

Punishment and the Social and Economic Stratification of People in Poor Health

Background

The United States incarcerates at globally high rates and individuals in prisons are disproportionately in poor health¹. In turn, the consequences of incarceration—including the social and economic ones² are felt most by individuals in poor health.³ A potential source of the unequal impacts of incarceration is what happens to people during incarceration.⁴ The current study aims to examine how incarceration contributes to the social and economic stratification of individuals by health status due to unequal experiences inside prisons.⁵ It does so by examining whether people with chronic health conditions are less likely to work jobs in prison and participate in programming, and whether this varies by age, prior education, and prior access to healthcare.

Data and Methods

This study used data from the Bureau of Justice Statistics Survey of Prison Inmates (SPI) 2016 (n = 17,709). The analyses entailed a series of logistic regression models. First, I examined direct effects of chronic health conditions. Second, I included interaction terms.

Results

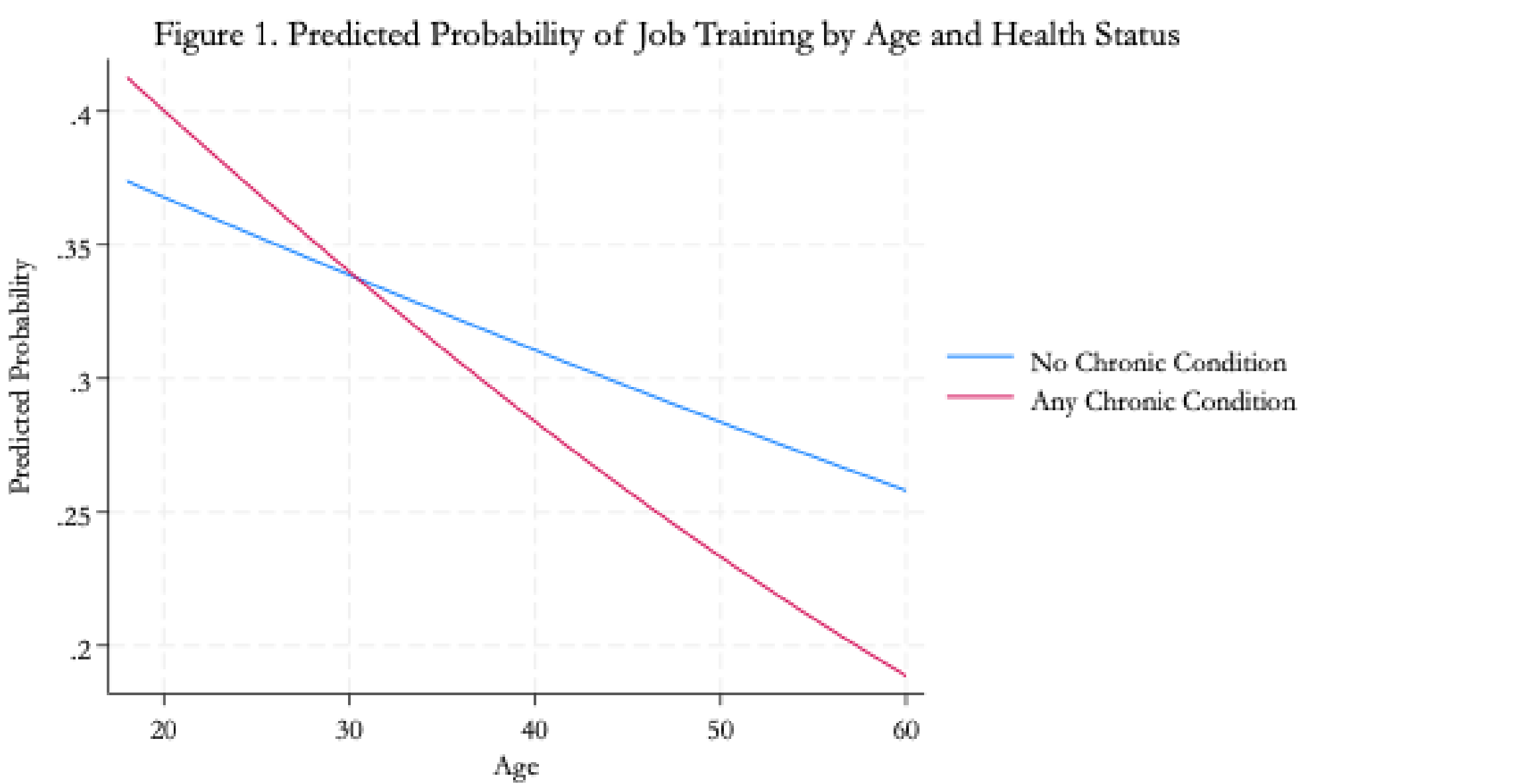
The regression results (see Table 1) suggest that chronic health conditions are only significantly associated with whether a person has a current work position, not whether they have completed a vocation or education program. However, interaction models indicate that the null effects on programs may bury an interaction effect, whereby chronic health conditions only matter for older people (see Table 2 and Figure 1). The remaining interaction models (healthcare x health; education x health) are not significant.

Table 1. Direct effects of chronic health condition: Logistic regression of prison programs on chronic health condition and covariates

	(1) Work Assignment	(2) Job Program	(3) Education Program
	<i>b</i> (<i>SE</i>)	<i>b</i> (<i>SE</i>)	<i>b</i> (<i>SE</i>)
Chronic Health	-0.119** (0.0358)	-0.0312 (0.0379)	0.0517 (0.0372)
Constant	-1.702	-3.188	-1.000

Table 2. Interaction effects: Logistic regression of prison programs on chronic health condition x age and covariates, chronic health condition x education and covariates, and chronic health condition x healthcare and covariates

	(4) Work Assignment	(5) Job Program	(6) Education Program
	<i>b</i> (<i>SE</i>)	<i>b</i> (<i>SE</i>)	<i>b</i> (<i>SE</i>)
Age Interaction			
Chronic Health	0.486** (0.111)	0.454** (0.119)	-0.0962 (0.119)
Age	0.0215** (0.00242)	-0.0144** (0.00259)	-0.0345** (0.00260)
Health x Age	-0.0182** (0.00317)	-0.0149** (0.00346)	0.00450 (0.00344)
Constant	-1.702	-3.188	-1.000
Education Interaction			
Chronic health	-0.0727 (0.0509)	-0.0222 (0.0563)	-0.00799 (0.0528)
High School Grad	0.340** (0.0431)	0.397** (0.0465)	-1.028** (0.0451)
Health x High School	-0.0856 (0.0662)	-0.0153 (0.0708)	0.109 (0.0686)
Constant	-1.720	-3.191	-0.978
Healthcare Interaction			
Chronic health	-0.0862 (0.0504)	0.0394 (0.0529)	0.0597 (0.0519)
Healthcare	-0.0835 (.0429)	0.189** (0.0457)	0.131** (0.0446)
Health x Healthcare	-0.0626 (0.0667)	-0.134 (0.0701)	-0.0153 (0.0689)
Constant	-1.715	-3.216	-1.003



Next Steps

Next steps include: 1) stratifying by age category, 2) conducting variance decomposition analyses to better understand the role of confounders, and 3) exploring heterogeneity by other demographic groups.

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¹Wilper, A. P., Woolhandler, S., Boyd, J. W., Lasser, K. E., McCormick, D., Bor, D. H., & Hummelstein, D. U. (2008). The health and health care of US prisoners: Results of a Nationwide Survey. *American Journal of Public Health* 99: 666-672.

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⁴Mears, D. P., Cochran, J. C., & Culllan, F. T. (2015). Incarceration heterogeneity and its implications for assessing the effectiveness of imprisonment on recidivism. *Criminal Justice Policy Review* 26: 691-712.

⁵Massolgia, M., & Pridemore, W. A. Incarceration and health. *Annual Review of Sociology* 41: 291-310.