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Sesame Street Goes to Jail: Physicians Should Follow

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In 2013, *Sesame Street* introduced a new character with 2 defining features: a shock of blue hair and an incarcerated father. This Muppet is another sign of the growing public awareness of the collateral damage of incarceration for the families of prisoners, which are concentrated in disadvantaged communities. The United States has the highest incarceration rate in the world, but we should not conclude from this that it has the highest rate of criminality. Without a doubt, many persons need to be imprisoned to protect public safety. However, the actions resulting in incarceration surprisingly often stem from untreated mental illness or addiction. In such cases, incarceration will improve neither the imprisoned person nor the social problem without medical intervention.

Understanding the 2-way relationship between incarceration and social determinants of health (SDOHs) is a step forward. Social determinants affect health and incarceration; in turn, incarceration itself is an SDOH. Medical providers have become increasingly familiar with the idea that SDOHs, such as housing, poverty, and education, shape their patients' health and access to care. These SDOHs also affect the risk for incarceration, even for the same action (for example, selling a marijuana joint in a college dormitory is far less likely to result in a jail sentence than doing so in a low-income neighborhood).

Incarceration in turn increases social and economic insecurity by reducing access to social resources, especially programs associated with health and access to health care. Actual incarceration may last a finite time, but a history of incarceration often locks former prisoners into a permanent underclass. Persons who have been incarcerated have reduced odds of marriage and employment and are at high risk for homelessness and lack of access to nonemergency health care (1-3). They are far less likely to have health insurance than the general population, and—although the Patient Protection and Affordable Care Act will make some inroads into this problem by extending Medicaid eligibility to many low-income

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releasees—many will probably remain unenrolled without deliberate outreach and assistance with the enrollment process.

These risks are exacerbated by the frequent exclusion of persons with criminal records from antipoverty programs. Public housing authority bans on persons with drug convictions have made it particularly difficult for releasees to reunite with their families or find affordable housing. Accessing other forms of public assistance associated with health is also more difficult for former prisoners. Many states ban former prisoners from receiving food stamps, and convictions even for drug possession (that is, without intent to sell) reduce eligibility for federal student financial aid (4).

Even pediatricians may unknowingly encounter the health consequences of incarceration among their patients. Incarceration is not only a health issue for former prisoners, it also affects the well-being of family members, especially children (5). The incarceration of a family member can further reduce already-limited family resources—such as child care—even if the prisoner did not contribute substantial income to the household, and efforts to stay in touch by telephone or visits are costly. The additional stress may also contribute to their partners' unhealthy stress-coping behaviors, such as smoking or drinking, with further adverse health consequences for children in the household.

Incarceration thus plays a role in not only health but also health disparities in the United States. The overall incarceration rate in this country is 492 per 100 000 persons, well above the tipping point beyond which incarceration becomes criminogenic (6, 7). However, among black men, the incarceration rate is 3074 per 100 000 persons. Consequences of parental incarceration thereby become concentrated among black children.

An argument can certainly be made that the families and communities most affected were already troubled and prone to poor health or unhealthy behaviors before the incarceration. Incarceration may even have some health benefits (for example, when it results from domestic violence or when prisoners receive health care during incarceration that is not available to them in the community). However, most evidence suggests that any health gains resulting from incarceration are short-term and are out-weighed by its adverse consequences. Transmission of HIV, emergency department use, overdoses, homelessness, and death after release from prison all illustrate the troubled transition back to the community, although the effects of this transition on families and the community may be more difficult to track (8).

If incarceration has become such a common life experience that it has a home on *Sesame Street*, public health practitioners, policymakers, and health care providers alike can no longer ignore its sad normalization and contributions to economic and health inequality in the United States. They also cannot overlook that families involved in the criminal justice system are part of the U.S. patient population and that correctional facilities are part of the country's health care system (9).

In 2002, in recognition of the strong link between social factors and health, the American Board of Internal Medicine, the American College of Physicians, and the European Federation of Internal Medicine published a physicians' charter identifying social justice as

1 of its 3 fundamental principles (10). Health care providers can meet this call in part by leveraging their profession's moral authority, prestige, and knowledge to correct policies that contribute to our sad primacy in world imprisonment at a cost to the public health.

Medical professionals can act in many ways. Physicians can and should prominently endorse calls for evidence-based public policies that would better serve the public and their patients, such as community-based health initiatives to diagnose and treat illnesses associated with the cycle of incarceration. They can lend their professional support to initiatives like mental health and drug courts, which seek to steer eligible defendants into treatment programs rather than correctional facilities, where treatment is often in short supply. They should also make greater efforts to partner with their colleagues in correctional medicine to better coordinate the transfer of care of patients being released from incarceration, when any medical gains made during incarceration are often lost. Finally, as members of a profession concerned with social justice and a more equitable distribution of access to health care, physicians should join ongoing efforts to end policies banning former prisoners from the antipoverty programs designed to promote citizenship, productive participation in society, and along the way, health.

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