

# Issue At A Glance:

## Incarceration and Healthcare

*Millions of people are held in prisons and jails daily across the United States. This brief explores the limited access to healthcare that incarcerated individuals have and the impacts of incarceration on physical, mental, and reproductive health.*

### Introduction

The United States has the highest known prison population in the world. Around 1.9 million individuals are currently incarcerated across thousands of federal and local prisons and jails across the country.<sup>1</sup> In the 1960-70s, a focused political rhetorical campaign against drugs and crime ushered in an era of mass incarceration. What began as an incarcerated population of under 200,000 individuals skyrocketed over 500% in the past 50 years.<sup>2</sup> During this period, stricter sentencing laws and harsher policing efforts targeted persons of color and lower socioeconomic communities. Compared to white men, black men are 6 times more likely to be incarcerated and Latinx men are 2.5 times more likely. Similar racial disparities are seen among incarcerated women.<sup>2,3</sup> In addition to racial disparities, incarcerated persons made 41% less than their non-incarcerated peers prior to imprisonment.<sup>4</sup>

The cost of mass incarceration in the United States is estimated to be over \$80 billion annually to cover the total federal, state, and local spending on corrections.<sup>5</sup> In 2008, public and private prison systems spent at least \$13.1 billion on healthcare.<sup>5</sup> With rising costs across healthcare, this figure is likely much higher today. This brief highlights the limited access to healthcare that incarcerated individuals face and the various health challenges that many experience.

### Nationwide Incarceration Statistics<sup>1</sup>

- 1.9 million total incarcerated individuals
- 565 per 10,000 individuals incarcerated
- 1,047,000 in state prisons
- 514,000 in local jails
- 209,000 in federal prisons and jails
- 36,000 incarcerated youths
- 113 million adults with an immediate family member who has ever been to prison or jail

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## Access to Healthcare During Incarceration

Incarcerated individuals face many healthcare challenges, including declining physical and mental health and limited access to healthcare. Each year that an individual spends imprisoned takes 2 years off that person's life expectancy.<sup>6</sup> The impact of mass incarceration has reduced the country's overall life expectancy by 5 years.<sup>6</sup>

Access to healthcare is a constitutional right for incarcerated individuals. In the landmark *Estelle vs. Gamble* case, the Supreme Court found that failure to provide adequate health services to the "serious medical needs" of incarcerated individuals because of "deliberate indifference" is a violation of the Eighth Amendment.<sup>7</sup> In theory, prisons and jails are a place where marginalized individuals can receive the housing, healthcare, and support needed to rehabilitate. However, in practice, incarcerated individuals often receive little to no access to healthcare. In one nationwide study, 13.9% of federal inmates and over 20% of state inmates with a persistent medical problem had not received any medical examination since incarceration.<sup>8</sup> In local jails, that number jumps to 68% of inmates.<sup>8</sup>

While many jails and prisons rely on public or nonprofit healthcare providers, some outsource their medical care to private corporations. Jails that rely on private companies to provide healthcare experience up to 58% higher death rates, accounting for an additional 2.3 to 7.4 annual deaths per 10,000 inmates compared to jails with publicly managed healthcare.<sup>9</sup> While organizations like the National Commission on Correctional Health Care (NCCHC) sets optional standards for incarceration healthcare, just 17% of correctional facilities are accredited.<sup>10</sup> Even when incarcerated individuals receive healthcare, the quality of such care has little oversight. This further increases the burden of disease on individuals with already increased risk for disease and allows organizations that provide healthcare to cut costs.

## Expanding Re-Entry Health Services

Individuals have historically had their access to health insurance suspended while incarcerated. The lack of health insurance on release is a large barrier to receiving healthcare and many individuals are lost to follow-up. On January 26, 2023, California became the first state to advance Medicaid coverage to incarcerated individuals with a variety of health issues 90 days prior to release, with the approval of California's Section 1115 Waiver by the Centers of Medicare and Medicaid Services.<sup>11</sup> An estimated 200,000 individuals released from California prisons and jails each year will be eligible to receive Medi-Cal with this waiver.<sup>12</sup> Pilot programs have shown that this type of expansion will decrease emergency room visits and double the rate of those who begin addiction treatment.<sup>13</sup>



# Healthcare Challenges During Incarceration

## Physical Health

Incarcerated individuals are more likely to have high blood pressure, asthma, arthritis, cancer, and infectious diseases like tuberculosis, hepatitis C, and HIV than the general population.<sup>14</sup> Poor and stressful living conditions during imprisonment including poor ventilation, overcrowding, and inadequate nutrition contribute to and exacerbate chronic health conditions.<sup>15,16</sup>

Further, the overall prison population is growing older at a faster rate than the rest of the country largely due to policies that have led to longer sentences, prolonged periods before parole, and increased disproportionate targeting of older adults by police.<sup>17</sup> This shift in demographics contributes to the worsened chronic health conditions during incarceration, as incarcerated individuals have similar health needs as individuals in the community who are 10-15 years older.<sup>18</sup> As a result, incarcerated individuals are more likely to die from cancer and heart disease than the average American.<sup>19,20</sup>

## Mental Health

Incarcerated individuals are much more likely to suffer from mental illness than the general U.S. population. More than half of the population in state prisons have reported mental health problems, but only 26% have received professional help while in prison.<sup>21</sup> Incarceration is an inherently traumatic experience, which can increase the risk of mental illness. Other factors of incarceration such as witnessing and experiencing abuse, solitary confinement, stress of inhumane conditions, loss of autonomy and purpose, and disconnection from family are linked to the high prevalence of mental illness.<sup>22,23</sup> Individuals with serious mental illness or

psychological distress are more likely to be arrested and funneled away from mental health services and into the criminal justice system.<sup>24</sup>

Death by suicide remains a significant problem in jails and prisons; it is the leading cause of death for people in jail. From 2000-2019, over 6,200 individuals died by suicide in local jails. During a similar period, over 4,500 people died by suicide in state and federal prisons, marking an 83% increase over that period.<sup>25</sup> Even short stays can be life threatening, with 26% of suicides in local jails occurring within 3 days of incarceration.<sup>26</sup>

## Reproductive and Maternal Health

Pregnancy is a unique health issue that requires special care throughout for both maternal and fetal wellbeing. An estimated 3-4% of women entering prison or jail are pregnant, making up around 58,000 total admissions each year. Over half the women who are pregnant at time of admission do not have health insurance. One in ten incarcerated pregnant women have not received an obstetric exam and only half have received any form of prenatal care.<sup>21</sup> As a result, pregnancy outcomes in correctional facilities are worse than those of the general U.S. population, with higher rates of miscarriage, premature births, and cesarean sections.<sup>27</sup>

Despite the thousands of pregnancies and births in prisons and jails across the country, prison policies still often fail to ensure adequate care for pregnant women. As of 2019, 12 states lacked any policies for prenatal care, 22 states failed to provide policies for high-risk pregnancies, and 31 states did not offer policies regarding pregnancy nutrition standards.<sup>28</sup> Even after giving birth, many jails and prisons fail to support breastfeeding and lactation.<sup>29</sup>

## Conclusion

Incarcerated individuals, many of whom are already at increased risk for health problems, face many challenges to health including access to healthcare. By continuing to give a voice to incarcerated individuals and their experiences regarding inadequate care during imprisonment, we can shine a light on areas that drastically need improvement. With millions of individuals in the criminal justice system, improving the living conditions and access to high quality healthcare can improve the lives of thousands, if not millions, of people. The impact of improving incarcerated individuals' health is not just limited to those imprisoned: people with an incarcerated family member have a life expectancy that is 2.6 years shorter than those without, even when adjusted for factors like race, socioeconomic status, gender, and age.<sup>31</sup> If correctional facilities across the country can adopt and implement standards of healthcare, we can better ensure the adequate health services that are guaranteed to incarcerated individuals. In addition, further focus on preventing people from entering the criminal justice system in the first place, such as by empowering communities with more support and resources, is paramount if we aim to improve health outcomes for all.

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## Did you know?

Most states expect incarcerated individuals, who make 14-63 cents per hour, to cover medical co-pays costing around \$2-5.

This would translate to a non-incarcerated minimum wage employee paying a few hundred dollars each time they saw a doctor!<sup>30</sup>



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