

Law Enforcement and Public Health



Sharing Resources
and Strategies
to Make Communities Safer

Robert V. Wolf
Center for Court Innovation



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ISBN: 978-1-935676-51-5

February 2012



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U.S. DEPARTMENT OF JUSTICE
OFFICE OF COMMUNITY ORIENTED POLICING SERVICES
Office of the Director
145 N Street, N.E., Washington, DC 20530

COPS

Dear Colleagues,

An integral part of what we do here at the COPS Office is to shift our profession's focus from reactive to proactive police work. With that in mind, we have recently partnered with the California Endowment and the Center for Court Innovation to promote cross-collaborations with the public health community. Health experts and practitioners have long understood the connection between promoting health and preventing violence. They understand, epidemiologically, how violence spreads like a disease, how it is transmissible from person to person until whole communities are affected.

What they also understand is that systemic preventative interventions, aimed at targeting root causes, are critical to keeping our communities safe, healthy, and whole. Law enforcement may not be aware of how often we already borrow or are inspired by strategies and practices from the public health field. Long before a lieutenant in the New York City Transit Police Department revolutionized the profession by mapping violent crime hotspots in the subway system and creating what would become CompStat, a London doctor named John Snow began mapping and tracing the source of an 1854 cholera outbreak, thus founding the field of epidemiology.

As you will see later in this publication, the problem-oriented policing crime triangle very closely parallels the epidemiologic triangle. Whereas we talk of "place," "victim," and "offender," our counterparts in public health speak of "environment," "host," and "agent." The language may be different, but the underlying principles are often the same. Moreover, our fields share a common goal: to keep citizens and communities free of the violence and disorder that prevents both community health and community safety.

I hope that you find the information we have collected here useful. More importantly, I hope it provides the impetus for law enforcement executives to reach out to their counterparts in public health, and vice versa. Finally, I would like to thank both the California Endowment and the Center for Court Innovation for helping us promote public health partnerships. My hope is that the partnerships we have been able to create on the national level will parallel strong local collaborations between law enforcement and public health agencies across the country.

Sincerely,

A handwritten signature in black ink, appearing to read "Bernard K. Melekian".

Bernard K. Melekian, Director
Office of Community Oriented Policing Services



COMMUNITY ORIENTED POLICING SERVICES
U.S. DEPARTMENT OF JUSTICE

ABOUT THE COPS OFFICE

The Office of Community Oriented Policing Services (COPS Office) is the component of the U.S. Department of Justice responsible for advancing the practice of community policing by the nation's state, local, territory, and tribal law enforcement agencies through information and grant resources.

Community policing is a philosophy that promotes organizational strategies that support the systematic use of partnerships and problem-solving techniques, to proactively address the immediate conditions that give rise to public safety issues such as crime, social disorder, and fear of crime.

Rather than simply responding to crimes once they have been committed, community policing concentrates on preventing crime and eliminating the atmosphere of fear it creates. Earning the trust of the community and making those individuals stakeholders in their own safety enables law enforcement to better understand and address both the needs of the community and the factors that contribute to crime.

The COPS Office awards grants to state, local, territory, and tribal law enforcement agencies to hire and train community policing professionals, acquire and deploy cutting-edge crime fighting technologies, and develop and test innovative policing strategies. COPS Office funding also provides training and technical assistance to community members and local government leaders and all levels of law enforcement.

The COPS Office has produced and compiled a broad range of information resources that can help law enforcement better address specific crime and operational issues, and help community leaders better understand how to work cooperatively with their law enforcement agency to reduce crime.

- Since 1994, the COPS Office has invested nearly \$14 billion to add community policing officers to the nation's streets, enhance crime fighting technology, support crime prevention initiatives, and provide training and technical assistance to help advance community policing.
- By the end of FY2011, the COPS Office has funded approximately 123,000 additional officers to more than 13,000 of the nation's 18,000 law enforcement agencies across the country in small and large jurisdictions alike.
- Nearly 600,000 law enforcement personnel, community members, and government leaders have been trained through COPS Office-funded training organizations.
- As of 2011, the COPS Office has distributed more than 6.6 million topic-specific publications, training curricula, white papers, and resource CDs.

COPS Office resources, covering a wide breath of community policing topics—from school and campus safety to gang violence—are available, at no cost, through its online Resource Information Center at www.cops.usdoj.gov. This easy-to-navigate website is also the grant application portal, providing access to online application forms.



ABOUT THE CENTER FOR COURT INNOVATION

The Center for Court Innovation is a public-private partnership dedicated to reducing crime, aiding victims, and promoting public confidence in justice.

■ REDUCING CRIME

Independent evaluators documented that prostitution arrests dropped by 56 percent after the Center's Midtown Community Court opened in Manhattan. New York City Mayor Michael Bloomberg has hailed the Midtown Community Court for helping to revive Times Square. In southwest Brooklyn, major crime has declined by nearly 50 percent since the opening of the Center's Red Hook Community Justice Center.

■ REPAIRING DISORDER

Both the Midtown Community Court and Red Hook Community Justice Center sentence low-level offenders to repair conditions of disorder—fixing broken windows, cleaning local parks, painting over graffiti. Each year, the two projects contribute 75,000 hours of community service—more than \$600,000 worth of labor. Compliance rates for community service are consistently 50 percent higher than the national average.

■ REDUCING RECIDIVISM

Participants in the Brooklyn Treatment Court, which offers judicially monitored drug treatment instead of incarceration, re-offend at a rate that is 27 percent lower than offenders who go through conventional courts. Through training and technical assistance, the Center has helped spread the drug court model throughout New York State; over 65,000 New Yorkers have participated in 178 drug courts, which are located in every county of the state.

■ IMPROVING PUBLIC TRUST IN GOVERNMENT

The Red Hook Community Justice Center has a 94 percent approval rating from local residents. Prior to the Justice Center's opening, only 12 percent of local residents approved of courts. Moreover, a survey of defendants found that 86 percent said that their case was handled fairly—a result that was consistent regardless of race, gender, or educational background. In a phone survey, two out of three Midtown residents said they would be willing to pay additional taxes to support a community court.

■ **RESEARCH AND DISSEMINATION**

Researchers from the Center have made a number of important contributions to the field, including a randomized trial examining the effectiveness of batterer intervention programs and a national study of the efficacy of judicially monitored drug treatment. Authors from the Center have written numerous books, including *Trial & Error in Criminal Justice Reform* (Urban Institute Press) and *Good Courts: The Case for Problem-Solving Justice* (The New Press). The Center’s award-winning website, www.courtinnovation.org, receives 90,000 visitors each month; visitors download an average of 600,000 documents each year—research reports, how-to manuals, and interviews with leading scholars and practitioners.

■ **IMPROVING VICTIM SAFETY**

New York’s 88 domestic violence courts—based on a model created by the Center—handle over 34,000 cases each year, linking victims to counseling, shelter, and other services while strengthening the monitoring of those accused of battering.

■ **REPLICATION**

Each year, the Center’s demonstration projects are visited by more than 400 criminal justice officials from around the world. Many end up replicating, either in part or in whole, what they see. For example, there are six dozen community courts around the world based on the Center’s model, including projects in England, Canada, New Zealand, Australia, and South Africa.

■ **AWARDS**

The Center has received numerous awards for innovation, including the Peter F. Drucker Award for Nonprofit Innovation and the Innovations in American Government Award from Harvard University and the Ford Foundation. Other prizes include recognition from the American Bar Association, National Criminal Justice Association, and National Association for Court Management.



ABOUT THE CALIFORNIA ENDOWMENT

THE CALIFORNIA ENDOWMENT IS A PRIVATE, STATEWIDE HEALTH FOUNDATION THAT WAS CREATED IN 1996 AS A RESULT OF BLUE CROSS OF CALIFORNIA'S CREATION OF WELLPOINT HEALTH NETWORKS, A FOR-PROFIT CORPORATION. THIS CONVERSION SET THE GROUNDWORK FOR OUR MISSION:

The California Endowment's mission is to expand access to affordable, quality health care for underserved individuals and communities, and to promote fundamental improvements in the health status of all Californians.

The Evidence: California's Prosperity Depends on Our Health. Our Health Depends on Where We Live.

Where we live, work and play directly impacts our health.

The evidence shows that for California to thrive, our communities must have more than available health care. Affordable housing, good jobs, safe schools, clean air, parks and playgrounds, walkable streets, markets with fresh fruits and vegetables, and strong social networks are also crucial to a healthy California.

The Challenge: Too Many of California's Communities Lack the Basic Ingredients for Health.

One example is when schools are not built within a safe walking distance of where families live, children get less daily exercise. More driving to school and work means more air pollution and fewer opportunities for exercise. More air pollution means more asthmatic attacks. More asthma means even less physical activity, more days absent from school and work, and a higher cost of health care for everyone.

The Strategy: A 10-Year, Multimillion-Dollar Statewide Commitment to Advance Policies and Forge Partnerships to Build Healthy Communities and a Healthy California.

The inequities are unacceptable, but the opportunities for change are undeniable. The California Endowment is embarking on a new 10-year statewide initiative, creating places where children and youth are healthy, safe, and ready to learn.

We will forge new partnerships and tap the local wisdom of community organizers, school principals, city planners, business CEOs, people who work in hospitals and clinics, parents, and youth to deliver the essentials of a healthy place to live.

Over the next 10 years we are prepared to do what it takes at the local, regional, and state levels so that everyone, no matter where they live, can grow up healthy and contribute to the state's prosperity.

The Change: Statewide Advocacy Will Lift Up Improvements in Communities to Promote Policies that Support Change Now and Sustain Hope in the Future.

While we are helping community residents to beat the odds locally, we are also engaging them in our broader strategy to change the odds on a larger scale. Ultimately we are aiming for a shift in thinking, and a change in statewide policies away from those that ignore the root causes of ill health and toward those that prioritize prevention and value the health of all our communities as essential to the common good.

To learn more, visit calendow.org.

INTRODUCTION

In recent years, law enforcement agencies across the United States have adopted new strategies and tools, many of which emphasize data analysis, collaboration, community engagement, and problem solving.

Public health agencies have similarly pursued new technologies and new strategies to combat community threats, which include not only viral or bacterial pathogens but also unintentional injury and violence as well as chronic health issues, such as obesity.

Recognizing a common interest in innovation, the U.S. Department of Justice's Office of Community Oriented Policing Services (COPS Office), The California Endowment, and the Center for Court Innovation have been bringing together law enforcement and public health officials to share ideas. The initiative began with an executive session in March 2011 to examine how public health principles, practices, and resources can also support law enforcement, including crime prevention.

This report provides a summary of that session.

BACKGROUND

A 1979 Surgeon General report made one of the first explicit links between public health and law enforcement by identifying violent behavior as a significant risk to health.¹ Four years later, the Centers for Disease Control and Prevention established the Violence Epidemiology Branch, which later became the Division of Violence Prevention.²

Violence prevention lends itself to a public health approach for a number of reasons. Violence shares many of the "special characteristics of epidemics," according to Gary Slutkin, an epidemiologist and the founder of the Chicago Project for Violence Prevention's CeaseFire program.³ Crime mapping actually uses many of the techniques originally developed to study disease patterns, and when researchers map incidences of violence, they often find geographic clusters that are virtually identical to the geographic clusters that emerge during epidemics of communicable diseases.⁴ Violence is also said to be "infectious," although rather than transmitted by a vector (such as bacteria), violence is transmitted through behavior, such as modeling (e.g., a parent modeling behavior for a child) or social pressure.

1. See *Healthy People: The Surgeon General's Report on Health Promotion and Disease Prevention*, available at <http://profiles.nlm.nih.gov/NN/B/B/G/K/>.

2. See *A Timeline of Violence as a Public Health Issue* available at www.cdc.gov/ncipc/dvp/timeline.htm. See also, Linda L. Dahlberg and James A. Mercy. 2009. *The History of Violence as a Public Health Issue*. Department of Health and Human Services.

3. Gary Slutkin, videotaped presentation, PopTech Salon, Chicago, May 2010, <http://vimeo.com/11841675>.

4. Spencer Chainey and Jerry Ratcliffe. 2005. *GIS and Crime Mapping*, John Wiley & Sons, Ltd., p. 3.

Over the years, practitioners in both health and law enforcement have developed a richer understanding of the causes of violence and the strategies to address it. “Traditionally, the United States has relied on law enforcement and criminal justice to handle violence. Increasingly, police chiefs, probation officers, and mayors are insisting that we cannot arrest our way out of this problem—they cannot do it alone,” according to a 2010 report identifying the fear of violence as a major roadblock to the success of chronic disease prevention strategies.⁵

Today, it is widely recognized that there are numerous overlaps between public health and law enforcement.

For Dr. Robert K. Ross, the president and chief executive officer of The California Endowment, the connection between crime and health became obvious early in his career. In the 1980s, he watched crack cocaine transform neighborhoods in Camden, New Jersey, and North Philadelphia, where he worked as a pediatrician. As Ross explained at the executive session:

Dropping the price point of cocaine from \$100 to \$5 through crack completely turned the community upside down.... Virtually every public health measure...got worse during crack cocaine. Pick one: TB, HIV/AIDS, gonorrhea, syphilis, infant mortality, low birth rate, youth homicides, domestic homicides, emergency room visits....I can manage asthma, meningitis, ear infections, but this stuff? It was clearly having a pervasive health impact on the community, and I had no training for it.

COPS Office Director Bernard Melekian also learned early in his career that his field was intimately connected to larger issues. In his case, as chief of the Pasadena (California) Police Department, he came to understand that law enforcement was impacted by factors such as the quality of local schools. “I came to realize that the chief of police was not the No. 1 public safety official in town. The superintendent of schools was...because that is ultimately where the solution is going to rest,” he said.

5. Larry Cohen et al. 2010. *Addressing the Intersection: Preventing Violence and Promoting Healthy Eating and Active Living*. Oakland, California: Prevention Institute, p. 2.

THE PUBLIC HEALTH APPROACH

Dr. Anthony Iton, senior vice president of The California Endowment’s Building Healthy Communities initiative, began the discussion at the executive session by laying out what many broadly describe as the “public health approach.” The approach consists of four basic elements:

SURVEILLANCE: Epidemiologists collect as much information as possible about a problem. “You basically want to know the ‘who, what, where, when’ of the problem,” Iton said.

CONTROL: Public health officials try to contain the problem. If the problem is acute—such as a rapidly spreading contagious illness—they move quickly. “The question basically is ‘how do you interrupt the cycle of transmission?’... You think about all the tools you can use [such as] pharmaceuticals [and] environmental measures, [as well as] physical measures, such as separating people.”

COORDINATION: Public health officials manage multiple resources and partners to implement a thoughtful, rapid containment strategy. “Coordination is a very straightforward thing, but it is the thing that is most often overlooked when we have an outbreak,” Iton said.

COMMUNICATION: Public health officials strive to keep “the three Ps” (politicians, physicians, and the public) informed. “Politicians have been known to sow panic by spreading misinformation, so it’s important to update them regularly on the facts. Physicians need the facts because they’re on the front lines, not only treating patients but often answering reporters’ questions. And the public needs to know what to do to prevent infection and treat it.”

Like law enforcement agencies, public health agencies seek both to suppress problems as soon as they emerge and also find long-term solutions, Iton said.

“We always say if you walk into a community and there are fires burning, what’s the first thing you do? You put out the fires,” he said. “If you come back the next day and there are fires burning in the same place, you put out the fires again, but you start thinking to yourself, ‘Why are the fires burning in the same place?’ The third day you are like, ‘I’ve got to find out what is causing these fires.’”

Iton noted that both public health and law enforcement practitioners are interested in preventing premature death—whether due to homicide or heart disease—and this shared interest often leads them to focus on the same neighborhoods. In communities where there is reduced life expectancy, there tends to be an “incredible amount of money” spent on policing, health care, and social services, he said.

Perhaps not surprisingly, there is a connection—observable in health data—between rising levels of fear of crime and shorter life expectancy, Iton said. In “high-crime...hot spots, you see very high measures of fear, and...as those measures go down, the life expectancy goes up,” a correlation that seems to confirm that “stress, this sort of constant sense that something may happen...actually has a weathering effect on your body and your life,” Iton said.

In summary, Iton said that if law enforcement and public health agencies want to apply resources with maximum efficiency, they need to increase their understanding of key social and environmental factors—which include everything from poverty and lack of access to fresh foods, to crime and the fear of crime—in the hardest hit communities.

KEY ISSUES

Participants in the executive session raised a number of key issues as they discussed how law enforcement and public health agencies might better coordinate resources and strategies.

Prevention

Law enforcement and public health agencies are often reactive, responding after the fact to incidents of crime or outbreaks of contagious disease. Public health, however, has historically placed a premium on prevention while “law enforcement by definition has been reactive from the beginning of time,” said Melekian. “Prevention was never really seen as part of law enforcement. It was really about a response to something bad happening.”

This is not to say that law enforcement has ignored prevention entirely. The COPS Office supports community policing, which emphasizes the use of partnerships and problem-solving techniques to address the conditions that fuel crime. And yet while many departments have incorporated elements of community policing into their work, most law enforcement agencies are often still operating under reactive policing models. Melekian acknowledged that to some extent “policing will always have to be reactive,” and yet he believes law enforcement agencies can also enhance public safety by increasing investment in prevention.

“We sent epidemiologists over to the police department to work with their data and they were very receptive. It didn’t really cost me anything because I wanted my epidemiologists working on injury prevention and violence prevention anyway. They didn’t have access to the data, so I said, ‘Well, go to where the data is and just offer yourselves to them.’ And they accepted it.”

—Anthony Iton
The California Endowment

Ultimately, the question is: Does public health offer lessons for law enforcement about prevention? It is answered by asserting that “public health probably does a better job” than most other disciplines of trying to understand “the big picture” and “figuring out what are the comprehensive, coordinated, place-based interventions that will actually get at the root of some of these problems”—a very good lesson for law enforcement to learn.

Information

Participants in the executive session agreed that epidemiologists tend to access a broad range of data—such as death statistics and emergency department data, as well as results from self-reported surveys—which might have relevance to law enforcement.

Joseph Brann, a public safety consultant and founding director of the COPS Office, talked about a physician in Seattle who discovered that teenagers treated for shootings and stabbings at the public hospital were likely to return in the near future with similar injuries. That finding—based on data from the emergency department—offered law enforcement important information about local victimization trends.

The Cardiff Violence Prevention Program (see page 16) had a similar origin. Thomas R. Simon of the Centers for Disease Control and Prevention said the “Cardiff model” was started in Wales by an emergency department physician who learned that many assault-related injuries that were treated in emergency departments were not reported to police; this meant that law enforcement was missing a large swath of crucial information about the nature and prevalence of violence in the community. This physician started a multiagency violence prevention partnership to share data and develop prevention strategies.

In California, the Advancement Project is promoting information sharing by helping two California counties build state-of-the-art data systems for law enforcement, according to Susan Lee, director of Urban Peace at the Advancement Project. The Community Based Information System, which is being coordinated through the Advancement Project’s HealthyCity.org initiative, will provide law enforcement agencies in Los Angeles and Orange counties with access to a comprehensive database that combines numbers on crime, injuries, and demographics (including statistics about economics, health, and education). To make the information as user-friendly as possible, all of it will be mapped, allowing crime analysts in police departments to study trends by region, jurisdiction, neighborhood, or even a specific address. “They will be able to overlay the crime data...by month, by day, by hour...and be able to see it as a map,” Lee said. “In terms of data sharing...This is a potential model [and]...a starting point for collaboration between law enforcement and public health and other community agencies.”

Data Analysis

While police departments around the United States are more likely now than ever before to have an in-house crime analyst compiling data, Brann noted that law enforcement is a relative newcomer to data analysis (at least when compared to public health) and can benefit from epidemiologists' skills and insight.

“Data analysis was traditionally a weak spot for police agencies, but they’re getting better at it.... Typically we scan, we respond,” Brann said, referring to the problem-solving method known as the SARA model, which stands for Scanning, Analysis, Response, and Assessment.⁶ “But when it gets into assessment and analysis—that is where we drop the ball.”

Some participants suggested that public health can help identify new ways to measure law enforcement's impact. “We all start off by saying, ‘My crime rate went down,’ or ‘My crime rate went up.’ That is how we are measuring our success,” said Noble Wray, chief of police in Madison, Wisconsin. Crime fighting efforts have an impact on “broader neighborhood indicators” as well, such as health, levels of fear, and perceptions of quality of life.

Stewart Wakeling, of the Public Health Institute, agreed, although he said crime would always remain an important measure for police. “I don’t think we can get away from using shootings and homicides as a way to grade ourselves, but I think we can add a couple of outcomes,” such as recidivism and fear of victimization, he said. “I think our public health partners can help with at least some of that.” Wakeling’s agency, the Public Health Institute, has analyzed crime statistics for nine police departments in California, many of which lost their staff analysts due to budget cuts. “When we come in and do this analysis, they love us. They try to contract with us,” he said.

Iton did something similar in Oakland. “We sent epidemiologists over to the police department to work with their data and they were very receptive. It didn’t really cost me anything because I wanted my epidemiologists working on injury prevention and violence prevention anyway. They didn’t have access to the data, so I said, ‘Well, go to where the data is and just offer yourselves to them.’ And they accepted it.”

Accountability

Public health agencies and law enforcement agencies are held to different levels of accountability, a fact that may impact their capacity—or appetite—for collaboration.

Chief Ronald Davis of the East Palo Alto (California) Police Department said public health officials are not usually blamed for an illness outbreak, at least not in the same way that police and other law enforcement agencies are held accountable for spikes in crime. “No one will ever blame the doctor for a pandemic.... They won’t ask for you to be fired as a medical officer. They will just look to you for solutions,” Davis said; in contrast, police chiefs “lose our jobs if we have a crime epidemic.”

6. See www.popcenter.org/about/?p=sara.

“If you were building a new department, what would it look like? Would you have them take the same calls that they take today? Would you see to it that people are getting rewarded for their problem solving and not for their reaction to problems?”

— Ronald Davis
East Palo Alto (California) Police Department

are the ones that partner most easily with law enforcement because law enforcement is [already] held very accountable,” he said.

And law enforcement stands to benefit tremendously from such collaborations because public health departments can actually help law enforcement have an impact over phenomena—such as violence—for which they’re often blamed but, in truth, can’t control on their own.

As Ruben Gonzales Jr. of The Center for the Study of Social Policy summarized: “You can’t be held accountable for something that you can’t really transform alone.”

Cost

A challenge for both public health and law enforcement is identifying the relationship between expenditures and outcomes. How much safety or health does an investment in policing or public health buy? And how does a change in a community’s health and safety impact government budgets?

In Alameda County, “an astonishing amount of resources...were being spent to essentially manage crime,” Iton said, and epidemiologists found that “relatively small decreases in crime were associated with relatively huge decreases in expenditures.”

Given that many jurisdictions already spend a significant portion of their budgets on both public health and crime fighting, some participants wondered how to maximize the impact of these investments.

Some suggested that accountability can be both a distraction—when police chiefs are given excessive credit for issues or trends over which they have limited control—and a useful tool—when it encourages more effective deployment of resources or spotlights important problems. Iton said that when he served as director of the Alameda County (California) Public Health Department, “I used to say all the time, ‘I wish that I were held accountable for these things.’ Then I could commit the resources that are necessary to actually target these issues. But because people kind of shrug their shoulders and say, ‘That is just the way things are; people are poor,’ there is no accountability.”

Iton said when public health and law enforcement are held to similar levels of accountability, they are more likely to collaborate. “Public health agencies [that] hold themselves accountable for things that matter...

“Why aren’t some of these investments tipping the scale?” asked Garry McCarthy, then-director of the Newark (New Jersey) Police Department, who was subsequently appointed to lead the Chicago Police Department, pointing to the array of social services directed toward many low-income communities. “Is it because they’re the wrong investments? Or are they not being delivered properly?”

Iton’s answer? “It’s not the right balance of interventions,” he said.

Connie Rice, co-director of the Advancement Project’s California office, offered a different explanation. She blamed “perverse incentives” for large investments that produced inadequate results. “These are all tactical responses. They are very active, but they are not designed to solve the problem. They are designed to do whatever it is that the collective bargaining wants, what the politicians need to get elected next time,” she said.

Budget cuts have only made the situation worse, leading some agencies to reduce or eliminate programs that are considered inessential. On the law enforcement side, some police departments are now losing their in-house data analysis capacity. Others are cutting community policing programs and focusing less on preventing crimes through creative problem solving and more on “responding to 911 calls, investigating crimes and trying to clear cases to the extent they can,” Davis said.

Brann argued that re-allocation of existing resources is more important than new money. “I have long maintained and sincerely believe that community policing does not require any kind of infusion of funding. It never has....In reality it is a much more effective form of policing.” Wakeling noted that partnerships are cost effective, allowing disparate entities to share resources and know-how. “I think this is an instance where partnership with public health and a broad range of community partners makes a ton of sense, especially in an era of reduced resources,” he said.

Jim McDonnell, chief of the Long Beach (California) Police Department, offered a concrete example of such a partnership. His department has a two-officer quality-of-life unit that works with the mentally ill and homeless populations, linking them to services. When budget cuts nearly ended the program, local hospitals provided the police department with grants to keep the program running, McDonnell said.

Barbara Raymond, director of youth opportunity at The California Endowment, said it was crucial for agencies to capitalize on current resources. “We don’t want to lose sight of all the...assets...on the ground already,” she said. And one way to do that is to collect, share, and analyze data more effectively, she suggested. “We can finesse some of our responses if we have a better sense of...the underlying conditions, the factors, the partners we need to bring into play.”

Davis encouraged his fellow chiefs to view budget cutting as an opportunity to rethink and restructure. “The way we are structured right now does not coincide with some of the goals that we have. Our paramilitary structure, it doesn’t work....If you were building a new department, what would it look like? Would you have them take the same calls that they take today? Would you see to it that people are getting rewarded for their problem solving and not for their reaction to problems? You would almost have to start with a whole brand new department based on a new financing scheme.”

Victims

Participants also saw a difference in the way law enforcement and public health treat victims.

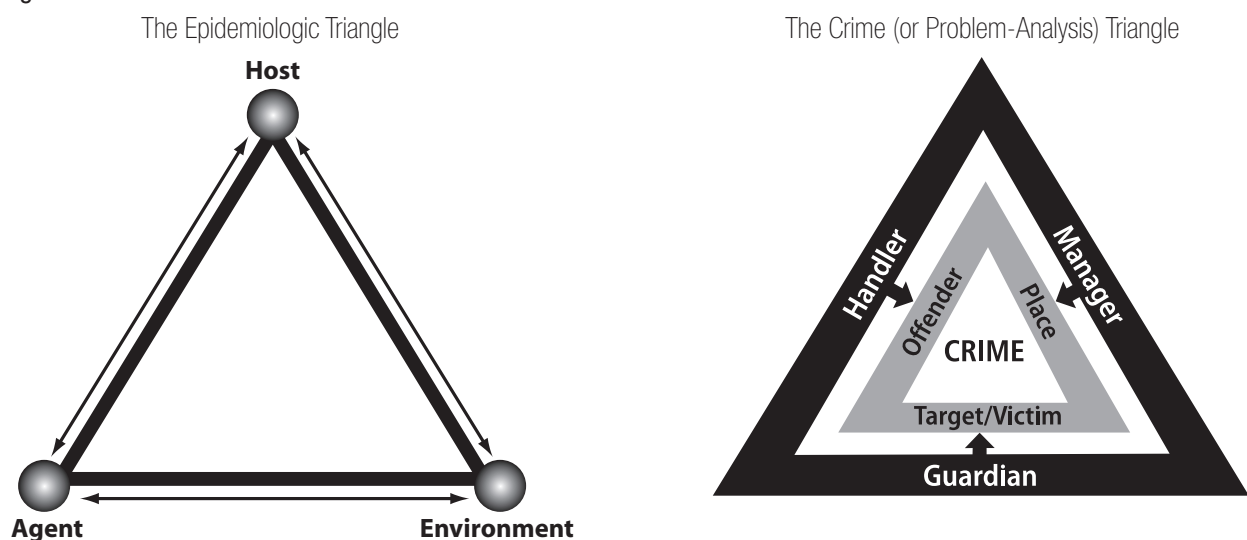
Victims are often seen as the least important part of law enforcement’s “Problem Analysis Triangle,” which consists of offender, place, and target-victim (see Figure 1). “When you look at that crime triangle, we...look at victims as passive recipients of service,” Brann said. Wray added, “Public safety has really not—at least in the United States—drilled down on that part of the triangle...and public health has, in many respects.”

For public health agencies, which use their own triangle consisting of host, agent (or vector), and environment (see Figure 1), a great deal of resources are invested in working with and treating the host (i.e., victim). In addressing violence, hosts/victims provide a wealth of information. For example, the Cardiff Violence Prevention Program (see page 16) was created when staff in a hospital emergency department realized that patients being treated for assault-related injuries were an excellent source of data about violent crime. Sharing that data with police ultimately inspired effective prevention strategies.

Challenges

While law enforcement and public health have a lot in common, they aren’t natural collaborators. “Conversations—much less collaborations and working relationships—between the two disciplines aren’t the norm,” said Julius Lang, of the Center for Court Innovation.

Figure 1.



The Epidemiologic Triangle represents disease transmission as the interaction of three factors—the agent (such as a virus or bacteria), the host, and the environment; similarly, crime theorists understand crime as a mix of three key factors, reflected in the Problem Analysis Triangle: offender, place, and target/victim. Participants in the executive session said public health agencies devote far more attention to the host than law enforcement agencies do to the factor that parallels the host—that is, the victim.

Sources: Mallory O’Brien and Center for Problem-Oriented Policing

Mallory O'Brien, who directs the Milwaukee Homicide Review Commission, asked participants if they "actually get together on a regular basis with partners and have these kinds of discussions where you are sharing data and talking about strategy development? How often does that happen?" Wakeling replied, "That's fairly rare."

Participants agreed that law enforcement and public health agencies could do a better job of communicating. But for collaborators to communicate successfully, they need to appreciate where and how their perspectives differ. Wray pointed out that law enforcement and public health can look at the same situation but ask remarkably different questions.

Wray recalled his department's response to a struggling neighborhood in Madison; that response consisted of enforcement around crime, particularly quality-of-life offending. But when he met with residents from this "very stressed neighborhood," he realized that they were exhibiting symptoms of clinical depression. "They described being isolated. They described over-medicating with drugs and alcohol. They described not being able to focus on problems, individually or collectively. They described just a whole host of things that really was clinical depression, but we were treating it with law enforcement."

Gonzalez said law enforcement and public health can learn from past collaboration efforts. He referred to attempts in the 1980s and 1990s to incorporate public health strategies into community oriented policing. Unfortunately, many police efforts failed to engage the community effectively. Going forward, he felt public health can teach law enforcement a lot about bringing disparate constituencies to the table. "I think there are deeper pieces to this public health approach that talk about authentically engaging communities as partners," he said.

Julio Marcial, program director of The California Wellness Foundation, said his foundation's Violence Prevention Initiative relied heavily on "telling stories" to engage the public and influence policy. Through a \$5 million education campaign that emphasized key facts through sound bites (such as "Guns are the number one killer of kids")⁷ and other communication techniques, the initiative in the 1990s worked with over 300 jurisdictions to implement bans on Saturday night specials, assault weapons, and/or trigger locks, he said.

Gonzalez pointed to the Neighborhood Revitalization Initiative as a promising model. The new federal initiative promotes "interconnected solutions...to resolve...interconnected problems."⁸ Gonzalez said the initiative "provides a framework for how law enforcement can work with partners but continue to stay in their community safety role. They're at the table but not driving the discussion."

Another initiative that encourages cross-agency collaboration is The California Endowment's 10-year Building Healthy Communities initiative, which seeks to promote healthier communities by tackling a wide range of challenges that go beyond health-related topics. Some of the issues the \$1 billion, 14-city initiative is targeting are employment opportunities, education, housing, and neighborhood safety.

7. The California Wellness Foundation, 1998 Annual Report, p. 20, available at www.calwellness.org/assets/docs/annual_report/ar1998.pdf.

8. For more about the Neighborhood Revitalization Initiative, see www.whitehouse.gov/sites/default/files/nri_description.pdf.

HIGHLIGHTED PROGRAMS

In this section are descriptions of some of the programs that participants felt were in some way exemplary.

MILWAUKEE HOMICIDE REVIEW COMMISSION

Mallory O'Brien gave a short presentation on the work of the Milwaukee Homicide Review Commission, which represents collaboration among the health department, law enforcement, and mayor. The commission has contributed to a better understanding of homicides, helped solve cases, and developed concrete recommendations to reduce the number of killings, according to O'Brien, who has directed the commission since founding it in 2004.

“We pull together the entire criminal justice community and talk about the cases that occurred in the prior month,” O'Brien said. “We have the officers that responded, we have the U.S. attorney, district attorney, city attorney, FBI, ATF [Bureau of Alcohol, Tobacco, Firearms and Explosives], corrections, juvenile corrections, Milwaukee Public Schools....I have a lieutenant from the homicide unit take us through the case with a wealth of knowledge about the investigation.”

In addition to working on individual cases, the commission uses data collected since 2005 to develop prevention strategies. O'Brien invites others, including service providers, the Milwaukee Bureau of Child Welfare, community groups, the Commission on Sexual Assault, prosecutors, and community liaison officers, to shape recommendations.

Recently, a sub-committee on gun violence used data from both the health department and law enforcement to determine that a high percentage of young black females purchased firearms used in crimes. They developed an education campaign targeting customers at beauty parlors. The message was simple: “Don't buy a gun for your man.”

An evaluation of the Milwaukee Homicide Review Commission found a 52 percent decrease in homicides in “intervention districts” compared to a 9.2 percent reduction in comparison districts, O'Brien said. Based in part on these promising results, in 2010, the COPS Office provided funding to the Milwaukee Homicide Review Commission to provide training and technical assistance to other urban jurisdictions seeking to replicate this model. Chicago and New Orleans will be the first cities to begin implementing elements of the homicide review process in their police departments.

CARDIFF VIOLENCE PREVENTION PROGRAM⁹

The Cardiff (Wales) program was the brainchild of Dr. Jonathan Shepherd, an emergency department physician, who noticed that most assault-related injuries being treated in emergency departments were not reflected in law enforcement records.

According to Thomas R. Simon of the National Center for Injury Prevention and Control, who described the Cardiff model at the executive session, Shepherd asked triage nurses to collect basic information about each incident, including where it occurred, the day and time, and the weapon used. Simon explained that the information was stripped of identifiers, entered electronically, and combined with police data to generate constantly updated maps and summaries, which led, according to Simon,

to adjustments in routes of police patrols to be able to intervene at specific locations and times identified by the more complete data, better targeting of certain alcohol outlets, and other policy changes like switching to plastic barware, increasing pedestrian traffic in certain areas, and more frequent late-night public transit stops to avoid crowds at certain stops.

Simon's group, which is based at the U.S. Centers for Disease Control and Prevention, helped evaluate the Cardiff model by comparing law enforcement and hospital admission records on assaults resulting in injury for Cardiff to those from 14 similar cities in England and Wales. "We found that Cardiff, over a period of about 4 years after the program started, saw a 42 percent reduction in assault-related injuries recorded by the police compared to comparison cities," Simon said.

BOSTON GUN PROJECT and CHICAGO PROJECT FOR VIOLENCE PREVENTION

Starting in 1996, the Boston Gun Project's Operation Ceasefire targeted gang violence through both conventional law enforcement and new strategies that emphasized data analysis, community collaboration, and focused deterrence.¹⁰ Among its innovations was the "pulling levers" strategy, which involved delivering explicit messages to gangs that violence will not be tolerated and backing up that message by using every legal means (or "lever") available when violence occurred. The Boston model is being replicated in nine sites in California under the name Safe Community Partnership, which executive session participant Stewart Wakeling directs.

The Boston approach opened the door for adaptations, including the Chicago Project for Violence Prevention/CeaseFire program, which deploys outreach workers as "violence interrupters." The interrupters approach violence like a communicable illness and try to prevent "transmission" by bringing anti-violence messages to individuals identified by law enforcement and community members as most likely to engage in retaliatory violence. U.S. Attorney General Eric Holder, Jr. has said the Chicago model demonstrates "the value of a public health approach to public safety."¹¹

9. For an overview of the program, see www.vrg.cf.ac.uk/Files/vrg_violence_prevention.pdf.

10. David M. Kennedy et al. 2001. *Reducing Gun Violence: The Boston Gun Project's Operation Ceasefire*. National Institute of Justice, available at www.ncjrs.gov/pdffiles1/nij/188741.pdf, p. 1

11. Attorney General Eric Holder at the White House Conference on Gang Violence Prevention and Crime Control, Washington, D.C., August 24, 2009, available at www.justice.gov/ag/speeches/2009/ag-speech-090824.html.

Other Programs

CRISIS INTERVENTION TEAM

Melekian described the Crisis Intervention Team model, which he deployed in Pasadena when he was the city's police chief. Under the initiative (which is also called the "Memphis Model" after the city where it was launched in 1988), mental health professionals train police officers in strategies for working with mentally ill individuals. The Memphis Model, which has been replicated by law enforcement agencies across the United States, has decreased the use of force, helped officers feel more prepared, linked clients to appropriate care, and reduced overall system costs.¹²

SUMMER NIGHT LIGHTS

Rice and Lee spoke about Summer Night Lights, an initiative launched under Los Angeles Mayor Antonio Villaraigosa that focuses on preventing gang violence in city parks through a combination of strategies, including expanded youth programming, employing at-risk youth, and using community intervention workers to help maintain cease-fires and change gang members' behavior. Results from 2010 include a 57 percent reduction in gang-related homicides, according to the Mayor's office.¹³ Summer Night Lights shows that "law enforcement has a huge role to play in collaboration with prevention and intervention resources," Lee said.

COMMUNITY SAFETY PARTNERSHIP

Rice and Lee also described the Community Safety Partnership, a collaboration launched in 2011 by the Los Angeles Housing Authority and the Los Angeles Police Department. Over the course of a 5-year pilot, the two agencies will engage residents and other community partners in developing customized safety and security plans at four public housing developments. Rice and Lee's organization, the Advancement Project, will train participating officers in the public health approach to violence reduction. "Other public health partners may come on board as we identify key stakeholders in the community," Lee said. With 50 permanently assigned officers, the initiative reflects "a level of investment that the LAPD has never made before," Rice said. Outcome measures have not been officially determined but will include community perceptions of safety and how fear impacts people's daily functions, Lee reported.

12. See Michael T. Compton et al. 2008. A Comprehensive Review of Extant Research on Crisis Intervention Team (CIT) Programs, *Journal of the American Academy of Psychiatry and the Law*, 36:1:47–55, available at www.jaapl.org/cgi/content/full/36/1/47. General program benefits are also described by the Memphis Police Department on its website at www.memphispolice.org/Crisis%20Intervention.htm.

13. See <http://mayor.lacity.org/Issues/GangReduction/SummerNightLights/index.htm>.

CONCLUSION

Both public health and criminal justice agencies are concerned about the well-being of communities. Both also share an interest in analyzing data to identify problems and develop effective solutions. And both fields are interested in addressing some of the same problems, including violence and crime driven by drug addiction or mental illness.

These shared values and interests provide a strong foundation on which to build productive partnerships. “I think there is kind of a magic to law enforcement leadership and health leadership saying, ‘we really need a new way....We are going to take the time to work together and learn together,’” Ross said.

Among the participants in the executive session, there was a clear willingness to work together. “I think... the next evolution of police work is to reduce crime by preventing it using methods that work, while at the same time not burning down the village to save it,” McCarthy said. “Anything that we could do with public health that will mesh into that, I think, is going to be welcome with open arms.”

PARTICIPANTS IN THE EXECUTIVE SESSION

March 3, 2011

Carol Biondi	Commissioner, Los Angeles County Commission for Children and Families
Joseph Brann	President, Joseph Brann & Associates
Ronald Davis	Chief, East Palo Alto Police Department
Ruben Gonzales, Jr.	Senior Advisor, The Center for the Study of Social Policy
Anthony Iton, M.D.	Senior Vice President, Building Healthy Communities, The California Endowment
Julius Lang (Facilitator)	Director, Technical Assistance, Center for Court Innovation
Susan Lee	Director of Urban Peace, Advancement Project—California
Julio Marcial	Program Director, The California Wellness Foundation
Garry McCarthy	Director, Newark Police Department
Jim McDonnell	Chief, Long Beach Police Department
Bernard Melekian	Director, U.S. Department of Justice, Office of Community Oriented Policing Services
Mallory O'Brien, Ph.D.	Director, Milwaukee Homicide Review Commission, Milwaukee Police Department
Barbara Raymond	Director, Youth Opportunity, The California Endowment
Connie Rice	Co-Director, Advancement Project—California
Robert K. Ross, M.D.	President and Chief Executive Officer, The California Endowment
Thomas R. Simon, Ph.D.	Deputy Associate Director for Science, Division of Violence Prevention National Center for Injury Prevention and Control, Centers for Disease Control and Prevention
Stewart Wakeling	Project Director / Principal Investigator, Safe Community Partnership, Public Health Institute
Noble Wray	Chief, Madison Police Department

The public health field has long recognized violence as more than just a law enforcement problem. A 1979 Surgeon General report made one of the first explicit links between public health and law enforcement by identifying violent behavior as a significant risk to health. Four years later, the Centers for Disease Control and Prevention established the Violence Epidemiology Branch. Over the years, practitioners in both health and law enforcement have developed a richer understanding of the causes of violence and strategies to address it. *Law Enforcement and Public Health: Sharing Resources and Strategies to Make Communities Safer* documents the discussion at an executive session aimed at exploring how public health approaches and partnerships can help law enforcement practitioners prevent and reduce incidents of violence.



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ISBN: 978-1-935676-51-5
e11117411
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