

Health Disparities in the Criminal Justice System: Quick Facts

People who are involved in criminal justice systems experience significantly higher rates of chronic, acute, and behavioral health problems than the general population. Arrests are concentrated in low-income communities where people are more likely to be medically underserved. Underlying behavioral health conditions, such as mental illness and substance use, may place people at higher risk of arrest. For people in custody, jail and prison overcrowding leads to overstretched health services and increases the risk of the spread of infectious disease.¹

Furthermore, a lack of connectivity between criminal justice and health providers working in the community places people returning home from jails and prisons in a double bind; they experience one of the highest levels of morbidity of any population, yet have extremely limited access to much needed community healthcare supports.

Through Medicaid expansion and the creation of health insurance exchanges, the Affordable Care Act (ACA) will extend healthcare coverage to 27 million Americans, of which a large proportion are young men of color at disproportionate risk of involvement in the criminal justice system. Many people will have access to comprehensive health services, including mental health and substance use treatment, for the first time.² The ACA creates new opportunities for government agencies and community-based health organizations working in communities afflicted by health disparities to develop new practices designed to equalize the quality of care across socioeconomic groups.³

The following summarizes some of what we know about the level of need for healthcare services among people in the criminal justice system and highlights the importance of improving access and quality of health services for this population.

¹ The issue of overcrowding is a pervasive factor undermining the quality and availability of correctional health services. In *Brown v. Plata* (2011), the United States Supreme Court upheld an order for California to reduce its prison population, because severe overcrowding was causing continuing violations of people in prisons' constitutional rights to adequate health care.

² To read more about the impact of the Affordable Care Act on justice-involved populations, see "The Affordable Care Act and Criminal Justice: Intersections and Implications" (Bureau of Justice Assistance), available at https://www.bja.gov/Publications/ACA-CJ_WhitePaper.pdf

³ For a summary of strategies to reduce health disparities found in federal healthcare reform, see the "Health Disparities and Affordable Care Act" fact sheet, available at <http://www.healthcare.gov/news/factsheets/2010/07/health-disparities.html>

Substance use:

- > Most estimates place rates of drug dependence or abuse in correctional populations at well over 50 percent, with even higher rates among women (James and Glaze, 2006; Fazel et al., 2006).
- > Despite such high rates of substance use in the criminal justice system and evidence that evidence-based treatment can significantly reduce drug use and drug-related crime, as little as 15 percent of those in need of treatment receive it while they are incarcerated (Belenko, 2005; Chandler, 2009).
- > A recent meta-analysis of studies conducted in a number of countries found that people leaving prison experience a three-to-eightfold increased risk of drug-related death during the first two weeks following their release (Merrall et al., 2010).

Mental Illness:

- > Epidemiologic studies show that 14.5 percent of men and 31 percent of women in jail have a serious mental illness compared to 5 percent in the general population (Steadman et al., 2009; Substance Abuse and Mental Health Services Administration, 2012).
- > Seventeen percent of incarcerated people with mental illness become homeless as opposed to 9 percent of incarcerated people without mental illness (Held et al., 2012).
- > Post-traumatic stress disorder (PTSD) is highly prevalent among incarcerated women. Nearly one-third experience physical or sexual abuse prior to incarceration (Lewis, 2006).
- > People with serious psychiatric needs are more likely to be victims of violent crimes, more likely to be housed in solitary confinement, and are at higher risk of suicide and self-harm while incarcerated (Haney, 2003; Fellner, 2006; Teplin, 2002).
- > Suicide is the leading cause of death in prisons, accounting for roughly one-third of all deaths in custody between 2000 and 2009 (Bureau of Justice Statistics).

Chronic disease:

- > Using nationally representative health surveys, one study found higher rates of many chronic medical conditions, including hypertension, asthma, arthritis, cancer, cervical cancer, and hepatitis among people in jail and prison compared to the rest of the population, even after controlling for a range of socioeconomic factors (Binswanger et al. 2009).
- > Among jail inmates in the United States, a higher proportion of women than men report a current medical problem (53 percent to 35 percent respectively), including cancer, diabetes, hypertension, heart problems, asthma, arthritis, hepatitis, depression, bipolar disorder, psychosis, posttraumatic stress, anxiety, personality disorder, drug abuse, and drug dependence (Binswanger et al., 2010).
- > Prisons and jails are holding an aging population: from 1995 to 2010, the total state and federal prisoners aged 55 years or older increased by 282 percent, while the number of all prisoners grew by 42 percent (Fellner, 2011).

Infectious diseases and Sexually Transmitted Infections:

- > HIV prevalence in correctional facilities is nearly five times higher than in the general population. Research in New York revealed that as many as 25 percent of HIV-infected people do not know their status (Hammet, 2006; Freudenberg, 2001).
- > Hepatitis C (HCV) is nine to 10 times higher among incarcerated populations. Studies of HCV in state prison systems report prevalence ranging from 23 to 34 percent (Freudenberg, 2001).
- > Rates of syphilis among women who are incarcerated in New York were 1,000 times that seen in the general population (Freudenberg, 2002).
- > Studies have found 29.4 cases of tuberculosis per 100,000 prisoners compared to 6.7 cases per 100,000 people in the general population (Fazel and Baillargeon, 2011).

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