


# The Washtenaw ID Project: A Government-Issued ID Coalition Working Toward Social, Economic, and Racial Justice and Health Equity

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## Abstract

**Introduction.** The policing of identities through policies that restrict access to IDs issued by U.S. governmental entities disparately affects communities of color; communities who identify as low-income, immigrant, older, and/or transgender; and community members who experience chronic mental illness, housing instability, or incarceration. Yet government-issued IDs are increasingly needed to access health-promoting resources such as housing, banking, social services, and health care, and in interactions with law enforcement. **Methods.** Since 2012, the *Washtenaw ID Project's* coalition-building process has involved communities affected by restrictive ID policies, advocates, and institutional stakeholders to enact community and systems change regarding inequities in government-issued IDs. We discuss the coalition-building process that culminated in the implementation of a photo ID issued by Washtenaw County government as a policy change strategy. We also highlight the community-academic research partnership evaluating the effectiveness of the Washtenaw ID in order to ensure equity in Washtenaw ID access and acceptance. **Results.** In 2015, 77% of Washtenaw ID holders reported having no other locally accepted ID. At follow-up, Washtenaw ID holders reported favorable Washtenaw ID acceptance rates in several domains (e.g., health care, school), but not when accessing banking services and housing. Additionally, community discussions suggested racial inequities in carding and ID acceptance. We discuss next steps for policy improvement to ensure equitable impact of the ID. **Conclusions.** Without national policy reform instating access to government-issued IDs for all, the social movement to establish local IDs may improve access to health-related resources contingent on having an ID. Careful attention must be paid to community organizing processes, policy implementation, and evaluation to ensure equity.

## Keywords

driver's licenses, government-issued ID, health equity, Identity Policing, local government-issued ID, REAL ID Act, social determinants of health

Several 21st-century policies restrict access to U.S. government-issued photo IDs (henceforth, government-issued IDs) and increase the need for ID to access health-promoting resources (LeBrón, Cowan, et al., 2018; LeBrón, Lopez, et al., 2018)—a process we refer to as Identity Policing. Current policy directions underscore the need to examine this issue that has remained largely overlooked in public health. This article examines the efforts of a local coalition to address restrictive ID policies through systems and policy changes. We present a brief overview of the multiple communities marginalized by restrictive ID policies and the health implications of restrictive ID policies, introduce the theory of Identity Policing, and discuss the local ID movement as a legal intervention. Then, we describe the Washtenaw ID Project and its

coalition-building process, evaluation, and continued vigilance and actions toward equity in ID access and acceptance.

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We conclude with critical reflections and recommendations for local ID movements.

### Identity Policing Enhances Inequities

In 2006, 11%—or 21 million—of voting-age U.S. citizens lacked unexpired government-issued ID (Brennan Center for Justice, 2006). Adults who identified as Black (25%), Latino (16%), income <\$35,000 (15%), and  $\geq 65$  years of age (18%) were disproportionately likely to lack government-issued ID (Brennan Center for Justice, 2006). The burden of restrictive ID policies has intensified following state decisions to deny state IDs or driver's licenses to individuals who cannot prove their authorized U.S. presence. Communities affected by restrictive ID policies include undocumented immigrants (LeBrón, Schulz, Gamboa, et al., 2018; Rhodes et al., 2015), individuals navigating housing insecurity (LeBrón, Lopez, et al., 2018), those experiencing catastrophic events (e.g., environmental disasters, domestic violence; McClurg, 2015), and individuals with chronic mental illness (Wilson, 2009). Older Black adults born during the Jim Crow period may not have received a birth certificate indicating their U.S. citizenship (LeBrón, Lopez, et al., 2018). Formerly incarcerated individuals are often released without the identifying documents they need to reintegrate (LaVigne, Davies, Palmer, & Halberstadt, 2008; Wilson, 2009). Transgender individuals encounter barriers to accessing government-issued IDs that indicate their gender identity and name (Flegenheimer, 2014). Accordingly, policies that restrict access to IDs enhance inequities for multiple communities (LeBrón, Lopez, et al., 2018).

### Identity Policing: A Social Determinant of Health

The REAL ID Act of 2005 is a post-9/11 federal standard that governs the features and issuance of identification credentials for state-issued IDs to be recognized by the federal government. In 2008, Michigan began denying IDs to residents who could not prove their authorized U.S. presence (Cox, 2007). Furthermore, the Secretary of State denied meaningful access to ID for multiple communities by mandating the presentation of specific credentials without exceptions and limiting the use of secondary documents (e.g., expired state IDs). Thus, identity statutes and policies and institutional interpretations thereof function to police identity, with important implications for health.

Though largely unexamined in public health, Identity Policing—restricting access to IDs and requiring IDs in multiple life domains—produces health inequities through three key mechanisms: (1) institutional discrimination, (2) restricted access to health-related resources, and (3) stress processes. First, restrictive ID policies operationalize Identity Policing and deny the opportunity for community participation. They do so through statutory guidelines that encourage the institu-

tional use of identification credentials in determining who will be privileged to access health-sustaining necessities. Thus, Identity Policing discriminates against communities lacking ID *and* denies them the equal protection of the laws. In its effect, Identity Policing eviscerates the practical notion of equality.

Second, government-issued IDs are required to access health-promoting resources, including housing, financial, medical, pharmaceutical, political enfranchisement, goods and services, schools, and safety net programs (Barreto, Frasure-Yokley, Vargas, & Wong, 2016; Bauer et al., 2011; Dittmann & Lagunes, 2014; LeBrón, Cowan, et al., 2018; LeBrón, Lopez, et al., 2018; LeBrón, Schulz, Gamboa, et al., 2018). IDs are needed to shift interactions with law enforcement agencies to prevent detention or encounters with other law enforcement agencies (e.g., immigration officials; LeBrón, Cowan, et al., 2018; LeBrón, Lopez, et al., 2018; LeBrón, Schulz, et al., 2018; Rhodes et al., 2015). For example, officers routinely ask for identification at traffic stops; yet individuals who do not have an ID recognized by the officer may experience detainment until their identity is verified. These injustices can catalyze detention and deportation for immigrants who do not have the forms of ID requested by law enforcement agents (LeBrón, Schulz, et al., 2018c). As IDs are increasingly needed to access health-promoting resources, ID policies have become health policy (Box 1).

Third, requiring certain forms of ID and restricting access to ID can create or exacerbate race, socioeconomic, gender, and immigration-related stressors. Identity Policing regulates identities, making government-affirmed identities a privilege only available to those with government-issued ID. Because Identity Policing permeates multiple life domains, individuals and communities may exercise chronic vigilance toward the contexts, authorities, and institutional actors that may require ID, which can adversely affect health (Hicken, Lee, & Hing, 2018; LeBrón, Schulz, Mentez, et al., 2018). Accordingly, barriers to both government-issued ID and the resources linked with those IDs are rooted in processes that produce and reproduce health inequities.

### Legal Empowerment Intervention: Local IDs

The local ID movement is a legal empowerment intervention that seeks to disrupt inequitable access to ID. Legal empowerment entails the strategic use of law or rights to strengthen the capacity of communities who have been disadvantaged by the (re)production of social inequities. Thus, legal empowerment interventions seek to strengthen community capacity to exercise their rights, increase their freedom, assert their agency, and participate in community and government decision making (Golub, 2013, 2015; Open Society Foundations, 2013).

The local ID movement began in the early 21st-century, when several communities identified a need to create and implement local government-issued IDs to promote equitable

**Box 1.** The Disempowerment of Human Rights.

International human rights standards articulated in the Universal Declaration of Human Rights (UDHR)—to which the United States is a signatory nation—establishes that all people have recognized rights derived not from formal citizenship, but by virtue of shared, universal personhood. Human rights come to everyone at birth.

The UDHR clarifies in Article 2 the scope of human rights, providing that they are universal entitlements, independent of status, which includes one's status as a holder of a particular identification credential: "Everyone is entitled to all the rights and freedoms set forth in this Declaration, without distinction of any kind such as race, colour, sex, language, religion, political or other opinion, national or social origin, property, birth or other status."

Restrictive ID policies limit to holders of specific identification credentials the legal capacity to realize economic, social, and cultural rights, in violation of UDHR Article 22. Article 22 provides that the exercise of this rights cluster is a universal entitlement. The realization of economic, social, and cultural rights encompasses access to employment, colleges, and financial institutions—resources for which ID is required—in turn violating the human rights of those who are denied ID.

In limiting the legal capacity of non-ID holders to obtain fundamental resources for which ID is required, restrictive ID policies and Identity Policing negatively impact community socioeconomic standing. UDHR Article 25 reads in relevant part, "Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing and medical care and necessary social services . . ."

Ultimately, both institutional and interpersonal discrimination based on ID status violate UDHR Article 7 and negatively affect community standing. Restrictive ID policies, by their very nature and operation, discriminate on the basis of prohibited characteristics, including homeless, transgender and legal or documentation status (UDHR Article 2). Furthermore, these policies incite community-based ID discrimination through statutory guidelines that encourage the institutional use of identification credentials in determining who will be privileged to access health-sustaining necessities. UDHR Article 7 provides in relevant part. "All are entitled to equal protection against any discrimination in violation of this Declaration and against any incitement to such discrimination."

access to ID-related resources. These local ID movements were conceived as a direct response to federal and state ID-related policies and involved community organizing efforts to affect local decision makers and strengthen or assert values and practices centered around inclusive communities. Early leaders in this movement include: New Haven, Connecticut; San Francisco, California; Newark, New Jersey; and Washington, D.C. (Mathema, 2015). To our knowledge there are sixteen municipalities across eight states who issue a local ID (The Center for Popular Democracy, 2015; A-wan et al., 2016; Mathema, 2015).

The Washtenaw ID represents the first Midwest local ID in the movement. The Washtenaw ID Project's collaboration for equity and justice has been rooted in principles that focus on policy, systems, and structural change (Wolff et al., 2017). Our collaboration leverages a community-engaged research process to evaluate whether this community-driven intervention is achieving its aims of racial and economic justice (Israel, Eng, Schulz, & Parker, 2012; Wolff et al., 2017).

## Method

### Organizing the Movement

The depth of exclusion and breadth of communities affected by Identity Policing were brought to life when a senior citizen with diabetes (Client-0; henceforth, *Nancy Ligon*), recently released from the hospital, realized that hospital staff had lost her original identity credentials. Due to inability to prove her identity, no physician would see her. She was referred to an African American human rights attorney, the executive director of a regional nonprofit (second author).

The inequities underlying Nancy's lack of credentials launched the Washtenaw County ID movement.

Our priority became developing a coalition-building process to ascertain the communities affected, the experiences of residents when attempting to obtain a state ID and, if unsuccessful, their experiences accessing resources without government-issued ID. In 2012-2014, we interviewed members of communities most affected by Identity Policing, program directors, and advocates across the county and invited them to join the emerging initiative.

The communities who lack meaningful access to ID in Washtenaw County shared one social determinant of health that produced inequities: ID policy. The commonality of the mechanism that marginalized multiple communities gave rise to the movement's unifying principle against which all processes and decisions would be evaluated: equity. Our partnership process operates from a shared definition of health inequities. Informed by the World Health Organization's definition, in our work "inequities" refer to differences in health that are avoidable, unfair, and unjust, and thus actionable (Whitehead, 1991). Accordingly, "equity" refers to contexts in which everyone has "a fair opportunity to experience their full health potential, and, more pragmatically, that no one should be disadvantaged from achieving this potential" (World Health Organization Regional Office for Europe, 1985). This unifying principle clarified many points of strategy.

The first strategy involved organizing around the message that everyone has the human right to be recognized as a person entitled to the social, economic, and cultural rights that are indispensable for their dignity and development (United Nations, 1948). A human rights framework provided the

**Box 2.** Human Rights Campaign Messaging.

Because there are some problems we *can* solve. What we are witnessing has been described as the conversion of necessities into privileges. This Local ID card is the most American thing we can do. There are an estimated 40,000 residents of Washtenaw County who lack ID; 35,000 of them are U.S. citizens. The right to recognition as a person is a universal human right violated when IDs are denied. Without a government-issued ID, you become legally invisible. We decide who our community members are, not the state and not the federal government. Historically marginalized communities are being stripped of their legal capacity, everyday. How long will we continue to tolerate this deprivation of human rights?

movement with its armature and moral force, which in turn were critical to ensuring that our process and outcomes were rooted in honoring the rights endowed to each person.

Second, full and equal community membership represented a necessary condition for the realization of the rights necessary to support dignity and development. Thus, the campaign would push not just for acceptance, but for a welcome to all Washtenaw County residents and those who depended on this community to exercise their basic rights (Bauböck, 2009). The movement articulated the right of Washtenaw County to claim every stakeholder as a community member. Our process sought to take back from the state and federal governments the power to privilege some as community members and disempower others. Collaboration would serve as the model around which both the affected communities and community influencers would be organized.

Third, we elevated the experiences of Nancy, a White U.S.-born woman, to represent the challenges faced by Identity Policing. This strategy provided our first defense against attempts to contextualize the problem as one only faced by undocumented communities (Box 2).

### *Washtenaw ID Task Force and ID Project*

Recognizing the community and institutional perspectives needed to affect policy change, the Washtenaw ID Project, sponsored by the Human Rights Attorney's nonprofit, formed the Washtenaw ID Task Force to guide the work of Washtenaw ID Project staff and volunteers. Task force members were actively recruited and include members of affected communities, institutional stakeholders, and scholars. The task force is chaired by the Human Rights Attorney and Community Organizer (a resident) and is composed of an approximately equal distribution of institutional stakeholders and scholars, and a larger representation of affected communities. This infrastructure strengthens the collective power of initiatives and communities (Wolff et al., 2017).

### *Washtenaw ID: A Legal Empowerment Intervention*

The task force spent 2 years deepening its understanding of the multiple communities marginalized by restrictive ID policies, the life domains in which IDs were needed, the catch-22 of needing an ID to get an ID, and the requirements of institutional stakeholders (e.g., law enforcement,

businesses) in order for a local ID to be accepted. The task force conducted community conversations, examined federal and state ID policies, and reviewed the literature to learn how other communities experienced and responded to Identity Policing. This shaped the task force's understanding of the issues raised by lack of ID and opportunities for intervention.

The task force concluded that a local government-issued ID with reliable and accessible eligibility criteria could benefit multiple communities marginalized by Identity Policing. The task force focused on the importance of conveying local government authorization to and support for all residents to exercise their human rights and secure health-sustaining resources. The task force found that conveying government authority to ID card holders was a practical means of improving access to resources and a symbolic representation of community membership.

In 2013, the task force began discussing a county ID with County Commissioners and the Office of the County Clerk. This culminated in the November 2014 County Commissioner's meeting in which the task force organized residents to give public testimony before a preliminary vote on the Washtenaw ID. In January 2015, the Commissioners affirmed their vote to implement the Washtenaw ID. In June 2015, Washtenaw County implemented the Washtenaw ID, which is now available to residents who can prove their residence and identity (Washtenaw County, n.d.). To date, 2,400 Washtenaw IDs have been issued as a result of this organized advocacy campaign.

### *Evaluation*

Evaluation questions included whether the Washtenaw ID effectively enables ID holders to access resources that require government-issued ID, and for which (if any) affected communities the Washtenaw ID is working. We implemented a four-phase evaluation: (1) baseline assessments ( $n = 251$ ) of initial ID applicants and past experiences with ID-related discrimination (LeBrón, Lopez, et al., 2018), (2) follow-up assessments of Washtenaw ID experiences, (3) audit study (130 shopping experiences) of racial bias in carding experiences and Washtenaw ID acceptance (LeBrón, Cowan, et al., 2018), and (4) qualitative inquiry regarding the barriers to obtaining a Washtenaw ID for U.S. citizens who lack a current government-issued ID. These studies were classified as exempt by the University of Michigan and/or University of

California, Irvine. The first phase provided insights into the communities who sought the Washtenaw ID, highlighted communities where further ID-related outreach was needed, and identified the domains in which ID holders planned to use their ID. These findings informed subsequent organizing strategies. The second phase enhanced understanding of the domains in which ID holders attempted to use their Washtenaw ID, the outcome of those interactions, and variations in these experiences. The third phase demonstrated that residents of color experienced more barriers than their White counterparts in using the Washtenaw ID (LeBrón, Cowan, et al., 2018). The fourth phase investigated why U.S. citizens did not obtain a Washtenaw ID despite lacking a current state-issued ID.

## Results

### *Policy, Systems, and Structural Change*

The task force identified that a local government-issued photo ID, approved and issued at the county level, would positively influence affected communities. A county-level ID was recommended for this less populated Midwestern community, as Washtenaw County includes 35 cities/townships.

Illustrating the priority of systems change, the process of relationship building and power sharing among task force members centered the task force's priorities on the perspectives of affected community members (Wolff et al., 2017). This process involved reflecting on each members' positionality, then shifting symbolic power in meetings to facilitate equitable decision making. Task force meeting agendas were structured around the issues, information, and policy recommendations identified by community members and ID movement leaders.

The task force established decision-making principles and processes that focused the work of organizers. As planning progressed, the task force prioritized working with law enforcement agencies to secure their commitment to accept the ID. Community members had expressed that if law enforcement would not accept the ID, it would not address two fundamental concerns: accessing public safety services when needed and providing law enforcement with the proof of identity they are trained to ask for and confirm. The task force also operationalized concerns voiced by affected community members regarding the privacy of Washtenaw ID holders by establishing assurances that Washtenaw ID applicant information would not be shared with other governmental agencies.

Ever since the Office of the County Clerk began administering the Washtenaw ID, the task force has overseen implementation and provided recommendations to the county to enhance the accessibility, equity, and effectiveness of the Washtenaw ID. It became clear that to ensure equitable access to the Washtenaw ID, the Washtenaw ID Project would need to provide additional services to support successful policy implementation.

Notably, the county clerk did not have Spanish-speaking staff and did not hire bilingual staff to support the rollout of the Washtenaw ID. To overcome access barriers, the task force formed the ID Clinic—staff from the sponsoring non-profit agency and volunteers—to provide community education, interpretation services, financial aid, and one-on-one technical assistance.

Recognizing the systematic challenge of lack of ID for formerly incarcerated individuals, the Washtenaw ID Project proposed and implemented the ID Jail Initiative, a mobile clinic operating within the county jail to mitigate ID-related barriers to community reintegration. Previously, when released, those who lacked ID were given an incarceration report that contained their demographic information, incarceration information, and mugshot. The incarceration report stigmatized and burdened access to housing, employment, and necessary resources. The task force is working to propose similar mobile clinics to alleviate the barriers of applying for the Washtenaw ID for other affected communities.

### *Community–Academic Partnership to Evaluate the Washtenaw ID Project*

In 2014, the authors (a subset of the task force) formed a community–academic partnership to evaluate the effectiveness of the Washtenaw ID. We sought to leverage evaluation findings to inform policy and improve equitable impact of the Washtenaw ID through programmatic recommendations. Several partnership members were organizers and contributors in Washtenaw ID Project planning discussions and outreach. Some were affiliated with a large university in the region and connected to other community organizing initiatives. While some lead the Washtenaw ID Project on a daily basis and others sit on the task force, we are deeply connected to community members who lack government-issued ID. Although we each have state-issued ID, we obtained and actively use our Washtenaw ID in order to leverage our ID privileges to destigmatize local government-issued IDs and understand how the Washtenaw ID is experienced in day-to-day encounters.

The Washtenaw ID Project recognized that a successful initiative must be rooted in human rights and community organizing and must advance the legal empowerment literature regarding interventions to disrupt Identity Policing. For example, community conversations and discussions with institutional stakeholders raised questions including: *Will residents use their local IDs? How will we know if this policy is effective?* We agreed an evaluation would be critical on two fronts: sustaining this policy and identifying changes needed to ensure equity. We also hoped findings would be useful for other local government-issued ID movements.

In 2015, 77% of Washtenaw ID holders reported having no other locally accepted ID. At follow-up, ID holders reported favorable acceptance rates in several domains (e.g., health care, school), but poor acceptance rates when accessing

**Box 3.** Recommendations for Legally Empowering Those Affected by Identity Policing.*Organizing Process, Rooted in Equity*

- Unify into one working advisory group the myriad communities disproportionately affected by lack of ID.
- Organize a community Task Force to develop and guide the administration and evolution of the Local Government-Issued ID policy and accompanying services.
- Ensure that representatives from all communities affected by lack of ID sit as equal members of the ID Task Force.
- Organize advisory groups of affected community members and local business leaders to offer insights and recommendations to the ID Task Force.
- Identify community-based organizations whose boards and administrators will commit to staff the ID Task Force and community advisory groups with the goal of operationalizing their guidance and directives.
- Form a community-academic partnership to evaluate over time the effectiveness of the Local Government-Issued ID.
- Establish “equity” as the unifying principle for the evaluation of all processes, strategies, and decisions pertaining to the Local Government-Issued ID policy, related services, and the ID campaign.

*Develop an Equity-Centered Local Government-Issued ID That Responds to Local Needs*

- Develop eligibility criteria that are clear and reliable, yet rely on alternative forms of proof of identity and/or residency that are accessible to affected communities.
- Select card features that expand the functionality of the Local Government-Issued ID card beyond that of a state ID (e.g., the name with which an individual identifies, emergency contact number, emergency health information, the exclusion of gender).
- Consult with members of affected communities and law enforcement on the selection and implementation of ID card security features.

banking services and housing. Community discussions reflected racial inequities in carding experiences and Washtenaw ID acceptance. This community feedback prompted us to design an audit study to document racial inequities in Washtenaw ID acceptance. Findings indicated that when presenting their Washtenaw ID, Latina shoppers were more likely than White shoppers to experience nonpositive comments from a store clerk (LeBrón, Cowan, et al., 2018). Post-hoc analyses suggested that racialization processes, including anti-immigrant sentiments, may inhibit the ability of local ID to mitigate ID-related stressors (LeBrón, Cowan, et al., 2018). Interviews highlighted limited community awareness about the Washtenaw ID, which informed a community campaign to advertise the Washtenaw ID (e.g., buses, social media, and public service announcements).

These findings illustrate the limitations of ID policies that conceive the possession of government-issued ID as sufficient for conferring affected communities the same status and power as racially or economically privileged communities. This view has produced government policies that can be described as neutral in the sense that their stated goal is to provide what is missing (i.e., government-issued ID) and to begin to level the metaphorical playing field. Yet findings from the audit study suggest that to be effective, communities must reconceive their ID policy as requiring not only a neutral tool (ID card), but also affirmative assistance to marginalized communities when they attempt to access the goods and services available to others. The audit study demonstrated the need to disrupt the racial exclusion and invisibility imposed on communities that have difficulty accessing government-issued ID. Based on these findings, equity-centered policies that the Washtenaw ID Project is considering include: an ID phone line through which the callers can receive information about the Washtenaw ID in an effort to

support Washtenaw ID cardholders; amendments to the region’s human rights policy to include discrimination in the acceptance of IDs; and municipal legislation mandating local ID acceptance by businesses.

Each evaluation phase, discussions of findings, and dissemination have been cogenerated by our evaluation team. Reflecting the multiple roles that we each hold, and our values of celebrating each success, these iterative planning, reflection, and interpretation discussions often take place in celebratory contexts as well as traditional meetings.

This evaluation enabled our partnership to assess progress, celebrate accomplishments, and identify barriers and facilitators to ID access and acceptance (Wolff et al., 2017). We solicited feedback from community members, Washtenaw ID Project staff, and the task force regarding evaluation plans and emerging findings. These strategies have enhanced our capacity to evaluate this initiative, systematically track experiences with the Washtenaw ID, and pursue grants. The Washtenaw ID Project provides policy change recommendations to the task force based on feedback from community members, Washtenaw ID Project staff and volunteers, and evaluation findings. Additionally, we share findings with other communities who have considered implementing their own local government-issued ID.

## Discussion

In the absence of national policy to ensure universal and equitable access to government-issued IDs, local IDs may improve access to health-related resources. Our process contributed to the development of a county ID that was intended to mitigate the consequences of Identity Policing for multiple marginalized communities. Below, and in Box 3, we describe our reflections on our collaborative process.

## Implications for Research and Policy

While a policy “victory” is often the visible result of a community organizing effort, careful attention must be paid to equity. Our experience suggests equity must be embedded in policy design and implementation, which is a long-term commitment. The persistence of inequities in ID acceptance point to the importance of equity being institutionalized, not supported by an outside initiative. Ongoing community-driven evaluation is critical to monitoring progress, as is continued attention to the health impacts of equity-driven interventions.

Despite our efforts to inoculate the Washtenaw ID against racialization, racialization processes persisted. The Washtenaw ID Project recognized that government-issued IDs had been racialized, and several initial cases highlighted to task force members that people of diverse racial backgrounds were affected. Accordingly, the Washtenaw ID Project’s coalition-building model centered discussions of lack of ID on community members who were socially oppressed, and on the processes by which national- and state-level structures adopted and ingrained marginalizing practices. While some individuals tended to racialize lack of ID by focusing explicitly on Latina/o/x immigrant and low-income Black community members, the Washtenaw ID Project resisted these narratives by designing an advocacy campaign that included multiple communities affected by ID policies. Nevertheless, the Washtenaw ID Project observed unequal treatment of ID applicants by county clerk staff, including: curtailing the days and hours in which residents could apply for a Washtenaw ID (but making other services available during routine business hours), questioning why individuals with other unexpired government-issued ID would apply for the Washtenaw ID, and providing a lukewarm reception to Washtenaw ID applicants while celebrating marriage license applicants. These contrasting experiences suggest the county clerk’s office did not recognize and respond to the importance of the Washtenaw ID in the lives of ID holders, despite having the capacity to recognize the importance of other identifying documents (e.g., marriage license).

Racialization processes were also evident in the types of arguments county officials considered convincing evidence for changing ID policy. County clerk staff originally applied great stringency in interpreting eligibility requirements governing proof of residence and identity. Initially, applicants could not use a P.O. box as their address, even though many applicants were afraid to enter their residential address for fear of surveillance from law enforcement. When women survivors of intimate partner violence—all of whom were White—requested the use of a P.O. box as an address, the policy was changed. The office recognized and responded to issues of interpersonal safety, but not to safety issues that arise from police or immigration officials, nor to issues encountered by individuals experiencing housing insecurity. Each example reflects structural racism linked with discretion in how institutional actors interpret and use regulations to govern.

Our collaboration elucidates the structural challenges of sustaining and expanding a community-driven initiative with limited fiscal support. Those who implement task force policy decisions and manage the day-to-day operations of the Washtenaw ID Project are not paid for their tireless work and balance this commitment with other responsibilities. While we view community ownership as an asset, our limited fiscal support impedes the scale of our initiative. Additionally, though we recognize the importance of evaluating and strengthening our collaborative process, limited financial resources has meant prioritizing time and funds toward policy monitoring, service provision, and outcome evaluation. We received modest support from internal university-based grants, as well as local foundations. The limited size of these financial supports was due in part to the community-driven nature and novelty of our approach (e.g., Identity Policing as a social determinant of health). However, given the upstream nature of this initiative, and in light of the misalignment between traditional funding timelines and the urgency of this issue, we chose to move forward with limited financial support. Nevertheless, our evaluation process has been critical to enhancing equity, sustaining this initiative, and developing subsequent proposals to fund Washtenaw ID Project staff.

## Conclusions

The early 21st century has seen the rejection of voting rights for communities of color on the basis of ID (Domonoske, 2018; Niese, 2018), and the denial of identifying documents to U.S. citizens (Sieff, 2018). Attention to Identity Policing and efforts to disrupt these processes is urgently needed. The Washtenaw ID Project’s experience demonstrates that equity must be embedded in policy design, implementation, and evaluation. Change strategies must center on community knowledge and power, with attention paid equally to ID access and acceptance. Community-driven initiatives show great potential to urge local action that promotes inclusive communities.

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