

# Public Health 2030: Community Prevention Driver Forecasts

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## Forecast Summaries

*Expectable: Broad-based community prevention remains elusive*

- Adoption of the community prevention approach as an intervention varies significantly by topic area and region, especially limited in areas with the highest health burdens
- Some community prevention efforts are backed nationally, while others are politically taboo. Excise taxes on the sale of sugar-sweetened beverages are implemented in virtually all states, while implementation and acceptance of “healthy kids’ menu laws,” “complete streets,” and other preventive measures differs significantly by community
- Where implemented, Pigovian taxes on products with negative health externalities successfully decrease consumption, change cultural norms, reduce rates of illness and injury, and generate revenues for health programs in those communities
- Very little political capacity – even in the most progressive, activities areas – exists to challenge and overcome opposition to systemic community prevention
- As a result, the prevention approach makes some significant inroads nationally by 2030 but remains a controversial approach to many health problems; debate about policy solutions to public health remains an active part of the national discussion

*Challenging: Dismantling and reversal of community prevention gains*

- The community prevention approach makes few advances given distrust in government and the consumer-based, individualistic approach to health
- Investments in several national community prevention efforts are eliminated; community prevention efforts are largely driven out of the public sector
- Previously public services and spaces are privatized (e.g., private parks, private roads, private bridges, private transit, and private recreational space)
- Medical care and healthful food are available to those who can afford them
- High political opposition to community-based intervention
- Health and wellbeing decrease across all population segments, health gap widens into a chasm as formal safety nets and informal social networks collapse for the most vulnerable populations

*Aspirational: Widespread and successful community prevention*

- Bipartisan embrace of community prevention in the public and political sphere converts previously controversial policy solutions into “common sense”
- The Farm Bill becomes the Food Bill, with a long-term vision that considers disease prevention, environmental sustainability, and the wellbeing of farming communities and workers; USDA, FDA, and LHDs are charged with maintaining the safety of the food supply
- Widespread public and private investment in renewable energy, transportation, “complete streets,” parks, walking trails, and urban gardens
- Private sector practices change to meet demands & policies for health promotion and sustainability
- Deep levels of community involvement in policies of public health concern
- Community prevention is seen as the primary tool of effective public health practice and health status improves across virtually all population segments

## Driver Background

Community prevention is a comprehensive and systematic approach to improving population health and safety that takes action to strengthen community conditions – the social, cultural, economic, and physical environments – that are the major determinants of health. Community prevention utilizes public policies and organizational practice changes as key levers for altering community environments and preventing illness and injury in the first place. The rise of community prevention is reshaping the focus of public health as well as the roles of the various players in public health.

The trend toward community prevention is accelerating at the local, state, and national levels. This represents a return to public health's roots. Public health practice in 19<sup>th</sup> century America was characterized by the development of municipal water supply and sewer systems, regulations on slaughterhouses, city planning that included the development of many of America's best urban parks, and other policies and infrastructure development projects that today would be described as embodying a community prevention approach to health.

More recently, public health advocates have found that community prevention is among the most effective instruments in the nation's toolkit for addressing the complex health problems of today. An imperative for applying community prevention methods is the existence of deep and persistent health disparities between wealthy and low-income communities, and between white communities and communities of color. Despite advances in science, a person's zip code provides far more information about their health than their genetic code. These differences are rooted in a variety of community factors including opportunities for living-wage jobs and quality education; transportation options including public transit, walking and biking; whether parents feel it is safe for their children to play outside; or whether parks and recreation areas are within walking distance.<sup>1,2,3</sup> Community prevention has also been the framework for a growing number of community and state initiatives around the country promoting tobacco control and healthy food retail environments. These were elevated to federal policy through the Prevention and Public Health Fund and the Surgeon General's National Prevention Strategy.

Over the last two decades, many local and state health departments have been responsive to these trends, and some have assumed a leadership role in championing community prevention policies and practices. These departments have reprioritized their areas of focus from primarily tracking disease prevalence or pursuing education campaigns to embracing a community prevention approach that addresses the structural drivers of illness and injury. This has required a variety of skills including engaging community residents, analyzing community factors contributing to health problems, facilitating or participating in community action planning, forming partnerships with fields outside of

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<sup>1</sup> Cohen L, Davis R, Lee V, Valdovinos E. Addressing the intersection: preventing violence and promoting healthy eating and active living. Prevention Institute. May 2010.

<sup>2</sup> Cohen L, Iton A, Davis R, Rodriguez S. A time of opportunity: local solutions to reduce inequalities in health and safety. Prevention Institute, May 2009.

<sup>3</sup> Blackwell AG. Equitable growth: turning diversity into an asset. *Race, Poverty & the Environment*. 2011. Vol. 18 No. 1.

health, and formulating and advocating for public policies. In some communities, local health departments have taken the lead; in others, local health departments have served as supportive partners.

Yet significant obstacles to successful community prevention efforts remain. The opponents of community prevention policies are often influential lobbies that have a vested interest in maintaining the status quo. A political climate that too often looks for short-term fixes finds little willingness to invest in community prevention projects with a longer-term outlook. Enduring political ideologies stress the importance of an individual approach to health, rather than a social approach. Many local health departments (and the governing bodies that oversee them) view a policy approach to health as inappropriately political and outside the proper role of public health practice. The community prevention approach itself can be practiced inequitably; affluent communities implement it effectively and see improvements in health, while more vulnerable communities are left behind, further entrenching existing disparities.

Yet there are possible movements that could accelerate the acceptance of good community prevention efforts by decision makers and by the public. As recognition of growing health inequities increases and healthcare costs continue to grow, constituting an unprecedented portion of Americans' income and eventually challenging the integrity of safety net programs, community prevention efforts may be seen as cost-effective ways to save lives and reduce – and perhaps ultimately eliminate – health inequities in the population. The degree to which community prevention is adopted as an approach to public health practice and accepted by decision makers and by the public will have a profound impact on population health and on the role of the public health workforce in the future.

Below we provide three forecasts that differ based upon the degree to which the nation embraces the community prevention approach to public health. The expectable, challenging, and aspirational forecasts each describe the state of community prevention in the year 2030.

## Forecasts

### *Expectable Forecast*

In the decades leading up to 2030, the community prevention approach became an ever more established part of public health practice. Yet because community prevention relies upon policy changes and is interwoven with the political process, the degree to which it was adopted as a public health intervention varied significantly by topic area and region. The result was that some community prevention interventions were controversial and were implemented differently by state and region; others were backed by a national consensus that saw a community prevention approach as appropriate; others remained politically off limits.

The community prevention policies that were accepted across the country made significant differences to population health. For example, excise taxes on the sale of sugar-sweetened beverages were implemented in virtually all states. This and other Pigovian taxes on products with negative health externalities reduced consumption, changed cultural norms, reduced rates of illness and injury, and generated revenues for health programs.

Other community prevention efforts remained more contentious and were implemented amidst much controversy in a patchwork fashion across the country. For example, some states and municipalities imposed mandatory nutritional standards on restaurant dishes and manufactured foods specifically marketed to children, including regulations on meals sold with a toy. These so-called “healthy kids’ menu laws” were embraced in progressive, urban areas, but were rejected by politicians and the public in other areas. Likewise, community prevention policies that create “complete streets” – transportation networks that equitably balance the interests and safety of pedestrians, transit riders, motorists, and cyclists – differed significantly by community.

Finally, other community prevention efforts with the potential to significantly impact health gained little traction. Proposals to restrict the advertising and marketing of the least healthful foods through various media sources were stymied by court decisions ruling that such activity was protected free speech. Very little political capacity – even in the most progressive, activist areas – existed to challenge this, and marketing continued to drive consumption of products harmful to health. More fundamentally, far-reaching solutions that would address the systemic origins of health disparities – e.g., poverty, structural racism, and generational trauma – continued to be excluded from mainstream political discourse.

In 2030, while there has been a growing acceptance that community prevention is a legitimate approach to public health challenges, its adoption has been limited, particularly in certain areas of the country. Unfortunately, these are often the areas that suffer the highest health burdens and would most benefit from community prevention. Much of community prevention’s potential to improve health equity and narrow the health gap remain untapped.

The political patchwork of community prevention is reflected in the different roles of local health departments across the country. Those in wealthier and more progressive areas have the funding, technology, and political will needed to adequately monitor community health. They also have the capacity and experience necessary to collaborate with community partners and legislative and administrative entities to develop policies to respond to existing and emerging health challenges. These areas are more likely to be served by wellness trusts, which pool funding from public investment, the healthcare sector, coalitions of employers, and other stakeholders to invest in identified community prevention priorities.

On the other hand, because of pushback about what is seen as the “politicization” of public health, health departments are restrained in less progressive areas. These health departments conform to a narrower mandate, restricted to a role more focused on infectious diseases and an educational

approach to the prevention of illness and injury. These differences mean that public health practice is quite different depending on where it is practiced.

In 2030, while the community prevention approach has made some significant inroads nationally, it remains a controversial approach to many health problems, and debate about policy solutions to public health challenges remains an active part of the national discussion.

### *Challenging Forecast*

In the years leading up to 2030, a forceful backlash against public health policy interventions severely limited community prevention's potential to positively impact health and reduce health disparities. Distrust in government and other institutions led to a deep skepticism regarding government's ability to foster or promote health through policy. In this context, the community prevention approach made few advances beyond a few urban areas and progressive states.

In the late 2010s, amidst fiscal difficulties, America embarked upon a consumer-based, individual approach to health. Investment in the maintenance and development of community prevention projects and policies was stripped from the federal budget and from many state and local budgets as well. Health departments and other critical regulatory agencies were constrained by legislation sharply limiting their ability to recommend community solutions or even issue basic health advice that was seen as political or "interfering with the market." This change in the regulatory landscape changed the balance of power between producers and consumers and accelerated many of the alarming trends of the previous decades, such as the growth in rates of diet-related chronic diseases and high medical spending. Healthcare costs continued to rise as a result of the declining health of the population, the dismantling of healthcare reform, and an expanded embrace of the fee-for-service medical payment model. Government responded by dramatically cutting Medicare benefits, which further eroded American's trust in public solutions, particularly community prevention approaches, to the fiscal and human challenges of poor health and high healthcare spending. Individual self-reliance became the guiding political philosophy and the perceived solution to the problems posed by disease and health care.

This political realignment had significant consequences for community prevention approaches beyond health care. For example, the Farm Bill was restructured to gut nutrition assistance programs while focusing almost exclusively on subsidies and research and development that favor the production of commodity crops by the largest industrial farms, with negative implications for health. Investment in community prevention efforts such as the Prevention and Public Health Fund and other programs housed at the Centers for Disease Control and Prevention and the Department of Health and Human Services were eliminated.

Concurrently, rising fuel prices changed the residential landscape of America. The wealthy retreated into urban centers or closed suburban enclaves. The social lurch towards consumer-based solutions resulted

in privatization of services that had previously been considered public. Private parks, private roads, and even private bridges proliferated, where access was only available to paying members. As was the case with medical care and healthful food, transit and recreational space became private commodities available only to those who could afford them.

The dismantling and reversal of many of the gains made through the community prevention approach in previous decades had a significant impact on population health, particularly amongst the most vulnerable. Community prevention efforts were largely driven out of the public sector. While certain charitable foundations and progressive municipalities maintained an interest in the community prevention approach, their efforts were often stymied by political opposition to any community-based health intervention.

In 2030, health and wellbeing have decreased across all segments of the population. At the same time, the health gap has widened into a chasm as formal safety nets and informal social networks have collapsed for the most vulnerable populations. America faces profound challenges to return to the levels of health seen just two decades earlier.

### *Aspirational Forecast*

In the years leading up to 2030, the field of public health was able to progressively usher in a powerful, bipartisan embrace of community prevention in the public and political spheres. The most remarkable aspect of this transformation has been the speed with which previously controversial policy solutions to health challenges have been accepted by the public as simply being “common sense.” Much as earlier generations saw community norms change over struggles to get lead out of paint, smoking out of the workplace, and seatbelts in cars, the vast majority of people in 2030 look at the policy landscape two decades earlier and are shocked by the levels of preventable illness that resulted from poor policy.

This is no longer the case. Community prevention is now roundly understood to be the cornerstone of good public health. For example, the legislation formerly known as the “Farm Bill” and renewed every five years is now the “Food Bill,” an ambitious strategic policy plan with a long-term vision that considers factors such as disease prevention, environmental sustainability, and the wellbeing of farming communities and workers. Furthermore, diet-related chronic disease has been fully accepted by the public as a food safety concern. USDA, FDA, and local health departments are charged with maintaining the safety of the food supply, which includes microbial content, chemical exposure, and nutritional quality. Local health departments play key roles in the enforcement and monitoring of these concerns.

The residential landscape of America has also undergone a dramatic shift. Public and private investment in renewable energy has cushioned the blow of rising fossil fuel prices and allowed for an orderly transition to less energy-reliant forms of transportation and housing. The nation’s cities have increased in density as middle class families have embraced urban life. Investment in active transportation systems

that rely upon the “complete streets” model has made most American cities easily and safely navigable without private ownership of cars. Other significant investments in urban infrastructure include parks, walking trails, and urban garden development.

The private sector has also experienced significant change in the last 15 years. The production, distribution, availability, and consumption of healthy food are widely recognized as critical public health concerns that require business to work in partnership with government, using the community prevention model. Shifting demand and agricultural policy have impacted the market, greatly reducing production of commodity grains and animal products. Localized food systems have been strengthened, driven by higher energy costs and increased consumer demand, much of it from low-income communities that were previously excluded from the market. Consumption of locally grown fruits and vegetables has risen steadily along with these changes. Community prevention policies have limited the manufacturing, marketing, and distribution of processed foods. Some of these policies include more exacting zoning standards, restrictions on marketing, and the exclusion of unhealthy foods from public programs such as school meals, military messes, hospitals that accept federal insurance, and nutrition assistance programs.

These changes have only been made possible through dramatic shifts in the way community prevention has been adopted by public agencies. As medical expenses and projected spending growth rose to unsustainably high levels in the mid-2010s, a bipartisan consensus was achieved that the nation’s health problems could only be addressed by a community prevention approach backed by a broad coalition of interests, many of which were traditionally viewed as outside the health field. The result was a strengthening of cross-sectoral cooperation, where individual agencies developed sustainable strategies to better fulfill their mandates *while at the same time* improving the health of the communities they served. Examples include zoning boards using health impact assessments as a critical tool in urban planning, Community Centered Health Homes bringing medical expertise into community development previously seen as beyond the scope of the healthcare model, the agencies governing transportation and parks being seen as integral to reducing healthcare expenditures, and the successful implementation of healthcare reform creating a more integrated health system where investment in community prevention is prioritized by the healthcare sector.

The widespread adoption of a focus on community prevention as the key to improving population health prompted further development in the field of public health. In order to properly monitor the impact of policies on health, local health departments created more robust workforce capacity, established sophisticated monitoring systems for community health, and maintain up-to-date understandings of factors in community environments that impact health. These systems necessarily require deep levels of community participation and spurred greater community involvement in policies of public health concern. Enhanced community involvement generated a positive feedback loop, where an empowered public insists upon policies that benefit the health of their communities.

In the year 2030, the future is looking bright. Community prevention is seen as the primary tool of effective public health practice. Virtually all segments of society have seen positive increases in their

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health status. The greatest gains have been realized by those who were previously marginalized, resulting in a pronounced narrowing of health disparities. Most importantly, the systems that most directly impact health continue to foster and promote health and wellbeing.

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Learn more about the Public Health 2030 project by the Institute for Alternative Futures at [www.altfutures.org/publichealth2030](http://www.altfutures.org/publichealth2030).