

Criminalization of People of Color as a Barrier to Diversifying the Health Workforce: Arrests & Detainment

This brief is the second in a [series](#) focusing on the role that the criminalization of people of color plays on an individual's life course and ultimately diversity in the health workforce. Criminalization of people of color is an ongoing issue across the life span-- for school aged youth of color, "opportunity youth" (ages 16-24), youth categories in the Workforce Innovation and Opportunities Act (in-school youth aged 14-21 and out of school youth aged 16-24), and adults over 24 years.

INTRODUCTION

The legal definition of [arrest](#) is the "apprehending or detaining of a person in order to answer for an alleged or suspected crime." The Fourth Amendment of the U.S. Constitution decrees that arrests are authorized if the police have 'probable cause' to believe that a crime was committed and the officer has identified someone who they believe committed the crime. An officer must have reasonable suspicion to detain someone before stopping them for "brief and cursory" holding and questioning. When an officer prolongs a detention beyond what is brief and cursory, then the detainment becomes a [de facto arrest](#)—meaning that a person has actually been arrested but their arrest is not official.

Racial and ethnic minorities are stopped, questioned, held, and arrested by police at disproportionately higher rates because their bodies and behaviors in educational settings and in communities are often interpreted as [criminal](#). This is the case for [children](#) as well as for [adults](#). In addition to the disproportionate contact with law enforcement experienced by racial and ethnic minorities, immigrant populations face high rates of arrests and detainment by state and local police, and depending on immigration status these individuals may have increased fear of being arrested, detained, and deported.

This brief discusses these issues jointly because Blacks, Latinos, and other minority groups face disproportionately high rates of detainment and arrests, which disrupt their Health Career Trajectories. By disrupting and often actually halting career trajectories we not only hurt the individual by disrupting their lives, but we are impacting the already imbalanced disproportionately low numbers of people of color in health professions. Health equity and improved public health in general are dependent on a diverse, well educated workforce representing the communities and people being served.

Through Chicago AHEC's workforce development efforts we have found that issues related to arrest and

detainment frequently act as barriers to diversifying the health workforce. We know that Blacks and Latinos are overrepresented in arrests and detention, and that they are underrepresented in nearly all of the 32 [identified healthcare occupations](#) by the U.S. Health Resource and Services Administration Bureau of Health Workforce 2015 report. [National data](#) show that involvement in the juvenile justice system decreased economic and employment opportunities across the life span. Similar trends hold true for justice-involved adults who lose wages and employment when they are arrested or detained. While this impacts individuals' career trajectories in general, it is particularly impactful for those pursuing health careers since a criminal record is a barrier to licensure for many health-related careers. The increased likelihood of arrest and detention of people of color is often due to disproportionate police presence in poor communities where many people of color live as well as racial bias by law enforcement in general, which make it more likely that racial and ethnic minorities will have longer criminal histories and more disruption in their education and health career trajectories.

For example, in Illinois, Black youth made up just 18% of the state's population in 2013, yet due to their disproportionate contact with the legal system [61% of all juvenile arrests](#) and 60% of young people referred to jail or prison in 2013 were Black. In contrast, White youth made up 76% of the population, but just 38% of all arrests and 37% of all detention admissions. A report published in 2015 by the [Illinois Juvenile Justice Commission](#) revealed that African American youth were arrested three and a half times more often than their White peers despite evidence suggesting that there are similar rates of offending between the two groups.

Latinos and [Native Americans](#) are also alarmingly overrepresented in the legal system both as youth and adults. To date, the majority of state systems have yet to develop accurate measurement systems to capture the relative rate and impact of their arrests and incarceration. Illinois State Police do not accurately collect data on race, [ethnicity](#), or gender that reflects

Criminalization Pipeline



the identities of the individuals they engage. This decreases our understanding of the experience of Latino, gender non-conforming, and trans people in the state's criminal system and limits our ability to compare state, city, and county arrest data for these specific populations.

ISSUE

Communities

The disproportionately higher arrest rates of Blacks and Latinos remove them not only from classrooms but also from their training programs, their jobs, their families, and their communities. Although overall arrest rates are down in Illinois, disparities exist for ethnic minorities and these populations are also arrested at higher rates for different types of crimes in comparison to Whites. For example, youth of color are more likely to be arrested for committing age related crimes or [status offenses](#) (like breaking curfews) and for [drug](#) possession than White youth, despite similar offense rates among both groups. In addition, people of color—especially Black males—are generally arrested at higher rates for behaviors that are decriminalized in other U.S. municipalities, like marijuana possession.

Beyond arrests, other stages of the justice system contribute to the racial composition of state prisons as well. **Factors such as [pre-trial detention](#)—which is more likely to be imposed on Black defendants who face economic inequity and income inequality—contribute to racial disparities because individuals who are detained pre-trial are more likely to be convicted, be sentenced to longer prison terms, and have their future employment opportunities negatively impacted.**

Finally, family law statutes—such as penalties related to failure to pay child support which restrict, suspend, or revoke drivers and professional licenses—disproportionately impact people of color and fathers navigating poverty. In the City of Chicago, for example, the Black male unemployment rate is [22.5%](#) -- more than double the City's average male unemployment rate. The lack of stable employment and associated lower levels of income which prohibits these fathers from paying outstanding child support make them vulnerable to arrest if they are caught driving or practicing without a professional license.

Being arrested is especially economically destabilizing for people who do not have the funds to post bail or to retain a lawyer. When someone does not report to work because they have been arrested, they risk losing their job as well as future job references. When someone appears in court because they have been arrested, they risk missing a day of work, career training, or school. These factors underscore the multitude of ways someone's life—and health career trajectory—can be undermined by being arrested.

Schools

Detention and arrests occur in all locations but there has been a steady increase in [school-based arrests](#) with the enactment of zero

tolerance policies and the deployment of school based officers. **Startling state and national data support the claim that racial and ethnic minority students are increasingly entering the school to prison pipeline from within school settings.** For example, Black students make up only 16% of all public school students, but they see [31% of all in school arrests](#). [Racial bias](#) has been identified as a key factor in school staff misinterpreting or responding harshly to minority students' behaviors and can result in school staff taking disciplinary actions that remove these students from learning environments. School policy decisions that addresses student behaviors with legal force lead to a host of collateral consequence for students including incarceration, stigmatization, and alienation as well as missed learning and future employment opportunities.

Historically, much of the focus of health workforce pathway initiatives has been on exposure to health careers through curricular and programmatic activities. Knowing this, groups like Chicago AHEC and other health careers pipelines programs, must consider the role that the criminalization of youth of color and racial bias in the juvenile justice system plays in the educational and training institutions we utilize, ultimately undermining the work of early exposure workforce programs and disrupting future entry into the existing health workforce and other employment opportunities.

As schools struggle to operate without adequate funding, they must also navigate a lack of school- and community-based resources and services for students with learning, developmental, and mental health disabilities. For instance, at a high school in the underfunded Chicago Public School system of the 26% of students with disabilities, 35% were referred to school-based law enforcement and [31% were arrested](#) in the 2013-2014 school year. The rate of school-based mental health arrests has also steadily increased, with children as [young](#) as five being arrested and removed from their classrooms. This data suggests that students' behaviors which *should* be seen as indicating a need for services and support are instead frequently criminalized within school settings.

CONCLUSION

Health workforce organizations have played a major role in responding to the call to diversify the workforce. **Although arrests and detention are not synonymous with conviction, sentencing, or incarceration—or even committing a crime—these destabilizing events represent a significant barrier to economic opportunity and alters one's life course.** The Criminalization Pipeline negatively impacts a person's Health Career Trajectory by interrupting and sometimes halting career exploration and development, training, advancement, and leadership opportunities. Workforce development organizations must work to meet their goals of diversifying the health workforce and advance equity in our communities by ensuring that people of color remain in their classrooms, in their jobs, and in their communities.

In addition to the recommendations we proposed in our earlier [DMC Issue Brief](#), Chicago AHEC at Health & Medicine offers several key recommendations for AHEC centers, workforce development organizations, and for policy makers to address these barriers to health careers.

RECOMMENDATIONS

- Support and fund Federal Bureau of Health Workforce health career pathways programs like AHEC as well as other workforce and educational funding streams [like Workforce Innovations and Opportunities Act (WIOA) and others] that can be leveraged to support career pathways and the recruitment of individuals who are underrepresented and live in underserved communities.
- When delivering classroom-based programming intended to increase awareness, exposure, and knowledge of health careers, be aware that students who might benefit may be missing class that day. Consider:
 - Providing extra materials and contact information for absent students,
 - Offering session(s) on an additional day or as part of on-site after school programs,
 - Developing pre-programming orientations about health career awareness for parents, caregivers, or other significant adults so that they can share information with their students.
- Offer professional development training opportunities in classroom/group management that focuses on keeping students in classrooms for workforce development staff.
- Support the implementation of reforms that actively work to keep young people in school settings, like the [Student Discipline bill](#), which endeavors to reduce the use of suspensions and expulsions.
- Engage with community-based accountability and restorative justice programs that restore balance and healing in communities and support youth and adults [organizations like Illinois Balanced and Restorative Justice Project (IBARJ), the South Suburban Disproportionate Minority Contact Forum on Youth Foundation (SSDMC), and the National Association of Community and Restorative Justice (NACRJ)].
- Re-prioritize funding that is currently used for school-based and stop-and-frisk policing to invest in school- and community-based social workers, counselors, nurses, and other services to promote higher levels of health for all people.
 - Advocate for community-driven, [trauma-informed](#) cities that resist over-policing based on racial/ethnic group, the social conditions in which someone lives, or geographic location.
 - Support the work and recommendations of [The Sentencing Project 2014 Report](#), specifically the racial impact statement, and focus on dealing with low-level offenses outside of the justice system.
 - Support Cook County, Illinois' recent [reform](#) effort that prevents people from being detained solely due to their inability to post bail.

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Stay tuned for the next part of the series:
Sentencing & Incarceration

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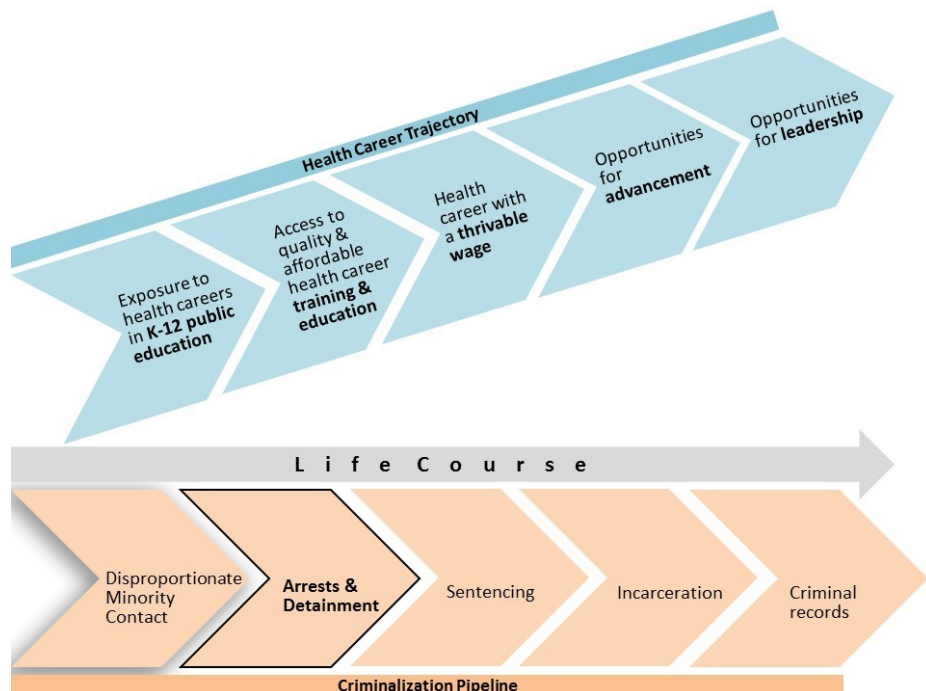


Figure 1: Chicago AHEC Model of Criminalization as a Barrier to Health Careers