POSITION STATEMENT

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NATIONAL COMMISSION ON CORRECTIONAL HEALTH CARE

Anti-Racism in Correctional Health Care

Position Statement

The National Commission on Correctional Health Care (NCCHC) is charged with improving health services in correctional facilities. NCCHC calls on facilities to support anti-racism work in correctional health care settings to recognize and combat the detrimental and further traumatizing effect that systemic and other forms of racism (see definitions below) have on incarcerated individuals and those working within correctional systems.

NCCHC recommends that correctional health professionals, administrators, and decision-makers take the following steps to address systemic and other forms of racism and to mitigate the impacts on incarcerated individuals and facility staff:

1. Acknowledge that while respect of incarcerated individuals and coworkers is necessary, the need to address systemic racism, including multigenerational trauma, goes beyond respect; thus, having a right to health care is not enough.
2. Cultivate an environment of openness, inclusion, and effective communication around racism and its impact on staff and incarcerated individuals.
3. Ensure that standard of care is provided to all patients, regardless of race and ethnicity, and with respect for how they self-identify.
   a. Develop policies and procedures that dictate equitable care.
   b. Collect and analyze clinical data in a way that allows for the identification of racial disparities in care.
   c. Conduct continuous quality improvement studies using collaborative strategies to understand the root cause of disparities.
   d. Take corrective action to improve care through appropriate means and conduct follow-up assessment of the corrective action to ensure effectiveness.
4. Cultivate a culture where health professionals are comfortable advocating for the needs of incarcerated individuals and addressing disparate care.
5. Acknowledge how personal biases influence those who provide health care to the incarcerated.
6. Promote the use of humanizing, nonstigmatizing language in health care and custody settings.
7. Define and measure key indicators related to race and ethnicity to identify and assess disparities in health care outcomes using consistent methods.
   a. Include such data, when possible, in quality assurance and other evaluation and monitoring processes.
8. Implement action to address racism encountered by correctional health and correctional staff.
   a. Establish action steps to combat overt and covert racism and microaggressions faced by Black, Indigenous, people of color (BIPOC) who work in correctional health care.
   b. Provide evidence-based education and training on racism and biases.
   c. Collect and analyze racial, ethnic, and other demographic information for correctional health and correctional staff and the population served.
      i. Use these findings to support staffing practices focused on individuals who come from, and/or are sensitive and responsive to the needs of individuals from, the same communities and reflect the racial and ethnic background of the population served.

9. Implement a grievance system that accurately tracks and addresses patient and staff complaints about racism.

Definitions

Anti-racism – "the active process of identifying and eliminating racism by changing systems, organizational structures, policies and practices and attitudes, so that power is redistributed and shared equitably"[1]

Microaggressions – "brief and commonplace daily verbal, behavioral, or environmental indignities, whether intentional or unintentional that communicate hostile derogatory or negative prejudicial slights and insults toward any group, particularly culturally marginalized groups"[1]

Racism – "the relegation of people of color to inferior status and treatment based on unfounded beliefs about innate inferiority, as well as unjust treatment and oppression of people of color, whether intended or not"[2]

Systemic racism – emphasizes the involvement of entire and often multiple systems, including the structures that uphold the systems (e.g., political, legal, economic, health care, school, criminal justice systems)[2]

Structural racism – emphasizes the role of structures that lay the foundation for the systems (e.g., laws, policies, institutional practices, entrenched norms). Structural racism may be included in the broader category of "systemic racism."[2]

Institutional racism – refers to the involvement of both institutional systems and structures in racism or specifically to racism within a particular institution[2]

Black, Indigenous, person of color (BIPOC) – used to describe any person who does not identify as "white," including but not limited to individuals of Black/African American, Native American, Asian American, Latino/a, Pacific Islander, or multiracial descent

Health disparity – "a particular type of health difference that is closely linked with economic, social, or environmental disadvantage. Health disparities adversely affect groups of people who have systematically experienced greater social or economic obstacles to health based on their racial or ethnic group, religion, socioeconomic status, gender, age, or mental health; cognitive, sensory, or physical disability; sexual orientation or gender identity; geographic location; or other characteristics historically linked to discrimination or exclusion."[3]

Health equity – "the principle underlying a commitment to reduce—and, ultimately, eliminate—disparities in health and in its determinants, including social determinants. Pursuing health equity means striving for the highest possible standard of health for all people and giving special attention to the needs of those at greatest risk of poor health, based on social conditions."[3]

Discussion

Although this position statement focuses on systemic racism, NCCHC acknowledges that historical disenfranchisement and societal mechanisms disproportionately harming people of color may also negatively impact Indigenous, LGBTQ+, women, and other minority populations in both similar and different ways. The impacts of systemic racism and the related disenfranchisement of people of color and their communities is particularly evident in the United States criminal legal system, historically and today. This position statement intends to provide a targeted and specific approach toward systemic racism as experienced by Black people in the United States.

In the United States, Black people are disproportionately harmed by the criminal legal system, from violent encounters with police to facing harsher bail setting and sentence length than white people. There is a distinct throughline in American history, beginning with slavery and continuing through vagrancy laws, convict leasing, sharecropping, and the "War on Crime" and "War on Drugs," that illuminates systemic factors leading to the disproportionate incarceration of Black people relative to white people.[4] The U.S. population is comprised of about 13% Black people, while about 35% of jail residents are Black.[5-6]

Such deeply embedded racism impacts health directly through access to, and quality of, care and indirectly through housing, education, nutrition, and employment, and has led to poorer health outcomes for communities of color. Black people have a lower life expectancy relative to white people and fare worse than white people on a number of health indicators, including receipt of mental health care, prenatal care, maternal and infant mortality, prevalence of diabetes, and deaths from heart disease.[7]

In addition, attention is needed on correctional health staff who experience racism in the workplace. This requires a culture where allyship, staff wellness, and inclusiveness are normalized and valued. Quantitative and qualitative data can provide insights into the racial makeup of leadership, promotions, and how pervasive experiences of racism are in the workplace. Action should follow. Efforts should focus on open discussion around bias and racism, institutional policies that promote equity, and intentional hiring practices so that both the correctional and health care workforce reflect the patient population.

It is against this backdrop and within this intersection that we must strive to move correctional health care toward recognizing, understanding, and addressing systemic and other forms of racism. Although systemic racism proliferates in institutions, laws, written and unwritten policies, and entrenched practices and beliefs outside of correctional facilities, while individuals are incarcerated, correctional health and correctional professionals can work to mitigate further harm and to minimize health disparities.

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