
POLICING AND COMMUNITY HEALTH

A Report by the Community Health Roundtable

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COMMUNITY
HEALTH
ROUNDTABLE

SPRINGFIELD, ILLINOIS

POLICING AND COMMUNITY HEALTH

The murder of George Floyd, an unarmed Black man, by Minneapolis police in June 2020 sparked nationwide protests and focused a spotlight on American policing. The murder added to a growing string of high-profile killings of unarmed Black men and women in recent years at the hands of law enforcement, prompting cities and states around the country to give renewed attention to a long-simmering problem.

The tragedy of George Floyd's death, and the local marches it galvanized, convinced the Community Health Roundtable to launch a year-long examination of the potential connection between policing and community health in Springfield. To the Roundtable's knowledge, Springfield has not had a police-involved killing of an unarmed Black resident in modern times. But, while death is the worst possible result from the interaction between the police and citizens, it is not the only health outcome with which policing can be associated. There is good reason to think that aggressive law enforcement, while capable of preventing or stopping crimes that may result in injury or death, also has the opposite potential -- to negatively affect the health of community members. These adverse effects are likely to be pronounced among members of Springfield's Black community, youth in particular, for reasons this report will explain. At the same time, the health of the police themselves is at risk given, not just the nature of their job, but the specific ways in which that job may be practiced. In both cases, residents and police, the chief mechanism through which law enforcement can harm health is chronic stress, an underlying factor in many human diseases.

This report is based on two main sources of information. In addition to drawing on their own experiences, Roundtable members interviewed a number of community leaders and experts to better understand local law enforcement practices and to get a fix on the various perspectives on policing at work in Springfield. (See Appendix A for names of community members interviewed.) We also took a careful look at pertinent research on the question of the connection between policing and health and on issues with which this connection intersects, such as racial bias in law enforcement, community-oriented policing, police training, and use of force policies.

The report begins with a summary of the evidence on the relationship between policing and stress, and the consequences of that relationship for mental and physical health. It is then organized by six recommendations the Roundtable, after its year-long study, is making to the residents of Springfield to strengthen the contribution that law enforcement makes to community health. Each recommendation is stated, followed by an elaboration of the recommendation and the specific supporting evidence on which the members of the Roundtable have drawn.

POLICING AND HEALTH

Even after controlling for differences in criminal involvement between Black and White people, Blacks are over-represented at every point in the criminal justice process in the United States.¹ One carefully done, large study found that Black drivers were 43% more likely to be stopped by police than White drivers, and were 126% more likely to be searched, even though, as other research has shown, searches of White drivers may be more productive.² Similarly, an analysis by the Illinois Department of Transportation revealed that Blacks in Springfield specifically, though only 20% of the population,

represented in 2020 nearly half of all traffic stops.³ In a study of U.S. counties, the probability of being Black, unarmed, and shot by police was 3.5 times higher than it was for being White, unarmed, and shot by police.⁴ The likelihood of being killed by police has been 2.5 times higher for Black men compared to White men, and 1.4 times higher for Black women compared to White women.⁵ Overall, Blacks are more apt than Whites to have encounters with police, to be harmed by them, to be arrested, and to be incarcerated, far out of proportion to their actual share of the population and in comparison to their White counterparts.

Equivalent data (apart from traffic stops) are not publicly available for Springfield, but the size and presence in many places of the disparity described by this evidence provides a strong basis for believing that, to one degree or another, the disparity is also present in our community. Observations provided by people interviewed by the Roundtable suggest as much, as does the 2021 Sangamon County Citizens Survey, which found a 12-point difference between White and Black residents who said they trust the local police.⁶

Blacks must contend with a historical and social context that positions policing as a danger to them, regardless how real this danger is in any given situation. Anticipating they are more likely to be unfairly treated by police because that has been their experience can make Black people more vigilant, warier, and less trusting around law enforcement. This felt potential for discrimination, along with actual discrimination, can contribute to elevated levels of stress, which over time may become chronic enough to damage health.⁷ The chronic stress stemming from racial discrimination has been linked by scientists to premature cell aging, which is an important factor in the development and progression of serious illness, such as diabetes, obesity, and heart disease.⁸ Notably, Blacks in Sangamon County are more likely than Whites to die early, and in Springfield, Black rates of diabetes, hypertension, and heart disease are measurably higher than for Whites. Scientists have also linked discrimination to depression, anxiety, and other mental health problems.⁹ Another way to think about this is that stress, when there is enough of it, can overwhelm the ability of the body to regulate itself, leading to the breakdowns we call disease.

Chronic stress is also a risk for police themselves. The nature of the job puts police in situations where they are likely to encounter trauma, such as domestic violence, child abuse, car crashes, and other tragedies. These situations are often unpredictable, producing in officers a sense of danger that can be acutely stressful, and that stress can affect their ability to perform as well as physical health.¹⁰ Additionally, rotating shifts and night work in a potentially dangerous job can lead to sleep difficulties, which may impair performance, too, and limit stress resistance.¹¹ These factors combined have been connected to increased risk for heart disease and mental disorders among police officers.¹² In a study comparing White male officers to the general population between 1950 and 2018, police had higher rates of mortality from cardiovascular disease, cancer, liver disease, and mental illness.¹³ Interestingly, in this same study and by contrast, Black and female officers died at lower rates than the general population from the same causes.

Though Black citizens and police both experience stress that can lead to impaired health, it would be wrong to equate them. In the intersection between residents and law enforcement, the authority, and thus the ability to control encounters, resides mostly with the latter. Consequently, the Roundtable's recommendations, to which we now turn, focus on how policing could be improved in Springfield to reduce stress for both members of the community and the police tasked with enforcing the laws.

RECOMMENDATIONS

1. *The Springfield Police Department (SPD) should intensify its efforts to recruit and retain a diverse workforce with more Black and female officers.*

The racial breakdown of the SPD currently is 77% White male officers, 13% White female officers, 9% Black male officers, and 1% Black female officers. This compares with an overall population that is 73% White, 20% Black, and 3.5% mixed race. Although the Roundtable did not have access to data on the racial breakdown of violations of the law and crime in Springfield, the greater degree of economic and social disadvantage in the city's Black community – for example, the local Black poverty rate is approximately four times greater than the White rate – is a likely indicator of higher vulnerability to crime within that community, and this means more attention from police. Given Black people's experience with discrimination, increasing the likelihood of a Black resident encountering law enforcement through a Black officer is one important way to stem the anticipation of unfair treatment.

There is evidence from a recent study in Chicago that suggests more Black officers could make law enforcement less threatening to Black community members.¹⁴ In the study, Black officers stopped and arrested people roughly 30% less often than White officers and used force 32% less often. Black officers stopped 17% fewer White people and 39% fewer Black people. Most of this activity involved minor matters, since there was little difference between Black and White officers when it came to violent crime. Female officers of all races were less apt to stop someone for a minor violation than male officers. In another study in two large cities, White officers dispatched to Black neighborhoods were found to fire their guns five times more often than Black officers in similar situations.¹⁵ According to a Pew Research survey, Black officers are much more likely than White officers to believe that more work needs to be done to assure equal rights for Black people.¹⁶ All of this data suggests that Black and female officers, in bringing a different perspective into law enforcement, may be a necessary ingredient in creating a police force that is less likely to find itself in conflict with the community. Less conflict means less stress.

The SPD has made strides in recent decades diversifying its workforce, as one well-informed community member told the Roundtable. A police force that was historically all or nearly all White and male no longer is. But the diversification effort needs to continue with beefed up recruitment activities, programs to better prepare officer candidates for entry exams and interviews, and retention efforts during field training and beyond. The Roundtable recognizes the hiring challenges the SPD faces in the current environment. The negative light cast on policing in the aftermath of George Floyd's death and other similar incidents and the uncertainties and risks created by an ongoing pandemic may be deterring people from entering the law enforcement profession. While we do not have a proven solution to this problem, we do believe the situation has a good chance of improving with time and, moreover, that the recommendations in this report have the potential to make policing more, rather than less, attractive to a variety of citizens.

2. *The City of Springfield and the SPD should make a dedicated and sustained effort to reduce and prevent crime through building more trusting relationships with neighborhoods, especially those with large numbers of Black residents.*

Most policing in the United States is based on a reactive model of law enforcement – officers responding to 911 calls and going to where a problem has been reported.¹⁷ Reaction is an unavoidable part of policing. But it is not the only, or necessarily most effective, way to enforce the law. Since the 19th

century, another option has been for police to be more proactive by developing relationships with the people in neighborhoods. The idea is for police and residents to become allies in fostering local public safety. In the 1980s, this option took its modern turn in the United States with the emergence and wide adoption of community-oriented policing. The movement caught on in Springfield several years ago, with a version of community or neighborhood policing becoming part of the strategy and practice of the SPD.

The evidence for the effectiveness of community policing in the U.S. has been, at best, mixed.¹⁸ It has not been shown to have a reliable and noticeable impact on crime reduction and typically has had only a moderate, positive impact on residents' satisfaction with police. But the reasons for this have less to do with community policing as an idea, and more to do with low quality evaluations, local differences in how community policing is done, and difficulties in getting all officers to buy into the approach. The potential for community policing to work is evident in a recent, high-quality evaluation designed to correct for some of the deficiencies of prior studies.¹⁹ It limited community policing to officers making friendly visits to residents' homes and found that a single positive contact of this kind substantially improved public attitudes toward law enforcement, increasing citizens' willingness to cooperate with police.

The Roundtable believes that the SPD should be experimenting with community policing in the neighborhoods that could most benefit from a more trusting relationship with police. Rather than stick with a given model, attention should be redirected to trying out different approaches to see what works. This might even create space for officers who have doubts about community policing as it currently exists in Springfield to test methods they think could work better.

The value of community policing for community health lies in the power of social relationships to improve physical and mental well-being. Research over decades has consistently shown that supportive relationships conduce to better cardiovascular, endocrine, and immune functioning.²⁰ When police can become a positive part of the social networks of people in Springfield's Black neighborhoods, they have the potential to be a favorable influence on health, both residents and their own. Preventing crime must remain the principal objective of community policing, but the well-being benefits of the neighborhood connection are another reason to make it a priority.

3. *The City of Springfield and the SPD should direct resources to the Memorial Behavioral Health Community Outreach and Engagement Team (COET), with the goal of supporting and expanding an alternative crisis intervention service.*

News media have given substantial attention to police actions that result in the death of citizens, George Floyd being only one of several of late. A best estimate is that about a fifth of these fatalities involve a person suffering from a mental disorder and/or under the influence of drugs.²¹ More generally, although there appears to be significant geographic variation, about 10% of police interactions are with people in psychological distress, and persons with mental illness are more likely than the general population to interact with police, to have force used to control them, and to be arrested and charged with a crime.²² The vast majority of the crimes committed by the mentally ill are not violent, although some are.²³ While White people are more likely to be diagnosed with a mental illness, Black people with a mental disorder are more likely to be poor and homeless, and thus, to encounter police on the street.²⁴

Although the evidence is limited, individuals with a mental disorder do not appear more inclined to attack the police or to be armed than those without a mental disorder.²⁵ But their behavior and

uncertainty about what they might do often lead to escalating confrontations with law enforcement. It was because of this that in the late 1980s police departments in the U.S. began training their officers in crisis intervention methods. Crisis intervention teams (CIT) have become the most common type of specialized response among police agencies, including in Illinois, to deal with persons in mental distress. The SPD is among them. As of 2017, it had trained 75 officers in CIT methods.

Unfortunately, although CIT has been shown to improve officer knowledge and attitudes toward individuals with mental health problems, it has not been obviously and reliably effective in reducing arrest rates and diverting persons with mental illness into care settings where they can get treatment.²⁶ A more promising approach has emerged lately that involves police working in tandem with mental healthcare providers to respond to people experiencing distress as a result of a mental disorder or substance abuse. Springfield's version of this, the Community Outreach and Engagement Team (COET), was formed in 2019 by Memorial Behavioral Health (MBH) in cooperation with local law enforcement, the courts, and homeless service providers. So far, COET has joined the police in responding to several hundred calls for help. However, this has been accomplished with only one full-time responder, which does not appear sufficient. According to people familiar with the program, more trained responders should be recruited, and it would be worthwhile to create a more streamlined, logistically sound approach to coordinating this work with the SPD. The Roundtable agrees and is hopeful that the recent federal grant received by the SPD and MBH will help give COET the more secure footing it needs.

4. Training provided through the SPD to new recruits, as well as established officers, should give priority to fostering the development of judgment and decision-making skills that are free of racial bias.

Springfield police officers are required, by department policy, to participate in a variety of periodic trainings that are designed, among other things, to reduce the possibility of racial bias in police actions. These include annual discriminatory practices training and implicit bias, procedural justice, and cultural competency training every three years. Implicit bias refers to the tendency to discriminate against someone based on a stereotype without being aware that you are doing so. Reacting unthinkingly to a young black male as dangerous would be an example relevant in policing. Procedural justice, when applied to policing, is carrying out actions in ways that those subject to them would see as fair (or unfair). Cultural competency among Springfield police officers is taking into account the specific cultural beliefs and practices of people in a racial or ethnic group different from one's own.

These are all worthy and appropriate efforts to inform the attitudes and actions of Springfield police. Missing, however, is what the Roundtable considers a critical element in assuring that these steps actually make a difference, and that is periodic, independent evaluation of the impact of training on officer performance. Police agencies in the U.S. have generally shied away from rigorously evaluating whether the improvements and reforms they make have their intended effects.²⁷ As these agencies evolve in their approach to public accountability, a greater willingness to try innovative things and evaluate the impact needs to become a more central part of the agenda. Overall, the SPD has developed policies and procedures – in training and other areas – that align well with this emerging accountability movement, but as with anything government does, policies, procedures, and new initiatives are only as good as their actual implementation. While implicit bias, procedural justice, and cultural competency training are all good ideas, their effectiveness in law enforcement remains to be demonstrated convincingly out in the field, where the police meet residents.²⁸ The SPD could contribute to the development of this needed body of knowledge by evaluating the impact of its training programs on what officers do.

Additionally, the Roundtable recommends that the SPD consider doing more training, including on bias reduction, using real-life simulations.²⁹ It is our understanding that most training offered by police training institutes and police departments in Illinois is done through classroom lectures, with some use of scenarios and role playing. Although classroom efforts are efficient, they are apt not to be, in the Roundtable's view, the most effective way to build judgment and decision-making skills. Having officers participate in realistic simulations of the different types of situations they will encounter on the job would likely produce greater skill gains and more confidence.³⁰ Though use of force instruction is the most obvious candidate for the practice that simulation affords, this represents, however crucial, a relatively small part of the policing job. Simulation should be applied to the full range of situations an officer experiences, with particular attention to the most common, such as traffic stops and service calls.³¹ While the Roundtable is not aware of simulation yet being used in this more comprehensive way among police departments in Illinois, it has emerged elsewhere, and the military, a close analog of policing, has relied on training using simulations, both virtually and with real people, for decades.³²

The sharper reality offered by simulations could be further bolstered by using community members as actors. For example, simulating a situation to demonstrate procedural justice could use "actors" from the Black community interacting with police. While using community members to help train police officers is unusual, it recognizes the truth about the dual nature of public safety – that it is produced by police and citizens working together. Local expertise in responsibly using community members as simulation actors exists through the Standardized Patient program at the Southern Illinois University School of Medicine and the Alliance for Experiential and Problem Based Learning at the University of Illinois Springfield. We believe that taking steps to increase the "jointness" of assuring public safety, and thus giving the Black community more influence over how policing is done, would be a benefit to community health, in addition to the stress-reducing effects to be achieved, for both police and citizens, through effective bias reduction training.

5. The mission of Springfield's Police Community Review Commission should be expanded to include civilian participation in setting the direction for local law enforcement.

Currently, the Police Community Review Commission, by ordinance, is set up to receive and review complaints about police misconduct. Having the power to review complaints appears to be the most common type of citizen oversight of law enforcement in the U.S.³³ While the Roundtable agrees that there needs to be a mechanism for representative citizens to evaluate specific instances of alleged police misconduct, we are concerned that this approach, on its own, is prone to pitting citizens and police against each other in an unproductive way. This has not been much of an issue in Springfield, since we were not able to find evidence of significant activity by the Commission in recent times. But so long as there is an ordinance that restricts the formal relationship between citizens and the police to an adversarial one, the potential for the people and law enforcement to get on the same page about public safety will remain unnecessarily limited.

Law enforcement is the most ubiquitous function of local government, touching the lives of all residents. Because we live in a democracy where government must be accountable to the people, it is essential for citizens to have the ability, as part of this, to hold the police accountable for their conduct. But in a government that purports to be of and by the people, the people must also have the ability and willingness to help the police do their job as effectively as possible. Among other things, this requires, in the judgment of the Roundtable, a representative body of citizens who join with police to monitor and review overall SPD performance and help the department identify ways to be more effective. Because

Black neighborhoods in Springfield receive the most attention from police, they should be well-represented on this body. Such an advisory group would help mitigate a concern among people interviewed by the Roundtable regarding the lack of transparency with the SPD.

A representative, direction-advising body would be empowering for the Black community. We cannot claim that this would directly benefit community health, but we do think that health can be affected by how much influence people believe they have over the circumstances under which they live. Lack of control breeds hopelessness, which can lead to degradation of mental and physical health. While a single advisory group consisting of, at most, a few people will not solve this problem *per se*, it would be a step in the right direction.

6. *The SPD should develop a more comprehensive public data system to better reflect its true performance.*

For a citizen advisory body (Police Community Review Commission) to be useful, it must be able to work with a comprehensive picture of police performance. Currently, the SPD, like most municipal police departments across the country, limits its routine public reporting of performance to felony counts. This is a function of the FBI's uniform crime reporting requirement. The effect is to regard police performance mostly or solely in terms of the up and down movement of the number of different types of felonies being committed. To be sure, reducing the worst kinds of crime is a critical law enforcement goal. But it omits the bulk of police work.

Although felonies trigger the most intensive police activity, the majority of officer field time is spent on responding to service calls that do not involve a crime or on minor incidents, on traffic safety, and on preventive patrolling.³⁴ Felonious behavior receives only a small share of the work an officer does during a typical shift.³⁵ While good data is hard to come by, many non-crime service calls appear to be resolved successfully, without further incident.³⁶ Members of the public may have a sense of this reality just from their own observations (e.g., seeing a police car parked out of the way along a busy road), but nearly all the attention, owing to news media preferences and the ways in which law enforcement is portrayed in television and movies, goes to that modest amount of policing that deals with the most serious crimes. Fighting such crimes, rather than promoting public safety in the broad sense, may be the motive some have for seeking a policing career.

The Roundtable questions whether it is right to evaluate the SPD only on the basis of its performance in reducing felonies. Not only is much more police activity allocated to other, less dangerous matters, but it is in these more ordinary, less dramatic situations where racial bias is apt to be more prevalent and, we emphasize, more correctable in a way that can affect policing overall, including the handling of felonies. This is also where, on the other hand, police may be having an unrecognized positive impact on the community.

We believe an important component of a more inclusive public information system should be the development of mechanisms for obtaining community feedback on police initiatives and performance.³⁷ What the public thinks about the police in their community ought to be regarded as a key metric that police and their leaders consider when working through the ongoing task of how to do their jobs more effectively. As with other recommendations, we think that establishing a systematic feedback loop with the public will give community members, particularly those who are Black, more voice in affecting circumstances that can have a profound effect on their lives. That form of empowerment would likely, in turn, benefit community health for the same reasons already discussed.

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Lastly, the Roundtable does not have a recommendation on what specifically to do about gun violence, which has been on the rise lately in urban areas. Clearly, violent crime is a threat to community health. However, while there has been plenty of speculation, the precise reasons for the recent increase are not clear, and, in the absence of clarity about causes, solutions will be elusive³⁸. What we can offer is a belief that one of the keys to reducing violence may be the kind of improved relations between police and neighborhoods that our recommendations seek. The SPD already engages in steps that research has shown can work in reducing serious crime. Among the most important of these is “focused deterrence,” which uses carrots and sticks to change the behavior of those most at risk of gun violence. In addition, through The Springfield Project, the Black Chamber of Commerce, and others, work is underway to improve physical and economic conditions on the city’s east side where the majority of black residents live. The Community Foundation for the Land of Lincoln is pursuing greater investment in youth employment programs specifically designed to create opportunity for Black youth. This multifaceted effort, when combined with the improvements called for by the Roundtable, may be our city’s best chance at changing the trajectory of violence over time.

Conclusion

This report does not address all issues being debated in the current climate around policing, nor has that been the intent. The Roundtable’s purpose has been to zero in on a handful of important priorities to help elevate understanding among both the police and citizens about the intersection between law enforcement and community health. While this intersection affects all members of the community, it is especially salient for Black residents who, we think the evidence shows, are the most apt to have their mental and physical health put at risk when policing is over-aggressive and not done fairly. Though one could read our recommendations as a critique of local police, that has not been our aim. Rather, our objective has been to highlight ways in which the SPD could build on the positive steps it has taken to date to create a policing culture that does an ever-better job of putting the public safety of all first.

Questions and requests for printed copies of this report may be directed to the UIS Center for State Policy and Leadership at CSPL@uis.edu.

Appendix A
Community Members Interviewed by the Community Health Roundtable

- Kenny Winslow, Chief, Springfield Police Department
- Sunshine Clemons, Leader, Springfield Black Lives Matter
- Ward 2 Alderman Shawn Gregory
- Larry Golden and John Hanlon, Illinois Innocence Project leaders
- Robert Moore, Retired US Marshall
- Sara Anderson, Manager, Community Engagement and Care Coordination, Memorial Behavioral Health
- David Amerson, Staff Attorney for the Illinois Police Benevolent and Protective Association

Appendix B

The Community Health Roundtable

Roundtable Vision:

Sangamon County citizens and leaders continuously assess and strive to create the behavioral, clinical, physical, and socioeconomic conditions that allow people to achieve optimal health and well-being.

Roundtable Mission:

The Roundtable will champion community understanding of the factors underlying good health so that action to improve them becomes expected and habitual.

Roundtable Strategies:

Analysis: Acquire, develop, and present evidence related to identified community health needs

Awareness: Publicize the evidence; foster general public awareness

Alignment: Provide a forum for conversation; formalize relationships with experts and partners

Advocacy: Work toward local policy adoption and propose implementation strategies

Action: Incentivize and undertake coordinated efforts to implement findings

COMMUNITY HEALTH ROUNDTABLE MEMBERS

Members	Organization
SHELIA BOOZER*	Director of Teaching and Learning, Springfield Public Schools
BECKY GABANY	System Director, Community Health and Equity, Diversity and Inclusion, Memorial Health
PATRICE JONES	Associate Vice Chair for Diversity, Equity, and Inclusion, Department of Medicine, SIU School of Medicine
JOHN KELKER	President and Chief Professional Officer, United Way of Central Illinois
MOLLY LAMB	Executive Director, Center for State Policy and Leadership, UIS
ERIC LINSON	Internal Medicine Department Administrator, SIU School of Medicine
KIM LUZ	Division Director, Community Outreach, HSHS Illinois
POLLY POSKIN	President, Harvard Park Neighborhood Association
DAVID RACINE	Retired, UIS
HILLARY RAINES	Director of Social Innovation, Innovate Springfield
DON ROSS	Former President, Frontiers International Springfield Club
GAIL SIMPSON	Former Alderwoman, Springfield City Council
DAVE STEWARD	Retired, SIU School of Medicine
JOHN STREMSTERFER	President and CEO, Community Foundation of the Land of Lincoln
BOB WESLEY	Retired, SIU School of Medicine

*Roundtable participant through July, 2021

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