

Nutritional Wellness in Correctional Settings

Position Statement

Access to a nutritious, palatable diet is essential to personal well-being, a medical necessity, and a fundamental human right. To advance the nutritional wellness of incarcerated people, NCCHC recommends that correctional administrators:

1. Provide a healthy daily diet that is based on nationally recognized nutrition standards. These standards should promote a nutritionally adequate diet based on age, gender, and activity levels. (See NCCHC 2018 standard B-01 Health Lifestyle Promotion.)
2. Provide food that is palatable and reflects the cultural and demographic preferences of the facility's population.
3. Obtain input from incarcerated people as to menu options.
4. Provide ready access to potable, palatable drinking water.
5. Ensure that access to food or provision of types of food is not disciplinary in nature.
6. Provide education on nutritional wellness to promote health literacy during incarceration and upon return to the community.
7. Offer a variety of labeled, healthy commissary choices and provide education on healthy commissary selections.
8. Implement wellness programs that include behavioral management strategies and exercise programs for managing weight gain, access to dietitian expertise to inform programming, and education on the prevention and management of obesity.
9. Address potential food insecurity concerns as a core component of reentry planning for individuals returning to their communities.

Note: This position statement addresses the promotion of nutritional wellness for incarcerated people but does not include recommendations regarding therapeutic or religious diets, or diets for pregnant and postpartum people.

Discussion

The quality of food and beverages that individuals consume markedly affects personal well-being and overall health. The 2020-2025 Dietary Guidelines for Americans recommend eating nutrient-dense foods, which include vegetables, fruits, whole grains, seafood, eggs, beans, peas, lentils, unsalted nuts and seeds, and fat-free and low-fat dairy. A healthy diet should stay within recommended caloric guidelines and limit the amount of added sugars, saturated fat, and sodium added to nutrient-dense foods and beverages¹. These national recommendations are increasingly supported by robust evidence linking nutritional wellness with chronic disease prevention². The amount of fresh fruits and vegetables consumed has a particularly strong association

POSITION STATEMENT

ncchc.org/position-statements



NATIONAL COMMISSION
ON CORRECTIONAL HEALTH CARE

with a reduced risk of cardiovascular disease, cancer, and all-cause mortality^{3,4,5}. Conversely, the consumption of ultra-processed foods, sugar-sweetened beverages, and processed meat may increase all-cause mortality⁶.

Access to a nutritious diet is especially important for incarcerated people who may be at increased risk of nutrition-related chronic diseases. Jail and prison surveys indicate that a significant majority of incarcerated people are overweight or obese and have higher rates of hypertension and diabetes compared to the U.S. general population⁷. Additional weight gain commonly occurs during incarceration and may exacerbate comorbid health conditions^{8,9,10}. Nutritional wellness may be further compromised by food insecurity for people returning to their communities, particularly when they are impacted by poverty, homelessness, and behavioral health conditions^{11,12,13}.

Despite the medical importance of nutritional wellness, incarcerated people may not always have access to nutritious, appetizing diets and healthy beverage options. Because governing agency standards vary, menus may exceed caloric recommendations for some populations and be limited in their food offerings, relying largely on processed foods that are high in sodium and lacking in fresh fruits and vegetables. Ready access to potable, palatable drinking water may be limited and served beverages may be sugar-sweetened¹⁴. Many people also consume food and beverages from jail and prison commissaries; however, nutritious commissary options are routinely quite limited.

Correctional administrators can promote nutritional wellness by adopting policies that consider access to nutritious food and beverages a medical necessity; adopting diets that are based on national standards for nutrition and food safety; ensuring ready access to potable, palatable drinking water; offering a variety of labeled, healthy commissary food and beverage options; providing education on healthy dietary selections; implementing wellness programs that include behavioral management strategies and exercise programs for managing weight gain; and addressing food insecurity concerns as a core component of reentry planning^{1,15,16}.

NCCHC also recognizes the urgent need for high-quality research to assess the impact of nutrition quality on the health and behavior of people while they are in custody and when they return to their communities.

January 2023 – adopted by the National Commission on Correctional Health Care Governance Board

References

1. U.S. Department of Agriculture & U.S. Department of Health and Human Services. (2020). *Dietary guidelines for Americans, 2020-2025*. <https://www.dietaryguidelines.gov>
2. US Burden of Disease Collaborators, Mokdad, A. H., Ballestros, K., Echko, M., Glenn, S., Olsen, H. E., Mullany, E., Lee, A., Khan, A. R., Ahmadi, A., Ferrari, A. J., Kasaeian, A., Werdecker, A., Carter, A., Zipkin, B., Sartorius,

POSITION STATEMENT

ncchc.org/position-statements



NATIONAL COMMISSION
ON CORRECTIONAL HEALTH CARE

- B., Serdar, B., Sykes, B. L., Troeger, C., ... Murray, C. J. (2018). The state of US health, 1990-2016: Burden of diseases, injuries, and risk factors among US states. *Journal of the American Medical Association*, 319(14), 1444-1472. <https://doi.org/10.1001/jama.2018.0158>
3. Aune, D., Giovannucci, E., Boffetta, P., Fadnes, L. T., Keum, N., Norat, T., Greenwood, D. C., Riboli, E., Vatten, L. J., & Tonstad, S. (2017). Fruit and vegetable intake and the risk of cardiovascular disease, total cancer and all-cause mortality – A systematic review and dose-response meta-analysis of prospective studies. *International Journal of Epidemiology*, 46(3), 1029-1056. <https://doi.org/10.1093/ije/dyw319>
 4. Satija, A., Bhupathiraju, S. N., Spiegelman, D., Chiuve, S. E., Manson, J. E., Willett, W., Rexrode, K. M., Rimm, E. B., & Hu, F. B. (2017). Healthful and unhealthful plant-based diets and the risk of coronary heart disease in U.S. adults. *Journal of the American College of Cardiology*, 70(4), 411-422. <https://doi.org/10.1016/j.jacc.2017.05.047>
 5. Juraschek, S. P., Kovell, L. C., Appel, L. J., Miller, E. R., Sacks, F. M., Christenson, R. H., Rebuck, H., Chang, A. R., & Mukamal, K. J. (2020). Associations between dietary patterns and subclinical cardiac injury: An observational analysis from the DASH trial. *Annals of Internal Medicine*, 172(12), 786-794. <https://doi.org/10.7326/M20-0336>
 6. Taneri, P. E., Wehrli, F., Roa-Diaz, Z. M., Itodo, O. A., Salvador, D., Raeisi-Dehkordi, H., Bally, L., Minder, B., Kiefte-de Jong, J. C., Laine, J. E., Bano, A., Glisic, M., & Muka, T. (2022). Association between ultra-processed food intake and all-cause mortality: A systematic review and meta-analysis. *American Journal of Epidemiology*, 191(7), 1323-1335. <https://doi.org/10.1093/aje/kwac039>
 7. Maruschak, L. M., Berzofsky, M., & Unangst, J. (2015). Medical problems of state and federal prisoners and jail inmates, 2011-12 (NCJ 248491). Bureau of Justice Statistics. <https://bjs.ojp.gov/content/pub/pdf/mpsfpi1112.pdf>
 8. Gates, M. L., & Bradford, R. K. (2015). The impact of incarceration on obesity: Are prisoners with chronic diseases becoming overweight and obese during their confinement? *Journal of Obesity*, Article ID 532468. <https://doi.org/10.1155/2015/532468>
 9. Clark, J. G., & Waring, M. E. (2012). Overweight, obesity, and weight change among incarcerated women. *Journal of Correctional Health Care*, 18 (4), 285-292. <https://doi.org/10.1177/1078345812456010>
 10. Bondolfi, C., Taffe, P., Augsburger, A., Jaques, C., Malebranche, M., Clair, C. & Bodenmann, P. (2020). Impact of incarceration on cardiovascular disease risk factors: A systematic review and meta-regression on weight and BMI change. *BMJ Open*, 10, e039278. <http://doi.org/10.1136/bmjopen-2020-039278>
 11. Testa, A., & Jackson, D. B. (2019). Food insecurity among formerly incarcerated adults. *Criminal Justice and Behavior*, 46(10), 1493-1511. <https://doi.org/10.1177/0093854819856920>
 12. Dong, K. R., Tang, A. M., Stopka, T. J., Beckwith, C. G., & Must, A. (2018). Food acquisition methods and correlates of food insecurity in adults on probation in Rhode Island. *PLoS ONE*, 13(6), e0198598.
 13. Wang, E. A., Zhu, G. A., Evans, L., Carroll-Scott, A., Desai, R., & Fiellin, L. E. (2013). A pilot study examining food insecurity and HIV risk behaviors among individual recently released from prison. *AIDS Education and Prevention*, 25(2), 112-123.
 14. Center for Science in the Public Interest. (2021). Strategies to optimize food and nutrition in correctional

POSITION STATEMENT

ncchc.org/position-statements



NATIONAL COMMISSION
ON CORRECTIONAL HEALTH CARE

facilities. <https://www.cspinet.org/resource/strategies-optimize-food-and-nutrition-correctional-facilities>

¹⁵. Food Service Guidelines Federal Workgroup. (2017). *Food service guidelines for federal facilities*. U.S. Department of Health and Human Services.

https://www.cdc.gov/obesity/downloads/guidelines_for_federal_concessions_and_vending_operations.pdf

¹⁶. Thomas, A. (2022.) Developing an evidence-based nutrition curriculum for correctional settings. *Journal of Correctional Health Care*, 28(2), 117. <https://doi.org/10.1089/jchc.20.04.0028>