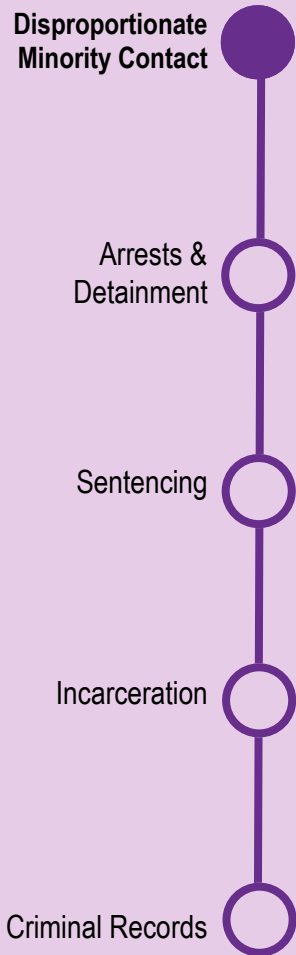


# ISSUE BRIEF SERIES



## Criminalization of People of Color as a Barrier to Diversifying the Health Workforce: Disproportionate Minority Contact (DMC)

### Criminalization Pipeline



### INTRODUCTION

The consequences of over-policing and racial profiling disproportionately impacts youth of color's involvement in the criminal justice system and has emerged in Chicago Area Health Education Center's (AHEC's) health workforce development activities as a [barrier to their educational and health career pathways](#). The consequences of over-policing disproportionately remove students of color from the [classrooms, and too frequently out of school entirely](#). Historically, much of the focus of health workforce pathway initiatives has been on exposure to health careers through curricular and programmatic activities. Knowing this, we 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.

Though there is not a federal definition of over-policing, there is legislation that defines police misconduct that addresses disparate policing by race and ethnicity. According to the Civil Rights Act of 1964, law enforcement is prohibited from discriminating based on race, color, national origin, sex, and religion if they receive funding from the Department of Justice (DOJ) (1, 2). The DOJ defines discrimination as "harassment or use of racial slurs, unjustified arrests, discriminatory traffic stops, coercive sexual conduct, retaliation for filing a complaint with DOJ or participating in the investigation, use of excessive force, or refusal by the agency to respond to complaints alleging discriminatory treatment by its officers" (3).

According the Office of Juvenile Justice and Delinquency Prevention, [Disproportionate Minority Contact](#) (DMC) refers to "rates of contact with the juvenile justice system among juveniles of a specific minority group that are significantly different from rates of contact for white non-Hispanic juveniles" (4). In particular, DMC refers to the disproportionate contact of

Black and Latino young people in the justice system and the inequity of decision making at the nine core "decision points" in the system: arrest, detention, referrals for prosecution, petitions filed, adjudications, probation, secure confinement, and transfers to adult court (6, 7).

There are some important limitations on DMC data to note. For example, in Illinois the state police currently do not collect data on age, race, ethnicity, and gender (5) on Latina/o youth thus limiting our ability to fully respond to DMC for this group (11). This also limits the ability to compare state, city, and county arrest data.

Nationally, health workforce development agencies encourage ["Grow Your Own" workforce strategies](#) as a way to diversify the workforce and address local workforce needs (10). In Illinois, workforce organizations (including Chicago AHEC) have been committed to exposing students to health careers as part of their K-12 education. However, our work has revealed that black and Latina/o students are unnecessarily removed from their learning environment due to an increased [police presence](#) in schools and strict school disciplinary practices at rates that are inequitable to those of [white students](#). **Ultimately, DMC becomes a mechanism that pushes students of color and other marginalized students out of schools, communities, and health career trajectories and into the criminal justice system.**

### ISSUE

#### Schools

DMC is a systemic barrier to entry into the health workforce and its impact is best understood from both a policy and a lifespan perspective. This systemic barrier is compounded by unfair treatment based upon class, gender, sexuality, disability, and geographical differences. Black and Latino children, as young as preschool age, who attend schools with less economic resources and less student support services like mental health care, are disproportionately characterized as [more disruptive](#) and as exhibiting [fewer prosocial](#)

## ISSUE continued

[behaviors in classroom settings](#). Schools, pre-schools, and even childcare centers that were initially established to be child-friendly institutions have become [increasingly policed](#), enforcing [Zero Tolerance policies](#) that criminalize normal developmental transgressions of children and are detrimental to their educational success.

The behaviors of students of color are often misinterpreted as more hyper, more distracted, or more aggressive, resulting in school staff, administrators, and boards making discriminatory disciplinary decisions about school based policing and which children's behavior is criminalized. This disproportionately removes students of color from the class more frequently. The higher rate of over-policing in under-resourced schools and communities means that students of color are often navigating higher rates of school suspensions, expulsions, and arrests and detainment that disrupt their education, including their exposure to health career curriculum. For example, the U.S. Department of Education recently reported that suspension rates are decreasing, yet recent research has shown that Black children make up just 18% of preschool enrollment but comprise 48% of suspended preschoolers (9). In addition, Black students overall are four times more likely to be suspended and two times more likely to be expelled compared to whites. These [students](#) often must then return to the school environment or enter a new one labeled as potentially dangerous or disruptive as they try to re-enter/enter into a school community with their teachers and peers. We have learned that traumatic experiences, such as exposure to [violence](#) and the experience of poverty can have a significant impact on behaviors while in school and other institutional settings. Rather than labeling behavior that may be indicative of a student's needs as violent and criminal, adults have the opportunity to become support systems to their students.

### Communities

As youth of color grow older and leave K-12 education, they face [increased](#) contact with the criminal justice system as they try to gain access to quality and affordable training and education including advanced health career training and education. This next step on the health career pathway can be interrupted due to the rise in mandatory self-reporting of criminal history on post-secondary applications. Stop and frisk policing in communities surveils and criminalizes behavior in public spaces where youth are often present. In addition, Black and Latino youth who enter into public spaces where they are not "expected" or wanted are hyper-surveilled and racially profiled by police and everyday citizens as they attempt to pursue further health career training and education. The incidence of increased surveillance practices such as [stop and frisk](#) stem from bias of perceived race and ethnic behavioral characteristics is an issue of particular significance in segregated cities like Chicago but is also experienced in more integrated communities as well. Profiling based on race and ethnicity in communities and within institutions must be seen as yet another obstacle to diversifying the health workforce.

Over-policing in schools and communities, Zero Tolerance policies, and racial profiling all contribute to DMC for youth of color already on or potentially on a future trajectory to health careers. The aforementioned barriers make it increasingly difficult for students who have been criminalized to graduate from K-12 education, and to enter into and graduate from quality and affordable health career training and education programs. The first step in the criminalization pipeline, DMC, impacts an individual's ability to attain thriving employment and receive equitable compensation (due to stigma of criminalization, delay in entering into the health workforce, etc.), enjoy a welcoming and inclusive working environment, advance through their career, and become leaders in health careers.

## CONCLUSION

Health workforce organizations have been working for years developing educational and career trajectories to support the entry of underrepresented individuals into the health workforce. While historically, the focus has been on exposure to health careers through curricular and programmatic activities, we must accept that we cannot successfully accomplish this work without understanding the role that the criminalization of youth of color and racial bias in the juvenile justice system play in disrupting entry into our existing health workforce and other employment.

**How can we expect to see nurses, physicians, and phlebotomists of color when these students are being removed from the health career trajectory and instead diverted into the criminalization pipeline as early as prekindergarten?**

Involvement in the criminal justice system amounts to hours, days, weeks, months, or even years that these young people are not exposed to or exploring a health career trajectory. It also adds further barriers to health careers and other employment opportunities, as well as fulfillment in life. Removing these and other institutionalized and structural barriers is critical to diversifying the health workforce and to advancing health equity.

Confronting and ending DMC in K-12 education will have an overwhelming effect on the goal of diversifying the health workforce. Grow-your-own workforce strategies must work to advance recruitment models that not only address statewide long-term health workforce shortages but also respond to economic inequity and social injustice. In order to begin to address DMC, Chicago AHEC at Health & Medicine recommends advancing practices, programs, and policies that keep children in their homes, schools, and communities and out of the legal system so that they can be well-equipped to become the health workers and leaders of tomorrow.

## ENDNOTES

1. 42 U.S.C. § 2000d, et sea.
2. 42 U.K. 5 3789dfc
3. Department of Justice, 2013
4. Development Services Group, Inc., 2014
5. Department of Human Services, 2009
6. W. Haywood Burns Institute, 2015
7. Illinois Juvenile Justice Commission, 2013
8. US Department of Education, 2014
9. The Sentencing Project, 2014
10. Office of Statewide Health Planning and Development, Health and Human Services Agency, State of California, n.d.
11. National Conference of State Legislators, 2009

## RECOMMENDATIONS

- When delivering classroom-based programming that increases 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
- Engage with community-based accountability and restorative justice programs that restore balance and healing in communities and support youth in their development [e.g. Illinois Balanced and Restorative Justice Project (IBARJ), the South Suburban Disproportionate Minority Contact Forum on Youth Foundation (SSDMC), Umoja Student Development Corporation and the National Association of Community and Restorative Justice (NACRJ)]
- Support and fund Federal Bureau of Health Workforce health career pathways programs like AHEC as well as other workforce and educational funding streams [Workforce Innovations and Opportunities Act (WIOA) and others] that can be leveraged to support this pathway and the recruitment of individuals who are underrepresented and live in underserved communities
- Re-prioritize funding that is currently used for school-based policing to invest in the employment of school-based social workers, counselors, nurses, and other support staff so that higher levels of health and support services are developed for all students
- Examine school system policies around suspension and expulsion and develop evidence based, trauma-informed policies and practices that support students to stay in school environments rather than punishment through suspension and expulsion

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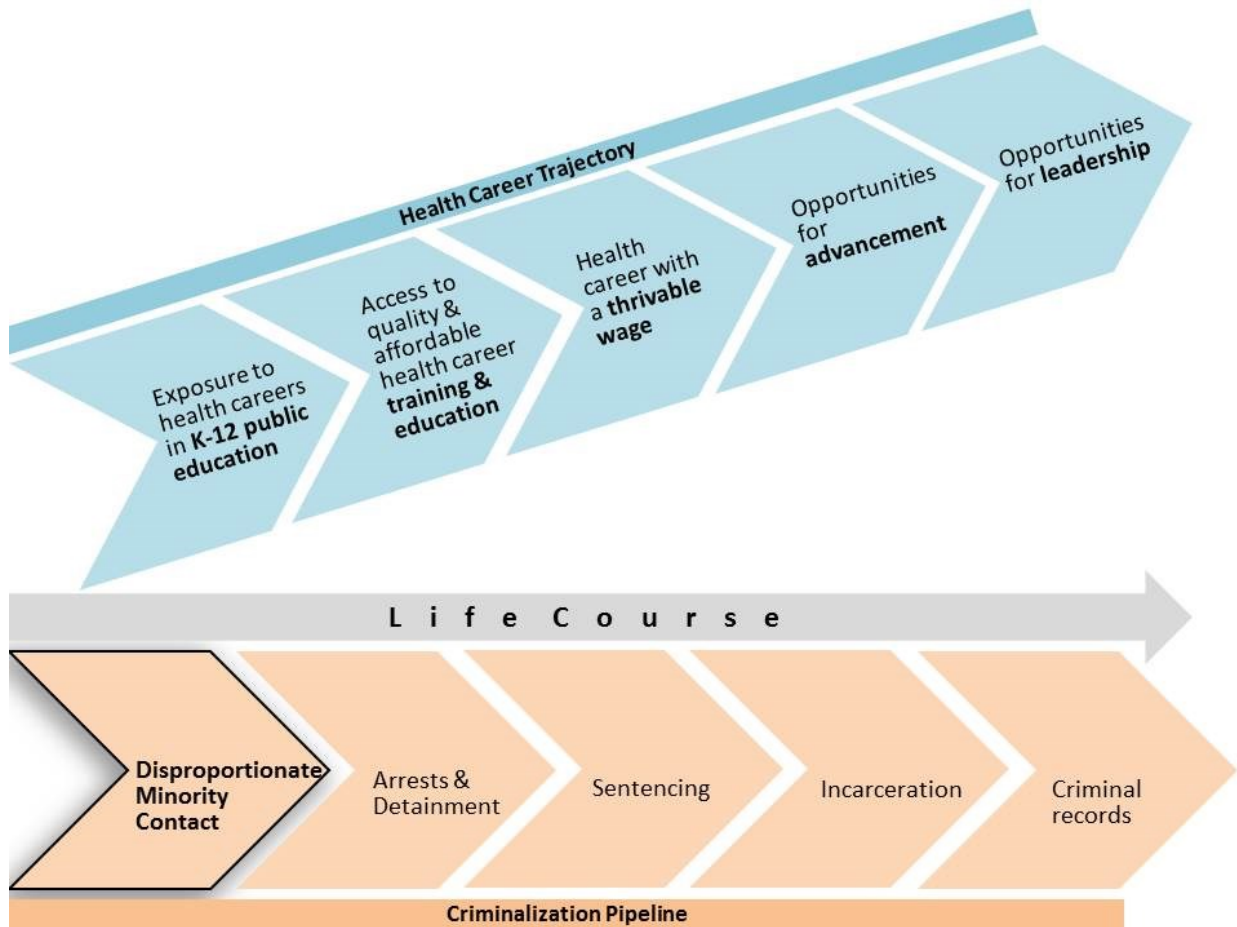


Figure 1: Chicago AHEC Model of Criminalization as a Barrier to Health Careers

Stay tuned for the next part of the series:  
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