

***Vital Signs* Town Hall Teleconference**
Motor Vehicle Injury Prevention — United States and 19 Comparison Countries
Q & A
July 12, 2016
2:00 pm ET

Susan Hardman: I want to thank the speakers for their excellent presentations today. Remember you can get in the queue to ask a question or make a comment by pressing Star 1. Say your name when prompted the operator will announce you when it's your turn. Please address your question to a specific presenter, or indicate that it's a question for all the presenters.

I encourage you to take advantage of this opportunity to share your strategy - lessons learned, challenges, and success stories. You can pose questions to our presenters or to each other. We have quite a few states and organizations on the call. This is a forum for you all to discuss, collaborate and question different methods, practices and experiences with motor vehicle injury prevention.

Operator - we are ready for questions. Is there anyone in the queue?

Coordinator: Not at this time. I'd like to remind all participants, if you have a question please press Star 1.

Susan Hardman: Well to get us started, I have a question for Dr. Erin Sauber-Schatz. Other than the overall death rate, how else does the US stand out?

Dr. Erin Sauber-Schatz: Right. So in addition to the death rates, the United States also had a high percentage of alcohol-impaired driving crashes compared with the other countries, as well as low front and rear seatbelt use. So those were really some

of the areas that we have known effective interventions for -- that can be put into place -- to help really bring us up to par with some of the other countries.

Susan Hardman: Thank you. So something that's always been troubling for folks working in the field is - the seatbelt use is fairly high in the US. Do you have some strategies in how we can increase use in that hard-to-reach population?

Dr. Erin Sauber-Schatz: Sure. So overall - so the 87% and the 78% for front and rear seatbelt use - that's observed seatbelt use. So those are really the surveys that National Highway Traffic Safety Administration does standing at controlled intersections and recording seatbelt use. But if you look among the deaths, that's when we see that only see that half of the people who die in crashes are restrained.

And so it's really learning more about the people. So for instance, we know that young adults - teens and young adults have the highest percentage of non-restraint use in death - and so really trying to target those groups to get them to increase their seatbelt use.

Susan Hardman: Thank you. And Operator - I see we have some questions in the queue?

Coordinator: Yes. Our first question is from Bill Lynch. Your line is open.

Bill Lynch: This question is for Lindsey Myers. Lindsey - I'm familiar with information from your Impact Report from the Department of Public Health in Colorado -- with regards to increased incidence with regards to traffic fatalities and injuries from marijuana. Can you elaborate on how that's being tracked in Colorado to share with the country?

Lindsey Myers: Well, to be honest I think it's a really trippy - tricky question to answer, and I think we don't yet have our data systems set up to be able to track it fully. And so we are collaborating across multiple state agencies and -- as I mentioned -- really trying to get both the reporting systems, where law enforcement pulls over - an officer as well as on the toxicology side. One of the issues is that the, you know, the toxicology information is separate from the crash record.

And so we're trying to figure out how to link those things together so that we can better share that information with the rest of the country. I think that, you know, we've got some law enforcement agencies that are tracking that information on their own and sharing it. But, you know, it's a complex issue. And without a per-say law and with some nuances related to, you know, how the body metabolizes marijuana, etcetera - it makes it a really complicated issue.

So you know, our intent is certainly to share that information as it becomes available. We have an entire marijuana team and impaired-driving task force that's focused on this issue and trying to use the data to the best of our ability to answer that exact question. But I think it's premature to tell just yet honestly.

Bill Lynch: Thank you.

Coordinator: Next question is from Ornice Simon. Your line is now open.

Ornice Simon: Good afternoon and thank you all for the presentation. I was wondering in the campaigns and interventions - is there more of an emphasis on the behaviors that are causing the crashes themselves or on the survival of individuals in crashes? And would there be -- if you have to emphasize one or focus on one or the other -- do you recommend making any decisions about that?

Dr. Erin Sauber-Schatz: Right. So this is Erin. I can start with -- Erin from CDC -- I'll start with an answer for that. So for CDC, we really focus on the behavioral aspects of the crash versus the infrastructure or the environment or the specific vehicle. And so we know that if we can increase safe-driving behaviors -- as well as prevention efforts -- that we can prevent crashes as well as reduce injuries and death.

So our main focus is preventing crashes in the first place. And then, if and when crashes happen, by having somebody restrained you reduce your risk of dying in a crash by half. So it's a little bit of everything. You know, it's primary prevention -- preventing the crash from happening in the first place -- and secondary prevention - from if the crash happens to try to reduce the injury and the death from that crash. I don't know if others want to talk about it.

Leah Shahum: Yes. This is Leah with the Vision Zero network. And thanks for asking that question. I would say part of the emphasis that Vision Zero recommends is a greater emphasis on the environment -- the built environment -- and on the systems and policies in place. Again - that doesn't mean that we should dismiss and not spend time and attention on influencing individual behavior, but basically that we should be moving upstream -- frankly -- more aggressively - more pointedly around the factors -- literally the environment and the policies -- that influence people's decision-making.

So, you know, obviously a great example is our seatbelt laws. That has had a huge influence. How do we do that in many other ways, and I mentioned a lot in the speed management piece. I would say - well, maybe another example is drunk driving. Obviously - huge change in thinking -- culturally - societally -- around drunk driving. Still a problem - but if you go back and look -- you

know, change-wise -- 40 or 50 years ago - huge difference - or even more recently.

So you know, we would look and say, "Okay. How do we bring a similar emphasis -- from, say, governmental and community resources and kind of community taboos -- to speeding?" And we would do that not just by telling people not to speed, because that's frankly not going to be enough. It is bringing more of the policy and street design framework. So how do we redesign our streets to encourage a certain speed that is safer, and set policies, and use -- I would say particularly -- technology - automated speed enforcement more actively to discourage speeding.

So yes - just more of an upstream approach on that. Thanks.

Ornice Simon: Thank you.

Susan Hardman: So again - I want to thank the speakers today. And thank you for your questions - those of you who called in. Before we close - please let us know how we can improve these teleconferences. Email your suggestions to ostltsfeedback@cdc.gov. That's O-S-T-L-T-S feedback -- all one word -- @cdc.gov.

We hope you'll be able to join us for next month's town hall, on Tuesday August 30, when we focus on Sepsis, the body's overwhelming and life-threatening response to an infection.

Thank you to our presenters and everyone who attended the call. I'd like to ask our presenters to please remain on the line, and I'll turn this back over to the operator.

Coordinator: This now concludes today's conference. All lines may disconnect at this time.
Thank you.

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