



Aging in the Criminal Justice System: Implications for Policy

Brie Williams, MD, MS

*Associate Professor of Medicine, UCSF Division of Geriatrics
Director, Geriatrics Clinic - SFVA Medical Center
Associate Director, Program for the Aging Century*

Increasing # older adults changes health landscape of correctional systems

- **Highest rates typical chronic health conditions**
- **Also high rates additional unique health conditions**
 - Cognitive Impairment or Dementia
 - Disability
 - Typical (eating, bathing, mobility)
 - Unique (getting onto floors for alarms, climbing on/off bed)
 - More likely to have serious life-limiting illness
- **Corrections increasingly a critical delivery site for long term care and palliative care**
- **Need to examine health and non-health criminal justice policies to assess their impact on the health of this growing population**

4 Examples of critical healthcare policies for seriously ill / older adults

Critical Policies	Examples of Action Items
1. Screen for & address cognitive impairment (CI) and dementia	<ul style="list-style-type: none"> Train professionals across CJ spectrum to screen CI/ dementia (police, judges, attorneys, jail/prison clinicians, probation/parole) Incorporate screening results into court proceeding, healthcare delivery, parole/probation/release planning
2. Define and address disability	<ul style="list-style-type: none"> Define tasks necessary for independence by housing unit Match physical tasks to prisoner abilities when assign housing Institute screening schedule for development of new disability
3. Develop plans for Long Term Care	<ul style="list-style-type: none"> Plan for continuum of care across spectrum of disability Create criteria for classification in different care levels
4. Create national medical release guidelines based in scientific evidence	<ul style="list-style-type: none"> Uniform guidelines based in scientific evidence Address barriers prevent medically-eligible obtaining release Enhance palliative care for those not released

Examine/modify non-health policies with unanticipated health consequences

- **Sentencing decisions:**
Three strikes and Life without possibility of parole → higher concentration of older and sicker prisoners
- **Facility policies**
Lock-down and solitary confinement → may increase disability and deconditioning of older prisoners
- **State-wide reorganization efforts**
California Realignment → potential result in higher concentration of older/ sicker persons in jails which have fewer healthcare resources
- **Given greater number of older and seriously ill prisoners, health professionals should help with criminal justice policy making to anticipate potential health consequences**



University of California
San Francisco

advancing health worldwide™