

People With Incarceration History Less Likely to Receive Health Care, Including Cancer Screening

American Cancer Society researchers stress the need to increase access to important health care for people with an incarceration history.

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A new study led by researchers at [the American Cancer Society](#) (ACS) shows people with an incarceration history had worse access to and receipt of health care, including physical exams, blood pressure, blood sugar and cholesterol tests, as well as dental check-ups and breast and colorectal cancer screenings compared with people without incarceration history in the United States. The findings are published February 23 in the [Journal of the American Medical Association \(JAMA\) Health Forum](#).

“Our study results were not surprising as people with a history of incarceration experience barriers in access to health care in the U.S.,” said [Jingxuan Zhao](#), senior associate scientist, health services research at the American Cancer Society and lead author of the study. “However, the findings further highlight the need for efforts to identify interventions to help increase receipt of recommended preventive services for this vulnerable population.”

In the study, individuals with and without incarceration history were identified from the 2008–2018 National Longitudinal Survey of Youth 1979 cohort. Access to and receipt of healthcare were measured as self-reported having usual source of care and preventive service use, including physical exam, flu shot, blood pressure check, blood cholesterol check, blood sugar check, dental check, and colorectal, breast and cervical cancer screenings. Separate multivariable models examining associations between incarceration history and receipt of each preventive service adjusted for key sociodemographic factors; sequential models further adjusted for educational attainment and health insurance coverage to examine their contribution on the associations of incarceration history and access to and receipt of health care.

The results showed people with incarceration history had lower percentages of having usual source of care or receiving recommended preventive services, including physical exam (69.6% vs 74.1%), blood pressure test (85.6% vs 91.6%), blood cholesterol test (59.5% vs 72.2%), blood sugar test (61.4% vs 69.4%), dental check-up (51.1% vs 66.0%), and breast (55.0% vs 68.2%) and colorectal cancer screening (65.6% vs 70.3%). With additional adjustment for educational

attainment and health insurance, the associations of incarceration history and access to care were attenuated for most measures.

“Improving access to education at a young age and health insurance coverage might help mitigate the disparities in access to care among people with an incarceration history,” Zhao added.

The American Cancer Society Cancer Action Network (ACS CAN), ACS’s advocacy affiliate, supports policies that help improve access to affordable, quality health coverage, including expanding Medicaid in the 10 states that have not done so. Access to Medicaid helps prevent health coverage gaps to ensure all people have access to the care they need, including preventive services, cancer screenings and cancer treatment.

“Affordable health insurance is critical for everyone. As this study demonstrates, health insurance is a critical factor to reduce disparities in cancer screening for people who have been incarcerated,” said [Lisa A. Lacasse](#), president of ACS CAN. “Medicaid is an important source of health insurance for thousands of people who would not otherwise have access to care, including those who have been released from incarceration and are transitioning back to their communities. We urge lawmakers in these 10 states have not expanded Medicaid to do so and help save more lives from cancer.”

[Dr. Leticia Nogueira](#) is senior author of the study. Other ACS authors include [Jessica Star](#), [Dr. Xuesong Han](#), [Dr. Zhiyuan Zheng](#), [Dr. Qinjin Fan](#), [Sylvia Kewei Shi](#), and [Dr. Robin Yabroff](#).

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