

Injury and violence: undertaught and overdue in public health education

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ABSTRACT

Injuries and violence remain leading causes of death for Americans, yet undergraduate public health education programmes continue to offer few courses in injury and violence epidemiology and prevention (IVEP). We assessed current IVEP course offerings at 146 US undergraduate public health programmes through catalogue searches and programme contacts. Among the 114 responding programmes, 46 (40%) confirmed at least one relevant course, though many were not offered regularly due to limited faculty expertise and/or low perceived student interest. Course content varied, with many focusing solely on violence. The limited offering of IVEP coursework contrasts with the substantial burden of injuries and violence. Strengthening IVEP education requires increasing student engagement, integrating relevant content across core curricula areas and expanding faculty capacity to teach relevant courses. Without such efforts, the public health workforce will remain insufficiently prepared to address injury and violence.

In the USA, unintentional and self-directed injuries remain a leading cause of death, and people aged 1–44 are more likely to die from injuries or violence compared with any other cause.¹ This is not just a statistic; it is a call for action. Healthy People 2030, a US government initiative to establish objectives for improving the health of the population, focuses on preventing violence and unintentional injuries.^{2,3} To truly advance the goals of Healthy People 2030, it is vital that the next generation of public health professionals are trained in injury and violence epidemiology and prevention (IVEP) from early in their careers. However, previous studies examining the curricula of accredited US public health schools and programmes found that few schools had courses on this topic.^{4,5} We build on this work by assessing the current landscape of IVEP courses in undergraduate public health programmes across the USA, including a broader range of undergraduate programmes and a new focus on course availability.

We generated a list of (1) accredited undergraduate programmes and (2) unaccredited undergraduate programmes affiliated with accredited graduate schools or programmes, as of March 2025, from the Council on Education for Public Health website.⁶ From this list, we sought to identify all courses offered or accepted for credit towards a bachelor's degree in public health that centred on injuries and/or violence. We excluded courses focused solely on healthcare (eg, first aid, athletic training), occupational safety or disaster preparedness. To identify

relevant courses, we searched online catalogues by course title and reviewed course descriptions to confirm eligibility. We then emailed the contact(s) for each programme to identify courses that we may have missed or were not listed in their catalogue and, for programmes with relevant courses, confirm that the course(s) were currently being offered.

We identified and contacted 146 programmes between April and June 2025; 114 (78%) responded. 46 programmes (40%) confirmed at least 1 relevant course ([figure 1](#)), for a total of 58 courses. Of these, 45 were taught within public health or similar departments, while 13 courses were offered by other departments. However, only 46 confirmed courses were currently being offered or had been taught recently. Respondents often reported that this was due to lack of faculty with appropriate expertise and/or lack of student interest. Courses offered included injury and violence overview courses as well as more narrowly focused ones such as 'Global Road Safety' and 'Suicide and Suicide Prevention Across the Lifespan'. 7 confirmed courses addressed only unintentional injury (eg, 'Safety and Society'), 37 addressed only violence (eg, 'Family Violence') and 14 addressed both (eg, 'Injury and Violence Prevention'). 12 responding programmes without relevant courses volunteered that some IVEP content is included in other courses. Among the 32 programmes that did not respond, 7 listed at least one relevant course (9 courses total) in their course catalogue, but the current availability of these courses is unknown. Most of these addressed both injury and violence.

The findings are clear: IVEP remains under-represented in undergraduate public health education, demonstrating little improvement over time,^{4,5} and is mis-matched to the high burden of injuries and violence in the USA. Further, even when a course exists, often it is not taught regularly. It is unclear whether this results from lack of instructor expertise or comfort with IVEP content, or real or perceived lack of student interest. Regardless, this creates a negative cycle in which courses are not available or offered, hence students are unaware of and do not learn about IVEP, which means fewer graduates have appropriate knowledge and expertise to address injuries and violence as a public health problem.

First, we need to increase student interest in our courses. The current generation of US college students has come of age amid new social phenomena such as lockdown drills to prepare for school shooting, distracted driving from pervasive cell phone use, as well as rising suicide rates and the enduring impact of a decades-long drug overdose



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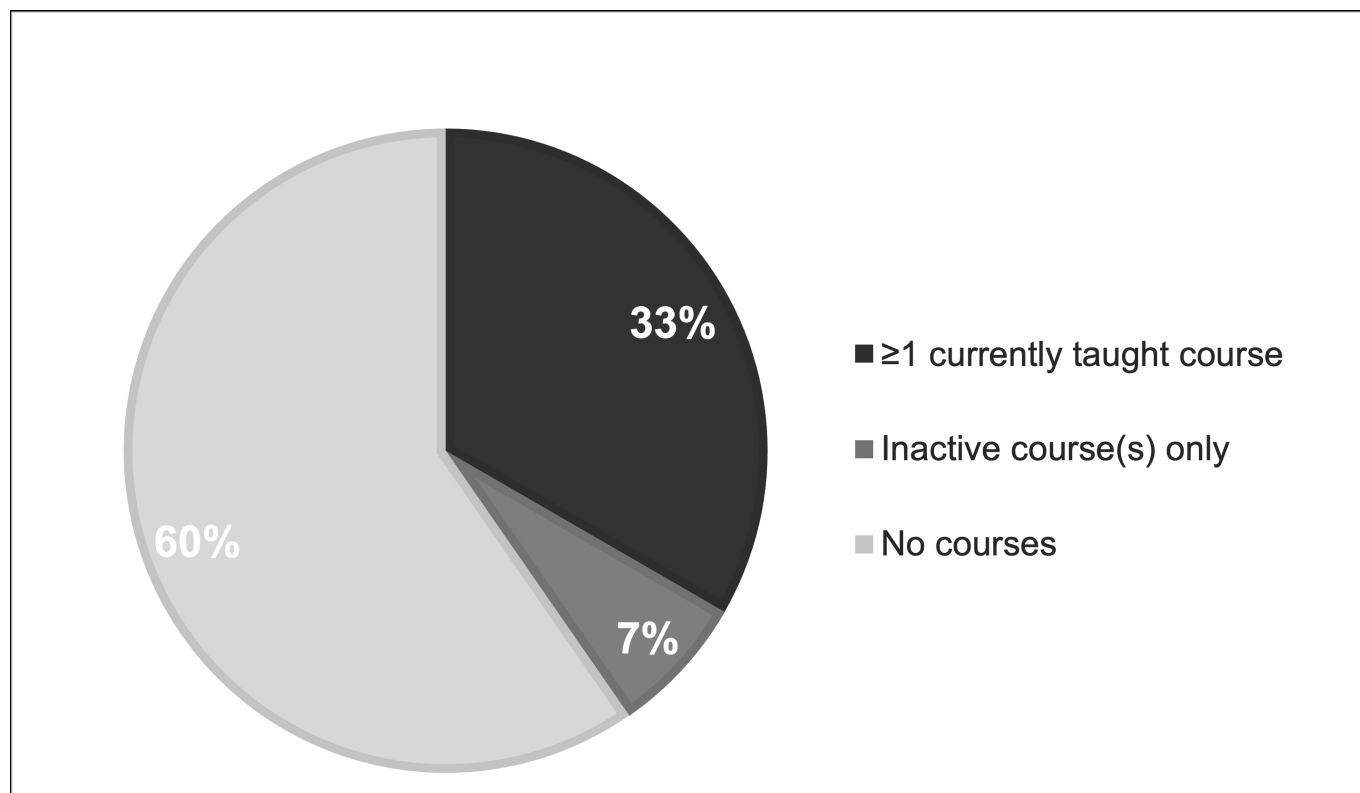


Figure 1 Courses on injury and/or violence offered in the USA. Undergraduate public health programmes (N=114 responding programmes).

epidemic. IVEP topics are ubiquitous in these students' lives and likely of high interest. Emphasising the relevance of these subjects for students' passions through course titles and descriptions that explicitly highlight topics such as drug overdose, suicide and broader societal concerns like justice may therefore increase enrolment. Provocative titles that pique student interest may help; for example, we identified courses titled, 'How Not to Get Killed' and 'Sociology of Violence: Bedrooms, Backyards and Bars'. Course content that aims to develop students' abilities to craft workable solutions and advocate for change may increase appeal. Administrative approaches, such as cross-listing courses for both undergraduates and graduates and outreach to professional course advisors on campus about the courses, may also be helpful.

Additionally, we should address faculty capacity. Not every programme is able to offer a full IVEP course, but that should not lead to an absence of the content. Faculty can integrate IVEP in other courses, for example, through drop-in modules, online lectures by experts or model assignments for different content areas such as programme evaluation or health policy. The Society for Advancement of Violence and Injury Research is well-positioned to lead this effort. As a hub for injury and violence prevention professionals, The Society for Advancement of Violence and Injury Research (SAVIR) can coordinate the development and dissemination of teaching materials, host faculty trainings and advocate for IVEP inclusion in accreditation standards. If we continue to sideline IVEP content in public health education, we will perpetuate a workforce that is under-prepared and reactive rather than proactive.

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