

Healthy Food | Healthy Prisons | Healthy Communities

An Agenda for Action

What's the issue?

Given the current national conversation around nutrition and health, and the push to “Make America Healthy Again,” we cannot ignore one sector deeply affected by harmful diets – jails and prisons. There's little argument that jail and prison food is unhealthy. Many carceral facilities feed people in ways that we know produce poor health outcomes and diet-related disease: starchy, empty calories, ultra-processed foods, minimal proteins, fiber, or fresh produce, and low-quality meals. They often spend less than \$1 per meal for incarcerated persons in their care. The push to drive down food budgets is then negated by inevitable increases in health spending. States often spend 20% or more of their budget on health care, and 60-70% of those costs may be going to treat chronic diet-related disease. People come home sicker than when they entered the system.

The justice system is atomized at federal, state, and local levels, preventing a more comprehensive awareness without intentional focus on this issue. Basic questions are hard to answer for administrators and policy makers. What standards are we following? How much variance is there from state to state? Is anyone doing food service well, and where have healthier innovations been made? How harmful is prison food, and what are the longer-term public health costs? What standards are we using to make these judgements? **Most importantly: *What would jail and prison food service look like if it were done right?***

Correctional leaders and policymakers need a reason to do more than the minimum necessary in order to feed people in ways that produce better health outcomes. At the facility level, better nutrition can produce: safer facilities; happier staff, and better staff retention; and lower health costs inside the walls. At the state level, policymakers can expect: better public health outcomes outside the walls; better support for local producers and growers through reliable institutional contracts; and healthier reentry outcomes, leading to healthier communities.

Why should those outside the carceral system care?

With over 80 million people having experience of justice system involvement across the country – ranging from a few hours to several decades incarcerated – the harms of carceral food systems negatively affect a massive slice of American society. We are damaging people's health *and* reducing their chances for post-incarceration success through substandard food service. We are also costing taxpayers untold billions of dollars in health care costs, when people saddled with diet-related disease rejoin society and rely on public systems of health care and insurance to treat largely preventable disease.

How do we even assess carceral food systems?

There are no federal mandates or incentives for states to feed incarcerated people well – unlike school lunches, where lengthy regulation governs health and food service standards. The federal

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prison system maintains its own set of standards for food service, with little focus on health and nutrition. State-level corrections agencies follow their own state laws and policy, and local jails also are left to define their own standards for food and nutrition. American Correctional Association (ACA) accreditation standards encourage but don't require facilities to consider the Dietary Reference Intake nutrient thresholds put forward by the National Academy of Sciences – and these are incomplete from a nutrition standpoint in any case. The National Commission on Correctional Health Care, a leading industry group, similarly merely suggests that agencies provide a healthy daily diet based on nationally recognized nutrition standards, such as the Dietary Guidelines. No state prison system requires it, however, and none requires alignment with values-based procurement standards to improve carceral food systems. We need a common language and standard, if systems are to improve.

What would food service done right look like?

- Menu alignment with Dietary Guidelines for Americans
- Emphasis on whole nutrient-dense foods, fresh produce, less sodium/sugar, less UPFs
- Differentiated diets for various populations
- Regular dietitian review, population surveys
- Independent oversight and inspections
- Allow for choice in meeting dietary needs, and healthier commissaries
- Values-based, local procurement and flexibility for facility level managers.

If we take action, what will be the long-term outcomes?

- Measurable reductions in public health costs associated with the chronic health conditions caused by poor carceral diets.
- Nutrition as a health care cost: Food and nutrition become part of DOC health and wellness budgets, not thought of as a separate, less-legitimate cost.
- Move away from commercial food service vendors toward self-operated food service, and more local procurement that meets people's nutritional needs.
- Stakeholders call upon technical assistance resources for procurement and policy reform
- Prison chow halls look and feel more like college dining halls: how we feed people is also important to their physical and emotional health.
- Food becomes opportunity: Horticulture and culinary programs provide job readiness skills that translate into viable career or entrepreneurship options upon release.

How do we get there?

We need a common language, better data, and stakeholder engagement toward solutions. An action agenda to address healthier prisons would:

Articulate what right looks like → Agreement on common STANDARDS

Understand food system effects and costs/benefits → Fill necessary gaps in RESEARCH

Convene stakeholders to act → Administrators, Producers, Experts SUMMIT

Implement pilot projects → Test good ideas via ACTION