



Webinar Guidelines

- You will be listening to this webinar through your computer speakers. There is no need to call in.
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Chat Box 



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- This program is funded by a grant from the New York State Department of Health.
- No commercial funding has been accepted for this activity.



Welcome to the African American and Black Series

- This webinar is being presented live on February 1, 2016. It is being recorded and archived for future viewing.
- You can find answers to frequently asked questions, resources, and instructions on registering for a certificate for this series at: www.advancingcc.org

Presenter Schedule for the Series

October 19, 2015

Webinar 1. African American History for Health Care Providers.

- Dr. Mindy Fullilove, Columbia University (available on-demand [here](#))

February 1, 2016

Webinar 2. Mass Incarceration and Its Impact on Community Health

- Robert Fullilove, EdD, Columbia University

February 24, 2016

- Dr. Jonathan Metzl, Vanderbilt University

February 29, 2016

- Dr. Helena Hansen, NYU and the NYS Psychiatric Center

What is Structural Competency?

Structural competency refers to the capacity of practitioners to recognize and respond to the ways in which broad social, political and economic mechanisms contribute to the vulnerability and ill health of the individuals and communities we serve.

Narrative humility, a term developed by Dr. Sayantani DasGupta, is a listening stance that is integral to structural competency. It refers to the humility we must have when listening to other people's stories because every story contains an element of the unknowable. Narrative humility should be a way of listening used with everyone who walks through the door, not just certain population groups.

The 4 "Beats" of this Structural Competency Program

1. Historical frames of oppression
2. Present day sociopolitical barriers and challenges to health
3. Activism and advocacy within the community around health
4. Clinical cases

Continuing Education Credits and Evaluation

You can earn CNE, CHES, CPH, or CME credits for this webinar.

Complete the post test and evaluation here:

Even if you are not earning continuing education credits, we would really appreciate it if you would fill out the evaluation. We value your feedback and are using it in the development of this structural competency webinar series.

Learning Objectives

After this webinar you will be able to:

1. Recognize the connection between the "war on drugs" and trends for mass incarceration in the U.S.
2. Identify problems men face in re-integrating with society when they return from prison
3. Describe one of the major impacts of mass incarceration on community health
4. Discuss one way in which the Bard Prison Initiative is assisting incarcerated men and women in re-integrating into society.

Today's
Presenter



Robert Fullilove, EdD

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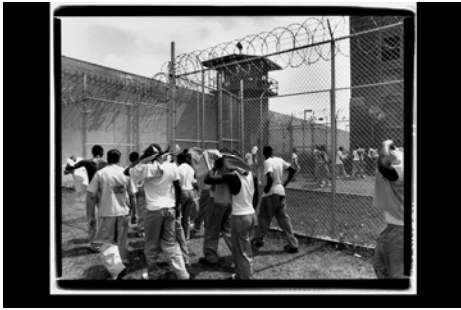
Mass Incarceration and Its Impact on Community Health

ROBERT E FULLILOVE, ED. D.
MAILMAN SCHOOL OF PUBLIC HEALTH
COLUMBIA UNIVERSITY

Trends in incarceration in the US



Images of the trend



Images of the trend



...and yet again



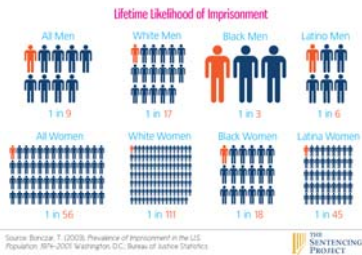
The War on Drugs

- In 1970, President Richard Nixon declared that drugs were “public enemy number one” in the US
- In 1973, the creation of the Drug Enforcement Administration (DEA) begins the “War on Drugs” and commits the US to criminal justice solutions to the nation’s drug problem

RACIAL DISPARITY

More than 60% of the people in prison are now racial and ethnic minorities. For Black males in their thirties, 1 in every 10 is in prison or jail on any given day. These trends have been intensified by the disproportionate impact of the “war on drugs,” in which two-thirds of all persons in prison for drug offenses are people of color.

The social dynamic in health disparities begins here....



The Key Question is...

- What community anywhere in the world can thrive with the continual removal of between 29-40% of its men?
- In all too many poor communities of color, this loss has been chronic, ongoing, and persistent

...and when these men return?

- Loss of their rights as citizens
- At elevated risk for homelessness
- Restricted from employment in many fields
- Restricted from access to educational loans

"The New Jim Crow"

"We have not ended racial caste in America, we have merely redesigned it."

Michelle Alexander

Mass Incarceration and Its Public Health Impacts: HIV/AIDS

- The War on Drugs imprisoned many drug users who were exposed to HIV in the early 70s, *years before we recognized its existence*
- *Estimates suggest that in 1997, approximately one-quarter of all the people living with HIV in the US passed through a correctional facility (Hammett, et al, 2002)*

Mass Incarceration as a Neighborhood Phenomenon

- Community Loss Index: a measure of "the chronic exposure by neighborhood residents to multiple resource losses."
(Abramovitz and Albrecht, 2013)

The neighborhood impact of mass incarceration

- Million Dollar Blocks: when the number of incarcerated neighborhood residents on a given block totals more than one million dollars in expenses to the state
- A measure of community loss with definite public health impacts

What can be said of the impact of these trends?

The loss of men and women to the correctional system has impacts on children and their education, on families and their stability, on rates of community violence, and on the system of social controls that maintain community stability...AND HEALTH

Access to Health Care

- Re-entry to the community after prison poses many challenges
- Formerly incarcerated persons often resist seeking health care because of the stigma of revealing criminal justice involvement to health care personnel.

Access to Health Care [2]

" When I finished filling out the form about my medical history, I was asked to give the name of my physician. I told the receptionist at the clinic that he treated me in prison and that I did not remember his name, and her attitude changed. She was frosty and hostile. I never went back. Why should I? I can be treated bad anywhere but in a doctor's office...that hurts!" [formerly incarcerated Bronx resident]

What do we do?

- Change the legal status of formerly incarcerated persons so that the formal and informal barriers to their re-integration to society can be substantially removed
- Education and training should be re-instituted in prison to facilitate rehabilitation on the outside

Bard Prison Initiative

- Established 15 years ago
- Offers AA and BA degrees for those in 5 NY State prisons
- By 2013, Bard granted nearly 275 degrees to BPI participants and enrolled more than 500 students.

BPI and public health

- BPI offers a concentration in public health for men at Woodbourne State Correctional Facility in New York
- Objective: to train students to enter entry level jobs as community health workers

A modest proposal

- We have a role to play
- Increasing the educational opportunities of men and women on the inside has the capacity to transform one of the major drivers of health disparities in the US

And then, there's YOU

- We need to re-imagine crime, punishment, rehabilitation, and redemption
- We need effective partnerships
- ...and most of all we need your energy and your creativity

BPI Commencement 2014

- Watch a video of the 2014 BPI Commencement
- <http://bpi.bard.edu/commencement/>
 - <https://vimeo.com/98376754>

Freedom Summer 1964



Mississippi Civil Rights Museum

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