

Summary report of:

An Informal Research Roundtable: The Law Enforcement and Public Health Intersection

Wednesday 8 October

Free University, Amsterdam (The Netherlands)

We organized an informal roundtable on research in the area of the multiple intersections of law enforcement and public health. We see this as the start of an ongoing conversation about a research agenda, about methodologies, about links with other modalities and disciplines, etc. we see some of these fundamental links as well-established, but there are other, broader issues to consider.

We believe that we have some good sense of what we are investigating – how criminal laws and law enforcement practices influence health – recognizing that health is an outcome of policing (speaking to criminology) and that laws and law enforcement practices are inputs in health (speaking to health research). We think that the standard tools of both disciplines are up to the task of investigating these phenomena.

BUT the cultures, funding streams, data infrastructures etc of the two fields are NOT well adapted at this moment so the task ahead is to some degree a cultural battle within the research world to demonstrate the need for this work and partly in the world of policing, politics and health policy to show its value.

The point of the roundtable was to focus on next steps in which, as well as starting to define the bounds of the area of enquiry, we look to find resources to do more work in this realm and use it build more credibility and resources. A product of this discussion could be a discussion paper which would allow for iterative adjustments in the following days.

Objective:

A short 'position paper' on the general subject, the selection of four (separate but related) issues, and the 'publication' of this paper in one or more (not necessarily peer-reviewed) journals, and a first commitment to try to identify sources of funding and possible approaches.

Discussion leaders:

Scott Burris, Professor of Law, Temple University Law School

Jennifer Wood, Associate Professor, Criminal Justice Department, Temple University

Agenda

[This agenda for the meeting was very ambitious and in the end the meeting decided to focus on two core issues:

(1) developing/articulating shared research questions guiding the field we are trying to build; and

(2) how to build the local and global infrastructures we need to support the field.

This agenda remains potentially useful however, as guidance for further discussion and planning.]

We propose three interlocking domains for discussion:

Theory:

- Research must draw on a blend of theoretical and conceptual contributions from several fields (Criminology, Public Health, Police Science, Security Studies, Organizational Behavior, etc.).
- What lessons do other, more developed areas of interdisciplinary research have to offer in terms of harmonizing theoretical approaches?
- Should there be a call for some kind of single unifying theoretical approach, or rather an effort to highlight the contribution of the various theoretical frameworks that may help pose the right questions and inform how they are answered? (e.g. the PHLR logic models, etc.)

Methodology:

- How can and do public health methods inform research on law and law enforcement, and vice versa?
- Need to provide illustrations and models for how various methods and mixed methods can be used to answer particular questions
- Need to better understand the data streams in both sectors in order to inform research design. For example, how can *CompStat* be used by public health researchers?

Research in Practice:

- How to incentivize more research in this domain? (Funding streams, writing prizes, etc?)
- How to train effective investigators in this domain? (Institutes, courses, fellowships, etc)
- How to overcome logistical barriers that exist for implementing research? (Memoranda of Understanding, turnover, politics, etc.)

Our discussion can focus around these issues:

1. Conceptualizing law enforcement and public health research

- What's the field? What makes it different (or not)?
- What opportunities exist?
- What methods are available?
 - o e.g. how one theories of legal effect and causal diagrams can be used to specify intermediate and outcome measures.

2. Practical issues in law enforcement and public health research

- Forming partnerships: What are sensible research partnerships?
 - o the need to build trust with practitioners
 - o the need to be 'flexible' in following academic tradition and rules
 - o "value adding" to projects (evaluation, publication, publicity etc)

- Identifying relevance and achieving buy-in
 - Application of results
- 3. Funding law enforcement and public health research**
- Who funds? Especially interdisciplinary research – the intersection
 - Strategies for interdisciplinary research (health people funded in criminology, criminologists funded in health).

Discussion

Practicalities

It would be interesting to find funding for a research program on the intersections of law enforcement and public health. The comparison is made with the Temple University program on Public Health Law Research (www.phlr.org). What is needed however, is to show what research on this subject actually is and how it contributes to wider goals: stakeholders and possible funders ‘will believe it when they see it’. The discussion starts off with some practical ideas on how to facilitate academic progress:

- A journal on Law Enforcement and Public Health
- A book showing the state of the art and demarcating the start of the ‘discipline’
- A forum for exchanging insights and collaboration
- Or, more general and ambitious, building a ‘global infrastructure’, while understanding that every country has other issues, stakeholders and opportunities for funding

Regardless of what the next steps are going to be, important is that we continue to ‘build’: how do we take the process forward?

Where do we come from?

The initial rationale behind looking at the intersections of law enforcement and public health was police reform to stop the police ‘doing harm’ from a public health perspective, hence the focus on harm reduction policing. This is very prominent with regard to HIV/AIDS and the related focus on sex-workers and PWID. From the police perspective – especially in developed countries – it is about the necessity of involving public health partners and looking at public health approaches to mitigate urgent and ‘wicked’ problems. This focus has expanded to include an equal balance of efforts designed to influence public health systems as well as policing systems.

Practices at the intersection: organizational perspective

A general characteristic of all innovative/successful practices is collaboration between both domains, and it is about related issues like information sharing, overcoming cultural differences, funding, leadership, etc. So, how to look at these developments from a research perspective? For example:

1. What is actually happening ‘on the ground’, an empirical perspective describing current developments and (best) practices.
2. What are the characteristics of these practices, what is behind them in terms of design principles and ‘best thinking’.
3. How to understand what is happening from a theoretical perspective, how to understand what these developments mean, and where they are (or should be) heading?

However, the above perspective still says little about ‘what we are actually talking about’. For example, what are we looking at when describing what is actually happening? The collaboration perspective is very much a perspective based on ‘resource rich’ and developed countries.

Cultural bias?

The remark is made that there are enormous differences between police organizations with regard to public health, ranging from intensive collaboration with public health to not being aware of health at all. Also, a focus on law enforcement and public health is based on the implicit assumption that there are actually related organizations and that these are the organizations that are crucial in new developments. It is however entirely possible that important developments in some countries come from entirely different actors who remain ‘invisible’ in this perspective, but at the same time are crucial in explaining what happens. In general the point is made that the ideas primarily come from the developed ‘global north’, and that the ‘global south’ is underrepresented.

Demarcation of the field and potential discipline

What is the ‘content’ of the field and what should be the general framework? How to prevent the ‘closing off’ of the emerging domain / discipline at the one hand, but preventing we are going to look at ‘the whole world’ at the other hand. A number of suggestions were made.

There is some discussion on the perspective of Quality of Life (QoL). The overlap between police (crime) and health (harm) could be called QoL and that is basically what we are talking about. It was noted that that there are probably more dimensions to QoL, like education, housing, but also food was mentioned (crucial for health, and also related to many security and safety issues). So, two possibilities arise from that: either interpreting an issue like housing in terms of health and security/safety OR to come up with what was called an ‘Alexander the Great Strategy’: QoL encompassing both law enforcement and public health, and a number of other domains as well. Following the last strategy we still need to come up with ‘most pressing issues’. The choice of conceptual pillar will be in part a strategic one. The term ‘quality of life’ does come with sets of assumptions/presumptions in the criminology world that we may wish to avoid. The concepts of ‘harm’ and ‘vulnerability’ are also considerations as concepts that may serve to bridge the worlds of policing and public health.

What are the issues?

What should these issues be? To begin with, it should be issues mentioned by both practitioners as well as researchers. And it should be issues mentioned both by the police and by public health. Both police and health have the same list of themes in many respects, but probably it should not just be *street crimes* and *street life* issues on our list, the agenda could be ‘stretched out’ to include global threats to public health. We should at the same time avoid complicating our frame, otherwise we lose the practitioners. And, in certain respects – to give an example – it can be very simple: health risk behaviors – such as sharing dirty needles while injecting drugs – are heightened by factors that police can influence (e.g. by collaborating with needle exchange programs). Police can also influence the social and physical environments in which health risk behaviors occur (e.g. by enlisting local outreach workers, or by monitoring hazardous spaces and buildings).

Solving problems

We seem to be talking about ‘solving problems’, but what is specific for the problems in our field of interest? First possibility for demarcation could be to define the *kind* of problems we are dealing with; obviously it is about complex social problems or so-called wicked problems. What the exact issues are can vary. The question what it exactly is we are ‘selling’ (try to get funded) remains open in this approach. Second possibility for demarcation could be to define a substantive framework for the specific problems we want to address. Vulnerability (vulnerable persons / communities) could be an important framework. Alternatively, it could be about harm in a general sense, related to concepts like ‘public health surveillance’.

What will we be measuring?

It is important to think about what we want to be measuring, is it dignity, security, quality of life, resilience, etc? This depends on how we answer the prior question about conceptual pillars (e.g. reducing harm or reducing vulnerability).

If we are to make a difference, we need to know how to judge whether or not things ‘improved’. A relatively abstract term like QoL can be translated in mortality rates for example. However, we need to be cautious: the most essential indicators might not be known beforehand, may be the new approach will show us new crucial variables and indicators ‘on the go’.

What will be our products?

Another perspective could be the kind of ‘products’ we want to end up with, will we be making toolkits OR will be we doing conceptual work? We should probably do both, and it is probably sequential: how can it generally ‘be done’ first, what does it ‘mean’ second. What we do must be simple and clear, based on – and developing further – shared understanding. Everyone is very aware of the fact that best practices cannot migrate to different cultural contexts, however the ‘best thinking’ that is behind them, can. A very practical way of doing that would practitioners & academics exchange visits. For example a Mexican delegation visiting the UK & UK delegation visiting Mexico, working on best thinking together by exchange of experiences and perspectives: investigating best practices in other countries and consequently making it work in the own context.

This could perhaps be thought of as a staged approach, beginning first with a framework paper that lays out the interactions between environmental factors and individual factors and the roles of police and health entities in influencing these factors. Illustrations of the conceptual framework could perhaps be drawn from different kinds of examples (mental health vulnerability, injection drug use, and perhaps a transnational example – ebola?)

A second product could be a series of case studies of partnerships working on the ground in different places around the world. These case studies could perhaps be designed to illustrate different design principles for building partnerships. This gets us away from the idea of replicating ‘best practices’ to disseminating ‘best thinking’, as Auke suggests. In some cases, we might find that new institutions or new assemblages have been created to address institutional deficits in particular places.

Other products could include (drawing on Scott’s suggestions),

1. Intervention research – examining how law enforcement or law enforcement/public health partnerships have effected public health outcomes/reduced vulnerability
2. Epidemiological research – show that existing practices are toxic. It would be good to expand this though, to not simply focus on police as the bad input here. Existing practices could perhaps also include larger cross-system practices
3. Implementation research – illustrating the barriers and facilitators to institutionalizing law enforcement/public health partnerships. The literature on implementation science is apt here.

To support the development of these different kinds of products, we could foster cross-country exchanges between practitioners and academics, as you suggest. These are attractive because they could potentially be done at a relatively low cost.

List of Participants

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