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## A New Vulnerable Population? The Health of Female Partners of Men Recently Released from Prison

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### Abstract

**Background**—Despite a growing literature on the consequences of having a romantic partner incarcerated on women's risk of contracting sexually transmitted infections, little research considers the broader health profile of the female partners of ever-imprisoned men.

**Methods**—We use data from the Relate Project (N=332), a unique cross-sectional survey of recently released men and their female partners (2009-2011), to demonstrate that the female partners of recently released men suffer from a variety of health risks and conditions. We also examine the health conditions of females by their own incarceration history.

**Findings**—We find that these women engage in poor health behaviors including smoking, drug use, and excessive alcohol consumption and have high levels of health conditions including asthma, hypertension, anxiety, and depression. The vulnerability of women who had themselves been incarcerated in jails or prisons was especially acute. The number of risky background characteristics such as dropping out of high school (45%) and spending time in foster care or a group home (36%) were staggeringly high for ever-imprisoned women, as were their rates of anxiety (50%), depression (59%), and PTSD (45%).

**Conclusions**—Results reveal that the health of the female partners of recently released men is at least as poor as that of their male partners, suggesting a degree of vulnerability that has yet to be considered in the medical or public health literatures and a population that desperately needs medical attention with the full rollout of the Affordable Care Act in 2014.

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## INTRODUCTION

Dramatic increases in the American imprisonment rate have rendered imprisonment a common experience in the life-course of Black and Hispanic men, especially those with low levels of educational attainment (Bonczar, 2003; Pettit & Western, 2004). As imprisonment has become common in this population, researchers have developed an acute interest in understanding how incarceration and release influence health and mortality (Binswanger et al., 2007; Clarke & Adashi, 2011; Fazel & Baillargeon, 2011; Massoglia, 2008; Mumola, 2007; Patterson, 2010; Rosen et al., 2008, 2011; Schnittker & John, 2007; Spaulding et al., 2011; Wang et al., 2009).

Largely missing from this literature, however, is the realization that men's incarceration may have implications not only for their own health but also for the health of their loved ones. Indeed, with the exception of a growing literature on the consequences of having a sexual partner in or exiting a correctional facility for women's risk of contracting HIV or other infectious diseases such as tuberculosis and viral hepatitis (Fazel & Baillargeon, 2011; Grinstead et al., 2005, 2011; Johnson & Raphael, 2009), virtually no research considers the consequences of having an incarcerated or recently released partner for women's physical or mental health (but see [references blinded by *WHI* editors for peer review]). This omission is startling because having a criminal justice-involved partner increases women's stress and social isolation beyond their already-high levels and decreases the financial resources available to them (Braman, 2004; Comfort 2007, 2008; Turney et al., 2012), all of which lead to poor mental and physical health.

In this article, we use data from the Relate Project, a study of recently released men and their female partners, to show that the latter are a vulnerable population that has to date been largely invisible despite high levels of poor health behaviors, physical health, and mental health. This emphasis breaks from prior research in two ways. First, by focusing on a broad array of demographic characteristics, mental and physical health, and health behaviors, we show that the vulnerability of the female partners of recently released prisoners is not limited to infectious disease. Second, we focus broadly on considering these women as a vulnerable population rather than solely as a population of women likely to be in poor health. We define a vulnerable population as a group that is at high risk of “weathering” (Geronimus, 1992), that is developing significant mental or physical health conditions earlier than the general population and suffering from lack of health interventions once those conditions have developed. This risk is conferred by a unique combination of background disadvantages, social and environmental stressors, and poor health behaviors. In so doing, we suggest that physicians should be conscious that having been imprisoned and being in a relationship with a former prisoner are risk factors for poor health, situating these women alongside other vulnerable populations like women who are homeless, undocumented immigrants, or have been exposed to domestic violence (Abbott et al., 1995; Aday, 1994; DuBard & Massing, 2007; Gelberg et al., 2000; Kushel et al., 2001). In a similar vein, with the full rollout of the Affordable Care Act in 2014, we suggest that this vulnerable population is a key group to target for increased medical care. Since many of the women in this dataset have experienced incarceration, we also stratify the sample by their own incarceration experiences, finding that women who have been incarcerated and are in a relationship with a formerly imprisoned man are at most elevated risk of being in poor health.

## DATA AND METHODS

### Data

Data for the Relate Project were collected between January 2009 and February 2011 in Oakland and San Francisco, California. A cross-sectional quantitative interview was conducted with 172 male-female couples (N=344 participants) in which the male partner had been released from prison in the prior 12 months. Participants were recruited using street outreach methods, venue-based presentations, and posting of flyers. Potential participants were screened for eligibility by phone.

Eligibility criteria included both parties being 18 years of age or older, considering that they were in a relationship with each other during the male partner's most recent incarceration and that they were in a relationship at the time of eligibility screening, and the male partner was able to provide documentation of release from prison at least 3 and no more than 12 months prior to screening. A rigorous/lengthy screening process was used to ensure that the couples in the sample were in a legitimate relationship. The screening process was conducted separately with each member of the couple, and discrepant answers were flagged for discussion by the study team. People who were suspected of not being partners were deemed ineligible for study participation. Interviewers also had instructions to note any suspicions that arose during interviews about "fake" couples. None were noted, likely due to the rigorous screening process. Couples who were not in a monogamous relationship were considered eligible as long as they described continuing to be both physically and emotionally intimate with one another.

Callers who were eligible were scheduled for interview appointments. Couples came to the appointment together and were consented and interviewed separately in private rooms at community-based organizations. Interviews were administered using a combination of computer-assisted personal interviewing (CAPI) and audio computer-assisted self-interviewing (ACASI), the latter of which was used for questions about substance use and sexual behaviors. Interviews lasted from 90 to 180 minutes. Participants were remunerated \$50 each. Contact information was collected for enrollment in the study's qualitative component. Study procedures were reviewed and approved by the UCSF Committee on Human Research and the RTI International IRB.

### Measures

Our demographic measures include age, race/ethnicity (non-Hispanic Black, non-Hispanic White, non-Hispanic other race and Hispanic), education (less than high school, high school, some college or more), ever married to Relate partner, years since met Relate partner, years since began a relationship with Relate partner, monogamous with Relate partner, yearly income, and number of biological children. We also include measures of whether the respondents have health insurance, as well as information regarding institutional history: ever living in foster care or a group home prior to the age of 18, number of family members ever incarcerated, and their own incarceration history (never imprisoned, jail only, prison, and number of times in jail and prison).

Our health outcome measures are dichotomous and are a self-reported measure of ever being diagnosed with the condition. We examine 16 health conditions including: asthma, hypertension, diabetes, epilepsy, Sickle Cell anemia, heart disease, obesity, anxiety, depression, Post-traumatic Stress Disorder (PTSD), arthritis, allergies, cancer, tuberculosis (TB), emphysema, and chronic pain. Our chronic pain measure includes ever reporting being diagnosed with back pain or other chronic pain. Our health behavior measures include if the respondent is a current smoker, if the respondent was ever in any kind of drug or alcohol treatment program, alcohol consumption frequency in the past three months (from never to

six or more days per week) and a series of measures about drug usage (ever usage of hard drugs including uppers or downers; current usage of drugs including upper, downers, and marijuana; and current usage of hard drugs including only uppers and downers). Our sample included individuals in which there was no missing information on these covariates for both the respondent and their male partner, resulting in a sample of 332 participants (166 couples).

## Methods

In order to present a portrait of the demographic, socioeconomic, criminal justice, and health profile of the female partners of recently released men, we present descriptive statistics in two stages. In the first, we present descriptive statistics for both the recently released men and their female partners (Tables 1 and 2). In the second, we present descriptive statistics only for women by their own incarceration history (Tables 3 and 4).

We opt to present simple descriptive statistics throughout rather than age-adjusted rates of disease because our primary goal in this article is to give urban health practitioners an idea of the vulnerability of women attached to formerly incarcerated men. Thus, we are less concerned with comparing these women to otherwise similar women who are not attached to ever-incarcerated men than we are with presenting an accurate portrait of these women.

## RESULTS

### The Health Profile of the Female Partners of Recently Released Men

In Table 1, we present descriptive statistics of the demographic characteristics, health insurance, and criminal justice contact of the female partners of recently released men and the men themselves. In so doing, we demonstrate to what degree we might expect the health risks these women face to mirror those faced by their formerly-incarcerated partners.

On demographic factors, these two groups look much alike. Both average about 40 years of age. Like the penal population, both are disproportionately Black and have low educational attainment, with over 1 in 4 not having completed high school. Few individuals in either group have ever been married and many (20% of women and 17% of men) were placed in foster care or a group home at some point as a child. Average yearly income for both groups is also low.

Beyond these demographic similarities, the results also reveal that recently released men (49%) and their female partners (26%) are both quite likely to have no health insurance. Recently released men are twice as likely to be without health insurance as their female partners, but this nonetheless suggests that this group of women is likely to receive inferior (or no) medical care for any health conditions that they have.

The results also show high levels of indirect and direct criminal justice contact for both groups. For the men, this is logical since they were enrolled in the study based on their recent release from prison. But for the women, their level of entanglement with the criminal justice system is sobering. Only 40% of the women interviewed had never been incarcerated, while nearly half (47%) of the sample had only experienced jail incarceration and the remaining portion of the sample (13%) had also experienced prison incarceration. Furthermore, among those who had ever experienced jail incarceration, the mean number of prior incarcerations exceeded four. Maybe even more interestingly, both groups reported high levels of family criminal justice contact. Women reported an average of 4.32 family members who had ever been incarcerated; for men, this number was slightly lower but still exceeded 3 (3.05).

Taken together, these results suggest that both groups have experienced high levels of indirect and direct criminal justice contact, many are without health insurance, and they are likely to be quite poor. Results from Table 2, which summarizes the health behaviors and health conditions of both of these groups, tell a similar story. Both groups are very likely to engage in damaging health behaviors. Well over half of men (63%) and women (75%) smoke, and they also are likely to report having been in an alcohol or drug treatment facility (46 and 73%), to have ever used hard drugs (55 and 67%), to be currently using drugs (49 and 56%), and to be currently using hard drugs (24 and 29%). Thus, results suggest a number of poor health behaviors that will likely be harmful to the health of both of these populations.

In terms of health conditions, the results are again sobering. Especially troubling are the rates of asthma (28%), hypertension (27%), anxiety (34%), depression (36%), and PTSD (19%) among these women. Recently released men also display a number of significant health problems, but the key point here is that the health of their female partners is at least as bad for 15 of the 16 health conditions we consider here, with tuberculosis (3% for men, 1% for women) being the sole exception. Thus, these results reveal that the health of the female partners of recently released men is at least as poor as that of their male partners, suggesting a degree of vulnerability that has yet to be considered in the medical or public health literatures.

### Variations by Incarceration History

Given what is already known about the health of female prisoners (Clarke & Adashi, 2011; Fazel & Baillargeon, 2011) and possibly homogamy among individuals with prior incarceration experiences, it might be the case that all of the risk factors identified in Tables 1 and 2 are restricted solely to women with a history of incarceration themselves. If this is the case, having a male partner who had recently been released from prison would not be a distinct risk factor for poor health, as we speculate it is. In Tables 3 and 4, we address this possibility. Table 3 includes descriptive statistics on the demographic characteristics, health insurance, and criminal justice contact of the female partners of recently released men by their own level of criminal justice contact. Results from this table show no substantial differences in terms of age or racial composition. Women who had never been incarcerated dropped out of high school at much lower rates (15%) than women who had only experienced jail incarceration (32%) or who had experienced prison incarceration (45%), however. They were also less likely to have grown up in foster care or a group home (15%) than were the other women (19 and 36%). Beyond these differences, the only difference that is especially pronounced is in terms of health insurance. Women with no history of incarceration were much less likely to be without health insurance (18%) than were women who had only been to jail (33%), with ex-prisoners in between (23%).

Variations were much more dramatic across health behaviors, as shown in Table 4. Women who had been incarcerated in jail and prison were much more likely to be current smokers (74 and 82%) than were never-incarcerated women (42%), and they were also far more likely to have ever used hard drugs or currently be using hard drugs. Differences in their health conditions were also quite pronounced. The most noteworthy differences were across mental health conditions. Women who had never been incarcerated had fairly high rates of anxiety (24%), depression (23%), and PTSD (11%). Yet the rates for each condition were much higher for women who had ever been incarcerated in a local jail or a prison. For these two groups of women, rates of anxiety (38 and 50%), depression (40 and 59%), and PTSD (18 and 45%) were alarmingly high, indicating that although female partners of recently released men are a vulnerable group, the level of vulnerability is stratified by their own criminal justice histories.

## DISCUSSION, CONCLUSIONS, AND IMPLICATIONS FOR PRACTICE

Most research on the health consequences of imprisonment has focused on men. On the face of it, this makes sense as the male imprisonment rate drastically outpaces the female one. Yet as we have shown here, neglecting to consider the health of the women attached to these men is a serious oversight. Using data from the Relate Project, we found that even the 40% of women in our sample who have never been incarcerated engage in a host of risky health behaviors including smoking, drug use, and excessive alcohol consumption and, despite their young age, have high levels of a variety of health conditions including asthma, hypertension, anxiety, and depression. When combined with the fact that 25% of these women lack medical insurance, results suggest that the partners of recently released prisoners are an overlooked vulnerable population often invisible to health care practitioners that deserves attention.

Although the health and risk profiles for all female partners of recently released men pointed toward them being a vulnerable population, the vulnerability of women who had also been incarcerated in jails or prisons was especially acute and, indeed, it is likely that the detrimental consequences of these women's incarceration also extend to their romantic partners, consistent with previous research in this area (e.g., Epperson et al., 2011). The number of risky background characteristics such as dropping out of high school and spending time in foster care or a group home were staggeringly high for women who had ever been imprisoned, highlighting that these women are likely at high risk for poor health not just because of the criminal justice system but also because of a number of other stressors. Their rates of anxiety, depression, and PTSD also indicate that these women are at high risk not only for mild mental health disorders, as prior research has shown (Wildeman, Schnittker, & Turney, 2012), but also more serious ailments such as PTSD. Women who had never been incarcerated also experienced substantial risks and were in poor health for their age, but their health was not as poor as that of ever-imprisoned women.

These results suggest that health service providers—especially those working in neighborhoods of concentrated disadvantage—should consider indirect contact with the criminal justice system as a health risk for women that goes beyond their sexual-health risk. Indeed, these results suggest that women in contact with the penal system—even if they have never been incarcerated—are doubly burdened, as these women must cope with the social/familial impact of their partner's incarceration and struggle to attend to their own health problems which may be linked to having a criminal justice involved partner. As a result, we propose that physicians screen for romantic involvement with a criminal justice involved partner much as they have started to screen for domestic violence for all women (National Research Council, 2011). In a similar vein, these findings also suggest that when the Affordable Care Act is fully rolled out in 2014, this should be one of the vulnerable populations that receives the most attention. One especially fruitful avenue for trying to recruit these women might be asking their male romantic partners near the time of prison release (or admission) if they have a romantic partner who does not have health insurance. In a similar vein, prison visiting waiting rooms might present a unique opportunity for outreach, letting this population know that they are (likely) eligible for coverage (for a discussion of parallel interventions for these women, see especially Grinstead et al., 2011).

Women who have also been incarcerated themselves face a third burden, however. Given their high rates of poor health behaviors, physical health, and mental health, continuity of care as they move from correctional to community settings will be especially important for their future health. We thus propose that these women—and recently released inmates more broadly—be granted access to high-quality continuous care as they transition from correctional facilities to community settings (again, a much more realistic possibility after



the full rollout of the ACA). Such programs have been implemented with great success for HIV-positive inmates in Rhode Island (Rich et al., 2001). Yet few such programs exist for ex-inmates who are not HIV-positive despite the many risks for poor health they face (Wang et al., 2010) and none focus on these triply burdened and vulnerable women despite how common incarceration now is in the US. The lives of the partners of incarcerated men are complex and multifaceted and medical and public health practitioners need to tailor health care practices in ways that identify this largely invisible population of vulnerable women and provides them with the appropriate sources of care.

Although these findings are provocative and have important implications for women's health, our study is limited in three ways. First, our study is not nationally representative, making it difficult to know how our findings apply to women involved with formerly incarcerated men more broadly. Second, our analysis is not causal, so we do not know whether having a romantic partner incarcerated has or has not contributed to this health vulnerability. Finally, we focus on just one type of woman attached to a formerly incarcerated man—their romantic partners—but there are a host of other types of women—mothers, siblings, aunts, and daughters—who are also attached to incarcerated men and also deserve attention from the public health community. Future research should thus seek to unite our findings with research on the health consequences of paternal incarceration for children (Wakefield & Wildeman, In Press), and having a family member incarcerated more broadly for women (Lee, Wildeman, Wang, Matusko & Jackson, In Press), in order to provide a more expansive picture of how mass imprisonment has shaped the health of American women.

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**Table 1**

## Demographics

	Females (N=166)		Males (N=166)	
	Mean	SD	Mean	SD
<b>Age</b>	38.47	10.22	40.25	9.06
<b>Race/Ethnicity</b>				
Black	0.67	0.47	0.75	0.43
White	0.11	0.32	0.10	0.30
Hispanic	0.14	0.35	0.09	0.29
Other	0.07	0.26	0.06	0.24
<b>Education</b>				
Less than High School	0.27	0.45	0.33	0.47
High School Degree	0.43	0.50	0.50	0.50
Some college or more	0.30	0.46	0.17	0.38
<b>Foster Care Before 18</b>	0.20	0.40	0.17	0.38
<b>Ever Married</b>	0.16	0.36	0.17	0.38
Ever Married (Couple) <sup>1</sup>	0.17	0.38	0.17	0.38
<b>Years Since First Met</b>	9.19	8.10	8.26	7.68
Years Since First Met (Couple) <sup>2</sup>	8.72	7.60	8.72	7.60
<b>Years Since Relationship Began</b>	6.62	6.54	6.27	6.55
Years Since Relationship Began (Couple) <sup>2</sup>	6.45	6.31	6.45	6.31
<b>Monogamous</b>	0.37	0.49	0.42	0.50
Monogamous <sup>3</sup>	0.20	0.40	0.20	0.40
<b>Average Yearly Income</b>	12805.90	12799.85	7145.58	7337.73
<b>Missing Income</b>	0.04	0.19	0.03	0.17
<b>Health Insurance</b>	0.74	0.44	0.51	0.50
<b>Number of Biological Children</b>	2.02	1.92	2.21	2.33
<b>Number of Family Members Ever Incarcerated</b>	4.32	6.45	3.05	4.09
<b>Ever Incarcerated</b>				
Never	0.40	0.49	N/A	N/A
Jail Only	0.47	0.50	N/A	N/A
Prison	0.13	0.34	1.00	0.00
<b>Number of Times Incarcerated</b>				
Jail	4.20	9.84	16.89	14.19
State Prison	0.42	1.65	7.99	9.49
Federal Prison	0.02	0.15	0.09	0.33

<sup>1</sup>Identifies couple as married if one partner reports they are/were married<sup>2</sup>Mean of couple responses<sup>3</sup>Identifies couple as monogamous if neither person had additional concurrent sexual partners

**Table 2**

## Self-Reported Health Conditions and Behaviors

	Females (N=166)		Males (N=166)	
	Mean	SD	Mean	SD
<b>Health Behaviors</b>				
Currently Smoke	0.63	0.49	0.75	0.44
Ever in an alcohol or drug treatment facility	0.46	0.50	0.73	0.45
Ever used hard drugs (uppers and/or downers only)	0.55	0.50	0.67	0.47
Currently using drugs (marijuana, uppers, downers)	0.49	0.50	0.56	0.50
Currently using hard drugs (uppers and/or downers only)	0.24	0.43	0.29	0.45
<b>Alcohol Consumption Frequency (in past three months)</b>				
Never	0.39	0.49	0.37	0.49
Less than 1 day/week	0.29	0.45	0.21	0.41
1-2 days/week	0.19	0.39	0.25	0.43
3-5 days/week	0.08	0.27	0.12	0.33
6+ days/week	0.05	0.23	0.05	0.21
<b>Health Conditions</b>				
Asthma	0.28	0.45	0.24	0.43
Hypertension	0.27	0.44	0.27	0.45
Diabetes	0.08	0.28	0.07	0.26
Epilepsy	0.07	0.25	0.06	0.24
Sickle Cell	0.02	0.15	0.01	0.11
Heart Disease	0.05	0.21	0.02	0.15
Obesity	0.07	0.26	0.06	0.24
Anxiety	0.34	0.48	0.19	0.39
Depression	0.36	0.48	0.30	0.46
PTSD	0.19	0.39	0.19	0.39
Arthritis	0.21	0.41	0.16	0.36
Allergies	0.34	0.48	0.32	0.47
Cancer	0.07	0.26	0.02	0.15
TB	0.04	0.19	0.07	0.25
Emphysema	0.03	0.17	0.01	0.11
All Chronic Pain	0.45	0.50	0.45	0.50

**Table 3**

## Demographics by Incarceration History for Females

	Never (N=66)		Jail Only (N=78)		Prison (N=22)	
	Mean	SD	Mean	SD	Mean	SD
<b>Age</b>	36.00	10.32	39.19	10.11	43.32	8.36
<b>Race/Ethnicity</b>						
Black	0.71	0.46	0.64	0.48	0.68	0.48
White	0.08	0.27	0.14	0.35	0.14	0.35
Hispanic	0.12	0.33	0.14	0.35	0.18	0.39
Other	0.09	0.29	0.08	0.27	0.00	0.00
<b>Education</b>						
Less than High School	0.15	0.36	0.32	0.47	0.45	0.51
High School Degree	0.47	0.50	0.41	0.50	0.36	0.49
Some college or more	0.38	0.49	0.27	0.45	0.18	0.39
<b>Foster Care Before 18</b>	0.15	0.36	0.19	0.40	0.36	0.49
<b>Ever Married</b>	0.18	0.39	0.15	0.36	0.09	0.29
Ever Married (Couple) <sup>1</sup>	0.18	0.39	0.18	0.39	0.14	0.35
<b>Years Since First Met</b>	8.82	7.89	10.02	8.75	7.39	5.96
Years Since First Met (Couple) <sup>2</sup>	8.35	7.43	9.56	8.15	6.89	5.73
<b>Years Since Relationship Began</b>	6.03	6.39	7.45	6.93	5.46	5.36
Years Since Relationship Began (Couple) <sup>2</sup>	5.86	6.24	7.28	6.62	5.24	5.14
<b>Monogamous</b>	0.45	0.50	0.35	0.48	0.23	0.43
Monogamous <sup>3</sup>	0.26	0.44	0.15	0.36	0.18	0.39
<b>Average Yearly Income</b>	15996.06	15229.67	9484.72	6904.37	15010.55	17791.25
<b>Missing Income</b>	0.05	0.21	0.04	0.19	0.00	0.00
<b>Health Insurance</b>	0.82	0.39	0.67	0.47	0.77	0.43
<b>Number of Biological Children</b>	1.62	1.69	2.12	2.05	2.91	1.85
<b>Number of Family Members Ever Incarcerated</b>	4.83	8.04	3.94	5.25	4.14	4.90
<b>Number of Times Incarcerated</b>						
Jail	N/A	N/A	4.19	6.12	16.82	20.03
State Prison	N/A	N/A	N/A	N/A	3.18	3.49
Federal Prison	N/A	N/A	N/A	N/A	0.18	0.39

<sup>1</sup> Identifies couple as married if one partner reports they are/were married<sup>2</sup> Mean of couple responses<sup>3</sup> Identifies couple as monogamous if neither person had additional concurrent sexual partners

**Table 4**  
**Self-Reported Health Conditions and Behaviors by Incarceration History for Females**  
 A New Vulnerable Population? The Health of Female Partners of Men Recently Released from Prison

	Never (N=66)		Jail Only (N=78)		Prison (N=22)	
	Mean	SD	Mean	SD	Mean	SD
<b>Health Behaviors</b>						
Currently Smoke	0.42	0.50	0.74	0.44	0.82	0.39
Ever in an alcohol or drug treatment facility	0.21	0.41	0.55	0.50	0.86	0.35
Ever used hard drugs (uppers and/or downers only)	0.30	0.46	0.65	0.48	0.91	0.29
Currently using drugs (marijuana, uppers, downers)	0.42	0.50	0.55	0.50	0.50	0.51
Currently using hard drugs (uppers and/or downers only)	0.12	0.33	0.29	0.46	0.41	0.50
<b>Alcohol Consumption Frequency (in past three months)</b>						
Never	0.38	0.49	0.36	0.48	0.55	0.51
Less than 1 day/week	0.30	0.46	0.29	0.46	0.23	0.43
1-2 days/week	0.18	0.39	0.21	0.41	0.14	0.35
3-5 days/week	0.06	0.24	0.10	0.31	0.05	0.21
6+ days/week	0.08	0.27	0.04	0.19	0.05	0.21
<b>Health Conditions</b>						
Asthma	0.20	0.40	0.33	0.47	0.32	0.48
Hypertension	0.23	0.42	0.28	0.45	0.32	0.48
Diabetes	0.08	0.27	0.09	0.29	0.09	0.29
Epilepsy	0.08	0.27	0.05	0.22	0.09	0.29
Sickle Cell	0.02	0.12	0.04	0.19	0.00	0.00
Heart Disease	0.05	0.21	0.04	0.19	0.09	0.29
Obesity	0.11	0.31	0.05	0.22	0.05	0.21
Anxiety	0.24	0.43	0.38	0.49	0.50	0.51
Depression	0.23	0.42	0.40	0.49	0.59	0.50
PTSD	0.11	0.31	0.18	0.39	0.45	0.51
Arthritis	0.12	0.33	0.27	0.45	0.27	0.46
Allergies	0.36	0.48	0.36	0.48	0.23	0.43
Cancer	0.06	0.24	0.06	0.25	0.14	0.35

	Never (N=66)		Jail Only (N=78)		Prison (N=22)	
	Mean	SD	Mean	SD	Mean	SD
TB	0.02	0.12	0.06	0.25	0.00	0.00
Emphysema	0.03	0.17	0.00	0.00	0.14	0.35
All Chronic Pain	0.44	0.50	0.42	0.50	0.59	0.50