disability at a younger age than the general U.S. population (Aday, 2003; Baillargeon & Pulvino, 2000; Colsher, Wallace, Loeffelholz, & Sales, 1992; Fazel, Hope, O'Donnell, Piper, & Jacoby, 2001; Williams et al., 2006). This accelerated aging process is likely due to the high burden of disease common in people from poor backgrounds, who comprise the majority of the prison population, coupled with unhealthy lifestyles prior to and during incarceration (Aday, 2003; Hornung, Anno, Greifinger, & Gadre, 2002). These factors are often further exacerbated by substandard medical care either before or during incarceration (Aday, 2003). To account for accelerated aging, many state correctional departments now define prisoners aged 55 years and older as “geriatric” (Baillargeon & Pulvino, 2000; Fazel et al., 2001; Mitka, 2004; Voelker, 2004).

Outside of prison, people often encounter new physical, psychological, and social challenges as they age. In prison, an environment designed for younger inhabitants, aging introduces additional challenges in safety, functional ability, and health. As older ex-prisoners reenter their communities, they may face

additional challenges such as being frail in an unsafe neighborhood, having multiple medical conditions with limited access to medical care, and leaving the familiarity of the place they have lived in for decades.

In this chapter, we describe some of the special challenges related to the aging of the population both inside prison and on reentry into the community. Despite the public health and economic implications of the surging geriatric prison population, little research has been conducted in these areas, particularly regarding reentry.

Demographics

In the United States, the rapid rise in the population of geriatric prisoners has been well documented (Aday, 2003; Anno et al., 2004). The states with the most older inmates are California, Texas, and Florida, reflecting the overall size of these state prison systems and their longer prison sentences (Lemieux et al., 2002). The aging of the prison population is not limited to the United States. An expansion in the aging inmate population is also described in England and Wales (Crawley & Sparks, 2006). The aging population affects the correctional system both within prison and throughout reentry.

Although the number of geriatric prisoners is still small relative to the overall prison population (4.3% of the overall U.S. prison population in 2003; Harrison & Beck, 2004), the growth rate for geriatric prisoners has been dramatic. The Bureau of Justice Statistics 2004 report states that the “US prison population is aging” (Harrison & Beck, 2004). For example, in California, the percentage of male inmates aged 50 and older increased from 4.7% of the census in 1995 to 10.2% in 2004; the percentage of female prisoners aged 50 and older increased from 3.7% of the census to 8.7% during the same period (*California Prisoners and Parolees 2004, 2005*). It is expected that by 2022, geriatric inmates will account for 16% of California’s inmate population (Strupp & Willmott, 2005). In some states, the percentage of geriatric inmates already far exceeds the national average. In Florida, the population of geriatric prisoners (aged 50 and over) represented 11.7% of the inmate population in 2005 (<http://www.dc.state.fl.us/pub/annual/0405/index.html>, 2005).

According to the Department of Justice, the number of geriatric persons sentenced to state or federal jurisdiction increased from 32,600 in 1995 to 60,300 in 2003, an 85% increase (Harrison & Beck, 2004). This rate of growth is expected to continue in part because of a burgeoning middle-aged inmate population (40–54 years) that comprised 28% of the overall prison population at the end of 2003, a 22% increase from 1995 (Harrison & Beck, 2004). In fact, the middle-aged population alone accounted for 46% of the total growth in the prison population between 1995 and 2003 (Harrison & Beck, 2004).

Reasons for the dramatic aging of the inmate population are manifold. First, more older people are being sentenced to prison (Anno et al., 2004; Harrison & Beck, 2004; Linder, Enders, Craig, Richardson, & Meyers, 2002). Second, the balance of sentencing and release has been tipped. Due to steadily increasing mandatory minimum sentencing laws, second and third strike legislation, strict drug-related sentencing, deinstitutionalization of the mentally ill, and the discontinuation of discretionary parole, an increasing number of people are sentenced to prison while fewer qualify for release (Anno et al., 2004; Hill, Williams, Cobe, & Lindquist, 2006; Mitka, 2004).