

Franklin University

FUSE (Franklin University Scholarly Exchange)

Scholarship Forum 2013

College of Health and Public Administration

9-25-2013

Crime and Public Health: Interdisciplinary Approach to Education

Karen Miner-Romanoff

Franklin University, karen.miner-romanoff@franklin.edu

Leslie J. King

Franklin University, leslie.king@franklin.edu

Follow this and additional works at: <https://fuse.franklin.edu/forum-2013>



Part of the [Criminology and Criminal Justice Commons](#), and the [Public Health Commons](#)

Recommended Citation

Miner-Romanoff, Karen and King, Leslie J., "Crime and Public Health: Interdisciplinary Approach to Education" (2013). *Scholarship Forum 2013*. 12.

<https://fuse.franklin.edu/forum-2013/12>

This Presentation is brought to you for free and open access by the College of Health and Public Administration at FUSE (Franklin University Scholarly Exchange). It has been accepted for inclusion in Scholarship Forum 2013 by an authorized administrator of FUSE (Franklin University Scholarly Exchange). For more information, please contact fuse@franklin.edu.

Crime and Public Health: Interdisciplinary Approach to Education

Karen Miner-Romanoff, MA, J.D.

Leslie J. King, Ph.D., MT (ASCP)

FRANKLIN UNIVERSITY, COLLEGE OF HEALTH AND PUBLIC ADMINISTRATION

Introduction

Although crime rates have decreased in the last several years, they remain alarmingly high. Recidivism rates, in the meantime, continue to rise with up to half of all new prison inmates incarcerated for reoffending after their initial release (Matz, et al., 2012). As the costs of a failed criminal justice system becomes unsustainable, scholars search for new evidence-based, innovative and collaborative solutions to lower crime and increased public health and safety. As a result of this collaboration, some criminal justice and public health leaders are seeking to develop new theoretical and methodological linkages in order to effectively address the challenges (Matz, et al., 2012).

We should deliberately seek debate and critical discourse with practitioners and researchers who are not yet engaged in epidemiological analysis. The basic framework of epidemiological criminology



is the merging of dynamic criminogenic and health risks in order to prevent criminal recidivism, on-set or exacerbation and transmission of infectious and chronic disease from criminal activity. EpiCrim is useful for forming and facilitating interdisciplinary research teams, clarifying terminology, exposing harmful social policy, and identifying crime victims. Its first application is that of conceptualizing crime as a measure of social health. A second application is the cross-utilization of academic disciplines. EpiCrim advocates a health-based CJ system that is designed to reduce, rather than contribute, to social harm, decay, and disease. This research utilizes the interdisciplinary approaches of public health, criminal justice, and criminology, to develop model learning outcomes for training and education of a new breed of professionals.



Akers and Lanier (2009) proposed a theoretical framework called “Epidemiological Criminology” as a construct for scholars and practitioners to create the needed interdisciplinary linkages. In response to the necessity for public health and criminal justice to establish interdisciplinary linkages, it is necessary to develop academic curriculum to educate a new general of professionals prepared for this challenge. We propose to conduct a thematic-analysis of the scholarly research in order to identify shared risk factors and common industry paradigms. The results of the thematic analysis will be reviewed and discussed by a focus group comprised of industry experts and moderated by health and criminal justice experts. The goal of the thematic analysis and focus group sessions will be to develop interdisciplinary learning outcomes for academic, continuing education, and professional development programs. This research will, further, advance knowledge regarding teaching and learning by deploying an evidence-based curriculum development model specifically designed to create positive social change in the practical application of public health and criminal justice services. This innovative approach to positive social change through data driven curriculum benefits students, universities and society.



Methods

Thematic Analysis

Search Strategy (Key words and data bases): crime, health, public health, interdisciplinary, co-occurring outcomes, shared risk factors, epidemiological criminology, violence.

Selection of Articles: As we sought to develop a broad framework on knowledge related to epidemiological criminology and programming based in whole or part upon its ideologies and methodologies, we chose articles that specifically focused on formation, implementation or utilization of these strategies (Ward, House, & Hamer, 2009). As this collaborative effort has only recently reemerged, we included a broader range of publications.

Thematic Analysis: A total of 20 articles and reports were read and summarized prior to identifying relevant themes, definitions, and concepts. Thereafter the themes were integrated and synthesized. This synthesis informed the Focus Group Research questions that follow:

1. What populations share risk factors for public health and crime?
2. What are the risk factors?
3. What assessment tools do you have to locate, measure, and monitor these risk factors?
4. How does public health address these risks?
5. How should public health and criminal justice intersect?
6. Where do public health and criminal justice intersect?
7. What programs can you identify that are based on these interdisciplinary approaches?
8. What are the goals of these programs?
9. Are they effective in meeting their goals?

Epidemiological Criminology Framework

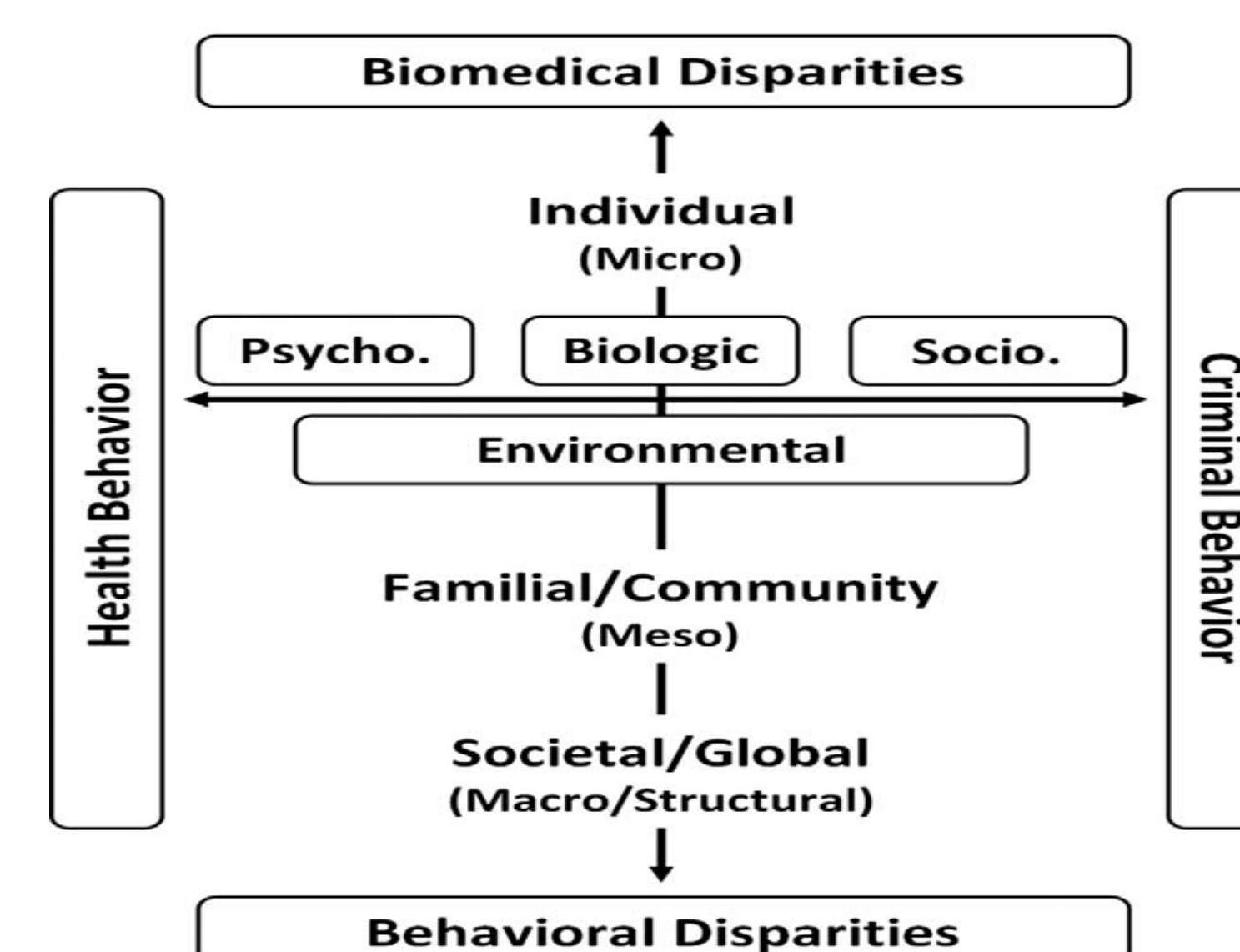


Figure. Epidemiological Criminology Framework Note: From "Replicating MISTERS: an epidemiological criminology framework analysis of a program for criminal justice-involved minority males in the community" R.H. Potter, T. A. Akers, and D.R. Bowman, 2012, *Journal of Correctional Health Care*, 00(0), p. 8

Focus Group

About 30 industry leaders participated in the first discussion group, including those from public health organizations, hospitals, trauma centers, specialty courts, corrections, nursing, homeland security, law enforcement, mental health organizations, criminal courts, and academicians. Discussions were transcribed and analyzed for themes according to phenomenological theory. Although the authors had developed questions based upon the thematic analysis, it became very clear that the participants wanted to discuss programming, challenges and opportunities that they had personally experienced.

Results



The first Focus Group session was transcribed and relevant chunks and themes were identified that included *resources, mental health, drug addiction, domestic violence, abuse, communities, collaboration, social contracts, recidivism, poverty, common data systems or shared data sets, treatment, trauma, victims, risks, information exchange systems, assessment, social determinacies of health and crime.*

The following is a synthesis of the central themes addressed by the attendees of the focus groups. The themes can be broadly divided into two categories, “conceptual” and “methodological.”

The prevailing conceptual themes elaborated by the professionals in attendance were:

1. Health problems, especially mental health, measurably affect criminal behavior.
2. There is a need to begin assessing risk early in life.
3. There is a need to look at intergenerational crime problems within families.
4. Criminal justice and public health institutions eschew opportunities to aid one another in certain situations.
5. Community-based solutions are a must, and public schools may be one point of access if the family unit cannot be depended upon.
6. Political platforms encourage a populist, “tough on crime” stance that makes institutional reform difficult.



The prevailing methodological themes elaborated were:

1. Data sharing has to improve between criminal justice and public health professionals. Attempts to centralize data collection might be worth looking into.
2. It is no longer possible, given the scale of the problems being dealt with, to work in isolation within one's own institutional sphere, whether that sphere is public health or criminal justice.
3. A shared philosophy must emerge between institutions and the public so that the same types of outcomes are desired and cooperatively pursued.
4. The public must be given some political education to correct biases about criminal deviance and mental health problems.
5. A new lexicon needs to be developed for the field of EpiCrim so that professionals know they are working on the same terrain.
6. Society's value of privacy can be an obstacle to solving certain problems. Reflection needs to happen on the role privacy barriers in the public's perception of crime and public health.
7. Resources need to be centralized in counties and urban areas where comprehensive treatment can be offered.

Bibliography

1. Akers, T. A. & Lanier, M. M. (2009, March). “Epidemiological Criminology”: Coming Full Circle. *American Journal of Public Health*, Vol. 99, No. 3, 397-402.
2. Matz, A.K., Wicklund, C., Douglas, J. & May, B. (2012, September). *Making the Case for Improved Reentry and Epidemiological Criminology: Justice-Health Collaboration: Improving Information Exchange Between Corrections and Health/Human Services Organizations.*
3. Ward, V., House, A. & Hamer, S. (2009). Knowledge brokering: Exploring the process of transferring knowledge into action. *BMC Health Service Research*, 9:12.