

[Social Determinants of Health Literature Summaries \(/healthypeople/priority-areas/social-determinants-health/literature-summaries\)](/healthypeople/priority-areas/social-determinants-health/literature-summaries).

Incarceration

Social and Community Context



About This Literature Summary

This summary of the literature on Incarceration as a social determinant of health is a narrowly defined examination that is not intended to be exhaustive and may not address all dimensions of the issue. Please note: The terminology used in each summary is consistent with the respective references. For additional information on cross-cutting topics, please see the [Crime and Violence \(/healthypeople/objectives-and-data/social-determinants-health/literature-summaries/crime-and-violence\)](/healthypeople/objectives-and-data/social-determinants-health/literature-summaries/crime-and-violence) and [Discrimination \(/healthypeople/objectives-and-data/social-determinants-health/literature-summaries/discrimination\)](/healthypeople/objectives-and-data/social-determinants-health/literature-summaries/discrimination) literature summaries.

Related Objectives (2)

Here's a snapshot of the objectives related to topics covered in this literature summary. [Browse all objectives \(/healthypeople/objectives-and-data/browse-objectives\)](/healthypeople/objectives-and-data/browse-objectives).

[Reduce the rate of minors and young adults committing violent crimes — AH-10 \(/healthypeople/objectives-and-data/browse-objectives/adolescents/reduce-rate-minors-and-young-adults-committing-violent-crimes-ah-10\)](/healthypeople/objectives-and-data/browse-objectives/adolescents/reduce-rate-minors-and-young-adults-committing-violent-crimes-ah-10).

[Reduce the proportion of children with a parent or guardian who has served time in jail — SDOH-05 \(/healthypeople/objectives-and-data/browse-objectives/social-and-community-context/reduce-proportion-children-parent-or-guardian-who-has-served-time-jail-sdoh-05\)](/healthypeople/objectives-and-data/browse-objectives/social-and-community-context/reduce-proportion-children-parent-or-guardian-who-has-served-time-jail-sdoh-05).

Related Evidence-Based Resources (1)



Healthy People 2030 organizes the social determinants of health into 5 domains:

1. [Economic Stability](/healthypeople/topic/economic-stability)(/healthypeople/topic/economic-stability).
2. [Education Access and Quality](/healthypeople/topic/education-access-and-quality)(/healthypeople/topic/education-access-and-quality).
3. [Health Care Access and Quality](/healthypeople/topic/health-care-access-and-quality)(/healthypeople/topic/health-care-access-and-quality).
4. [Neighborhood and Built Environment](/healthypeople/topic/neighborhood-and-built-environment) (/healthypeople/topic/neighborhood-and-built-environment).
5. [Social and Community Context](/healthypeople/topic/social-and-community-context) (/healthypeople/topic/social-and-community-context).

Literature Summary

The Bureau of Justice Statistics defines the incarcerated population as the population of inmates confined in a prison or a jail.¹ State and federal prisons house people sentenced to more than 1 year of incarceration.² Local jails hold people sentenced to less than 1 year; people who violate parole or probation; and those awaiting trial, sentencing, or transfer to prison.² Between 1980 and 2014, the United States incarceration rate increased by 220 percent, which can be linked to state and federal policy changes that enacted harsher sentencing rules.³ In 2016, there were approximately 2.16 million people incarcerated in state or federal prisons and local jails, and an additional 4.55 million individuals under community supervision (i.e., on probation or parole). Incarceration is a mechanism to punish criminal offenses,⁴ but it can affect the health and well-being of those currently incarcerated, those with a history of incarceration, and their families and communities.^{2,5}

Higher rates of incarceration are often seen among certain racial and ethnic groups, particularly Black and Hispanic populations,^{6,7,8} and people with lower levels of education.⁷ For example, Black and Hispanic people are disproportionately arrested and convicted of offenses.⁸ One study found that the imprisonment rate for Black adults was nearly 6 times the imprisonment rate for White adults and nearly double the rate for Hispanic adults.⁹ The data for incarcerated women shows similar racial/ethnic disparities. Another study found the imprisonment rate to be over 48 per 100,000 for White women, 83 per 100,000 for Black women, and 63 per 100,000 for Latina women.¹⁰ Research has shown that some of the racial disparities in the U.S. incarceration rate may be influenced by state and federal policies such as “three strikes” and mandatory minimum sentences.⁸ In regards to education, data indicate that people without high school diplomas or GEDs have a greater likelihood of being incarcerated than their more educated peers.⁷ These data also showed that, for White men ages 20 to 34 years, the rate of incarceration was only 1 in 57; however, the rate was 1 in 8 for White men in the same age group who did not have a high school diploma or GED.⁷ Disparities in incarceration are also evident at the community level, as some communities are disproportionately burdened by high rates.^{11,12,13} High rates of recidivism (being arrested or incarcerated again) are also seen in these communities,^{12,13} which tend to have higher rates of crime, poverty, and unemployment.^{2,11,13} Overall, incarceration and recidivism can negatively impact the well-being of communities and individuals.⁵

When compared to the general population, men and women with a history of incarceration are in worse mental and physical health. Data from the Bureau of Justice Statistics found that, in 2011, 44 percent of people who are incarcerated had a mental health disorder.¹⁴ Studies have shown that when compared to the general population, people of both sexes who are incarcerated are more likely to have high blood pressure, asthma, cancer, arthritis,¹⁵ and infectious diseases, such as tuberculosis, hepatitis C, and HIV.^{2,16,17,18}

Women with a history of incarceration face a greater burden of disease than men with a history of incarceration.^{19,20,21} For example, female offenders with a history of drug misuse were more likely than their male counterparts to suffer from conditions such as tuberculosis, hepatitis, and high blood pressure.^{19,22} Several studies have shown that women with a history of incarceration, compared to men with a history of incarceration, are at greater risk for several diseases, such as HIV/AIDS, HPV, and other sexually transmitted diseases.^{6,19,20} Women with a history of incarceration are more likely to have experienced childhood trauma and physical and sexual abuse than women who are not involved in the criminal justice system, potentially explaining high levels of physical and mental health problems among women who are incarcerated.^{20,22}

The number of older adults (ages 50 years and above) in U.S. prisons is growing.^{23,24,25,26,27} Many correctional facilities, however, are not equipped to address the special health needs of these individuals.^{23,28} While incarcerated, some older adults do not receive adequate treatment for their ailments,^{23,28} particularly mental health conditions.^{23,29} A study found that only 18 percent of older adults who are incarcerated were prescribed medication to treat their mental health conditions.²⁹ Reintegrating into society also poses special challenges for older adults who were formerly incarcerated. Those who have spent significant time in prison may find it stressful to adjust to changes that have occurred in society and their specific communities, particularly if family support is lacking.^{28,30} Furthermore, older adults with a history of incarceration are more likely to suffer from abuse and neglect due to lack of family support when compared to their younger counterparts.²⁸

In many instances, an incarcerated individual's family is negatively affected by their incarceration. Children are especially at risk of negative effects related to parental incarceration.³¹ According to data from 2011–2012, more than 5 million children in the United States (approximately 7 percent of all children in the U.S.) have experienced the incarceration of a parent who they resided with at some time.³¹ Children of incarcerated parents may be more likely to live in poverty and be homeless.^{31,32} In addition, they may be more likely to witness domestic violence or substance abuse by a parent and reside with a person who has a mental illness or suicidal thoughts.³¹ Evidence shows that children of incarcerated parents often have higher rates of learning disabilities, developmental delays, speech/language problems, attention disorders, and aggressive behaviors.^{31,33} Additionally, children of incarcerated parents have been found to be up to 5 times more likely to enter the criminal justice system than children of non-incarcerated parents.^{2,34}



The U.S. releases over 7 million people from jail and more than 600,000 people from prison each year.² However, recidivism is common.^{12,13,35} Within 3 years of their release, 2 out of 3 people are rearrested and more than 50 percent are incarcerated again.^{35,36} Many people face obstacles reintegrating into society following their release, such as problems with family, employment, housing, and health, as well as difficulty adjusting to their new circumstances.²⁸ People who were formerly incarcerated often have difficulty securing employment and housing because of their criminal history.^{2,37} Additionally, those with certain convictions may lose state and federal




benefits, including access to education assistance, public housing benefits, food stamps, and their drivers' licenses.³⁸ Felon disenfranchisement laws can restrict individuals with felony convictions from participating in the political process through voting.^{39,40} Furthermore, people who were formerly incarcerated are at an increased risk for experiencing health issues.² For example, a North Carolina-based study found that within the 2 weeks following their release, people who were formerly incarcerated were 40 times more likely to die of an opioid overdose than someone in the general population.⁴¹ People who were formerly incarcerated are also at a higher risk for committing suicide soon after their release.^{8,42}

Strategies such as “front-end” programs (e.g., drug treatment courts), providing comprehensive health care services during incarceration, and linking people to health care services post release may help to improve the health and well-being of those who are incarcerated and those with a history of incarceration.⁸ For example, developing drug treatment courts could potentially reduce both drug use and incarceration rates by providing alternatives to incarceration for first-time offenders. Furthermore, research into programs that address social, psychological, and medical needs of incarcerated individuals or those with a history of incarceration could be beneficial.⁸ For example, in Hawaii, Project HOPE (Hawaii Opportunity Probation with Enforcement) has shown effectiveness in treating problems of drug abuse without relying on incarceration.


Additional research is needed to better understand how to improve services for people and communities impacted by incarceration. This additional evidence will facilitate public health efforts to address incarceration as a social determinant of health.

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