FPHNY PUBLIC HEALTH TALK
NYC Health Justice Network
NYC Department of Health and Mental Hygiene

Christina Green, CCAR, CERPA
Director, NYC Health Justice Network

Mari Carlesimo, JD
Senior Director, Transitions to Community
25% of the World’s Incarcerated are in US Jails and Prisons\(^1\)

Reporting year: US: 2012, others from 2011 to 2013
# For 100 People In The Criminal Justice System...

<table>
<thead>
<tr>
<th></th>
<th>US Prison (^2) (State and Federal Systems)</th>
<th>New York State Prison (^2)</th>
<th>New York City Jail (^3)</th>
</tr>
</thead>
<tbody>
<tr>
<td>How many are Male?</td>
<td>93</td>
<td>95</td>
<td>93</td>
</tr>
<tr>
<td>How many are People of Color?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Black</td>
<td>60</td>
<td>74</td>
<td>89</td>
</tr>
<tr>
<td>Hispanic</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

i. For NYC jail data, race indicated as Other assumed to be Hispanic ethnicity

ii. Includes American Indian, Alaskan, Asian, and Native Hawaiian races
Why is this a Public Health Issue?

**Premature Mortality**

- The risk of mortality increases 12-fold in the first 2 weeks post release.²,⁵

**Chronic Diseases**

- 40% incarcerated individuals have at least one current chronic medical condition.⁶

**Cancer**

- **Incarcerated Women** have higher rates of cervical cancer.⁷
  - **Incarcerated men** have higher liver and lung cancer mortality.⁸

**Trauma + Behavioral Health**

- 50% in state prison and 68% in jail have a diagnosable substance use disorder, compared to 9% in the general population.⁹
NYC Health Justice Network

A public health approach to community re-entry

Novel and expanding model bridging public health, social services, health care

- Voluntary services, serving 800+ participants
- Anti-racist and trauma-informed
- Participant-driven
- Community Advisory Board/Community of Practice
- Respecting diverse participant backgrounds
- Funded by the District Attorney of New York’s Criminal Justice Investment Initiative (March 2019 - February 2022)
In March 2020, HJN switched to remote operations due to the COVID-19 pandemic.

Also in March 2020, the Early Released Program led to an steep increase of HJN participants.

Race + Ethnicity
- Black: 10%
- Hispanic: 90%
- Asian: 2%
- White: 8%
- Other: 5%

Gender
- Female: 30%
- Male: 55%
- Other: 15%

Age
- 18-19: 22%
- 20-24: 32%
- 25-29: 18%
- 30-39: 8%
- 40-49: 3%
- 50-59: 3%
- 60-69: 3%
- 70+: 10%
Needs Addressed: Barriers to Community Re-Entry

Social Determinants of Health + the HJN Approach

Discrimination and stressors
Food security and access to healthy foods
Stable income and job security
Environmental quality
Neighborhood conditions
Educational opportunities
Quality affordable healthcare
Housing
Top 7 Social Service Needs Addressed

Top 7 Healthcare Needs Addressed

Note: Highlighted in red are participant-identified needs that NYC HJN began to track during COVID-19’s peak in 2020
HJN Evaluations & Academic Collaboration

• Collaboration with NYC Prevention Research Center (NYU School of Medicine and CUNY School of Public Health)
  – PRC Evaluator for HJN Grant
  – **HEALTH STUDY**: Evaluate healthcare utilization and costs
  – **RECIDIVISM STUDY**

• **First Publication**: Abstract accepted by APHA.
  – HJN Director presented poster and power point to APHA on October 21, 2021.
References


3. NYC Department of Corrections Daily Inmates in Custody File, Accessed March 29, 2017


