

REPORT 4 OF THE COUNCIL ON SCIENCE AND PUBLIC HEALTH (A-11)
Dietary Intake of Incarcerated Populations
(Resolution 420-A-10)
(Reference Committee D)

EXECUTIVE SUMMARY

Objective. To review current guidelines, standards, and menu planning practices at correctional and detention facilities, the health status of incarcerated adult and adolescent populations, and the need for special therapeutic diets for chronic disease management. Additionally, to identify challenges as well as strategies in providing affordable, palatable, and safe foods for inmates that will also meet their nutrient needs. Strategies for improving the menu standards for correctional and detention facilities are explored, along with areas requiring further research.

Methods. Literature searches were conducted in the PubMed and Google Scholar databases using the search terms “prison,” “inmates,” “health,” “diet,” and “nutrition.” Articles were selected that focused on practices in US facilities or in some cases Northern European prisons. Additional articles were identified by reviewing the reference lists of pertinent publications. Web sites managed by federal agencies and applicable professional organizations also were reviewed for pertinent information. Experts at relevant professional organizations were contacted directly to identify additional resources, as well as contemporary issues that are not well-documented in the literature.

Results. Nearly 2.3 million Americans are incarcerated in state and federal prisons and local jails. Incarcerated individuals rely on these institutions for their basic needs, including food and health care. Limited data is available on the health status of inmates in the US, as institutionalized individuals are excluded from most nationally representative health surveys. Menu planning for incarcerated populations varies according to the regulations and standards set by the governing agency, accreditation status, food service contracts, and court mandates, and few incentives exist for facilities to meet non-mandatory standards. Therapeutic and religious diets offered and available to inmates vary across jurisdictions and facilities; as with general diets, there are no set standards. The National Commission on Correctional Health Care (NCCCHC) recommends that all inmates receive a heart healthy diet, but that is not a requirement for accreditation.

Conclusion. Numerous challenges exist in planning affordable, palatable, and low security-risk foods for inmates that will also meet their nutrient needs. Limited data on the health status of inmates indicate that many suffer from the same chronic diseases afflicting non-institutionalized Americans, such as overweight and hypertension. Current menu planning practices vary across facilities, depending on the governing agency, accreditation status, food service contracts, and court mandates. Without clearly defined, authoritative guidelines, dietitians in correctional and detention facilities must rely on their own science-based knowledge to determine what an acceptably low potential prevalence of nutrient inadequacy should be, and for which nutrients. The current national dietary guidelines can be difficult to use when planning menus for groups, particularly groups of incarcerated individuals, whose nutrient status and requirements are generally unknown. In the absence of clearly defined, authoritative guidance, and, at times, directed limitations, dietitians in corrections use their own professional expertise to define nutritional adequacy for their inmate populations. There is a need for an authoritative, contemporary set of nutrition standards that are adaptable to the unique character of correctional institutions, but that also recognize the authority of governing agencies. More research also is needed on the nutritional status and dietary requirements of juvenile and adult inmates, as well as cost-benefit analyses of healthy menus in relation to health care costs across the range of correctional facilities.

RECOMMENDATIONS

The Council on Science and Public Health recommends that the following statements be adopted in lieu of Resolution 420-A-10 and the remainder of this report be filed:

1. That our American Medical Association (AMA) urge the National Commission on Correctional Health Care, the American Correctional Association, and individual states to mandate adherence to the current Dietary Reference Intakes and Dietary Guidelines for Americans (with adjustments, as needed, for special populations) as a criterion for accreditation and/or standards compliance, until national dietary guidelines specific for adolescent and adult incarcerated populations becomes available. (Directive to Take Action)
2. That our AMA urge the Food and Nutrition Board of the Institute of Medicine to examine the nutrient status and dietary requirements of incarcerated populations and issue guidelines on menu planning for adolescent and adult incarcerated populations. (Directive to Take Action)