

Study suggests proactive policing may contribute to racial gap in preterm births

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Proactive policing, such as pedestrian and traffic stops, is a crime prevention tactic that relies on police officer discretion to stop and search individuals they consider suspicious. A recently published study



in the journal of the *American Public Health Association*, looking at proactive policing and preterm birth rates in New Orleans, shows that Black residents living in neighborhoods experiencing high levels of proactive policing were about three times as likely to give birth preterm (before 37 weeks) as their white neighbors.

"Police stops perpetuate structural racism that pervades many areas of our criminal legal system and has played out alongside decades of disinvestment in many Black and brown communities across the United States," said lead author Jackie Jahn, Ph.D., an assistant professor of epidemiology and biostatistics in the Dornsife School of Public Health and the Ubuntu Center on Racism, Global Movements, and Populations Health Equity at Dornsife. "We're still uncovering the depth of the effects of redlining and racism, among other practices that continue to hurt the physical and financial health of residents in these neighborhoods."

The study uses uniquely available data on policing—made publicly available by the New Orleans police department, which is currently under a consent decree with the U.S. Department of Justice to address <u>a</u> pattern of civil rights violations.

In the study, researchers looked at <u>preterm birth</u> using vital statistics data, which they linked with numbers on <u>proactive policing</u> from New Orleans Police Department field reports, and census data from the 5-year American Community Survey.

By looking at the data, the researchers were able to rank neighborhoods by their relative level of police activity. "High" proactively policed neighborhoods had an average stop rate of more than or equal to 4.9 per 100,000 residents daily, by comparison to "low" policed neighborhoods, which had a stop rate of less than 0.8 per 100,000 residents.



The researchers found that Black people were disproportionately likely to be exposed to proactive policing during pregnancy: 20% of Black versus only 8% of white births were residents of high proactively policed neighborhoods.

Moreover, the researchers found that Black preterm births were 40% more prevalent in neighborhoods with high versus low rates of proactive policing. They did not find an increase in risk of preterm birth associated with proactive policing among white residents.

The authors controlled for other factors that have been associated with preterm birth, such as educational level, age, and whether the birth was paid for with Medicaid. They also accounted for several neighborhood characteristics, including unemployment, education, child poverty, population density and annual rate of 911 calls related to violence.

Preterm birth is a leading cause of infant mortality, and in the United States, rates of preterm birth are <u>1.5 times higher</u> for Black compared to white infants. Stress during pregnancy can cause <u>high blood pressure</u>, which raises the risk of preeclampsia, premature birth and having a low-birthweight baby, according to the National Institutes of Health.

The current paper follows recent work co-authored by Jahn that looked at the contribution of systemic racism to mental and physical health of Black and other people of color. Some of this work includes a policy statement adopted by the American Public Health Association on ways to use public health to prevent the <u>harms of the carceral system</u>; how accessing prenatal care was affected after a Pennsylvania criminal justice reform reduced prison admissions; a commentary that <u>compared</u> approaches to measuring structural racism; a report on <u>racial disparities</u> in police arrests during the COVID-19 pandemic; and a study on decreases in police arrests following <u>Medicaid expansion</u>.



"The data showed that in New Orleans—like many other areas around the country—there were higher rates of proactive police stops in neighborhoods with majority Black residents, and an association with higher rates of preterm births among Black infants in those areas," Jahn said. "The fact that we did not see any change among births of white infants in these areas adds to work suggesting that proactive policing is a unique stressor disproportionately affecting the health of Black Americans."

The team looked at police stops that occurred only during the year of birth—not pre-pregnancy exposure to police stops. The study authors say that future research in this area should delve into the health mechanisms behind the link between police stops and preterm birth, or perhaps look at the effects of cumulative exposure to police stops over a lifespan, or look at policing data from Louisiana State Police or private police in addition to New Orleans Police Department data.

A related <u>2021 study</u> in the *Journal of the American Medical Association* found an association of residence in high-<u>police</u>-contact neighborhoods in Minneapolis with <u>preterm birth</u> among both Black and white individuals.

In addition to Jahn, the new paper's other authors include Maeve Wallace, Ph.D., and Katherine P. Theall, Ph.D., from the Tulane University School of Public Health and Tropical Medicine and Rachel R. Hardeman, Ph.D., from the University of Minnesota School of Public Health.

More information: Jaquelyn L. Jahn et al, Neighborhood Proactive Policing and Racial Inequities in Preterm Birth in New Orleans, 2018–2019, *American Journal of Public Health* (2023). DOI: <u>10.2105/AJPH.2022.307079</u>



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