

HOW HEALTH DEPARTMENTS CAN ADDRESS POLICE VIOLENCE AS A PUBLIC HEALTH ISSUE

RECOMMENDATIONS AND SPECIFIC ACTIONS FOR HEALTH DEPARTMENTS TO TAKE TO HELP END POLICE VIOLENCE



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The health impacts of policing and incarceration are well documented.

On average, **1,000 people** are killed by police in the US each year, with Black and Indigenous people being 2 to 3 times more likely to be killed by police than White people. Even in the absence of physical violence, stops by police — or **the threat of stops by police** — are associated with **adverse mental health outcomes**, including anxiety, depression, and post-traumatic stress disorder, **especially for Black communities**.

Owing to the longstanding collective work of movement builders and advocates, the field of public health has begun to reckon with these issues. In 2018, the American Public Health Association (APHA) passed a **policy statement naming law enforcement violence as a public health issue**.

This year, against a backdrop of the global COVID-19 pandemic and uprisings for Black liberation, local governments have **increasingly acknowledged** that policing and racism are public health crises. These overlapping crises highlight the need for the types of upstream, structural solutions that the APHA policy statement names, including divesting from policing and investing in the social determinants of health. Such solutions would create a cascade of positive downstream outcomes in health, economic security, violence prevention, and more.

Health departments have a critical role to play in articulating a vision of a future where everyone is safe, healthy, and free – and specifying the ways we can shift our current resources, practices, policies, and systems to center health instead of punishment and achieve that vision. For more details about this issue, visit our **Health Instead of Punishment** Program page and our **Policing is a Public Health Issue webinar archive**.

1. Build partnerships with community organizers to advance solutions.

Health departments need to invest in long-term relationships that build trust and share power with impacted communities, community organizers, and advocates in order to identify real solutions and interventions to address police violence.

Move at the speed of trust

Community members may feel justified distrust of governmental public health due to long-standing harm done to Black and Brown communities by government entities, sometimes in the name of 'public health.' It is the responsibility of health departments to invest in building trust with communities who have been directly harmed by policing, explicitly name that this system is causing harm, sickness, and death, and build relationships so that we can repair harm and work together towards solutions. This work is a long-term investment, and health departments need to prioritize and fund it accordingly.

Ways health departments can implement this work

- Support local criminal legal system organizers with public health evidence, framing, and authority. See recommendation #2 below for resources.
- Host community events with community organizers and advocates to center community voices most affected by policing and to build accountability with the community.
- Sign onto and amplify letters/petitions from community organizers and advocates. Develop a strategy to support organizers if the health department is prohibited from signing on officially as an organization.

Resources to get started

- Learn about [why governmental public health needs to work with community organizers](#)
- Watch a webinar about [fostering community partnerships to advance equity](#)
- Check out Praxis Project's [case studies of communities building power for health](#)
- Look for local and national organizations doing critical work to address the harms of the criminal legal system, like [Detention Watch Network](#), the [National Council for Incarcerated and Formerly Incarcerated Women and Girls](#), and [Critical Resistance](#)
 - For more information or to request assistance identifying and connecting with organizations in your area, please contact Amber Akemi Piatt, Health Instead of Punishment Program Director at amber@humanimpact.org



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2. Deepen health department understanding of the framing, research, and narrative on police violence and policing.

Health departments need to build their understanding of the **historical role of policing** in the US and develop a root cause analysis of the issue. Together with community organizers, they can advance a vision for addressing police violence by centering health, the public health research and framing on this issue, and solutions to address policing. In addition, health departments must name and address power imbalances, racism, and other forms of structural oppression that contribute to the violence of policing. They must have a clear understanding of inequities in social determinants of health and the skills and relationships to shift them. All of this is foundational to successfully addressing police violence as a public health issue.

Learn about the history of policing in the US

Health department staff may need political education around the issue of policing, and how it connects to structural racism and other forms of state violence. This includes learning about: how policing historically evolved from ruling-class efforts to control the immigrant working class and nascent labor movements in the North, efforts to control Black people via slave patrols in the South, and why this history matters for our ability to actually overcome police violence.

Ways health departments can implement this work

- Create a learning workgroup to hold each other accountable to reading and analyzing materials together. Start with a small group to prioritize deepening your relationships and building trust.
- Hold “brown bag” lunchtime learning sessions for public health staff who are interested in this subject. This can build a critical mass of public health staff who are deepening their analysis and shifting their mindset around this problem and public health solutions.
- Hold mandatory trainings for all public health staff who will be implementing this work. If possible, the Director or health department leadership will also participate and issue a statement that this work is a department priority.

Resources to get started

- Dig into the resources in the [Study Group Guide from Abolition Journal](#)
- Resources from Human Impact Partners' [Health Instead of Punishment](#) program: [two framing and messaging documents](#) on the health implications of incarceration and policing during COVID-19; and [guidance for health departments](#) on how to advance safety and health in protests during a pandemic
- Additional resources from the [End Police Violence Collective](#), authors of the APHA statement on law enforcement violence



3. Leverage health departments' power and voice to help create a shared analysis and solutions around policing.

Once health departments build relationships with impacted communities and organizers and invest in deepening their understanding of the issue, they are better positioned to use their formal and informal authority, voice, and position inside of government to build a shared analysis about how policing affects health and advance solutions to build safety and health.

Build governmental buy-in to re-envision community safety

Police and criminal legal system violence is a complex, multi-system issue that has historic roots in government policy and is currently upheld by government resources and policies. It is an issue that affects, implicates, and inhibits the ability of many sectors of government to achieve their core mission. In order to truly address and engage with police violence, many sectors of government must commit to learning, assessment, and problem-solving together. Public health can use its position as a peer agency to convene and guide this cross-governmental work.

Ways health departments can implement this work

- Convene partners in Health In All Policies approach.
 - Convene government partners, decision-makers, and others that are implicated by police violence, including those that provide for the basic needs, care, and safety of communities. This may include school districts, educators, social workers and social services, healthcare, faith, and other partners.
 - Facilitate root cause mapping of police violence, provide political education and training, facilitate difficult conversations, and work towards a shared analysis of the problem.
 - Identify immediate and long-term changes to budgets, policies, and practices to decriminalize and develop non-police responses to health and safety. Write an action plan that sets goals, activities, a timeline for completion, and agencies leading the actions. Set up a body to hold the work accountable, such as a community or governmental advisory committee.
- Serve as a bridge between social movement organizations, who are already doing the work of reimagining safety, to others in government by helping translate and disseminate those ideas/frameworks, providing introductions, and convening meetings to build relationships.
- Create issue briefs or fact sheets for peers and decision-makers highlighting the root causes and contexts, local data, health impacts, and solutions on policing in coordination with community partners.

- Submit op-eds to local and national newspapers naming policing as a public health issue and recommending policy changes supported by community organizers that address the root of the problem.

Resources to get started

- Deepen your Health in All Policies skills to address this urgent public health crisis:
 - ChangeLab Solutions' [From Start to Finish: Health In All Policies guidance](#)
 - American Public Health Association and Public Health Institute's [Health in All Policies: A Guide for State and Local Governments](#)
 - [Case Study](#) of Health In All Policies work at Tacoma-Pierce County Health Department, Washington
- See an example of a fact sheet highlighting local data, root causes, consequences, and policy solutions from Colorado Office of Health Equity, [Locking Our Kids Up: The Price We Pay](#)
- Read an [op-ed on why defunding a local Sheriff's Office matters for public health](#) from our Health Instead of Punishment Program in partnership with local community organizing partners



4. Strengthen the evidence base on police violence.

Health departments can advocate for better data collection and reporting procedures on police violence and misconduct.

Begin tracking data on police violence and misconduct

Right now, there is little data transparency on incidents of police violence and misconduct. Most states, counties, and cities allow police to collect this data themselves, and it is rarely made public. This makes it extremely challenging to conduct comprehensive analyses to understand who is impacted by police violence –and what can be done to address it.

Ways health departments can implement this work

- Ensure that any data that is collected, published, or made available upon request includes robust privacy protections for any civilians that are involved, regardless of their arrest, charge, or conviction record.
- Partner with local academic partners and health department epidemiologists to conduct research on the health impacts of policing, collect and analyze data for inequities, and provide health equity impact assessments on policy changes.
- Advocate to make police killings a "notifiable condition" in the state, so that the state health commissioner, rather than the police, keeps track of and is responsible for making public all data on police violence.
- Work closely with community partners to collect qualitative data on the personal lived experiences of those who have been impacted by policing and police violence.

Resources to get started

- Learn about [NYCDOH work on local data analysis](#)
- See the [bill that made police killings a notifiable condition in Tennessee in 2017](#)
- Read more about [the Justice Study](#), a community commissioned project on the health impact of police, run by UCSF and Santa Clara University

5. Advance the policies, practices, and budgets we need to support health, not punishment.

Health departments can play an important role in advocating for policies, practices, and budgets that prioritize shrinking the role of police and increasing investment in the social determinants of health.

Ensure budgets align with health, equity, and racial justice priorities

While health department budgets have shrunk over the past decade, police and incarceration budgets have grown without accountability or reason. These tax dollars would be better spent building a just, fair, inclusive, and healthy society, providing for needs such as housing, education, labor and workforce development, healthcare, and clean air and water.

Ways health departments can implement this work

- Introduce, support, and implement policies that invest in upstream solutions, social determinants of health, and community-led interventions that reduce the role of police in communities, such as those recommended in the [APHA statement](#) and Human Impact Partners' [policy platform](#). For example:
 - Oppose Immigration and Customs Enforcement (ICE) presence and actions in the community and [in jails and prisons](#)
 - Decriminalize activities shaped by survival needs and experiences of marginalization, including substance use and possession, sex work, loitering, and houselessness
- Testify during hearings, police review processes, policy deliberations, and [budgeting processes](#) on health and equity impacts of policing, alternatives to policing that increase health and safety, and the need to shift resources from police to investments in marginalized communities.
- Conduct a landscape analysis of the ways the health department interacts with, partners with police, or provides programs or services within prisons, jails, and police — and shift services, practices, and budgets away from policing, and towards non-carceral health and safety. Some examples include:
 - Work with school mental health providers and school based health centers to replace campus police with mental health and restorative justice programs and staff.
 - Change models of neighborhood health and safety to replace police with community health workers provided or supported by the health department.

Resources to get started

- See [Community-Based Workforce Principles](#) from HealthBegins to shift criminal legal system budgets to workforce development programs
- See [Anti Police-Terror Project's MH First program](#), a community-run, non-police response to mental health crises
- See [Black Organizing Project](#), which recently successfully passed a resolution with the Oakland School Board to eliminate the Oakland School Police Department
- View the [The Database for Police Abolition \(D4PA\)](#), a database tracking nationwide proposals to defund, disarm, and disempower police departments, and to empower alternatives to policing

For more information or to request technical assistance on ways health departments can address and prevent further police violence, please contact Ana Tellez, Capacity Building Program Director at ana@humanimpact.org.