

ISSUE BRIEF SERIES



Criminalization of People of Color as a Barrier to Diversifying the Health Workforce: Sentencing & Incarceration

This brief is the third 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.

Criminalization Pipeline



INTRODUCTION

Through the Chicago AHEC health careers pathways work, the center has identified the impact of the criminalization of people of color as a barrier to diversifying the health workforce. This series has previously examined how Disproportionate Minority Contact ([DMC](#)) and [Arrests and Detainment](#) act as early and persistent roadblocks to a Health Career Trajectory (as seen in Figure 1).

Beyond arrests, other stages of the justice system contribute to disproportionate representation of people of color in state prisons as well. Factors such as pre-trial detention—which is more likely 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. Additionally, federal, state, and local data reveal that people of color, most notably African-Americans, are more likely to face [harsher sentences](#) than their white peers for similar crimes. A multitude of legal and non-legal factors contribute to their increased sentence terms. Notable legal factors include mandatory minimums, extended terms based on “aggravating” factors, and the effect of truth-in-sentencing laws. [Truth-in-sentencing](#), a trend that took effect in Illinois and other states in the 1990’s, requires people who have been convicted and sentenced to prison to serve the majority (typically 85%) of their court-imposed sentence. There are also non-legal [subjective factors](#) including judges sentencing Black and Latino offenders—particularly younger, male, and unemployed -- to prison than similarly situated white offenders. Additionally, [geographic factors](#) also contribute harsher sentencing as some offenses committed in urban areas are treated less severely by the courts than offenses committed by people of color in suburban or rural jurisdictions.

In addition to, and sometimes as a result of unfair sentencing, [those who are imprisoned](#) come from the most disadvantaged parts of society. [Over 60% of the people in prison are people of color](#). Also, there is

overwhelming data that also suggests racial bias in the criminal justice system contributes to the likelihood that Blacks, Latinos, poor people, and other minorities are also incarcerated for longer durations. For example, a large body of research finds that [blacks are more likely to be confined awaiting trials](#) than white counterparts, to receive incarceration rather than community sentences, and to serve longer sentences. The rate of incarceration for African Americans in state prisons is [5.1 times greater](#) than whites. In Iowa, Minnesota, New Jersey, Vermont, and Wisconsin, this [inequity jumps to 10 to 1](#).

In contrast, women’s and girls’ incarceration rates are lower than men’s and boys’ but they now are incarcerated more than any other time in history. In 2014, the incarceration rate for African American women was [more than twice the rate](#) of incarceration for their white female counterparts. Similar trends exist among Latinas , who make up only 9% of the U.S. population, yet account for [32% of females in federal prison](#). In addition, [almost two thirds of all persons in prison for drug offenses are people of color](#) despite data by the Substance Abuse and Mental Health Services Administration (SAMHSA) that [reports a similar rate of use by race with marijuana and crack use being only slightly higher among Africans-Americans](#). In sum, racial and ethnic disparities in sentencing and mass incarceration contribute to the establishment of lengthy criminal records for people of color, creates barriers to their opportunity to pursue, maintain and advance in careers in health.

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Health workforce development programs work to increase and stabilize the health workforce yet these programs are often faced with the challenge of recruitment and retention of workers. Additionally, health workforce programs have been committed to ensuring the health care workers are representative of the communities that they serve. The work of diversifying the health workforce is continually undermined when viable candidates for employment

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are not able to enter or advance in careers due to racial bias in the criminal justice system. Disproportionate confinement has a profoundly negative effect on people of color's ability to obtain and maintain their health careers. Not only are Blacks and Latinos over-policed, but their arrests, sentencing, conviction, and incarceration rates pose serious challenges to a health career trajectory and [destabilizes their lives](#), families, and communities.

Sentencing, adjudication, and incarceration inequities are important for health workforce development programs to consider because most states, including Illinois, have [laws that prohibit or limit people from working in healthcare settings](#), especially in patient facing roles, if they have violent crimes, sex crimes, or drug offenses on their records. A person cannot begin a training program if they have been unfairly sentenced and are serving a lengthy incarceration period. Unfair sentencing and incarcerations also have a negative impact on a person's ability to make an income. They create gaps in a person's work history that often must be disclosed once the individual reenters their community and seeks employment. Health workforce development organizations working with young people understand the [immense negative impact](#) that incarceration plays on the mental and physical health, education, as well as employment of youth. Unfair sentencing and disproportionate incarceration worsens these conditions for [Black and Latino youth and adults](#).

Racial bias in sentencing and incarceration has a profound impact on all people of color, but specific groups face unique career challenges. For youth interested in a health career, time spent in confinement decreases their likelihood of attaining a high school diploma or to consistently participate in the [labor force in the future](#). For adults, the gaps in employment due to incarceration can delay their journey along the Health Career Trajectory but also risk future wages, career advancement, and leadership opportunities, especially if one's incarceration resulted in a loss of a [professional license](#). Additionally, the number of incarcerated women [rose by more than 700%](#) between 1980 and 2014 and continues to rise at a higher rate than men. Given the aforementioned increasingly high rates of incarceration of women, we are creating an ever growing number of women of color being locked out of careers. Being a [woman of color](#) only exacerbates this problem. The [disproportionate incarceration of women of color](#) has become a compounding barrier to their career entry, advancement, and opportunities to lead. Finally, 62% of women and 51% of men in state prisons reported having [a child under the age of 18](#), suggesting that incarceration has an intergenerational impact and not only disrupts a parent's Health Career [Trajectory](#), life but also the life course of their children who are navigating school and life without their parents' presence. A growing body of literature shows that having an incarcerated parent has an impact on the future success of a

child in school, their ability to stay out of the criminal justice system, and future health challenges

CONCLUSION

It is clear that inequity among those sentenced and ultimately incarcerated operates along racial and ethnic lines. Just as DMC, arrests, and detainment interrupt the Health Career Trajectory for people of color, racially biased sentencing and incarceration as possible decision points and final case outcomes serve as additional barriers to individuals navigating professional training, career entry, and advancement opportunities. These are destabilizing events that pose significant threats to economic opportunity and alters one's life course.

As a society, we place [greater emphasis](#) on investments in the criminal justice system than training, education, and career pathways. According to the U.S. Department of Education, during the past three decades [state and local expenditures](#) for public education increased by 107%, while total expenditures for corrections increased by 324%. [Taxpayers are paying](#) for people navigating the criminal justice system in one way or another: whether it is before incarceration through tax dollars to fully fund public education and allow people to access careers with thrivable wages, including health careers, or whether it is later, once an individual has been detained, arrested, sentenced, incarcerated, and given a criminal record.

In 2015, Illinois spent averaged [\\$33,507 per inmate](#) and [\\$12,821 per public school student](#). That equates to the state of Illinois spending \$20,686 more [incarcerating](#) people than it did on [educating](#) them. There are long-term costs – both [economic](#) and [societal](#) – to this lopsided investment. Unfortunately, the longer a person is navigating the court system or incarcerated, the longer they are [exposed to potential harmful influences and violence](#), and the less time they have to gain career experience, advance to leadership positions in their field, build wealth, be healthy, and fully contribute to the vibrancy of society.

As state legislation continues to trend towards improving the re-integration process for people with disproportionate minority contact, those who have been arrested and/or detained, sentenced and incarcerated, and people with criminal records, Chicago AHEC recognizes that there is still a great deal of work to be done in shifting not only laws, systems, hearts, and minds, but internal organizational policies and practices. As such, Chicago AHEC at Health & Medicine Policy Research Group recommend that other AHEC centers, workforce development agencies, and others interested in bolstering diversity in the Health Career Trajectory advance internal programming and practice efforts aimed at ensuring that those negatively impacted by the Criminalization Pipeline are supported along their trajectory.

RECOMMENDATIONS

- Engage with community based accountability and restorative justice programs that restore balance and healing in communities and support youth and adults (e.g. 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))
- When delivering classroom based programming that increases awareness, exposure & 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
- 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
- Support policy, programming, and practice that reduces use of a person's criminal history as a barrier to accessing various resources, such as education, loans, housing, or employment
- Advocate for policies that re-prioritize state, local, and federal funding that is currently supporting the criminal justice system to instead invest in school- and community-based resources that promote higher levels of health and access for all people
- Support ongoing research, evaluation, and reporting of processes, decision-making, and outcomes as they relate to public spending in the criminal justice system and related health outcomes

Contributors:

Sekile Nzinga-Johnson,
PhD, MSW
Senior Director of Programs

Tiffany N. Ford, MPH
Senior Policy Analyst for Health Reform and Health Equity

Sharon Powell, MA
Director, Chicago AHEC

Connect with
Health & Medicine
hmprg.org
info@hmprg.org

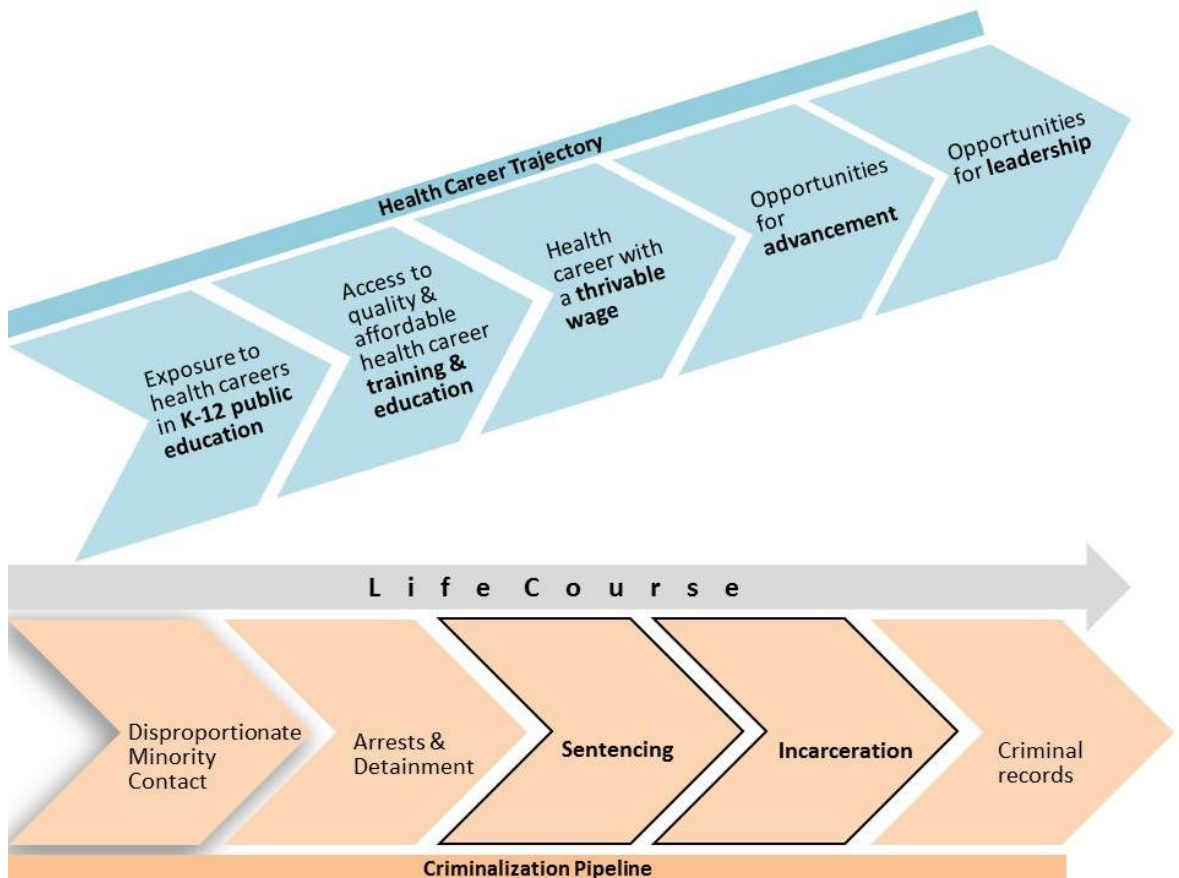


Figure 1: Chicago AHEC Model of Criminalization as a Barrier to Health Careers