

PATHWAYS OUT OF POVERTY

BOYS AND MEN OF COLOR AND JOBS IN THE HEALTH SECTOR

Jordan Medina • Health Policy Fellow

Carla Saporta, MPH • Health Policy Director



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About The Greenlining Institute

Founded in 1993, The Greenlining Institute is a policy, research, organizing, and leadership institute working for racial and economic justice. We work to bring the American Dream within reach of all, regardless of race or income. In a nation where people of color will make up the majority of our population by 2040, we believe that America will prosper only if communities of color prosper.

Greenlining Bridges to Health Program

Nothing is more essential than our health. Everybody should have access to good health regardless of race or income. Health care must be responsive to the nation's growing communities of color, but health care isn't enough. People also need access to the things that lead to good health such as safe neighborhoods, healthy foods, clean environments and decent jobs. Greenlining brings the voices of communities of color into critical decisions that affect all of our lives and health.

About the Authors

Jordan Medina, Greenlining Health Policy Fellow

Jordan Medina is from Saginaw, Michigan and received a B.A in Sociology with a minor in Afroamerican and African Studies from the University of Michigan, Ann Arbor. As an undergrad, Jordan became involved with NPR-affiliate Michigan Radio, and served as a production assistant for State of Opportunity, an award-winning series that looks at childhood poverty throughout the state of Michigan. Jordan became interested in health policy after spending a summer in New York City with the Drum Major Institute for Public Policy, where he analyzed the effectiveness of current policies designed to lower obesity rates in low-income communities of color and created his own policy alternatives.

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Before joining Greenlining as Health Policy Director, Carla Saporta educated and mobilized community members on policy issues and worked with policymakers to create and implement policy that benefits the community. She currently represents the community's interest as an advisory member on Covered California's Small Business Health Options Program Advisory Group. In her role at Greenlining, Carla leads advocacy efforts to ensure that implementation of the Affordable Care Act will benefit communities of color. This entails working with policymakers to pass and implement state reforms, increasing health workforce diversity, increasing access to care for boys and young men of color, and finding solutions to covering those who will not benefit from the ACA. Carla also oversees Greenlining's community benefit advocacy, which focuses on increasing funding for upstream programs that improve public health. Carla received her B.A. from Occidental College and her Master of Public Health at Portland State University through the Oregon Master of Public Health Program.

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EXECUTIVE SUMMARY

- Boys and men of color (BMoC) make up 70 percent of California males age 24 and under and face disproportionately high levels of unemployment and underemployment — far higher than whites of comparable ages.
- California's health services sector is projected to grow faster than other components of the state's economy — 27 percent by 2020 — presenting a historic opportunity to connect BMoC with solid, middle-class careers.
- Incorporating more BMoC into the health workforce will help the state's health system deliver better, more culturally competent care.
- Multiple barriers presently make it difficult for BMoC to access health sector careers. Prominent among these are inadequate investment in K-12 education and lack of curriculum designed to prepare young people for the careers of tomorrow. However, good models for such programs exist, such as Health Tech Academy at Valley High School in Sacramento.
- Involvement in the criminal justice system, including the juvenile justice system, creates barriers to employment in the health sector due to background check requirements and other screening procedures that effectively bar many thousands of BMoC job applicants from consideration — even when the crime was minor, nonviolent, or very long ago.

Recommendations:

- Create sustained, long-term funding for Careers Pathway Trust to fund linked-learning pathway programs for BMoC.
- Create industry buy-in to support linked-learning pathway programs in partnership with hospitals, health insurance providers, and health clinics.
- Bring the state's statutory language to parity with Equal Employment Opportunities Commission (EEOC) recommendations so that criminal background information is assessed on an individual basis, rather than being a blanket barrier to employment.
- Create targeted hiring agreements with local governments and health sector employers to encourage BMoC employment.
- Conduct more research on the physical, emotional, and mental health of BMoC in California.
- Dedicate a meaningful portion of the money raised through the Mental Health Services Act to create mental health pathway programs that specifically target BMoC.

INTRODUCTION

California is experiencing a crisis of high unemployment among boys and men of color (BMoC). The rapid growth of the state's health care and health services sector presents a historic opportunity to remedy this crisis while improving health services and access to care.



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The health sector in California is experiencing significant job growth, due in part to an aging population and the state's implementation of the Patient Protection and Affordable Care Act (ACA). Through Covered California, the state's health exchange marketplace, and the Medi-Cal expansion, almost 300,000 boys and men of color (BMoC) are expected to gain health care coverage in 2014.¹ Expanding health care coverage is critical to reducing health disparities, but without a culture of coverage many BMoC have little incentive to enroll in health care plans.

One solution to creating a culture of coverage includes developing more equitable systems that allow BMoC to gain employment in the health sector. Working in the health sector will give BMoC economic security and expose them to the benefits of health care coverage.

Through 2020, the health sector in California will grow by 27 percent, compared to 17 percent for all other sectors.² Most of this growth will be in allied health professions such as occupational therapy assistant, radiology technician, and medical transcriptionist. These mid-skill professions require little formal training after high school, with one-third of the jobs requiring a high school diploma, associate's degree, or training certificate.³ On average, allied health professionals earn salaries of approximately \$35,000,⁴ with career advancement and educational reimbursement opportunities.

These economic and workforce conditions present stakeholders with an opportunity to solve chronic unemployment and underemployment of BMoC in California. In 2012, the unemployment rate for white men was 10.1 percent, while the unemployment rates for African-American and Latino men were 17.8 percent and 12.1 percent, respectively.⁵ This is especially alarming considering that California is already a majority-minority state, with BMoC making up 70 percent of males age 24 or younger.⁶ California's economic future could be crippled if we fail to align BMoC with quality employment opportunities and reduce barriers that block their access to good jobs.

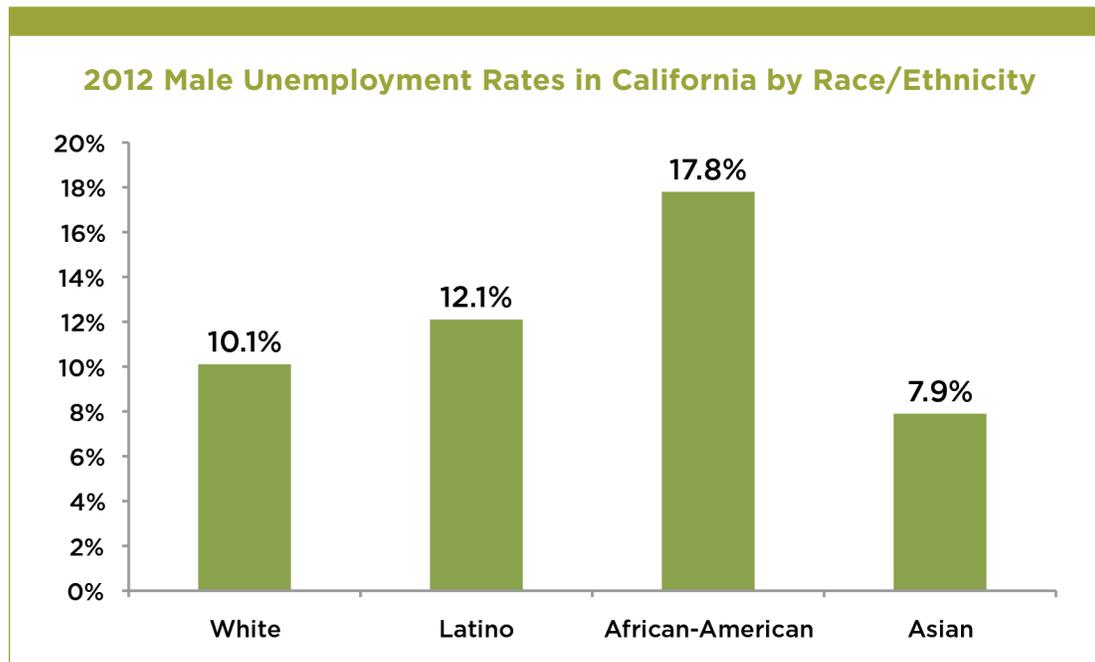
This report summarizes key opportunities and barriers for BMoC in allied health professions. Through a literature review and interviews with key stakeholders, we have identified three areas — public K-12 education, the juvenile justice system, and men's health — that have significant impacts. By coordinating state and regional efforts, California can increase the diversity of its health sector while simultaneously creating a viable solution to chronic unemployment in communities of color.

***Source:** PPIC
<http://www.ppic.org/main/pressrelease.asp?p=1137>

Culture of Coverage: a culture where health insurance is expected, maintained, and ultimately valued because the result is consistent, timely access to quality care.*

Unemployment and Boys and Men of Color

As the United States recovers from the Great Recession, underemployment and unemployment rates remain stubbornly high, especially for BMoC. As of December 2013, the unemployment rate in California was 8.7 percent — 1.7 percentage points higher than the national average.⁷ In 2012, the unemployment rate for white men was 10.1 percent, while the unemployment rates for African-American and Latino men were 17.8 percent and 12.1 percent, respectively.⁸ This means that African-American men in California are 88 percent more likely to be unemployed than white men.⁹



According to the Bureau of Labor Statistics (BLS), the 2013 unemployment rates for African-American men between the ages of 16 and 19 and 20 and 24 were 40.4 and 20.6 percent, respectively.¹⁰ The unemployment rates for Latino men between the ages of 16 and 19 and 20 and 24 were 24.8 and 11.5 percent, respectively.¹¹ White men in both age groups had significantly lower levels of unemployment. White men between the ages of 16 and 19 had an unemployment rate of 19.3 percent.¹² Meanwhile, white men between the ages of 20 and 24, had an unemployment rate of 10.1 percent.¹³ According to BLS data, Asian men in the same age groups had unemployment rates that closely mirrored their white counterparts.¹⁴ BLS data does not break down unemployment data for ethnic groups under the Asian racial group, though, making it difficult to accurately report unemployment data for Asian men of various ethnic groups.

These numbers are even more worrisome considering that by 2050, 80 percent of males age 24 or younger in California will be BMoC.¹⁵ This demographic shift is already underway, and will have a significant economic and cultural impact on the state. California must act now to ensure this new majority possesses the skills and resources necessary to compete for mid-skill, middle-class jobs in the state.

Addressing chronic unemployment for BMoC is vital to strengthening California's economy and rebuilding the middle class. By gaining access to mid-skill, middle-class jobs, BMoC will increase their likelihood to marry (and stay married), own a home, and have access to quality health insurance.¹⁶ These markers not only increase BMoC's quality of life, but also the fiscal and cultural health of the whole state. Homeownership, for example, has long been a key element of the American Dream, allowing families to build generational wealth while contributing to neighborhood stability.¹⁷

But BMoC are more likely to live in disproportionately high-poverty neighborhoods that offer relatively poor local services,¹⁸ creating a cycle of poverty and a pervasive lack of opportunity that can only be fixed with serious public and private investments.

To help change these statistics, the California Workforce Investment Board recently developed an ambitious 5-year strategic plan that will substantially retool the state's workforce development system. This system invests \$400 million annually in federal Workforce Investment Act funds, and several billion dollars of state, federal and private sector investments in workforce education and training.¹⁹

The strategic plan aims to increase the income of Californians in the workforce by investing in training, retraining, and certificate programs in high-growth sectors of the economy.²⁰ In California, this includes the health sector.

Health Careers and Job Growth

The health sector in California is experiencing exponential job growth, and continues to grow at a faster pace than all of the state's other sectors.²¹ Between 2010 and 2020, California health care and health services employment will grow by 27 percent, producing 535,400 new jobs, while other industries will expand their workforce by only 17 percent.²² More than one-third of the new jobs in the health sector will require limited educational attainment, needing only a high school diploma or some community college.²³

A large part of this job growth is due to the ACA, which both greatly expands coverage and shifts the focus of the health sector from a fee-for-service model to a coordinated care system. Approximately 6.7 million Californians are expected to gain access to health care through the ACA,²⁴ putting pressure on hospitals, doctors' offices, and health clinics to treat more patients. In order to meet increased demands, most health care providers will place a greater emphasis on community health workers (i.e. promotoras), emergency medical services workers, and allied health professionals (e.g. occupational therapy assistant, radiology technician, medical transcriptionists, etc.).

But it seems that young men have little interest in these jobs. A study by the Center on Education and the Workforce at Georgetown University shows that, in 2010, the three most common jobs for men between 18-29 years old were cook, retail sales clerk, and non-construction laborer. Out of those three, only non-construction laborers earn salaries greater than \$35,000 annually.²⁵ The same study shows that three of the most common jobs in 2010 for women in the same age group were nursing aide, medical appliance technician, and health aide. These jobs all had salaries greater than \$35,000.²⁶

Common Jobs for Young Men:		Average Salary:
		Cook \$20,260
		Retail sales clerk \$20,990
		Construction laborers and helpers \$28,410
Common Jobs for Young Women:		Average Salary:
		Licensed practical (vocational) nurse \$40,380
		Medical appliance technician \$35,670
		Occupational therapy assistant \$47,490

Source: Bureau of Labor Statistics, Occupational Outlook Handbook
<http://www.bls.gov/ooh/a-z-index.htm#C>

Culturally Competent Care

California is one of the most diverse states in the nation, with people of color representing 60.3 percent of its overall population.²⁷ But its health workforce does not accurately reflect the state's racial and gender demographics. According to a 2008 Public Health Institute and University of California Berkeley study, over 60 percent of physicians, dentists, and nurses in the state are white, even though whites only account for 42 percent of the state's population.²⁸ The allied health professions currently comprise the most racially diverse workforce, with people of color representing 65.9 percent of this workforce.²⁹ But even with this racial diversity, males only represent 14.7 percent of the allied health professions workforce, creating a serious gender imbalance.³⁰ Connecting BMoC to allied health careers has the potential to increase cultural competency in the health sector and improve the quality of care and health outcomes of male patients of color.³¹



According to the U.S. Department of Health and Human Services Office of Minority Health, cultural competency is a set of congruent behaviors, attitudes, and policies that come together in a system, agency, or among professionals that enables effective work in cross-cultural situations.³² For example, a health center that is culturally competent for Latino/as would include doctors, nurses, and medical assistants fluent in Spanish. The health center might also have information and resources for undocumented Californians who are ineligible for health care coverage under the ACA.

Cultural competency is a set of congruent behaviors, attitudes, and policies that come together in a system, agency, or among professionals that enables effective work in cross-cultural situations.

Culturally competent care is more than just a concerted effort to address a patient's racial identity and nationality. Culturally competent care takes into account all of a patient's social identities when delivering care. For a doctor, this might mean considering the socioeconomic status of a patient when suggesting healthier eating alternatives. For a community health worker, culturally competent care could mean using sports as a way to get BMoC interested in improving their health. Having a diverse health workforce increases opportunities for patients to receive quality care from physicians and support staff who share similar cultural experiences with them. In the end, these shared experiences can lead to better health outcomes for patients and better relationships between patients and health providers.³³

Overcoming Barriers to Health Careers

BMoC and Education

Numerous barriers prevent BMoC from having access to well-paying jobs in the health sector. The first, and perhaps most important, is a serious disinvestment in public education, which has led to a lack of educational options for low-income students of color. Forty years ago, California's education system was looked to as a national model.³⁴ However years of budget cuts and multiple recessions have badly damaged the system. Currently, California has one of the lowest per-pupil spending rates in the country, ranking 49th out of 51.³⁵ In 2010, California's per-pupil spending of \$8,482 was \$3,342 below the national average of \$11,824.³⁶ This means the average 6th grade classroom with 25 students in California³⁷ receives \$83,550³⁸ less per year for teachers and administrators to spend on personalized instruction.

What a school could buy with \$83,550:

Two teacher assistants: \$29,490 ³⁹ each	One teacher with 10+ years' experience: \$82,826 ⁴⁰	189 16G iPads @ \$440 each, including tax ⁴¹
		

In November 2012, voters approved Proposition 30, which temporarily increased tax rates on individuals making over \$250,000 through 2019.⁴² Proposition 30 will provide an estimated \$6 billion in funding for state schools annually.⁴³ Additionally, the Local Control Funding Formula (LCFF), included in the 2013-14 budget resolution, will allocate approximately \$2.1 billion to schools with greater proportions of children who live in poverty and/or ESL students.⁴⁴ Together, along with budget increases proposed for 2014-15, these policies have the potential to improve the quality of public education in California, but both measures are at the discretion of the state government and district-level education officials.

In addition to increasing funding for K-12 education, the state must prioritize developing curriculum that prepares students for the careers of tomorrow. Through the California Careers Pathway Trust (CPT), the education system has the opportunity to collaborate with the health industry to create linked-learning pathway programs throughout the state. The \$250 million available through CPT will be issued to high schools, community colleges, and businesses that support coordinated efforts to improve student scores in science, technology, engineering, and math-related classes and align students with jobs in high-growth sectors like the health sector.⁴⁵ The funds can be used over a three-year period, but there is no indication that a similar allocation will be included in future Budget Acts.

Linked-Learning Pathway Programs

Linked-Learning is a high school improvement approach that makes learning exciting and challenging. It connects strong academics with real-world experience by:

- ❑ Offering students personally-relevant, wholly-engaging, and rigorous academic and technical curricula combined with exposure to real-world professions.
- ❑ Helping prepare students to graduate from high school well prepared to enter a two- or four-year college or university, an apprenticeship and formal job training.
- ❑ Exposing many students in school to previously unimagined college and career opportunities.

Source: ConnectEd California

Funds provided via CPT could be used to fund health pathway programs like the Health Tech Academy at Valley High School in Sacramento, which comprehensively connects BMoC to allied health careers via health clinic visits, networking opportunities, and health sciences classes.⁴⁶ The Academy recently received a grant to establish the South Sacramento Healthcare Pipeline, which will allow high school students to take additional classes to become certified community health workers (CHWs). CHWs often act as ‘foot soldiers’ for health service centers by taking resources and knowledge into low-income communities and teaching community members how to properly manage their health. As the ACA becomes fully implemented, the need for CHWs is expected to rise, creating another opportunity for stakeholders to increase the number of BMoC in allied health careers.⁴⁷

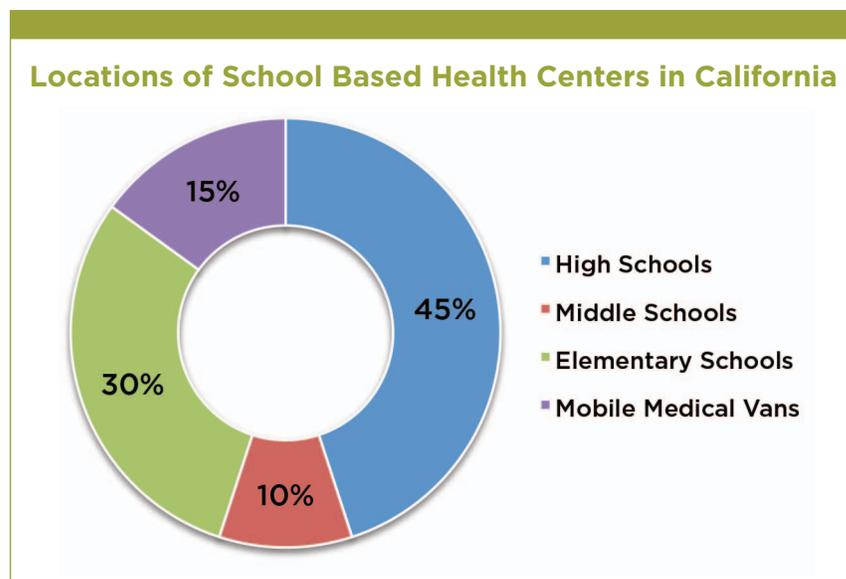
Life Academy Internship Partners:

- ❑ Highland Hospital
- ❑ Mercy Retirement and Care Center
- ❑ Youth Bridge
- ❑ Faces for the Future
- ❑ Chabot Space and Science Center
- ❑ Family Violence Law Center
- ❑ Fremont High School Basketball Sports Medicine
- ❑ Telecare
- ❑ International Community School
- ❑ Think College Now
- ❑ Jefferson Elementary School

Schools like the Life Academy of Health and Bioscience (Life Academy), a charter school in Oakland, also recognize the link between education and employment opportunities. Students at Life Academy have access to personalized college counseling programs, guaranteed internships in the health sciences for 11th and 12th grade students, and personal advisors to mentor students throughout high school.⁴⁸ Ninety-nine percent of Life Academy’s 260 students are students of color, and Life Academy has the highest University of California and California State University admittance rates of any high school in Oakland.⁴⁹ Health-specific schools like Life Academy can effectively integrate pipeline programs into the curriculum, providing a clear-cut guide for students seeking careers in the health sector. Life Academy only offers classes for high school students, but administrators

are looking to offer a middle-school curriculum, creating a linked-learning pathway program that reaches students as young as 12 years old.⁵⁰

School-based health centers (SBHCs) provide another example of potential linked-learning programs that provide BMoC with hands-on learning experiences. There are currently 226 school-based health centers in California,⁵¹ with 85 percent of them providing medical services to students and families in need.⁵² For many low-income families, these centers serve as primary care facilities, but the centers can also offer behavioral, reproductive, and mental health services.⁵³



***Note:** to access a list of all the SBHCs in California go to <http://cshca.wpengine.netdna-cdn.com/wp-content/uploads/2013/10/sbhcs-as-of-10-25-13.pdf>

If utilized correctly, SBHCs could serve as in-house career pathway programs, providing students with a firsthand experience in allied health careers. Unfortunately, only 27 percent of SBHCs provide youth engagement programs, severely limiting the number of BMoC who could benefit from such programs.⁵⁴ Currently, a streamlined funding channel for SBHCs does not exist, and each relies on different community investments, private foundations, and federal grant money.⁵⁵ Creating a more sustainable, streamlined funding approach and requiring SBHCs to actively engage BMoC in health pipeline programs could increase the number of BMoC in allied health careers while promoting healthy lifestyles.

BMoC and the Juvenile Justice System

BMoC in California are no stranger to the California Department of Juvenile Justice (DJJ). Currently, about 97 percent of DJJ wards are male, and about 87 percent are either African-American or Latino.⁵⁶ The average age of a DJJ ward is 19. The juvenile justice system is expensive. In 2011, it cost California 95 percent more to put a young man of color through its juvenile justice system than it would have spent putting him through its public education system.⁵⁷ Altogether California spent \$113 million on BMoC in the juvenile justice system,⁵⁸ money that could have been spent on K-12 education, head start programs, or health workforce training programs.

In 2011, it cost California 95 percent more to put a young man of color through its juvenile justice system than it would have spent putting him through its public education system.

Creating pathways to success through education and career training is vital to ensuring BMoC do not pursue non-legal means of self-sufficiency. Having a criminal record, no matter the offense or how long ago the crime, can prevent BMoC from providing economic stability for themselves and their families.⁵⁹ Today, criminal background reporting requirements for many jobs — and even the simple presence of a box on the job application form where applicants are asked to state whether they have ever been convicted of a crime — effectively bar many thousands of job applicants from consideration, even when the crime was minor, nonviolent, or very long ago.

Many past offenders released on parole or probation are required to return to the county of conviction once they are released. If parolees wish to relocate to a different county, they must receive permission from that county's Department of Corrections and Rehabilitation to join their parole pool. Gaining permission from another county's DCR is often difficult, and requires parolees to provide current and future proofs of residence, background information of potential roommates, and proof of work opportunity at the new location.⁶⁰

Given these barriers, many prisoners end up returning to the same counties they lived in before their conviction. Counties tend to have more varied socioeconomic conditions than cities, but housing prices, access to public transportation, and familial ties are just some of the variables that may affect a parolee's decision to live in South Gate instead of Malibu, even though both cities are located within Los Angeles County. According to a 2011 Stanford University study, Fresno, Los Angeles, and Oakland are three of the most economically segregated regions in the United States, with 47.8, 45, and 37 percent of residents living in economically segregated neighborhoods.⁶¹

This could be why the three-year recidivism rate for BMoC reached 38 percent last year.⁶² Living in a low-income community with poor public services and a lack of economic opportunities is difficult for anyone, but becomes especially burdensome for someone with a criminal history needing to find legal means of employment and self-sufficiency.

To change these statistics, programs like Reach Out in Riverside, California work with government entities to provide alternatives to the juvenile justice system for BMoC and other at-risk youth. Reach Out's Deferred Entry of Judgment Program (DEJP) is a court-mandated alternative for first-time drug/alcohol offenders.⁶³ The program consists of weekly classes, narcotics/alcoholics anonymous meetings, randomized drug tests, and multiple evaluations. Any criminal charges against DEJP graduates are dropped after an 18-24 month probationary period.⁶⁴ The nearly \$600 in fees associated with the program, however, make it difficult for low-income BMoC to afford this alternative. While DEJP does offer financial aid for participants who qualify, requirement details are not present on Reach Out's website.

Deferred Entry of Judgment Program

Reach Out's Deferred Entry of Judgment Program is a court-mandated program that provides an alternative to incarceration for first-time drug offenders. Upon completion of this 16-week program, charges are dismissed after an 18 to 24 month probationary period.

COMPLETION CONSISTS OF:

- ❑ 1 class per week — total of 14 classes, each 2 hours
- ❑ 2 clean (random) drug tests
- ❑ Intake interview
- ❑ Mid-interview
- ❑ Exit interview
- ❑ 15 NA/AA meetings

TOTAL COST OF DEJP: \$585

- ❑ \$135 is due at enrollment
- ❑ \$30/week after enrollment
- ❑ \$10 each for 2 random drug tests
- ❑ \$15 each for missed class

Providing an alternative to juvenile incarceration is important, but such programs must also connect BMoC to legal means of employment and self-sufficiency. Reach Out has an after school and summer youth development program that introduces middle school students to allied health careers through professional presentations and hands-on learning experiences.⁶⁵ Creating a similar program for DEJP participants could expose first time offenders to allied health careers and provide graduates of the program with internships and job opportunities. Combining these efforts with lower fees and expanding eligibility requirements could drastically alter the prospects for BMoC in the Inland Empire.

In order to increase the number of BMoC in allied health careers, California must also develop employment opportunities and pathway programs for those with criminal backgrounds. The Alameda County Public Health Department's (ACPHD) Emergency Medical Services (EMS) Corps is an example of a pathway program that works with the California Department of Corrections and Rehabilitation and local counties to allow BMoC with criminal histories to enroll in and complete the program. Once they complete the program, the department creates verbal agreements with EMS agencies to promote the targeted hiring of BMoC with criminal backgrounds. The EMS Corps is a five-month paid program that provides participants with emergency medical technician (EMT) training, life-coaching, and internship opportunities.⁶⁶ After completion of the

program, participants have the skills necessary to become firefighters, medical technicians, and EMTs — the largest, most diverse entry-level positions of the allied health careers.⁶⁷ Over 90 percent of EMS graduates have gone on to attend college or find internships or job opportunities in the emergency medical field.⁶⁸

BMoC and Men's Health

Poverty and its side effects — unemployment and incarceration — affect not only the economic status of BMoC, but also their emotional and mental health. Children who grow up with at least one parent involved in the criminal justice system, for example, are more likely to suffer from low self-esteem, depression, inappropriate behavior at school, and future criminal activity than children whose parents were not involved in the justice system.⁶⁹ In California, one out of every nine children has at least one parent involved in the criminal justice system,⁷⁰ and since 90 percent of those enmeshed in the justice system are people of color, a large majority of the children with increased risk for low self-esteem, depression, and anger management issues are children of color.⁷¹

Agencies like San Diego Youth Services (SDYS) understand the importance of the emotional and mental health of BMoC. Through different targeted programs, SDYS works with LGBTQ, homeless, at-risk, and foster care youth and their families to solve emotional and mental health problems. The Partners program, one of 13 programs offered by SDYS, works with counselors, behavioral health therapists, and seriously emotionally disturbed (SED) youth and their families to develop behavioral working agreements that regulate the actions of both parent and child during intense situations.⁷² The East County Prevention and Early Intervention Program, also part of SDYS, follows a similar model, with counselors and behavioral health therapists working with SED youth, parents, and teachers to improve adult-child relationships and self-efficacy skills.⁷³

Another program that emphasizes the self-efficacy development of BMoC is the African-American Male Achievement Initiative (AAMAI) in the Oakland Unified School District (OUSD). Created by the OUSD, Urban Strategies Council, and the East Bay College Fund, AAMAI aims to increase African-American male graduation rates and career/college readiness through tailored race- and gender-specific outreach programs.⁷⁴ One such program is the Manhood Development Program, which pairs BMoC in Oakland with professional men of color who mentor them, provide one-on-one tutoring, and teach them effective ways to advocate for themselves, both in and outside of the classroom.⁷⁵

Given the disproportionate number of BMoC in California affected by poverty and violence,⁷⁵ increased BMoC-specific emotional and mental health outreach and counseling programs are clearly needed. The Manhood Development Program, and the larger AAMAI, represents one of the first concerted efforts by policymakers, community leaders, and educational leaders to address the emotional and mental state of BMoC in California through mentoring and support services. To ensure programs like AAMAI and SDYS continue to provide culturally-relevant assistance to BMoC, stakeholders should pay close attention to the gender, race, and socioeconomic background of teachers, counselors, and behavioral health therapists involved in the process.

In November 2004, California voters approved a 1 percent tax on incomes in excess of \$1 million to fund the Mental Health Services Act (MHSA) and improve the quality of life for California's most mentally ill.⁷⁷ Since then, almost \$10 billion has been raised, of which \$455 million has been set aside to fund the MHSA Workforce, Education, and Training (WET) Career Pathways Program.⁷⁸ WET was created to address a serious understaffing and lack of diversity in the mental health workforce.⁷⁹ The Office of Statewide Health Planning and Development (OSHPD), the state agency that oversees MHSA, has allocated almost half of the money to counties across the state, with the additional money being spent on statewide and regional programs.⁸⁰ If utilized correctly, this influx of cash has the potential to make sure California's most emotionally and mentally vulnerable BMoC are treated by other BMoC in the mental health workforce.

RECOMMENDATIONS

BMoC and Education

- **Create sustained, long-term funding for Careers Pathway Trust (CPT) to fund linked-learning pathway programs for BMoC.** While CPT is great, there is no guarantee that these funds will be available after the 2015 fiscal year. Without committed, long-term funding, linked-learning pathway programs face an uncertain fiscal future. Legislators should make funding linked-learning pathway programs a priority for years to come, and stakeholders need to make this a priority. A potential path forward may resemble California Workforce Investment Board's (WIB) recent five-year commitment to fund workforce development programs at a rate of \$400 million annually, per the Rebuilding Our Workforce System agreement. Developing a strategy to create a program similar to the WIB agreement, or working with WIB to secure linked-learning pathway program funding should be high on the priority list for BMoC stakeholders.
- **Create industry buy-in to support linked-learning pathway programs.** Without strong industry support, linked-learning pathway programs cannot exist. Stakeholders should work on cultivating regional efforts with hospitals, health insurance providers, and health clinics to create internships, research opportunities, and health-focused curriculum for BMoC. For example, in order to maintain their nonprofit tax status, not-for-profit hospitals must provide community benefit, defined as programs and services that improve community health.⁸¹ Since the economic conditions of a community are vital to its overall health, stakeholders should find areas where institutions like not-for-profit hospitals can invest in the economic conditions of a community to improve its overall health. One such economic investment could be to fund linked-learning pathway programs that target vulnerable populations in a hospital's service area.

BMoC and the Juvenile Justice System

- **Bring the state's statutory language to parity with the Equal Employment Opportunities Commission (EEOC) recommendations.** Currently, California has fingerprint and/or criminal background reporting requirements for many jobs in the health sector, including EMTs, physician assistants, and home health care aides. In addition, many of our state and county health sector licensing boards have policies that exclude anybody with a felony on their record from ever working in the health sector. These requirements have a disparate effect on BMoC, preventing those with criminal histories from gaining employment. In 2012, the EEOC advocated for an individualized assessment of criminal background information, rather than a blanket exclusion. The EEOC also recommended that criminal background checks be job-related and specific to business necessity, and that factors such as the individual's age at the time of conviction, time passed since the offense, and any rehabilitation efforts be taken into account. The Greenlining Institute and the National Employment Law Project worked with Covered California to pass parity guidelines for certified enrollment counselors who provide in-person health insurance enrollment assistance to consumers. State law should mirror the EEOC's recommendations in order to create sensible, flexible policies throughout the health sector.
- **Create targeted hiring agreements with local governments and health sector employers.** Stakeholders interested in creating more opportunities in the health sector for BMoC with criminal backgrounds should follow the steps taken by the Alameda County Public Health Department, and create targeted hiring agreements with hospitals, health clinics, EMS agencies, etc. ACPHD has achieved success with verbal agreements, but stakeholders should also consider pursuing written, contractual agreements with health sector entities.

BMoC and Men's Health

- **Conduct more research on the physical, emotional, and mental health of BMoC in California.** There is plenty of research that shows the effects a lack of health coverage and the perceived femininity of care-taking have had on the physical health of BMoC. But little research has been done on the emotional and physical health of BMoC in California, making it difficult to assess the overall health of the population. The state should fund the Office of Health Equity to conduct a statewide study on the overall health of BMoC in California, to better gauge the effectiveness of programs like San Diego Youth Services and African-American Male Achievement Initiative.
- **A meaningful portion of the money raised through the Mental Health Services Act (MHSA) should be spent on BMoC.** The money raised through the MHSA Workforce, Education, and Training (WET) Career Pathways Programs is critical to making sure BMoC receive culturally-relevant emotional and mental health support. Stakeholders should advocate that part of the money raised by MHSA WET be used on mental health pathway programs that specifically target BMoC.

The Office of Health Equity, a program within the California Department of Public Health, was established to reduce health and mental health disparities in vulnerable communities.

CONCLUSION

Boys and men of color will play a critical role in California's future, but right now this population faces serious obstacles standing in the way of success and stability. By expanding opportunities in the health sector, California can improve the prospects for BMoC while boosting the economy of the state as a whole.

To make these opportunities a reality, California must address disproportionate BMoC representation in the juvenile justice system⁸² and the unemployed population.⁸³ As outlined above, a variety of approaches will be needed to achieve these outcomes and create viable pathways to health sector careers. By coordinating health career pipeline initiatives, and by actively engaging government agencies and industry executives, community-based organizations, policymakers, and other stakeholders can create middle-skill, middle-class jobs for BMoC, breaking the cycle of poverty and providing the state with numerous collateral benefits. Achieving these goals will require increased financial support from the public and private sectors, hiring agreements from industry leaders, and sustained investment in health pipeline programs. These efforts can increase BMoC participation in the health sector workforce, create pathways out of poverty, and enable California to provide better, more culturally competent care for all of its residents.

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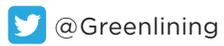
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