

# Killing Segregation

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David R. Williams & Chiquita Collins, *Racial Residential Segregation: A Fundamental Cause of Racial Disparities in Health, Public Health Reports* (2001)



*“the cornerstone on which black-white disparities in health status have been built”*

# Associations of racial residential segregation with worse health for Black Americans

- Higher rates of stillbirth (2018) and low birth weight (2006)
- Increased risk of being overweight (2012) or obesity (2015)
- Increased rates of hypertension (2011)
- Increased rates of lung cancer mortality (2013)
- Greater risk of admission to high-mortality hospital after heart attack (2009)
- Multiplies concentrated poverty's effect on mental health (2019)
- Lesser presence of health-related organizations (2017)

# Study Find That Racial And Socioeconomic Segregation Are Predictors Of Higher COVID Fatality Rates

90.5 WESA | By [Sarah Boden](#)

Published February 8, 2021 at 4:36 AM EST





## Definition of *segregate*

**1:** to separate or set apart from others or from the general mass : [ISOLATE](#)

**2:** to cause or force the separation of (as from the rest of society)

# My project

- To develop a framework for conceptualizing segregation of groups who have been marginalized (race, disability, income), in its various forms (neighborhood, incarceration, institutionalization, education, health care)
- To pull together research into the health (and health-related) harms associated with forms of segregation
- To consider whether a more unified approach to thinking about segregation's harms could support creative development/adaptation/combination of legal and policy tools for addressing segregation as a means of advancing health equity

Williams & Collins,  
Racial Residential  
Segregation: A  
Fundamental  
Cause of Racial  
Disparities in  
Health (2001)

2 mechanisms: Racial residential segregation

- Is a primary cause of racial differences in SES, and
- Creates "conditions inimical to health in the social and physical environment"





# Isolation

- Diminished access to material goods, social capital and resources; permits operation of structural racism through local funding decisions (*cf.* Matthew, *On Charlottesville*)
- Invisibility to more affluent, White, abled segments of society
- From family, friends, social supports



# Segregated health care


*“It’s not that some hospitals give worse care to Black patients compared with White patients; it’s that some hospitals have worse outcomes for both Black and White patients. And Black patients disproportionately go to the hospitals where the outcomes are worse for all.”*

David Asch & Rachel Werner, Segregated hospitals are killing Black people. Data from the pandemic prove it. Washington Post, June 18, 2021



## Other forms of segregation – Nursing homes

- Segregate disabled and elderly people from broader community, family, and friends
- Racially segregated within the industry

A black and white photograph of vertical prison bars, creating a sense of confinement and isolation. The bars are dark and run vertically across the frame, with a horizontal bar intersecting them in the middle. A small, dark, circular object, possibly a lock or a handle, is visible on one of the vertical bars.

## Other forms of segregation -- incarceration

- Forcibly isolates persons from mainstream society, family, and friends
- Disproportionately includes persons of color and disabled persons
- Solitary confinement aka “administrative segregation”

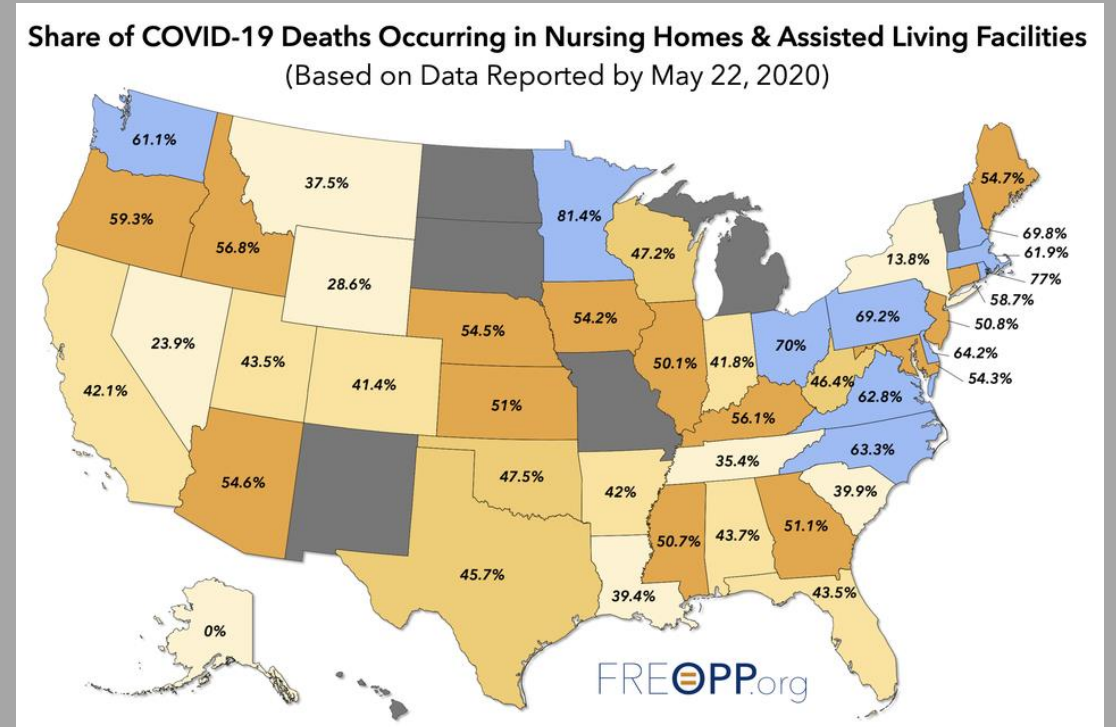
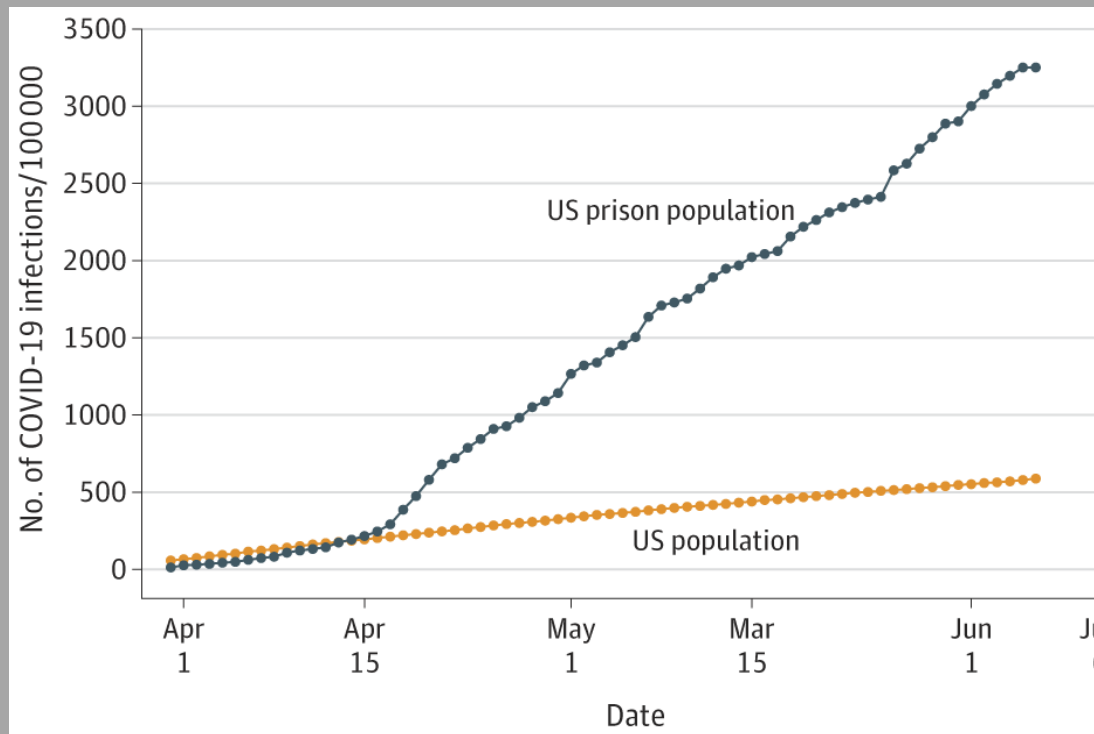
# Health harms associated with nursing homes, incarceration?

Prisons: “the antithesis of a healthy setting” (De Viggiani 2007)

But baseline health status complicates comparisons

- Poor pre-incarceration health, resulting from adverse SDoH
- Poorer functional status, advanced age (nursing homes)

# Health harms associated with nursing homes, incarceration – COVID-19







# Legal/policy tools

- Fair Housing Act, including its “affirmatively furthering fair housing” (AFFH) requirement
- ADA, including its “community integration” mandate (interpreted by *Olmstead*, but constrained by Medicaid’s structural bias towards nursing homes)
- Title VI of the 1964 CRA and §1557 of the ACA, for addressing racial segregation within nursing home industry
- Tools for addressing infrastructure of segregation (revising local zoning laws, Community Reinvestment Act?)
- Using Medicaid funding streams to address SDOH
- Address structural inequity in Medicaid vs. Medicare reimbursement of providers

# Innovative deployment or refinement of legal/policy tools

- *Using the ADA's 'Integration Mandate' to Disrupt Mass Incarceration* (Dinerstein & Wakschlag, 2019)
- Using intersectional perspectives (race + disability) in prison settings?
- Eliminating single-family zoning to address segregation intersectionally?
- Others?



Questions?

Ideas?

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# **Assessing the potential scope and racial equity of criminal justice diversion to treatment programs among NYC overdose decedents**

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**BACKGROUND**

# Criminal conviction associated with health consequences

- Reduced access to health, housing, and employment
- Among people who use drugs:
  - Increased risk of overdose following incarceration
  - Disruption of medication for addiction treatment (MAT) provision
- Consequences increase with frequency of contact

# Criminal justice diversion

- Divert individuals from traditional criminal justice processing into community-based alternatives
- Overarching goal: Prevent criminal conviction
- Diversion to drug treatment programs particularly common
- Potential to reduce criminal justice-related health consequences among people who use drugs



# Restricted eligibility criteria

- Often restricted to individuals with limited criminal justice history who are charged with misdemeanor drug possession
- Examples: Staten Island and Manhattan Heroin Overdose Prevention and Education (HOPE) programs

# Limited eligibility raises questions on program scope

- People with more serious criminal justice histories excluded
- Discrepancies in accumulated criminal justice histories may lead to racial disparities in eligibility for diversion

# Research questions

Among NYC residents who died of a drug overdose:

- How many had criminal justice involvement?
- At their first misdemeanor drug possession arrest, how many would have been eligible for diversion?
- Does potential eligibility vary by race/ethnicity?

# **METHODS**

# Disclaimer

- Criminal justice history data is provided by the New York State Division of Criminal Justice Services (DCJS). The opinions, findings, and conclusions expressed in this publication are those of the authors and not those of DCJS. Neither New York State nor DCJS assumes liability for its contents or use thereof.

# Study sample

- 5,018 New York City residents who died of an unintentional drug overdose between 2008 and 2015

# Mortality data matched with criminal justice histories

- Criminal justice history data from NY Division of Criminal Justice Services
- Received arrest, disposition and sentencing info for top charge of misdemeanor and felony arrests
- Demographic data from death certificates



# **Objective 1: Identify criminal justice involvement among overdose decedents**

- Identified proportion of overdose decedents with fingerprintable misdemeanor or felony arrest
- Described prevalence and frequency of arrests and convictions by charge class

## Objective 2: Potential eligibility for diversion to treatment

- Limited study sample to NYC residents with at least one misdemeanor drug possession arrest
- Identified first misdemeanor drug possession arrest
- Determined presence of prior: felony and violent felony arrests and convictions

# Objective 3: Disparities in eligibility for diversion by race/ethnicity

- Compared proportions of individuals with prior criminal justice histories by race/ethnicity

# **CRIMINAL JUSTICE INVOLVEMENT OF OVERDOSE DECEDENTS**

# Most overdose decedents had prior criminal justice involvement

**79%** of overdose decedents had at least one arrest

**69%** of decedents had at least one conviction

# Overdose decedents were frequently involved with the criminal justice system

*Among decedents with any criminal justice involvement:*

**8** median arrests

**4** median convictions

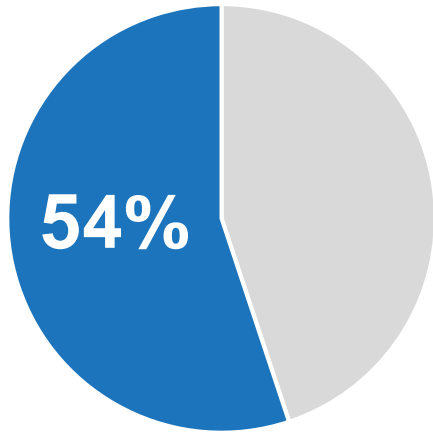
# Overdose decedents were arrested for both felonies and misdemeanors

- Almost 60% of decedents had both felony and misdemeanor arrests
- 16% had only misdemeanor arrests
- 5% had only felony arrests



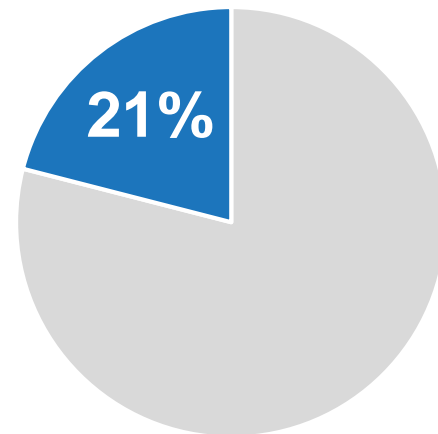
# Most frequent charge: Misdemeanor controlled substance possession

**2,719 decedents**



**had  $\geq 1$  misdemeanor controlled substance possession arrest**

**9,994 arrests**

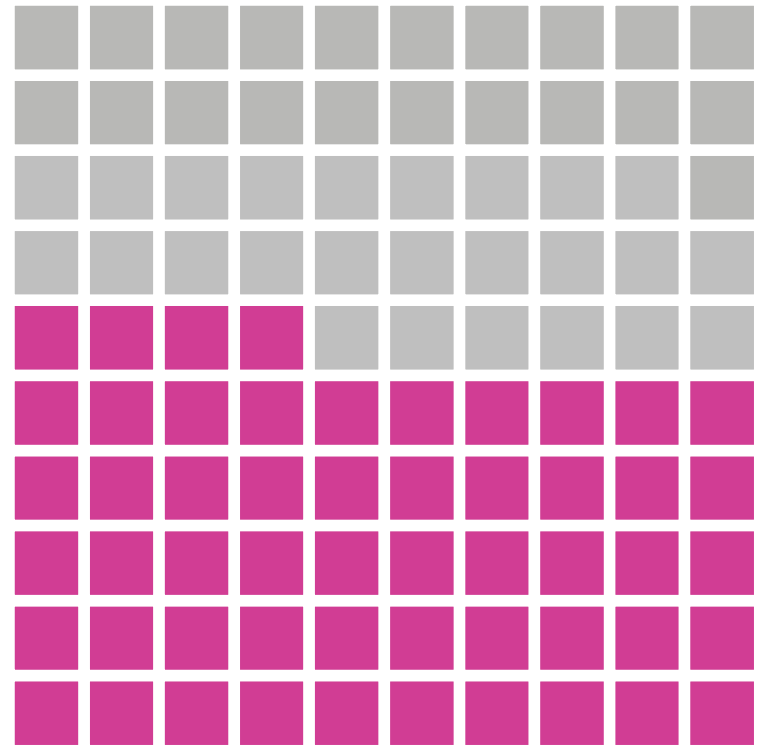


**For misdemeanor controlled substance possession**

**PRIOR CRIMINAL JUSTICE  
INVOLVEMENT AT FIRST  
MISDEMEANOR DRUG ARREST**

# 54% of overdose decedents had at least one misdemeanor drug possession arrest

2,719 individuals



# Over half had at least one prior felony arrest at first misdemeanor drug possession arrest

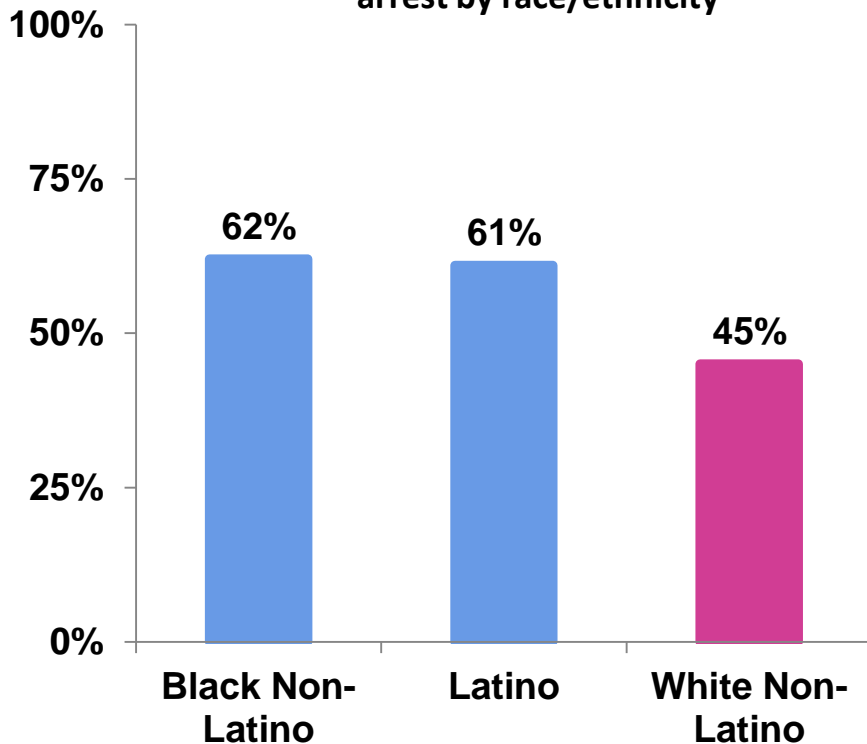
	Number	Percent
<b>Individuals with at least one misdemeanor drug arrest</b>	<b>2,719</b>	<b>100%</b>
Prior Arrest	1,778	65%
Prior Felony Arrest	1,497	55%
Prior Violent Felony Arrest	887	33%

# 23% had prior felony conviction at first misdemeanor drug possession arrest

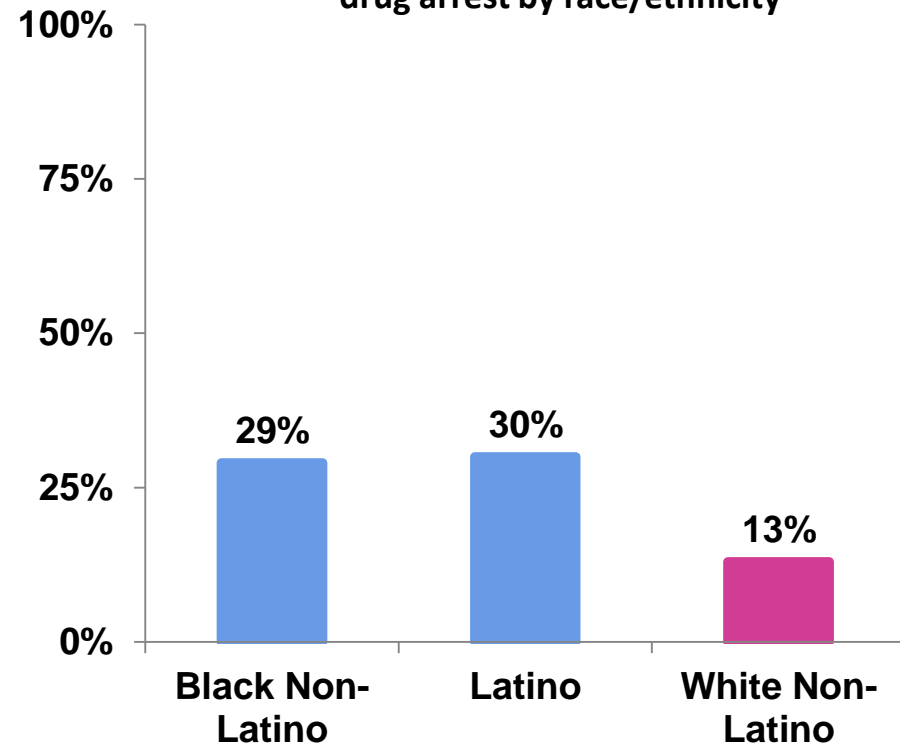
	Number	Percent
<b>Individuals with at least one misdemeanor drug arrest</b>	<b>2,719</b>	<b>100%</b>
Prior conviction	1095	40%
Prior felony conviction	629	23%
Prior violent felony conviction	250	9%

# Prior felonies at first misdemeanor drug possession arrest more common among Black and Latino decedents

Prior felony arrests at the first misdemeanor drug arrest by race/ethnicity

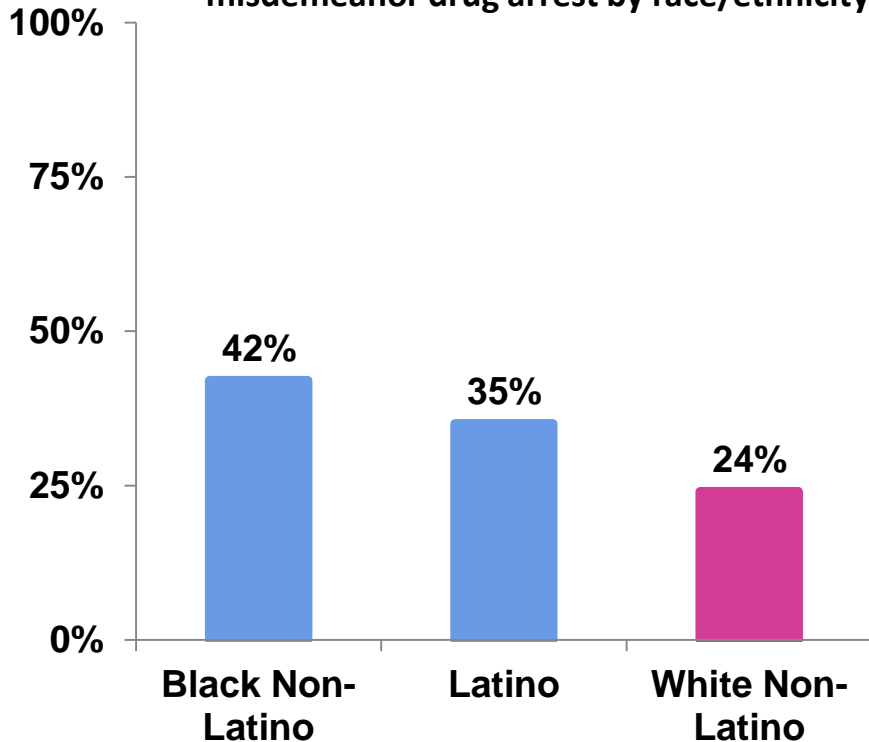


Prior felony convictions at the first misdemeanor drug arrest by race/ethnicity

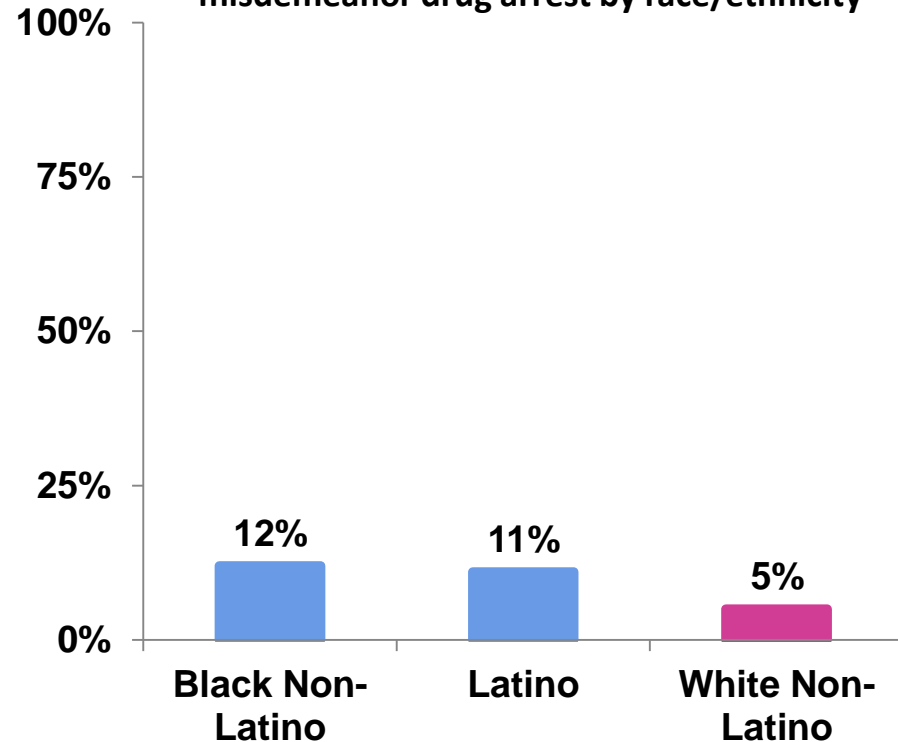


# Prior violent felony arrest at first misdemeanor drug possession arrest twice as common among Black decedents

Prior violent felony arrests at the first misdemeanor drug arrest by race/ethnicity



Prior violent felony convictions at the first misdemeanor drug arrest by race/ethnicity



**CONCLUSION**



# Majority of overdose decedents had frequent criminal justice contact

- 79% of overdose decedents had at least one arrest
- Decedents were arrested for both felonies and misdemeanors
- Misdemeanor controlled substance possession arrests were most common

# Many overdose decedents would have been ineligible for diversion

At first misdemeanor drug possession arrest:

- **55% ineligible** if prior felony arrest not allowed
- **33% ineligible** if prior violent felony arrest not allowed
- **23% ineligible** if prior felony conviction not allowed

# **Diversion programs may have racially disparate effects**

- Accumulated criminal justice histories unequally distributed by race/ethnicity
- Product of historical differential policing and charging practices
- Expanded eligibility criteria would increase impact and prevent racially disparate effects

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Thank you!