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Original Research

Associations between mass incarceration and community health in New York City

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ABSTRACT

Objectives: Incarceration has escalated over the past four decades in the United States, creating a number of negative consequences for individuals, families, and communities. This study seeks to identify the associations between mass incarceration and health behaviors/perceptions on a neighborhood level.

Study design: This study uses the cross-sectional design.

Methods: Using the street intercept method, we collected in-person survey data from residents in two New York City neighborhoods (one in the South Bronx and the other in Northern Manhattan) with similar levels of social disadvantage but significantly different rates of jail admission.

Results: Respondents in both neighborhoods self-reported similar ratings of their physical health. Significant differences between neighborhoods include incidence of fast food consumption over the past week, alcohol use over the last 3 months, and perceptions of the occurrence of teen pregnancy in the neighborhood.

Conclusions: This study hopes to inform future researchers and interventionists about associations between mass incarceration and health-related behaviors/perceptions to facilitate consideration of this increasingly common social factor as a determinant of community health in future research.

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Introduction

Incarceration produces damaging consequences for those who spend even a brief period in a jail or prison. In the United States, nearly 700,000 incarcerated persons leave prisons and return to society annually.¹ We define mass incarceration as the high number of individuals in American jails and prisons at any given time, which currently wavers around 2.3 million

at any given time.² Mass incarceration creates a number of problems for communities, families, and individuals who have a history of imprisonment. In addition to the social stigmatization of a criminal record, formerly incarcerated individuals encounter barriers to employment due to less education, fewer vocational skills, and smaller social networks compared with those who have never been incarcerated.³ Beyond employment difficulties, formerly incarcerated individuals experience a number of other challenges with

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societal reintegration, including financial instability, difficulty in finding and affording housing, lack of access to education, diminished social networks, and marital disruption.^{4–6}

In addition to the aforementioned stigma and negative social determinants, incarceration is associated with poor health and health-related behaviors. Formerly incarcerated individuals are more likely to experience health risks when they leave prison.⁷ Compared with people with convictions who were not incarcerated, those who spent time in jail or prison consume fast food more often and smoke tobacco more regularly.⁸ People in jails and prisons have a greater likelihood of developing mental health disorders, such as depression and anxiety.⁹ Confinement increases exposure to infectious diseases, is associated with acute and chronic stress, and hinders social integration after release.¹⁰

The effects of incarceration on health extend beyond individuals who served time in jails and prisons. The rapid growth of the prison population over the past four decades has been one of the leading causes of poor health across entire communities.^{11,12} Other population factors beyond mass incarceration that contribute to community health deficits include inadequate education, disintegration of the family unit, unemployment, housing barriers, reductions in social benefit programs, and diminished neighborhood unity.¹³

People who enter the criminal justice system experience higher rates of chronic health problems and infectious diseases. Approximately 17% of all Americans with HIV/AIDS pass through a jail or prison each year.¹⁴ The existing health deficits in secure facilities are partly due to conditions inside jails and prisons, which include overcrowding, violence, and lower standards of health care.¹³ There is an association between incarceration and sexual risk-taking behavior. Individuals who have been incarcerated multiple times for 6 months or more are more likely to have sex without condoms.¹⁵ Sexually transmitted infections (STIs) are more common in correctional facilities than outside of them.¹³ Syphilis is especially common. One study in New York City (NYC) found that the rate of syphilis among incarcerated women was nearly 1000 times greater than that among general population.¹⁶

Existing literature has revealed higher rates of STIs among people who are or have been incarcerated, but minimal research has explored the neighborhood or community-level effects of mass incarceration on general and reproductive health. The objective of this cross-sectional study is to compare the effects of mass incarceration on health-related behaviors and perceptions, including general health, use of tobacco and alcohol, nutritional food consumption, and reproductive health care. In-person survey data were collected using the street intercept method in two demographically similar neighborhoods that differ significantly in their jail admission rates in NYC.

Methods

We conducted this cross-sectional study in two NYC neighborhoods to compare residents' self-reported health behaviors and perceptions in areas with similar levels of social

disadvantage and significantly different jail admission rates. All study-related activities and materials received approval from the Institutional Review Board at Mercy College. To select two study neighborhoods, we first identified zip codes with populations between 35,000 and 45,000. Next, we selected demographic variables from the USA Census through stepwise regression that predict jail admissions across these NYC zip codes. The stepwise regression served as a preliminary step to identify the variables that comprised the 'social disadvantage index.' In addition to stepwise regression, these variables were also evaluated against the existing literature.^{17–21} Racial minority concentration (residents identifying as Black and Latino), percent of the adult population with less than a high school diploma, those who earn less than the median income, unemployment rate, and percent of people living below the poverty level significantly predicted jail admission rates, $F(5, 163) = 55.60, P < 0.0001$. Principal components estimation indicated that these items accounted for 77% of the variance of the first factor (eigenvalue of 3.863). All items loaded at greater than 0.80. Cronbach's alpha (0.91) suggested high reliability; thus, these variables create the aforementioned 'social disadvantage index.'

We then tagged the eligible NYC zip codes with a social disadvantage index at least one standard deviation above the mean and identified whether zip codes had jail admission rates above or below the mean (86.5 admissions per 10,000 residents). Jail admission rate refers to the average rate of residents in each zip code between 2007 and 2012 admitted to Rikers Island, the central jail in NYC, located in the borough of Queens adjacent to LaGuardia Airport. The two zip codes we selected for this study—one in the South Bronx and the other in Northern Manhattan—had levels of social disadvantage that were not significantly different but differed significantly in jail admission rates (195.916 and 86.269 per 10,000, respectively). This enabled exploration of the extent to which higher incarceration rates affect health-related behaviors and perceptions in these neighborhoods while controlling for variables reflecting social disadvantage.

Description of study sites

Two neighborhoods under different zip codes were selected as study sites. Zip code 10034 is located in the northern most part of the island of Manhattan. The neighborhood is known as Inwood, is bordered by the Harlem River on the north and east and the Hudson River to the west, and contains one of the largest parks in Manhattan (Inwood Hill Park). Demographically, the majority of residents are Hispanic, and more than half of these are of Dominican descent. Over half of residents identify as foreign born. More than 70% of adult residents have at least a high school diploma. Slightly more than one-fourth of residents live below the poverty level.²² The southern border of zip code 10034 is Dyckman Street, which contains several restaurants and bars. Because it is surrounded by rivers on three sides, the area is somewhat detached from the rest of Manhattan and does not bring much visitor traffic.

Zip code 10455 is in the South Bronx. The area is known as Longwood and is bordered by Interstate 278 on the east, 144th Street on the south, Courtland and Third Avenues on the west,

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