

[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)
2. [Education Access and Quality](/healthypeople/topic/education-access-and-quality)
3. [Health Care Access and Quality](/healthypeople/topic/health-care-access-and-quality)
4. [Neighborhood and Built Environment](/healthypeople/topic/neighborhood-and-built-environment)
5. [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.<sup>1</sup> State and federal prisons house people sentenced to more than 1 year of incarceration.<sup>2</sup> 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.<sup>2</sup> 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.<sup>3</sup> 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,<sup>4</sup> but it can affect the health and well-being of those currently incarcerated, those with a history of incarceration, and their families and communities.<sup>2,5</sup>

Higher rates of incarceration are often seen among certain racial and ethnic groups, particularly Black and Hispanic populations,<sup>6,7,8</sup> and people with lower levels of education.<sup>7</sup> For example, Black and Hispanic people are disproportionately arrested and convicted of offenses.<sup>8</sup> 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.<sup>9</sup> 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.<sup>10</sup> 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.<sup>8</sup> 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.<sup>7</sup> 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.<sup>7</sup> Disparities in incarceration are also evident at the community level, as some communities are disproportionately burdened by high rates.<sup>11,12,13</sup> High rates of recidivism (being arrested or incarcerated again) are also seen in these communities,<sup>12,13</sup> which tend to have higher rates of crime, poverty, and unemployment.<sup>2,11,13</sup> Overall, incarceration and recidivism can negatively impact the well-being of communities and individuals.<sup>5</sup>

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.<sup>14</sup> 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,<sup>15</sup> and infectious diseases, such as tuberculosis, hepatitis C, and HIV.<sup>2,16,17,18</sup>

Women with a history of incarceration face a greater burden of disease than men with a history of incarceration.<sup>19,20,21</sup> 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.<sup>19,22</sup> 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.<sup>6,19,20</sup> 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.<sup>20,22</sup>

The number of older adults (ages 50 years and above) in U.S. prisons is growing.<sup>23,24,25,26,27</sup> Many correctional facilities, however, are not equipped to address the special health needs of these individuals.<sup>23,28</sup> While incarcerated, some older adults do not receive adequate treatment for their ailments,<sup>23,28</sup> particularly mental health conditions.<sup>23,29</sup> A study found that only 18 percent of older adults who are incarcerated were prescribed medication to treat their mental health conditions.<sup>29</sup> 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.<sup>28,30</sup> 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.<sup>28</sup>

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.<sup>31</sup> 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.<sup>31</sup> Children of incarcerated parents may be more likely to live in poverty and be homeless.<sup>31,32</sup> 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.<sup>31</sup> Evidence shows that children of incarcerated parents often have higher rates of learning disabilities, developmental delays, speech/language problems, attention disorders, and aggressive behaviors.<sup>31,33</sup> 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.<sup>2,34</sup>

The U.S. releases over 7 million people from jail and more than 600,000 people from prison each year.<sup>2</sup> However, recidivism is common.<sup>12,13,35</sup> Within 3 years of their release, 2 out of 3 people are rearrested and more than 50 percent are incarcerated again.<sup>35,36</sup> 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.<sup>28</sup> People who were formerly incarcerated often have difficulty securing employment and housing because of their criminal history.<sup>2,37</sup> 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.<sup>38</sup> Felon disenfranchisement laws can restrict individuals with felony convictions from participating in the political process through voting.<sup>39,40</sup> Furthermore, people who were formerly incarcerated are at an increased risk for experiencing health issues.<sup>2</sup> 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.<sup>41</sup> People who were formerly incarcerated are also at a higher risk for committing suicide soon after their release.<sup>8,42</sup>

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.<sup>8</sup> 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.<sup>8</sup> 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.

---

## Citations

1. U.S. Department of Justice, Bureau of Justice Statistics. (n.d.). *Glossary*. Retrieved March 9, 2022, from <https://bjs.ojp.gov/glossary>.  (<https://bjs.ojp.gov/glossary>).
2. Dumont, D. M., Brockmann, B., Dickman, S., Alexander, N., & Rich, J. D. (2012). Public health and the epidemic of incarceration. *Annual Review of Public Health, 33*, 325–339.
3. Council of Economic Advisers. (2016). *Economic perspectives on incarceration and the criminal justice system*. Executive Office of the President of the United States. <https://obamawhitehouse.archives.gov/sites/whitehouse.gov/files/documents/CEA%2BCriminal%2BJustice%2BReport.pdf>  (<https://obamawhitehouse.archives.gov/sites/whitehouse.gov/files/documents/CEA%2BCriminal%2BJustice%2BReport.pdf>).

4. Kessler, D., & Levitt, S. D. (1999). Using sentence enhancements to distinguish between deterrence and incapacitation. *Journal of Law and Economics*, 42(1), 343–363.
5. Clear, T. R. (2008). The effects of high imprisonment rates on communities. *Crime and Justice*, 37(1), 97–132.
6. Freudenberg, N. (2002). Adverse effects of US jail and prison policies on the health and well-being of women of color. *American Journal of Public Health*, 92(12), 1895–1899.
7. The Pew Charitable Trusts. (2010). *Collateral costs: Incarceration's effect on economic mobility*. The Pew Charitable Trusts.
8. Travis, J., Western, B., & Redburn, F. S. (2014). *The growth of incarceration in the United States: Exploring causes and consequences*. The National Academies Press.
9. Gramlich, J. (2019). *The gap between the number of blacks and whites in prison is shrinking*. Pew Research Center. <https://www.pewresearch.org/fact-tank/2019/04/30/shrinking-gap-between-number-of-blacks-and-whites-in-prison/>  (<https://www.pewresearch.org/fact-tank/2019/04/30/shrinking-gap-between-number-of-blacks-and-whites-in-prison/>).
10. Nellis, A. (2020). *Incarcerated women and girls*. The Sentencing Project. <https://www.sentencingproject.org/publications/incarcerated-women-and-girls>  (<https://www.sentencingproject.org/publications/incarcerated-women-and-girls>).
11. Sampson, R. J., & Loeffler, C. (2010). Punishment's place: The local concentration of mass incarceration. *Daedalus*, 139(3), 20–31.
12. Kubrin, C. E., & Stewart, E. (2006). Predicting who reoffends: The neglected role of neighborhood context in recidivism studies. *Criminology*, 44(1), 165–197.
13. Mears, D. P., Wang, X., Hay, C., & Bales, W. D. (2008). Social ecology and recidivism: Implications for prisoner reentry. *Criminology*, 46(2), 301–340.
14. Bronson, J., & Berzofsky, M. (2017). *Indicators of Mental Health Problems Reported by Prisoners and Jail Inmates*. U.S. Department of Justice, Bureau of Justice Statistics. [https://www.bjs.gov/content/pub/pdf/imhprpji1112\\_sum.pdf](https://www.bjs.gov/content/pub/pdf/imhprpji1112_sum.pdf)  ([https://www.bjs.gov/content/pub/pdf/imhprpji1112\\_sum.pdf](https://www.bjs.gov/content/pub/pdf/imhprpji1112_sum.pdf)).

- 15.** Binswanger, I. A., Krueger, P. M., & Steiner, J. F. (2009). Prevalence of chronic medical conditions among jail and prison inmates in the United States compared with the general population. *Journal of Epidemiology and Community Health, 63*(11), 912–919.
- 16.** Restum, Z. G. (2005). Public health implications of substandard correctional health care. *American Journal of Public Health, 95*(10), 1689–1691.
- 17.** Maruschak, L. M., & Beavers, R. (2009). HIV in prisons, 2007–08. *Bureau of Justice Statistics Bulletin*.
- 18.** Spaulding, A. C., Seals, R. M., Page, M. J., Brzozowski, A. K., Rhodes, W., & Hammett, T. M. (2009). HIV/AIDS among inmates of and releasees from US correctional facilities, 2006: Declining share of epidemic but persistent public health opportunity. *PLoS One, 4*(11).
- 19.** Covington, S. S. (2007). Women and the criminal justice system. *Women's Health Issues, 17*(4), 180–182.
- 20.** Braithwaite, R. L., Treadwell, H. M., & Arriola, K. R. J. (2008). Health disparities and incarcerated women: A population ignored. *American Journal of Public Health, 98*(Suppl 1), S173–S175.
- 21.** Maruschak, L. M., & Beck, A. J. (2001). *Medical problems of inmates, 1997*. Bureau of Justice Statistics.
- 22.** Messina, N., & Grella, C. (2006). Childhood trauma and women's health outcomes in a California prison population. *American Journal of Public Health, 96*(10), 1842–1848.
- 23.** Loeb, S. J., & AbuDagga, A. (2006). Health-related research on older inmates: An integrative review. *Research in Nursing & Health, 29*(6), 556–565.
- 24.** Gal, M. (2003). The physical and mental health of older offenders. *Mental Health, 38*(30.8), 17–22.
- 25.** Aday, R. H. (1994). Golden years behind bars: Special programs and facilities for elderly inmates. *Federal Probation, 58*(2) 47–54.
- 26.** Lemieux, C. M., Dyeson, T. B., & Castiglione, B. (2002). Revisiting the literature on prisoners who are older: Are we wiser? *The Prison Journal, 82*(4), 440–458.

27. Merianos, D. E., Marquart, J. W., Damphousse, K., & Hebert, J. L. (1997). From the outside in: Using public health data to make inferences about older inmates. *Crime & Delinquency*, 43(3), 298–313.
28. Stojkovic, S. (2007). Elderly prisoners: A growing and forgotten group within correctional systems vulnerable to elder abuse. *Journal of Elder Abuse & Neglect*, 19(3-4), 97–117.
29. Fazel, S., Hope, T., O'Donnell, I., & Jacoby, R. (2004). Unmet treatment needs of older prisoners: A primary care survey. *Age and Ageing*, 33(4), 396–398.
30. Travis, J., & Petersilia, J. (2001). Reentry reconsidered: A new look at an old question. *NCCD News*, 47(3), 291–313.
31. Murphey, D., & Cooper, P. M. (2015). *Parents behind bars: What happens to their children?* Child Trends.
32. Wildeman, C. (2014). Parental incarceration, child homelessness, and the invisible consequences of mass imprisonment. *The Annals of the American Academy of Political and Social Science*, 651(1), 74–96.
33. Geller, A., Cooper, C. E., Garfinkel, I., Schwartz-Soicher, O., & Mincy, R. B. (2012). Beyond absenteeism: Father incarceration and child development. *Demography*, 49(1), 49–76.
34. Freudenberg, N. (2001). Jails, prisons, and the health of urban populations: A review of the impact of the correctional system on community health. *Journal of Urban Health*, 78(2), 214–235. <https://doi.org/10.1093/jurban/78.2.214>   
(<https://doi.org/10.1093/jurban/78.2.214>).
35. Awofeso, N. (2010). Prisons as social determinants of hepatitis C virus and tuberculosis infections. *Public Health Reports*, 125(Suppl 4), 25–33.
36. Langan, P. A., & Levin, D. J. (2002). Recidivism of prisoners released in 1994. *Federal Sentencing Reporter*, 15(1), 58–65.
37. Moore, L. D., & Elkavich, A. (2008). Who's using and who's doing time: Incarceration, the war on drugs, and public health. *American Journal of Public Health*, 98(5), 782–786.
38. Chin, G. J. (2011). Race, the war on drugs, and the collateral consequences of criminal conviction. *Journal of Gender, Race & Justice*, 6, 255–278.

39. McDaniel, M., Simms, M. C., Monson, W., & Fortuny, K. (2013). *Imprisonment and disenfranchisement of disconnected low-income men*. Urban Institute.
  40. Chung, J. (2013). *Felony disenfranchisement: A primer*. The Sentencing Project.
  41. Ranapurwala, S. I., Shanahan, M. E., Alexandridis, A. A., Proescholdbell, S. K., Naumann, R. B., & Edwards, D. (2018). Opioid overdose mortality among former North Carolina inmates: 2000–2015. *American Journal of Public Health, 108*(9), 1207–1213.
  42. Pratt, D., Appleby, L., Webb, R., & Shaw, J. (2006). Suicide in recently released prisoners: A population-based cohort study. *Lancet, 368*(9530), 119–123.
- 

[Back to top](#)

This microsite is coordinated by the Office of Disease Prevention and Health Promotion, Office of the Assistant Secretary for Health, Office of the Secretary, U.S. Department of Health and Human Services.