

Racial Disparities in Health Outcomes Across Criminal Legal System Contacts: A Systematic
Literature Review

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Abstract

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Health Systems and Population Health

Objective: This systematic literature review identifies studies that found racial disparities in health consequences associated with criminal justice system contact and analyzes the magnitude of inequities in health outcomes related to those racial disparities.

Methods: Following the PRISMA 2020 Statement, research articles were identified using the Web of Science database through the search terms “crim* and health and race.” Published original research articles, early access reports, and review articles published in the US, in English, from January 2000 through June 2024 were included. Snowball referencing of selected studies was used to identify additional studies along with non-peer reviewed (“grey”) literature sources to search. Analysis of selected studies reported the time-period of data collection, study type, data source, population, covariates, health outcome, contact with the criminal legal system, racial groups considered in analysis, and information on racial disparity results/conclusions for each selected study.

Results: The Web of Science search returned two thousand and ninety-six (2096) articles after deleting duplicates. Of these, fifty-one (51) were considered eligible for full text review and twelve (12) met all inclusion criteria. Snowball referencing yielded an additional six (6) peer-reviewed articles. The grey literature database search yielded an additional two (2) articles for inclusion. In total, twenty (20) articles are included in this review. Included articles identify racial disparities associated with criminal legal system contact across physical health outcomes (8), mental health outcomes (6), general self-rated health (3), and mortality (4).

Discussion: Racial disparities in health outcomes associated with criminal legal system contact were reported across disease, injury, chronic conditions, cardiovascular risk, cellular aging, mental health conditions, depressive symptoms, and general self-rated health with black people tending to be more affected than white people.

Limitations: Limitations of the evidence include unconsidered covariates, failure to distinguish between multiple racial groups, limited generalizability, a lack of female participants, a reliance on the same national datasets, and an underrepresentation of certain health conditions.

Implications: Understanding the racial disparities in health outcomes linked to criminal legal system contact—across various health impacts and types of contact—can help better inform and target interventions that both reduce criminal legal system involvement and improve health among the populations most at risk.

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SIGNIFICANCE

Decades of research have established the impact that social and structural determinants of health have on clinical outcomes, physical and emotional well-being, and quality of life on both individual and population levels. Further, social and structural determinants of health both contribute to and exacerbate health disparities and inequities. Interacting with the criminal justice system (“criminal legal system”), which is experienced at higher rates by people of color, is a particularly salient example of the disproportionate burden that social and structural determinants of health can place on communities of color as such interactions are strongly associated with poor health and lack of well-being.¹⁻³ Black people are much more likely than any other racial or ethnic group to be unnecessarily stopped by police, imprisoned, incarcerated, or under criminal legal system supervision (via probation or parole). These racial disparities also translate to disproportionate exposure to the criminal legal system among black partners, family members, children, and communities. These increased exposures are particularly concerning given the health consequences of such contact.

Although much of the research focuses on the specific impacts of incarceration on health, *any* contact with the criminal legal system has been associated with poor health and decreased wellbeing.^{3,4} Contacts ranging from witnessing police stops, being unnecessarily stopped by police, having a family member incarcerated, being arrested, and being incarcerated have *all* been associated with poorer health.³⁻⁵ Furthermore, the stress from contact can often persist after the contact itself, leading to both immediate and long-term health consequences.^{2,3} The current criminal legal system itself and the increased exposure of people of color to the criminal legal system are direct results of systemic racism. These two systems reinforce each other and can create cycles of oppression and health harms among people and communities of color.¹

PURPOSE

Given the interactions between the criminal legal system and systemic racism, and the disproportionate contact among people of color, it is important to better understand the health consequences associated with criminal legal system contact for which racial disparities have already been reported. Doing so will allow interventions to better target specific health consequences and communities and will help inform involvement of stakeholders. On both an individual and community wide basis, attempting to better define these health effects can help both the public health system and the criminal legal system adopt interdisciplinary approaches to advance health equity.

OBJECTIVES

I. Objectives of this Review:

Our objectives are to: (1) to compile relevant literature that found racial disparities in health consequences associated with criminal legal system contact; and (2) to analyze that literature to document the various health consequences associated with criminal legal system contact for which racial disparities have been found.

II. Definitions and Inclusion Criteria

To be included in this review, both peer reviewed and non-peer reviewed studies had to (1) report that a direct, individual level health outcome was associated with criminal legal system contact; and (2) find a statistically significant racial disparity in that health outcome.

Here, *criminal legal system contact* refers to arrest, jail, incarceration, probation, parole and/or interaction with police that was either directly or vicariously experienced by the person among whom the health outcome was measured. Vicarious experience includes ‘second-hand’ contact that is primarily directed at someone else but which an individual still experiences (such

as the incarceration of a loved one or witnessing police stops). Additionally, this review is only concerned with *direct, individual level health consequences* which refers to immediate health outcomes such as infectious and chronic disease, cellular aging, and mental health symptoms that directly affect the study participant. Consequences that indirectly influence health such as housing, food security, employment status, etc. were not included in this review. Additionally, only studies that reported racial disparities in health consequences are included in this review. We define *racial disparity* as a difference in health consequence between two or more different racial groups. Studies that found health consequences associated with criminal legal system contact but either controlled for race, did not find racial disparities in health consequences, or only focused on health consequences among a single racial group were excluded.

METHODS

I. Data Collection

We conducted a systematic literature review of peer-reviewed and non-peer reviewed literature that reported racial disparities in health outcomes associated with criminal legal system contact. The reporting of this systematic literature review was guided by the Preferred Reporting Items for Systematic Review and Meta-Analysis (PRISMA) 2020 Statement.⁶ The search terms “*crim** and *health and race*” were searched in Web of Science to identify relevant peer-reviewed literature published from January 1st, 2000 through June 30th, 2024. Web of Science was chosen as the sole search engine for peer-reviewed literature because of its broad focus on both medical/biological science and social/psychological science, and its inclusion of PubMed results in its search outputs. Results were restricted to include only articles, early access, and review articles published in English and in the United States. Articles published prior to the year 2000 were excluded to avoid outdated literature that might be more likely to harbor racial bias.

Additionally, studies that occurred outside of the US or were not in English were excluded because this paper solely focuses on the US criminal legal system and the reviewer (LM) is only fluent in English. Systematic literature reviews and qualitative studies were excluded but used to identify potential missed sources.

Candidate papers from the Web of Science search results were compiled into a reference manager and reviewed by a single reviewer (LM) using the PRISMA 2020 Statement. Studies were first reviewed by title. Any title that was clearly unrelated to the research question was excluded. All other titles were included. Next, studies not excluded by title were reviewed by abstract. Articles with abstracts that focused on a topic or question clearly outside of the inclusion criteria or did not mention any elements of the inclusion criteria were excluded. For example, if the abstract stated that the study was focused on the effects of criminal legal system contact on employment (rather than a direct, individual level health outcome) or only looked at the health effects of criminal legal system contact on one race, the study was excluded. Any uncertainty was resolved with inclusion in full text review. Remaining studies were read in full and were excluded if they did not clearly meet all inclusion criteria.

All citations—both peer reviewed and non-peer reviewed—listed in the references section of the included articles were then reviewed in a snowball process, following the same title, abstract, and full text review process. References of any additional articles included via this process were reviewed in this same snowball process until no new applicable studies were identified. If a reference from the non-peer reviewed (“grey”) literature did not have an abstract, the executive summary, table of contents, or other available summary was reviewed during the abstract review phase. Non-original grey literature was excluded, but its references were screened for potential inclusion.

In this snowballing process, the source of grey literature references (i.e. databases/websites/thinktanks) were noted for individual search. In addition, GuideStar was searched to identify additional related non-profits that could be sources of grey literature. Sources of grey literature were then individually searched for literature that met inclusion criteria. Sources that identified their primary goal as advocacy or those that did not demonstrate credible research methods were excluded as potentially biased in their observations. Each source was searched depending on its focus and how it organized its information. As resources were encountered, they were individually and immediately screened by title, abstract, and full text as applicable. Total numbers of results narrowed by title, abstract, and full text were not recorded because most databases required clicking through many different pages on the website and resources were assessed for inclusion one by one as they were encountered. **Figure 2** lists the searched grey literature databases/websites/thinktanks; details the methods used to search each one; and shows how many pieces of grey literature were included from each source.

II. Data Analysis

From each selected study, the following data was extracted: study design, time-period, data source, population, covariates, health outcome, contact with the criminal legal system, racial groups considered in racial disparity analysis, and racial disparity results/conclusions. Studies that included no mention of covariates were assumed to consider none. For studies that did not explicitly state a study design, the reviewer's best judgment was used to determine the study design. The extracted data is detailed in **Table 1**. Studies were then grouped by category of health outcome (mental, physical, general, and mortality) and discussed and analyzed in groups.

All reviewing of titles, abstracts, and full texts was done by a single reviewer (LM). This same reviewer grouped, analyzed, and reported the data. No other authors or individuals were involved in this review.

RESULTS

I. Data Collection

The search process is summarized in **Figure 1**. A total of 2,098 primary search results were identified in Web of Science. Of these results, 2 were duplicates (they had the same title and authors as another article in the search results), leaving a total of 2,096 articles for title review. 1,913 studies were excluded based on title, leaving a total of 183 studies for abstract review. After abstract review, 51 articles were selected for full text review. Of these, 12 met inclusion criteria for this study. Twelve studies from the full text review were excluded because they identified health outcomes that were not direct, individual level health outcomes (i.e., housing instability, socio-economic status, experiences of discrimination).⁷⁻¹⁸ Eight studies from the full text review were excluded because they did not report a racial disparity in criminal legal system contact related health outcomes or controlled for race.¹⁹⁻²⁶ Eleven articles were excluded because they did not show that the identified health outcome was associated with the criminal legal system contact (i.e. they only looked at incarcerated populations).²⁷⁻³⁷ Seven studies were excluded because they were literature reviews or qualitative studies.³⁸⁻⁴⁴ Finally, one study was excluded because the associations it found were too variable and dependent on other factors.⁴⁵ The first round of snowball referencing yielded 5 additional peer-reviewed references.^{24,46-49} Snowball referencing of citations in those additional articles yielded one additional paper,⁵⁰ for a total of 6 peer-reviewed papers added from snowball referencing. No grey literature was identified in the snowball reference search process, but all grey literature sources identified in the snowball reference process

were individually searched. These searches yielded a total of two grey literature articles for final inclusion.^{51,52} In total, twenty articles are included in this review and are detailed in **Table 1**.

II. Data Analysis

Of the selected studies, four are cross sectional designs and sixteen are retrospective cohort study designs. Most selected studies (seventeen of twenty) used data from national longitudinal studies. Four of the selected articles drew data from the Fragile Families and Child Wellbeing Study^{49,53–55}; five drew data from the National Longitudinal Study of Adolescent to Adult Health (Add Health)^{56–60}; two drew from the National Longitudinal Survey of Youth^{51,61}; and six drew from other national surveys^{46,48,52,62–64}. The remaining three studies examined data at a local city or county level and thus may have limited generalizability to other jurisdictions.^{47,65,66}

The selected studies addressed a variety of individual health outcomes including mortality (4)^{52,61,63,65}; cellular aging/physiological stress (3)^{47,53,56}; mental health (6)^{51,54,55,59,62,64}; general self-rated health (3)^{49,58,60}; cardiovascular risk symptoms (1)⁴⁶; non-fatal injuries (1)⁴⁸; and sexually transmitted infections (STIs)(2)^{57,66}. Studies are discussed in more detail and grouped by category of racially disparate health outcomes below.

A. Mental Health Consequences

Six of the selected studies showed racial disparities in various mental health symptoms and outcomes resulting from criminal legal system contact. Houston, Boen, and Porter et al. Five of those six found increased mental health symptoms associated with arrest or incarceration in black people compared to white people. Houston reported that an arrest history was associated with increased depressive symptoms among black and Hispanic males, but not among white males.⁵¹ Boen found that black individuals had higher numbers of depressive symptoms associated with arrest and incarceration compared to white individuals, and higher rates of arrest and incarceration

than white individuals.⁵⁶ Porter et al. found a significantly positive relationship between time incarcerated and mental health symptoms among both black males and females (more time incarcerated corresponded with more mental health symptoms) while this same relationship was negative among white males and females.⁶⁴ Additionally, Jackson et al. found that among youth who had witnessed police stops, officer intrusiveness was less associated with anxiety but more associated with decreased happiness among black and Hispanic youth than among white youth.⁵⁴ Similarly, Bacak and Nowotny found that after controlling for covariates, being stopped by police was associated with depressive symptomology among black participants but not among white participants.⁵⁹ Finally, Talbert and Patterson found that African American women experienced higher psychological distress and higher odds of PTSD associated with any contact with the criminal legal system, direct contact with the criminal legal system, and negative police encounters when compared to Afro-Caribbean women.⁶²

B. Physical Health Consequences

Eight studies reported racial disparities in a variety of physical health outcomes associated with criminal legal system contact including sexually transmitted infections (STIs) (2)^{57,66}; cellular aging (3)^{47,53,56}; cardiovascular risk (1)⁴⁶; chronic conditions (1)⁶⁰; and non-fatal injury (1)⁴⁸.

Studies that found racial disparities in cardiovascular risk, non-fatal injuries, and chronic conditions all showed worse health outcomes among black people compared to white people. Wang et al. found an especially strong and statistically significant association between incarceration history and hypertension risk among black men relative to white men. Additionally, there was a statistically significant association between incarceration and incident hypertension among black men but not among white men.⁴⁶ Nino et al. also found that criminal legal system contact was associated with an increase in chronic conditions among black respondents but not

among white or Hispanic respondents.⁶⁰ Finally, Feldman et al. found that black people experienced legal intervention injuries at a higher relative rate than white people.⁴⁸

Studies documenting racial disparities in STI's reported differences in what races were more impacted, though some of these findings are likely not generalizable. Khan et al. found that among adolescents, STIs were significantly associated with parental incarceration occurring at eight years old or younger among black participants, but not among white or Hispanic participants. Among adults, STIs were significantly associated with parental incarceration occurring at eight years old or younger among Hispanic (stronger association) and white (weaker association) participants, but not among black participants.⁵⁷ Wiehe et al. found that among a cohort of people who experienced a jail stay between 2003 and 2008 in Marion County, Indiana, white women were more likely to experience an STI infection in the first 12 months after their jail stay as compared with their likelihood of STI infection in the 36 months prior to jail stay. This relationship was not seen in other cohort members. This finding likely has limited generalizability because white women made up a small percent of the cohort and the study is limited to a single jail and small time frame.⁶⁶

Studies looking at telomere length reported shorter telomeres among black people compared to white people. Two studies found racial disparities in decreased telomere length, which is a measure of cellular stress and premature cellular aging. Nino et al. found that paternal incarceration was significantly associated with maternal cell aging, as measured by decreases in telomere length, among black mothers but not among white or Latina mothers.⁵³ McFarland et al. found that among adults in Davidson County Tennessee, black people who experienced personal or vicarious unfair treatment by police had shorter telomeres than black people who did not experience unfair treatment by police: this association was not present among white people.⁴⁷ This

study likely has limited generalizability because of its limited population scope to only one county in Tennessee.

C. General Self Rated Health Consequences

Three studies found racial disparities in general self-rated health associated with criminal legal system contact, and all of them reported heightened impacts on non-white people. Kuper and Turanovic found that black male respondents reported an increase in poor health after first incarceration: no such relationship existed amongst white male respondents.⁵⁸ Nino et al. found black respondents with a history of probation were more likely to report poorer self-rated health than black respondents with no history of contact, while white people who experienced probation were less likely to report poorer self-rated health than white people with no history of contact.⁶⁰ McFarland et al. found that non-white people, particularly black and Hispanic people, who experienced vicarious or personal contact with police both had worse self-reported health than similarly exposed white people.⁴⁹

D. Mortality

Four studies reported racial disparities in death associated with criminal legal system contact, all of which found higher mortality rates associated with criminal legal system involvement among black men compared to white men.^{52,61,63,65} Bovell-Ammon et al. found that incarceration was associated with a higher mortality rate among black participants, but not among white participants. Additionally, incarceration was the strongest factor associated with mortality among black participants, but was not significant among white participants.⁶¹ Aalsma et al. found that among deaths occurring between 1999-2011 in Marion County Indiana, black youth had higher mortality rates associated with criminal legal system involvement and experienced the clearest increase in mortality by severity of justice system involvement compared with white

youth: with arrest corresponding with the lowest mortality rate, followed by detainment, followed by incarceration, followed by transfer.⁶⁵ However, this study contained no covariates and only looked at a population in one county, and thus likely has limited generalizability. Edwards et al. found that between 2012 and 2016, police were responsible for 8% of homicides of adult males across the US and that black men were killed at the highest rate followed by Latino men, followed by white men.⁶³ Thomas found that black people were almost two times as likely to be fatally shot while unarmed between 2015 and 2018 (11%) compared to white people (6%).⁵²

DISCUSSION

Twenty studies were identified through this review process that reported racial disparities in health consequences associated with criminal legal system contact. These racial disparities in health consequences were found by showing differences in presence and/or strength of association, or differences in severity of health consequences corresponding with various forms of contact with the criminal legal system.

Of these studies, the vast majority found racial disparities in health consequences associated with criminal legal system contact that had a larger impact on black people when compared to white people. Only three studies found instances where disparities in health consequences were heightened for white people compared to black people.^{54,57,66} One of these had severely limited generalizability because of the small sample size of white women and the localized study population.⁶⁶ The other two found that certain outcomes were experienced worse by white people (anxiety⁵⁴, STI in adulthood⁵⁷) while others were experienced worse by black people (decreased happiness⁵⁴, and STI in adolescence⁵⁷). Additionally, one study focused on differences in health outcomes among African American and African Caribbean women, finding that African American women experienced the worse health outcome.⁶²

Racial disparities in health outcomes associated with criminal legal system contact were reported across a wide variety of health consequences including disease, injury, chronic conditions, cardiovascular risk, cellular aging, mental health conditions, depressive symptoms, and general self-rated health overall. Notably, racial disparities in mortality associated with criminal legal system contact were reported in 20% of the reviewed studies. Disparities in mental health symptoms and outcomes were also frequently noted, with 30% of studies showing racial differences in mental health associated with criminal legal system contact. Among the included studies, racial disparities in health consequences were associated with a variety of different types of criminal legal system contact, with incarceration and police contact (particularly intrusive contact) being the most common types of contact. These racial disparities in health consequences were found not just among those who were directly involved with the criminal justice system, but also those with indirect involvement such as people witnessing intrusive police stops or children with an incarcerated father.

The wide range of health consequences amongst which racial disparities have been reported and wide variety of criminal legal system contacts that they have been associated with signal a need for interdisciplinary efforts to better understand and address these health disparities. Systemic racism is a well-documented, serious public health crisis in the United States,⁶⁷ and this literature suggests that the intersection of systemic racism and criminal legal system contact can further widen and worsen racial disparities in health outcomes.

LIMITATIONS

I. Limitations of the Evidence

The body of selected evidence, though robust in many ways, has several limitations. First, though most of the studies included covariates in their analysis, it is likely that some covariates

were missed because of historical context and systemic nature behind racial disparities and mass incarceration. This could impact the strength of associations between the health outcomes and the criminal legal system contact. Second, many studies distinguished only between black and non-black participants or black and white participants. A few studies also distinguished between black, white, and Hispanic participants. This limited racial stratification of groups likely leaves out important health outcome disparity information, particularly among American Indian and Alaska Native populations who are incarcerated at very high rates per capita.⁶⁸ It also likely results in people being grouped into racial categories to which they may not self-identify. Third, three studies looked specifically at city/county level data in urban cities and counties. Results from these studies likely have limited generalizability. More research is needed to see how effects differ across counties and across rural/urban areas. Fourth, women are very underrepresented in the literature which overwhelmingly focused on male participants. Women experience contact with the criminal legal system in different ways than men, and the consequences of this contact are unique.⁶⁹ Neglecting to take this into account results in an incomplete understanding of racial disparities in health outcomes associated with criminal legal system contact. Fifth, many of the studies draw from the same national longitudinal data sources to make different conclusions. Though this data is expansive and nationally representative, the fact that many different studies use the same data could result in an incomplete view of racial disparities in health consequences associated with criminal legal system contact. More longitudinal data collection is needed, especially as the criminal legal system continues to evolve and affect people in new and different ways. Finally, health outcomes outside of mental health and mortality such as acute conditions, chronic conditions, lifetime infectious disease burden, etc. are under-represented in the literature. More research into a wider range of health outcomes would be informative.

II. Limitations of the Review Process

This review focused on studies that reported racial disparities in health outcomes. Many studies found health outcomes associated with criminal legal system contact but either controlled for race or did not find race disparities in health outcomes. The failure to include these studies is a limitation because it results in an incomplete picture of health consequences associated with criminal legal system contact by only focusing on studies where disparities were found. Additionally, this review fails to consider how the increased contact of people of color with the criminal legal system may impact their experiences with the associated health consequences.

Further, this review focused only on direct health outcomes. Exclusion of studies reporting racial disparities in health adjacent outcomes or social determinants of health (i.e., future incarceration, healthcare access, etc.) results in an incomplete view of health consequences associated with criminal legal system contact. Similarly, the choice to focus on individual health consequences ignores disparities in health outcomes that are present on a population level. Finally, this reviewing was conducted by a single reviewer which increases the potential of relevant studies being overlooked and creates a less robust and trustworthy data set due to a lack of verification between multiple reviewers.

IMPLICATIONS

This systematic literature review should be used to justify and inform the involvement of public health entities in criminal legal system reform and policy to address this wide range of racially disparate health consequences associated with criminal legal system contact. Such efforts should connect this research with other studies to identify individual, situational, contextual and organizational factors to consider in making policy solutions and public health programming.⁷⁰

This research could also lead to better informed healthcare for individuals at risk for poorer health outcomes due to criminal legal system contact, with targeted interventions for those in need.

As a next step, further research investigating racial disparities in health outcomes associated with criminal legal system contact on the community level should be done. Targeted public health and criminal legal system interventions for communities most at risk could be particularly high yield in improving community-wide health. Additionally, research reporting disparities in social determinants of health (such as housing instability, poverty, education, inclusion, environment, etc.) associated with criminal legal system contact should be used to inform potential interventions. There is ample research documenting the harms of the criminal legal system to health. Creating interventions informed by existing evidence should take priority over further research, particularly because of the importance of health in fostering happy, productive communities.

APPENDIX:

Figure 1. Included Literature Search Process

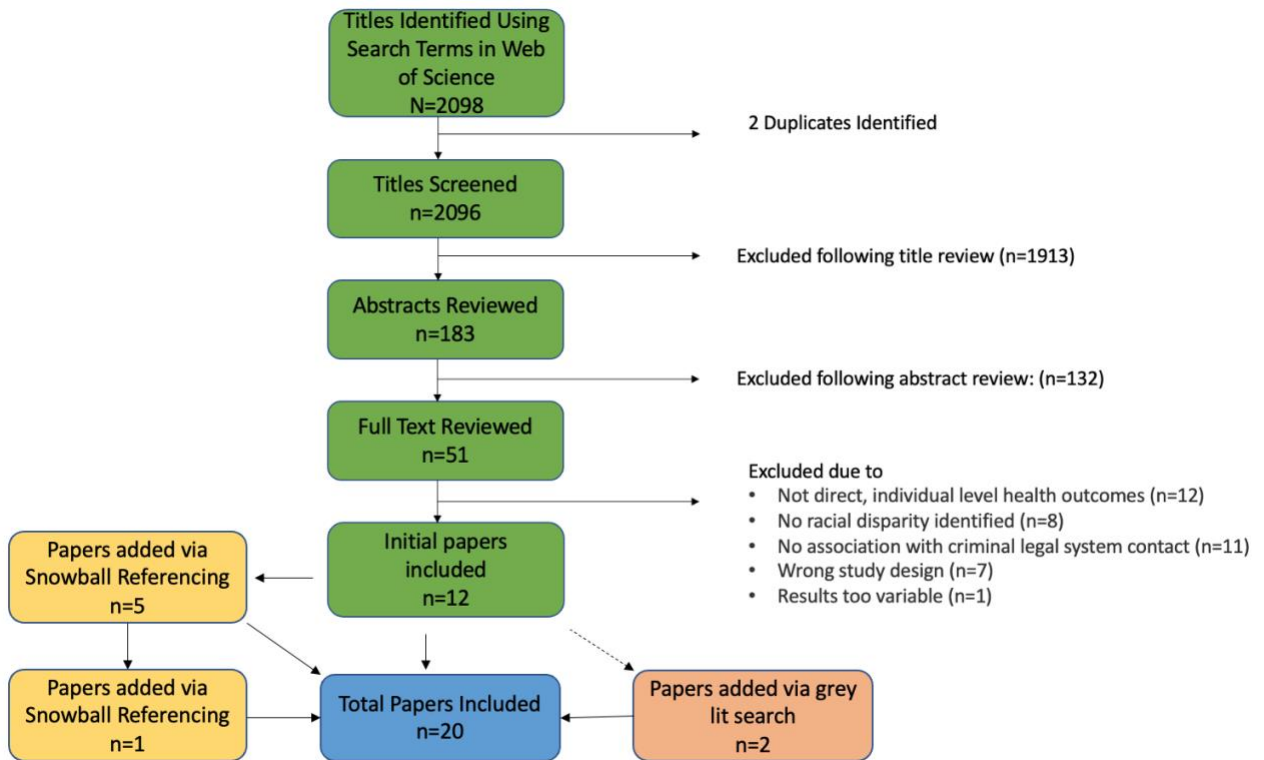


Figure 2: Grey Literature Search Process

Source (Website Name)	Methods	Number of Included Sources
Prison Policy Initiative	Section titled “Health demographics of a sample of people in state prisons in 2016”, located in the data toolbox, was searched for health-related articles. All linked articles having to do with health harms associated with criminal legal system contact were investigated. Links to other potentially relevant sources within each article were read. Subsequently, publications in the “health” and “collateral consequences” issues were read, narrowing by title, summary, and eventually full text as applicable.	0
The Marshal Project	“Race and health” was searched in the search toolbar feature. Conducted title, abstract, and full text review for all populated results, as applicable	0
University of Kentucky Center for Poverty Research Discussion Paper Series	Title, abstract, and then full text review were conducted as applicable for all submissions from 2003-2017 (this was all of the available submissions).	0
CDC Morbidity and Mortality Weekly Report	Searched “crim” into MMWR Search by topic box and conducted title, abstract, and full text review for all populated results as applicable.	0
Pew Research Center	Clicked on “Research Topics”, then “Race and Ethnicity”. From there, resources under the “Racial Bias and Discrimination” and under “Race, ethnicity, and politics” sections were reviewed via title, abstract, and full text review as applicable. Clicked on “Research Topics”, then “Politics and Policy” From there, resources under “Criminal Justice” and under “Health policy” sections were reviewed via title, abstract, and full text review as applicable. All results were filtered for US only.	0
Agency for Healthcare Research and Quality	Searched publications for “race”. Searched again for “crim” and again for “legal”. Conducted title, abstract, and full text review of all results as applicable. Also looked at “minority health” page of publications and “National Health Care Quality and Disparities Reports”. Screened titles, abstracts, and full text reviews of available resources as applicable.	0
Healthcare Cost and Utilization Project (H-CUP)	Searched H-CUP Publications for “race”. Conducted title, abstract, and full text review of all populated results as applicable.	0

Government Accountability Office	Searched in search feature. Filtered by “reports and testimonies”, time frame (2000-2024) and by topic: “health care” and “justice and law enforcement”. Conducted title, abstract, and full text review of all populated results as applicable.	0
Bureau of Justice Statistics	Publications were searched via the “search publications” feature on the website. Publication Series were screened for applicability by name. Most recent publications from each applicable series were then reviewed by summary and then full text for inclusion, as applicable.	0
Open Access Theses and Dissertations	Searched: “race and health and crim*” in the search toolbar. Filtered search by US only and by year: 2015 - 2024. Conducted title, abstract, and full text review of all populated results as applicable.	2
National Center for State Courts	Clicked on Racial justice -> resource center -> Data and analysis. Conducted title, abstract, and full text review of resources as applicable.	0
Legal Action Center	Filtered resources under the “resources” tab by report only. Conducted title, abstract, and full text review of all resources as applicable.	0
NC CRED: North Carolina Commission on Racial & Ethnic Disparities in the Criminal Justice System	Conducted title, abstract, and full text review of all resources available under the “resources” tab on website	0

Table 1: Critical Literature Review Table: Individual Analysis of Included Studies

Reference	Study Design	Time period	Data Source	Population	Covariates	Health Outcome	Contact with the Criminal Legal System	Racial Groups Considered in Racial Disparity Analysis	Racial Disparity Results/Conclusions
(Aalsma et al., 2016)	Retrospective cohort	1999-2011	Electronic criminal and death records in Marion County, Indiana	Youth (age 10-18 at first arrest) involved in juvenile or adult CJ system between January 1, 1999 and December 31, 2011 in Marion County Indiana (urban county) (N=49,479 adolescents (among which, 518 deaths occurred)).	None	Death/Mortality as measured via annual mortality rates, standardized mortality ratios (adjusted for gender, race/ethnicity, and age distributions of community youth)	Arrested (not detained, incarcerated, or transferred), detained (held in county run detention centers), incarcerated (held in state run juvenile prison facilities), transferred (tried in adult court rather than juvenile court).	Hispanic, Black, White but only Black and White were included in mortality rates due to small sample size of Hispanic population	Black males had higher annual mortality rates than white males across the spectrum of criminal legal system involvement. Black youth experienced the clearest increase in mortality by severity of justice system involvement: with arrest corresponding with the lowest mortality rate, followed by detention, followed by incarceration, followed by transfer.
(Bacak & Nowotny, 2020)	Retrospective Cohort	Data from the third wave (collected in 2001-2002) was used for this study	National Longitudinal Study of Adolescent to Adult Health (Add Health)	Non-Hispanic black and white young adults aged 18-26 years who participated in the Add Health study and had complete data in wave three (N=7747)	Demographics (age, race, educational attainment, gender), prior depression score, criminal behavior, history of arrest, and juvenile conviction	Depressive Symptomatology as measured via the Center for Epidemiological Studies Depression Scale	Being stopped or detained by police, excluding stops for minor traffic violations	Non-Hispanic Black ("Black"), White	Being stopped by police was associated to a greater extent with depression among black participants than among white participants. Specifically, this association was present for black participants even after controlling for criminal behavior and justice contact while controlling for these factors got rid of the association between depression and police stops among white participants.
(Boen, 2020)	Retrospective Cohort	Data collected in waves from 1994-2009.	National Longitudinal Study of Adolescent to Adult Health (Add health: 1994-2009))	Nationally representative sample of US adolescents followed from 1994-2009 (N=5488)	Family SES in adolescence, neighborhood economic disadvantage in adolescence, neighborhood racial composition in adolescence, mental health in adolescence, a marker of delinquency, whether the respondent was a repeat arrestee, whether the respondent was arrested for a violent crime, and whether the respondent ever had a parent incarcerated.	Depressive risk as measured by number of depressive symptoms	Incarceration: Incarceration history, age at first incarceration, total duration of all incarceration experiences, incarceration dosage.	Non-Hispanic Black ("Black") and Non-Hispanic White ("White")	Black individuals had higher numbers of depressive symptoms associated with arrest and incarceration than white people and higher rates of arrest and incarceration. This study explicitly links higher arrest and incarceration rates of black people with the racial disparity in depressive risk.
(Bovell-Ammon et al., 2021)	Retrospective Cohort	Data Collected from 1979- 2018.	National Longitudinal Survey of Youth 1979	Nationally representative group of previously non-institutionalized youth who were ages 15-22 in 1979 and were followed up until 2018 (N=797)	Prior incarceration, race, sex, disability, income, receipt of public assistance, participant high school completion, parental high school completion, drug use, and illegal activity	Death	Incarceration since the start of data collection	Non-Hispanic Black ("Black") and Non-Hispanic Non-Black ("White")	Incarceration was associated with a higher mortality rate among black participants, but not among white participants. Incarceration was the strongest factor associated with mortality among black participants. This association was not significant among non-black participants.
(Edwards et al., 2018)	Cross Sectional	Data from January 1 2012 – February 12, 2018	Data came from "Fatal Encounters" a public, web-based data source documenting police homicide that is independent of police reporting.	Adult males who were killed by police (N= 6295)	None	Death: Specifically, Homicides caused by Police	Police encounters	Black, Latino, White	Black Men killed by police at a rate of at least 2.1 per 100,000. Latino men were killed at a rate of at least 1.0 per 100,000 and white men were killed at a rate of at least .6 per 100,000. In the division metropolitan groups, estimated median risk for black police involved mortality was 4.3 X greater than white risk. In middle Atlantic large central metros, there was a risk of 8.2 black homicide victims for every 1 white victim. Between 2012 and 2016, police were responsible for 8% of homicides.

(Feldman et al., 2016)	Cross Sectional	2001-2014	National Electronic Injury Surveillance System - All Injuries Program (NEISS-AIP) and the Center for Disease Control and Prevention's Web-based Injury Statistics Query and Reporting System (WISQARS)	Male and female people between ages 15-34 located in the 66 NEISS-AIP US states who experienced legal intervention related emergency department visits between 2001-2014.	None	Non-fatal injuries caused by legal intervention and treated in Emergency Departments	Legal Intervention: when a medical record indicated the injury was caused by a police officer or other legal authorities	White, Black	Across all analyses, black people were found to have experienced legal intervention injuries at a higher relative rate (RR) than white people. In primary analyses: black people experienced legal intervention injuries at a 4.90-fold higher rate (RR 95% CI 3.07, 7.83) compared to white people. In the sensitivity analyses, high and low extremes still supported this, with black people experiencing legal intervention injuries at 8.04 (95% CI 5.10, 11.86) and 2.84 (95% CI 1.68, 4.78) fold higher rates compared to white people, respectively.
(Houston, 2018)	Retrospective Cohort	Rounds one through fourteen of data collection: 1997-2010	National Longitudinal Survey of Youth 1997 Cohort (NLSY97)	Black, White, and Hispanic respondents from the NLSY97 cohort with complete data from rounds one through fourteen (N=4,563)	Relationship configurations, education, employment, race, gender	Depressive symptoms as measured using the Mental Health Inventory	Arrest history as measured as any history of arrest at or after the age of 12	Black, White, Hispanic	An arrest history was associated with increased depressive symptoms among black and Hispanic males, but not among white males.
(Jackson et al., 2022)	Retrospective Cohort	This study used data from the 6th wave (2014-2017)	Fragile Families and Child Wellbeing Study	Youth respondents with data through the 6th wave (2014-2017). Total N=3444, split into 2 subsamples: youth with no history of being stopped by police (n=2506) and youth who had witnessed police stops in their neighborhoods/ schools but not been stopped by the police (n=1488)	Age, race/ethnicity, youth delinquency and substance use, youth internalizing behavior, presence of police at school, age at time when stop was witnessed, income to poverty ration, material hardship, low neighborhood cohesion, perceptions of neighborhood danger, mother relationship status, maternal education, maternal depression, paternal incarceration.	Mental Well-being as measured by self-reported feelings of depression, anxiety, and happiness	Witnessed police stop in neighborhood or school. Officer intrusiveness included as a feature of police stop	Black, White, Hispanic, Multiracial, and "Other Race/Ethnicity"	Youth who had witnessed police stops were more likely to be black (t=3.62) and less likely to be white (t=-3.04). Youth who witnesses stops in neighborhoods, schools, or both exhibited significantly higher levels of depression and anxiety than those who did not witness stops. Only youth who reported witnessing stops in both neighborhoods and schools reported significantly lower levels of happiness. Officer intrusiveness during stop was associated with significant increases in anxiety and depression, and significant decreases in happiness. Black, hispanic, and other racial group youth had weaker associations with officer intrusiveness and anxiety than white youth. However, black and hispanic youth had a stronger association with officer intrusiveness and decreased happiness than white youth.
(Khan et al., 2018)	Retrospective Cohort	Cohort followed from 1994 to 2008: interviewed at 3 times during the study (childhood, young adulthood, and adulthood)	National Longitudinal Study of Adolescent to Adult Health (Add health)	Nationally representative cohort of 7th-12th graders followed until adulthood (ages 18-28) (N =11884)	Youth: Age, race/ ethnicity, gender, adolescent poverty, parental binge drinking, and exposure to violence. Adult: poverty during young adulthood and adulthood education.	STI diagnoses in adolescence and adulthood	Parental Incarceration	White, Black, and Hispanic	In adjusted analyses, adolescent sexually transmitted infection was significantly associated with parental incarceration when the child was younger than 8 years old only among black participants. Parental incarceration when the child was younger than 8 was not associated with sexually transmitted infection in adulthood among black participants. However, this association was present among hispanic and white people. With hispanic participants having a much stronger association between parental incarceration when the child was less than 8 years old and sexually transmitted infection in adulthood than white participants.
(Kuper & Turanovic, 2023)	Retrospective Cohort	Data collected in waves from 1994-2008	National Longitudinal Study of Adolescent to Adult Health (Add Health)	Respondents who had been present in all four waves of data collection, had valid sampling weights, had a corresponding parent questionnaire, and identified as non-Hispanic black or non-Hispanic white (N=5833)	Criminal offending, depressive symptoms, problem drinking, gender, verbal intelligence, public assistance, economic hardship, childhood abuse, childhood neglect, parental incarceration, neighborhood disorder, early residential mobility.	Poor self-rated health generally	First incarceration (this includes brief jail stays and lengthy prison sentences) This study does not account for differences between the two.	Non-Hispanic Black ("Black"), Non-Hispanic White ("White")	Black male participants had a 0.018 standard deviation increase in poor health after first incarceration. There was no such positive association among white respondents. This relationship only holds for male respondents.

(McFarland et al., 2018)	Retrospective cohort	Data collected between April 2011 and January 2014	Nashville Stress and Health Study (NSAHS)	Black and white men from the NSAHS study with complete telomere length data (N=514)	Sociodemographic characteristics (age, educational attainment of parent, and financial strain in childhood), stressors (# of stressful life events experienced before age 18 and after age 17), discrimination (perceived personal and vicarious unfair treatment), mental health history (self reported anxiety and depressive disorders), substance use history (smoking, drinking, and illegal substances), and previous trouble with the law (if respondent was stopped or arrested for alcohol more than once).	Cellular Aging as measured by Leukocyte telomere length	Personal and Vicarious self-reported Unfair Treatment by Police	Black, White	Black people who reported personal or vicarious unfair treatment by police had shorter telomeres than black people who did not report unfair treatment by police. However, among white participants, unfair treatment by police was not related to telomere length: those who experienced unfair treatment by police did not have shorter telomeres than white people who did not experience unfair treatment by police.
(Niño, Harris, Angton, et al., 2023)	Retrospective Cohort	Data collected in waves from 1994-2019	Data came from the National Longitudinal Study of Adolescent to Adult Health (Add Health)	Add health respondents who had provided data through wave 5 (administered 2016-2019) N=19,828	Age, gender, education, income, family structure, work status, parental incarceration, currently insured, low self-control, and peer delinquency.	Self-rated health and chronic conditions (count based measure of how many chronic conditions respondent has been diagnosed with)	No history of criminal justice contact, arrest, conviction (post-arrest), probation (post-conviction, incarceration (post-conviction), and both incarceration and probation (post-conviction)	Hispanic, Black, White	Black respondents with a history of probation were more likely to report poorer self-rated health than Black respondents with no history of CJ contact (OR=2.05). White respondents with a history of probation were less likely to report poorer self-rated health (OR=.64) than white respondents with no history of CJ contact. Black respondents with a history of probation reported more chronic conditions (IRR=1.42) than black respondents with no CJ contact. Black respondents with a history of probation (IRR = 1.90) and the combination of incarceration and probation (IRR = 1.58) reported more chronic conditions than Black respondents with a history of conviction only. However, there was no significant association between chronic conditions and CJ contact among white or Hispanic respondents.
(Niño, Harris, Tsuchiya, et al., 2023)	Retrospective Cohort	1998-2010: Data collection started in 1998-2000, with interviews conducted 1, 3, 5, and 9 years later. Telomere length data captured at year 9.	Fragile Families and Child Wellbeing Study	Mothers of children whose fathers are incarcerated and who completed the 9-year follow up (N=2174 mothers)	Race/ethnicity, economic hardship, neighborhood concentrated poverty, maternal mental health, maternal parenting stress, education level, family structure, number of kids, multi-partnered fertility, intimate partner violence, heavy drinking	Maternal cellular aging as measured by telomere length	Paternal incarceration as measured by responses at year 1, 3, and 5 of mother/father interviews.	Black, Latina/o, White	After accounting for economic hardship, neighborhood concentrated poverty, maternal mental health, and maternal parenting stress, paternal incarceration was found to be significantly associated with maternal cell aging (significant decrease in telomere length) among black mothers but not among white or Latina mothers.
(Porter et al., 2021)	Retrospective Cohort	Data collected over the year of 2004.	Survey of Inmates in State Correctional Facilities in 2004.	People incarcerated in US state correctional facilities in 2004. People with missing data or who did not expect to ever leave prison were excluded. Other racial/ethnic groups outside of Non-Hispanic white and non-Hispanic black were also excluded N=9364	Age, race, sex, educational attainment, employment status at arrest, marital status, number of minor children of respondent, measures of social ties, illegal drug use, sexual or physical abuse experienced as a child, whether or not mental health treatment was received prior to incarceration.	Overall mental wellbeing as measured by symptoms of depression, bipolar disorder, anger, psychotic disorders, anxiety disorders, and personality disorders.	Time incarcerated: total number of years served between respondents' admission and interview date (this includes any jail time prior to the most recent arrest)	Non-Hispanic Black ("Black") and Non-Hispanic White ("White")	The relationship between time served and mental health symptoms is significantly positive for both black males and black females. For white males and females, this relationship is negative. Additionally, the relationship between time served and mental health symptoms is significantly different for black men (z = 3.95) and black females (z=2.37) compared to white men.

(Talbert & Patterson, 2024)	Cross Sectional	Data collected between 2001 and 2003	National Survey of American Life (NSAL)	Nationally representative sample of African American and Afro-Caribbean women in the NSAL survey. N=3011	Age, education, employment, marital status, and self-reported physical health	Psychological distress measured using 6 item Kessler scale, Self rated mental health, PTSD diagnosis	Any contact, direct contact, negative police interaction, arrest, incarceration, familial incarceration	African American and Afro-Caribbean	African American women experienced higher psychological distress and odds of PTSD in response to any contact with the justice system, direct contact, and negative police encounters. Afro-Caribbean women's odds of PTSD were worsened only based on direct contact. Familial incarceration was associated with worse reported mental health outcomes for both African American and Afro-Caribbean women.
(Turney, 2021)	Retrospective Cohort	Data collected in waves from 1998-2017 (When children were ages 1, 3, 5, 9, and 15)	Fragile Families and Child Wellbeing Study	Adolescents from the Fragile Families and Child Wellbeing Study who participated in the 15-year survey and had complete data on depressive symptoms (N=3437)	Mother and Father's demographic characteristics (age, race, immigrant status, family structure in childhood, relationship status, relationship quality, number of kids); socioeconomic characteristics (educational attainment, employment, income-to-poverty ratio, material hardship); health characteristics (depression, overall health, heavy drinking); neighborhood characteristics (disadvantage, college degree status, unemployment, poverty line, public assistance recipients, race, social control, social cohesion); and characteristics especially associated with adolescent police contact (cognitive ability, impulsivity, police contact, incarceration). Adolescent characteristics including: gender, age, low birth weight, prior mental health, delinquency, impulsivity, and peer delinquency.	Depressive Symptoms as reported in the 15 year survey (Modified version of the Center for Epidemiologic Studies Depression Scale)	Police Contact: Both personal police contact and vicarious (but not personal) police contact	Hispanic, Black, White	For adolescents with personal police contact: depressive symptoms were highest for Hispanic people (1.769 compared to 1.666 for black people). For adolescents with vicarious but not personal police contact: depression symptoms were highest for black people (1.631 compared to 1.539 for white people). The only significant documented increase in depressive symptoms associated with personal police contact was among black people. The differences in relationship between vicarious police contact and depressive symptoms was significant when comparing white and black people (z=2.45) and white and Hispanic people (z=2.40).
(Wiehe et al., 2015)	Retrospective cohort	2003-2008	Marion County Sherriff's Office jail stay data and the Marion County health Department's STI data	People who had experienced a jail stay during 2003-2008 in Marion County Indiana. (N=118,670)	Age, race, STI history, charge, length of stay, and jail history	STI as measured by a positive test result for chlamydia, gonorrhea, and/or syphilis in the one year after release from jail	Jail stay	Black, White	White women experienced higher rates of STIs in the 12 months after a jail stay than in the 36 months prior. The rest of the cohort experienced similar rates of STIs in the 36 months before a jail stay and in the 12 months prior. The percentage of white women in the cohort was very small so results could be slightly skewed.
McFarland et al., 2019	Retrospective Cohort	Data collected in waves from 1998-2017 (When children were ages 1, 3, 5, 9, and 15)	Fragile Families and Child Wellbeing Study	Fragile Families and Child Wellbeing adolescent study participants with valid responses on self-reported health at Y15 (N=3420)	Family environment (relationship status of parents, mother's educational attainment), household income, where the child was born, adolescent background and behavioral characteristics (self-reported delinquent behavior of themselves and peers), parental incarceration, caregiver health conditions, economic stress, witnessing a crime, victimization, and perceived lack of neighborhood safety.	Self-reported health	Personal and/or vicarious contact with police	Black, Hispanic, White, Multiracial, or Other (single race)	Non-white people, particularly black and hispanic people, who experienced vicarious or personal contact with police both had worse self-reported health than similarly exposed white people. Vicarious police contact among black people and personal contact among Hispanic people both had stronger association with worse health than was present among white people.

Thomas, 2019	Cross-sectional	January 1, 2015-December 31, 2018	The Washington Post (WaPo) database of all on-duty police-involved shootings	Black and White males in the US who were fatally shot by police between January 1, 2015 and December 31, 2018 and whose death's were recorded in the WaPo database with known armed status (N=2,442)	Race, age, gender, signs of mental illness, educational attainment, median household income, federal poverty rate, unemployment status, crime rates, economic strength	Death	Interaction with police: Fatal Police Shooting	Black, White	Black people were almost two times as likely to be fatally shot while unarmed between 2015 and 2018 (11%) compared to white people (6%)
Wang et al., 2009)	Retrospective Cohort	Data collected in waves at baseline between 1985 and 1991	Coronary Artery Risk Development In young Adults (CARDIA) study	CARDIA study participants who had complete baseline data and follow up data through year 5 (N=4350)	Demographics, clinical risk factors (BMI), behavioral risk factors (illicit drug use and excessive alcohol consumption), socioeconomic status	Cardiovascular risk factors measured at the year 5 exam (1990-91). This included blood pressure measurement, hypertension, incident hypertension , diabetes, and serum total cholesterol and high density lipoprotein	Incarceration during the three years following baseline	Black, White	Among black men there was an especially strong and statistically significant association between incarceration history and hypertension risk as compared to the rest of the study population. Among black men, there were also statistically significant associations between incarceration and incident hypertension while there were not statistically significant associations among white men, white women, or black women.

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