

SAFE DRIVING IN TRIBAL COMMUNITIES

What can Tribal governments and health professionals do?

THE FACTS

Motor vehicle crashes are a serious problem in Tribal communities:

- ▶▶ Crashes are a leading cause of death for American Indians and Alaska Natives aged 1–44.¹
- ▶▶ The percentage of deaths involving alcohol-impaired drivers was higher among American Indian and Alaska Native people (40%)² compared to the U.S. overall (29%).³
- ▶▶ Seat belt use among American Indian and Alaska Native people (77%)⁴ is lower than that of the U.S. overall (90%).⁵

Tribal governments and local health professionals can make a difference.

Below are proven strategies to increase the use of seat belts and child car seats, reduce alcohol-impaired driving, and improve teen driver safety. These strategies can reduce crash-related injuries and deaths in Tribal nations.

SEAT BELTS

TRIBAL GOVERNMENTS CAN:

- ▶▶ Consider using proven strategies to reduce injuries and increase seat belt use, such as:
 - primary enforcement of seat belt laws (which allows police officers to stop and ticket someone for not buckling up) that cover front and back seats, and
 - high-visibility enforcement of seat belt laws.

HEALTH PROFESSIONALS CAN:

- ▶▶ Counsel patients of all ages about the importance and effectiveness of buckling up.
- ▶▶ Encourage caregivers to make sure children travel properly buckled in the back seat in an age- and size-appropriate car seat or booster seat, or with a seat belt (when seat belts fit properly).



Seat belts reduce the risk of getting hurt or killed in a car crash by about half.

IMPAIRED DRIVING

TRIBAL GOVERNMENTS CAN:

- Fully enforce existing laws that can prevent alcohol-impaired driving. These include:
 - blood alcohol concentration (BAC) laws,
 - minimum legal drinking age laws, and
 - zero tolerance laws for drivers younger than 21 years old.⁶
- Reduce alcohol-impaired driving by conducting publicized sobriety checkpoints. Checkpoints can reduce alcohol-related crash deaths by 9%.⁷
- Require ignition interlock use for people convicted of alcohol-impaired driving, starting with their first offense.⁸ Additionally, incorporating alcohol abuse treatment into ignition interlock programs shows promise in reducing post-interlock recidivism.
- Explore The Community Guide supported strategies that might lead to a reduction in binge drinking.⁸
- Provide Drug Recognition Expert (DRE) or Advanced Roadside Impaired Driving Enforcement (ARIDE) program training to law enforcement.

HEALTH PROFESSIONALS CAN:



- Conduct screening and brief interventions for risky behaviors, such as using alcohol and drugs and driving while impaired.⁹
- Talk with patients about the dangers of alcohol-impaired driving. This includes reminding patients to:
 - never drink and drive,
 - get a safe ride home or call a ride if they drink,
 - stop friends from alcohol-impaired driving, and
 - offer alcohol-free beverages and designate a sober driver when hosting an event.

TEEN DRIVER SAFETY

TRIBAL GOVERNMENTS CAN:

- Establish a graduated driver licensing (GDL) system. This helps new drivers gain experience under low risk conditions by granting driving privileges in 3 stages. Components of comprehensive GDL systems include:
 - Stage 1: Learner's permit**
 - Minimum age of 16 years
 - Mandatory holding period of at least 12 months
 - Stage 2: Intermediate or provisional license**
 - Restrictions against nighttime driving between 10:00 pm and 5:00 am (or longer)
 - Limit of zero or one for the number of young passengers without adult supervision
 - Stage 3: Full Licensure**
 - Minimum age of 18

HEALTH PROFESSIONALS CAN:

- Counsel patients about the importance and effectiveness of buckling up.
- Encourage parents of new teen drivers to set and enforce the “rules of the road” and use tools like parent-teen driving agreements (available at www.cdc.gov/parentsarethekey).
- Remind parents to always lead by example by practicing safe driving behaviors even before their children are old enough to drive.



CAR SEATS AND BOOSTER SEATS

TRIBAL GOVERNMENTS CAN:

- Enforce child passenger restraint laws that require all children until at least age 9 to travel properly buckled in an age- and size-appropriate car seat or booster seat.
- Provide education and incentives for the use of car seats and booster seats.

HEALTH PROFESSIONALS CAN:

- Keep up-to-date on child passenger safety. Learn more at www.cdc.gov/motorvehiclesafety/cps.
- Counsel parents and caregivers at each well-child checkup about:
 - the importance of using age- and size-appropriate car seats, booster seats, and seat belts on every trip,
 - the back seat being the safest place for all children under age 13, and
 - the correct time to move a child to the next seat type or seat belt.

Using the correct car seat or booster seat can be a lifesaver.



REAR-FACING CAR SEAT

Birth until age 2–4

Buckle children in a rear-facing car seat with a harness until they reach the maximum weight or height limit of their car seat. Keep children rear-facing as long as possible. Never place a rear-facing car seat in the front seat. Front passenger air bags can injure or kill small children in a crash.



FORWARD-FACING CAR SEAT

After outgrowing rear-facing car seat and until at least age 5

When children outgrow their rear-facing car seat, they should be buckled in a forward-facing car seat with a harness until they reach the maximum weight or height limit of their car seat.



BOOSTER SEAT

After outgrowing forward-facing car seat and until seat belts fit properly

When children outgrow their forward-facing car seat, they should be buckled in a booster seat until seat belts alone fit properly. Proper seat belt fit usually occurs when children are 4 feet 9 inches tall and age 9–12.



SEAT BELT

When seat belts fit properly without a booster seat

Children no longer need to use a booster seat when seat belts fit them properly. Seat belts fit properly when the lap belt lays across the upper thighs (not the stomach) and the shoulder belt lays across the chest (not the neck).

Keep children age 12 and under properly buckled in the back seat.

*Recommended age ranges for each seat type vary to account for differences in child growth and weight/height limits of car seats and booster seats. Use the car seat or booster seat manual to check for important information about installation, the seat weight and height limits, and proper seat use.

Child passenger safety recommendations: American Academy of Pediatrics (AAP) 2018.

www.cdc.gov/motorvehiclesafety/cps

WHAT'S WORKING IN TRIBAL COMMUNITIES

The Centers for Disease Control and Prevention's Injury Center funded several tribes to tailor, implement, and evaluate evidence-based interventions to reduce motor vehicle-related injury and death. Read about their successes below.

DECREASING ALCOHOL-IMPAIRED DRIVING



The San Carlos Apache Tribal Motor Vehicle Injury Prevention Program focused on reducing alcohol-impaired driving among Tribal members. Key parts of the program included media campaigns, sobriety checkpoints, short-term high-visibility enforcement, and local events.

THE RESULTS:

The San Carlos Tribal community experienced an increase in total driving under the influence (DUI) arrests and a decrease in the number of vehicle crashes after implementing a 0.08 BAC policy.¹⁰

INCREASING CHILD CAR SEAT USE



The Yurok Tribe in California implemented the California Rural Indian Health Board's Buckle Up Yurok Program. This program comprises community education clinics, a media campaign, and car seat checks and distribution events.

THE RESULTS:

In 2012, a new primary seat belt and child car seat law was implemented. It helped increase child car seat use and protection for all motor vehicle occupants. More than 250 car seats, with education on how to properly use them, were distributed over four years. Car seat use increased by 34% from 2011 to 2014.

INCREASING SEAT BELT USE



The Hopi Tribe improved collaboration with law enforcement to strengthen the existing seat belt law. A successful media campaign raised awareness among Tribal members about the importance of buckling up.

THE RESULTS:

Driver seat belt use increased by 33%, and passenger seat belt use increased by 50% between 2011 and 2014.

LEARN MORE AT

www.cdc.gov/motorvehiclesafety/native
or call **1-800-CDC-INFO**



The Centers for Disease Control and Prevention's National Center for Injury Prevention and Control and the Indian Health Service's Injury Prevention Program work in partnership with American Indian and Alaska Native communities to implement proven programs.

LOCAL INFORMATION

References

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