

## Injury Prevention Essential to U.S. Health Reform

Preventable injuries exact a heavy burden on Americans through premature deaths, disabilities, pain and suffering, health care costs, rehabilitation costs, disruption of quality of life for families, and disruption of productivity for employers.

In 2000, Americans suffered from injuries resulting in over \$117 billion in medical costs and an estimated \$289 billion in productivity losses. Long-term disabilities from fall-related hip fractures, brain, spinal cord, and burn injuries frequently result in high costs for continued long-term care.

This reality brings to light that preventative safety measures are not necessarily a personal right or choice. When someone is severely injured in a crash because they did not wear their safety belt the cost of health care can become a public burden. The expense of long term care is generally so astronomical that Medicare and/or state health plans are utilized to make up the difference. The same is true for wearing a helmet or ensuring that your child safety seat is installed correctly. Not only will fellow tax payers reap the benefits of preventative safety measures but the consumers themselves can receive significant returns on their investment in safety.

When evidence-based prevention strategies are implemented, the estimated return on investment is substantial. For instance, home visitation programs have been demonstrated to be particularly effective in reducing child abuse and injury, and provide a cost savings of nearly \$2.88 to \$5.70 per dollar spent. Other proven cost-effective injury prevention strategies include booster seats for children, bicycle and motorcycle helmets, smoke alarms, and the enforcement of laws associated with preventing drunk driving, maintaining curfews for teen drivers, and wearing seat belts (See Figure 1 on next page).

Preventable injuries represent a serious burden in the United States.

However, the causes of injuries are grounded in the places where we live, work, travel, and play—our homes, workplaces, schools, recreational venues, and transportation systems. As such, initiatives to prevent injuries must be designed by people and organizations within our communities. These parties must be continually involved in the health reform process to ensure the development of healthy environments that promote safety and prevent injuries.

Concerted efforts to reform the health care system in our nation must address injuries in order to improve health, increase public safety, and reduce health care costs.

*This article is an adaptation from the State and Territorial Injury Prevention Directors Association. It can be viewed on the ACTS Oregon website under Child Passenger Safety (CPS) Feature.*

**Figure 1. Cost-Effective Injury Prevention Strategies**

<b>Intervention</b>	<b>Cost per Unit</b>	<b>Return on Investment*</b>
Child Car Seat	\$46/seat	\$1,900
Booster Seat	\$31/seat	\$2,200
Child Bicycle Helmet	\$11/helmet	\$570
Motorcycle Helmets	\$240/helmet	\$4,300
Helmet Laws	\$1,400	\$4,300
Sobriety Checkpoints	\$9,600/checkpoint	\$73,000
Midnight Curfew & Provisional Licensing for Teen Drivers	\$74/driver	\$600
Zero Tolerance for Drivers < 21 years	\$34/driver	\$850
Upgrade Secondary Belt Law to Primary	\$300/new user	\$5,400
Enhanced Belt Law Enforcement	\$280/new user	\$5,400
Smoke Alarm Purchases	\$33/smoke alarm	\$940
Smoke Alarm Laws	\$36/user	\$940
Fall Prevention for High-Risk Elderly	\$1,250/person	\$10,800

\* Return on investment is defined as the amount injury prevention interventions saved by preventing injuries, including medical costs, other resource costs (police, fire services, property damages, etc.), work loss, and quality of life costs. These benefits are calculated in 2004 dollars.