
Motor Vehicle Occupant Injury Prevention

The States' Perspective

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Among public health issues, the safety of motor vehicle occupants is probably the issue that touches closest to home. Motor vehicle travel is the primary means of transportation in the United States. Sadly, although a broad collaboration of vehicle safety advocates at the federal, state, and community levels have worked to improve the safety of vehicles and to protect vehicle occupants, motor vehicle crashes are the leading cause of death for every age from 1 through 34 years. There is clearly much more to be done to promote vehicle occupant safety and to reduce the numbers of fatalities and injuries resulting from motor vehicle crashes. As early as 1935, President Franklin D. Roosevelt made a plea for the governors of each state to become involved in this issue (see inside front cover of this supplement).

The findings presented by the Task Force on Community Preventive Services (the Task Force) in this supplement¹⁻³ to the *American Journal of Preventive Medicine* support and provide a strong research-based justification for the many efforts that are being conducted by states to increase motor vehicle occupant safety. They also support the call by the National Association of Governors' Highway Safety Representatives (NAGHSR) to implement a broad range of prevention strategies and, in addition to legislation, to use the other effective tools that we have at our disposal. NAGHSR represents State Highway Safety Offices, and its members are responsible for developing and implementing annual state highway safety plans.

In the area of increasing child safety in vehicles, for example, recent efforts have focused on the ranking of child passenger safety laws. However, it is important to recognize that legislation alone is not a "magic bullet," but only part of the solution. As the Task Force points out,¹ community-wide information and enforcement campaigns are important adjuncts to laws to increase child safety seat use and reduce injuries among children. Many states are using public awareness and enforcement campaigns, fitting stations, child restraint distribution, loaner programs, and education programs

to complement laws. NAGHSR is committed to encouraging all states to pursue a range of strategies to ensure child passenger safety, including fostering additional research and outreach about the use of booster seats. Under the auspices of the Ford Motor Company's *Boost America!* Campaign, and with the endorsement of NAGHSR, the National Highway Traffic Safety Administration (NHTSA), and a variety of other safety, health, and law enforcement organizations, educational materials have been distributed to parents and caregivers about the importance of booster seat use, and one million booster seats will be distributed to families in need and to Ford customers. *Boost America!* represents the type of broad public/private partnerships that are needed to achieve greater child safety in vehicles. The recommendations from the Task Force identify effective tools for such partnerships to use in building child passenger safety programs.

Another finding strongly supported by NAGHSR is that primary safety belt laws, especially when complemented by enhanced enforcement efforts, do save lives. The evidence presented by the Task Force² shows that primary seatbelt laws should be passed in every state. State Highway Safety Offices can educate lawmakers and the general public on this issue by providing information and resources, such as the evidence published here, which can be the catalyst for primary legislation. For example, Delaware, New Jersey, and South Carolina—among many others—have featured collaborations between State Highway Safety Offices and statewide coalitions to provide legislatures with testimony and research materials supporting primary laws, as well as working to secure sponsorship and support for passage of such laws. State Highway Safety Offices know how essential seatbelt use is, and they will continue to make sure that the public realizes the lifesaving choices it can make by buckling up.

The third component of highway safety addressed by the Task Force—alcohol-impaired driving³—is probably the most pervasive problem facing State Highway Safety Offices. NAGHSR members work to prevent impaired driving, including underage drinking and driving, through improvements on state laws, educational programs, community efforts, public information campaigns, and the enforcement of laws aimed against impaired driving. NAGHSR recently released a

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Community 'How To' Guide to Underage Drinking Prevention,⁴ developed in partnership with NHTSA as part of NAGHSR's Underage Drinking Prevention Program (UDPP).

But such resources are only part of the solution. Ensuring that effective measures are in place to prevent underage impaired driving is another key component. Those identified by the Task Force—maintaining minimum legal drinking age (MLDA) laws at 21 years of age and establishing a lower legal blood alcohol concentration (BAC) level for young and inexperienced drivers—are two important tools that can help local communities develop comprehensive strategies for dealing with the often tragic consequences when impaired underage drinkers get behind the wheel. Beyond the measures identified to prevent underage impaired driving, the other two impaired driving measures recommended by the Task Force—establishment of .08 BAC laws and use of sobriety checkpoints—also coincide with NAGHSR's perspective that legislation, where supported by strong evidence of effectiveness, is integral to improving highway safety, and that such measures must be coupled with educational and enforcement efforts such as checkpoints to be truly successful. State Highway Safety Offices continue to support zero tolerance and minimum drinking age laws, the enactment of .08 laws, and the enforcement of all these laws.

NAGHSR commends the work of the Task Force on

these findings and contends that the measures recommended support the call for increased funding for state programs. There is no doubt that activities undertaken by the states, including enhanced enforcement of laws, education about technical assistance with safety measures such as child seats and seatbelts, and campaigns to prevent alcohol-impaired driving and underage drinking contributed to the lowest motor vehicle fatality rate on record in 1999. Additional behavioral research and increased implementation of those strategies recommended by the Task Force will help to further enhance the safety of motor vehicle occupants. NAGHSR looks forward to collaboration with NHTSA, CDC, and other federal and state agencies and organizations to accomplish this goal.

References

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Motor vehicle occupant injury prevention. Moffat J., American Journal of Preventive
Medicine, Vol 21 No 4S, pp 5-6.