

CDC *Vital Signs* Town Hall Teleconference
Q&A

Preventing Motor Vehicle Crash Injuries and their Associated Costs
October 14, 2014
2:00 pm (EDT)

Dr. Dan Baden: All right. Thank you very much. Excellent presentations. I thought those went really well.

At this point, I want to remind people that you can get in queue to ask a question. All you have to do is press star 1, say your name when prompted, and you'll be announced into the Conference by the operator when it's your turn to ask a question.

I encourage you all to take advantage of this opportunity to talk with our presenters, to share your own success story, to ask questions and learn more. It's a great opportunity.

So again, star 1 if you want to ask a question, but to get us going, it's a little unusual, but I want to thank my parents.

As Jenny said, parents can have a huge impact on whether people wear seatbelts or not and the time I realized that this was really important, was when I found myself hanging upside down after I had had a crash myself.

The only injury I had sustained in that accident which totaled in that car crash which totaled the car, was when I scratched my hand crawling out of the car on a stick outside.

The car was totaled, I was perfectly fine, because I wore a seatbelt. Over the course of my career, I've had the opportunity to come upon numerous car crashes and I once was mobilized as part of a response team for a 75 car pile-up.

These all occurred over several different states and I guess one question I have for our experts here is - if maybe you can give us a little background on where we stand as a country, how many states have implemented primary and how many have implemented secondary laws, and how many states still don't have either?

So I'll throw that out to the presenters and does anyone have - care to take a stab at that?

Jenny Johnson: This is Jenny. I will just speak for Utah. Utah has a kind of a partial primary seatbelt law, so those under 18 must be buckled up or in an appropriate car booster seat, but for adults 18 and older, it is a secondary enforcement law.

And we have a large frontier and rural part of our state and our seatbelt use is dismal in these areas and our partners are mobilizing to try to get primary seatbelt enforcement going again, because we truly believe that there are needless, countless, needless deaths on our roads, not just with teens, but all ages, because we don't have primary seatbelt enforcement and having a partial primary seatbelt enforcement law is actually quite complicated and even harder to educate people on without giving them an excuse that they don't have to buckle up and set an example for their children as well.

So, that's what we see in our state.

Mark Kinde: I'll yield to Dave for the overall number on that. It is available, and I think both the CDC and the National Highway Traffic Safety Administration web site they - I think there's only one state that has no law.

And Minnesota's experience, which is built on what Jenny shared about Utah, Minnesota's experience in working to try to change the culture in - so it's trying to develop that support from greater Minnesota, are more rural counties, are farmland and forest land.

Where there tends to be perhaps a - not as popular a view for support of enforcement of seatbelt use, but it's trying to get at how do we help embrace and adopt a culture change where the - where belt use becomes a norm, just as we're trying to work on changing that culture about what has been a tolerance and an acceptance of alcohol use while driving.

And intermingled with the driving culture, and so really trying to work at changing that culture as well. But the - I'll let David or David if you'll speak to the - what the overall numbers are, that'd be great.

David Ederer: Sure. Thanks Mark and Jenny for giving the perspectives from Minnesota and Utah. We know that 33 states and the District of Columbia have primary seatbelt laws, and then 16 additional states have secondary laws, but the way each of those laws differs by each state, whether it covers all occupants or just front seat occupants as Jenny alluded to.

And just a little bit of data, of course, we know that primary seatbelt laws work. Seatbelt use is 86% on average in states and territories with primary enforcement, and 75.9% on average in states with secondary enforcement.

So, you know, we know that there's work to be done, but we know what works.

Dr. Dan Baden: Okay. Great. Thank you and you just hit one of the other questions I had. The difference in efficacy between primary and secondary - and I believe you said around 86% for primary and 75 or so percent with secondary use; is that right?

David Ederer: Correct.

Dr. Dan Baden: Okay. So, our next question, I guess, would be where do - where should people start? You've got primary and secondary seatbelt laws. You've got alcohol

interventions. You've got the Graduated Driver's License. How would people prioritize their efforts here with these interventions?

David Ederer: This is David. I'll jump in quickly. You know, I would encourage states to look at their data and if they have good data showing which populations are most at risk or if they have even better data showing you know, which risk factors, such as alcohol use or not wearing your seatbelt, are linked with the most crash injuries, start there and then they'll point back to our Motor Vehicles PICCS tool, which can help to speak to interventions based on their own budget and the situation in their state.

And of course, look at the Community Guide and the Prevention Status Reports are another great resource from the Prevention Center Support Team, in particular can show you where your states are on more specific interventions and how comprehensive those laws and interventions are.

Dr. Dan Baden: Okay. Great. Any other comments? If not, we'll move on.

Mark Kinde: I think that's well described, David. Thank you.

Dr. Dan Baden: Wonderful. So you mentioned PICCS again, and another question is, What would be a perfect world if every state had all the laws on the books and we had perfect adherence by all the people, there's still likely to be crashes for different reasons, but can we use PICCS to try and figure out how close we can get to reducing that \$18 billion to zero?

David Ederer: Sure, I mean, we can - you can use PICCS to provide estimates of what can be done in states and get a rough estimate of the number of injuries prevented, the number of lives saved, and the cost and benefits of the implementation.

Again, they're just estimates, but they can give you an idea of what specific interventions might help your state out, but of course, it isn't the be-all end-all, but a tool to help inform this a little bit better.

Dr. Dan Baden: Okay. Great. And again, just as a reminder, press star 1 if you would like to ask a question, otherwise, I'll keep going through questions that we've got through email and such.

The next question, I think this is a good one, Are there any down sides from using this type of economic analysis?

Mark Kinde: I'll jump in as a start, and then look to Jenny and David to add on this. This is Mark in Minnesota. The - one of the possible down sides is that people are reduced to a value on a dollar sign or there's that impression, that our legislature or our governor or the commissioners of health are only concerned about the economics involved and not about the people behind it.

And so, I think, the balance has been just as Jenny demonstrated with their approach to presenting the stories of the teens in Utah, making sure that we're telling the compelling story behind the data. It's not just about saving millions of dollars or on a national scale, billions of dollars, those are important factors, but what we're really talking about is how do we improve the quality of life, how do we improve people's health experience?

And a significant for a number of the states in our nation until poisonings and falls, have overtaken motor vehicle crashes. The motor vehicle was a - was the leading cause of injury death and/or non-fatal injury in many of the states across the nation.

That we're showing that we can make a difference. And we will do the same for this call, today's not about poisonings or falls, but we're going to do the same as we address those issues as well.

But I think - so that's the down side, that it can reduce the - appear to reduce the worth of people to you know, to the value on a dollar sign or a check.

Jenny Johnson: And this is Jenny, I'll just add one thing from our experience, not just with teen driving but in particular child passenger safety efforts in our state. And we had to defend the Booster Seat Bill several years ago, and in all honesty, the cost data has not been the real point of interest among our policymakers. They don't really - they have never - I won't say that they don't care about it, but it's definitely not the driving factor behind their decisions.

And so, sometimes I think we over emphasize certain pieces of data that really don't speak to some policymakers given certain situations.

So, that's just been our experience, that we haven't really needed cost data to do things or to make an impact or to get partners onboard.

Dr. Dan Baden: So Jenny, I remember as a child standing numerous times at the back of the front seat, looking out the front windows as we're driving down the road in our station wagon.

So it sounds like things have changed a lot since then, but What type of data then do you use to that policymakers find impactful?

Jenny Johnson: So in the last few years with the legislation that we've had to work on or provide data for, there's been other underlying issues with our policymakers that really have nothing to do with safety and these bills just get caught up in that argument.

And so we often use the personal stories and again, trying to find that right story that represents what we're seeing in the data over and over the right pattern, but also finding the right spokesperson that has a compelling story has gotten us so much farther than the bits of data that we have.

We have had to look really closely at our Crash Data Reports in trying to figure out where exactly are these crashes happening? For example, in proximity to somebody's actual home or a speed limit, I mean, just very like minute detailed

requests from our policymakers and legislatures when this thing - these things come up.

And we find that oh - for the most part our policymakers in our state are very well educated on the data. And so, you're trying to get them to act and move because of a story, not because of the data. They know the data and they know that we have data and that they can find it easily.

So in Utah our data is great, 'cause we have a lot of it and most people are very well educated on it, but it's also sometimes our downfall, because we need that personal side more than the data side.

Dr. Dan Baden: And do you partner with Community Organizations or Parent's Groups or other groups like that?

Jenny Johnson: Yes, so with many of our efforts, I mean, we work closely with Safe Kids and we work with parents that way. For teen driving, you know, we - with our Memoriam book families, we have this very captured audience who's willing to do just about anything to prevent another family from having to go through what they've gone through.

And so we really utilized those families that have already said, I'm willing to tell my story and we go through and we hand pick families in there that we think have that compelling story and the personality to go and do these things.

We work closely with Zero Fatalities. They have a pretty big grass roots effort with driver's ed programs in the state, that they work with parents and teachers and so we're able to get people in that way as well.

Dr. Dan Baden: And Mark, are you using a similar approach in Minnesota?

Mark Kinde: We are indeed. Again, strongly working with our - the array of partners in our Towards Zero Death Collaborative. And I - Minnesota has used, I think we've actually built our model off of the Utah model for working with teen drivers.

So if my colleagues in public safety, who are anchoring a data approach as well, but for the focus on teen drivers indeed.

And much the same with our partnership with Safe Kids and local public health across the state to engage the array of partners.

And then including law enforcement from both our state, county, and tribal leadership as well.

Dr. Dan Baden: And I'll throw this one towards David. Are you seeing similar efforts across all the states or is there a way of sharing the best practices or lessons learned from Minnesota and Utah with the rest of the states?

David Ederer: Sure, I mean, the laws and the situation is different in every state, but you know, organizing this call and some of the interventions that we mentioned, again the Community Guide and Prevention Status Report are a great place for states to look at interventions that have been shown to be effective.

And coordinating with colleagues like Mark and Jenny is a good way to share those Best Practices and find out how you know, hurdles that they've encountered and how they've overcome them.

So, you know, we like to see ourselves as coordinating and assisting.

Dr. Dan Baden: That sounds great. All right. A couple more questions. Here is one. Why are the interventions featured in the PICCS tool different from those highlighted in the *Vital Signs* report?

I guess that's probably may mean you, David?

David Ederer: Yes. So the interventions we highlighted in the *Vital Signs* report, namely the Child Passenger Restraint Laws, Primary Seatbelt Laws, GDL, Ignition Interlocks, and Sobriety Checkpoints are all in place in states in some shape or form, but can be improved in some states.

You know, some states have really fantastic effective laws and policies, but others can improve on those laws, but the PICCS provides some under-utilized interventions that states may consider and see you know, according to their budget and what other interventions are present in their state to prioritize.

So basically, we want it to expand from the few interventions we've recommended in the PSRs and the Community Guide to encourage states to look at some other options and use whatever budget they may have in whatever population may be most at risk.

Dr. Dan Baden: Okay. Great. Again, if you would like to ask a question, please press star 1, otherwise I'll continue with ones we've received via email.

Here this one switches gears a little bit. They say, fascinating news that the linked crashed in hospital data to support movement towards primary seatbelt. My analogous and now we see, I suggest possible policy approached for pedestrian, bicycle or motor cycle related initiatives and what might some of these approaches include?

Mark Kinde: This is Mark. I'll jump on that one - for Minnesota at least. And so again, in 2009 when the - our state fiscal picture was bleak, our legislators were among their concerns were how best to keep a balanced budget and keep - and they wanted to do to - there was a general consensus of wanting to do the right thing when it came to best approaches to motor vehicle safety.

So the conversation and again, this is - has continued out of the Towards Zero Deaths Initiative, has been to not just consider what's happening in and around the motor vehicle, but those other forms of transport or transit that intersect and affect?

The awareness in Minnesota was at the beginning and end of the day, we're all pedestrians and so, the issue of alcohol and pedestrians is fairly significant one in Minnesota.

And so using this Link to data approach, to understand where pedestrians are being injured, what kinds of injuries they're experiencing, and then asking the same series of questions for our bicyclists and our motor cyclists, so that we have this - a more complete picture of the hospital costs associated with the whole traffic transport arena.

Now in Minnesota, most of our bicycle crashes, for example, are not traffic related. They're on trails or maybe on roadways, but not in intersection with another vehicle.

So the ones that are most severe and the same thing with motor cycles, are those that hit or are hit by a motor vehicle, but in terms of magnitude our bicycle crashes are about five to one non-motor vehicle related versus vehicle related.

But again, it's taking that approach, to saying, okay let's understand the - we get a more complete understanding of the magnitude of the problem when we can Link our crash and hospital data.

And so it's using, more fully using the power of the Link data to determine where the injuries are occurring and again, what the disparities or the discrepancies are in health.

What we've looked at with the data are the - we've used the median zip code income and have found that as might be the case across other states as well, that those from lower income strata have a disproportionately high share of the injury burden.

Dr. Dan Baden: Okay. Wonderful answer. So I'm not seeing anyone in queue to ask questions on the phone and I've got one more email one.

So, as we get ready to finish up, I guess this is more of a tech or a crystal ball type question, but Would any of you care to speculate on the impact that driverless cars are going to have in the future?

Mark Kinde: David that sounds like your question.

David Ederer: Yeah, that's a tough one. It's hard to say what will happen, but we know it'll be much different from the issues we are encountering right now. You know that they're driverless cars are something that other people are looking into, but we don't really know what the risk factors and issues may be with it, but it - we can certainly say that it is likely to change how road users interact with their environment and the car itself.

So, I guess it remains to seen what will happen.

Mark Kinde: Yeah, I'll add David. In Minnesota our colleagues as we're working together with our next iteration of our Strategic Highway Safety Plan, the driverless vehicle has been one of those strategies that we've tried to embrace in the model to both from a prospective of economic savings and one of those strategies again, for reducing risk of injury and fatality, that the technology exists.

Part of this is changing the culture. Minnesotans love to drive and we've had a lot of wide open spaces wherein to drive, and so, this is going to be one of those difficult model changes, culture changes to embrace, but we think that there is value.

Doctor Dan as you framed the question, you know, can we estimate the - what - how much impact it will make. I don't think we can yet.

Dr. Dan Baden: Well maybe that's a topic for a future call.

Mark Kinde: Thanks.

Dr. Dan Baden: All right. So, before we close, it would be really helpful for us, if you would let us know how we can improve these teleconferences. Please feel free to email your suggestions to us at ostltsfeedback@cdc.gov, that O-S-T-L-T-S, feedback at cdc.gov.

We hope you'll be able to join us for next month's Town Hall Call, which will be Wednesday, November 12 when we'll focus on cervical cancer.

Thank you again to all our presenters and everyone who attended the call. That ends today's call. Good bye.

Coordinator: Thank you for your participation in today's conference. Participants you may disconnect. Speakers please stand by for post conference.