

Professor's research aims to improve care of older incarcerated individuals

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Nearly 460,000 people—more than the population of Pittsburgh—aged 50 and older comprise almost 20% of the United States prison population, according to the Prison Policy Initiative, and that percentage is expected to increase to as much as one-third by 2030.

As the population of elderly incarcerated individuals increases throughout the country, so do the number of those who need geriatric and end-of-life care. The quality of that care is something one Penn State researcher has been working to improve for more than 15 years.

"In prison, there's a need to treat everyone the same, but that's not feasible for certain groups," said Susan Loeb, associate professor of nursing for the Penn State College of Nursing. "There is a high vulnerability for [older adults](#) in prison. We can affect a group of people who have not experienced being cared for or caring for one another. It is an opportunity to promote health and wellness."

Loeb's research focuses on developing e-training for corrections staff and incarcerated people who provide peer caregiving, enhancing end-of-life and geriatric care for incarcerated people and promoting health behaviors of incarcerated people. One of the goals is to deliver standardized, easily updated resources.

She says the current state of affairs in the jail and prison systems makes it difficult for the adequate care of the older prison population. An older incarcerated individual's health is generally 10 to 15 years older than

their non-incarcerated contemporary, and the fluidity and number of people who enter and exit a prison—from staff to visitors—makes the population especially vulnerable.

In addition, education and [training programs](#) are highly variable from prison to prison and do not take into account individual needs, like if someone is suffering from Alzheimer's Disease or dementia, and there are other barriers preventing adequate care such as IT security issues, financial resources and obtaining access to prisons for research.

"Training is home grown and not especially standardized," she said.

"Programs range from non-existent to well-oiled machines. We've been working on adapting and transforming early work, along with prison insiders at the Department of Corrections, to work together to develop a paper electronic toolkit for training front line and interdisciplinary staff."

Loeb has been working with a team of researchers, including a clinical psychologist and hospice and long-term care nurse, instructional designers and individuals with years of experience working in the corrections industry. Those professionals include a correctional system administrator, former director of nursing of a state correctional institution, director of training for a state department of corrections, prison chaplain and corrections officers.

The breadth of expertise shows the training requires a buy-in from groups across several disciplines, according to Loeb.

"Our training was designed to be multidisciplinary—there are certain groups that need unique care," she said. "Following the chain of command is important inside a prison, so raising awareness that there needs to be, not only light shed on this, but accommodations made for certain individuals. Having some kind of peer look out for you could be

quite helpful in those situations. You have to have the right people in the right seats."

Peer caregivers play a critical role in elevating the care of older incarcerated individuals. Loeb says the responsibilities vary from one institution to another, but they can help provide direct care, secure commissary items, assist with writing letters to family members or people outside of prison and spend meaningful time with one another.

She says the trust built between the caregiver and person who needs care helps that person age with dignity, decrease stress and provide positive ways to spend time in difficult situations.

"For the most part, the folks who are engaged and sustained in those roles as caregivers are, more often than not, very well-received," Loeb said. "Peer caregivers gain a lot from it as well and gain feelings of contribution and community, and the hope that one day they'll benefit from such care and attention."

As Loeb continues her research, she has two clear goals: delivering executable, contextually relevant resources to enhance training, and changing the mindset of people who think incarcerated individuals are not deserving of necessary, important care.

"Nobody in [prison](#) should die alone," she said. "There's value and importance for everyone to receive attention and care. We need to shift the mindset of those who think they shouldn't and change it to a 'Why not everybody?' approach. Everyone should receive some modicum of humanity and respect."

Provided by Pennsylvania State University

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