

# Guest editorial

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**T**he number of older adults incarcerated in US prisons has burgeoned over the past 20 years (Carson, 2022; Williams *et al.*, 2021). By the end of 2021, persons aged 55 years or older constituted 15.6% of populations held in state prisons and 13.3% of those in federal prisons (Carson, 2022). This means roughly 178,000 older persons are incarcerated in US prisons – up from 165,700 in 2020 (Carson, 2021). Moreover, most individuals who are under correctional control serve time in the community on probation or parole. These populations have also grown markedly, tripling since 1980 (Pew Charitable Trusts, 2018); inclusion of persons aged 55 years or older in these settings no doubt amplifies the number of older persons under correctional control, though no national statistics have been compiled regarding the age of persons on probation and parole since 1995.

Because health care for older adults is exceedingly complex and costly when compared to younger adults, this large and growing older adult population under correctional control (prisons, jails, parole or probation) ought to sound an alarm through the public health and carceral fields. In this special issue of the *International Journal of Prisoner Health*, authors describe their findings related to the continuum of care that exists for older adults with criminal legal system involvement including programs in prisons and jails, reentry and transitional services, compassionate release and community supervision. Readers are encouraged to embrace strategies that target the unique health and social needs of older adults during incarceration and throughout the community transition process. Though an overarching effort to divert older adults from incarceration is urgently needed, correctional programs and related services during incarceration are essential to mitigating both chronic and acute medical problems and to staving off the cognitive decline and mental illness in older adulthood of which persons in carceral settings are at disproportionate risk (Ahalt *et al.*, 2018; Kuffel *et al.*, 2022; Li *et al.*, 2022). Scholars have noted a dearth of programs directed toward older adults with criminal legal system involvement (Canada *et al.*, 2020) and efforts to increase and enhance these approaches constitute a critical opportunity for leadership in carceral settings. Tailored programs are essential to maintaining and enhancing positive health and social outcomes of those who are eligible for release and, importantly, those sentenced to life (with and without the opportunity for parole) or death – of which an exceedingly large proportion are older adults. Roughly 26% of older adults in one sample were serving life, virtual life or death sentences (Prost *et al.*, 2020), a rate double that of national samples of persons who are incarcerated (13.9%; Nellis, 2017).

Critically, programs and services within jails and prisons are unlikely to meet every need of older adults. For this reason, optimizing geriatric parole, compassionate release and related mechanisms is essential. These mechanisms allow the termination or conversion of a prison sentence to one served in the community for persons who meet certain health- and charge-related criteria, though great variability exists between jurisdictions (Holland *et al.*, 2020). As learned during COVID-19, such strategies contributed to the rapid decarceration of the most vulnerable from the Federal Bureau of Prisons (FBOP; approximately 3,200 people), though most releases were at the hands of federal judges rather than FBOP leadership [Equal Justice Initiative (EJI), 2021]. Yet, many older adults who qualify for compassionate release are not released (Pittaro, 2023).

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For persons preparing for reentry, authors describe the need for transitional services tailored to older adults. Though some agencies have made important strides in this area such as the Elder Reentry Initiative offered by the Osborne Association in New York (Osborne Association, 2022), most older adults returning to communities lack the necessary supports to assure a safe and healthful transition and thereby face increased risks of hospitalization and recidivism. For example, older adults are at a greater risk of homelessness than their younger counterparts when leaving prison (Burke *et al.*, 2022) and homeless is a critical correlate of incarceration among older adults (Garcia-Grossman *et al.*, 2022). Many also have health-related barriers that make admission into traditional transitional housing spaces impossible as these spaces lack the support staff essential to an increased care level. And while long-term care settings are more often a more appropriate care level match, these settings are increasingly inaccessible to persons with felony convictions (Gibson and Ferrini, 2014). Within the context of this care continuum for older incarcerated adults, the COVID-19 pandemic has created an additional layer of challenges. For example, mitigation efforts within carceral and community settings rely heavily on isolation, a known correlate of poor mental health and functioning among older adults (Blazer, 2020). Isolation and confinement during COVID-19 are further contributors to functional decline among older adults in prison (Prost *et al.*, 2021).

Service providers in community-based settings such as area agencies on aging, senior centers and leaders in long-term care are encouraged to prepare for an influx of elders with a criminal legal history and to examine current strengths and potential barriers in rising to the challenge of compassion in the wake of custody. These and related providers might also identify, advocate and activate necessary resources and networks to support this unique population. Likewise, criminal legal constituencies including law enforcement, attorneys, judges and officers charged with care and custody can no longer afford siloed operations that focus principally on criminogenic need. Older adults experience geriatric conditions and unique sociodemographic barriers such as ageism alongside criminal legal barriers that will require innovative and interdisciplinary efforts that leverage varying sectors' expertise to meet the complex, intersecting health and social needs of this population both behind bars and beyond.

While the work laid in this issue of the *International Journal of Prisoner Health* is critical to enhancing our understanding of the experiences of older adults throughout the continuum of care and custody and related implications for practice and policy, future efforts must also include a willingness to use restorative justice and challenge social norms surrounding worthiness to spur greater use of geriatric release and to assure appropriate supports in carceral and community settings. These curated processes such as conferencing or mediation seek to make whole the person convicted of crime, persons wounded by crime and the community in which the crime occurred. As many older adults have been convicted of crimes such as murder and sexual assault against minors (McKillop and Boucher, 2018), we are each called to wade into restorations' deep waters to see older adults under correctional control as displaced members of our communities to assure their safe and healthful integration into the broader realm of community-based care.

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## Further reading

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