

# Public Health 2030: Injury Prevention Driver Forecasts

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## Forecast Summaries

*Expectable: Broad-based approach to violence prevention remains elusive*

- Technological innovations in design and monitoring – and decreased public tolerance – reduce unintentional injury rates for certain types of injuries
- Rates of violence continue to be closely tied to poverty, race, education, and geography
- Some innovative programs prove successful locally but are leadership-dependent and unsustainable
- Injury-related fatalities decrease but injury-related costs – including long-term care and benefits – rise due to inadequate focus on primary prevention
- Political and cultural opposition to a population-based approach hinders the most effective local policies from being embraced on a nationwide level

*Challenging: Rising rates of injury and costs*

- Distrust in government leads to a rollback of consumer protection regulations that have successfully decreased injury rates in previous decades
- Cultural and political emphasis on individual responsibility and market-based notions of freedom hinder communities from addressing their challenges and results in cuts in policies and programs important to injury prevention
- Holistic violence prevention is nonexistent and the only acceptable approach to combating violence is apprehension and punishment (often via aggressive police practices)
- Rates of injury – and the associated preventable health problems that result – increase, and vulnerable groups suffer the worst spikes
- Efforts of progressive localities are undercut by preemptive federal and state laws and court decisions that prevent municipalities from taking action against weapons and other potentially harmful products
- Public health advocates face profound challenges communicating the idea that injuries – both unintentional and intentional – are fundamentally preventable

*Aspirational: Cultural shift to population-level violence prevention*

- Broad political and cultural consensus formed on a broader definition of public safety compared to the 2010s; a major cultural shift occurs as the American public and decision makers come to see violence as a preventable public health problem that requires comprehensive strategies from multiple sectors
- Bipartisan efforts to reduce health care costs without compromising care yields a focus on community prevention efforts, resulting in reduced incidences of injuries
- The “smart design” movement promotes products, places, and organizations built and structured to prevent injury; technological innovation is geared toward violence and injury prevention
- Communities have access to funding and other resources, long-term strategic plans, and dedicated staffing to prevent violence; communities demand policies and practices from both government and the private sector that protect the population from preventable harm
- America has become a much safer nation; greatest gains seen among vulnerable populations; rates of injury now equitable across race and socioeconomic status

## Driver Background

There is a growing movement in the United States to approach injuries as preventable public health problems rather than as unavoidable accidents. This public health approach is applied to both unintentional injuries, such as collisions and falls, and intentional injuries, such as interpersonal violence and suicide. In both cases, the public health approach sees injury as a failure of systems design and believes that injuries can be prevented by improving these systems. Local health departments and other public health practitioners play key roles in investigating the causes of injury and recommending and implementing solutions.

There are several trends occurring that will impact the development of the public health approach to injury prevention over the next decades. First among these are evolving social norms around injury. For cultural and historical reasons, certain injuries are seen as more acceptable or inevitable than others. For example, injuries that result from automobile collisions or urban gun violence are often viewed as “unfortunate events that just happen,” while injuries that result from commercial aircraft crashes or terrorism are seen as systemic failures of prevention. For the public health approach to injury prevention to prevail, authorities and the public must “denormalize” causes of injury currently seen as unavoidable. This kind of shift has clear precedent. For example, in a relatively short time span beginning in the 1980s, social and legal tolerance of driving under the influence of alcohol changed rapidly. A complex blend of factors contributed to this cultural shift, but the evidence is clear that a public health approach to preventing drunk driving has dramatically lowered rates of injury.<sup>1</sup> Other shifts included the normalization of seatbelts and child safety restraints and the growing recognition that domestic violence is a community and legal issue, rather than simply a family matter.

Concerns about rising healthcare costs are another developing trend that will impact injury prevention, particularly as the public sector absorbs more medical expenditures through the Medicaid expansion that accompanied health care reform. Over 32 million injuries occur each year in the U.S., 180,000 of them fatal.<sup>2</sup> Desire to reduce the enormous fiscal costs associated with injury – much of them borne by the public – may incentivize a public health approach to prevention. For example, falls amongst the elderly are a particularly prevalent form of injury that results in serious health complications and great medical expense, much of it public.<sup>3</sup> This problem can be addressed by community prevention efforts such as improved building codes and regional planning, but such an approach requires an understanding that these injuries are social problems in addition to being individual problems. Investment in community prevention as a way to lower healthcare expenditures has the potential to profoundly impact the public health approach to injury.

The degree to which society tolerates inequality is another variable that will affect the approach to injury in the U.S. Racial and ethnic minorities and those of lower socioeconomic status are often more

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<sup>1</sup> Williams AF. Alcohol-impaired driving in the United States: the past 25 years. *Journal of Safety Research*. 2006;32(2):123-138.

<sup>2</sup> NCIPC: [Web-based Injury Statistics Query and Reporting System \(WISQARS\)](#)

<sup>3</sup> Gill T, Taylor AW, Pengelly A. A Population-Based Survey of Factors Relating to the Prevalence of Falls in Older People. *Gerontology*. 2005;51(5).

susceptible to injury, particularly intentional injury. The public health approach to injury prevention becomes the appropriate solution when the burden of violence is seen as a community problem with social roots, rather than simply a law enforcement problem where individuals must be apprehended and punished after they commit crimes. This change in approach is already evident with regards to illegal drug use, which is increasingly viewed by authorities as a public health issue rather than a criminal justice issue. For example, R. Gil Kerlikowske, the Director of the White House Office of Drug Control Policy, has written, “Our drug problem is a major public health threat, and drug addiction is a preventable and treatable disease.”<sup>4</sup> This redefinition of drug use may herald broader cultural shifts that see other social problems, such as violence, as preventable public health concerns with community solutions.

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

## Forecasts

### *Expectable Forecast*

The American approach to injury prevention developed significantly in the decades leading up to 2030, though the implementation of this change in approach varied significantly by region and by local leadership. The debate over injury prevention continues to pit notions of individual responsibility and freedom against consumer protection and public safety, with a lack of consistency across outcomes.

The decline in overall rates of unintentional injury over this period is largely credited to technological innovations in design and monitoring and decreasing public tolerance for certain type of injuries. As technology made a host of products – from motor vehicles to showers to guns – safer and enabled that information to be more easily communicated to consumers, citizen pressure was applied to both the public and private sectors to ensure that products met these standards. Just as automobile safety became a key selling point for carmakers in previous decades, manufacturers of a more diverse set of products began innovating and marketing safety features, which reduced rates of injury in the population.

The approach to violence prevention over this time period was much less consistent. While promising work took place in communities across the country, a broad-based public health approach to violence prevention remained elusive. Rates of violence continued to be closely tied to poverty, race, education, and geography. Comprehensive strategies designed to eliminate the root causes of these inequities –

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<sup>4</sup> Kerlikowske RG. The Obama administration’s public health approach to drug policy. The Huffington Post. Feb. 2, 2011.

poverty, structural racism, and generational trauma – remain off-limits in mainstream political discourse.

On a local level, progressive leaders were able to pilot innovative and promising programs in the years leading up to 2030. These programs differed, but the most successful were appropriately funded and staffed, were interdisciplinary and multi-jurisdictional, embraced functioning coalitions that included public-private partnerships, and were governed by a clear decision-making process with a structure in place to ensure accountability. These programs changed the landscape of violence prevention within the community to de-emphasize the role of law enforcement and lift up the role of other community stakeholders. Unfortunately, many of these programs depended upon specific leaders and lacked follow-through and sustainability during political transitions.

Overall, injury-related fatalities decreased during this period. However, an inadequate focus on prevention meant that injury-related costs rose. As technological improvements advanced trauma care, survival rates for victims of injury increased. Yet many of these patients required long-term care, which resulted in increased expenditures for healthcare, disability, and other safety net programs. There is movement towards greater investment in primary prevention of injuries to reduce costs, but the majority of spending continues to be directed towards treatment.

In the year 2030, America has made progress in shifting towards a public health approach to injury prevention, but significant obstacles persist. Political and cultural opposition to a population-based approach has hindered the most effective local policies from being embraced on a nationwide level. Rates of injuries have decreased, but inequities remain a challenge.

### *Challenging Forecast*

Cultural and political shifts have set back the public health approach to injury prevention in the year 2030. Distrust in government has led to a rollback of consumer protection regulations that successfully decreased rates of injury in the past. At the same time, the rise of a political movement that emphasizes individual responsibility and market-based notions of freedom has constrained the ability of communities to adequately address their challenges. This is particularly true in the realm of violence prevention, where efforts to address violence other than apprehending and punishing offenders have become increasingly politically taboo. To the degree that prevention is considered a strategy, it is represented by aggressive police practices that often alienate the community suffering the violence.

The result has been an increase in rates of injury, with the most vulnerable groups (people of color and those of low socioeconomic status) suffering the worst spikes in injury rates. Preventable disabilities resulting from these injuries have become an increasing burden on healthcare systems and the safety net as a whole. This pressure, coupled with the cultural and political shift toward individualism, has led to cuts in policies and programs important to health.

Despite the cultural and political pushback against the public health approach to injury prevention, certain communities have managed to maintain a more comprehensive approach to prevention with the support of foundations and progressive mayors, police chiefs, and local health departments. Yet these efforts are often undercut by preemptive federal and state laws and court decisions limiting municipalities from taking action against guns and other consumer products that pose risks.

In the year 2030, unintentional injury, violence, and inequality are on the rise. Communities face an uphill struggle to implement comprehensive policies to address their challenges with injury. Public health advocates face profound challenges communicating the idea that injuries – both unintentional and intentional – are fundamentally preventable. The nation faces significant obstacles before it can adequately and sustainably work to prevent injury.

### *Aspirational Forecast*

The American approach to injury prevention underwent rapid change in the decades leading up to 2030. Principal among these changes was the development of a broad political and cultural consensus that the definition of public safety needed to be broadened and that communities and the public sector needed to take a more active role in preventing injury.

There were three key drivers of these changes. First among them was the development and success of an empowered civil rights movement that saw violence and other health inequities as intolerable social failures that needed to be addressed urgently. This movement was able to significantly shift the political debate and create local, state, and national policy windows to implement changes to the nation's approach to violence. The movement was highly successful at reframing the debate as a population-level discussion, creating a political discourse in which competing political parties offered alternative solutions to mutually-identified problems like structural racism, income inequality, and community trauma.

A second driver was the bipartisan effort to drive down healthcare costs without compromising care. Unsustainably rising healthcare expenditures from preventable injuries and subsequent complications created an imperative to develop better systems of prevention. As a result, a public-private coalition of governments, employers, and insurers put significant investment into community prevention efforts, which significantly reduced incidences of injuries.

The third driver was the development of the “smart design” movement, which advanced the principle that products, places, and organizations could be built or structured in ways that would prevent injury. This movement paired easily with technological innovation. For example, mobile apps that used interactive geographic information systems began informing cyclists which routes were safest at certain

times of the day. The widespread dissemination of this information created empowered political constituencies that were able to successfully push for improved transportation design that prevented injury. Technological innovation and smart design also had profound implications for product safety, particularly gun safety. Smart locks that employ biometric recognition, making the gun inoperable by anyone but its legal owner, became standard and greatly reduced unintentional gun injury and black market access to stolen guns.

Less tangibly, but perhaps most importantly, the period leading up to 2030 saw a major cultural shift in how injury was understood and tolerated by both the American public and decision makers. In 2030, violence is seen as a preventable public health problem that requires comprehensive strategies from multiple sectors. Law enforcement and the criminal justice system are just one component of a multisectoral approach to preventing violence that is highly prioritized, evidence-based, and community-driven. Communities have access to funding and other resources, long-term strategic plans, and dedicated staffing to prevent violence. Cultural norms have also shifted with regards to unintentional injury. Societal tolerance for injury has plummeted, and communities demand policies and practices from both government and the private sector that protect the population from preventable harm.

In the year 2030, America has become a much safer nation. The greatest gains have been realized by those previously most vulnerable, and rates of injury are now equitable across race and socioeconomic status. The country's program to reduce rates of injury is on a sustainable course to continue preventing injury into the future.

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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).