

A Conceptual Model of the Detrimental Consequences of Police on Population Health

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Introduction

The relationship between police and population health has been the subject of much research and discussion. While some argue that police presence and intervention can improve community health outcomes, there is a growing body of evidence that suggests that police can have detrimental consequences on population health. This conceptual model aims to provide a framework for understanding the potential pathways through which police can negatively impact health outcomes [1].

At the heart of this model is the idea that police presence and intervention can create a sense of threat, fear, and mistrust within communities. The use of force and surveillance tactics can cause individuals to feel anxious, stressed, and vulnerable. This can lead to a number of negative health outcomes, including increased rates of mental health issues such as anxiety and depression, as well as physical health problems such as cardiovascular disease and hypertension [2].

Additionally, police interventions can create social and economic disruptions that have lasting impacts on population health. For example, the targeting of specific communities through practices such as stop-and-frisk or racial profiling can create a sense of social isolation and marginalization. This can lead to increased rates of substance abuse and addiction, as well as higher levels of poverty and unemployment. These factors can in turn contribute to poor health outcomes such as increased rates of chronic disease and reduced life expectancy [3].

Description

The use of force by police can also have direct physical health consequences for individuals. The use of non-lethal force such as pepper spray or tasers can cause physical harm and lead to complications such as respiratory distress or cardiac arrest. The use of lethal force such as firearms can result in fatal injuries that have obvious negative impacts on population health. Another pathway through which police can negatively impact health outcomes is through their role in the criminal justice system. The criminalization of certain behaviours and the over-reliance on incarceration can have far-reaching negative consequences for individuals and communities. Incarceration can result in the loss of income, social support, and access to healthcare, all of which can contribute to poor health outcomes. Additionally, the trauma and stress of incarceration can have long-term impacts on mental health, including an increased risk of suicide [4].

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Finally, police interventions can contribute to a breakdown in community trust and cohesion. This can lead to a lack of engagement with healthcare services and reduced access to healthcare resources. For example, individuals may be less likely to seek out preventative care or engage in health promotion activities if they feel that they are not valued members of their community or that their needs are not being taken into account. This can contribute to health disparities and exacerbate existing health inequalities [5].

In conclusion, this conceptual model highlights the potential pathways through which police can negatively impact population health. While there are certainly situations in which police intervention can be beneficial, it is important to recognize the potential negative consequences of such interventions. By understanding these potential pathways, policymakers, healthcare providers, and other stakeholders can work to minimize the negative impacts of police interventions on population health and promote more equitable and just outcomes for all.

A national conversation about how policing affects population health, particularly in marginalised areas, has been sparked by high-profile shootings of unarmed individuals of colour by police. Black Lives Matter (BLM) and other contemporary civil rights movements draw attention to the historically pervasive racial and ethnic injustices of the criminal justice system. To assist better surveillance and tracking of this disturbing trend, public health officials are calling for law enforcement-related deaths to be consistently reported to health organisations. Yet, progress has been slow. The evidence supports the hypothesis that policing affects population health.

Extensive studies showing how socioeconomic determinants of health, such as being exposed to systemic racism through the American judicial system, can have significant and long-lasting consequences on population and individual health supports the premise that policing influences population health. Police may be a prominent but poorly understood factor in population health since they interact with more individuals directly than any other branch of the judicial system. It has been extensively studied how the state-sanctioned use of force disproportionately against minority groups has developed over the course of the country's complicated historical institution of law enforcement. The American approach to law enforcement and public safety has been centred on an order maintenance model in which officers actively engage numerous civilians through stops and searches to disrupt circumstances deemed to be indicative of criminal activity. According to estimates from 2011, more than 25% of the adult population (62.9 million people) has interaction with the police annually, with about half of them reporting unannounced stops.

Although data on the voluntary nature of those encounters is not directly comparable, the same report for 2015 claimed that 21% of the adult population had police contact in that year. Involuntary contact is typically not followed by an arrest or other legal repercussions yet; this method of policing may have an effect on not just the health and wellbeing of specific citizens but also the social structure and health of entire communities. According to research by Along and colleagues, there are five ways that officer use of force (UOF) contributes to poor health outcomes among Black or African American people: The following factors increase morbidity and mortality, stress, financial strain, and systematic disempowerment: 1) fatal injuries; 2) adverse physiological response; 3) racist public reactions that cause stress; 4) arrests; incarcerations; and legal, medical, and funeral bills; and 5) integrated oppressive structures. Although Black and African American identities are distinct from one another, for the sake of clarity, the rest of this paper shall refer to both as Black.

Conclusion

In particular, we acknowledge that law enforcement organisations and personnel can negatively affect not only specific individuals but also communities and institutions. Furthermore, these paths may be moderated by the distinctive characteristics of various communities (such as state and municipal policies, historical community-police relations), leading to a variety of population health outcomes. Last but not least, population health benefits greatly from the cyclical nature of the link between policing and community issues. Our model's highlighted properties have the potential to have a wide range of short- and long-term population health implications.

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