Community Health Needs Assessment

Scenario 6: Policy for Ill and/or Aging Inmate Population

Virginia Bynum, Sydney Mance, Audrey Wheeler, Libby Williams

HPRB 3700: Community Health

December 6, 2022

Table of Contents

Health Issue

The United States has the greatest incarcerated population at roughly two million people, with the second highest country being China at 1.7 million (Prison Policy initiation [PPO], 2021). Not only does the U.S. have the highest incarcerated population, but it also has the highest rate of incarceration globally (PPO, 2021). Drug offenses constitute one in five convictions, with the other 4 out of 5 either locked up for a more serious offense or perhaps a less serious one (PPO, 2018). The stigma behind imprisonment in American society produces dehumanizing effects and perpetuates difficulty reincorporating into society after release. Instead of focusing on rehabilitation, our prison system shortens life expectancy and hastens physiological aging. Many different demographics constitute the imprisoned population, but prisoners over the age of fifty-five are particularly susceptible to accruing both physical and mental ailments such as cancer, heart disease, diabetes, dementia, vision loss, and hearing loss during their time behind bars. Prison systems are required by law to provide medical care, but older adults generate high costs for prison health systems because most prisons are not adequately equipped to provide care for chronic health issues. As the proportion of older adults in the nation's prisons grows, policy makers struggle to meet their health and social needs. Prison populations are aging because of an increase in admission of individuals and the use of longer sentences as a public safety strategy, known as the mass incarceration era (McKillop, 2018).

The mass incarceration era spanned from the 1970s to the early 2000s and played a major factor in the growth of the aging prison population. This political tactic, which has also been referred to as the "war on drugs," was used as a campaign strategy by those wishing to maintain their power. Their goal was to increase the number of prisoners executed through harsher sentencing laws, as well as training officers to become stricter when regulating crime. These new

policies disproportionately affected minority populations, but equally affected rural and urban areas in both democratic and republican states (Cullen, 2018). In 2012, 83 percent of those convicted for crack-cocaine related offenses were black, with 10 percent being Hispanic, and less than 7 percent being white (Bennett, 2014). In 1981, the number of state and federal prisoners over the age of 55 was just under 9,000 and has since increased to nearly 125,000 as of 2010 (ACLU, 2012). The number of prisoners over the age of 55 is expected to increase to 400,000 by 2030 (ACLU, 2012).

While there has been a slow decline in the prison population, it will still take years to reach proportional rates, especially if the decline remains consistent (Cullen, 2018). Mandatory minimums for drug offenses were created in 1986 during the height of mass incarceration (United States Sentencing Commission [USSC], 2014). When mandatory minimums were first passed, the sentencing to possession ratio for most drugs was strict. For example, possession of one-hundred grams of heroin or five grams of crack cocaine could result in a five-year sentence without parole (USSC, 2014). There have been recent efforts to reduce the number of federal prisoners by expanding certain laws and regulations. When the First Step Act (FSA) was passed in 2010, laws for possession of crack cocaine and powder cocaine were reduced due to sentencing disparities, even though they are the same drug in different forms (USSC, 2014). One year later, the USSC began to retroactively apply the FSA, ensuring that about 12,000 people, 85 percent of whom are African American, would have the opportunity to have their cases reviewed by a judge (USSR, 2014).

Since the FSA was passed by Congress in 2018, the responsibility of defining the circumstances required for compassionate release has been transferred from the Director of the Bureau of Prisons (BOP) to the federal district courts (Leach, 2022). The number of

compassionate releases has presently increased to over four thousand since 2018 and is likely due to the varying distinctions between each judge for which cases qualify (BOP, 2018). When the federal BOP was the governing body for compassionate release, they developed their own loose set of criteria that included standards such as terminal illness, extreme debilitation, and family circumstances (Families Against Mandatory Minimums [FAMM], 2018). However, they also had the power to refuse a request if the federal BOP did not feel that the appointee deserved it, and there was no opportunity to appeal the decision (FAMM, 2018).

Under the FSA, the guidelines for the former "extraordinary and compelling reasons" have become broader. The non-medical aging population must meet several requirements: they must be at least 65 years old, have health issues due to their age, and have served at least 75 percent of their required sentence already. For medical issues in the aging population, they must meet all requirements as follows: be at least 65 years old, have served 50 percent or more of sentence, suffer from a medical condition related to aging, struggle to function in the prison environment, and have proof that treatment will aid the condition (FAMM, 2018) For a standard medical release, they must either have a medical condition that leaves them with a life expectancy of 18 months or less or have a debilitating medical condition that is incurable with no chance of recovery (FAMM, 2018).

While compassionate release numbers for prisoners have increased since the First Step Act was passed, community efforts to reintegrate these populations back into the community have not kept up with current standards. Release directly to family members is the primary method, however, the strain on familial relationships while in prison may cause the released individual to be moved directly to a shelter or into community-housing instead. As for health insurance, those who live in states that have expanded the Affordable Care Act (ACA) are

eligible to apply in the sixty days after they are released (Espinosa & Regenstein, 2014). However, about one million incarcerated adults live in states that did not opt-in on the Medicaid expansion, so they lack eligibility to apply to Medicaid upon release if they were convicted of a felony (Espinosa & Regenstein, 2014). As of 2017, the average daily wage for prison labor in the United States stands at eighty-six cents, with a few states offering no pay at all (Prison Policy Initiative [PPO], 2017). Even if the incarcerated individual worked in prison until they were not able to due to a medical condition, their savings still would not support the rising cost of housing nor cover their medical debt, especially if they live in an opt-out state.

The aging prison population produces an emotional burden for prisoners, as well as their families. As a result of the aging prison population, states that provide greater access to healthcare for prisoners also place a burden on taxpayers by raising the amount of funding that goes into prison healthcare. According to the National Institute of Corrections, the average annual cost of incarcerating those who are aged 55 or older and have chronic or terminal illnesses is two to three times the cost of all other prisoners (McKillop, 2018), which equates to about $60,000 to $70,000 annually (Vitale, 2021). This financial disparity results from a variety of factors, including diseases left untreated, disease progression, and onset of chronic illnesses related to ageing. As the aging population grows, the rate of diseases, such as cardiovascular disease, Alzheimer's disease, and diabetes increases for incarcerated individuals (Mitka, 2004).

Not only does the aging population enter prison with predisposed conditions, but long-term imprisonment can also result in the development of physical and mental ailments. Consequences arising due to inadequate living conditions include the development of acute or chronic diseases, mental health disorders, and a deterioration in acceptable social skills (Browne et al., 2011). Researchers have found that individuals have higher rates of suicide or become

violently insane while living in prison conditions in the United States (Browne et al., 2011). In addition, inmates often become accustomed to the poor living conditions, overcrowding, and inadequate healthcare. A *New York Times* article posted a story about a man suffering from cardiac arrest, who would most likely pass away. The man was being held in Rikers in New York, and he was released from custody shortly before his death. The city did not count his death as a part of the death toll that occurs in Rikers though, proving that the conditions the inmates had been facing could have been much worse than what was published for the public to see (Ransom, 2022). In another study on health care quality in women's prisons, it was found that there are inadequately trained physicians on staff and not enough of them to help the number of people housed in the prison. Many physicians working for prisons do not have the skills or resources necessary to treat chronic illnesses that arise and worsen in prisons. Gynecology has proved to be the most common medical complaint looking at prisons across the United States, followed by psychological stress and disorders (Sobel, 1982). Due to the conditions of incarceration facilities, many people view these individuals as inferior and believe they do not deserve adequate care, which makes policy reform in a community difficult.

The FSA aided in increasing the number of compassionate releases for prisoners who have served long sentences and demonstrate low risk of committing new crimes. However, opponents argue that such reforms would perpetuate the issue. These policies have done little to reduce crime rates but have significantly increased incarceration rates and the length of sentences. Currently, one in seven people in the United States are sentenced to serve for life (Mauer, 2018). The demographic shift currently taking place in the United States prison system will continue to show worsening effects for health status of inmates if left unaddressed by policymakers (Bor, 2022).

Unlike prisons which are operated within the context of state and federal prison systems and generally incarcerate offenders with sentences of one year or longer, jails are typically operated by individual county or city law enforcement agencies and predominantly incarcerate individuals awaiting trial or those sentenced to less than one year. If addressed, jails can be crucial public health partners in reducing disparities and identifying individuals in need of help. Plans should be made for the increasing use of health care services and medical care costs in relation to the growing number of older prisoners (Williams, 2012).

Commented [EGW1]: Expand on this

Culture

It is difficult to identify a cause-and-effect relationship in incarcerated populations due to complex relationships between the various socioecological levels. However, methods that may help to understand the complexities of incarceration include utilizing the social determinants of health (SDOH) to illustrate the factors contributing to health issues faced in prisons, as well as the predisposing conditions that may contribute to incarceration. The SDOH include education access and quality, economic stability, healthcare access and quality, neighborhood and built environment, and social and community context (U.S. Department of Health and Human Services, n.d.).

Social Determinants

Education levels in the incarcerated population are generally lower than those that are not incarcerated, with the average highest level of educational attainment being a high school diploma or equivalent (Oakford et al., 2019). Low levels of education are associated with worse health outcomes, which is especially important when considering the health of older adults that are experiencing incarceration (Zajacova & Lawrence, 2018). Postsecondary prison education programs are possible options that can provide access to educational programs for those who are

incarcerated. These programs have been shown to decrease recidivism, reduce the costs of reincarceration, and increase the likelihood of getting a job once an individual is released (Gibbons & Ray, 2021). Although these programs can provide great opportunity, they are primarily funded by private donations, making them less accessible to those who are incarcerated.

There is often a stigma around those with a history of incarceration due to their loss of many rights and privileges such as being able to vote, ease of finding employment, and access to healthcare. In addition, many people have already formed an idea of what the ideal inmate looks like, so they tend to shy away from supporting policies that may aid their situations. These stigmas can negatively affect one's self-esteem, which can influence their motivation upon reentry to the community (Sinko et al., 2020). Some internal perceptions experienced by those post-incarceration include being unable to get a high-profile job, which maintains low aspirations and the belief of having unrealistic goals (Sinko et al., 2020). External perceptions included being dependent on crime because of an inability to trust others, putting an employer's reputation at stake, and receiving low pay (Sinko et al., 2020). Family systems are affected by their family leaving them behind, not wanting their other family members to engage in crime and believing that it was their own business that should be kept to themselves (Sinko et al., 2020). Lastly, perceptions among community systems include being left behind by friends, trying to forget about their crime, being judged for their crime, and having mixed feelings on reentry (Sinko et al., 2020).

Although overall incarceration rates have been slowly declining since the mass incarceration era, racial and ethnic minorities remain incarcerated at a disparaging rate when compared to white Americans (Cullen, 2018). According to the National Institute of Justice (NIJ)

(2012), one in every 15 black men aged 18 or older are incarcerated, while it is just one in every 106 for while males aged 18 or older. One in every 36 Hispanic men aged 18 or older are incarcerated (NIJ, 2012). The same pattern of racial disparities can also be applied to women, as 49 percent of black women are incarcerated compared to 22 percent of white women (NIJ, 2012). In a qualitative interview, black participants reported being more likely to have been incarcerated as a juvenile, to have spent time in a juvenile facility, and to have spent time in an adult facility as a juvenile when compared to white participants (Blankenship et al., 2018). In addition, black participants were significantly more likely to be incarcerated for a drug charge at 57 percent compared to 26.5 percent of whites (Blankenship et al., 2018). Lastly, while over-policing was reported for both races, whites were more likely than blacks to be let off if pulled over by law enforcement at 60 percent and 42.3 percent, respectively (Blankenship et al., 2018).

The over-policing of low-income neighborhoods have loosened the ties between law enforcement and the residents of these communities. Over-policing results when law enforcement have an overwhelming presence in a neighborhood, usually minority ones, where they notice more crime happening due to their constant supervision of the area. This can be seen in gentrifying neighborhoods who are imposing more stop and frisk activities as well as noise complaints regarding public spaces, which accounted for about 87 percent of calls for New York Police Department (NYPD) in 2017 (Stolpher, 2019). Although only seven out of every one-thousand NYPD complaints result in arrest, the outcomes for this are three-times more common in low-income communities of color (Stolpher, 2019). This creates an imbalance in trust and higher tensions between the minority members of these communities and the police officers who patrol there. In addition to the over-policing of neighborhoods, security often lacks elsewhere. In communities that have a higher houseless population, there are often not enough officers to

inspect scenes of minor offenses, so community members are unfairly thrown into the mix. This can also result in an indirect distrust of police if the community members feel they are not protected in their own neighborhood.

Not only does racial inequality exist within the justice system, but gender inequality is also present in several ways. Inadequate medical care regarding mental health treatment or gynecological services for women is one of the ways where incarcerated females are disenfranchised. Females are disproportionately affected by being separated from their children, which causes a barrage of mental health ailments such as depression, anxiety, and thoughts of suicide (Celinska & Fanarraga, 2022). While about 16.7 percent of women reported having a child that was in trouble, only 5.5 percent of men reported the same (Moore et al., 2021). Although underreported, unwanted sexual contact from other inmates or facility staff is common within female incarceration units (Newman et al., 2022). In many facilities, females are deprived of contraceptives, which can be a useful tool in relieving symptoms of endometriosis (Walsh, 2016). In addition, while facilities are required to provide access to a healthcare provider, the sex of this provider is not specific to the population (BOP, 2018), which may deter females from seeking treatment if their physician is male.

Economic Determinants

Economic stability is exceptionally lower for those who are incarcerated, some of which may be attributed to lower levels of education (Oakford et al., 2019). Low wages and a lack of economic opportunities are major contributors to crime levels, with evidence suggesting that increasing wages is associated with an even greater decrease in crime rates (Department of Economic Advisers, 2016).

Economic stability can greatly impact a person's life when re-entering into society. Many people who have a history of incarceration report difficulty finding housing, estrangement from family members, and difficulty receiving health or social services (Blankenship et al., 2018). More than 88 percent of individuals report experiencing barriers to obtaining a job because of their criminal record (Blankenship et al., 2018). Drug testing also became a popular part of the job application process during the 1980s. A report published in 2020 found that 21 percent of respondents were subject to drug tests during the employment process, while only a little over five percent came back positive, showing that there is very little evidence that drug tests reduce drug use in employees (Cohen et al. 2022). In the same context, employers often rely on online databases for background checks which often provide inaccurate information, such as convictions that have since been expunged or charges that have been dropped, thus diminishing chances of employment based on erroneous information (National Employment Law Project [NELP], 2014). Unemployment can prevent individuals from being insured through their employer, which can make affording medical bills and the cost of healthcare difficult. In addition, those who live in poor neighborhoods are more than twice as likely to have a history of incarceration, indicating that incarceration rates disproportionately impact poorer or more disadvantaged communities (Whitaker et al., 2011).

Due to the lack of funding, medical care for those who remain in U.S. prisons and jails are low-quality and difficult to access (Prison Policy Initiative Organization, n.d.). Health care in prisons is designed to treat acute health problems rather than treat and prevent chronic conditions, so the older population is at a disadvantage due to the higher cost. While most facilities are required to pay for care up to a certain point, most state prisons still require copays, which may prevent individuals from seeking care. 42 states charge co-pays for inmates to receive

care (Sawyer, 2017). Even though co-pays are often only a few dollars, a person making less than a dollar an hour or an older adult that is unable to work will have trouble meeting these costs. For example, a medical co-pay for someone incarcerated in West Virginia costs six dollars, which equates to an entire month's work (Sawyer, 2017). For people with communicable diseases, this could harm the entire population living in close quarters with them, especially older adults with chronic conditions. This also leaves many conditions undiagnosed and untreated, leaving them more susceptible to adverse health outcomes and often in worse condition when they are released (Wang, 2022). One study found that within the first two weeks of release, people who were formerly incarcerated are 12.7 times more at risk of death than residents the respective state (Binswanger et al., 2007).

Cultural Determinants

With the many chronic and infectious illnesses that older adults experience while incarcerated, it is crucial that healthcare services are accessible and available. Due to prisons being less attractive work environments, correctional facilities have faced challenges employing highly qualified, well-trained physicians and medical personnel. Therefore, correctional medical care is often provided by less competent physicians, and inmates are consequently subjected to harm. Medical malpractice and negligence are a serious problem in prisons that limits preventive care and chronic disease treatment and consequently increases prevalence of disease. A medical malpractice claim must prove that the patient's injury occurred because of the physician's action or inaction. In addition, it must prove that this action or inaction was the physician's failure to exercise the appropriate standard of care (Tsai, 2014). There are many negative health outcomes that have resulted from physicians' actions and inactions. Inmates were subjected to harm by unacceptable and inadequate medical services provided by subpar physicians. This consequently

subjects correctional facilities and physicians to civil liabilities. With the increasing correctional population, the number of correctional medical lawsuits continues to surge.

Regarding the state of Georgia, those who are incarcerated receive comprehensive medical, mental health, and dental care (Georgia Department of Corrections, 2007). However, according to an inmate that was released from a Georgia prison, accessing these services can take up to two weeks, which would likely not be ideal for an aging inmate (Kamin, 2022). This could be a direct result of each department only being required to have one licensed physician, working part-time or full-time, in each correctional facility in Georgia (Subject 125-4-4, 2022). Medical staffing in incarceration facilities depends on caseload and medical needs of the population, however this is a subjective measurement and can result in understaffing and less access to medical services. Additionally, the corrections department in Georgia will only cover the cost of medical emergencies once the cost exceeds $1,000, forcing patients to pay up to this price (Subject 125-4-4, 2022). Older adults utilize emergency services more often than younger adults, often because of chronic conditions, so this regulation has a greater impact on older adults that are incarcerated (Legramante et al., 2016).

Infectious disease is also a health concern within jails and prisons that is important to address, especially considering the recent COVID-19 pandemic. Older adults in jail are three times more likely to have an infectious disease compared to adults ages 18 to 24 (Maruschak et al., 2015). COVID-19, a disease that has a greater impact on older adults and those who are immunocompromised, is a major concern for the health of older adults in overcrowded prisons and jails. A report at the height of the pandemic found that one in five state and federal prisoners had COVID-19, which is four times the rate in the general population (Schwartzapfel & Park, 2020).

With older adults having higher rates of chronic conditions and, in general, poorer health, having access to medical care inside of correctional facilities may come to a halt once they are released. Most people do not have health insurance upon re-entry, making it difficult to access health services that are necessary (Mallik-Kane, 2018). The Medicaid expansion has increased coverage rates for millions of Americans, but for states that have not expanded Medicaid, including Georgia, large coverage gaps leave low-income groups vulnerable. There are currently more than two million people that are stuck in this coverage gap, with twelve percent of them being residents of Georgia (Garfield, 2021).

Despite the *Estelle v. Gamble* (1976) Supreme Court decision to instate improvements for prisons related to their strained health care resources, inmates continue to suffer from inadequate medical treatment and substandard healthcare services in the nation's correctional facilities. The right to healthcare for prisoners has been affirmed by the Supreme Court, but how jails provide healthcare and employ healthcare providers is determined on a case-by-case basis. Organizations including the American Public Health Association, the American Correctional Association, and the American Correctional Health Services Association have developed standards for correctional medical care. However, the growing number of correctional populations has strained health care resources, staff, and equipment. This increased demand has diluted the already limited medical care capacity. These governing organizations have developed accreditation processes, but the standards are broad, and accreditation is voluntary. It is estimated that only about 20 percent of jails have satisfied an accreditation process (Tsai, 2014). In most correctional facilities, health care services are organized as the "sick call" system, which is based on a request for care of a specific medical problem and triage to an appropriate level of care. This is not a proper system for inmates who are at high risk for diseases (Tsai, 2014).

Commented [EGW2]: cite

There are many unfair systemic policies and institutions set in place, with many of them set out to disenfranchise low-income individuals as well as racial minorities. In 2020, for-profit, private incarceration facilities house roughly one-hundred thousand inmates across the U.S., which equates to seven percent of the total incarcerated population (Buday & Nellis, 2022). Since 2000, the Bureau of Justice's reliance on private prisons has increased by about 80 percent, which includes prisons and halfway houses (Buday & Nellis, 2022). There has been little pushback on the use of private prisons because even though they rely on incarceration rates to increase, they generate large sums of money for investors as well as politicians (Open Secrets, 2022). Private prisons spend less on prisoners than the federal government spends on prisoners in a public facility, which means that they are making as well as saving money, respectively (Blakely & Bumphus, 2020). Private sectors report higher rates of assault between inmates than public facilities, which is likely related to the time and money spent training correctional officers (Blakely & Bumphus, 2020). There are numerous solutions for reforming private, for-profit prisons through either banning them or, more realistically, providing incentives for them to redesign their prison infrastructures.

Identifying the SDOH and how they relate to individuals who are incarcerated is crucial in understanding how incarceration can impact health status and outcomes. Using these determinants can allow for developments and programs that increase the accessibility of healthcare for those who are incarcerated, as well as promote better health.

What Is Needed

Healthcare inside incarceration facilities is severely lacking, as there are not enough resources nor concern for the inmates housed in them. The failure of the justice system to provide sufficient care and treatment can lead to a multitude of issues including substance

relapse, infectious disease outbreaks, self-harm, and progression or onset of mental illnesses (Cloud et al., 2014). If an inmate receives an injury or develops an illness that requires medical treatment, the discretion of the severity is left up to the commissioner. Since the Commissioner of the Department of Corrections (GDC) is required to pay for a certain percentage of these treatments, a facility that receives little funding may not transfer inmates to outside care if they are financially stressed (BOP, 2018). Because of these minimal requirements, many facilities in Georgia rely on the community around them to provide adequate care that the institution fails to deliver.

Both state and county institutions must ensure access to a physician, provide medical supplies needed for physical evaluations, and general first aid (Subject 125-4-4, 2022). The GDC partners with Wellpath to provide medical services as well as recruitment of staff across the state. They employ over sixteen hundred healthcare professionals in both state and federal prisons that help to treat around 140,000 inmates (Wellpath, 2022). Wellpath community care has a Medication-Assisted Treatment (MAT) program for individuals who are struggling with substance abuse. They also have experience with forensic state hospitals, sex offender treatment, and competency restoration programs. The GDC uses Centurion for all dental and mental health services (GDC, 2007).

Upon release from prison, individuals must face many challenges to return to a normal state of life in the community. They must find housing, employment, re-establish relationships, find a method of transportation to attend parole meetings, and re-install any previous medical entitlements they had before incarceration. It is crucial that these individuals have access to healthcare soon after they are released, as they are at a 12-fold increased risk for death upon release (Fox et al., 2014). Re-entry into the community is also associated with increased risk for

HIV, and disrupted anti-retroviral treatment, showing the immediate need for access to quality healthcare and knowledge of healthy habits (Fox et al., 2014). Many people prioritize finding housing and employment before their health, and therefore, any efforts to increase their health while incarcerated are lost.

Commented [AW3]: cite

In Georgia, a board decides if a prisoner is eligible for compassionate release based on their medical reprieve that they submitted, which must include substantial evidence. There must be plans lined up for housing, payment processes, and medical care plans. The individual's record and behavior while in prison is considered when making their decision. This poses concerns upon whether the board is making ethical decisions regarding the individual's safety by prioritizing their criminal history. Before they can be released on parole, many times the board forces them to speak to them in person before they make their decision. There is then a majority vote made by the board, and once they are released, they are in the board's custody until their maximum term ends (Tobler, 2014). While this process is lengthy, the worst of the problems arise when the prisoners are released, as they often do not have access to housing or insurance.

There is a high percentage of prisoners who are eventually released from prison, and they bring their detrimental health conditions into the community. Of the 95 percent that are released from prison, 80 percent of them enter the community without insurance (Rich, et. al., 2014). While previously being provided with healthcare needs while incarcerated, this treatment stops, as they do not have a means to pay for the medical services. Healthcare treating HIV, for example, often gets priority treatment for incarcerated individuals, and this ends upon release if the individual does not have insurance to cover it. In many state prisons, prisoners are screened for diseases upon entry, but little receive post admission medical exams, leaving many people being released into the community without knowledge of the conditions they suffer from. A

study found that if correctional staff were to identify and aid those eligible for Medicare upon release, more of them would utilize the services offered. Also, if funds were reorganized on the federal, state, and community level, many incarcerated individuals would have more access to specialized healthcare while in prison, so that they do not need this upon release (Rich, et. al., 2014). Since the return to community is so difficult for incarcerated individuals, if healthcare while in prison was all on electronic medical records which could be released to providers upon their release from prison, this would aid in long term healthcare.

Resources

Most individuals recently released from prison do not have access to healthcare services due to costs and difficulty getting a job that provides health insurance. In the United States, approximately 60 percent of individuals previously incarcerated are unemployed (Khalfani, 2022). Since the state of Georgia does not have expanded Medicaid, if you have a felony, you are not eligible. If an incarcerated individual lives in a state which participates in the expansion of Medicaid, many formerly incarcerated individuals could be eligible. In 2009-2013, a study found that 55 percent of formerly incarcerated individuals were unemployed. The individuals who had jobs earned a median salary of $10,090. There are currently 39 states which have adopted Medicaid, and all adults with an income up to 138 percent of the federal poverty line qualify (Guth, 2021).

In the United States, studies have shown that 25-30 percent of incarcerated individuals would benefit from Medicaid eligibility (Khalfani, 2022). For inmates re-entering society to have access to Medicaid in Georgia, the state would need to participate in the expansion efforts. Most inmates who are nondisabled when they re-enter society are eligible for Medicaid in expanded states. Sometimes, inmates are moved to facilities involuntarily in different states. However, they

would still be eligible for Medicaid in their home state. Medical needs that are covered by their home state's Medicaid program would be funded. If an individual commits a crime outside of their home state and is put into a facility in that state, they are only eligible for the Medicaid benefits provided in that state.

The Centers for Medicare and Medicaid Services (CMS) has encouraged the government to not terminate Medicaid services to current inmates. CMS would rather inmates have their Medicaid suspended until they are released or until they have offsite inpatient care where coverage is needed. Since mortality rates are so high for individuals after release from prison, this would allow their healthcare coverage to resume upon their release. This method stops states from applying for reimbursement from the federal government for healthcare if it is non-inpatient.

The Housing Choice Voucher Program (HCV), formerly known as Section 8 Housing, is a program that assists low-income individuals with rent payments. To be eligible for this program, you must have two individuals in the household, make less than 50 percent of the median income for the county of residence, be a citizen of the U.S., be at least eighteen years of age, and be a resident in the state of Georgia. Benefits depend on income as well as cost of living, which is published annually as Fair Market Rent by the Department of Housing and Urban Development. For example, a two-bedroom Section-8 unit in Atlanta may be anywhere from 1,300 dollars to 2,600 dollars, while other counties may grant a much lower allowance. It can take several weeks or even months to process one's application due to the extensive eligibility verification methods; however, showing up to appointments on time can reduce your waiting time. Acceptance into this program is strict, which is why many individuals seek out assistance from other programs and agencies.

The Re-Entry Partnership Housing (RPH) program is a program that provides temporary housing for those with a felony who do not have access to any sort of residence whether it be their own or a family member's. Those who are eligible are given six hundred dollars per month, with a three-month maximum. Those who are not eligible consist of individuals classified as sexually dangerous predators, those under federal or private parole, those who are out-of-state, and those with misdemeanors. RPH will only provide grants for RPH-approved housing, which can include apartments, dorms, and residential housing. An individual may request this grant while they are incarcerated to allow for a direct transition into an RPH approved facility; however, family members or friends are not allowed to request it on an individual's behalf. There are certain rules one must follow while living in RPH approved housing, which consists of but is not limited to a curfew, behavior expectations, and basic house rules. It is advised that those with a felony avoid large housing complexes and instead look for individual housing units because an unsightly background check is likely to deter a landlord from leasing a property.

The Athens Housing Authority (AHA) Public Housing Program is a local program that provides affordable housing to low-income families. This program differs from HCV as well as emergency housing options as it is run by the city of Athens. To be eligible for this program, you must have two individuals in the household, be a citizen of the U.S., or be at or below the specified HUD poverty line. One is not eligible if they are a registered sex offender or if they have been convicted of producing or selling methamphetamines. The waiting list, which is organized by bedroom size, is based on priority as well as time of application. This process takes anywhere from six months to five years before they gain acceptance to the program. There are four property groups in Athens with fifteen different dwellings, each of which has their own specific set of living styles. There are rent adjustments allowed if a family experiences a loss or

gain in income as well as a flat rent option, which is the maximum amount a family will pay for rent. An allowance for utilities may also be granted based on the family's income as well as the size and location of their facility.

The Low-Income Home Energy Assistance Program (LIHEAP) is a government funded program that is available to help low-income families and individuals afford their energy bills to stay warm during the winter months and cool during the summer months. Eligibility requirements for LIHEAP match those of SNAP and TANF, so automatic eligibility is usually applicable. The enrollment period for LIHEAP is open from the first of November to the last day in April, with those who are homebound, over the age of 65, and have life-threatening circumstances being placed as top priority. There is also a complimentary program for water bill assistance referred to as the Low-Income Household Water Assistance Program, or LIHWAP. If you are eligible for LIHWAP, you will also be considered eligible for water bill assistance. While the allowed benefits are based on annual household income as well as size, they normally range from 310 dollars to 350 dollars if funds are available.

There are several resources in the state of Georgia regarding food insecurity for formerly incarcerated individuals. Temporary Assistance for Needy Families (TANF) is a government program that grants a monthly cash allowance that can be used for living expenses; however, an interested individual must meet eligibility requirements: must have at least one child under the age of eighteen or age 18 and attending school full-time, be a U.S. citizen, and proof of low income. One example of a low-income would be a family of three who make less than 784 dollars per month. While you must have proof of employment to receive this grant, there is a 48-month maximum to receive this allowance. In addition to TANF, those with a felony are also eligible for the Supplemental Nutrition Assistance Program (SNAP). SNAP provides a monthly

allowance that can be used at supermarkets as well as farmers markets to purchase groceries. Eligibility requirements include providing proof of employment; however, one must work at least eighty hours a month unless they have a dependent in the household. Low-income requirements include being at or below the 130 percent poverty line. If employment and low-income requirements are met, there is an extensive interview process to discuss whether benefits will be granted to the individual. Senior SNAP is a simplified version of SNAP that makes it easier for seniors to receive SNAP benefits. Eligibility requirements include all members of the household being over the age of 60, not working, meeting low-income requirements, and having a permanent fixed income including Social Security or Federal or State Retirement.

There are also several food banks across the state of Georgia, with the main source in Athens being the Food Bank of Northeast Georgia. There are many services offered by the Food Bank, including mobile pantry distributions as well as agency shopping, which allows for groceries to be bought at an extremely low cost. Those who are sixty or older are eligible for a senior brown bag, which provides approximately 600 seniors in the Athens area with about forty pounds of food once per month.

Campus Kitchen is a nonprofit, student-led hunger relief initiative that combats food insecurity in Athens-Clarke County. This organization has recovered over 300 thousand pounds of food and made close to 20 thousand meals from scratch. Groceries are recovered from local grocery stores such as Trader Joe's and Earth Fare on a weekly basis. Cooking is usually conducted at local churches that are willing to volunteer their space, but Campus Kitchen has recently obtained a food trailer that was funded by a grant. With the trailer, volunteers can provide on-the-go, hot meals to community members. Grandparents raising grandchildren, or older adults raising young children are the primary target population. Campus Kitchen delivers to

families that have been deemed as food insecure by the Athens Community Council on Aging (ACCA) and continues to deliver even after they no longer receive ACCA's case management services.

Mercy Health Center is a non-profit clinic that provides care for low-income, uninsured patients with Christian ideals at its core. To be eligible for services, patients must be 18 or older, completely uninsured, at or below 150 percent of the federal poverty level, and a resident in one of the following counties: Clarke, Barrow, Jackson, Madison, Oconee, or Oglethorpe. All services are free of charge, but patients can contribute to their care through financial donations. Mercy aims to provide comprehensive care coordination, so various departments exist within this facility. Medical services include primary care, gynecology, physical therapy, urology, and vision care. Wellness resources, behavioral health services, and an on-site pharmacy are also offered. This facility heavily relies on volunteers to function as well as donations of medical equipment and monies to offset expenses.

The Athens Neighborhood Health Center (ANHC) is a nonprofit health clinic located in Athens, Ga. This healthcare facility provides affordable and quality care to residents of Athens, Ga and surrounding areas. Their mission is to provide care that is affordable and reaches populations who are typically too scared to access care or do not seek it out under the belief that they do not have the means to do so. This health center is governed by a board of directors from the community of Athens, which helps the health center to know what is needed in the community. ANHC provides the following services: general and family practice, pediatrics, acute and chronic care, medication program services, laboratory services, immunizations, and mental health services.

The Georgia Department of Corrections (GDC) is a government agency that overlooks all prisons and correctional facilities within the state of Georgia. Through this agency, education opportunities are provided to inmates. Eligibility requirements include not having a GED or high school diploma, and being incarcerated in any state or private prison, bootcamp, probation detention center, residential substance abuse treatment center, or transitional center. Participation is voluntary, and there are 4,500-5,000 students enrolled daily. Inmates may enroll in open-entry courses through the Classification Committee, which is available any day of the week. Students may study subjects such as literacy, adult basic education, general education diploma (GED) preparation, and ESL and Braille (in select facilities). Instructors are employed either through the GDC or local technical colleges and provide in-person instruction. Students may take the GED examination and be provided with a diploma if they achieve a passing score.

The Georgia State University Prison Education Project (GSUPEP) began in 2016 and provides opportunities for higher education to individuals in prison. This program serves eight prisons and correctional facilities, including: Phillips State Prison, Walker State Prison, Atlanta's United States Penitentiary, Atlanta Transitional Center, Hancock State Prison, Lee Arrendale State Prison, Whitworth Women's Facility, and the Department of Juvenile Justice. To be eligible for this program, students must be incarcerated in a state of federal prison in Georgia, have a GED or high school diploma, pass the Accuplacer exam and be admitted to the college, and meet their Warden's eligibility requirements. The Warden's eligibility requirements are often dependent upon the facility, however, the requirement that is often necessary for eligibility is going a specific length of time without disciplinary violations. GSUPEP if funded through private donations and grants, which covers the cost of tuition, books, and other related fees for students who are incarcerated. The program employs professors from Perimeter College and

allows students the opportunity to achieve a college degree. In addition to providing education for the incarcerated population, GSUPEP also educates their students on mass incarceration and the issues that arise from it to promote understanding and productive citizenship.

The Prison Scholar Fund is a nonprofit organization that offers educational scholarships to individuals who are experiencing incarceration in hopes to reduce the rate of recidivism and provide better opportunities once released. They rely mainly on private donations to provide online and paper-based courses so that individuals can complete schoolwork without the need for institutional support. The eligibility requirements for this program are that individuals must be incarcerated. Because this process is application-based, there are some qualifications that make individuals more likely to receive a scholarship. For instance, serving a sentence shorter than six months may dramatically reduce the likelihood of receiving a scholarship because the courses available often take longer than six months to complete. Additionally, applicants that can provide some sort of funding for their education, as well as have a plan or goal that their education would contribute to, are more likely to be chosen as a recipient. There are currently 14 schools that have partnered with the Prison Scholar Fund to provide paper-based courses.

The Offender Parolee Probationer State Training Employment Program (TOPPSTEP) is a program that helps individuals who were incarcerated find and maintain employment once they are released. The program is a collaboration between the Georgia Department of Labor, the Georgia Department of Corrections, and the State Board of Pardons and Paroles. This program provides services such as resume building and review workshops, interview training, job referral, unemployment insurance, and computer and internet access. Additionally, they provide Federal Bond Insurance, which protects future employers and increases the likelihood of being hired. Work opportunity tax credit is also offered, which incentivizes employers to hire individuals who

are more at risk for unemployment, including individuals who experienced incarceration. There are no eligibility requirements for TOPSTEPP, however, to apply for work opportunity tax credit, an individual must either be released from prison or be convicted of a felony in the last 12 months.

Integrity Transformations Community Development Corporation is a 501(c) 3 nonprofit organization that serves Westside neighborhoods in Atlanta by providing resources to promote economic empowerment and self-sufficiency. In order to access employment services, individuals must be between the ages of 18-65. Although this organization is specifically geared towards West side neighborhoods, any resident in the city of Atlanta may apply for services. This organization mainly assists individuals who have been formerly incarcerated, do not have a high school diploma or GED, have low-income, and are unemployed. Some of the programs that individuals can have access to are pre-employment programs, such as education and skills development for future employment, employment training programs, post-employment and unemployment support, and other community services such as landscaping for senior residents. Individuals can access these services either by emailing for inquiries or going to the Employment Resource Center on Lindsey Street Monday-Friday between their hours of 9:00 am to 4:00 pm.

The Re-Entry Project is a nonprofit organization that helps returning citizens find resources for housing, transportation, employment, counseling, education, health care, social support, and legal and mental health services. The eligibility requirements include male residents from Cobb, Dekalb, and Fulton Counties, between the ages of 20-29, and U.S. citizens or legal residents. Additionally, any offenses against an applicant must be either a misdemeanor or a felony not involving manslaughter, drug trafficking, gun-related offenses, and child molestation. The time in correctional facilities cannot exceed five years, and the time served must be in a

correctional facility within the state of Georgia. The Re-Entry Project connects newly released individuals with program operators, who then assess their needs and determine the next steps. This often includes helping with resumes, job searching, and getting in contact with prospective employers. This program also understands the importance of social support, and often involves family and friends in the process which can greatly impact the success of re-entering citizens. To apply for this program, an application with personal information, contact information, and offenses must be filled out. Once the application is processed, job opportunities will be sent to the applicant and the organization will get in contact with personalized resources.

Resource Handout

Housing

RE-ENTRY PARNERSHIP HOUSING (RPH)
60 Executive Park South, NE Atlanta, GA 30329
404-679-4840, RPH@dca.ga.gov

The RPH is a federally funded program that provides a rent allowance to those who have recently been released from an incarceration facility. This program provides a grant of six-hundred dollars per month but maxes out at three months. Grants can only be used for RPH approved housing. Eligibility requirements include the recently released individual have no other means of housing between friends or family.

HOUSING CHOICE VOUCHER PROGRAM (HCV)
1854 Shackleford Court Suite 400 Norcross, GA 30093
770-806-5050, housingchoicevoucher@dca.ga.gov

The HCV is a federally funded program that aids low-income families in finding affordable housing. Benefits are based on Fair Market Rent in your area as well as income. Athens-Clarke County does not participate in this program, however, there are several Atlanta counties that opted-in. To be eligible for this program, you must have two individuals in the household, make less than 50 percent of the median income for the county of residence, be a citizen of the U.S., be at least eighteen years of age, and be a resident in the state of Georgia.

ATHENS HOUSING AUTHORITY (AHA) PUBLIC HOUSING PROGRAM
300 S. Rocksprings St. Athens, GA 30606
706-425-5299, https://www.athenshousing.org/housing/index.php

The AHA public housing program is a locally run government-funded program that provides housing to low-income families in Athens, GA. The type of housing in which you are granted depends on household needs as well as income. To be eligible for this program, you must have two individuals in the household, be a citizen of the U.S., or be at or below the specified HUD poverty line.

LOW-INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP)
308 Spring St SE Gainesville, GA 30501
770-532-3191, https://www.ndo.org/web/resources.html

LIHEAP is a federally funded program that provides energy bill assistance to low-income families. Area two assistance is provided by the Ninth District Opportunity, Inc. and represents the Athens area as well as surrounding counties. Assistance can range from $310 to $350 depending on annual household income as well as size.

Food Assistance

TEMPORARY ASSISTANCE FOR NEEDY FAMILIES (TANF)
284 North Avenue Athens, GA 30601
706-227-7021, https://dfcs.georgia.gov/services/temporary-assistance-needy-families

TANF is a federally funded food assistance program that grants a temporary allowance for groceries to food-insecure, low-income families. Eligibility requirements include having at least one child under the age of eighteen or age 18 and attending school full-time, be a U.S. citizen, and proof of low income. The benefits received, which stops after a 48-month limit, is based on income as well as household size. There is an extensive process for receiving benefits.

SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP)
284 North Avenue Athens, GA 30601
706-227-7021, https://dfcs.georgia.gov/snap-food-stamps

SNAP is a federally funded food assistance program that provides a monthly allowance to food-insecure, low-income individuals. Eligibility requirements require providing proof of employment as well as being at or below the 130 percent poverty line. There is an extensive process for receiving benefits.

FOOD BANK OF NORTHEAST GEORGIA
801 Newton Bridge Rd Athens, GA 30607
706-354-8191, https://foodbanknega.org/

The Food Bank of Northeast Georgia is a non-profit organization serving Athens as well as the surrounding areas. Agency shopping, mobile pantry distribution, and senior brown bags are available at no cost and with no income requirements. There is no application process for mobile food pantry distribution or agency shopping.

CAMPUS KITCHEN AT UGA
1242 S Lumpkin St, Athens, GA 30609
(706) 542-8924, https://www.ckuga.org

Campus Kitchen is a nonprofit, student-led hunger relief initiative that combats food insecurity in Athens-Clarke County. Grandparents raising grandchildren, or older adults raising young children are the primary target population.

Medical Services

MERCY HEALTH CENTER
700 Ogelthorpe Ave, Athens, GA 30606
(706) 425-9445, info@mercyhealthcenter.com

This clinic is a Christ-centered healthcare facility in which low-income, uninsured patients are provided comprehensive care coordination at no cost.

ATHENS NEIGHBORHOOD HEALTH CENTER
Locations: 675 College Avenue and ANHC McKinley at 402 McKinley Drive
Phone: (706) 546-5526

Athens Neighborhood Health Center is a nonprofit organization that provides affordable healthcare to people in Athens, Ga and surrounding areas who do not typically seek out healthcare. It is a safe and comfortable environment providing primary care services. It is recognized as a Patient Centered Medical Home

Mental Health Services

CELEBRATE RECOVERY
Location: There are several locations in Athens, Ga:
Living Hope Church Athens: 2150 Lexington Rd, Athens, GA 30605
Nations Church: 8780 Macon Hwy, Athens, GA 30606
Phone Numbers:
Living Hope Church: (706) 850-8881
Nations Church: (706) 353-1199

This nonprofit program is a Christ centered recovery center for those hurting or struggling with bad habits. It is offered not only in prisons, but also churches, recovery houses, and universities.

DOUBLE TROUBLE IN RECOVERY
Location: 1990 Lakeside Parkway, Suite 100, Tucker, Georgia 30084
Phone: (404) 687-9487

The Georgia Mental Health Network strives for advocacy for mental health. This is a nonprofit program. They offer education and training to help those struggling with mental health problems. This program offers peer support to help people have a system of others to talk through what

they are struggling with. It is a 12-step fellowship program of men and women offered to help them with either addiction problems or mental health issues.

GEORGIA CRISIS AND ACCESS LINE
Phone: 800-715-4225

This service is a 24/7 access hotline that anyone can access. It is used for mental health, substance abuse, and developmental disabilities. A representative is always available to refer to anyone seeking inpatient and/or outpatient help.

SALVATION ARMY
Location: 490 Hawthorne Ave, Athens, Georgia 30606

The Salvation Army is a nonprofit organization which comes into a community to see what is needed. They then provide programs which assist in immediate relief and short/long term care. They offer services which aid people spiritually, mentally, and physically.

UNITED WAY
Phone: dial either 211 (metro-Atlanta area) or (404) 614-1000 (outside metro-Atlanta)

United Way of Northeast Georgia is a nonprofit organization in Athens, Ga. This is a helpline for people struggling with substance abuse. It is available to anyone in the United States or Canada to help them with a crisis or urgent need.

Education

GEORGIA DEPARTMENT OF CORRECTIONS
1301 Constitution Rd SE, Atlanta, GA 30316
478-952-6540, Jennifer.Irvin@gdc.ga.gov

The Georgia Department of Corrections is a government agency that overlooks all prisons, jails, and correctional facilities in the state of Georgia. This department also provides inmate services, including education. Eligibility for GED and adult education services include not having a GED or high school diploma, and being incarcerated in any state or private prison, bootcamp, probation detention center, residential substance abuse treatment center, or transitional center.

THE GEORGIA STATE UNIVERSITY PRISON EDUCATION PROGRAM (GSUPEP)
GSU Atlanta Campus, 404-413-6177
GSU Decatur Campus, 770-274-5476
GSU Alpharetta Campus, 678-240-6043
prisoned@gsu.edu

GSUPEP is a privately funded nonprofit program that offers higher-education courses for individuals who are incarcerated in eight prisons or correctional facilities in the state of Georgia at no cost. The facilities include Phillips State Prison, Walker State Prison, Atlanta's United

States Penitentiary, Atlanta Transitional Center, Hancock State Prison, Lee Arrendale State Prison, Whitworth Women's Facility, and the Department of Juvenile Justice. Eligibility requirements are students must be incarcerated in a state of federal prison in Georgia, have a GED or high school diploma, pass the Accuplacer exam and be admitted to the college, and meet their Warden's eligibility requirements.

THE PRISON SCHOLAR FUND
1752 NW Market Street, #953, Seattle, WA 98107
206-734-5425, info@prisonscholars.org

The Prison Scholar Fund is a nonprofit organization that provides online or paper-based courses for individuals who are incarcerated. The only eligibility requirement is that applicants must be currently incarcerated. There is no set cost, however applicants who can provide some funding for their education are more likely to be selected for the program.

Post-Release Employment

THE OFFENDER PAROLEE PROBATIONER STATE TRAINING EMPLOYMENT PROGRAM (TOPPSTEP)
150 Evelyn C. Neely Drive, Athens, Georgia, 30601
https://dol.georgia.gov/search?search=toppstep&sm_site_name=dol

TOPPSTEP is a government agency program in collaboration with the Georgia Department of Labor, the Georgia Department of Corrections, and the State Board of Pardons and Paroles. This program provides employment services and workshops to help individuals find and retain employment once they are released at no cost.

INTEGRITY TRANSFORMATIONS COMMUNITY DEVELOPMENT CORPORATION
692 Lindsey St., Atlanta, GA 30318
404-853-1780, info@integritycdc.org

Integrity Transformations Community Development Corporation is a nonprofit organization based in Atlanta, Georgia that provides resources to residents of Atlanta that promote economic empowerment and self-sufficiency. Resources include housing, transportation, education, and employment. Eligible individuals must be between the ages of 18 and 65, however there are some services that are available for senior residents. There is no cost to access these services.

RE-ENTRY PROJECT INC.
P.O. Box 52 Austell, GA 30168
888-973-3687, https://reentryproject.org/

The Re-Entry Project is a nonprofit organization that helps returning citizens find resources for housing, transportation, employment, counseling, education, health care, social support, and legal and mental health services. To be eligible, individuals must be male, residents from Cobb, Dekalb, and Fulton Counties, between the ages of 20-29, a U.S. citizen or legal resident, and be charged with a misdemeanor or felony not involving manslaughter, drug trafficking, gun-related

offenses, and child molestation. There is no cost to access these services.

Sustainable Solutions

Redesigning Incarceration Facility Healthcare

Diversion strategies have been used to reduce problems with the developing or worsening of diseases of those involved in the criminal justice system. This could include a shorter duration based on the level of their crime. It is also considered whether their involvement in the criminal justice system will make their health conditions worse. There are significantly lower rearrest rates in those who suffered from severe mental health disorders who have participated in intensive case management services. Conditions which worsen health disparities include staffing shortages, overcrowding, and the conditions of confinement. It used to be more highly focused on teaching the inmates about the dangers and risk factors for certain diseases, but recent studies have found that improving ventilation systems, bettering access to acute and chronic care, and reducing overcrowding rates will lower spread of disease in prison systems (Freudenberg & Heller, 2016). If disease spread is lowered, there will be less inmates in need of palliative care within the prisons.

An issue with public apathy geared toward the aging population in prisons leads to many inmates not receiving the proper health and palliative care they need. Tensions arise among the aging population in prisons due to distrust of the healthcare professionals provided and misuse of pain medications (Freudenberg & Heller, 2016). In order to decrease this tension, it is important to work with outside collaborators, including professionals from community hospice centers. It should also be required to implement training for staff who work directly with older inmates. If prisoners have the opportunity to work with peer volunteers multidisciplinary teams, this will increase socialization, and in turn, better their mental health (Maschi et al., 2014). Volunteers,

both from outside the prison and current terminal inmates who have good standing, aid in bettering the mental health of aging inmates. Studies have found that current inmates can offer peers a level of empathy greater than an outside volunteer can accomplish. At the Mohawk-Oneida Correctional Facility in Rome, New York, it has been found that giving terminal inmates a chance to help and interact with others if they were in good standing. In this facility, inmates were able to develop a sense of purpose and satisfaction at the end of their lives (Neumann, 2016).

The U.K. has found that a link between hospice care and prisons has been effective for older adults in prisons. However, they have experienced issues in terms of transportation methods from the prisons and delays of transfer. Therefore, it is important to have links between prison employees and hospice care staff so that there is an option for palliative care inside the prison. This has not yet been completed in the U.K. and it has been found that most of the older ill inmates die in hospitals, rather than hospice care or within the prison (Stone et al., 2012). If not in prisons, several states which participate in the expansion of Medicaid have begun to utilize "special care facilities," which are nursing homes which also offer certified medical care. In Mississippi, senate bill 2448 passed, allowing inmates to be sent to special care facilities, where Medicaid aids in the funding of their care. This guaranteed that their healthcare services would be covered because, while Medicaid cannot cover services while they are inside the prison, it will cover them on offsite facilities (Taft, 2022). This allows inmates who need palliative care to receive more comfortable and adequate healthcare services from trained professionals than they would while inside the prison.

Reduce Recidivism Through Education and Employment Opportunities

The population of the United States accounts for about five percent of the global population yet is responsible for 25 percent of the world's incarcerated population, making it the leading country for incarcerating its own citizens. Despite crime rates going down, the incarcerated population continues to exceed that of any other country. While there are many factors that contribute to incarceration in the United States, recidivism is a leading issue that perpetuates high incarceration rates (Costelloe & Warner, 2014). Because of the way recidivism is measured and defined across countries, it is difficult to compare. However, there are several factors that contribute towards this issue which can help in addressing and improving it.

After being released from prison, every individual goes through a transition period called re-entry, in which they leave prison and return to a free society. This process is important, however not as critical as reintegration. Reintegration refers to individuals leaving prison and reintegrating into the institutions and functions of society. Successful reintegration reduces the likelihood of recidivism, so identifying resources to make this process successful is an important step in reducing recidivism in the United States (Denny, 2016).

Reintegration is dependent upon the social perception of incarceration. In countries such as Norway and Finland, citizens have strong social responsibilities and crime is a result of this responsibility going wrong. This thought process favors strongly for incarceration to be rehabilitative, which can help reduce recidivism (Deady, 2014). One practice that Finland utilizes are open prisons. These facilities do not have gates, locks, or uniforms, and allow inmates to work for money, go into town, and even go home for a few days at a time. This has helped individuals who are incarcerated feel more connected to free society and can improve the ability to reintegrate once released (Moore, 2021). Open prisons also do not discriminate against

violent and non-violent crimes. Due to their central belief that incarceration should be a rehabilitating process, people who have committed crimes as severe as murder are still allowed to stay in open prisons, often serving longer sentences (Moore, 2021). Facilities that promote openness allow inmates to contribute towards society and can provide a certain degree of responsibility that can be carried on once they are released (Denny, 2016).

Prison education programs are another way to provide opportunities for individuals while they are incarcerated, as well as set them up for success once they are released. People who participate in prison education programs have a 43 percent reduced risk of recidivism and are 13 percent more likely to find employment after they are released than those who do not participate in prison education programs (Davis, 2014). The Council of Europe, a human rights organization that oversees 46 member states, views education as a fundamental right that contributes towards equality and participation in communities and society (Costelloe & Warner, 2014). This translates into many prison systems in Europe. For example, Ireland provides education in all their prisons and has a strict focus on literacy, which goes deeper than teaching new skills, but develops cognition and intellect. This provides individuals with the ability to utilize these skills in the future, especially once they are released (Costelloe & Warner, 2014). Prison education programs in Ireland include topics on basic education, creative arts, technology, general subjects, life skills, and healthy living (Irish Prison Service, n.d.). Additionally, prisons in Sweden assess individuals' education levels and provide opportunities based on those assessments. Understanding that lower levels of education correlate with higher rates of incarceration, providing education that is catered to the individual can reduce recidivism and the number of people who are incarcerated (Denny, 2016). Education in Swedish prisons is primarily online, which makes learning more flexible, accessible, and up to date (Pettit & Kroth, 2011).

Like education, vocational training in prison can provide people who are incarcerated the opportunity to learn and develop skills that can help them find employment once released. Along with different levels of education programs, Swedish prisons provide vocational training. These programs offer training for skills such as mechanical engineering, industrial wood products, sheet metal work, welding, and electrical engineering (Pettit & Kroth, 2011). Among the many skills these programs provide for individuals who are incarcerated, it also promotes self-confidence, stability, and higher chances of employment after release, and a reduced risk of recidivism (Denny, 2016).

Reforming For-Profit, Private Facilities and Integrating Community Policing

While lowering the rate of incarceration, reducing recidivism rates, and reforming medical care have been discussed, there are still efforts needed to improve the overall system and change the unfair treatment experienced by these populations. One way the United States has disenfranchised these populations is through the functioning of for-profit, private prison facilities. The governments of New Zealand and Australia have made efforts to raise the standards set in contracts with the privatized prisons. Rather than cutting back on funding, these countries use incentives to encourage the owners to improve poor conditions throughout the prison. If the prison stays below a 12 percent recidivism rate, they will be awarded two million dollars. In addition, if the rate stays below 14 percent for indigenous populations, they will also be granted funds. Both prisons who implemented this policy have reported lower recidivism rates for their facilities. While the program is still getting started, it is already presenting positive results. For the New Zealand prison, they are reporting a 20 percent recidivism rate compared to the nearly 50 percent state-level rate (Kuer, 2020). While it is still a prison, they have chosen to make the facilities much more humane. Instead of bars they have curtains over the windows as

well as air vents to let in fresh air. Trusted inmates are allowed to cook meals in a communal kitchen and even stay up to watch television.

While community policing is deemed effective, it often results in distrust between the residents and the officers in that neighborhood if not implemented correctly. There have been several programs implemented across the United States to alleviate some non-emergency demands and allow the community and law enforcement to work together. In 2021, the Chicago Police Department sought to improve the relationship between the community and law enforcement through youth involvement with athletics and arts as well as through the extension of neighborhood watch groups. Dating back to 2000, there was a program implemented in West Garfield Park, which is an extremely violent neighborhood in Chicago. They trained a group who were referred to as violent interrupters to recognize conflict, confront those who are high risk, and redefine social norms. Through this, they were able to reduce the number of shootings in this area by 67 percent (Twyman, 2022). Members of this program also reached out to high-risk individuals to improve their circumstances by training them for jobs as well as with substance abuse counseling. If people trust the police, they are more willing to assist them with minor tasks; however, it is important for programs to be reassessed to maintain efficiency.

A similar program regarding the houseless population was implemented in Houston, Texas in 2012. The Housing First program first focused on quick availability of permanent housing as well as fulfilling basic requirements such as access to food, healthcare, education, and employment opportunities. Through decreasing the houseless population by about 55 percent, the minor crime rate also decreased, which allowed law enforcement to focus on other matters. Houston has also ended the issue of houseless veterans by providing over thirty-five hundred

veterans with a place to live. Getting people off the streets also lowers the demand on correctional facilities and increases the overall happiness level of the area (Twyman, 2022).

Decriminalizing Minor Offenses

Imprisonment from misdemeanors is a major source of overcriminalization. It is also a large contributor to the racial skew of the United States criminal population and exacerbates the dysfunction of the public defense system. For this reason, decriminalizing minor offenses is a regulatory practice that would help the problem presented in this case study. Decriminalization does not mean legalization, but rather the elimination of traditional criminal penalties for conduct that remains prohibited. Jail time is replaced with other consequences such as fines. Although counterintuitive, this change in policy expands the reach of the current criminal justice system, making it easier to impose fines and increasing supervision on the growing population (Natapoff, 2015).

Over 1.5 million drug arrests are made every year in the United States. By decriminalizing recreational drug use and retroactively pardoning drug offenders, one-fifth (about 450 thousand) prisoners would be released. Countries (such as Portugal and the Netherlands) that have adopted less punitive policies towards drug possession have not experienced any significant increases in drug use. A study conducted by the World Health Organization found that the United States has the highest lifetime drug use rates despite its punitive policies (PPO, 2021).

Eliminating incarceration for misdemeanors relieves defendants of the threat of imprisonment while saving the state millions of dollars in defense, prosecution, and jail costs. Many states have been experimenting with the decriminalization of various crimes such as marijuana possession, driving on a suspended license, and traffic offenses. In the end,

decriminalization not only offers relief from the punitive legacy of overcriminalization and mass incarceration but also serves as a regulatory strategy that preserves and even strengthens many aspects of our justice system. Imprisonment is not always the answer to punishing individuals for their wrongdoings. Instead, states should invest in treatment and harm reduction services that improve public safety and health. Addiction can be more efficiently targeted by implementing a safe supply of drugs and providing stigma-free healthcare for users (Natapoff, 2015).

Individual Personal Reflections

Libby Williams

While searching for housing assistance, many of the government agencies, such as HCV, were not available in Athens. In addition to this, the waitlists for these dwellings ranged from months to several years, which can be devastating to those who do not have family or friends willing to house them during their time of re-entry. While the RPH program is specifically formatted to assist formerly incarcerated individuals back into the community, the grant ends after three months, which is not near enough time to be comfortable. For someone who has a felony in their background, it can seriously deter landlords from leasing to them. In addition, this can also leave employers weary during the hiring process, which makes it harder for incarcerated individuals to have employment. If you are someone who has been compassionately released, re-entry is going to be extremely difficult due to the lack of resources and inability to have access to public insurance.

When going over the correctional facility conditions, I discovered that there was a lack of adequate healthcare and a general concern for the inmates. People often enter these facilities and come out with numerous diseases as well as many different ailments. There is lots of ageism

present in the justice system, as acute conditions are considered more than chronic conditions; however, these are not the main concerns for an aging population. In Georgia, work labor in facilities is not paid, which leave little to no opportunity to provide for medical care or purchase commissary. It was insane to me that you can collect medical debt even while in prison, which you will likely live with for the remainder of your life due to the lack of support from the government and community. Going forward, I would hope to see more implementation of decriminalizing minor offenses as well as a more structured re-entry program, especially since many find themselves going back to prison because they cannot hold a job or find a place to live. In addition, I would hope that the medical care inside these facilities improves, as it would save money over time for everyone involved.

Virginia Bynum

This past semester, my group and I have studied the medical care system for prisoners in Georgia. We have investigated how prisoners are affected in terms of receiving health insurance and what it would look like to have better access to healthcare within prisons. There are many prisoners suffering from chronic diseases and health conditions, which are worsened from the living conditions of prisons. We had to consider the ethical conditions of raising community taxes, while also understanding which prisoners would be eligible for medical parole or specialized care within the prison. Problems arise due to the stigma of prisoners within our society; prisoners have difficulties reentering into society and building a life. They are constantly held behind due to difficulties gaining a job that either offers healthcare benefits or pays well enough to cover healthcare costs. Many prisoners also re-entered society with worsened health conditions than they had before entering due to the conditions they lived in. This is especially

difficult for older prisoners, as they often face worsened health problems and mental struggles upon reentry into society. Conditions can be even worse if they do not have family or friends to support them.

This particular topic was difficult for our group to find resources in Georgia for inmates struggling to access quality healthcare. The case scenario was much broader, so we made it a focus on a singular inmate in the state of Georgia who was being considered for compassionate release. Therefore, we were able to do much more definitive research.

Our chosen topic and development of a needs assessment will aid me in my future career as a healthcare provider. Both the health promotion major and understanding how the population of prisoners and their struggle to access quality healthcare has taught me to emphasize a servant's heart and has motivated me to want to work in an environment which provides personalized and quality care to the community. As I continue to understand more about the social determinants of health and work in an environment that challenges me to critically think and expand my knowledge, I have further come to realize the importance of working in the healthcare field. This semester-long project has motivated me to provide the most holistic, available, and trustworthy care to all my patients in the future.

Sydney Mance

Conducting a needs assessment related to this case study allowed me to gain insight into the medical care system for prisoners in Georgia. I learned that prisoners are among the most neglected demographics in the country. Imprisonment is often not an effective way to deter crime. The criminal justice system, as it is currently structured, is a major contributing factor to the mental and physical decline of those imprisoned. The problems that we aimed to address in

this needs assessment were encountered by both the individual and the state government in this case study. Inmates suffered from faced a large dehumanizing effect from imprisonment that makes it difficult to reincorporate into society after release. Older prisoners are disproportionately affected and suffer from worse health outcomes that result from serving their time behind bars. My group and I initially faced difficulty when trying to find peer-reviewed literature that aligned with our topic. This population is hard to reach, thus it is not widely studied. We used trial and error to determine the best databases and terms to conduct our searches.

Over the course of the semester, this case study was beneficial in helping me obtain a behind-the-scenes view of life in prison. I learned specific health conditions that prison conditions provoke and the determinants that modulate this increased risk. I also learned existing resources and potential solutions that would help people currently suffering from this problem. I am glad I selected and was chosen for this scenario because it provided further motivation for my career goals of becoming a physician. I further understand the importance of working as a healthcare provider and recognize that work in this field is not always glamorous. Further investigation into this topic is important because it is a public health concern that must be addressed. I plan to follow the topic more through news and media. I expect to see some policy changes made in the near future, so I plan to explicitly look for politicians' stances on this issue during campaigns and use the information I learned in this case study to guide my vote.

Audrey Wheeler

Throughout the research process for this needs assessment, my group and I found the endless barriers and discriminatory laws and practices that are engrained in our legal and

correctional system. We found that individuals who are more likely to become incarcerated are often people of color, have low-income, have less education, have less access to healthcare, and are more likely to experience houselessness and mental or physical health issues. We also found that our justice system has failed these individuals by incarcerating them rather than connecting them to community resources that can help them access the services they need to achieve better health and self-sufficiency. Specifically for older adults, having less access to healthcare because of environmental, social, and economic factors only exacerbates these issues once they become incarcerated, and after being released these issues are often far worse because of lack of adequate healthcare.

While researching education and employment opportunities for individuals who are incarcerated or who have been released from incarceration, I found many barriers that individuals may face when trying to access these services. Most importantly, there are far too many inmates to be able to provide these resources to everyone. Additionally, programs such as these often classify vocational training as education. While this is an important part of finding employment after incarceration, having access to education and increasing one's level of education can greatly improve their health status (Zajacova, 2018).

Higher education opportunities in prison and jail were a resource that many organizations and agencies provide to individuals. Many colleges and universities, such as Georgia State University, provide courses and diploma programs for local prisons and jails that are accessible and affordable, giving individuals the opportunity to achieve a degree before they are released which can greatly impact their employment opportunities. Although these programs provide great services, they are often in high demand and have long waiting lists or expenses that need to

be paid. With the number of people that are incarcerated, as well as many of them not having access to financial support, this can become a major barrier.

Employment opportunities after release are also services that many organizations provide in their community. Many of these programs provide vocational training, job search services, and even resources for future employers to establish insurance and job retainment for employees. During the research process, I found that there are still barriers to accessing these services. Many of the programs require filling out an application, which can be difficult for individuals who do not have housing, access to the internet, or access to a phone. Additionally, many of these programs have physical locations that can be visited, but this can be an issue for individuals who do not have transportation.

Although there are many barriers to accessing services, the nonprofit and private organizations were found to be far more accessible than the public and government agencies. This needs assessment has helped me understand how to identify gaps in accessibility of services for populations in need, specifically services that are provided by local and state governments, which is something that I hope can be improved in the future through policy change and increased awareness of needs.

References

Bennett, M. W. (2014). slow motion lynching: the war on drugs, mass incarceration, doing kimbrough justice, and response to two third circuit judges. *Rutgers Law Review, 66(4),* 873-920. https://www.kuer.org/2020-03-09/private-prisons-profit-off-incarceration-one-in-australia-shows-how-to-flip-the-script#stream/0

Bichell, R. (2020). Private Prisons Profit Off Incarceration. One In Australia Shows How To Flip the Script.

Binswanger, I. A., Stern, M. F., Deyo, R. A., Heagerty, P. J., Cheadle, A., Elmore, J. G., & Koepsell, T. D. (2007). Release from Prison — A High Risk of Death for Former Inmates. *New England Journal of Medicine*, *356*(2), 157-165. https://doi.org/10.1056/NEJMsa064115

Blankenship, K. M., Del Rio Gonzalez, A. M., Keene, D. E., Groves, A. K., & Rosenberg, A. P. (2018). Mass incarceration, race inequality, and health: Expanding concepts and assessing impacts on well-being. *Soc Sci Med, 215*, 45-52. https://doi.org/10.1016/j.socscimed.2018.08.042

Bor, J. S. (2022). *The aging of the US prison population: A public health crisis: Health Affairs Journal*. Health Affairs. Retrieved October 6, 2022, from https://www.healthaffairs.org/doi/10.1377/hlthaff.2022.00280

Brinkley-Rubinstein, L. (2013). Incarceration as a catalyst for worsening health. *Health & Justice, 1*(1), 3. https://doi.org/10.1186/2194-7899-1-3

Buday, M. & Nellis, A. (2022). Private Prisons in the United States. The Sentencing Project. https://www.sentencingproject.org/reports/private-prisons-in-the-united-states/

Celinska, K., & Fanarraga, I. (2022). Female Prisoners, Mental Health, and Contact with Family and Friends. *The Prison Journal, 102*(3), 259-282. https://doi.org/10.1177/00328855221095518

Centers for Disease Control and Prevention. (2017). *Healthy Aging: Promoting Well-Being in Older Adults*. https://www.cdc.gov/grand-rounds/pp/2017/20170919-senior-aging.html#:~:text=Aging%20brings%20an%20increase%20in,challenges%20with%20everyday%20living%20activities.

Cloud, D. H., Parsons, J., & Delany-Brumsey, A. (2014). Addressing mass incarceration: a clarion call for public health. *American journal of public health, 104*(3), 389–391. https://doi.org/10.2105/AJPH.2013.301741

Cohen, A., Vakharia, S. P., Netherland, J., & Frederique, K. (2022). How the war on drugs impacts social determinants of health beyond the criminal legal system. *Ann Med, 54*(1), 2024-2038. https://doi.org/10.1080/07853890.2022.2100926

Costelloe, A., & Warner, K. (2014). Prison education across Europe: Policy, practice, politics. *London Review of Education, 12*, 175-183. https://doi.org/10.18546/LRE.12.2.03

Cullen, J. (2018). The history of mass incarceration. Brennan Center. https://www.brennancenter.org/our-work/analysis-opinion/history-mass-incarceration

Davis, L. M., Steele, J. L., Bozick, R., Williams, M. V., Turner, S., Miles, J. N. V., Saunders, J., & Steinberg, P. S. (2014). *How Effective Is Correctional Education, and Where Do We Go from Here? The Results of a Comprehensive Evaluation*. RAND Corporation. https://doi.org/10.7249/RR564

Deady, C. (2014). *Incarceration and Recidivism: Lessons From Abroad*. http://www.antoniocasella.eu/nume/Deady_march2014.pdf

Denny, Meagan (2016) "Norway's Prison System: Investigating Recidivism and Reintegration," Bridges: A Journal of Student Research: Vol. 10 : Iss. 10 , Article 2. https://digitalcommons.coastal.edu/bridges/vol10/iss10/2

Department of Economic Advisers. (2016). *Economic Perspectives on Incarceration and the Criminal Justice System*. https://obamawhitehouse.archives.gov/sites/default/files/page/files/20160423_cea_incarceration_criminal_justice.pdf

Espinosa, J. F., & Regenstein, M. (2014). How the Affordable Care Act Affects Inmates. *Public Health Reports*, *129*(4), 369-373. https://doi.org/10.1177/003335491412900412

Evenwel v Abbott, 14-940. (2016). https://www.supremecourt.gov/opinions/15pdf/14-940_ed9g.PDF

Families Against Mandatory Minimums (FAMM). (2018). Compassionate release and the First Step Act: Then and now. Retrieved on October 2, 2022 from https://famm.org/wp-content/uploads/Compassionate-Release-in-the-First-Step-Act-Explained-FAMM.pdf

Federal Bureau of Prisons (BOP). (2018). First Step Act. https://www.bop.gov/inmates/fsa/

Fox, A. D., Anderson, M. R., Bartlett, G., Valverde, J., Starrels, J. L., & Cunningham, C. O. (2014). Health outcomes and retention in care following release from prison for patients of an urban post-incarceration transitions clinic. *J Health Care Poor Underserved*, *25*(3), 1139-1152. https://doi.org/10.1353/hpu.2014.0139

Freudenberg, N., & Heller, D. (2016). A Review of Opportunities to Improve the Health of People Involved in the Criminal Justice System in the United States. *Annual Review of Public Health*, *37*(1), 313-333. https://doi.org/10.1146/annurev-publhealth-032315-021420

Georgia Department of Corrections (DOC). (2007). Health Services. https://gdc.ga.gov/Divisions/InmateServices/HealthServices

Gibbons, & Ray. (2021). The societal benefits of postsecondary prison education. *Brookings*. https://www.brookings.edu/blog/how-we-rise/2021/08/20/the-societal-benefits-of-postsecondary-prison-education/

Gonzalez, L., Ph.D. (2021). *How the Aging Population is Changing in Prison.* Florida State University. https://claudepeppercenter.fsu.edu/how-the-aging-population-is-changing-prison/

Guth, S. H. a. M. (2021). State Policies Connecting Justice-Involved Populations to Medicaid Coverage and Care. *Kaiser Family Foundation*. https://www.kff.org/medicaid/issue-brief/state-policies-connecting-justice-involved-populations-to-medicaid-coverage-and-care/

Irish Prison Service. (n.d.). *Prison Education Service*. https://www.irishprisons.ie/prisoner-services/prison-education-service/

Josiah D. Rich, R. C., Brie A. Williams, Dora Dumont, Emily A. Wang, Faye S. Taxman, Scott A. Allen, Jennifer G. Clarke, et. al. (2014). How Health Care Reform Can Transform The Health Of Criminal Justice–Involved Individuals. *Health Affairs*, *33*(3), 462-467. https://doi.org/10.1377/hlthaff.2013.1133

Kamin, G. (2022). *Forty States Still Charge Prisoners Co-Pays for Medical Care.* https://observer.com/2022/09/forty-states-still-charge-prisoners-co-pays-for-medical-care/

Khalfani, R. (2022). Letter to Support Georgian Re-Entering Society by Expanding Medicaid [Blog]. *Criminal Legal Systems, Health Care*. https://gbpi.org/letter-to-support-georgians-re-entering-society-by-expanding-

medicaid/#:~:text=While%20federal%20law%2C%20unfortunately%2C%20severely,they%20meet%20other%20eligibility%20requirements

Leach, J. L. (2022). When compassion meets the law: Sentencing disparities as extraordinary and compelling reasons warranting compassionate release. *Elon Law Review, 14(1),* 287. https://search.ebscohost.com/login.aspx?direct=true&AuthType=ip,shib&db=edsglt&AN=edsgcl.705397370&site=eds-live&custid=uga1

Maruschak, L., Berzofsky, M., & Unangst, J. (2015). *Medical Problems of State and Federal Prisoners and Jail Inmates, 2011-2012.* https://bjs.ojp.gov/content/pub/pdf/mpsfpji1112.pdf

Maschi, T., Marmo, S., & Han, J. (2014). Palliative and end-of-life care in prisons: a content analysis of the literature. *International Journal of Prisoner Health*, *10*(3), 172-197. https://doi.org/10.1108/IJPH-05-2013-0024

Mauer, M. (2018). *Long-Term Sentences: Time to Reconsider the Scale of Punishment.* https://www.sentencingproject.org/publications/long-term-sentences-time-reconsider-scale-punishment/

McKillop, M., & Boucher, A. (2018). *Aging prison populations drive up costs*. The Pew Charitable Trusts. Retrieved October 6, 2022, from https://www.pewtrusts.org/en/research-and-analysis/articles/2018/02/20/aging-prison-populations-drive-up-costs

Mitka, M. (2004). Aging Prisoners Stressing Health Care System. *JAMA*, *292*(4), 423-424. https://doi.org/10.1001/jama.292.4.423

Moore, K. E., Siebert, S., Brown, G., Felton, J., & Johnson, J. E. (2021). Stressful life events among incarcerated women and men: Association with depression, loneliness,

hopelessness, and suicidality. *Health & Justice*, *9*(1). https://doi.org/https://doi.org/10.1186/s40352-021-00140-y

Moore, N. (2021). *Finland's Open Prisons*. https://pulitzercenter.org/projects/finlands-open-prisons

Natapoff, A. (2015). Misdemeanor Decriminalization. *Vanderbilt Law Review*, *68*(4), 1055–1116.

National Employment Law Project. (2014). *The "Wild West" of Employment Background Checks*. https://www.nelp.org/wp-content/uploads/2015/03/Wild-West-Employment-Background-Checks-Reform-Agenda.pdf

National Institute of Justice [NIJ]. (2012). U.S. Incarceration Rates by Race and Sex. https://nij.ojp.gov/media/image/19511

Neumann, A. (2016). What Dying Looks Like in America's Prisons [Health]. *The Atlantic*(I). https://www.theatlantic.com/health/archive/2016/02/hospice-care-in-prison/462660/

Newman, M., Fedina, L., Nam, B., Jordan, D., & Alleyne-Green, B. (2022). Associations Between Interpersonal Violence, Psychological Distress, and Suicidal Ideation Among Formerly Incarcerated Men and Women. *Journal of Interpersonal Violence*, *37*(3-4), NP2338-NP2359. https://doi.org/https://doi.org/10.1177/0886260520933045

Oakford, Brumfield, Goldvale, & Tatum. (2019). *Investing in Futures: Economic and Fiscal Benefits of Postsecondary Education in Prison.* https://www.vera.org/downloads/publications/investing-in-futures.pdf

Pettit, M. D., & Kroth, M. (2011). Educational services in Swedish prisons: successful programs of academic and vocational teaching. *Criminal Justice Studies*, *24*(3), 215-226. https://doi.org/10.1080/1478601X.2011.592725

Prison Policy Initiative Organization. (n.d.). *Health*. https://www.prisonpolicy.org/health.html#:~:text=People%20in%20prisons%20and%20jails,quality%20and%20difficult%20to%20access.

Ransom, J. (2022). *Jails boss urged man's release in apparent bid to limit Rikers death toll*. The New York Times. Retrieved October 2, 2022, from https://www.nytimes.com/2022/09/27/nyregion/riker-death-count.html?unlocked_article_code=Xov2560C5lmkCHnlW6a0lKpYnuGbjo8qYzuy79Qz7mX1sf0jRFeek0-L_V1ckxgFn9oyNc_W_J2ol0uQjHTgZp26dNZzZqJf0LEJJ_UtVKoGmSBDfsRQE_a5ZoiuMJw_YNUWRZixgHTFzF9y5hksFivMsEYscv8h0S6watNnDLVwPLAF8ZMB5YTtXe-k5XUxJ60qzsC2RMtGmIxmkcF0dWWjoV3h5Lr5bBE0ZhGBvQzCjRiQufpkQrQlKUsakWFZCGQjS4U7G6wE9PF3ZQ0lyDuF13h5EBx39W7oZ8yinedS7DNa21-283e23nrDNO2JG99I7qxZg_oTtLVY&smid=share-url

Reese, H. (2019). *What Should We Do about Our Aging Prison Population?* https://daily.jstor.org/what-should-we-do-about-our-aging-prison-population/

Sawyer, W. (2017). *The steep cost of medical co-pays in prison puts health at risk*. https://www.prisonpolicy.org/blog/2017/04/19/copays/

Schwartzapfel, B., & Park, K. (2020). *1 in 5 Prisoners in the U.S. has had COVID-19*. https://www.themarshallproject.org/2020/12/18/1-in-5-prisoners-in-the-u-s-has-had-covid-19?gclid=Cj0KCQjwkt6aBhDKARIsAAyeLJ29OhGuCF3b7N6QWHuSttv5wLdECZH1J0w5BHmSZlRXXZ2LgomsgXUaAlOmEALw_wcB

Sinko et al. (2022). Experience of Stigma Post Incarceration: A Qualitative Study. *The Open Journal of Occupational Therapy*. *https://scholarworks.wmich.edu/cgi/viewcontent.cgi?article=1610&context=ojot*

Sobel, S. B. (1982). Difficulties Experienced by Women in Prison. *Psychology of Women Quarterly*, *7*(2), 107-118. https://doi.org/10.1111/j.1471-6402.1983.tb00823.x

Stone, K., Papadopoulos, I., & Kelly, D. (2012). Establishing hospice care for prison populations: An integrative review assessing the UK and USA perspective. *Palliative Medicine*, *26*(8), 969-978. https://doi.org/10.1177/0269216311424219

Subject 125-4-4 Medical Services (2022). Rules and Regulations of the State of Georgia. https://rules.sos.ga.gov/gac/125-4-4

Taft, I. (2022). Republican legislators oppose Medicaid expansion, but want federal dollars to pay for prisoner healthcare. *Mississippi Today*. https://mississippitoday.org/2022/02/28/medicaid-expansion-inmates/

Tobler, L. (2014). Providing Healthcare Coverage for Former Inmates. *NCSL*, *22*, Article 15.

Tsai, L. C.-F. (2014). *Substandard Medical Care in U.S. Prisons : Improvement Through Civil Liability Actions*. LFB Scholarly Publishing LLC.

The Pew Charitable Trusts. (2017). *Prison health care costs and quality*. The Pew Charitable Trusts. Retrieved October 6, 2022, from https://www.pewtrusts.org/en/research-and-analysis/reports/2017/10/prison-health-care-costs-and-quality

Twyman, S. (2022). Community policing: Reimagining public safety for the 21st century. https://www.thirdway.org/report/community-policing-reimagining-public-safety-for-the-21st-century

U.S. Department of Health and Human Services. (n.d.). *Social Determinants of Health.* https://health.gov/healthypeople/priority-areas/social-determinants-health)

Vitale, J. (2021). *A Look at the United States' Aging Prison Population Problem.* https://interrogatingjustice.org/ending-mass-incarceration/aging-prison-population/

Walsh, K. (2016). Inadequate Access: Reforming Reproductive Health Care Policies for Women Incarcerated in New York State Correctional Facilities. *Columbia Journal of Law and Social Problems*, *50*(1), 45-95. https://www.proquest.com/scholarly-journals/inadequate-access-reforming-reproductive-health/docview/1844208986/se-2?accountid=14537 https://galileo-uga.primo.exlibrisgroup.com/openurl/01GALI_UGA/01GALI_UGA:UGA?url_ver=Z39.88-2004&rft_val_fmt=info:ofi/fmt:kev:mtx:journal&genre=article&sid=ProQ:ProQ%3Acriminaljusticeperiodicals&atitle=Inadequate+Access%3A+Reforming+Reproductive+Health+Care+Policies+for+Women+Incarcerated+in+New+York+State+Correctional+Facilities&title=Columbia+Journal+of+Law+and+Social+Problems&issn=00101923&date=2016-10-01&volume=50&issue=1&spage=45&au=Walsh%2C+Kate&isbn=&jtitle=Columbia+Journal+of+Law+and+Social+Problems&btitle=&rft_id=info:eric/&rft_id=info:doi/

Wang. (2022). *Chronic Punishment: The unmet health needs of people in state prisons* https://www.prisonpolicy.org/reports/chronicpunishment.html#physicalhealth)

Whitaker, D., Graham, C., Furr-Holden, C. D., Milam, A., & Latimer, W. (2011). Neighborhood disorder and incarceration history among urban substance users. *J Correct Health Care, 17*(4), 309-318. https://doi.org/10.1177/1078345811413092

Zajacova, A., & Lawrence, E. M. (2018). The Relationship Between Education and Health: Reducing Disparities Through a Contextual Approach. *Annu Rev Public Health, 39*, 273-289. https://doi.org/10.1146/annurev-publhealth-031816-044628