## Website Narrative Draft Guidelines

*Due Monday, May 24 by 11:59 pm via CCLE*

**The draft should have:**

* A complete outline of the overall project with headings and sub-headings/sections
* At least 1,000 words (half of your final project)\*
* Indication in brackets of where visualizations will go and what those visualizations will likely be. (You may wish to start drafting your visualizations captions as part of this exercise.)
* Indicate citations within your text. (If you’re quoting a book, article, or other source, make sure you cite it and be consistent in your citation format).

**Visualizations**

(will have captions explaining how to interpret)

* World Map: Prison + College Case Density
* Bubble Map: 2020 vs 2021 Monthly Case Rate within Colleges
* Boxplot: COVID Deaths by prison compared to public by State
* Stacked Bar Chart: Prison vs Colleges Case Counts by State
* Pie Chart: Prison vs College Cases

**Outline**

(the bolded bullet points will be our subheaders and the nested bullet points indicate what we intend to discuss and flesh out as its own paragraph(s) within the subheader)

HOME PAGE

* Intro Statement (quickly signal what the project is about)
* Orienting paragraph (introduces what the project is, what the reader will find on the site)
* COVID-19 Timeline for context

NARRATIVE PAGE

* **Introduction**
  + General COVID Context
  + Significance: exacerbated problem in prisons and college campuses as dense, enclosed networks/environments within larger society
  + Introduce research question and dataset data
* **Overview of COVID-19 in US Colleges & Prisons**
  + Introduce Map
  + [Include World Map: Prison + College Case Density]
  + Explanation
    - Comment on what map is telling us about COVID-19 across the country (e.g. hardest hit systems/areas in the US for either colleges or prisons, relative geographical density of institutions in each category, etc.)
      * isolate example data points - relate largest prison and college bubbles to actual institutions there to highlight these institutions are COVID-19 breeder areas
    - Tie back into research question (we see network of distinct enclosed environments with a large number of people that each suffered a particular impact on COVID, which is why our research q is relevant)
* **COVID-19 in Colleges**
  + set context with literature review (perspectives of scholars on college networks and COVID-19, reviewing rules & measures in college campuses)
  + [Include Bubble Map: 2020 vs 2021 Monthly Case Rate within Colleges]
  + Explain what visualization reveals, put in context of literature (does it contradict? does it support? does the literature suggest potential reasons for these outcomes?)
* **COVID-19 in Prison Facilities** 
  + set context with literature review (understanding prison health systems with COVID-19, scholarly information)
  + [Include Boxplot: COVID Deaths by prison compared to public by State]
  + Explain what visualization reveals, put in context of literature (does it contradict? does it support? does the literature suggest potential reasons for these outcomes?)
* **Colleges vs. Prisons**
  + [Include Stacked Bar Chart: Prison vs Colleges Case Counts by State]
  + [Include Pie Chart: Prison vs College Cases]
  + compare case counts between prisons and colleges, scaled by population
  + examine implications of this vs. expectations from scholars/hypotheses from our group
* **Final Thoughts** 
  + both prison facilities and college communities prove to be COVID superspreaders, prisons much more so than colleges percentage-wise
  + prisons are significantly worse at preventative care, though ultimately they prove to have similar health outcomes to public
  + next steps for prisons and colleges (vaccine distribution)

ABOUT PAGE

* Source, processing, presentation
* Team member and responsibility
* Acknowledgement of the help

DATA CRITIQUE PAGE

* **College Dataset (**from corrected milestone 4)
* **Prison Dataset** (from corrected milestone 4)
* **Additional Data** (from corrected milestone 4)

(for each section above, answer the below:)

* What are original sources
* Information Included in Datasets
* What info, events, phenomena can datasets illuminate
* What can dataset NOT reveal
* How was data generated
* What information is left out of spreadsheet
* Analyze ontology of dataset (ideological effects of encoding information from sources as data

BIBLIOGRAPHY PAGE

Well done – very clear outline!

**Introduction**

On March 13, 2020, the COVID-19 pandemic was officially declared a national emergency (citation?). Ever since, it has been a confusing and terrifying time nationwide, as the pandemic disrupted the normal way of life. Americans were asked to stay at home to flatten the curve and stop the spread. [Maybe you could embed a video promo here of one of those public service announcements? Like: https://www.youtube.com/watch?v=g1VRA9rMmFY] However, not every environment or job was equally adaptable or conducive to the recommended social-distancing required to prevent widespread infection or protect its people. In particular, COVID-19 poses a great threat to prison facilities and universities since both institutions inherently operate with dense and vulnerable populations.

Infection cases have been especially difficult to control in incarceration facilities where inmates are inherently confined in small cells where social distancing is not possible. Moreover, since officers regularly enter and leave prison facilities as they clock in and out of work, their interactions inside and outside of their facility pose a threat to the other environment. Incoming officers increase inmates’ risk of contagion since their interactions outside the facility may be the origin of the virus proliferating through the prison to begin with. Likewise, when officers go home, they risk endangering the health of those in their communities if there is an undiagnosed infection at their work. In prisons and jails suffering from the common issue of overcrowding, these health risks are only exacerbated.

Similarly, colleges are densely-populated communities with cramped dorm rooms, and congestion in the surrounding college town. When panic ensued after the national emergency was called, some students were still abroad on spring break. Moreover, many students studying abroad nationally and internationally also flew back home seeking comfort and safety with their families. Furthermore, before the pandemic was declared, schools continued to hold classes with mandatory attendance, requiring students to congregate within the same room, at times hundreds for large campuses.

Upon first look, these two institution types vary vastly, though they both environments that are heavily trafficked and densely populated. Therefore, these relatively more enclosed networks of people pose as concerning areas of mass contagion for COVID-19. As we analyze data on COVID-19 case counts and health outcomes for prison facilities and colleges across the nation, we wish to investigate how each institution type handles healthcare for their respective communities. Furthermore, if there are distinct differences, we wonder what this says about the way healthcare exists in the criminal justice system compared to a less-restricted environment like a college campus.

**Overview of COVID-19 in US Colleges & Prisons**

The impact of COVID-19 on these two distinct populations can be traced regionally. The map below reports the number of COVID positive cases at institutions of higher education and incarceration by county. By mapping these numbers, we begin to get a better understand of how institutions differ in both their risk level (explained, for example, through its population density) and their ability or initiative to take mitigation measures for the virus on a local level. This visual analysis can help determine any location-based patterns in the data, pointing out potential areas of systemic failures of care in these facilities, whether for prisoners or for students.

[Include World Map: Prison + College Case Density]

The single highest number of COVID cases appears on a college campus, according to the map. However, the prison systems in each county, while exhibiting a significant degree of variance in COVID cases in themselves, seem to be dealing with high numbers across the country. This is evidenced by how the orange locations on the map, while more evenly distributed, are even visible in lower case densities (smaller dots), while the lower range of case densities for colleges are smaller and more difficult to see. This seems to signal a greater variance in successful approaches to mitigation, or lack thereof, in college campus situations, and there appears to be a more general system failure on behalf of the prisons nationwide.

The colleges that reported their data tended to be situated on the East and West coasts, so the bubbles on these coasts account for an overwhelming share of the college COVID densities. However, both on the East Coast and in the South, prison facilities seem to be reporting a holistic, pervasive COVID outbreak. Again, it is important to note here that the cases in any one prison facility generally do not spike as high as certain colleges in the region—a difference between a few large blue bubbles and the “orange blanket” of prison facilities. Interestingly, in California, the situation as a whole appears to be worse for prison facilities, where many more moderate-to-large prison bubbles exist than the two large college campus bubbles in southern California. This aligns with the fact that California is the most populous state in the United States by a margin of more than 10 million people, and while its incarceration rate is lower than the national average it is still higher than any country in NATO—in essence, it has a very large prison population (citation? Where did this info come from?).

Here, we see potential areas of failure in healthcare across most prisons, particularly in California. Perhaps more surprisingly, we also see major potential healthcare neglect occurring on select college campuses, with cases rising to comparable levels as prison systems and in some cases surpassing them (as in the case of East Coast states like Massachusetts, Rhode Island, and New Jersey). Both types of institutions function as dense networks in mostly enclosed environments, heightening the risk factor for COVID outbreaks. It is clear, there is valid cause to investigate the nature and extent of health systems’ inability to deal with the virus in prison and college environments alike.

**COVID-19 in Prison Facilities**

Information and resources about the prison facilities are scarce because this particular group is highly restricted in terms of public access. The Federal Prison System (FPS) has a long history starting 1891, when Con­gress passed the “Three Prisons Act”. Then in 1930 the Federal Bureau of Prisons is Established.

COVID-19 has had a huge impact on the whole prison facility system in the United States. As shown below, the total death in prison facilities is over 638,000.

[Include Boxplot: COVID Deaths by prison compared to public by State]

From the state perspective, Texas and California are the top two states which have the most deaths reported in prison facilities, followed by Florida, Michigan, and Pennsylvania. Surprisingly they are not the top 3 states With the Highest Incarceration Rates(Louisiana, Oklahoma, Mississippi) according to the report from the U.S. News.

[<https://www.usnews.com/news/best-states/slideshows/10-states-with-the-highest-incarceration-rates?slide=10>]

Since the pandemic began, prison and jail populations have declined, which helped to limit the spread (citation). Thomas Hewson mentioned in his article *Effects of the COVID-19 pandemic on the mental health of prisoners*, “Decarceration in service of both public health and safer communities will require sustained engagement from clinicians, health systems, and Medicaid authorities.” To be more specific, he indicated “Prison visits is suspended, which lessen the use of social support for mitigating against and coping with mental distress, and the risk of suicide and self-harm. The number of prison staff absent from work has doubled, reducing human contact for prisoners, potentially limiting the availability of support for mental and physical health, and making careful supervision of prisoners.”

[<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7302764/>]

Providing prisoners with adequate health care while behind bars and when they are released can also help improve public health. Barbara H. Zaitzow said in this article *Behind the Wall of Indifference: Prisoner Voices about the Realities of Prison Health Care*, “For example, treating infectious diseases can prevent ongoing transmission, treating people with mental illness can decrease crime, and providing access to primary care can cut down on expensive emergency department use”. Without programs to address their multifaceted health-related needs, our prisons will be returning high-risk (not in a criminal sense) individuals to the free community. We can invest now or pay later.

[<https://www.mdpi.com/2075-471X/10/1/11>]

For those who want to learn more about the American Prison system, feel free to check out this great documentary:

[<https://www.youtube.com/watch?v=krfcq5pF8u8>]

A good start here, but you’ve got some honing to do. You need to cite where your information is coming from throughout. Use inline citations and link them to your resources page, so that readers can see the full citation. Make sure these are styled consistently.

Make sure you are writing clearly. I did some heavy rewriting here to give you a sense of what I’m looking for. Proofread for typos and grammar.

Also, think about what are other media sources that you can direct your reader to in order to make your narrative more dynamic and engage. I’ve included some links to videos you might want to embed. Can you find others or different types of websites or useful resources that you can add as you finish your narrative?

Preliminary grade: 87/100

**Final Thoughts**

From our data set, if you have a glimpse at them, the true cases in college are much larger than the cases in prison. However, if you look carefully and observe the standardized data, 35% of all prisoners caught covid whereas only 4% of college students caught covid. What a shocking percentage about the prison. It is urgent to have some action preventing this percentage going higher.

According to Centers for Disease Control and Prevention (CDC) website, they published a general guidance includes detailed recommendations related to COVID-19 in correctional and detention settings, including not limited to “Operational and communications preparations, Enhanced cleaning/disinfecting and hygiene practices, Social distancing strategies to increase space between individuals in the facility, Infection control, Verbal screening and temperature check protocols for incoming incarcerated/detained individuals, staff, and visitors, Medical isolation of individuals with confirmed and suspected COVID-19 and quarantine of close contacts.”

[<https://www.cdc.gov/coronavirus/2019-ncov/community/correction-detention/guidance-correctional-detention.html>]

Another important component is testing in Correctional and Detention Facilities, here is a brief summary of the key points quoted from the CDC: “Frequent testing for Severe Acute Respiratory Coronavirus-2 (SARS-CoV-2) is an important prevention measure in correctional and detention facilities. Diagnostic testing of persons with COVID-19 symptoms and persons with known or suspected exposure (including close contacts) plus screening testing are essential to stop the spread of COVD-19. Testing considerations specific to correctional and detention facilities include, for example, screening testing to identify asymptomatic individuals based on incarcerated/detained persons and staff movements between facilities and the community, as well as facility- and individual-level factors.”

[<https://www.cdc.gov/coronavirus/2019-ncov/community/correction-detention/testing.html>]

Although the percentage of COVID cases in college is relatively low compared to prison, there are still many things we can do to prevent the spread. The first thing we should consider is Vaccination. It is verified by CDC that “Vaccination is the leading prevention strategy to protect individuals from COVID-19 disease and end the COVID-19 pandemic. Current COVID-19 vaccines authorized for use in the United States are safe and effective, widely accessible in the U.S., and available at no cost to all people living in the U.S.” This approach can be accomplished by “providing information about COVID-19 vaccination, promoting vaccine trust and confidence, and establishing supportive policies and practices that make getting vaccinated as easy and convenient as possible.” Worthy to mention is that people who are fully vaccinated are at low risk of symptomatic or severe infection, “where all students, faculty, and staff are fully vaccinated prior to the start of the semester can return to full capacity in-person learning, without requiring or recommending masking or physical distancing for people who are fully vaccinated in accordance with CDC’s Interim Public Health Recommendations for Fully Vaccinated People.”

[<https://www.cdc.gov/coronavirus/2019-ncov/community/colleges-universities/considerations.html#section1>]