



# Interdisciplinary Healthcare for Geriatric Incarcerated Individuals

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## Objectives

- Apply system level issue analysis to public health and primary care topics.
- Elicit multidisciplinary perspectives on healthcare for incarcerated older adults.
- Engage in cross-discipline discussions to achieve a shared understanding of health in this population.
- Realize this shared understanding through community engagement and interprofessional service-learning activities.

## Background

- The Urban Service Track/AHEC Scholars Program (UST) Geriatrics Interest Group is a student-led, student-centered group comprising students from five health professions. Students engaged in interprofessional discussions relating to the intersection of geriatric healthcare and justice-involved individuals.
- The size of the United States population older than 55 is growing. This increase has occurred at an accelerated rate within the US prison population, increasing from 28,000 in 1991 to 193,000 in 2022.[1]
- Incarceration and increased age are associated with increased burden of chronic health conditions.[2] The growth of this population will likely translate to increased need for appropriate medical facilities, as well as increased healthcare-related costs for state and federal corrections facilities.

## Methods

- UST scholars submitted ranked preferences of interest groups and were assigned to interdisciplinary groups of 15 in a balanced manner to maximize professional diversity among groups. Groups were matched with alumni partners based on mentor area of interest or expertise.
- The interdisciplinary group met monthly from November 2024 to March 2025.
- Members indicated a common interest in issues related to an aging incarcerated population. Group members expressed interest to explore barriers to healthcare access, potential health disparities, and opportunities for intervention.
- Decisions were made through member consensus at monthly meetings, with each meeting themed around the area of expertise of an invited subject matter expert presenter. Group members collaboratively translated insights from session presenters into a conceptual framework of the current state of health of justice involved older adults and specific considerations for providing optimal care to this population.
- This culminated in the generation of an informational brief for policy makers intended to inform institutional and legislative policy as it relates to the health needs of incarcerated older adults.
- Group members self-reported their level of satisfaction with meeting topics as well as changes in knowledge surrounding these topics via anonymous surveys administered following the final meeting.

### Works Cited:

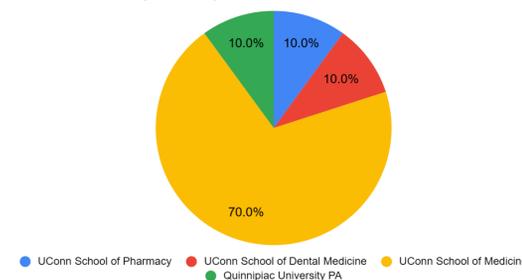
[1] Bureau of Justice Statistics. Prisoners Series: 1990 – 2022. Washington, D.C.: Department of Justice. Office of Justice Programs, Bureau of Justice Statistics.  
 [2] Binswanger IA, Krueger PM, Steiner JF. Prevalence of chronic medical conditions among jail and prison inmates in the USA compared with the general population. *J Epidemiol Community Health*. 2009;63(11):912-919. doi:10.1136/jech.2009.090662.

## Results

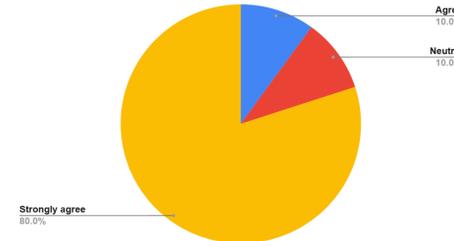
Meeting:	Topic:	Key Takeaways:
<b>November</b>	Framing the “graying” prison population: <i>Elderly in Prison</i> documentary group discussion	<ul style="list-style-type: none"> <li>• The number of older adults in prisons is increasing dramatically.</li> <li>• Prison facilities are often poorly prepared to provide healthcare to older adults.</li> </ul>
<b>December</b>	Guest speaker Dr. Lisa Barry: presentation of her research on disability among older adults in prison and depression	<ul style="list-style-type: none"> <li>• “Prison Activities of Daily Living” (PADL) are more valid for assessing inmate disability than “traditional” ADL questionnaires.</li> <li>• Older adults are more likely to report decreased PADL ability, with greater impairment associated with more depressive symptoms.</li> </ul>
<b>January</b>	Guest speaker Jess DeRing: Administrator of 60 West, a skilled nursing facility specializing in care for formerly incarcerated individuals	<ul style="list-style-type: none"> <li>• SNF placement for formerly incarcerated individuals is particularly challenging.</li> <li>• Dedicated facilities specializing in care for this population are practical and cost-effective.</li> </ul>
<b>February</b>	Application exercise: Identifying unique healthcare considerations and challenges in an incarcerated patient	<ul style="list-style-type: none"> <li>• Effective care for incarcerated older adults requires unique knowledge of facility policies and resources.</li> <li>• Coordination of care in this setting relies on unique interprofessional relationships (e.g., Provider - Dept. of Corrections administration).</li> </ul>
<b>March</b>	Geriatric Emergency Medicine Presentation by Dr. Matthew Babcock, Fact Sheet Construction, and Survey	<ul style="list-style-type: none"> <li>• Unrecognized delirium and dementia increase the risk of avoidable justice-involvement for older adults.</li> <li>• Gaps in appropriately-equipped care facilities complicate the placement of older adults following episodes of delirium.</li> </ul>

## March Meeting Survey Results

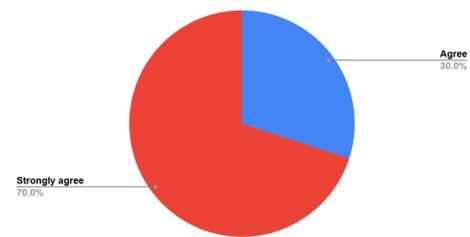
Academic Program Represented:



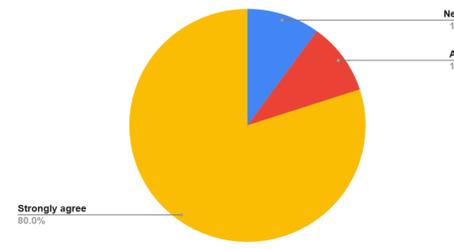
"Interest group meeting topics were relevant to my profession"



"Interest group meetings facilitated inter-professional discussions"



"Interest group meetings introduced me to perspectives from professions other than my own"



## Discussion

- When identifying key takeaways from the interest group experience, member responses centered around several common themes:
  - Importance/value of multidisciplinary communication and collaboration.
  - Greater understanding of the unique healthcare needs of incarcerated older adults.
  - New knowledge of areas for quality improvement in geriatric health.
  - Desire to participate in quality improvement through community engagement and/or legislative advocacy.
- Participants expressed dissatisfaction with a missed opportunity to engage in community-based service learning when asked about areas for group improvement.
- Group members worked collaboratively during the March meeting to translate these shared key takeaways into an advocacy fact sheet communicating key issues relating to incarcerated geriatric healthcare to community stakeholders and policymakers.

Scan here for our fact sheet.



## Conclusion and Future Directions

- Ultimately the responses to the Geriatrics Interest Group were overwhelmingly positive from the student participants. The interest group successfully equipped students with skills and knowledge to promote confidence in discussing care about the incarcerated elderly population. The interest group also provided students with a safe and strong network of alumni partners that helped guide student discussions the right way and ensured that each student had a takeaway key point from each guest lecture.
- Ideally, the group would have engaged in community-based learning through a visit to 60 West skilled nursing facility. However, logistical constraints prevented this visit from occurring as planned. This was identified by multiple group members as an area for improvement in the group process.
- Group discussion frequently identified lack of group familiarity with CT Department of Correction and police department policy, training and perspectives on justice-involved older adults. Future group meetings could have aimed to elicit these perspectives.

## Acknowledgments

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