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Behind bars and beyond: Health equity for incarcerated Black men is an ongoing struggle

Richard Garland, executive director of Reimagine Reentry, holds his head as he talks about trends in gun violence in Pittsburgh, on Sept. 7, 2023, in his Hill District offices. (Photo by Stephanie Strasburg/Public-Source)

The connections between violence, incarceration, and health outcomes for Black men are complex.

Black men face barriers to their well-being that White men don't. Access to quality education is unequal as are job opportunities, affordable housing, and good healthcare, especially in underserved communities.

Black men are also disproportionately exposed to community and interpersonal violence, racial profiling, and police brutality.

When they're directly impacted by violence as victims or witnesses, they may experience physical injuries, like gunshot wounds, stabbings, or traumatic brain damage. They may develop mental health disorders like PTSD, depression, anxiety, and substance abuse. They may also suffer from chronic health con-

ditions like hypertension and constant pain.

Even indirect violence can affect Black men's health. Maybe a family member has been incarcerated or a friend or neighbor has been shot or beaten. These experiences can affect a person's mental outlook, cause psychosocial stress, and put people at risk for interpersonal violence.

Of all the barriers to Black men's well-being, incarceration is one of the highest. Black men are incarcerated at higher rates than White men and serve longer sentences for the same crimes—the result of racial profiling, implicit bias, harsh sentencing laws, and systemic racism within the criminal justice system.

Incarceration disrupts family life and relationships, creates financial problems, and results in stigma and discrimination that affects employment, housing, and social interactions long after release.

In the prison system, Black men face limited healthcare services, leading to unmet medical needs and untreated conditions like hypertension, diabetes, and



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asthma. These conditions are made worse by limited access to healthcare, unhealthy food, and little or no exercise.

Incarcerated Black men also suffer from higher rates of substance abuse and psychological distress than the general population. The prison environment can make existing mental health issues worse, too—and lead to new ones, due to overcrowding, violence, and isolation.

Even after release, Black men face more barriers to good healthcare. They may lack insurance, have difficulty finding a job due to the stigma and discrimination of being incarcerated, and feel overwhelmed as they try to navigate the outside world.

"There is so much going on when you're released," says Richard Garland, retired University of Pittsburgh assistant professor and current Executive Director of Reimagine ReEntry. Richard spent more than 20 years in various forms of incarceration before he reclaimed his life with help from mentors in Philadelphia's Holmesburg Prison.

"You may come out in worse shape than you went in," he explains. "You're trying to get back in with your family and your community and find a way to get a job with a criminal record. Physical and mental healthcare

don't take priority."

All the barriers Black men face upon reentry can make anxiety and depression, as well as substance abuse and addiction, spiral—especially when there's no support and no access to safe and effective treatment. "Mental health issues are crushing our Black families and communities," Richard says.

It's one of the reasons Richard founded Reimagine ReEntry four years ago. He and his staff of 13 direct, coach, and mentor formerly incarcerated Black people in Allegheny County from the organization's headquarters in the Hill District.

With recent funding from the county's \$50-million-dollar-commitment to reducing community violence, Reimagine ReEntry continues to help formerly incarcerated people with mental health services, workforce development and training, family reunification, and housing.

"Our team provides hope and opportunities, so formerly incarcerated people can make healthy choices that benefit them, their families, and the community," Richard says. "We provide this service for three years after their release."

Reimagine Reentry also responds to gun violence through its CommUnity Peace, part of the national hospital-based violence intervention program. CommUnity Peace helps gunshot victims quickly and directly in the hospital where they're being treated. Within 24 hours, a violence prevention coach is by a victim's side offering social support like therapy and job training, as well as relocation services if needed. The goal is to stop the cycle of violence and lower the number of gun-related deaths.

By reducing crime and violence through structural intervention, Reimagine ReEntry hopes to reduce recidivism. "We're seeing more Black men

entering incarceration at a younger age and maturity level," Richard explains. "Many of them arrive with undiagnosed and untreated mental health issues. While they may receive medicine when they're locked up, will it help them — or just keep them from causing trouble?"

Other forces and programs are helping to break down barriers to Black men's health, including social media. "More Black youth are normalizing mental health and medication on TikTok and other sites, which helps put an end to stigma," he says.

Collaborative justice courts, too, provide a better alternative to traditional criminal justice judgments. Drug courts, for example, combine oversight and monitoring with substance abuse treatment. "The hope is to reduce reentry and help people understand why they're abusing drugs, so they can stop," Richard explains.

Programs that pair social workers with police are de-escalating mental health situations that can turn violent and result in injury and even death. "When someone is in crisis, social workers and police respond together," Richard adds.

While good things are happening, more needs to be done. "There's a quote I love from my mentor John Africa of MOVE: 'Application don't need no conversation,'" says Richard. "We in the Black community must act on behalf of Black youth. We must embrace and support our young Black men and help them with education and job opportunities, so they have options. Options empower people to rise above their circumstances."

"We can't give up on our young people," he continues. "They're so bright, so resilient, so strong. The more I work with my staff, the more respect I have for all they offer our future."



RICHARD GARLAND, EXECUTIVE DIRECTOR OF REIMAGINE REENTRY, HOLDS HIS HEAD AS HE TALKS ABOUT TRENDS IN GUN VIOLENCE IN PITTSBURGH, ON SEPT. 7, 2023, IN HIS HILL DISTRICT OFFICES. (PHOTO BY STEPHANIE STRASBURG/PUBLICSOURCE)

Live Well Allegheny REACH project brings health resources to priority Black neighborhoods

In 2018, the Allegheny County Health Dept (ACHD) received a Racial and Ethnic Approaches to Community Health (REACH) grant to improve health, reduce chronic disease, and make healthcare more equal in Black communities that have the highest rate of existing health inequities.

A lot of work had been done before the grant was received to prepare

for action. "The work started in 2015 with the Plan for a Healthier Allegheny County," says University of Pittsburgh's Dr. Tiffany L. Gary-Webb, Associate Dean for DEI, Professor in Epidemiology, and the Associate Director for Pitt's Center for Health Equity. "It continued for the next three years with a food access and physical activity pilot pro-

gram." It also included Dr. Gary-Webb working with ACHD to raise awareness about trends in the county's racial health disparities in chronic disease.

The 2018 REACH grant funded the formation of the Live Well Allegheny (LWA) REACH Coalition. Directed by Dr. Gary-Webb and a leadership team, the coalition was made up

of partners—many that had worked together before. They included organizations like Pitt, Just Harvest, the Food Trust, the Greater Pittsburgh Community Food Bank, Healthy Start, the Black Breastfeeding Circle, and others.

The coalition began meeting regularly, completed anti-racist training, and developed a mission statement



DR. TIFFANY L. GARY-WEBB

EBT/food stamps," Dr. Gary-Webb explains. "The Pittsburgh Food Policy Council worked in the Pittsburgh Public Schools to create a policy to source local, healthier food."

Likewise with physical activity. "We teamed up with Allegheny County Economic Development to work with communities on the built environment," Dr. Gary-Webb continues. "Examples include fixing crumbling sidewalks, bike lanes and trails through community design projects."

The coalition featured community-clinical links between Duquesne School of Pharmacy, the UPMC Children's Hospital, YMCA, and the Greater Pittsburgh Food Bank. "These links resulted in neighborhood health and food security screenings; referrals for primary care; blood pressure management and diabetes prevention and management; and flu, COVID, and other vaccinations," says Dr. Gary-Webb.

These are just a few of the many examples of LWA REACH's use of grant money to make meaningful changes di-

rectly in priority neighborhoods. "We even provided mini project grants to neighborhood organizations like the Obama PTSA, Macedonia FACE, Allen Place, Ebenezer Baptist Church, and Pittsburgh Black Pride," Dr. Gary-Webb adds.

Throughout the five-year commitment, LWA REACH tracked and reported its progress, as well as short-, intermediate-, and long-term outcomes, to the CDC. The results were so successful, the coalition has received another five-year grant to continue its work through 2028.

While Dr. Gary-Webb has stepped down from the coalition (to concentrate more fully on other health equity-related initiatives), she's proud of the first round of progress.

"This was a concerted effort with unapologetic funding from the federal government for communities that suffer most from health disparities," she says.

"Pittsburgh needs to be more progressive about taking action to address health disparities, especially when you compare our region to similar areas of the country. LWA REACH is doing that—and serving as an example to other REACH cities, especially in our anti-racism work (which the CDC has recognized) and our ability to collaborate so well on behalf of citizens who suffer most from health inequities."



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about dismantling racist systems and working together to uplift underserved communities.

LWA REACH implemented events in three areas: Nutrition, physical activity, and community-clinical linkages. "For example, our partners ramped up neighborhood farmers' markets for affordable fresh produce that could be purchased with