HEALTH EQUITY BRIEF

Chronic Disease and Incarcerated Persons

The health of people incarcerated in Vermont varies and is influenced by many factors. Environmental, physical, and social factors often determine the health and well being of people before they enter a correctional facility. Nationally, 50% of incarcerated persons report having a chronic condition¹ and they often arrive with higher rates of untreated chronic and infectious disease, mental illness, and substance use disorder, compared to the general population.² These already existing conditionals often result in an increase in medical care in correctional facilities.

3-4-50 Vermont demonstrates that 3 health behaviors contribute to the 4 chronic diseases that claim the lives of more than 50% of Vermonters.

3 BEHAVIORS

Poor nutrition, lack of physical activity and tobacco use are three health behaviors that contribute to the development and severity of chronic disease. Over a third of Vermont incarcerated persons are housed in a facility that provides extra opportunities to be physically active, in addition to normal recreational time or what can be done in their unit. History of tobacco use is assessed on intake for all Vermont incarcerated persons. During that process, all are made aware of an electronic cessation tool that they can access daily. Additionally, three in ten (31%) are in a facility that actively refers them to cessation resources. All incarcerated persons have access to locally grown food through facility gardens and local purchasing and get at least 20-minutes to eat. Fewer individuals are in a facility that conducts taste tests (14%) or offers fruit/non-fried vegetables for special occasions outside of mealtime (17%).



In addition to regularly scheduled recreational time or what could be done in their unit, **35%** of incarcerated persons have opportunities to be **physically active**.



31% are housed in a facility that actively refers to an assistance, education, or cessation program for tobacco use.

Components of a Supportive Nutrition Environment

(percentage of individuals incarcerated where the following opportunities exist)

Serve locally grown food, 100%



Allow incarcerated persons at least 20-minutes to eat after receiving their meal, 100%

Encourage the drinking of plain water, 69%

Plant a food or vegetable garden tended by incarcerated persons, 44%

Provide nutrition and caloric content information on foods offered, 30%

Prohibit the use of food as a reward for good behavior or a job well done, 22%

Offer fruit/non-fried vegetables for special occasions outside of mealtimes, 17%

Conduct taste tests to determine food preferences, 14%

Data Source: VT 2022 Dept. of Corrections Supportive Health Policy and Access Opportunities Survey



LEAD TO 4 CHRONIC DISEASES

Over one in five (22%) incarcerated Vermonters have been diagnosed with at least one of the four conditions.

- A quarter (25%) of Vermont incarcerated persons have been diagnosed with a respiratory condition.
- One in eight have been diagnosed with a heart condition (12%) and seven percent with diabetes.
- Seven percent of Vermont incarcerated persons have been diagnosed with diabetes.
- One percent of Vermont incarcerated persons have been diagnosed with cancer.

Data Source: VT Dept. of Corrections, 2019-2020

CHRONIC DISEASE HEALTHCARE SERVICES

All incarcerated persons have access to healthcare services at all six state Correctional Facilities which are intended to prevent or manage chronic conditions:



Daily medication administration;



Stock rescue or "as needed" medication in the event of an emergency;



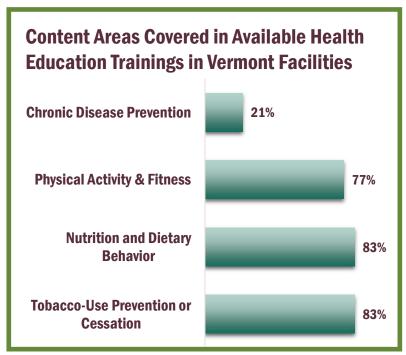
Case management; and



Referral to community style chronic disease prevention or management programs or to clinically based services.

HEALTHCARE TRAINING

Health education training covers a range of topics. Few (21%) incarcerated persons are in a facility that offers training on chronic disease prevention, while opportunities for other health education trainings are much more readily available.



Data Source: VT 2022 Dept. of Corrections Supportive Health Policy and Access Opportunities Survey

For questions related to the data presented here, email 3-4-50@vermont.gov.



¹ Marushcak LM, Bronson J, Alper M. *Survey of Prison Inmates, 2016: Medical Problems Reported by Prisoners*. Bureau of Justice Statistics. June 2021. NCJ 252644. https://bjs.ojp.gov/sites/g/files/xyckuh236/files/media/document/mprpspi16st.pdf.

² Wang L. Chronic Punishment: The unmet health needs of people in state prisons. Prison Policy Initiative. Published June 2022.