

Introduction to the Special Issue of the Journal of Urban Health on Incarceration and Health

Lauren Brinkley-Rubinstein · Radha Sadacharan ·
Alexandra Macmadu · Josiah D. Rich

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Criminal justice involvement is increasingly recognized as a powerful social determinant of health in urban populations, especially among low income and minority populations [1, 2]. Those who have experienced incarceration have higher rates of infectious and chronic diseases and are at risk of worsened health post-release: mostly due to lack of resources in the community and increased engagement in risk behavior [2]. In many urban communities, there are what Kurgan and Cadora (2006) define as “Million Dollar Blocks” wherein taxpayers spend at least a million dollars incarcerating residents of a single city block [3]. These same neighborhoods concurrently experience deprivation of other forms of social assistance. In addition, having a criminal record often precludes individuals from access to certain services or opportunities during community re-entry including housing, employment, or benefits. In this way, criminal justice experience impacts other known social determinants of health, compounding the effect that jail or prison itself can have on health of urban individuals.

L. Brinkley-Rubinstein
Department of Social Medicine, University of North Carolina at Chapel Hill, 333 S. Columbia Street, Chapel Hill, NC 27599, USA

L. Brinkley-Rubinstein (✉)
Center for Health Equity, University of North Carolina at Chapel Hill, Chapel Hill, NC, USA
e-mail: Lauren_Brinkley@med.unc.edu

R. Sadacharan · A. Macmadu · J. D. Rich
Center for Prisoner Health and Human Rights, The Miriam Hospital, Providence, RI 02906, USA

In this special issue of the *Journal of Urban Health*, we have included 16 articles that span the criminal justice continuum and present findings relevant to pre-incarceration, during incarceration, during community re-entry, and community supervision (probation or parole). These articles are wide-ranging and discuss the relationship between the criminal justice system and various health outcomes and risks among diverse urban populations. A comprehensive understanding of the impact of criminal justice involvement is imperative to reducing disparities and improving the health of urban communities; thus, this is the goal of this special issue.

In the first article, Wheeler et al. explore the pre-incarceration rate of non-medical prescription drug use among Black men who are incarcerated. They find that use among this population may be underestimated given that many participants in their study reported misusing prescription drugs prior to incarceration and that “syrup” or codeine cough syrup was the most commonly reported opiate used, which is commonly not recognized as a prescription opiate in many surveys. These findings are timely due to the ongoing opioid and overdose epidemic, which is rapidly evolving to impact more people of color and are novel in that very little is known about prescription opioid use in this population.

Two articles in this special issue discuss hepatitis C (HCV) via institutional level analyses.

Calabrese et al. assessed the patterns of identification and treatment of hepatitis C (HCV) among incarcerated individuals in Maryland from 2012 to 2016. They found that even though the proportion of people with HCV receiving treatment declined over the study period, it

was still higher than estimates for most states. An article by Wurcel et al. also focuses on HCV and investigated the economic impact of HCV by comparing the length of stay, frequency of 30-day readmission rates, and cost of hospitalization among incarcerated people who did and did not have HCV. They found that incarcerated individuals who had HCV had stayed incarcerated longer, had more frequent readmission rates, and increased costs associated with hospitalizations. These articles have important implications for the implementation of HCV screening and treatment programs in correctional facilities and point to the challenges and the indirect impact HCV can have on other correctional and health-related outcomes.

The remainder of the articles focus on community re-entry or the difficulties faced by individuals on community supervision. Three articles cover the healthcare enrollment patterns, needs, and anticipated challenges to healthcare access post-release. Grodensky, et al. explores the barriers and facilitators of Medicaid enrollment both pre-incarceration and post-release among people incarcerated in North Carolina, which is especially important to understand in the context of a non-expansion state. Lorvick and colleagues explore the lifetime accumulation of criminal justice involvement and various health and social outcomes among women who use drugs. Using latent class analysis, they find that those who have a high levels of cumulative criminal justice experience have higher odds of homelessness, transience, recent victimization, and unmet healthcare-related needs. Relatedly, Rozanova et al., assess how people who are incarcerated prioritize health-related tasks post-release. These findings indicate that participants prioritized obtaining income, reconnecting with family, and avoiding re-incarceration over care related to substance use, general health concerns, and methadone indicating that any future interventions aimed at healthcare uptake must also address the social needs of people returning to the community.

Another cluster of papers in this issue presents findings relevant to incarceration's impact on risk during community re-entry. Khan, et al. examine the dissolution of relationships during incarceration and its impact on sexual risk behavior during community re-entry. Findings indicate that 28% of participants had partnership dissolution during incarceration and that dissolution was associated with both binge drinking and sexual risk behavior. Similarly, Philbin, et al., assess the association between history of incarceration and

transactional sex among HIV positive, young men who have sex with men and find that having ever been incarcerated is associated with a history of transactional sex. Fobian, et al. assess cardiovascular disease risk among men with a history of incarceration and find that non-whites were more likely to have poor diet and blood pressure and have significantly lower scores on the American Heart Association's Life's Simply 7™: a validated scale that measures cardiovascular disease risk. Finally, Humphreys, et al. explore emergency department use among older adults following jail incarceration and the impact of many factors, such as socio-demographic characteristics, geriatric factors, various symptoms, and behavioral, physical, and mental health issues. Their findings indicate that no one factor was independently associated with emergency department use: pointing to the need for a comprehensive approach to prevention.

While Khan and Philbin examine the HIV risk in the context of incarceration, two articles in this special issue examine HIV care linkage post-release. Ammon et al. characterize rates of linkage to care among those who are HIV positive who have recently been released from jail. Findings show that only 30% of participants link to care in the first 90 days. Substance use and mental illness were associated with not linking, and stable housing, history of engagement in HIV care previously, and self-reported adherence were associated with linkage. Costa et al. assess HIV care engagement post-release and find that even those who link to care post-release are 24–29% less likely to be retained in care.

Two articles in this special issue examine social determinants of health that are related to incarceration. Munox-Lobby, et al. examine the social support networks of formerly incarcerated Latino men and their relationship to healthy behaviors. Their findings indicate familial networks can provide support in engaging in health promoting behaviors. Hadden, et al., using data from the transitions clinic network, examine health literacy among formerly incarcerated individuals. They found that health literacy was associated with delayed primary care engagement for people who had been recently incarcerated. Both of these articles point to the importance of education, health-related in this instance, and social support networks as key to positive health outcomes among incarcerated individuals.

Two final articles focus on the challenges faced among individuals on community supervision. In Dong et al., food insecurity, morbidities, and substance are

assessed. Results show that 70% of participants had food insecurity and those with food insecurity had higher blood pressure and three times greater odds of being depressed. In Dasgupta, et al., the reproductive health concerns among substance using women on community supervision in New York City are assessed. Their findings show that intimate partner violence is associated with the sexual and health reproductive outcomes of abortion and miscarriage.

In combination, the articles included in this special issue present findings with wide-ranging implications and highlight the ways in which criminal justice involvement can negatively impact the health, particularly during community re-entry, of urban individuals. Over the last few years, the number of individuals incarcerated has leveled off, but the USA still incarcerates more than any other nation, and urban areas continue to have much higher rates compared to their suburban or rural counterparts [4]. And, while there has been a focus on re-entry initiatives and an evolving understanding of the long-term impact of criminal justice experience on the health of urban individuals, families, and communities, very little measurable progress has been realized. Incarcerated populations continue to have a disproportionate burden of disease, linkage to care post-release is lacking, and, during community re-entry, many barriers to wellness remain.

The war on drugs, which is when the drastic increase in the number of incarcerated individuals in this county began, is still negatively affecting millions of people each year, particularly those who reside in densely populated cities. While recent discussion of the importance of a public health approach to substance use has gained political traction, we have also witnessed concurrent threats to the progress that has been made (e.g., the proliferation of drug-induced homicide laws as a strategy to reduce fentanyl-related overdose deaths). For these reasons, it is critically important that studies relevant to the enduring and sweeping effect of incarceration on health of urban populations be prioritized, funded, and published.

References

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