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What Can Law Enforcement Learn from Public Health?

Anthony Iton of the California Endowment talks with Robert V. Wolf of the Center for Court Innovation about the public health approach to crime and safety problems. (March 2011)

Transcript:

Robert V. Wolf: Hi, I'm Rob Wolf, the director of communications at the Center for Court Innovation and I'm in Los Angeles today with Tony **Iton**, who is the senior vice president of Healthy Communities, which is an initiative of the California Endowment. And in fact we're here at The Endowment, at a round table or what's been called an executive session that's bringing together leaders in law enforcement and in public health to talk about basically what public health has to teach law enforcement.

And you gave a fascinating presentation at the outset about the public health approach. You broke it down into four components and I thought maybe you could just say briefly again what those are.

Anthony Iton: Yeah the framework that I offered is really a disease response framework which is sort of at the heart of public health, it's basically trying to stamp out new and emerging disease. So the framework is four components.

The first is one is surveillance, trying to figure out the who, what, where, when.

When a new disease comes on the horizon you've got to characterize it, understand who's vulnerable and how the disease might move through a population.

The second component is disease control: How do you interrupt the cycle of transmission? What are the basic strategies that will interrupt its movement? And that may be vaccines. It may be pharmaceuticals. It may be physical measures like quarantine and isolation. It may be using things like education, condoms, needle exchange, what have you.

The third element is coordination. And it's probably the most important element in public health. It is to essentially figure out what resources to bring to bear to mitigate the problem, you know, during and afterwards.

And then, finally, the fourth is communication. And that's typically thought of as the three Ps: How do you talk to the politicians and policymakers? How do you talk to the physicians? And how do you talk to the public?

And so that's the framework and it has applicability to law enforcement, as well, particularly the surveillance and control aspects, but also the communication and coordination.

Wolf: It's interesting. There are some obvious parallels: Surveying the community; identifying where



crime is. But the point you made which I thought was fascinating was that public health doesn't just stop at: "Oh there's an outbreak here. Let's treat the people." You try to dig down and find the source.

And I think law enforcement at times has tried to do that, and increasingly so tried to do that. But it's not as much part of the DNA of law enforcement and I wonder if you could talk about that a little bit.

Iton: Yeah, so that's the challenge, really. To be purely reactive is really to just operate constantly in that model of surveillance-control. Which is trying to interrupt the cycle, but isn't necessarily trying to prevent future incidents of the disease or looking at the vulnerabilities-the conditions that make a population more susceptible to a particular type of disease.

And so public health has evolved, and has started to look much deeper at what is sometimes referred to as the social determinates of health: looking at the quality of housing, for instance, that might make a disease more easily able to move through a population, if there's housing overcrowding, for instance.

Look at the quality of education: What people know and their ability to, essentially, to navigate, you know, information-to be able to acquire the kinds of information they need to protect themselves.

Looking at the quality of employment: I mean, if people are for instance working at jobs that are very low pay, and they don't have things like sick days, paid sick days, then they are much more likely to come to work sick. Much more likely to spread those diseases, you know, at work, which could have a much more profound impact on the population.

So trying to get at some of the underlying drivers of vulnerability in a population is as critical as sort of acutely interrupting the cycle of transmission. Because if you just interrupt it, it's like, as I like to say: If you go into a community and fires are burning and you just put out the fires, well, you've done a good service. But if you come back the next day and fires are burning in the same place, and all you do is put out the fires again, well then you're not doing such a good service, because you're not recognizing that there's something that's making those sites more amenable to burn. And if you don't tackle that issue, then you are just going to be putting out fires day-in, day-out.

Wolf: And how do you see that mindset and that approach transferable, if at all, to law enforcement? And I'm thinking of, you know, law enforcement already looks at data, CompStat, you know, they're quick to look at trends. What more can they do or what can they take things from public health and your approaches that do seem to go deeper and look at more fundamental causes of disease, but in their case crime and safety issues?

Iton: Well, part of it is how law enforcement is held accountable.

Law enforcement is held accountable for homicides and violent crimes and sort of a reactive kind of mentality. And I think that that's understandable but a little bit unfair, because law enforcement didn't create the conditions that lead to the crime. They're just trying to put out the crime once it starts.

So law enforcement would benefit from partnerships with public health, at a minimum, to try to be able



to understand the root causes or the drivers of high crime. And then would certainly benefit from getting credit for preventing crime as opposed to just suppressing crime--if, in fact, the crime statistics go down.

Now, I think that they are different disciplines with different focuses, but the synergy between the two disciplines is substantial. And what typically does not happen is that law enforcement doesn't spend a lot of time with public health and public health doesn't spend a lot of time with law enforcement. So there's this sort of foreignness of the territories that leads to this sense that, you know, "we don't do what you do; you don't do what we do." And the more time, and the jurisdictions where I've been, and those that I've seen that have had successful collaborations, actually just spend a lot of time together, so they understand each other's sort of relevance to their own discipline.

And there's a huge amount of potential, particularly when it comes to data analysis and some of the community oriented policing strategies, to borrow from public health strategies that are much more deeply rooted in community and in prevention than the typical suppressive approaches that many law enforcement agencies are forced to adopt.

Wolf: I can see how you talk about, you know, prevention, maybe in terms of environment for transmission of an illness- like you gave examples of not enough sick days and people going to work. How would that translate to something that is more overtly criminal justice related? Shootings. Any kind of pattern of--I don't even know if it even does apply--robberies, car break-ins, truancy perhaps? You know, even smaller things, but maybe that are entry level criminal issues for young people?

Itton: One of the things we know that correlates extremely well with crime is essentially idle time. Kids that get out of school at 1:50 in the afternoon or 2:10 in the afternoon, every day, and have nothing to do between that time and when their parents get home at 7 o'clock or whenever. We know--all of us have been through this, we were adolescents at one point--that you are much more inclined to engage in mischief if you are unsupervised and you have nothing constructive to do.

So we know, for instance, that a public health approach to that problem is essentially trying to figure out youth development strategies. And, very simply, you can look at things like boys and girls clubs; you can look at after-school programs--a whole host of things where young people are essentially exposed to graduated responsibility. They're asked to engage in some civic participation. They're held to very high expectations.

All of those things are associated with a much lower likelihood of engaging in the behaviors that are associated with crime and, by the way, with illness. Like sexually transmitted diseases, car accidents and the like.

The ability for law enforcement to participate, to forge relationships with young people in communities at that stage--and it's sort of a pre-adolescent stage quite frankly--is the most optimum time for that kind of relationship to develop. So that the youth not only is actively engaged in constructive activities, like the Police Activities League, and a variety of other, you know, police oriented after-school programs, but they also have a different perspective on law enforcement. And they don't necessarily see them as a



threat. They don't necessarily see them as the enemy.

They'll see aspects of leadership in law enforcement that they may want to emulate themselves. And that of itself is a crime prevention strategy.

It's just a very simple example of a kind of public health approach to crime prevention. Certainly many police agencies around the country have already invested in these kinds of activities for young people. Typically, for kids that are a little bit older-and we think that getting into that preadolescent state is really critical-but that's an example of a public health approach to crime prevention.

Wolf: And I'm just thinking of one other thing. When you speak about public health, when I think of when there is an innovation, a vaccination, or a strategy, and if it's proven to work, it just seems like it spreads like wildfire. Everyone does it. It's understood to be the best practice. You're not going to let a disease spread if you understand how to handle it.

Whereas in law enforcement, it seems to me, you can look at, and someone said here at the meeting-- Director Malekian, director of the Community Oriented Policing Services office at the Department of Justice, said: "If I say to someone 'what's community policing?' If you do it, all the chiefs are going to raise their hand. But if I ask them to write down what it is they're doing, they'll all say something different" And I wonder if there isn't something there, as well, that they can learn from public health. In terms of it being more of a science and you sort of accept-I may not be articulating it well, but it seems to me that there's a very cultural difference there. That you're dealing with a very fractured understanding of how to do things, in terms of law enforcement vs. public health.

Itton: You know, I think there is some truth to that. I do think that public health and health in general is much more scientifically rigorous in the approaches that it pursues. That's not universally the case. I mean, there's a lot of stuff done in health and in public health that is still kind of anecdotal. But in law enforcement there doesn't seem to be as great a culture of, essentially, peer review. You know, scientific rigor. And there's a much more sort of anecdotal flavor to a lot of the approaches that people take, and there's, I think in the sort of the political sphere, there's much more emotionality about law enforcement issues, about--crime can be very emotionally rending and people want sort of very immediate solutions that don't necessarily look at long-term investments to reduce likelihoods of youths' participating in those kinds of activities.