

JOINT CENTER FOR POLITICAL AND ECONOMIC STUDIES
HEALTH POLICY INSTITUTE

A WAY OUT

CREATING PARTNERS FOR OUR NATION'S PROSPERITY
BY EXPANDING LIFE PATHS OF YOUNG MEN OF COLOR

DELLUMS COMMISSION



FINAL REPORT

**BETTER HEALTH THROUGH
STRONGER COMMUNITIES:
PUBLIC POLICY REFORM TO
EXPAND LIFE PATHS OF YOUNG
MEN OF COLOR**



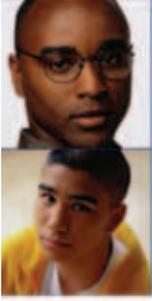
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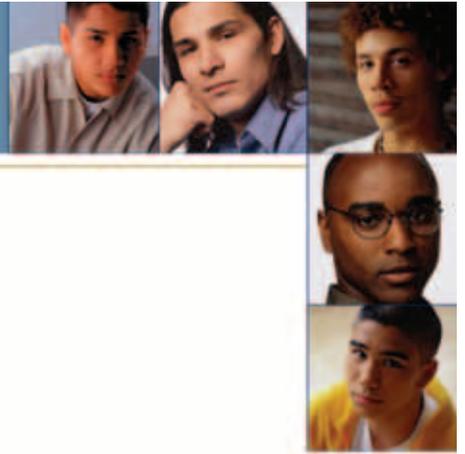


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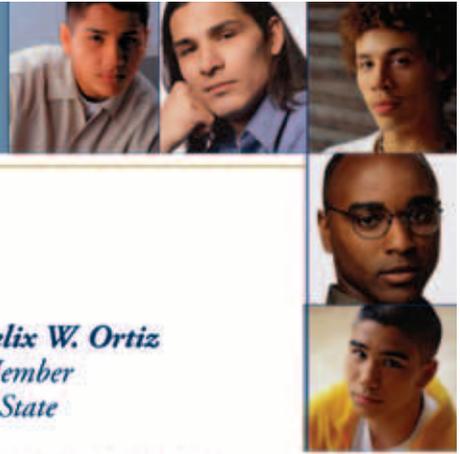
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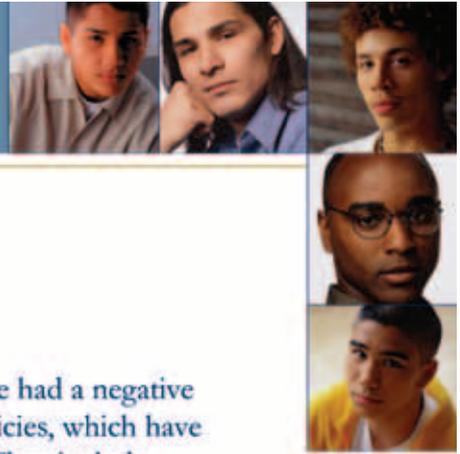
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PREFACE

During the past twenty-five years, a series of public policies have had a negative impact upon young men from communities of color. These policies, which have been enacted and often amended incrementally, are numerous. They include the abandonment of rehabilitation and treatment for drug users in favor of interdiction and criminal sanctions in the 1980s, state policies to divert youthful offenders to adult criminal systems, and the imposition of zero-tolerance policies to exclude youth with problems from public schools in the 1990s. These policies have had a cumulative and hardening effect of limiting life options for young men of color. Rising high school dropout rates and declining enrollment in postsecondary education, at the same time that rates of incarceration increase, are explained, to a significant degree, by these policies.

The Dellums Commission, chaired by former Congressman and Mayor-elect Ronald V. Dellums, was formed by the Health Policy Institute of the Joint Center for Political and Economic Studies to analyze policies that affect the physical, emotional, and social health of young men of color and their communities and to develop an action plan to alter public policies that limit life paths for young men of color. To understand the issues more fully and to inform its deliberations in formulating an ambitious but realistic action plan, the Dellums Commission asked experts in various fields to prepare background papers on specific issues.

Drawing from the background papers and proceedings of the Commission's deliberations, this final report contains recommendations for public policy and includes specific actions that can improve life options for young men of color. Members of the Dellums Commission agreed on these recommendations and are directing this report to policymakers and leaders at federal, state, and local levels of government. The commissioners understand that a broader group of key influencers and stakeholders will have to become engaged if significant change is to take place. Therefore, the audience for this report is a diverse group of stakeholders from public, business, labor, academic, advocacy, and community sectors.

The work of the Dellums Commission is part of a larger effort by the Joint Center Health Policy Institute (HPI), which is funded by the W. K. Kellogg Foundation. The mission of HPI is to ignite a "Fair Health" movement that gives people of color the inalienable right to equal opportunity for healthy lives. In igniting such a movement, HPI seeks to help communities of color identify short- and long-term policy objectives and related activities that:



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- Address the economic, social, environmental, and behavioral determinants of health;
- Allocate resources for the prevention and effective treatment of chronic illness;
- Reduce infant mortality and improve child and maternal health;
- Reduce risk factors and support healthy behaviors among children and youth;
- Improve mental health and reduce factors that promote violence;
- Optimize access to quality health care; and
- Create conditions for healthy aging and the improvement of the quality of life for seniors.

We are grateful to Heather McGhee and George White for preparing this report and to the Joint Center staff members who have contributed to the work of the Health Policy Institute and to the preparation, editing, design, and publication of this report and the Dellums Commission background papers. Most of all, we are grateful to Mayor-elect Dellums, the members of the Commission, and Dr. Gail Christopher, Joint Center vice president for health, women and families, for their dedication and commitment to improving life options for young men of color across the United States.

Dr. Margaret C. Simms
Interim President & CEO
Joint Center for Political and Economic Studies



INTRODUCTION

The impact was so sudden, and the casualties so severe, that America's first response was equally swift and fearsome: run from it, hide it, lock it away. Yet there were some who returned to sift through the fallout of these seismic social and economic upheavals. We sought to find out why young men of color, more than any other group, were feeling every blow. The more we uncovered, the more we realized that for the most part, the disaster was man-made. With that realization came immeasurable sorrow for the lives needlessly lost and a new sense of responsibility—and hope—for today's children who are still searching for a way out.



Dr. Gail C. Christopher
Joint Center Vice President for
Health, Women & Families,
Director of the Health Policy Institute

~ Dr. Gail C. Christopher

Over the course of the last quarter of a century, the lives and fortunes of young men of color have been caught in a tail-spin. By nearly every comparative measure—income, education, incarceration, health—the reality is stark. Yet in truth, there is one measure above all that calls the human family to respond: the measure of a life. In today's America, many young men of color are less likely to simply *live*, to fulfill their potential, enrich their communities, and be part of the progress of our nation.¹

The diminished life options and outcomes for young men of color can be understood as the starting point for the Dellums Commission's central inquiry: *what must we do now so that young men of color may have life?* With this approach, the Commission has charted new ground in two ways. The first part of the approach—what must be done—directs our attention to the way forward. The plight of young men of color has come under increased scrutiny in recent years,² and the Commission engaged important research with its series of Dellums Commission background papers.³ But the Commission's work advances beyond diagnosis and marshaling ideas and policies to form an urgent agenda.

The second part of the approach—so that they may have life—encompasses a novel focus on the social determinants of health for young men of color. Adopted by the World Health Organization and various national governments, including those of Canada, Chile, Brazil, Sweden, and Kenya, social determinant theory explains that the traditional disease-centered model of health care misses the vast majority of what truly determines how and when a person lives, thrives,



and dies.⁴ Rather, the social conditions in which a person lives create the largest impact on his/her health. Vast and predictable disparities in health outcomes among people of different races, ethnicities, and socioeconomic status across the world testify to the power of social determinants.⁵ Thus, to truly address the life options and health issues facing young men of color in America, the Commission sought policies to heal the social body in which they live.

In America, citizens living in communities of color experience poverty, exclusion and discrimination, poor housing and inferior schools, disparate treatment by the justice system, environmental toxicity, and inadequate access to health care. For young men of color and their communities, these are the social determinants of health. Grounding its work in the imperative of young men's healthy lives, the Commission first identified the failed policies that have worked to curtail them; a narrative of that history is provided below. After reviewing that history, the Commission gathered the most promising federal, state, and local policy solutions from communities, policymakers, and experts across the nation. The issues encompassed in the Commission's work—health, education, family support and child welfare, economic and workforce development, juvenile and criminal justice, and the impact of the media—are all matters of urgency for communities of color, especially their young men, and are central to the prospects for America's future.

A LOOK BACK: THE IMPACT OF FAILED POLICIES

Some of the events that have devastated communities of color since the 1970s are commonly understood to have been beyond the reach of public policy to prevent or mitigate. Primary among these is economic globalization and its effects at home—rapid de-industrialization, de-unionization, and a steep decline in jobs and real wages for working-class men of all colors. Our history of racial oppression made communities of color more vulnerable to such events, and we need not look far for current policies that worsened the impact of these events on communities of color. These include, but are by no means limited to, punitive and ineffective drug laws, educational inequities, anti-union government interventions, regressive tax policies, stagnation of the minimum wage, disinvestment in social and legal services, and discriminatory housing policies, including the abandonment of public housing.

The social costs of such policies for families of color have been enormous. Family-supporting jobs disappeared from the urban communities in which people of color remained, isolated in the wake of increasing residential segregation.⁶ Where jobs were absent, drugs moved in, with their dangerous



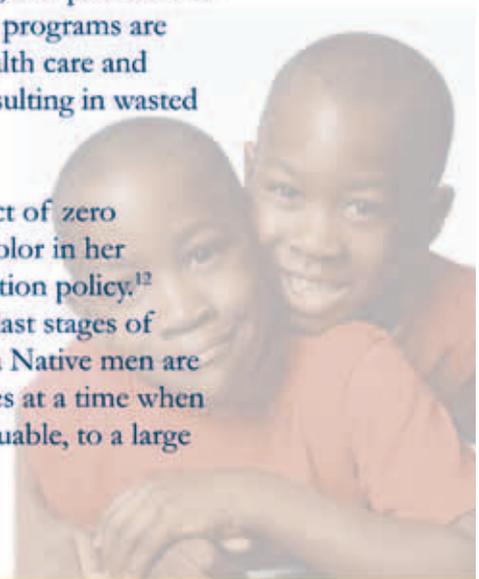
but irrepressible economy. Many of the nation's policy responses served to exacerbate the exclusion of men in the community, particularly mass incarceration and a welfare system that made male participation a liability instead of an asset.⁷ As James Hyman writes in his Dellums Commission background paper, *Men and Communities*, a dismantling of the opportunity structure undermined men's ability to play the socially prescribed male roles of worker, family supporter, and civic participant.⁸ These roles then adapted and transformed, creating the aberrant norms now experienced in distressed minority communities. In a nationwide trend of decreasing marriage rates, African Americans have experienced the steepest decline; 46.6 percent of African American family households are headed by single mothers.

THE TOLL ON CHILDREN AND YOUTH

The youth in communities of color bore the brunt of these policies and developments. High school dropout rates have increased for young men of color and college enrollment levels have declined, while incarceration rates have grown. A report published by the Urban Institute indicated the following male high school graduation rates, by racial/ethnic group, for 2001: African Americans (42.8 percent), American Indian/Alaska Natives (47 percent), Hispanics (48 percent), and whites (70.8 percent).⁹ More than 29 percent of African American males who are 15 years old today are likely to go to prison at some point in their lives, compared to 4.4 percent of white males of the same age.¹⁰ Health outcomes are also troubling. For example, the mortality rate from homicide for African American males ages 15-17 is 34.4 per 100,000, compared to a rate of 2.4 per 100,000 for non-Hispanic white males ages 15-17.¹¹

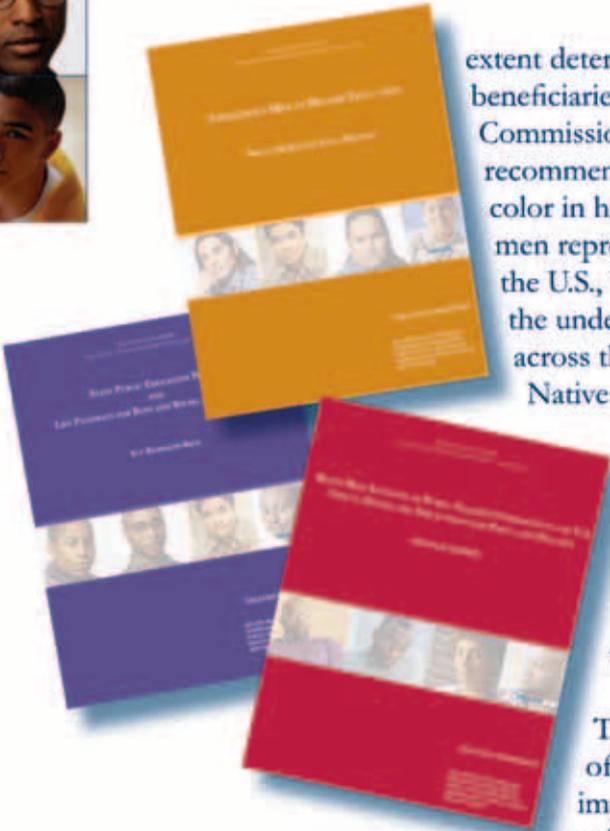
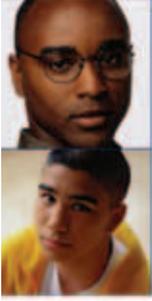
Yet again, policy responses to troubled youth of color compound the problem. Misguided policies force schools, police, courts, and juvenile authorities to adopt practices that result in marginalization, exclusion, confinement, and punishment instead of constructive solutions. Counterproductive laws and programs are systemic restraints on young men of color, and the lack of health care and diminishing educational and occupational opportunities are resulting in wasted human potential.

For example, Kay Randolph-Back examines the harmful impact of zero tolerance and high-stakes testing on boys and young men of color in her Dellums Commission background paper on state public education policy.¹² And other Commission background papers reveal that, in the last stages of youth, African American, Latino, and American Indian/Alaska Native men are increasingly absent from higher education. This disparity comes at a time when a college degree has grown both more expensive and more valuable, to a large





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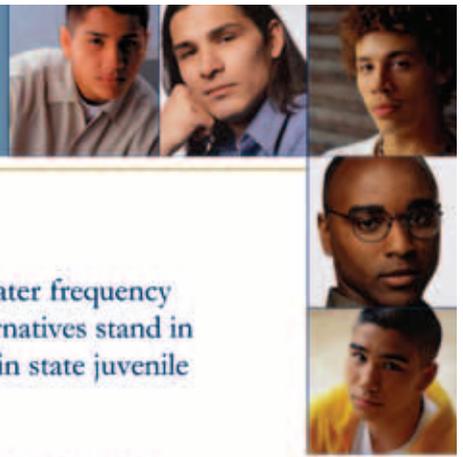


extent determining the economic, political, and social beneficiaries in the New Economy.¹³ Three Dellums Commission background papers offer analysis and recommendations on the issues facing young men of color in higher education.¹⁴ In 2000, African American men represented 7.9 percent of 18- to 24-year-olds in the U.S., but in 2004, they made up only 2.8 percent of the undergraduates at 50 public flagship universities across the nation.¹⁵ American Indian and Alaska

Native men are receiving fewer doctoral degrees now than they were thirty years ago, and only 43 percent of men in this racial/ethnic group received a high school diploma.¹⁶ By age 26, only 18 percent of Latinos who have completed high school have earned a bachelor's degree, compared to 38 percent of whites.¹⁷

The child welfare system is a striking example of a government solution that, disparately implemented, lacking community support, and, in fact, divorced from community input, often devastates the lives that it intends to save. In her Dellums Commission background paper on the child welfare system, Ernestine F. Jones relates how and why children of color are overrepresented in a system that routinely leads to a host of negative outcomes for adolescents.¹⁸ The paper catalogs the issues facing child welfare systems and highlights promising reforms in a number of states.

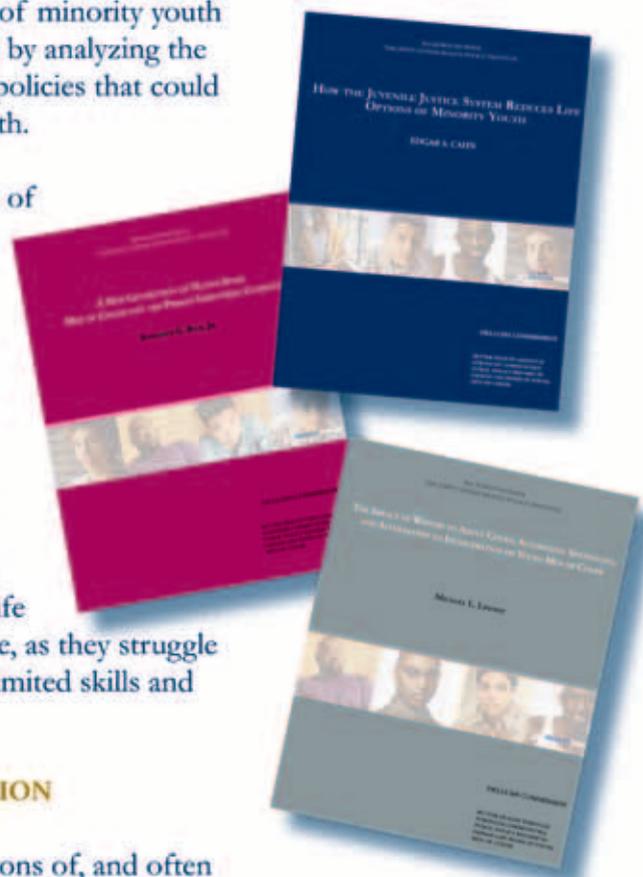
The impact of mass incarceration on young men of color cannot be overstated. Youth has become “a minefield of trip wires” for males of color.¹⁹ As a result, whether innocent or guilty of an offense, a majority of youth of color will have been arrested before the age of 21.²⁰ Youth of color are disproportionately represented in the juvenile justice systems: African Americans (1,004 per 100,000), American Indians (632 per 100,000), and Latinos (485 per 100,000) each had higher custody rates than whites (212 per 100,000) in 1999.²¹ As Edgar Cahn writes in his Dellums Commission background paper, *How the Juvenile Justice System Reduces Life Options of Minority Youth*, “Institutionalization through the juvenile justice system supplies an all-purpose dumping ground for youth of color—even though more effective, humane, and cost-effective alternatives are viable.”²² As a matter of policy and practice, youth of color are targeted as criminals in schools, waived into the adult system, denied access to counsel,



and refused diversion—a non-incarcerating response—with greater frequency than white youth.²³ Cahn’s recommendations for promising alternatives stand in stark contrast to vivid case studies of dysfunction and disparity in state juvenile systems.

The juvenile system’s inequities must be situated in the context of America’s criminal justice system. In his Dellums Commission background paper, *A New Generation of Native Sons*, Adolphus Belk Jr. narrates how the politics of crime, sweeping changes in federal sentencing and drug policies, and the rise of the prison-industrial complex converged over the past thirty years. The result was the radical transformation of America, from a society with 204,211 prison inmates in 1973 to the world’s leader in per-capita incarceration, with 2.2 million inmates in 2003.²⁴ Belk’s paper chronicles the status of minority youth in the criminal justice system and concludes by analyzing the effectiveness of rehabilitation and re-entry policies that could mitigate the impact of incarceration on youth.

The mass institutionalization of young men of color has a direct and preventable effect on their health. Karen Clark documents that, of the young people in residential juvenile justice facilities, “62 percent are minorities, 85 percent are boys, and many, if not most, lack adequate health insurance coverage.”²⁵ Prison exposes young men to physical and sexual assault by other inmates and guards, substance abuse, mental trauma, as well as a host of communicable diseases, including HIV/AIDS.²⁶ Incarceration also limits the life options of young men of color upon release, as they struggle to re-enter society and the workforce with limited skills and resources.



PERPETUATING A MATRIX OF EXCLUSION

To even a casual observer, the harsh conditions of, and often harsher policy responses to, so many of America’s children—young men of color constitute more than 40 percent of American males under 25²⁷—signal a profound lack of empathy for these youth. The Commission found that an unconscious yet pervasively reinforced bias against young minority males subtly guides both policy decisions and individual outcome-determinative interactions in policing, employment, housing, and education.²⁸ Robert M. Entman’s Dellums



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Commission background paper, *Young Men of Color in the Media: Images and Impacts*, draws on media analysis and cognitive psychology studies to explain the role of cultural representation in shaping the white majority's reaction to minorities, especially to young men. It demonstrates how the media—news organizations, as well as television and film entertainment—perpetuate negative images and forestall empathetic responses by ignoring the systemic roots of current-day realities.²⁹



The outcomes described above are unacceptable in a democracy with the resources and capabilities of the United States. Some public policies have injured or failed young men of color because policymakers did not accurately anticipate how they would affect minority youth. Other policies, particularly in the criminal justice context, demonstrate a deliberate callousness or scapegoating of young men of color. The Dellums Commission examined the impact of this array of policies in an attempt to guarantee that neither ignorance nor malice is allowed to govern our decision making in the future. What follows is a new agenda that envisions America's young men of color as healthy, engaged partners in the nation's prosperity.



Ronald V. Dellums,
Mayor-elect of Oakland, CA, and
Chairman of the Joint Center
Health Policy Institute's
Dellums Commission

THE WAY FORWARD: THE DELLUMS COMMISSION POLICY AGENDA

Beyond the disturbing demographic statistics, there is now a large and growing body of knowledge and expertise about what works to combat this growing blight on America. The authors of the Commission's background papers have distilled their wisdom into extensive and thoughtful reports on public policy and grassroots strategies, and point to existing models for strengthening communities. This final report and its accompanying background papers serve as a guidebook for legislators, community wellness advocates, concerned citizens, and the private sector.

~ Mayor-elect Ronald Dellums



The Dellums Commission's work is unique in that it studies the full range of factors determining health outcomes and recommends policy solutions for all levels of government and the private sector. The Commission's recommendations are based on the view that systemic problems must be addressed with systemic solutions. During the past 12 months, the Commission has analyzed national, state, and local policies in the areas of health and mental health services, education, juvenile justice and criminal justice, family support and child welfare, and the media. Its recommended solutions could serve to replace or reform laws, policies, and practices that are endangering increasingly large portions of the minority youth population.

The Commission is chaired by Oakland Mayor-elect Ronald V. Dellums, a social worker by training who served with distinction as a member of the U.S. House of Representatives from 1971 to 1998. He was chairman of the House Armed Services Committee and the Congressional Black Caucus and earned a reputation as a consensus builder and problem solver. The other 24 members of the Commission are rich in expertise and experience, as well. The diverse group includes state legislators, judges, educators, human rights activists, corporate executives, and religious leaders, and is representative of African American, Latino, American Indian, and Asian American communities.



The recommendations in this report are particularly useful to policymakers and policy influentials because they are grounded in extensive research by prominent scholars and incorporate effective real-life models of reform and innovation. To be sure, public policy proposals are not the only means with which to address these problems. Many of the Commission's solutions contain strategies and approaches that empower young men and their families to address challenges and the needs of communities of color. Other reforms involve—or are led by— young people of color. In sum, the Commission's policy agenda, laid out in the following pages, is designed to ignite reforms that would enhance the well-being of ailing American communities and demonstrate that government, business, communities, and individuals can apply commitment and logic to solve even the most intractable social problems.

HEALTH

While the entire policy agenda of the Dellums Commission is an intervention for the health of young men of color and their communities, the Commission



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recommends some policies targeted directly at health care access and delivery. There are racial disparities in health insurance coverage, use of health services, and availability of culturally competent medical services.³⁰ Youth of color also experience fragmented access and poor services because of problems in the systems in which they are overrepresented: juvenile detention, prisons, and foster care.³¹



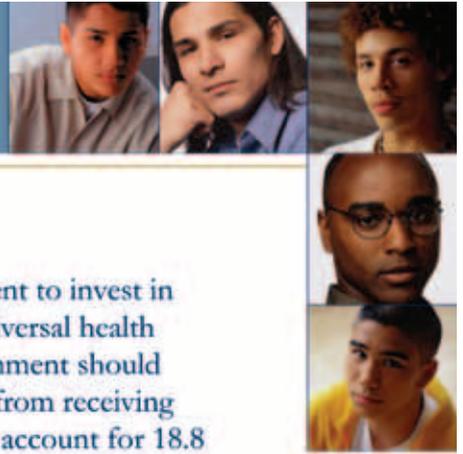
Many young people of color have reached similar conclusions about racial and ethnic disparities in access to health care. The Joint Center Health Policy Institute established a Youth Task Force on the Sexual and Reproductive Health and Behavior of Young Men of Color to add voices of minority youth to the Dellums Commission's work. The Youth Task Force members and multi-city forum participants pointed to health insurance and the health care infrastructure as critical components of the problem. They called for universal health insurance, an expansion of clinics and other health services in schools, and more diversity and cultural competency among health professionals.³²

A summary of the Dellums Commission's final recommendations for health policy follows.

Health Insurance

Local Solutions: San Francisco's youth-initiated Wellness Centers, located in seven high schools, demonstrate that public schools can be innovative, practical sites for health care services.³³ Local governments should fund school-based health care and/or provide incentives for insurers, health care providers, and other business sponsors to participate in these programs at the K-12 level. While not a substitute for expanded health insurance coverage, school-based centers fill a glaring gap in the health care delivery system for youth. To improve the health of young minority males, health services should meet young people where they are.

State Solutions: All states should—as Illinois did in 2005—extend health care coverage to all uninsured children through the age of 18 who are not covered by state Medicaid or the State Children's Health Insurance Program (SCHIP).³⁴ States should also consider the plan recently unveiled by the state of Massachusetts, which mandates health coverage, providing a sliding scale of state assistance to cover nearly every uninsured state resident.³⁵



Federal Solutions: The time has come for the federal government to invest in the protection and well-being of its residents by establishing universal health care coverage. Until universal coverage is established, the government should remove any restrictions that prevent some young men of color from receiving full coverage under Medicaid.³⁶ Further, given that young adults account for 18.8 percent of the nation's 46.6 million uninsured, Medicaid coverage should be extended from age 18 to age 25.³⁷

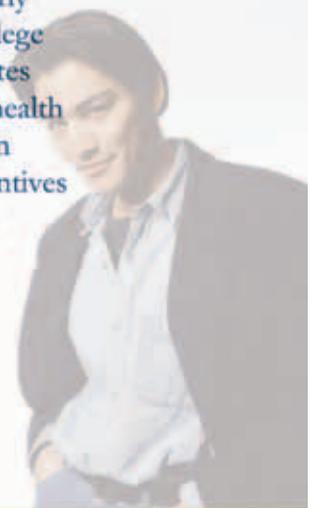
Adequate Mental Health and Substance Abuse Services

State and Local Solutions: State laws should require private insurers to provide coverage for mental health and substance abuse disorders—requirements that are already established in Connecticut, Maryland, Minnesota, Vermont, and Oregon.³⁸ Each state should also mount a comprehensive initiative for financing and delivering prevention, screening, and community-based treatment for youth who need these services, with an emphasis on boys and young men of color. Funding can be generated—in part, at least—by reallocating resources from areas where savings are projected to accrue as a result.³⁹ These areas are law enforcement, corrections, detention, adjudication, and commitment of juveniles. As an example, research shows that children who receive mental health treatment while in the juvenile justice system exhibit recidivism rates as much as 25 percent lower than those who do not.⁴⁰

Federal Solutions: The federal government should include care for mental illness and substance abuse in any universal health insurance legislation. Until universal coverage is established, the federal government should protect mental health and substance abuse services in any new Medicaid cost savings proposals.

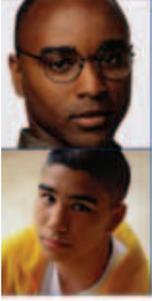
Culturally Competent Medical Professionals

State and Local Solutions: Local city, county, and state policies should make medical institutions accountable for increasing workforce diversity, particularly with regard to young men of color. Officials can engage the community college system to recruit men of color into the growing health care professions. States should create packages of strategies to support underrepresented minority health care professionals, especially males, in establishing and sustaining practices in low-income communities of color. Special attention should be given to incentives and supports for minority male health professionals to return to their home communities to practice.⁴¹





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Federal Solutions: The federal government should ensure that medical practices in underserved communities will be economically viable. Health professionals of color (who are more likely to experience the economic insecurity that stems from racial inequities⁴²) would likely respond to financial incentives for practicing in underserved communities. Policies to this end include raising Medicaid reimbursement rates and creating incentives such as guaranteed salary floors or Medicaid bonuses for serving large numbers of Medicaid and uninsured patients.



Services for Health Promotion, Prevention, and Early Intervention

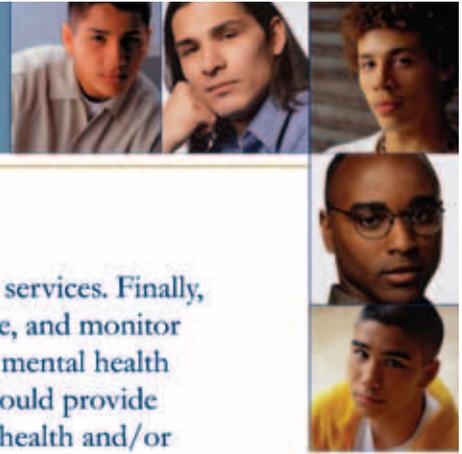
State and Local Solutions: Local governments should ensure that schools are appropriately staffed to provide health screening, brief intervention and referral (SBIR), and follow-up. States should make funding available for SBIR. Given experiences of over-diagnosing male students of color with mental disorders,⁴³ programs should include a thorough, culturally sensitive review of assessment standards to protect against discrimination and detrimental labeling.

State governments should also increase funding for community health centers and other safety-net providers of primary medical care, oral health care, and mental health and substance abuse care.

Federal Solution: Establish a U.S. Office of Men's Health. Such an office would develop programs to educate men on healthy lifestyle practices, including mental and emotional wellness. It would also provide policy guidance on male health to the array of government institutions and services that reach men, particularly men of color, including the armed services and the federal prison system.

Incarceration and Illness

Federal, State, and Local Solutions: Incarceration creates enormous mental, sexual, and physical health risks for young men. To the maximum extent possible, without compromising public safety, treat disorders that have manifested in antisocial behaviors outside incarceration. Alternatives include pretrial diversion and treatment-focused sentencing for adults and juveniles. In addition to the successful drug courts found in many jurisdictions,⁴⁴ locales should establish mental health courts with judges and/or court staff trained to make determinations on mental illness and—when appropriate—assign treatment.⁴⁵ States and the federal government must also accurately survey the health status of incarcerated youth and adults. Increased data should propel strategies to reform corrections-provided health care and redirect some correctional funds



to community-based post-incarceration health care and support services. Finally, policymakers at the state and federal levels should create, finance, and monitor a comprehensive strategy for reforming correctional health and mental health care, including care of juveniles. As part of that reform, they should provide treatment for all detained adults and juveniles who have mental health and/or substance abuse disorders.

Foster Care and Health

State and Local Solutions: Authorities should require that foster care caseworkers be properly trained to regularly monitor children's health status, with public health nursing services available to back up their assessments. Also, court reviews required for foster care cases should place special emphasis on health care needs, especially those of young men of color, who are less likely to receive adequate health care.

Local, State, and Federal Solutions: All levels of government should finance programs that will ensure that children in foster care will receive early and periodic assessment and treatment of physical, mental, and oral health.

Models of Innovation and Reform

The Commission has identified models of innovation that successfully address health disparities. Among them are the H.E.A.L.T.H. Curriculum project of the Adolescent Health Working Group in San Francisco, which provides youth with information on health topics, prevention tips, basic steps that teens can take to affect quality of health care, and methods of health insurance coverage.⁴⁶ Additional examples can be found in the Youth Task Force report, *A "Shout Out" from Youth to Our Nation's Leaders*, which is a companion document to this report.⁴⁷

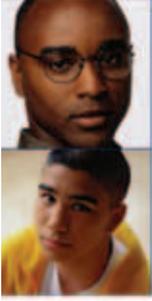
EDUCATION

Public policies negatively affecting young men of color exist in the areas of school accountability, school workforce diversity, discipline, testing, and education financing. The Dellums Commission's recommendations on education include the following:

Local Solutions: Schools must act aggressively and creatively to stem the high dropout rate among young men of color. Schools should engage their audience—students—for program ideas, cultivating the use of positive peer pressure against dropping out. The policy of zero tolerance for behavioral offenses in schools substitutes for teacher and administrative judgment and should be eliminated. School authorities should narrow the application of zero



A WAY OUT:
CREATING PARTNERS FOR OUR NATION'S PROSPERITY BY
EXPANDING LIFE PATHS OF YOUNG MEN OF COLOR

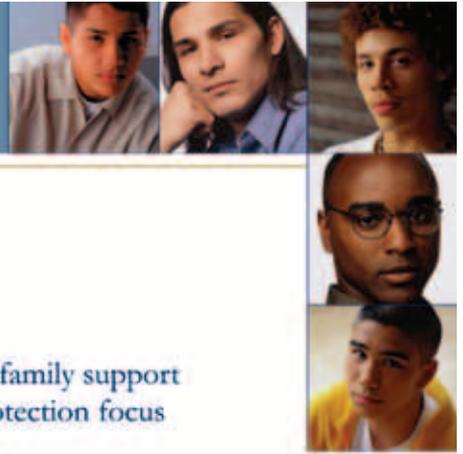


tolerance to only serious threats, use arrests only in extreme circumstances, and base expulsion decisions on case-by-case considerations instead of mandatory policies.⁴⁸ Also, school districts should collect and report demographic data on suspensions, arrests, and expulsions. Non-English-speaking students must be properly tested before being placed in special education or in any way “tracked” by a school system.

State Solutions: States must guarantee fiscal equity in school funding, ending the common practice of shortchanging urban centers or rural communities where students of color live.⁴⁹ While the No Child Left Behind Act (NCLB) has resulted in “failing grades” for many schools serving youth of color, it has provided little by way of guidance or support for transforming the schools. State legislatures should fund research to create benchmarks for underperforming schools, based on existing school models of excellence. All state educational appropriations should include the cost of transforming the failing schools. To combat often unconscious bias against minority male students, states should commission diversity curricula for teachers. Also, state policymakers should replicate successful models for recruiting, training, and retraining men of color as teachers.⁵⁰ In addition, states should take it upon themselves to monitor the progress of young men of color toward qualifying for college admission.

Federal Solutions: The No Child Left Behind Act makes it virtually impossible for low-performing schools to improve. This law should be evaluated nationally to determine its fairness and equity in serving young men of color. Congress should take legislative action to ensure full funding of activities required under the act. Also, the federal government should invest more financial resources into college readiness programs to increase the number of young men of color in postsecondary education. This can be accomplished by increasing funding for proven programs such as TRIO and GEAR UP. Finally, Congress should recognize that a loan-based financial aid system perpetuates economic inequality. Young men of color would especially benefit from re-orienting federal student aid, which has shifted away from grants to loans, so that grants make up the bulk of aid for students from low- and moderate-income families.⁵¹

Community-based Models for Change: The Commission endorsed various models of effective community-based innovation in education. These include education supports and alternative schools, such as: (1) Project 2000, a comprehensive program that features a wide array of mentoring and academic support for African American students in Washington, D.C. in grades one through 12; and (2) the Maya Angelou Public Charter School in Washington, D.C., which promotes a school environment that supports a personal approach to learning, with wrap-around support for students, including team-building activities and access to quality mental and physical health care.



FAMILY SUPPORT AND CHILD WELFARE

The Dellums Commission's work also encompasses the area of family support and child welfare. In general, a government-dominated child protection focus exists in the child welfare system, as opposed to a more family- and community-centered focus that would engage families and communities in the process of determining how best to meet the needs of children. Under this model, children of color are more likely to be removed from their parents and placed in out-of-home care. They also are more likely to remain in care for longer periods of time and are reunified with their families or adopted at lower rates than white children.⁵² Finally, youth in the system "age out" with few resources and little guidance for the transition to independence and adulthood.

Local Solutions: Create partnerships among agencies, nonprofits, faith-based organizations, and other entities to create neighborhood-based resources for family support. Examples include the Healthy Families/Thriving Community collaboratives located in seven neighborhoods throughout Washington, D.C.⁵³ Localities should also ensure adequate multilingual services in the foster care system, recruiting translators if necessary from the communities that they serve. In addition, programs should promote positive social network experiences for boys and young men of color. Those in the child welfare system have even greater need for in-school and out-of-school engagements with positive peer groups and mentors.

Federal Solutions: The federal government can play a leadership role by doing more to promote needed legal reform and education to increase the number of stable foster homes and appropriate permanency options and clear barriers to the adoption of children of color. The John H. Chafee Foster Care Independence Program, established by the Foster Care Independence Act of 1999, is a step in the right direction. The legislation offered new resources to be used to provide financial, housing, counseling, employment, educational, and other support services for youth up to the age of 21 who are currently or were formerly in foster care.⁵⁴ The implementation of this law should be monitored and researched for its impact on the most vulnerable young men of color.

WORKFORCE AND ECONOMIC DEVELOPMENT

Most of the social problems facing today's young men of color can be traced to a historic decline in economic opportunity.⁵⁵ Many live in communities where there





is little or no investment support for entrepreneurship and business growth. What few jobs are available often pay the minimum wage—or less—and fail to cover the cost of living. The Commission believes that the government should play a more active role in economic development. Among its recommendations on workforce and economic development are the following:

State and Local Solutions: Absent a raise at the federal level, local and state governments should raise their own minimum wages and index them to inflation. Governments should identify, fund, and promote both micro- and macro-economic development opportunities in distressed communities by providing access to capital to establish viable business initiatives. Such opportunities should include technical assistance to potential entrepreneurs and access to government contracts. Governments should also encourage banks and other lending institutions to expand operations—at fair, non-predatory terms—in underserved areas.⁵⁶

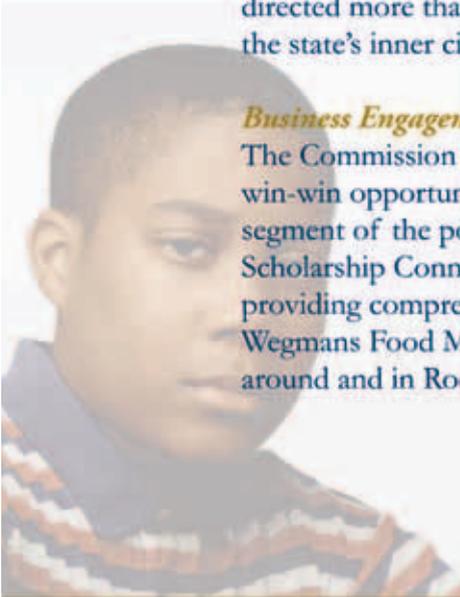
Federal Solutions: The federal government should increase the minimum wage and provide more funding for proven job training programs. In addition, the federal government should more vigorously enforce existing anti-discrimination laws in the areas of employment, housing, and credit markets to ensure that practices such as redlining and predatory lending do not prevent people of color from acquiring property and building wealth. It should also improve the public workforce system in order to better address racial disparities in the labor market; improvements include increasing funding for Workforce Investment Act programs and better aligning this funding with demand for services.⁵⁷

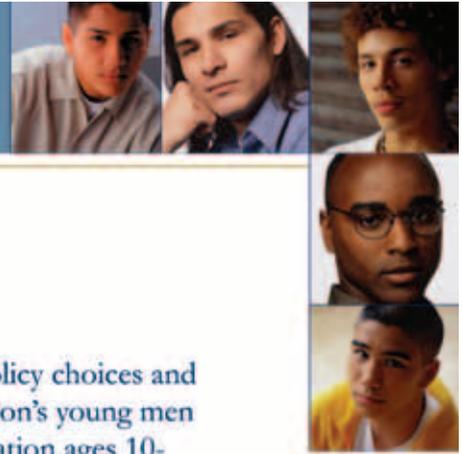
Government Engagement—An Economic Development Innovation Model:

One promising model involves state public financing of economic development in California. The initiative, launched by State Treasurer Phil Angelides, has directed more than \$14 billion in investment capital to spur economic growth in the state's inner cities and underserved communities.⁵⁸

Business Engagement—Model of Innovation for Workforce Development:

The Commission believes that business should do more to take advantage of the win-win opportunities of training, hiring, and empowering a large but unengaged segment of the population. Among promising models is the Hillside Work-Scholarship Connection (HW-SC), which connects youth to part-time jobs while providing comprehensive supports through high school graduation. Founded by Wegmans Food Markets, HW-SC serves more than 1,200 at-risk youth each year around and in Rochester and Syracuse, New York.⁵⁹





JUVENILE AND CRIMINAL JUSTICE

The Dellums Commission background papers document the policy choices and practices that have resulted in the mass incarceration of the nation's young men of color. Minority youth make up 23 percent of the total population ages 10-17, but constitutes 52 percent of incarcerated youth.⁶⁰ To restore a semblance of justice to the juvenile and criminal justice systems, the Dellums Commission proposes the following recommendations.

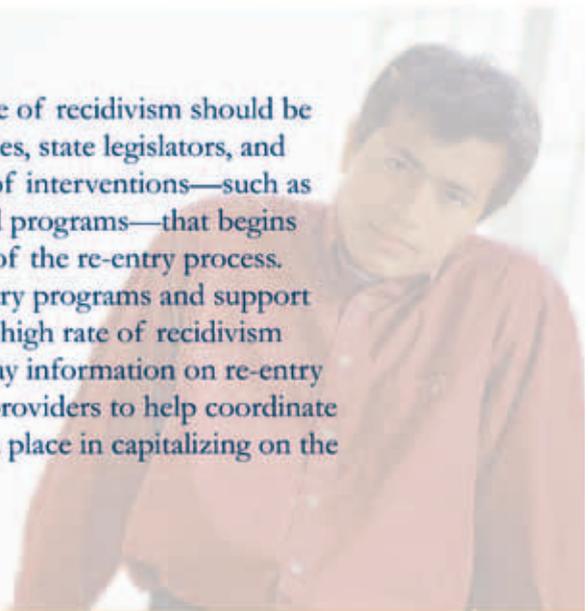
Reducing Incarceration

State legislatures and criminal justice authorities should expand the use of youth courts, drug courts, and community-based counseling as alternatives to incarceration for youth, the majority of whom are low-risk, nonviolent offenders.⁶¹ In addition, states should mandate standards for legal counsel for young men of color, who are often poorly represented by counsel or provided no counsel in the juvenile justice system.⁶² Other procedural reforms that would reduce confinement exist in the areas of probation officer discretion, objective risk assessment instruments, and greater support and funding for public defenders.⁶³

Legislators should heed the call of U.S. Supreme Court Justice Kennedy⁶⁴ and other prominent justice officials for the repeal of mandatory minimums, including the mandatory penalty structure created by the 100-to-1 powder cocaine/crack cocaine ratio and other sentencing requirements that incarcerate nonviolent offenders for long periods. Legislators should also repeal or revise Truth-In-Sentencing and Three Strikes laws that have proven to be unjust and ineffective tools for combating the drug trade.

Rehabilitation and Re-entry

When dealing with youth, rehabilitation and avoidance of recidivism should be the primary goal of the justice system. Local authorities, state legislators, and correctional authorities should provide a continuum of interventions—such as alcohol and drug treatment, education, and vocational programs—that begins in detention and continues in the community as part of the re-entry process. Also, legislators should adequately fund proven re-entry programs and support additional funding of aftercare services to reduce the high rate of recidivism among youth leaving detention. States should also relay information on re-entry sites based on zip code to community-based service providers to help coordinate these post-release services.⁶⁵ Finally, businesses have a place in capitalizing on the





underused labor force of their community's young ex-offenders. Businesses can create employment pipelines by partnering with re-entry programs to identify promising candidates.

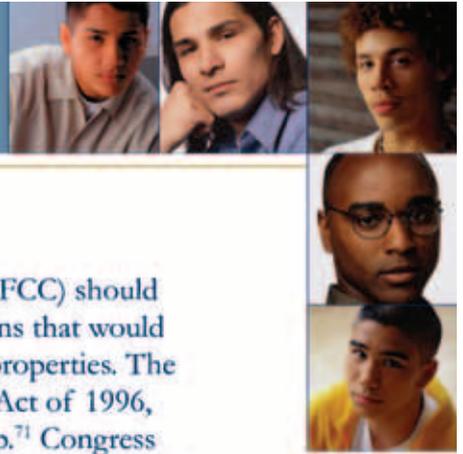
Models of Reform and Innovation

When Multnomah County, Oregon, recognized in 1994 that youth of color were 31 percent more likely to be detained in juvenile detention than white youth, it put into motion a series of reforms that resulted in racial parity by 2000. These reforms included the establishment of a Disproportionate Minority Confinement Committee and the use of objective, data-driven methods to achieve racial parity in treatment of youth of color.⁶⁶ Other promising models include drug sentencing options and alternatives to juvenile detention; youth advocacy and intervention initiatives (e.g., Youth Advocacy Project in Massachusetts⁶⁷); community courts (e.g., the Red Hook Community Justice Center in Brooklyn⁶⁸); community-based re-entry programs; and youth activism (e.g., the Youth Force Coalition, which encompasses several youth organizations in the San Francisco Bay Area⁶⁹).

THE MEDIA

In a country as vast and segregated as ours, the media provide many white Americans with their primary “interactions” with young men of color. This unfortunate reality creates an urgent need to counteract the pervasive negative stereotypes that engender popular fear, anger, and misunderstanding of minority youth. Mainstream news organizations help to cultivate these attitudes mostly by what they omit: *context*. For example, there is inadequate coverage—or in some cases, no coverage—of the social determinants that limit the opportunities of minority youth. The effect that negative images of young men of color can have on white leaders and white citizens can, in turn, negatively affect young men of color. Researchers have examined the effects of media images on whites’ fearfulness of crime and their tendencies to support punitive public policies such as capital punishment and mandatory long sentences.⁷⁰ It is time to start imaging young men of color as positive, contributing members of society. The following recommendations emerged from the Commission’s findings on the media.

State and Local Solutions: State, county, and city governments should make state-owned buildings and other facilities available to facilitate engagement—including discussions of news coverage—between media outlets and community groups. Media reform activists, foundations, and other nonprofits should create outlets for young men of color to tell their own stories in alternative media.



Federal Solutions: The Federal Communications Commission (FCC) should oppose current proposals to further loosen ownership restrictions that would allow media conglomerates to acquire even more broadcasting properties. The FCC and Congress also should repeal the Telecommunications Act of 1996, which paved the way for more consolidation in media ownership.⁷¹ Congress should fund subsidies to help finance new minority-owned Internet enterprises and other digital media to promote greater diversity in communications and more public service media. In addition, Congress and the FCC should restore the Fairness Doctrine in broadcasting. The FCC's Fairness Doctrine required broadcast station coverage of controversial issues to be balanced and fair and obligated stations to broadcast material on issues of importance to their communities.⁷²

Industry Reform Solutions: Overall, media organizations should provide more air time to the subjective voices and perspectives of young men of color. News organizations should adopt "best practices" proposals such as those recognized by the Columbia University Graduate School of Journalism's "Let's Do It Better" workshop.⁷³ News media should also consult journalism-improvement institutes, such as the Poynter Institute and the Maynard Institute, and media-community engagement institutes, such as the UCLA-based Center for Communications and Community.⁷⁴ In addition, news organizations should heighten awareness of their own reporting by conducting periodic audits of their news coverage.

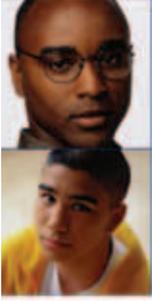
Models of Innovation: One model to address problems in media representations is the National Credibility Roundtables Project of the Associated Press Managing Editors, which is one of a number of Ford Foundation-sponsored media projects designed to promote communication between the public and the press.⁷⁵ Another model is the Oakland, California-based Youth Media Council, which demonstrates that young people can take the lead in media accountability campaigns.⁷⁶

CONCLUSION

The policy recommendations for education, child welfare, economic, justice, and health care systems are directed to policymakers, legislators, public administrators, and key influential leaders within communities. The Joint Center, through its Health Policy Institute, adds its voice to recent efforts by the 21st Century Fund, the National Urban League, the Harvard Civil Rights Project, the Advancement Project, the Children's Defense Fund, and several other



A WAY OUT:
CREATING PARTNERS FOR OUR NATION'S PROSPERITY BY
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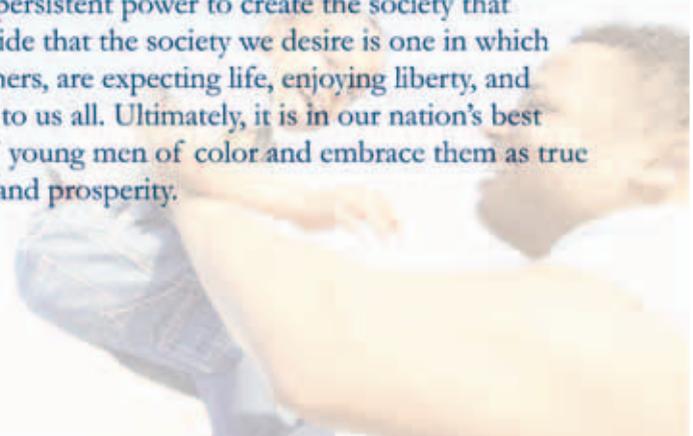


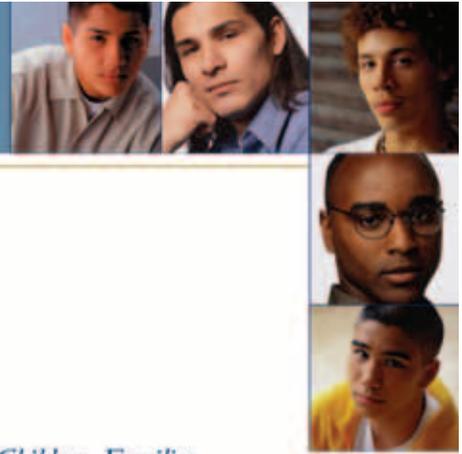
organizations in asking our nation to address the barriers faced by African Americans and other minority youth. This effort focuses on the male population, not to diminish the crisis of women, but to recognize the disproportionate and unfair burden that young men carry and its far-reaching implications for family and community health. This report captures the key points of several detailed background papers that are available through the Joint Center Health Policy Institute (see Appendix).

While elected officials at all levels of government can create policies and direct and redirect resources, the impetus, indeed the pressure, for such decisions must come from informed and galvanized constituencies. This work is therefore also directed to a larger audience. The Joint Center Health Policy Institute will form a Coalition to Improve Life Options for Young Men of Color to rigorously pursue these recommendations. As Chairman Dellums stated, “Once we have developed the appropriate recommendations, we must come together to lay out tactics and strategies so that at the end of the day, this does not end up being simply another report gathering dust.”

The diminished life options and outcomes that young men of color can expect in today’s America are not natural phenomena. The Dellums Commission’s investigation of policies affecting youth of color uncovered a series of decisions that, over the past 30 years, shaped the society in which minority youth develop. While the broader social merits and costs of these policies can be debated, the debate must fade in the face of the cost—in life and health—that so many of America’s young men have paid and that ultimately, our society will pay. We have a duty to stop now and reverse course. We cannot give up on our youth, and we must ask that they not give up on us.

It is true that our collective quality of life is intricately connected. As such, life outcomes of young men of color, in many ways, depict the health and capability of our nation. The Commission strongly believes that just as failed policies led us here, a thoughtful policy agenda can light the way forward. Such government innovation is essential, not just because it delivers benefits, but because successful policy changes remind us of our persistent power to create the society that we desire. America must now decide that the society we desire is one in which children of color, no less than others, are expecting life, enjoying liberty, and pursuing the happiness promised to us all. Ultimately, it is in our nation’s best interest to intervene on behalf of young men of color and embrace them as true partners for our nation’s security and prosperity.





APPENDIX

DELLUMS COMMISSION BACKGROUND PAPERS

Men and Communities: African American Males and the Well-Being of Children, Families, and Neighborhoods, by James B. Hyman

This report analyzes the extent to which, in what ways, and through what mechanisms the condition, behavior, and/or circumstances of men affect the well-being of poor communities.

Young Men of Color in the Media: Images and Impacts, by Robert M. Entman

This report assesses the media's impacts on the life chances of young men of color and offers potential paths to reform and improvement.

A New Generation of Native Sons: Men of Color and the Prison-Industrial Complex, by Adolphus G. Belk, Jr.

This report evaluates the impact of the prison-industrial complex on males of color, including the extent to which the private corrections industry and intellectual and political discourse have influenced criminal justice policy and programs.

Public Policies and Practices in Child Welfare Systems that Affect Life Options for Children of Color, by Ernestine F. Jones

This report examines the impact of the child welfare system on the ability of minority children to pursue positive life options and presents promising practices to bring about improvements.

Black Male Students at Public Flagship Universities in the U.S. – Status, Trends, and Implications for Policy and Practice, by Shaun R. Harper

This report examines racial disparities in college access, graduation rates, degree attainment, and Division I athletics at 50 public flagship universities across the nation.

How the Juvenile Justice System Reduces Life Options of Minority Youth, by Edgar S. Cahn

This report reviews access to counsel and practices that produce disparities in the juvenile justice system and provides examples of how to prevent the system from reducing the life options of minority youth.



The Impact of Waivers to Adult Court, Alternative Sentencing, and Alternatives to Incarceration on Young Men of Color, by Michael L. Lindsey

This report examines the impact of transferring young men of color from the juvenile justice system to adult criminal courts and the impact of alternative sentences and alternatives to incarceration on these youth.

Correctional Policy — Re-entry and Recidivism, by Sandra Edmonds Crewe

This report discusses the causes of correctional re-entry and recidivism of young men of color and evaluates current practices versus alternative approaches to reduce recidivism.

Community Health Strategies to Better the Life Options of Boys and Young Men of Color: Policy Issues and Solutions, by Kay Randolph-Back

This report addresses how the application of community health strategies improves the life options of young men of color and strengthens communities.

Indigenous Men in Higher Education, by Bryan McKinley Jones Brayboy

This report explores the issues that influence college enrollment and completion rates among American Indian and Alaska Native men.

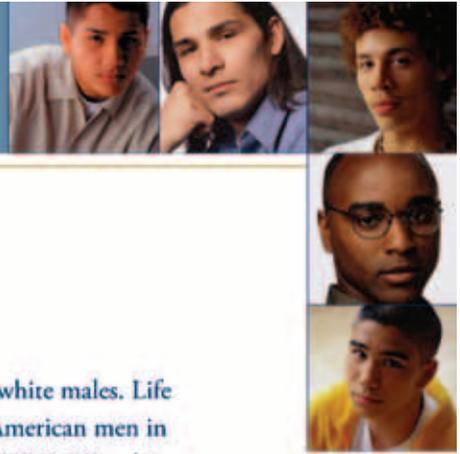
State Public Education Policy and Life Pathways for Boys and Young Men of Color, by Kay Randolph-Back

This report focuses on the barriers that are limiting the educational and life paths of boys and young men of color, such as zero-tolerance policies, and creates an action agenda to remove these barriers.

Conditions that Affect the Participation and Success of Latino Males in College, by Octavio Villalpando

This report analyzes the enrollment status and changes in attainment rates among Latinos in postsecondary education.

** The Dellums Commission background papers are available on the Joint Center's Web site at www.jointcenter.org.*

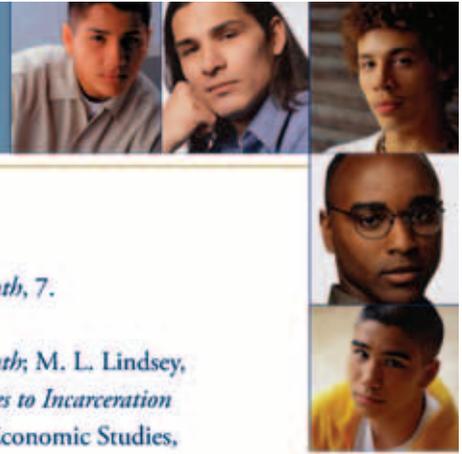


NOTES

1. Certain subgroups of minority males have lower life expectancies than do white males. Life expectancy at birth is listed by race/ethnicity in descending order: Asian American men in California (80.9), Hispanic or Latino men in California and Puerto Rico (77.7–73), white non-Hispanic men (75.4), African American men (69.2), and American Indian men (67.4). See W. A. Leigh and D. Huff, *Women of Color Health Data Book: Adolescents to Seniors*, 3rd ed. (Bethesda, MD: National Institutes of Health, 2006), 65, Figure 4. However, aggregate life expectancy rates do not tell the whole story. For example, young men of color in particular have greater rates of mortality from two important preventable causes of death: homicide and HIV/AIDS. See National Center for Health Statistics, *Health, United States, 2005 With Chartbook on Trends in the Health of Americans* (Hyattsville, MD: 2005).
2. See recent publications such as P. Edelman, H. Holzer, and P. Offner, *Reconnecting Disadvantaged Young Men* (Washington, D.C.: Urban Institute Press, 2006); R. Mincy, ed., *Black Males Left Behind* (Washington, D.C.: Urban Institute Press, 2006).
3. See Appendix for a summary of the Dellums Commission background papers.
4. The World Health Organization Commission on Social Determinants of Health, http://www.who.int/social_determinants/en.
5. See, e.g., I. K. Crombie, L. Irvine, L. Elliott, and H. Wallace, *Closing the Health Inequalities Gap: An International Perspective* (Copenhagen: World Health Organization, 2005), and generally, the Health Inequality resources Web site of the World Health Organization, http://www.who.int/health-systems-performance/docs/healthinequality_docs.htm.
6. On the decline of good jobs in inner cities, see W. J. Wilson, *When Work Disappears: The World of the New Urban Poor* (New York: Random House, 1997). On segregation, see D. S. Massey and N. A. Denton, *American Apartheid: Segregation and the Making of the Underclass* (Harvard University Press, 1993). For statistics on residential segregation, see the University of Michigan Population Studies Center, <http://enceladus.isr.umich.edu/race/racestart.asp>.
7. R. B. Hill, "Social Welfare Policies and African American Families," *Black Families, Third Edition*, ed. H. P. McAdoo (Thousand Oaks: Sage Publications, 1997).
8. Hyman identifies the opportunity structure as composed of individual endowment (health, community supports, and social and intellectual competence); macro-social structural forces (racism, economics, policy/politics, and geography); and institutional structural forces (public education, health services, job security, safety and civil rights, and media representation). J. B. Hyman, *Men and Communities: African American Males and the Well-Being of Children, Families, and Neighborhoods* (Washington, D.C.: Joint Center for Political and Economic Studies, 2006), 8.



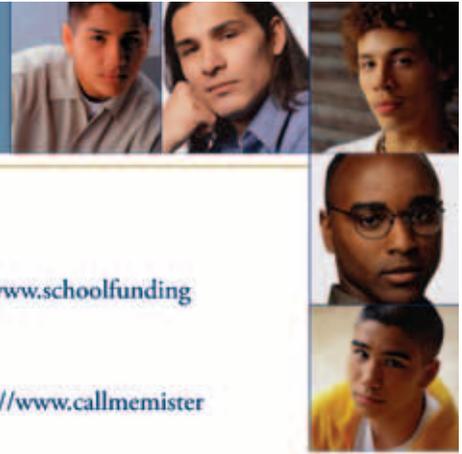
9. C. B. Swanson, *Who Graduates? Who Doesn't? A Statistical Portrait of Public High-School Graduation, Class of 2001* (Washington, D.C.: The Urban Institute, 2004).
10. T. P. Bonczar, *Prevalence of Imprisonment in the U.S. Population, 1974-2001* (Washington, D.C.: U.S. Department of Justice, 2003).
11. National Center for Health Statistics, Health data for all ages warehouse Web site, Data tables: Adults, mortality, http://www.cdc.gov/nchs/health_data_for_all_ages.htm.
12. K. Randolph-Back, *State Public Education Policy and Life Pathways for Boys and Young Men of Color* (Washington, D.C.: Joint Center for Political and Economic Studies, 2006).
13. See B. M. J. Brayboy, *Indigenous Men in Higher Education* (Washington, D.C.: Joint Center for Political and Economic Studies, 2006), 6.
14. The relevant background papers are: R. Harper, *Black Male Students at Public Flagship Universities in the U.S. – Status, Trends, and Implications for Policy and Practice* (Washington, D.C.: Joint Center for Political and Economic Studies, 2006); Brayboy, *Indigenous Men in Higher Education*; O. Villalpando, *Conditions that Affect the Participation and Success of Latino Males in College* (Washington, D.C.: Joint Center for Political and Economic Studies, 2006).
15. Harper, *Black Male Students at Public Flagship Universities in the U.S.*, vii.
16. Brayboy, *Indigenous Men in Higher Education*, 5, 8.
17. Pew Hispanic Center, *Hispanic College Enrollment: Less Intensive and Less Heavily Subsidized* (Washington, D.C.: Pew Hispanic Center, 2004).
18. E. F. Jones, *Public Policies and Practices in Child Welfare Systems That Affect Life Options for Children of Color* (Washington, D.C.: Joint Center for Political and Economic Studies, 2006).
19. E. S. Cahn, *How the Juvenile Justice System Reduces Life Options of Minority Youth* (Washington, D.C.: Joint Center for Political and Economic Studies, 2006), 7. Cahn lists these trip wires as “zero tolerance,’ ‘the war on drugs,’ truancy, mental health problems, lack of parental support, learning disability, and enforced custodial care stemming from abuse and neglect.”
20. Cahn, *How the Juvenile Justice System Reduces Life Options of Minority Youth*, 9.
21. A. G. Belk Jr., *A New Generation of Native Sons: Men of Color and the Prison-Industrial Complex* (Washington, D.C.: Joint Center for Political and Economic Studies, 2006), v.



22. Cahn, *How the Juvenile Justice System Reduces Life Options of Minority Youth*, 7.
23. Cahn, *How the Juvenile Justice System Reduces Life Options of Minority Youth*; M. L. Lindsey, *The Impact of Waivers to Adult Court, Alternative Sentencing, and Alternatives to Incarceration on Young Men of Color* (Washington, D.C.: Joint Center for Political and Economic Studies, 2006).
24. Belk, *A New Generation of Native Sons*, v, 5.
25. K. Clark and S. Gehshan, *Meeting the Health Needs of Youth Involved in the Juvenile Justice System* (National Academy for State Health Policy and Joint Center for Political and Economic Studies, 2006).
26. Cahn, *How the Juvenile Justice System Reduces Life Options of Minority Youth*, 21. See also U.S. Department of Health and Human Services, *Youth Violence: A Report of the Surgeon General* (Washington, D.C.: GPO, 2001), 117.
27. U.S. Census Bureau, *American Community Survey 2005*, American Factfinder, <http://factfinder.census.gov>.
28. R. M. Entman, *Young Men of Color in the Media: Images and Impacts* (Washington, D.C.: Joint Center for Political and Economic Studies, 2006).
29. Examples of youth groups who suggest that the media are part of the problem include the Youth Media Council (www.youthmediacouncil.org) and Youth Rights Media (www.youthrightsmedia.org).
30. Compared to the 10.6 percent of non-Hispanic white males who lack health insurance coverage, 19.4 percent of Asian American males, 23 percent of American Indian/Alaska Native males, 21 percent of African American males, and 35.7 percent of Hispanic or Latino males lack health insurance. W. A. Leigh, *Factors Affecting the Health of Men of Color* (Washington, D.C.: Joint Center for Political and Economic Studies, 2004), 27.
31. Clark and Gehshan, *Meeting the Health Needs of Youth*.
32. Youth Task Force on the Sexual and Reproductive Health and Behavior of Young Men of Color, *A "Shout Out" from Youth to Our Nation's Leaders* (Washington, D.C.: Joint Center for Political and Economic Studies, 2006).
33. K. Randolph-Back, *Community Health Strategies to Better the Life Options of Boys and Young Men of Color: Policy Issues and Solutions* (Washington, D.C.: Joint Center for Political and Economic Studies, 2006), 6.
34. See Health Care for All Kids Web site, <http://www.allkidscovered.com>.



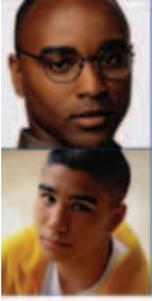
35. Kaiser Family Foundation, *Massachusetts Health Care Reform Plan* (Menlo Park, CA, and Washington, D.C.: Kaiser Family Foundation, 2006).
36. Leigh, *Factors Affecting the Health of Men of Color*, 28.
37. U.S. Census Bureau, *Income, Poverty, and Health Insurance Coverage in the United States: 2005*, Table C-2: Health Insurance Coverage by Age: 1987-2005, <http://www.census.gov/prod/2006pubs/p60-231.pdf>.
38. National Mental Health Association, "What have states done to ensure health insurance parity" Web page; last accessed January 24, 2006 at: http://www.nmha.org/state/parity/state_parity.cfm.
39. Randolph-Back, *Community Health Strategies*, 30.
40. National Mental Health Association, *Mental Health Treatment for Youth in the Juvenile Justice System: A Compendium of Promising Practices* (Alexandria, VA: 2004), 1.
41. The Sullivan Commission on Diversity in the Healthcare Workforce, *Missing Persons: Minorities in the Health Professions* (2004).
42. Research demonstrates that even highly educated persons of color have higher debts, lower assets, and greater income volatility than whites of equal or lesser education. See, e.g., T. M. Shapiro, *The Hidden Cost of Being African-American* (Oxford University Press, 2004).
43. D. Losen and G. Orfield, eds., *Racial Inequity in Special Education* (Boston, MA: Harvard Education Publishing Group, 2002).
44. See, e.g., the National Drug Court Institute: Drug Facts, <http://www.ndci.org/courtfacts.htm>.
45. See, e.g., Eleventh Judicial Circuit's Criminal Mental Health Project, http://www.jud11fcourts.org/programs_and_services/CMHP%20Court%20Website%20Description.pdf.
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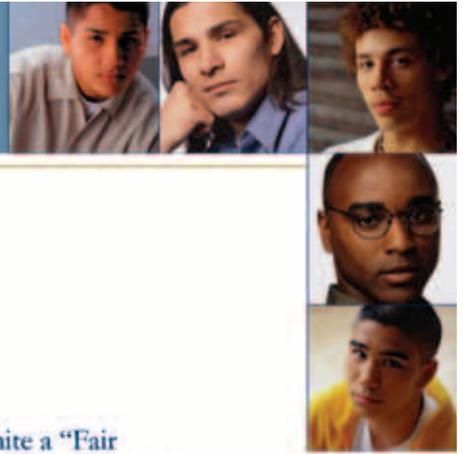
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The mission of the Joint Center Health Policy Institute (HPI) is to ignite a “Fair Health” movement that gives people of color the inalienable right to equal opportunity for healthy lives. HPI’s goal is to help communities of color identify short- and long-term policy objectives and related activities in key areas. The Joint Center for Political and Economic Studies is a national, nonprofit research and public policy institution. Founded in 1970 by black intellectuals and professionals to provide training and technical assistance to newly elected black officials, the Joint Center is recognized today as one of the nation’s premier think tanks on a broad range of public policy issues of concern to African Americans and other communities of color.

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