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Deflection Directions: Philosophies and Concepts Blending Public Health, Public Safety and Communities

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EN | Abstract:

Inclusion of classical and contemporary public health principles in public safety philosophies of Deflection are essential in design and implementation of resulting programming. By examining learned lessons from public health theories, and engaging communities, both in recovery and not, Deflection can become a sustainable contribution of both safety and health to communities-at-large. This paper provides directives to philosophical foundations for Deflection that can assist with subsequent developments of programs moving forward that are responsive to the cultural needs of communities in need of mental health, and substance use disorder treatment diversion, as well as the public safety professionals that dispense such services. In addition, the paper explains how public safety systems-based engagement with communities, both those who are currently in recovery from these conditions, and those health is harmed vicariously by lacks of safety, can lead to customized, community levels of compassion and reductions of stigma for communities living with these conditions. In short, effective Deflection philosophies and customized frameworks can foster not only community-level safety but also health promotion and preventive capital.

Key Words: deflection, health promotion, pre-arrest diversion, public safety, public health, SDG 1, SDG 3, SDG 5, SDG 10, SDG 16, SDG.

ES | Abstract:

La inclusión de principios clásicos y contemporáneos de salud pública en las filosofías de seguridad pública de la Deflexión es esencial para el diseño e implementación de los programas resultantes. Al examinar las lecciones aprendidas de las teorías de salud pública y al involucrar a las comunidades, tanto en recuperación como aquellas que no lo están, la Deflexión puede convertirse en una contribución sostenible tanto para la seguridad como para la salud de las comunidades en general.

Este artículo proporciona directrices sobre los fundamentos filosóficos de la Deflexión, que pueden servir de base para el desarrollo de programas futuros que respondan a las necesidades culturales de las comunidades que requieren derivación hacia tratamiento para la salud mental y los trastornos por uso de sustancias, así como a los profesionales de seguridad pública que brindan dichos servicios.

Además, el artículo explica cómo el compromiso de los sistemas de seguridad pública con las comunidades—tanto aquellas que están en proceso de recuperación de estas condiciones como aquellas cuya salud se ve afectada indirectamente por la falta de seguridad—puede fomentar niveles personalizados de compasión comunitaria y reducir el estigma hacia quienes viven con estas condiciones.

En resumen, las filosofías efectivas de la Deflexión y los marcos personalizados pueden fomentar no solo la seguridad a nivel comunitario, sino también la promoción de la salud y la generación de capital preventivo.

Palabras clave: Deflexión, promoción de la salud, derivación previa al arresto, seguridad pública, salud pública, ODS 3, ODS 5, ODS 10, ODS 16, ODS.

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Public Health, and Community.*

INTRODUCTION

The World Health Organization (WHO) in its founding Constitution states, “The enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition”. (WHO, 1940) Beyond financial benefits, and common sense reasons, this declaration identifies health as a basic right of humanity, and therefore a responsibility of professionals from every facet of industry to protect and uphold around the globe. Deflection as an option in the cadre of public safety offerings in communities provides an innovative opportunity to integrate public health principles into new avenues and arenas as they have been destined to be from the discipline’s inception.

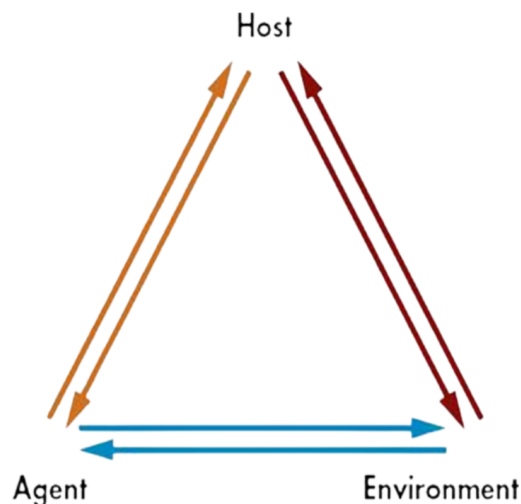
Further, global acceptance of concepts like Deflection and Pre-Arrest Diversion have offered new opportunities to intermingle community-level responses to mental illness and substance use disorders with police calls for service and pre-arrest diversion programs that empower law enforcement and courts to divert people living with these conditions toward appropriate treatment and other necessary services rather than arrest, incarceration, or further contact with justice systems. Numerous issues, both historic and contemporary, that impact community attitudes of key components comprising Deflection philosophies must be examined individually if there is to be any hope that their collective impacts are to benefit participating communities. It is imperative therefore, that inspections of conceptual frameworks that govern Deflection are undertaken so that key indicators are taken into full account when building its praxis and pedagogy moving forward.

I. PUBLIC HEALTH AS A FOUNDATIONAL COMPONENT OF DEFLECTION

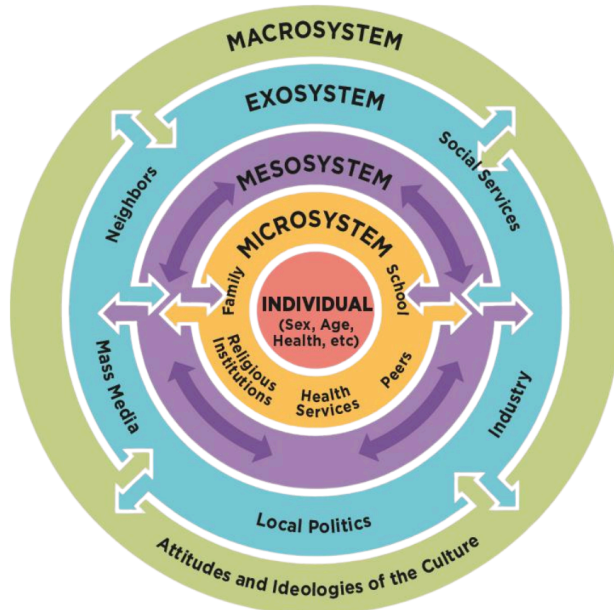
An essential philosophical component of Deflection is its linkage between public safety and public health. This relationship is essential to establish the Deflection conceptual framework, and detailed by contrasting public health and health. Fundamentally, health is described by the World Health Organization as an individual state of physical, mental, and social well-being and not merely the absence of disease and infirmity. (WHO, 1940) Health, as such, can differ from one individual to another, even within one family, or day-to-day. In contrast, public health has longer-term, community-level efforts to prevent disease and injury and protect the health of populations of people. Further, the CDC Foundation defines public health as “the art and science of protecting and improving the health of people and their communities”. (CDC Foundation, 2021) It is public health that is vital to the effectiveness of public safety and successful Deflection program design and implementation.

II. SCIENTIFIC THEORIES SUPPORTING DEFLECTION

As evidence, public health scientific theories like the Epidemiologic Triad (1974) illustrated below offer additional support for Deflection praxis. This theory indicated that while health conditions like mental illness and substance use disorders occurred in communities, individual risk behaviors are not the only sources of such conditions. The Triad supports socio-environmental factors as a complementary source of health outcomes in communities. Additional examination suggests that if these dual sources are responsible for disease risks in communities, they could also be sources of protection in communities from negative health outcomes. Focused emphasis placed upon fostering beneficial characteristics from these same sources within communities can therefore result in effective health interventions. It is this axiom that underlies the framework of Deflection to benefit public health and public safety concurrently. By empowering public safety professionals (Environment) to impact the lives of individuals (Agent) who are living with mental illness and/or substance use disorders, Diversion offers reciprocal responses to their behaviors that were otherwise not experienced by them individually or by their respective communities. Deflection, in its combination of public health, public safety, and community entities actualize these relationships in real-time for communities.



IV. BRONFENBRENNER'S ECOLOGICAL MODEL AND DEFLECTION



Conceptual examination of Deflection principles requires further analyses of socio-environmental factors which can occur through Bronfenbrenner's Ecological Model (1979). As mentioned, the Epidemiologic Triad illustrated showed socio-environmental factors are sources of population health outcomes. Bronfenbrenner's Ecological Model illustrates bi-directional relationships between community sectors and multiple levels. Also, the Model shows that each community sector influences, and is influenced by, the community in which it is located. As such, imbalances, or disparate treatment experienced by communities in one sector, carries over into other sectors

of life experience. This concept justifies the necessity of advocating and supporting equities in every facet and level of life for communities. The Model illustrates emphatically that leading such efforts impacts quality of life in every other facet of life for not just underserved or vulnerable communities, but all communities in a location. Disparities in mental illness and substance use disorders diagnoses, prevention, and treatment efforts cannot be allowed to linger in communities. Deflection conceptual frameworks must include advocacies to address inequities in incidence and prevalence in these issues in not only from public safety purviews, but in collaboration with public health.

V. PUBLIC SAFETY AS A SOCIAL DETERMINANT OF HEALTH

Perhaps most essential to the Deflection conceptual framework is the inclusion of public safety among Social Services within Exosystems in socio-environmental factors. Social determinants of health, as defined by the Centers for Disease Control and Prevention, as "the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks". (CDC, 2024) Recent research has shown that public safety has contributed to health outcomes of communities and has emerged as a social determinant of health.

VI. ENGAGEMENT OF COMMUNITY STAKEHOLDERS

These scientific theories support clear relationships between public safety, public health and communities within Deflection philosophies. As an addendum, communities that are not safe cannot be healthy, and communities that are not healthy, cannot be safe. In addition, a parallel contrast between safety as an individual concept, and a state-of-the-art, community-focused definition of public safety is therefore offered as an inclusion to the philosophical and conceptual framework for Deflection programming design. Public Safety is defined as:

“Community-level senses/notions of:

- Protections from personal or property harms (seen or unseen) or traumas,
- Equitable access to or treatment by the laws governing their or others’ behaviors or liberties,
- Adequate levels of accountability by law enforcement agencies and criminal justice systems for services purposed to provide such protections, plus
- The health and well-being of law enforcement professionals, first-responders and correctional staffs providing public safety services.” (Triplett, 2021)

By defining public safety in this fashion, the concept includes protections from harms and maintains civil orders that public safety is familiar for providing in communities. However, the concept expands to include equities to communities for treatment. As illustrated in the Bronfenbrenner’s Ecological Model, imbalances experienced by one community in one sector carries over to another sector. Disparities must be eliminated in public safety systems, in all communities’ access to equitable and quality treatment by law enforcement professionals, to laws governing behaviors of others, and to laws governing their liberties. The expansion in definition includes adequate levels of accountability in both law enforcement agencies and criminal justice systems for protection services. Perhaps most innovative and contributory to the Deflection program design and implementation is the inclusion of health and well-being of the people who dispense public safety services (law enforcement, first responders and correctional staffs) to communities. It is the supposition that ensuring the comprehensive wellness of these professionals is not only a component of the public safety definition, but integral to the equitable, efficient, and effective dispensation of public safety and deflection services to communities-at-large. Because of the intricacies of traumas associated with mental illness and substance use disorders, supporting the comprehensive wellness of the public safety staff that implement deflection programming for individuals providing deflection services to and for people living with these conditions is that much more elevated. It is therefore imperative that the wellness of public safety staff is integrated into Deflection philosophy. Doing so will ensure inclusion of comprehensive wellness of these professionals into resulting deflection and pre-arrest diversion program design and implementation.

Including all of the listed components in this community-focused definition of public safety in the philosophy of Deflection will provide an innovative and systems-based approach to build longevity, equity, and sustainability of resulting deflection and pre-arrest diversion service provision over time, and improve efficiency and effectiveness of public safety systems in which these services are placed.

After reviewing scientific foundations, integrating public health and public safety in developing deflection and pre-arrest diversion conceptual designs are clearly shared concerns. To consider the criminogenic risks associated with people living with these conditions alone is missing an opportunity to engage with public health professionals for whom preventing and connecting people living with mental illness and substance use disorders to evidence-based treatment is a primary concern. Further, public health professionals have access to cutting-edge data and additional insights that can greatly contribute to cultural competencies for service offerings that are vital to successful Deflection program implementation. These added endorsements are essential to the Deflection conceptual framework in each community.

An additional contribution to Deflection philosophical concepts includes expanding outreach to public health leaders, health-facing community-based organizations, and people in recovery from mental illness and substance use disorders among program stakeholders from inception and implementation, to evaluation in stakeholder composition. As mentioned, mental health and substance use disorders are public health concerns as well as public safety concerns. Deflection offers an opportunity to share insights on how to best balance changing environmental factors with individuals in recovery as well as stay abreast of gaps in service needs for participants. Including these varied stakeholders from inception can provide participating law enforcement agencies opportunities to monitor concepts of quality access to diverse services for participants (ie. gender-specific, disability-accessible, other). In addition, requiring diversity in stakeholder composition will also offer innovative insights into measurable definitions of trauma-informed that can be utilized to insure mental health and substance use recovery and treatment service providers selected to participate in deflection and pre-arrest diversion programs provide culturally-competent, evidence-based, functional, accessible services to local communities. Building a customized approach is vital to meeting the diverse needs of participating communities in changing environments.

Because addiction research has shown inevitable frequencies of relapse, and chronic status of mental illness, Deflection philosophies must also be committed to service provision efforts to improve effectiveness and retention of participants. Therefore, it is imperative that Deflection co should reflect data-driven design, and culturally-competent implementation in service provision beyond race alone. Deflection philosophies must therefore be committed to disaggregate public health and public safety data to determine cultures of communities highly-impacted by mental illness and substance use disorders which will focus their deflection programming efforts.

By insisting upon identification of additional traits of communities-of-focus including ethnic-, linguistic-, disability-, gender- and age-based compositions, resulting deflection programs can emerge beyond race-based efforts alone.

In addition, establishing culture-based communities-of-focus from inception will guide Deflection efforts and inclusion of treatment and prevention programs throughout.

It is also a part of the Deflection philosophy to avail public safety staffs to accomplish primary roles in communities– to protect, and serve efforts to maintain civility and order. Public health issues arise regularly when law enforcement calls for service include responses to behavioral emergencies for health-facing issues for which they are neither equipped or trained to respond effectively. Further, such ill-treatment further stigmatizes persons living with health conditions, traumatizes law enforcement professionals, and undermines trust factors from communities in public safety systems to accomplish community safety (and health) goals. Deflection philosophies must acknowledge these existing community sentiments and recognize that while individual risk behaviors exist and lead to diversion efforts, group-level traumas precede and increase likelihoods of communities resulting in mental illnesses and substance use disorders. Deflection philosophies, therefore, will do well to support public health efforts to address preventive efforts of individual- and group-level risks simultaneously. Optimal Deflection programs will include diversion of individuals living with mental illness (diagnosed or undiagnosed) and substance use disorders to evidence-based treatment providers to reduce incidence and prevalence issues to confront individual risk behaviors, and socio-cultural environmental factors in communities simultaneously in order to reduce relapse risks and build preventive capital. Preventive capital describes communities' capacities to prevent and respond to health-facing conditions associated with unnecessary police interactions (ie. substance use/addiction, mental illness and unhoused/housing instability) with equitable access to quality, evidence-based, culturally-competent, trauma-informed services for communities. (Triplett, 2021) Communities with adequate preventive capital will allow public safety systems to also focus on protecting communities from serious criminal acts, and perform more efficiently, equitably, and effectively as a collaborative force. Doing so will also elevate the well-being of the community-at-large. Effective Deflection philosophies, therefore, would promote adequate preventive capital in communities as a component of its philosophical framework.

Additional conceptual components of community engagement in Deflection frameworks tangible efforts to remain aware of participant and community needs, monitor participant satisfaction with current partnerships and treatment provision, and to reduce stigma and fear associated with mental illness and substance use disorders in communities-at-large. These contributions are essential to program longevity and sustainability. What is also illustrated by Bronfenbrenner's Ecological Model is that trauma can be experienced whether an individual is directly exposed to harm or not. Deflection philosophy must acknowledge that public safety systems, perhaps because of their inclusion among Social Services, have implicit community expectations of equity and accountability that may not exist for other community sectors. In the United States, specifically, disparate treatment experienced by

members of marginalized communities historically and in contemporary times results in harm to members of those communities whether individuals are exposed to those harms directly or not. Further, socio-environmental factors impact all communities regardless of demographic factors. In fact, the advent of such developments as social media, cable television, and broadband internet among others has insured community-level impacts and influences of harms as illustrated in the Bronfenbrenner's Ecological Model. Deflection frameworks therefore, must include on-going engagement with diverse communities to increase understanding and compassion for people living with diverted conditions by both law enforcement and communities-at-large, increase trust and reduce stigma. If harms can be shared vicariously, so can protections. Research shows a percentage of mental health and substance use disorders and addiction relapse that is attributable to socio-environmental factors. To the extent possible, external components of frameworks informing the public-at-large of these conditions as health-based issues worthy of their concern and support rather than their pity may have great impact on community-level outcomes, prevention levels, and ultimately health status. As mentioned, communities that are not safe cannot be healthy, and communities that are not healthy, can not be safe. By engaging communities and framing Deflection as an opportunity for communities to unite to align and advocate to address safety and health collectively, resulting programs can nurture protective factors in communities.

In conclusion, development of effective Deflection philosophies requires reliance on referenced public health scientific theories, cutting-edge health data disaggregated to identify cultures and communities impacted by mental illnesses and substance use disorders, diverse stakeholders, and community-centered efforts customized to meet trauma-informed, culturally-competent treatment and prevention. Effective resulting deflection program design and strategic agendas will protect safety and health of numerous communities it touches, and will be essential in the conceptual framework integration of public safety and public health system goals.

As detailed, complete public safety is only achieved in communities that are healthy. Viewing Deflection in a community-focused version of public safety, will place resulting programming in proper contexts and continuum of public safety services provided to communities-at-large. Residents will benefit whether they participate or are served directly in deflection programs or not. Communities with Deflection programs within their public safety systems can be better informed about available resources, and become better advocates for Deflection and pre-arrest diversion, mental health promotion, substance abuse prevention, comprehensive wellness, and improve their own senses of safety in the balance. It is this multifaceted philosophy that gives Deflection the leverage it needs to maintain its invaluable dual role at the intersection of public safety, public health and community.

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WAIVER

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