Population Health and the Carceral Continuum: A Narrative Review

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PII: S0277-9536(25)00997-9

DOI: https://doi.org/10.1016/j.socscimed.2025.118666

Reference: SSM 118666

To appear in: *Social Science & Medicine*

Received Date: 22 May 2025

Revised Date: 12 September 2025

Accepted Date: 9 October 2025

Please cite this article as: Ameen, K., Dsouza, N., Flores, Y., Rao, N., Talwar-Hebert, M., Tan, M., Waltz, Z., Population Health and the Carceral Continuum: A Narrative Review, *Social Science & Medicine*, https://doi.org/10.1016/j.socscimed.2025.118666.

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Abstract

Introduction: Mass incarceration in the US constitutes only one facet of a larger carceral network. Key carceral logics such as punishment, policing, surveillance, pathologization, and confinement have become integral components in immigration and human services provision. Though the criminal legal system's public health impact has been widely studied at the individual level, the body of work concerning the community-level health consequences of this expanded carceral continuum is more nascent. This narrative review aims to synthesize existing quantitative research examining the carceral system's effects on community health, contextualized within theoretical literature stemming from the humanities and social sciences.

Methods: We searched PubMed, SocINDEX, and Google Scholar, identifying 35 relevant studies. Articles were reviewed by teams of two researchers based on established inclusion criteria.

Results: At the community level, the PIC is strongly associated with higher risk of infectious and chronic diseases, sexually transmitted infections, mental health outcomes, and increased mortality. Similarly strong evidence demonstrates that carceral practices foundational to anti-immigrant policy, such as indefinite detention, family separation, and ICE surveillance, worsen immigrants' physical and mental health regardless of legal status. While literature on community-level carcerality in the welfare state is scarce, social services' close cooperation with policing institutions and stringent recipient requirements have some negative effects on racialized neighborhoods' health.

Discussion: Additional research is needed on the community-level health effects of mass criminalization prior to incarceration, community-level immigrant health outcomes, punitive welfare policies, and surveillance of welfare recipients.

Population Health and the Carceral Continuum: A Narrative Review

Introduction

The United States incarcerates more people per capita than any other independent democracy, with more than 1.8 million people held in prisons and jails in 2024 (Sawyer & Wagner, 2025; World Prison Brief, n.d.). This commonly cited statistic, even with its sense of magnitude, captures just one dimension of the scope of the American criminal legal system. It passes over the impact of cycling in and out of criminal legal systems: in 2023, reincarcerations constituted 25% of jail admissions, while analysis of data from before the COVID-19 pandemic suggests that 66% of people released from prison are rearrested within three years (Antenangeli et al., 2021, Sawyer & Wagner 2025). Mass supervision further extends carceral confinement beyond the prison walls. In 2024, there were 800,000 people on parole and almost 3 million on probation (Sawyer & Wagner, 2025). Nearly 80 million individuals live with a criminal record, and 113 million adults have family members who have been to prison or jail, limiting access to employment, social support, nutritional assistance programs, loans for education, and public housing (Sawyer & Wagner, 2025).

The scale of the criminal legal system is not limited to the number it marks as “carceral citizens” (Miller & Stuart, 2017; Miller & Alexander, 2016), but also the scale through which its underlying logic has become normalized in society. Carceral logics - those which assert that punishment, policing, surveillance, stigmatization, and confinement are necessary to uphold public order and safety - have become progressively embedded in state functions such as immigration regulation and human services provision over the past several decades (Miller & Alexander, 2016; Martensen, 2020; Ritchie & Martensen, 2020; Roberts, 2022). Language to describe and study this set of interlinked phenomena is longstanding has continually evolved

over the past few decades: for example, legal epidemiologists focus on the law as a structural determinant of health (Burris et al., 2020; Ramanathan et al., 2017; Burris et al., 2002), while the (cyber)surveillance state increasingly leverages everyday technologies alongside biometric tools and predictive policing to monitor population behavior (Hu, 2017; Kilgore, 2022). Scholars of carceral studies have noted that the expansion of these logics is clearest in governmental systems that come into direct contact with poor people, people of color, and those farthest outside the dominant group, which increasingly includes immigrants (Martensen, 2020). Recognizing criminal-legal exposure (CLE)as the multiple modes by which people are entangled in the carceral system, both understanding their shared and unique consequences, and identifying the profiting and governing bodies overseeing institutions are key to designing appropriate solutions to stem expansion of the carceral system and its health consequences (Conner et al., 2021).

Public health and other literature largely operationalize CLE as an individual-level exposure, and has generally found strong evidence of the negative effect of CLE on individual health. Compared to the general population, incarcerated individuals have greater risk of contracting infectious diseases and report higher rates of cancer, psychiatric morbidity, respiratory, and cardiovascular diseases (Kinner & Young, 2018;; Massoglia & Pridemore, 2015)). Deprivation of social support, facility conditions such as overcrowding, and varied carceral healthcare access are among the most commonly explored mechanisms linking incarceration and health (Massoglia & Remster, 2019; Brinkley-Rubinstein, 2013). Once released, discrimination and oppression as a result of incarceration in any setting hinders people from finding employment, housing, healthcare, and safety-net services, worsening health outcomes (Wildeman & Wang, 2017; Widra, 2022). . Although immigration detention centers are legally classified as civil rather than criminal in the United States, they nevertheless hold individuals in conditions that mimic carceral facilities, driving poor health outcomes through

similar mechanisms such as family separation and mistreatment (Saadi et al., 2020; von Werthern et al., 2018; Castañeda et al., 2015; Lue et al., 2023). Private ownership of immigration detention facilities in the U.S. with accompanying profit motives complements fragmented oversight of facilities and unclear legal protections for detainees, further compounding health harms (Dekker et al., 2024; Tellez et al., 2022). Similarly, growing streams of scholarship have identified how family policing system contact (e.g. custody loss) (Roberts, 2022; Darlington et al., 2023; Grimon, 2023; Fabela, 2024), intrusive state benefits application processes (Adler-Bolton & Vierkant, 2022; De Souza, 2022; Sheely, 2021), exclusionary school discipline policies (Duarte et al., 2023; Krause, 2024; Prins et al., 2023), and carceral logics in healthcare targeting pregnant people and people with serious mental illness have shaped individual-level wellbeing (Wahbi & Beletsky, 2022; Jenkins et al., 2024; Vecchiarello, 2019).

A growing body of work examines how CLE is also associated with the health outcomes of families as well as the wider community (Herreros-Fraile et al, 2023; LeMasters et al., 2022; Massoglia & Pridemore, 2015). We define community health outcomes as changes that affect the health of communities who have not directly come in contact with the carceral system alongside the direct, individual-level impacts of the carceral system on those who have experienced CLE. Examining whether the carceral system harms health at the community level helps us understand its full toll on population health.

This narrative review aims to summarize current evidence of how carceral logics embedded in state systems harm health at the community-level. We begin with a brief history of the modern carceral state, as jointly composed of criminal legal and other social systems. . We then review current literature examining links between area-level carceral exposures and health. Finally, we synthesize this evidence with theoretical contributions to present a conceptual model linking area-level carceral exposures to poor health. We end with implications for researchers and advocates. The central goal of this review is to highlight how dominant understandings of

carcerality, which center the individual level effects of incarceration, underestimate the full toll of carcerality on population health.

Background: History of the Modern Carceral Continuum

To fully understand the health effects of the United States' systems of punishment and containment today, the modern carceral system's political and economic origins must first be reviewed. The number of people exposed to the criminal legal system in the US has dramatically expanded since the 1970s. Many politicians have argued that the ever-escalating crime rate is to blame for the growth of carceral institutions, but there is scholarly consensus that there is no general relationship between crime and incarceration rates (Gottschalk, 2006; Gottschalk, 2011; Committee on Causes and Consequences of High Rates of Incarceration, 2014). Still, the explanation for the rise in carceral institutions remains complex, rooted in a combination of social forces and policy changes. Prison abolitionist and geography scholar, Ruth Wilson Gilmore, offers one strong interpretation in her analysis of organized abandonment by capital and the state. Gilmore summarizes that intentional disinvestment in marginalized communities creates opportunities for resource extraction, revenue generation, and carceral enforcement to fill the cracks of a compromised social infrastructure (Riley, Schleimer, and Jahn, 2024). The reason many marginalized communities lack adequate economic, housing, and environmental resources is due to intentional racist policies such as redlining, segregated institutions, place-based utilities like water and internet, exclusionary zoning, and predatory lending (Riley, Schleimer, and Jahn, 2024). The devastating effects of these policies pave the way for privatized social services, businesses, and real estate interests to displace communities of color and build profitable new residential and commercial developments designed to appeal to wealthy white buyers and investors (Riley, Schleimer, and Jahn, 2024). Then, carceral systems step in to manage organized abandonment, broadening its size and scope. These

processes drain resources from the community, fuel cycles of poverty, and undermine neighborhood social cohesion and collective action (Riley, Schleimer, and Jahn, 2024). ,

In the context of growing national crime rates in the 1970s, President Nixon capitalized on a growing conservative strategy of creating panic, describing imagined and exaggerated Black criminality, pathologizing engagement with public assistance programs, ultimately forwarding the neoliberal agenda through reducing the size and ambition of government (Simon, 2008; Committee on Causes and Consequences of High Rates of Incarceration, 2014). In the 1980s, legislation mandating minimum sentence lengths for certain offenses and “truth-in-sentencing” further expanded the scope of the criminal legal system, moderately shifting the distribution of the incarcerated to prisons away from jails (Committee on Causes and Consequences of High Rates of Incarceration, 2014). Officials further criminalized many previously noncriminal acts and banished people from urban spaces ostensibly in order to prevent more serious future crimes and restore “order” in the 1990s, partially substituting previously supportive urban policy (Abramovitz, 2023; Hinton, 2016). The War on Drugs, manufactured consent for tactics such as “broken windows policing”, further expanding the scope of carceral systems in Americans’ everyday lives, with exposure increasingly moderated by the racial caste system the War engendered (Alexander, 2010). These practices did little to address the underlying causes of homelessness, prostitution, or poverty, while broadening the range of behaviors subjected to criminal punishment and jeopardizing the health of already marginalized groups (Abramovitz, 2023). Rather, the emergence of crime as a central social issue was tied to the hollowing of the welfare state: when the government chose not to guarantee social support, it turned to what it could provide - security and “safety” from crime (Simon, 2008). This new approach to the criminal legal system involves identifying and managing “unruly” groups (Gilmore, 2007).

Concordant with advancements in technology over the past several decades, today's carceral system extends beyond the walls of the prison, encompassing a broad range of tactics of control, including parole, offender registries, house arrest, voter disenfranchisement, and cash bail. Even when people are released pretrial, many jurisdictions impose controlling, coercive, and costly pretrial conditions including electronic shackling, which simply make people's homes into jails at their own expense (M4BL, 2019). Community-based initiatives like drug courts, day reporting centers, and electronic monitoring typically involve heavy monitoring of a person's behavior - a repackaging of mass incarceration that perpetuate carceral logics (Story, 2016).

The carceral system also encompasses other institutions, such as immigration enforcement and the welfare state (Figure 1). . The Immigration Reform and Control Act of 1986 criminalized the hiring of undocumented people and increased the capacity of immigration enforcement and internal policing of immigrant communities (Barajas-Gonzalez, Ayón, and Torres, 2018). Successive immigration laws and policies since 1986 have facilitated a steady increase in deportations (Barajas-Gonzalez, Ayón, and Torres, 2018). In 2018, the US government detained a total average daily population of 42,000 and in 2019, this reached a total daily population of 55,000, the largest in American history, reflecting a recent, steep rise in immigration detention (Saadi et al., 2020). Today, many local jails contract bed space to Immigration Control and Enforcement (ICE), and for-profit, stand-alone immigration detention facilities use corporate prison models (Saadi et al., 2020). Detained individuals are held in secured facilities, wear prison uniforms, and subjected to strict control of time and movement (Saadi et al., 2020). Like other facilities for incarceration, detention facilities use tactics of intimidation, control, and solitary confinement, resulting in harms to physical and psychological well-being (Saadi et al., 2020). The criminalization of undocumented immigrants, greater enforcement capacity of immigration enforcement officers, and expanded collaboration between

ICE and corporate prisons demonstrate the expansion of carceral logics into immigration

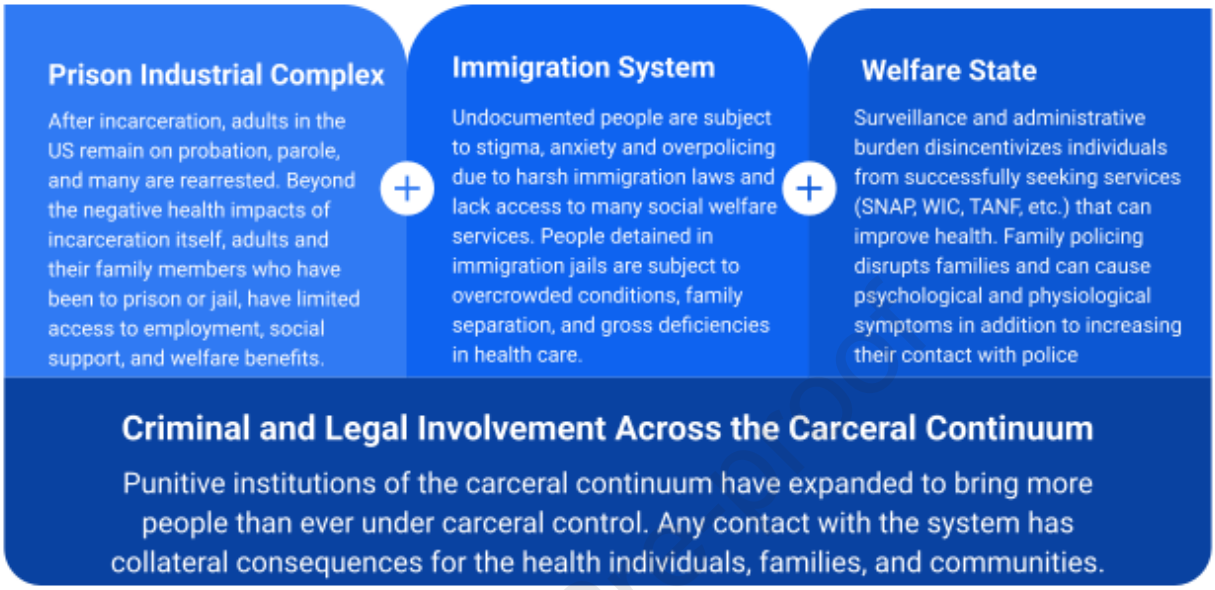

Figure 1: Graphic Representation of the Carceral Continuum

enforcement (Barajas-Gonzalez, Ayón, and Torres, 2018). The steady fusion of the criminal and immigration (civil) law has been termed “crimmigration”, proliferating across the Global North (Menjívar et al., 2018; Arriaga, 2016; Amelung, 2021).

Since the 1970s, bipartisan actors of the neoliberal state have also gradually integrated social welfare into the carceral system. Post World War II public assistance programs developed a deep distrust of the caretaking capacity of single mothers, especially women of color, rewarding those who complied with prescribed gender roles, but penalized those who could not or chose not to (Abramovitz, 2023). Clinton’s 1996 Personal Responsibility and Work Opportunity Reconciliation Act stiffened work requirements, intensified surveillance, and denied aid to children born to mothers on welfare (Abramovitz, 2023). Subsequently, the 1997 Adoption and Safe Families Act aimed to separate children from families who could not financially support them, placing children in foster care or adoptive homes after just 15 months in state custody

(Abramovitz, 2023). The system justified family separation by stigmatizing parents in the system as irresponsible and undeserving mothers. Today, the family policing system continues to draw low-income Black and Brown families under significant surveillance, seeking to document indications of neglect or abuse which are often no more than evidence of poverty (Baughman et al., 2021). Once targeted by this system, families come under the scrutiny of various mandated reporters, including the initial case worker, family regulation workers, service providers, mental health counselors, police, and drug treatment providers the parent must interface with (Baughman et al., 2021). At the same time, welfare fraud became a national focus, and welfare departments adopted many policing practices such as anti-fraud campaigns that relied on random home visits, criminal penalties, fingerprinting, and police accompaniment on child welfare home investigations (Abramovitz, 2023). The unrelenting surveillance that comes with seeking benefits disincentivizes individuals from seeking support services, preventing mental health, substance abuse, educational, and medical professionals from connecting with them and their families (Baughman et al., 2021). Welfare policy also interacts directly with the criminal legal system, targeting those convicted of a drug offense for increased surveillance and punishment post-release (Abramovitz, 2023). The 1996 welfare reform imposed a lifetime ban on welfare, food stamps, and public housing for convicted drug felons (Abramovitz, 2023).

Each of these sites work together to manage the bodies of those outside the dominant group. Foucault defines this “carceral continuum” as a disciplinary network where the prison served as the root of carceral power but branches of other carceral arms work in concert with the core (Garland, 1990). These systems do not just do similar things – they are different manifestations of the same idea. Carceral logic instills the idea that there are a “terrible few” with the innate capacity to do harm to others (Ruth, n.d.). It holds that to keep “the innocent” safe, the state must intervene and forcibly prevent the “terrible few” from enacting harm (Ruth, n.d.). As a result, we see the proliferation of systems of surveillance, regulation, and punishment

throughout all aspects of society, a trend that scholars Beth Richie and Kayla Martensen call “carceral expansion” (Ruth, n.d.).

Marginalized people are overrepresented in all branches of the carceral system. Black, immigrant, homeless and low income, disabled, and LGBTQ people are particularly likely to be subject to pretrial detention: they experience high levels of police contact and structural exclusion from housing and employment, and are thus less likely to be able to demonstrate family and community ties (M4BL, 2019). Judges are 2.4 times more likely to detain Black people than white people facing the same charge, and bail is on average $7,000 higher for Black people than white people with the same charge (M4BL, 2019). Rates of incarceration themselves are also highly variable based on minority status. For racial minorities, the rate of incarceration is five to eight times higher than similarly situated whites (Massoglia & Pridemore, 2015). LGB people are incarcerated at a rate over three times that of the total adult population (Jones, 2021). According to data from The National Transgender Discrimination Survey, 1 in 6 transgender people have been incarcerated at some point, and nearly half of Black transgender people have been incarcerated (Jones, 2021). Compared to 15% of the United States general population, 40% of people in state prisons have a disability (PPI, n.d.). Mimicking the criminal justice system, racial discrimination leads Black immigrants to be more likely than any other population to interact with law enforcement and to be arrested, convicted, and imprisoned in immigration detention facilities. Although only 7% of US non-citizens are Black, they make up 20% of those facing deportation on criminal grounds (Saadi et al., 2020). Just as people of color are overrepresented in jails and prisons, their families are overrepresented at every stage of the family policing system. Black and Indigenous parents are over-reported, over-investigated and more likely to have their children removed and their parental rights terminated (Ruth, 2024). Black and Indigenous children also enter foster care at roughly double the rate of white children (Ruth, 2024). In many individuals, these marginalized identities intersect and interact, exposing

individuals to the carceral system in complex patterns. Thus, we are experiencing historically and comparatively extreme levels of incarceration that are so heavily concentrated among minority groups that incarceration has become a normal stage in their life course (Wildeman & Wang, 2017).

The defects of incarceration (failure to reduce crime, tendency for recidivism, creation of a marginalized class, capacity for destroying families) have been recognized and criticized from as early as the 1820s (Garland, 1990). When these critiques surface, the mainstream response across the world has been to focus on reforms rather than abolish the institutions themselves (Akbar, 2020; Spencer, 2025). Scholars across fields argue that carcerality is necessary to maintain racial capitalist society through both managing the supply of surplus labor (and the people providing it) and generating economic activity (e.g. jobs, prison labor) (Wacquant, 2009; Wang, 2018; Rehmann, 2015). . . In addition, the creation of a “terrible few” is useful as a strategy for political domination because it works to separate crime from politics, divide the working class, enhance fear, and guarantee authority and powers of the police (Garland, 1990).

Methods

The purpose of this literature review was to identify articles linking carcerality in state structures to health at the community and higher levels of the social ecological model (McLeroy et al., 1988). Our review was anchored around the three systems we conceptualized to be branches of the carceral continuum: the prison industrial complex (PIC), the immigration system, and the welfare state. Though we recognize the ways that carceral logics have infiltrated many other institutions, including schools and medical facilities, there is limited empirical literature that measures these institutions’ effects on health at the community level of organization. Much of this research identifies economic and environmental outcomes–and does not directly measure health–, or utilizes individual-level mortality and morbidity measures. As

such, the goal of this review was to summarize any community-level literature specifically evaluating health while also identifying gaps for further research.

We performed a search of PubMed, SocINDEX, and Google Scholar to review articles in the fields of public health, nursing, medicine, and social sciences. Our search terms included the following: ("mental health" OR "mortality" OR "health outcomes" OR "health disparities" OR "family health" OR "community health" OR "neighborhood health" OR "population health"), ("prisons" OR "incarceration" OR "policing"), ("in prisons" OR "carcerality"), “immigrants”, “refugees”, “immigration authorities”, “immigration and customs enforcement”, "structural violence", "child protective services", “system-involvement”, "welfare system", "foster care system", ("SNAP" OR “WIC”), “public housing”, “public assistance”, "homeless shelter*", and “administrative burden” among others. The list of search terms was iteratively expanded as we identified gaps in the literature returned with the initial set of terms. Supplemental searches including specific PIC and immigration-related words such as “parole”, “surveillance”, and “probation” were performed but did not produce a significant amount of relevant literature. Specific welfare-related keywords were listed after the umbrella “welfare system” term; however, studies evaluating a wide range of social and human services were included if they met our inclusion criteria. We further restricted our search to English-language papers published since 2005. About 1,500 articles were exported to Zotero reference management software.

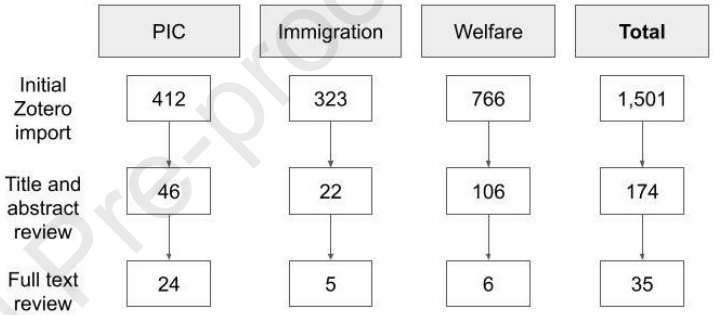

Figure 2: Papers included in the narrative review

Next, the research team reviewed all articles and tagged those relevant to our review for potential inclusion. Teams of 2 reviewed article titles and abstracts to assess inclusion and

exclusion for each bucket (PIC, immigration, welfare). Empirical literature focused on US populations studying how carcerality (including the PIC, immigration system, and welfare state) affects health at the community level were included. We conceptualized examples of community-level CLE as including county or state-level policies, measures and laws concerning incarceration, immigration, and welfare. Examples of community-level health measures included ZIP code, county, or state-level morbidity and mortality statistics. Articles on individual and family-level exposures and outcomes as well as those not related to carcerality or health were excluded at this stage. While several relevant qualitative papers did emerge during our search, we limited our results to quantitative papers, while incorporating insights from qualitative papers into our theoretical model. We were not confident that our method of searching the literature was as comprehensive of the breadth of qualitative research published on this topic. Where disagreements arose, articles were tagged as "TBD" and read in full to determine eligibility. Articles tagged for inclusion or TBD were reviewed in full, and for those deemed relevant information on the population, geographic location, exposures, outcomes, results, and proposed mechanisms were extracted. Relevant citations from the reference sections of included articles provided additional papers for review.

In total, 35 papers were included in our narrative review (Figure 2 and Appendix A). Articles were published between 2005 and 2024, with 7 articles from 2005-2015 and 28 articles from 2016-2024. In general, articles spanned the geography of the United States, with several national analyses as well as papers analyzing effects specific to certain states. The majority of studies were cross sectional, with a handful of longitudinal and estimation models.

Results: Existing Literature Connecting The Carceral System to Community Health

Overall, the empirical literature provides strong evidence for the claim that exposure to carceral systems has detrimental effects on community health. Neighborhoods with high incarceration rates see a greater incidence of infectious diseases, such as sexually transmitted infections and COVID-19, as well as higher levels of mortality, worse rates of physical and mental health conditions, and increased levels of infant mortality (Hatzenbuehler et al., 2015; Ojikutu et al., 2018; Topel et al., 2018; Kajeepeta et al., 2020; Reinhart & Chen, 2021; Sonderlund et al., 2023). Correctional facilities' lack of attention to incarcerated people's health coupled with rapid detention turnover funnels poor health back into disproportionately policed communities (Hooks & Sawyer, 2020). Additionally, the indefinite separation of incarcerated individuals from their families and neighborhoods has economic and social consequences, including the loss of financial contributors, stigma, and difficulty building community supports, contributing to worsened community health (Gifford, 2019). Similar overcrowded, unsanitary, and inadequate conditions in immigration detention facilities also contribute to poor community health, including the spread of infectious disease and mortality (Danaher et al., 2022). Moreover the state violence, terrorism, and trauma perpetrated by ICE officers causes intense anxiety for many immigrant communities, regardless of individual targeting (Jolie et al., 2021). Research on the carceral aspects of the welfare system is less robust. Limited county-level research does identify that racialized communities receive more penalties and benefit rescissions for failing to meet requirements set by caseworkers (Monnat, 2010). Existing evidence also shows that certain policies associated with reduced social supports and heightened carceral involvement, such as policing of intimate partner violence, involvement with the family policing system, and reduced access to teen sexual education and reproductive health resources, have null or negative effects on community health (Zori et al., 2023; Kajeepeta et al., 2024; Lee et al., 2024).

The Prison Industrial Complex (PIC)

Beginning with the police, researchers have hypothesized that the vicarious trauma of living in a neighborhood with high rates of police violence negatively impacts mental health. The disproportionate use of force by law enforcement officers against people of color and other marginalized groups is commonplace across the country (Ritchie & Mogul, 2008). In the starkest of terms, Black people are at least three times more likely than white people to be killed by the police (Sinyangwe et al., 2023). Research has consistently shown that heightened rates of police violence in a community have significant impacts on community mental health (Das et al., 2021; Haile et al., 2023; Packard et al. 2024). Given the racialized nature of policing, these studies indicate that heightened police violence disproportionately impacts Black communities and may contribute to existing racial patterning in poor mental health (Pamplin et al., 2023).

Widespread surveillance and policing of marginalized neighborhoods also amplifies stress and hypervigilance among residents (Luck, 2024; Topel et al., 2018). Researchers have hypothesized that overpolicing contributes to a climate of fear and vigilance among people living in highly surveilled areas (Cooper, 2015; Miller & Alexander, 2016). Heightened vigilance is defined as “living in a state of psychological arousal in order to monitor, respond to, and attempt to protect oneself from threats linked to potential experiences of discrimination and other dangers in one’s immediate environment” (Williams, 2018, p.6). Observing another person’s distress also activates a stress response (Sewell & Jefferson, 2016). As such people living in highly policed neighborhoods need not be targeted to be affected. Indeed, existing research points to a connection between heightened police surveillance in a neighborhood and anxiety (Hatzenbuehler et al., 2015; Haile et al., 2023; Williams et al, 2024).

Moving to incarceration, there is likely a direct pathogenic pathway linking incarceration to community health. Approximately 10 million individuals are released from prisons and jails back to their home communities annually, bringing with them the negative health consequences of incarceration (Ojikutu et al, 2018; Weidner & Schultz, 2019). One of the most well studied

community-level effects of incarceration is increased risk of contracting sexually transmitted infections, including HIV/AIDS (Gifford, 2019). Studies have consistently shown modest but consistent correlations between community rates of incarceration and the spread of sexually transmitted infections (Thomas & Sampson, 2005; Thomas and Torrone, 2008; Porter et al., 2010; Stoltey et al., 2015; Ojikutu et al., 2018). This effect is particularly prominent for Black women, due to the increased exposure of incarcerated men to STIs and the smaller sexual partner network that results from removing men from the community through incarceration (Gifford, 2019). Recent studies have also emerged highlighting how the mismanagement of the COVID-19 pandemic in prisons and jails led to widespread infections both among those living in facilities and those in the surrounding communities (Hooks & Sawyer, 2020; Reinhart & Chen, 2021). Results were especially pronounced for majority-Black and/or Hispanic ZIP codes - jail cycling in March alone independently accounted for 21% of racial COVID-19 disparities in Chicago as of August 2020 (Reinhart & Chen, 2021).

The expansion of the carceral system also impacts community violence (Nosrati & King, 2021). The carceral system is dangerous, dehumanizing, and traumatizing. Upon release, formerly incarcerated individuals bring the trauma of incarceration back to their communities, likely increasing community violence (Hatzenbuehler et al., 2015). Researchers have also proposed that the imbalance in the community sex ratio resulting from extremely high rates of male incarceration can result in the men remaining in the community having more power in their relationships with women (Porter et al., 2010; Stoltey et al., 2015; Thomas & Torrone, 2008; Weidner & Schultz, 2019).

The increase in power of the carceral system is linked to community disinvestment. The forced removal of individuals from their communities disrupts local economies by removing working individuals from the labor market (Kajeepeta et al., 2020). When individuals return, they are often systematically excluded from programs that help folks with food, housing, education,

healthcare access, and employment (Miller & Alexander, 2016). On a micro level, the continuous and widespread nature of this disadvantage in marginalized communities compounds existing inequalities from organized abandonment, even further affecting the availability and quality of social and health services (Miller & Alexander, 2016; Luck, 2024). On a macro level, the combination of a neoliberal individualistic, competitive mentality and a lack of any social support to aid folks upon release results in neighborhood-level stigma (Hatzenbuehler, 2015). Stigma and institutionalized discrimination introduce further barriers to gaining employment and reintegrating into society that contribute to longstanding cycles of poverty (Kajeepta, 2020).

Forced migration caused by the criminal justice system also impedes a community's ability to build social ties and collective efficacy. Social relationships are significantly disrupted in areas where large percentages of the community are removed through incarceration (Hatzenbuehler, 2015). The lack of community connections leads to an environment in which it is difficult to develop shared norms and values, build community power, and support each other through mutual aid - key resources for community health (Thomas & Sampson, 2005; Wildeman, 2012). Researchers estimate that this disruption of social support systems has a significant negative impact on the mental health of communities. For example, individuals living in Detroit neighborhoods with high prison admission rates were more likely to meet criteria for a current major depressive disorder (OR = 2.9) as well as current generalized anxiety disorder (OR = 2.1) than were individuals living in neighborhoods with low prison admission. These relationships were comparable for individuals with and without a personal history of incarceration, indicating a community level effect (Hatzenbuehler et al., 2015). The revolving doors of the criminal justice system threaten the ability of communities to collectively build safe and healthy environments, and likely impacts community mental health (Kajeepta, 2020).

As researchers have hypothesized around the mechanisms connecting the PIC to community health, a small but robust body of literature has emerged measuring their cumulative effect on community health. Firstly, researchers have focused on whether county incarceration rates are associated with premature mortality, and consistently measured a correlation (Norsrati et al., 2019; Reilly et al., 2019; Weidner & Schultz, 2019; Kajeepeta et al., 2020). Further research has identified that the association between county level incarceration and mortality likely peaks in late adulthood (between 45-65 years) (Nosrati & King, 2021; Luck, 2024). However, one study found that there was a distinct age pattern among Black men, who face insignificant but negative associations at younger ages but steep penalties to mortality at older ages - significantly larger among those aged 65 or older relative to their White male and Black female counterparts (Luck, 2024). Research linking community-level incarceration to specific physical health effects has been more diffuse and found less consistent results, with potential correlations to asthma prevalence, hypertension, and diabetes, and significant correlations to dyslipidemia and metabolic syndrome (Frank et al., 2013; Topel et al., 2018). Finally, a recent body of literature has specifically highlighted the relationship between the PIC and maternal/child health at the community level and found a significant correlation (Wildeman, 2012; Light & Marshall, 2018; Holaday et al., 2023; Sonderlund et al., 2023). These studies attempt to explain how mass incarceration might contribute to the stark divide between maternal/child health by race.

The Immigration System

The pervasiveness of carceral logics within the US' approach to immigration have significant consequences on the health and wellbeing of immigrants and their communities. Border policies that prohibit asylum seekers from entering the US before they are processed,

such as Migrant Protection Protocols (MPP) and Title 42, force migrants to return to the unsafe conditions of their home country, or be detained in Customs and Border Protection (CBP) facilities (Danaher et al., 2022). These facilities are often overcrowded, unsanitary, and deny migrants access to adequate bathing and toilet facilities, sufficient food or clean water, medical care, or their belongings. Detainment for prolonged periods of time have proven to increase migrant children's risk of infectious diseases and mortality, resulting from egregious conditions and denial of health care (Danaher et al., 2022). Furthermore, the traumatic separation of children from their families within these facilities has long-term consequences for their familial and community relationships as well as their health (Jolie et al., 2021). One review observing the recorded reunions of parents and children following immigration release in the US saw evidence of significant attachment damage, where children no longer trust their families and live in constant fear for their safety (Wood, 2018). This perceived abandonment detrimentally impacts children's mental health and can damage the relationships they develop over their life course. Moreover, the toxic stress that children of immigrant families (CIF) experience as a result of their trauma can triple their lifetime risk of lung cancer, heart disease, and reduce their life expectancy by 20 years (Wood, 2018).

Anti-immigrant policies within the US have been shown to negatively affect immigrant health regardless of immigrants' legal status. Immigration enforcement policies dispatching CBP and ICE officers to surveil and raid Latinx immigrant communities have resulted in tens of thousands of deportations per year. The indiscriminate nature of anti-immigrant rhetoric has decreased feelings of safety among Latinx immigrants, regardless of individual targeting. In areas with harsher anti-immigrant policies, Latinx individuals report worse physical and mental health irrespective of citizenship status (Danaher et al., 2022). Immigrant communities develop heightened feelings of stigma and fears of violence and family separation which can develop into anxiety and depression (Jolie et al., 2021). Despite being US citizens, Latinx adolescents

from immigrant families report poor physical health outcomes such as sleep difficulties and blood pressure changes associated with perceived vulnerability to immigration policy. Additionally, anti-immigrant sentiment has directly impacted immigrants' ability and willingness to seek health care and other social services (Danaher et al., 2022). Reviewed studies show that undocumented Latinx patients and patients with limited English proficiency were more likely to delay seeking emergency medical care or miss appointments altogether in 2017. Areas with greater immigration enforcement policies saw higher rates of food insecurity and significant declines in SNAP and SSI enrollment among eligible immigrant and mixed-citizenship status households (Danaher et al., 2022). While urban areas in which immigrant families resettle reportedly see higher rates of community violence, the threat of deportation restricts their ability to seek care, resulting in the continued exposure of immigrant communities to physical violence post-migration (Jolie et al., 2021). Given the numerous systemic barriers to health care and benefits that communities of color already face, anti-immigrant policies create a culture of fear that further disenfranchises an already vulnerable population.

However, some evidence shows that the healthy immigrant effect, a phenomenon in which new immigrants tend to be healthier than native-born citizens, is present at the national level. One study's review of the literature examining the effect of immigrant legal status on health found that among 93% of health outcome comparisons, studies either saw no difference in physical health by legal status or reported better physical health among undocumented immigrants compared to their documented counterparts (Hamilton, Hale, and Savinar, 2019). In Hamilton, Hale, and Savinar's assessment of national data, undocumented farm workers had significantly lower odds of reporting both chronic conditions and pain than citizens; legal permanent residents, while also having lower odds of chronic conditions, did not differ from citizens in odds of pain reporting. These results are indicative of a legal status gradient in health, where naturalized U.S. citizens report the worst health, followed by legal permanent

residents, and finally unauthorized immigrants. Hamilton, Hale, and Savinar theorize that this gradient may result from health selection during migration; the hardships associated with having undocumented status compared to documented immigrants could require immigrants who remain undocumented to maintain better health than their documented counterparts (2019). Despite this, the majority of studies on immigrant health observe that the better health reported by recent immigrants as a result of selection effects diminish over time due to systemic xenophobic sentiment in the political, legal, and economic dimensions of American society. Guillot-Wright et al. emphasizes that the US's political scapegoating of immigrants and the lack of due process involved in immigrant detention constitute political and legal violence, while unfair labor and precarious employment practices subject immigrants of any legal status to economic violence (2022). Continuous exposure to these facets of structural violence following immigration thus erodes immigrant health over time, though the degree of harm may be lessened by familial and community support, religion, and feelings of shared identity (Guillot-Wright et al., 2022).

Welfare and Human Services

Fewer studies have critically examined the carceral elements of social welfare policies and their effects on health at the community level despite evidence of inequity within welfare. Some county-level research has identified the welfare state as a racialized system, in which racialized communities receive more penalties and benefit rescissions for failing to meet certain requirements set by caseworkers. A study by Monnat found that both Black and Latina women had significantly greater odds of experiencing TANF case closure and benefit reduction sanctions compared to their white counterparts, with the latter experiencing increasing odds when living in counties with a larger Latino population (2010). Yet, the handful of articles directly measuring the health consequences of carceral welfare policies have found inconsistent or null results.

Some studies have found evidence that reforming or implementing carceral welfare policies in the name of improving health or safety has null or negative effects on community health. One systematic review by Kajeepeta et al. examining carceral intimate partner violence (IPV) responses, such as warrantless arrest laws, police force size, and sanctuary policies, have found these approaches have no effect on population-level rates of IPV victimization (2024). However, one study in this review saw higher homicide rates among unmarried Black women associated with local police agencies that received specialized domestic violence units or training (Kajeepeta et al., 2024). The positive association between arrest laws and risk of survivor arrest reveals a continuum of harm that results from partnerships between social systems and carceral institutions (Kajeepeta et al., 2024). Another study evaluating the relationship between foster care performance measures and all-cause mortality in foster care at the county level also found no significant association; the significant intergenerational ties between the foster care system and community exposure to carcerality warrant such investigations, though greater scrutiny and accountability measures assigned to foster care institutions may mitigate negative health outcomes. oster care programs with markers of system accountability and monitoring via judicial reform mandates, such as currently having a class action lawsuit and being under a current active consent decree, were associated with a 21% lower mortality risk than those without (Lee et al., 2024). Finally, a scoping review by Zori et al. studying state-level teen reproductive health policies including abortion and contraception access and restrictions, sex education, public assistance policies, welfare reform, family planning expenditures, and child support enforcement found that such policies had no significant effect on teen pregnancy or birth statistics (2023). In particular, welfare reform attempting to address teen fertility by punitively restricting benefits allocated to low-income or unmarried mothers under 18 years old saw conflicting results on teen birth rates, though public assistance programs like Aid to Families and Dependent Children with higher maximum benefit levels similarly did not produce a significant effect on birth rates (Zori et al., 2023). These

restrictions, punitive and unchecked abuse under the guise of protecting children, and sometimes direct use of police in social service implementation represent some of the carceral elements of welfare.

Much of the research investigating social welfare and health shows how the absence of this structural support–arked by neighborhood disinvestment–contributes to poor health outcomes. As the spatial concentration of poverty in the US is frequently associated with race, health disparities research naturally acknowledges the systemically racist underpinnings of social neglect that results in unmet need. The racialized welfare state predicates the inequitable distribution of social services; one study found that, at the county level, the positive association found between increasing poverty rate and social service provision among white communities and women-headed households was not present for the other social groups (Kelly and Lobao, 2021). In other words, poor white neighborhoods see greater access to welfare services compared to poor Black and Hispanic neighborhoods. The subsequent effect that the absence of social programs has on community health outcomes has been widely studied and is relevant to illustrate here. Census tracts with lower measures of neighborhood opportunity and higher deprivation see an increase in severe maternal morbidity risk and preterm birth; this association remains after controlling for other comorbidities, factors related to pregnancy, and maternal sociodemographic characteristics (Belanoff et al., 2024; Mujahid et al., 2023). Black and Hispanic infants were more likely to be born into very low opportunity neighborhoods and Black birthing parents had a higher risk of preterm birth than all other groups (Belanoff et al., 2024). Additionally, living in neighborhoods with more than 5.7% of households below the poverty level was associated with greater likelihood of developing complications from gestational diabetes mellitus (Thomas et al., 2024). On the whole, the welfare state disproportionately underserves racialized populations, and the few services that are available often perpetuate the structural harm that welfare is purported to mitigate through carceral and discriminatory policies.

Discussion

Prison Industrial Complex (PIC)

There is generally a robust and growing literature linking the PIC to community health. In the early 2000s, many of the first studies linking the PIC and health at the community level emerged, examining how incarceration affects the spread of infectious diseases. Recent research has expanded the community health outcomes under study to include mortality, mental and physical health, and maternal/child health. These studies recognize that the harms of the carceral system on health extend beyond a direct pathogenic pathway, and include community violence, disinvestment, and collective efficacy.

While researchers have begun studying more diverse health outcomes at the community level, there is still space for additional research to solidify the connection between the PIC and community health. Namely, researchers could explore the link between heightened PIC involvement at the community level and the process of weathering, in which the cumulative impact of repeated experiences of dehumanization, discrimination, and hypervigilance accumulate, producing greater inequalities in health with age (Geronimus et al., 2006). Specific health effects of weathering include elevated blood pressure, heart rate, and stress biomarkers; hypertension, obesity, and chronic illness; and rates of smoking and drinking (Sewell & Jefferson, 2016). Additionally, future research can explore mass surveillance and overpolicing, especially their isolating effects on community health.. To put it plainly, mass incarceration cannot occur without mass criminalization (Pamplin et al., 2023). Recent political movements to increase police surveillance and further militarize police forces will likely increase numbers of police encounters. As a result, many more people will experience the wider arms of mass criminalization and surveillance—in schools, hospitals, and other civic institutions as well as on

the street (Pamplin et al., 2023). Researchers have already highlighted how overpolicing contributes to a climate of fear and vigilance among people living in highly surveilled areas (Cooper, 2015; Miller & Alexander, 2016). However, given the lack of compulsory data reporting by law enforcement, current information on policing is both biased and vastly incomplete (Lee, Larimore and Esposito, 2023). It is important that we better understand the wide-reaching impacts of an expanding carceral system beyond just incarceration (Pamplin et al., 2023). Finally, while researchers have hypothesized the causal mechanisms connecting the PIC to poorer community health, these pathways have yet to be comprehensively explored. Qualitative research could help provide evidence of these pathways in the words of community members themselves.

The Immigration System

Growing research has established the US immigration system as a significant exposure for adverse health outcomes. As the immigration process affects a broad variety of populations, the evidence base encompasses the experiences of immigrant children and adolescents, refugees and asylum seekers, migrant workers, and people with minoritized gender and sexual identities. Many studies have examined how the state or nationwide implementation of anti-immigration policies–such as strict entry or asylum restrictions, policing and intimidation tactics by immigration authorities, and family separation upon detainment or deportation–have consequently worsened immigrant community health. In particular, the operation of CBP facilities as entry and exit points in which hundreds of immigrants are incarcerated has been overwhelmingly found to increase risk of injury, physical, and mental health conditions; it is perhaps the clearest intersection of carcerality and the fundamental process of immigration (Danaher et al., 2022; Jolie et al., 2021; Wood, 2018). The literature base included a diverse array of other immigration-related health causes such as immigrant status discrimination,

occupational hazards faced by immigrants, economic disenfranchisement, exposure to violence and harassment, and structural violence encompassing political, legal, and economic violence (Danaher et al., 2022; Guillot-Wright et al., 2022; Hamilton, Hale, and Savinar, 2019; Jolie et al., 2021; Wood, 2018).

Various negative health outcomes have been examined among communities exposed to the immigration system. Notably, research indicates that anti-immigrant attitudes and policies dissuade and prevent immigrants of any legal status from accessing health care, compounding people's current poor health as well as increasing incidence of future health issues (Danaher et al., 2022; Jolie et al., 2021). Physical health conditions include chronic illnesses, pain, and sleep deprivation; many studies also report greater prevalence of depression, anxiety, PTSD, and toxic stress due to fear of detention and deportation regardless of legal status. However, while research has investigated sweeping anti-immigrant sentiment in politics and society with a wide scope, measurement of these resulting health outcomes often occurs at the individual level. For example, immigrants' health care seeking, coping, and risk-taking behavior may frequently be self-reported. Further examination of health effects measured at the community and population level–possibly using state or census tract data–is needed to avoid atomistic fallacy when studying the immigration system.

Welfare and Human Services

Due to the lack of community-level empirical research and the null results of available literature, no conclusions can be drawn about the effect of carcerality in the welfare state on health outcomes at this level of inquiry. However, a few key findings should be noted. Firstly, higher homicide rates observed among unmarried Black women in areas serviced by police agencies with specialized domestic violence training underline a clear intersection between the PIC and the racialized welfare state (Kajeepeta et al., 2024). Secondly, lower mortality risk seen within foster care programs monitored for accountability and performance improvement

compared to unchecked programs reflects the mounting individual-level evidence of the foster care system's harms and requires further examination (Burton and Montauban, 2021; Lee et al., 2024; Merritt, 2020). The articles reviewed cite the lack of robust published evidence and the need for additional studies.

The majority of existing community-level literature we reviewed consists of social program evaluation research and studies on neighborhood disinvestment. While this research directly measures population health outcomes, studies assessing social services examine the degree to which programs improve population health rather than critically analyzing their potential harms. On the other hand, research on neighborhood disinvestment is a common result in our search for community-level welfare literature and has proven to be a cause of population health disparities. Though the lack of available welfare services among marginalized communities can serve to illustrate the inequities fundamental to the welfare state, neighborhood opportunity research is often used to advocate for reinvestment through the introduction of social welfare systems and similar policies that may increase surveillance in these neighborhoods. Therefore, much of the focus of empirical research at the neighborhood level points to the ways that social programs promote health and well-being, arguing that it is the absence of welfare that causes poor health outcomes.

Simultaneously, the studies in our search that do investigate the carceral elements of the welfare state are organized at the individual level. Social services such as the foster care system, child protective services, public housing, and food assistance programs have been shown to disproportionately serve and harm racialized and otherwise marginalized communities through increased surveillance and policing of families (Burton and Montauban, 2021; Farkas et al., 2024; Merritt 2020; de Souza, 2022). Punitive and restrictive practices ingrained within welfare programs such as mandatory reporting, arbitrary rescission of benefits, invasive screening procedures, and administrative complexity increases recipients' stress and can dissuade low-income, racialized, or undocumented individuals from seeking assistance. Ample

qualitative evidence underlines the health consequences of family separation and the explicit connections between the child welfare system and the prison industrial complex (Burton and Montauban, 2021; Merritt, 2020). Within the research base, there is no shortage of individual-level research critiquing welfare systems in the US; further research should examine program policies' role in enrollment hesitancy, stress outcomes, and resulting health at higher levels of organization.

In sum, there is a clear lack of community-level empirical research examining the carceral tools used by the "care" arms of the state. The articles reviewed in this paper advance our understanding of carcerality as a continuum that encompasses welfare, but primarily evaluate social services and policies that work directly with the PIC (i.e. Kajeepeta et al., 2024). Methodological difficulties include developing population-level measures of welfare carcerality such as program surveillance, disruption of community cohesion, and hostile application processes. Additionally, it may be challenging to isolate the effect of welfare carcerality on community health from pre-existing health exposures –such as abuse, adverse childhood experiences, and poverty– depending on what measures are available at the neighborhood level. Qualitative community-level studies may help fill this gap by identifying perceived harms of the welfare state from the perspective of its recipients.

Limitations

By limiting our search to only community level articles, the sample size we included was greatly reduced. Thus, particularly to understand the negative impacts of the welfare state on communities, our discussion included articles which explored the individual health effects of various branches of the carceral state. More evidence is needed to improve our understanding of particularly the welfare state on community level health. Our search strategy did not include all possible terms related to the PIC, immigration, welfare system, and community health, which may have limited our results. However, comprehensive supplemental searches generated

diminishing returns in terms of relevance to our study objectives. Additionally, we included a limited amount of gray literature, as needed to fill gaps in published literature. More peer reviewed research is warranted in the future to supplement evidence provided by gray literature. We also made the decision to exclude qualitative papers from our analysis and results, due to limited scope of our literature review strategy. Finally, as a narrative review, this study does not constitute a systematic assessment of the evidence in the literature, but provides a snapshot of the current state of the evidence on the relationship between the carceral system and community health. Systematic literature reviews on specific branches of the carceral continuum are warranted to review existing evidence in depth. The primary limitations of the current article relate to the limitations of the literature itself. Many of the cited review articles have referenced a further need for additional studies.

Implications for Future Research, Policy, and Practice

A growing body of public health research is evaluating varying forms of carceral exposures and their impact on health. However, there is room for further study. The bulk of existing literature examines the effects of single-system criminalization only at the individual-level, thus underestimating the full toll of carcerality on community health. Continued research should be done on interconnected carceral systems, their mutually-reinforcing mechanisms of social control and punishment, and community-level health effects. Various community-level deprivation and vulnerability indices, measures of social disorder andstress, and other markers are considered by researchers when assessing population health patterns: more efforts are needed to design and refine community-level measures that critically examine social services, such as application volume to denial statistics and hostile policies affecting recipients in program areas. This would allow for clearer delineations between the benefits and drawbacks of governmental assistance approaches, and better study of direct associations to area-level

health statistics. Additional longitudinal studies are necessary to demonstrate correlations between cumulative interactions across the carceral continuum and changes in community-level health outcomes over time. Researchers studying the impacts of carcerality on population health should continue to supplement quantitative methodologies with qualitative approaches to center the voices of marginalized communities directly impacted by carceral systems. Moreover, researchers should work with communities to determine measures of carcerality and health that best describe their experiences with carceral institutions. Reviews summarizing the current qualitative body of literature on the community-level impacts of the carceral system would be an important addition to the field.

Given that carceral systems negatively impact on health outcomes across levels, interventions must also be multi-level in nature. Practitioners must center community members with lived experiences interfacing with the carceral state in the design, implementation, and evaluation of anti-carceral population health interventions. Interventions should not only be focused on individual and community-level resilience and recovery from carceral harms, but prevention of further harms. Practitioners should integrate intersectionality theory to design and implement interventions responsive to the interlocking forms of structural violence disproportionately impacting the health of multi-marginalized populations. Critical cultural frameworks should be considered in development processes to ensure anti-carceral interventions are contextually-grounded and culturally-responsive to the unique needs of varying marginalized communities. Cross-sectoral partnerships outside of public health are key given the intricate and interwoven nature of actors across the carceral continuum. Interventions must be focused on systems change, including policy changes that advance health justice for populations disproportionately impacted by carceral systems. Health in All Policies frameworks and Health Equity Impact Assessments are useful tools for considering the direct and indirect

impacts of carceral policies on community health (Stahl et al., 2006; Greer et al., 2022; Harris-Roxas, 2012; Lock, 2000).

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Appendix A: Included Papers

Title	Authors	Journal	System	Exposure	Outcome
Emergency Department visits for depression following police killings of unarmed African Americans	Das, Singh, Kulkarni and Bruckner	Social Science & Medicine	PIC	police killing of unarmed Black people in a county	depression-related emergency department visits
Neighborhood Incarceration Rate and Asthma Prevalence in New York City: A Multilevel Approach	Frank, Hong, Subramanian and Wang	American Journal of Public Health, Research and Practice	PIC	NYC neighborhood incarceration rate	asthma prevalence and morbidity
"We (still) charge genocide": A systematic review and synthesis of the direct and indirect health consequences of police violence in the United States	Haile, Rowell-Cunsolo, Hyacinthe and Alang	Social Science and Medicine	PIC	Police presence and violence	adverse population health outcomes
The Collateral Damage of Mass Incarceration: Risk of Psychiatric Morbidity Among Nonincarcerated Residents of High-Incarceration Neighborhoods	Hatzenbuehler, Keyes, Hamilton, Uddin and Galea	American Journal of Public Health - Research and Practice	PIC	zip code–linked information on neighborhood prison admissions rates	individual-level data on mental health: MDD and GAD
Neighborhood Incarceration Rates and Adverse Birth	Holaday, Tolliver, Moore, Thompson	JAMA Network Open	PIC	NYC neighborhood incarceration rates	Adverse birth outcomes

Outcomes in New York City, 2010-2014	and Wang				
Mass Incarceration, COVID-19, and Community Spread	Hooks and Sawyer	Prison Policy Initiative	PIC	population density of incarcerated people	change in the prevalence rate of COVID-19
County Jail Incarceration Rates and County Mortality Rates in the United States, 1987–2016	Kajeepeta, Rutherford, Keyes, El-Sayed and Prins	American Journal of Public Health	PIC	county level jail incarceration rate	all-cause mortality rate and age-specific mortality
On the Weak Mortality Returns of the Prison Boom: Comparing Infant Mortality and Homicide in the Incarceration Ledger	Light and Marshall	Journal of Health and Social Behavior	PIC	incarceration rate	infant mortality
The Distribution of Carceral Harm: County-Level Jail Incarceration and Mortality by Race, Sex, and Age	Luck	Demography	PIC	county level race specific jail incarceration	county level mortality
Punitive Social Policy and Vital Inequality	Nosrati and King	International Journal of Health Services	PIC	county-level annual prison admissions rate	life expectancy at birth, and the probability of dying between the ages of 25 and 45 years, and 45 and 65 years.
Economic decline, incarceration, and mortality from drug use disorders in the USA between 1983 and 2014:	Nosrati, Kang-Brown, Ash, McKee, Marmot and King	Lancet Public Health	PIC	county-level jail and prison incarceration data	age-standardised mortality data

an observational analysis					
Mass incarceration and the impact of prison release on HIV diagnoses in the US South	Ojikutu, Srinivasan, Bogart, Subramanian and Mayer	PLOS One	PIC	prison release rate by zip code in nine southern US cities	5-year HIV diagnoses rates by zip code
Maintaining disorder: estimating the association between policing and psychiatric hospitalization among youth in New York City by neighborhood racial composition, 2006–2014	Packard et al.	Social Psychiatry and Psychiatric Epidemiology	PIC	neighborhood-level measures of policing	psychiatric hospitalizations among adolescents and young adults in New York City
Variations in the effect of incarceration on community gonorrhea rates	Porter, Thomas and Emch	International Journal of STD and AIDS	PIC	2005 level of incarceration (proportion of census tract person-time in prison)	rates of gonorrhea at the census tract level
Potentially Avertable Premature Deaths Associated with Jail Incarceration in New York City	Reilly, Johns, Noyan, Schretzman and Tsao	Journal of Community Health	PIC	NYC neighborhood level jail incarceration rate	premature mortality rate
Carceral-community epidemiology, structural racism, and COVID-19 disparities	Reinhart and Chen	Proceedings of the National Academy of Sciences	PIC	jail cycling (arrest and processing of individuals through jails before release) in Chicago	community cases of covid 19

Structural racism and health: Assessing the mediating role of community mental distress and health care access in the association between mass incarceration and adverse birth outcomes	Sonderlund, Williams, Charifson, Ortiz, Sealy-Jefferson, De Leon and Schoenthaler	SSM - Population Health	PIC	Police presence and violence	Adverse population health outcomes
Ecological analysis examining the association between census tract-level incarceration and reported chlamydia incidence among female adolescents and young adults in San Francisco	Stoltey, Li, Bernstein and Philip	Journal of Sexually Transmitted Infections	PIC	SF neighborhood incarceration rates	chlamydia incidence
High Rates of Incarceration as a Social Force Associated with Community Rates of Sexually Transmitted Infection	Thomas and Sampson	Journal of Infectious Diseases	PIC	rates of incarceration in NC state prisons	STI cases in 1999 by NC county.
Incarceration as Forced Migration: Effects on Selected Community Health Outcomes	Thomas and Torrone	American Journal of Public Health	PIC	rates of incarceration in state prisons and county jails	rates of sexually transmitted infections and teenage pregnancies
High Neighborhood Incarceration Rate is Associated with Cardiometabolic Disease in Non-Incarcerated Black	Topel et al.	Annals of Epidemiology	PIC	GA neighborhood prison admission rates	Hypertension, Dyslipidemia, diabetes, and metabolic syndrome

Individuals					
Examining the relationship between U.S. incarceration rates and population health at the county level	Weidner and Schultz	SSM - Population Health	PIC	incarceration rate (corrections expenditures by county)	years of potential life lost and percentage reporting fair or poor health
Imprisonment and (inequality in) population health	Wildeman	Social Science Research	PIC	imprisonment rate in the previous year	life expectancy at birth and the infant mortality rate
Community and household-level incarceration and its association with mental health in a racially/ethnically diverse sample of families	Williams, Fertig, Trofholz, Kunin-Batson and Berge	Social Science and Medicine	PIC	Incarceration rate	parent and child mental health
Collateral Damage: Increasing Risks to Children in a Hostile Immigration Policy Environment	Danaher, Blackwell, Jasrasaria and Bosson	Current Pediatrics Reports	Immigration	Anti-immigrant policies	Adverse consequences for children's physical and mental health.
Systems and subversion: A review of structural violence and im/migrant health	Guillot-Wright, Cherryhomes, Wang and Overcash	Current Opinion in Psychology	Immigration	Structural Violence (Political violence + legal violence + economic violence)	symptoms of depression, anxiety, and stress; substance use; worsened acute and chronic conditions
Immigrant Legal Status and Health: Legal Status Disparities in Chronic Conditions and	Hamilton, Hale and Savinar	Demography	Immigration	Immigrant Legal Status as a Fundamental Cause of Health.	chronic conditions and musculoskeletal pain

Musculoskeletal Pain Among Mexican-Born Farm Workers in the United States					
Violence, Place, and Strengthened Space: A Review of Immigration Stress, Violence Exposure, and Intervention for Immigrant Latinx Youth and Families	Jolie, Onyeka, Torres, DiClemente, Richards and Santiago	Annual Review of Clinical Psychology	Immigration	Immigrant policies	physical and structural violence, fear, poverty, and discrimination direct impact on the mental health of this population
Impact of punitive immigration policies, parent-child separation and child detention on the mental health and development of children	Wood	BMJ Paediatrics Open	Immigration	Family separation / child detention	Excessive food consumption, smoking, problematic substance use, sexual risk taking, mental illness, chronic disease
Neighborhood Child Opportunity and Preterm Birth Rates by Race and Ethnicity	Belanoff, Black, Ncube, Acevedo-Garciand and Almeida	JAMA Network Open	Welfare	neighborhood opportunity (census tract-level Child Opportunity Index)	preterm birth
Generalized and racialized consequences of the police response to intimate partner violence in the U.S.: A systematic scoping review	Kajeepeta, Bates, Keyes, Bailey, Roberts, Bruzelius, Askari and Prins	Aggression and Violent Behavior	Welfare	arrests for IPV, interactions with police, or the implementation of specialized IPV policing units or specialized training population-level	population-level measures of IPV victimization rates or IPV homicide rates and survivor-based outcomes other than individual risk of revictimization

Child Welfare System-Level Factors Associated with All-Cause Mortality Among Children in Foster Care in the United States, 2009–2018	Lee, Steelesmith, Chaiyachati, Kirsch, Rao and Fontanella	Child Maltreatment	Welfare	county-level foster care performance measures; judicial reform measures	All-cause mortality rates
Neighborhood disinvestment and severe maternal morbidity in the state of California	Mujahid, Wall-Wieler, Hailu, Berkowitz, Gao, Morris, Abrams, Lyndon and Carmichael	American Journal of Obstetrics & Gynecology MFM	Welfare	neighborhood disinvestment	severe maternal morbidity using the CDC index
Neighborhood Environment and Poor Maternal Glycemic Control-Associated Complications of Gestational Diabetes Mellitus	Thomas, Jurkovitz, Zhang, Fawcett and Lenhard	AJPM Focus	Welfare	neighborhood characteristics using census tract in Delaware	individual-level: complications partly or mostly related to poor maternal glycemic control
The Impact of State Policy on Adverse Teen Sexual Health Outcomes in the United States: A Scoping Review	Zori, Walker, King, Duncan, Dayton and Foti	Sexuality Research & Social Policy: Journal of NSRC	Welfare	state policy, laws, or legislation	pregnancy, birth or STIs among teens

The authors would like to thank Christine Mitchell for her guidance as we undertook this project, as well as Seth Prins and our reviewers for their insightful comments on drafts of our work. We would also like to acknowledge the Abolitionist Student Public Health Network and its parent organization, Human Impact Partners, for their ongoing support of our development as scholars.

- Carceral logics, such as punishment & surveillance, permeate social systems
- These include migration, state benefits distribution, public education, and more.
- We review the literature examining carcerality as a community health exposure

Ethics approval not required.