Each year, millions of incarcerated people—who experience chronic health conditions, infectious diseases, substance use, and mental illness at much higher rates than the general population—return home from correctional institutions to communities that are already rife with health disparities, violence, and poverty, among other structural inequities.

For several generations, high rates of incarceration among residents in these communities has further contributed to diminished educational opportunities, fractured family structures, stagnated economic mobility, limited housing options, and restricted access to essential social entitlements.

Several factors in today’s policy climate indicate that the political discourse on crime and punishment is swinging away from the punitive, tough-on-crime values that dominated for decades, and that the time is ripe to fundamentally rethink the function of the criminal justice system in ways that can start to address the human toll that mass incarceration has had on communities.

At the same time, the nation’s healthcare system is undergoing a historic overhaul due to the passage of the Affordable Care Act (ACA). Many provisions of the ACA provide tools needed to address long-standing health disparities. Among these are:

- Bolstering community capacity by expanding Medicaid eligibility, expanding coverage and parity for behavioral health treatment, and reducing health disparities.
- Strengthening front-end alternatives to arrest, prosecution, and incarceration.
- Bridging health and justice systems by coordinating outreach and care, enrolling people in Medicaid and subsidized health plans across the criminal justice continuum, using Medicaid waivers and innovation funding to extend coverage to new groups, and advancing health information technology.

There is growing interest among health and justice system leaders to work together in the pursuit of health equity, public safety, and social justice. In many states and localities, efforts are already underway.

While challenges remain, including regional differences in using the ACA, the combination of political will, public support, and increased access to healthcare funding presents a momentous opportunity to address the impacts of mass incarceration on community health, develop policy and programmatic reforms to undo the damage, and rethink the core values and goals of the American justice system moving forward.
Common STDs (sexually transmitted diseases), such as chlamydia and gonorrhea, are more prevalent, especially among incarcerated women who have significant histories of sexual trauma and/or engage in sex work. One third of women admitted into jails who receive a screen for STDs test positive for syphilis.

HIV/AIDS is 2 to 7 times more prevalent and an estimated 17 percent of all people with HIV living in the U.S. pass through a correctional facility each year. Hepatitis C occurs at rates 8 to 21 times higher among incarcerated people, and accounts for more deaths in the community than HIV/AIDS.

Diagnosable substance use disorders

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- One third of women admitted into jails who receive a screen for STDs test positive for syphilis.

Serious mental illnesses in jails

- In state prisons, prevalence of serious mental illness is 2 to 4 times higher than in the community.

Graying Behind Bars

- People aged 55 years and older are among the fastest growing segments of the incarcerated population. Older adults have higher rates of chronic conditions and mental and physical disabilities.

Suicide and Violence

- Suicide accounts for one-third of deaths in jails. 15 percent of state prisoners reported violence-related injuries and 22 percent reported accidental injuries.