National Center for Rural Road Safety

Est. Dec. 2014

A Public Health Perspective to Rural Transportation Safety

Presented by: Laurie Beck, MPH, Centers for Disease Control and Prevention

Today's Presenter

Laurie Beck, MPH
Centers for Disease Control and Prevention
National Center for Injury Prevention and Control

Goals of this Webinar

Once you have completed this webinar, you will be:

- Familiar with the public health approach to motor vehicle injury prevention, particularly prevention strategies that target road user behaviors.

Learning Outcomes

To achieve the webinar goal, you will learn:

To summarize the public health approach to motor vehicle injury prevention

To identify CDC resources, tools and programs that can support transportation safety efforts in rural communities

Laurie Beck,
Epidemiologist

National Center for Rural Road Safety

To summarize the public health approach to motor vehicle injury prevention

To identify CDC resources, tools and programs that can support transportation safety efforts in rural communities

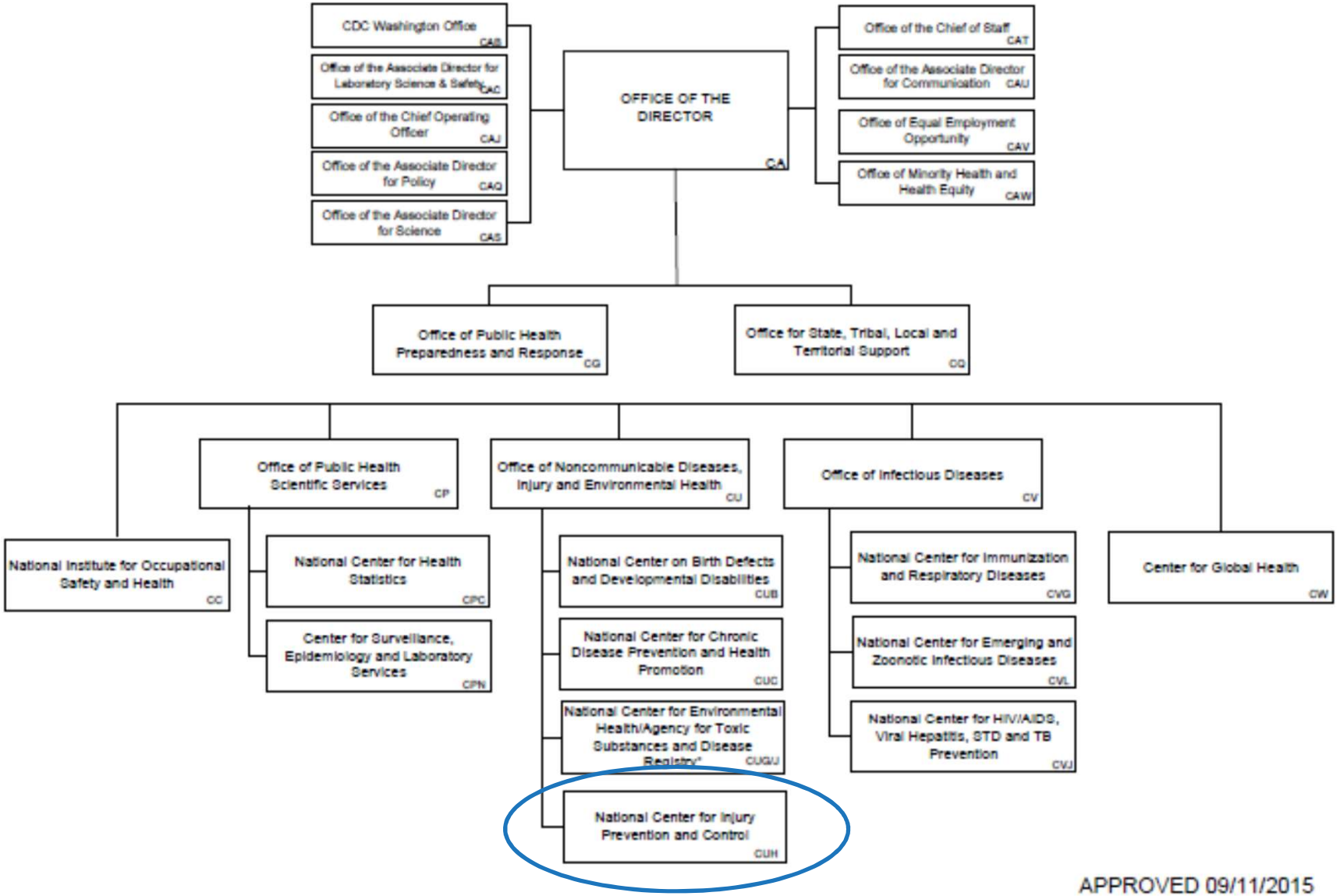
What is the Centers for Disease Control & Prevention (CDC)?

- CDC is the nation's leading public health agency, dedicated to saving lives and protecting the health of Americans.
  - Headquartered in Atlanta, Georgia
  - Facilities in 10 additional locations in the U.S.
  - Field staff work in all 50 states, DC, Guam, Puerto Rico, the US Virgin Islands, and more than 120 countries
  - More than 12,000 employees in nearly 150 occupations

What does CDC do?

- Detect and respond to new and emerging health threats
- Tackle the biggest health problems causing death and disability for Americans
- Put science and advanced technology into action to prevent disease
- Promote healthy and safe behaviors, communities and environment
- Develop leaders and train the public health workforce, including disease detectives
- Take the health pulse of our nation

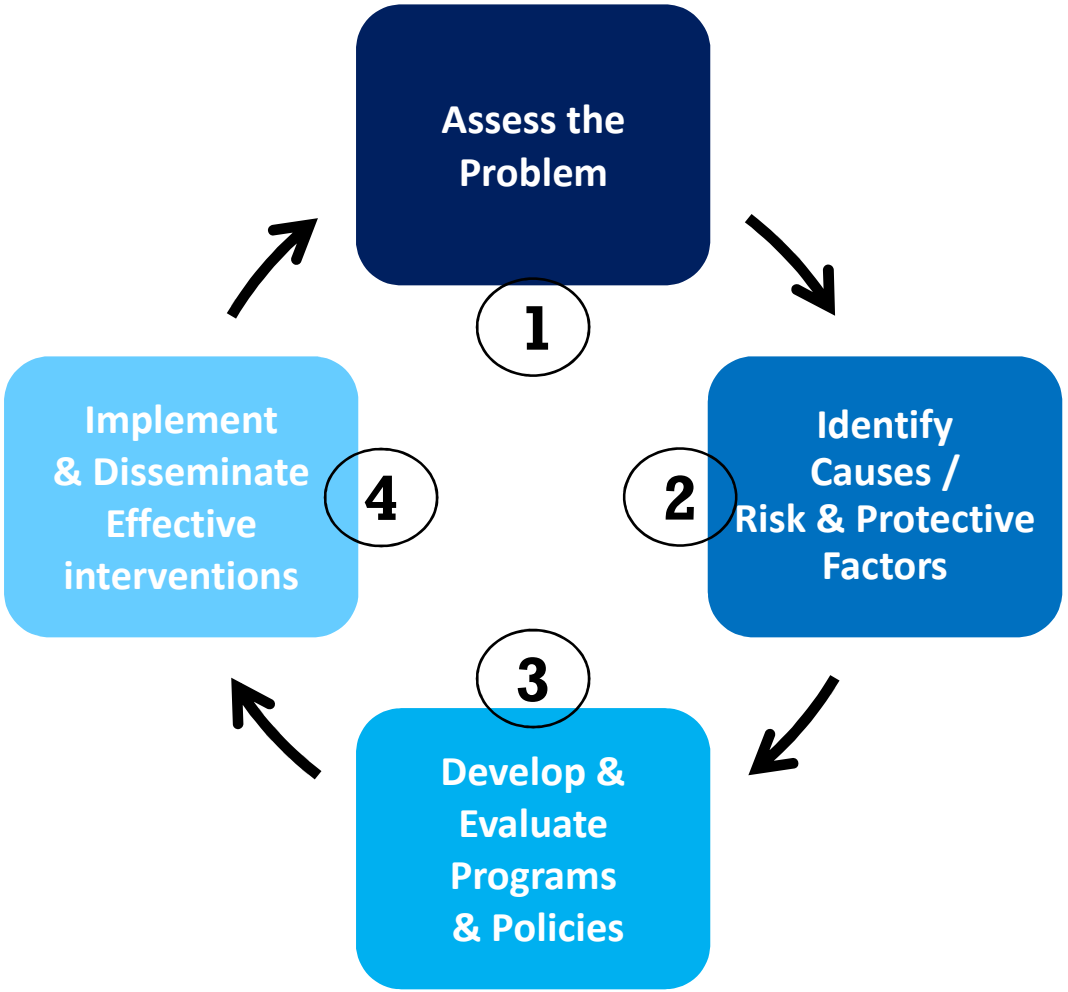
DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC)



APPROVED 09/11/2015

*ATSDR is an OPDIV within DHHS but is managed by a common director's office.

Public Health Approach



https://www.cdc.gov/ruralhealth/

CDC

Rural Health

A-Z Health Topics Impacting Rural Americans

- Arthritis
- Cancer
- Child Health
- Death (Leading Causes)
- Health Behaviors
- Motor Vehicle Safety
- Suicide
- Seat belt Use

More >

ABOUT RURAL HEALTH

SCIENCE ON RURAL HEALTH

SUCCESS STORIES

CDC Winnable Battles

- Food Safety
- Healthcare Associated Infections
- HIV
- **Motor Vehicle Injury Prevention**
- Nutrition, Physical Activity, Obesity
- Teen Pregnancy
- Tobacco Use

10 Leading Causes of Death by Age Group, United States – 2015

Rank	<1	1-4	5-9	10-14	15-24	25-34	35-44	45-54	55-64	65+	Total
1	Congenital Anomalies 4,825	Unintentional Injury 1,235	Unintentional Injury 755	Unintentional Injury 763	Unintentional Injury 12,514	Unintentional Injury 19,795	Unintentional Injury 17,818	Malignant Neoplasms 43,054	Malignant Neoplasms 116,122	Heart Disease 507,138	Heart Disease 633,842
2	Short Gestation 4,084	Congenital Anomalies 435	Malignant Neoplasms 437	Malignant Neoplasms 428	Suicide 5,491	Suicide 6,947	Malignant Neoplasms 10,909	Heart Disease 34,248	Heart Disease 76,872	Malignant Neoplasms 419,389	Malignant Neoplasms 595,930
3	SIDS 1,568	Homicide 369	Congenital Anomalies 181	Suicide 409	Homicide 4,733	Homicide 4,863	Heart Disease 10,387	Unintentional Injury 21,499	Unintentional Injury 19,488	Chronic Low. Respiratory Disease 131,804	Chronic Low. Respiratory Disease 155,041
4	Maternal Pregnancy Comp. 1,522	Malignant Neoplasms 354	Homicide 140	Homicide 158	Malignant Neoplasms 1,469	Malignant Neoplasms 3,704	Suicide 6,936	Liver Disease 8,874	Chronic Low. Respiratory Disease 17,457	Cerebro-vascular 120,156	Unintentional Injury 146,571
5	Unintentional Injury 1,291	Heart Disease 147	Heart Disease 85	Congenital Anomalies 156	Heart Disease 997	Heart Disease 3,522	Homicide 2,895	Suicide 8,751	Diabetes Mellitus 14,166	Alzheimer's Disease 109,495	Cerebro-vascular 140,323
6	Placenta Cord. Membranes 910	Influenza & Pneumonia 88	Chronic Low. Respiratory Disease 80	Heart Disease 125	Congenital Anomalies 386	Liver Disease 844	Liver Disease 2,861	Diabetes Mellitus 6,212	Liver Disease 13,278	Diabetes Mellitus 56,142	Alzheimer's Disease 110,561
7	Bacterial Sepsis 599	Septicemia 54	Influenza & Pneumonia 44	Chronic Low Respiratory Disease 93	Chronic Low Respiratory Disease 202	Diabetes Mellitus 798	Diabetes Mellitus 1,986	Cerebro-vascular 5,307	Cerebro-vascular 12,116	Unintentional Injury 51,395	Diabetes Mellitus 79,535
8	Respiratory Distress 462	Perinatal Period 50	Cerebro-vascular 42	Cerebro-vascular 42	Diabetes Mellitus 196	Cerebro-vascular 567	Cerebro-vascular 1,788	Chronic Low. Respiratory Disease 4,345	Suicide 7,739	Influenza & Pneumonia 48,774	Influenza & Pneumonia 57,062
9	Circulatory System Disease 428	Cerebro-vascular 42	Benign Neoplasms 39	Influenza & Pneumonia 39	Influenza & Pneumonia 184	HIV 529	HIV 1,055	Septicemia 2,542	Septicemia 5,774	Nephritis 41,258	Nephritis 49,959
10	Neonatal Hemorrhage 406	Chronic Low Respiratory Disease 40	Septicemia 31	Two Tied: Benign Neo./Septicemia 33	Cerebro-vascular 166	Congenital Anomalies 443	Septicemia 829	Nephritis 2,124	Nephritis 5,452	Septicemia 30,817	Suicide 44,193

Data Source: National Vital Statistics System, National Center for Health Statistics, CDC.
Produced by: National Center for Injury Prevention and Control, CDC using WISQARS™.

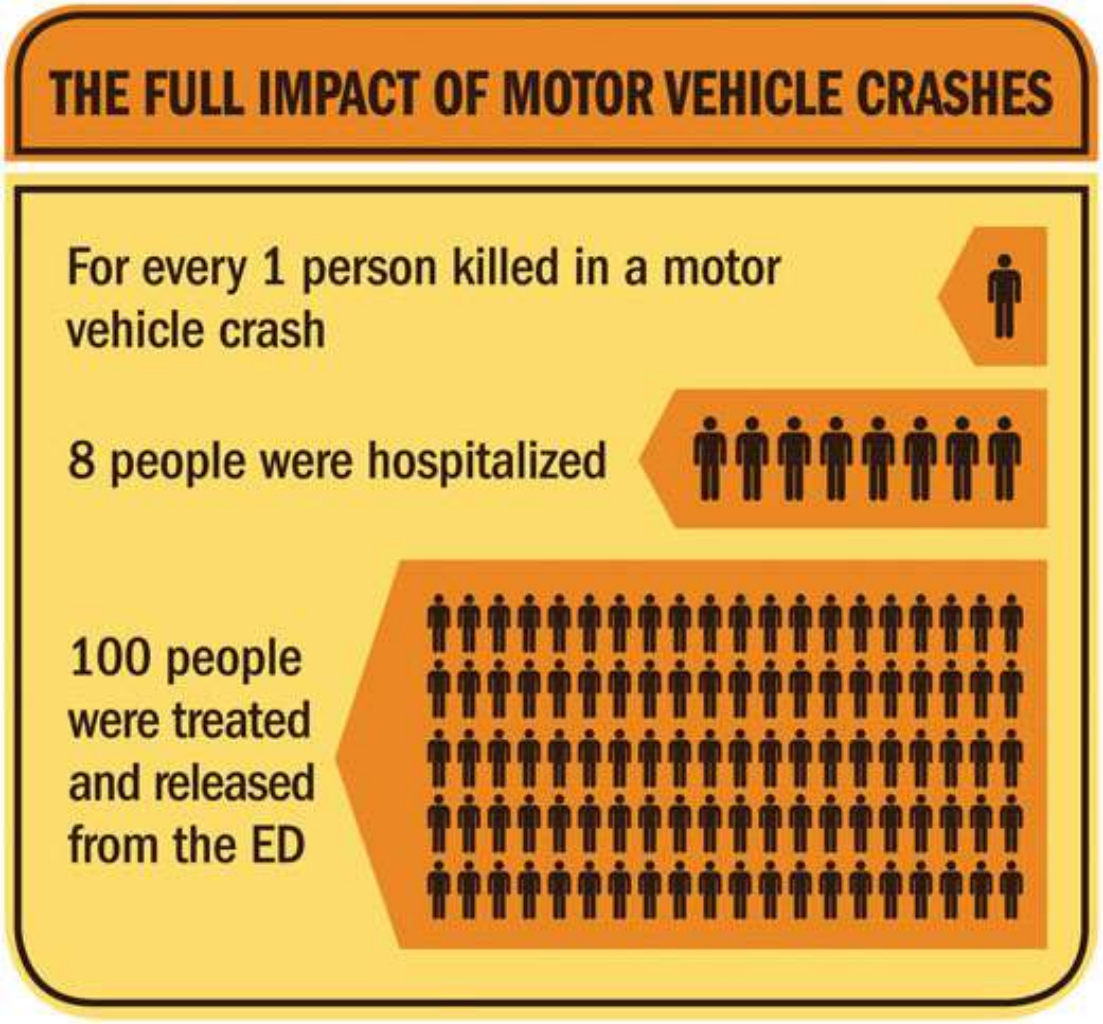
Centers for Disease Control and Prevention
National Center for Injury Prevention and Control

10 Leading Causes of Injury Deaths by Age Group Highlighting Unintentional Injury Deaths, United States – 2015

Rank	<1	1-4	5-9	10-14	15-24	25-34	35-44	45-54	55-64	65+	Total
1	Unintentional Suffocation 1,125	Unintentional Drowning 390	Unintentional MV Traffic 351	Unintentional MV Traffic 412	Unintentional MV Traffic 6,787	Unintentional Poisoning 11,231	Unintentional Poisoning 10,580	Unintentional Poisoning 11,670	Unintentional Poisoning 7,782	Unintentional Fall 28,486	Unintentional Poisoning 47,478
2	Homicide Unspecified 135	Unintentional MV Traffic 332	Unintentional Drowning 129	Suicide Suffocation 234	Homicide Firearm 4,140	Unintentional MV Traffic 6,327	Unintentional MV Traffic 4,686	Unintentional MV Traffic 5,329	Unintentional MV Traffic 5,008	Unintentional MV Traffic 6,860	Unintentional MV Traffic 36,161
3	Homicide Other Spec., Classifiable 69	Homicide Unspecified 153	Unintentional Fire/Burn 72	Suicide Firearm 139	Unintentional Poisoning 3,920	Homicide Firearm 3,996	Suicide Firearm 2,952	Suicide Firearm 3,882	Suicide Firearm 3,951	Suicide Firearm 5,511	Unintentional Fall 33,381
4	Unintentional MV Traffic 64	Unintentional Suffocation 131	Homicide Firearm 69	Homicide Firearm 121	Suicide Firearm 2,461	Suicide Firearm 3,118	Suicide Suffocation 2,219	Suicide Suffocation 2,333	Unintentional Fall 2,504	Unintentional Unspecified 5,204	Suicide Firearm 22,018
5	Undetermined Suffocation 50	Unintentional Fire/Burn 100	Unintentional Other Land Transport 32	Unintentional Drowning 87	Suicide Suffocation 2,119	Suicide Suffocation 2,504	Homicide Firearm 2,197	Suicide Poisoning 1,835	Suicide Poisoning 1,593	Unintentional Suffocation 3,837	Homicide Firearm 12,979
6	Unintentional Drowning 30	Unintentional Pedestrian, Other 75	Unintentional Suffocation 31	Unintentional Other Land Transport 51	Unintentional Drowning 504	Suicide Poisoning 769	Suicide Poisoning 1,181	Homicide Firearm 1,299	Suicide Suffocation 1,535	Unintentional Poisoning 2,198	Suicide Suffocation 11,855
7	Homicide Suffocation 24	Homicide Other Spec., Classifiable 73	Unintentional Natural/ Environment 24	Unintentional Fire/Burn 41	Suicide Poisoning 409	Undetermined Poisoning 624	Undetermined Poisoning 699	Unintentional Fall 1,298	Unintentional Suffocation 777	Adverse Effects 1,721	Unintentional Unspecified 6,930
8	Unintentional Fire/Burn 22	Homicide Firearm 50	Unintentional Pedestrian, Other 20	Unintentional Poisoning 36	Homicide Cut/Pierce 312	Unintentional Drowning 445	Unintentional Fall 492	Undetermined Poisoning 828	Unintentional Unspecified 696	Unintentional Fire/Burn 1,171	Unintentional Suffocation 6,914
9	Undetermined Unspecified 21	Homicide Suffocation 31	Unintentional Poisoning 17	Unintentional Suffocation 26	Undetermined Poisoning 234	Homicide Cut/Pierce 399	Unintentional Drowning 374	Unintentional Suffocation 469	Homicide Firearm 681	Suicide Poisoning 1,005	Suicide Poisoning 6,816
10	Four Tied 12	Unintentional Fall 30	Unintentional Struck by or Against 17	Suicide Poisoning 23	Unintentional Fall 217	Unintentional Fall 324	Homicide Cut/Pierce 291	Unintentional Drowning 450	Two Tied: Undet. Poisoning, Unint. Fire/Burn 565	Suicide Suffocation 908	Unintentional Drowning 3,602

Data Source: National Center for Health Statistics (NCHS), National Vital Statistics System.
Produced by: National Center for Injury Prevention and Control, CDC using WISQARS™.

Centers for Disease Control and Prevention
National Center for Injury Prevention and Control



SOURCE: CDC WISQARS (Web-based Injury Statistics Query and Reporting System), 2012

CDC/Injury Center's Transportation Safety Team

Vision

Keep people safe on the road—every day

Mission

To reduce injury and death due to motor vehicle crashes and promote safe travel


Four Pillars of Intervention
Safer Roads
Safer Vehicles
Safer Road Users
Improved Post Crash Response


Four Pillars of Intervention
Safer Roads
Safer Vehicles
Safer Road Users
Improved Post Crash Response

Transportation Safety Priority Areas

Restraints

Impaired Driving

Tribes

Older Adult Mobility

Data Linkage

Laurie Beck,
Epidemiologist

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To summarize the public health approach to motor vehicle injury prevention

To identify CDC resources, tools and programs that can support transportation safety efforts in rural communities

What do we know about motor vehicle-related injuries and deaths in state, local, and rural communities?

Research & Surveillance

Centers for Disease Control and Prevention
MMWR
Morbidity and Mortality Weekly Report
Surveillance Summaries / Vol. 66 / No. 17
September 22, 2017

#2

Rural and Urban Differences in Passenger-Vehicle–Occupant Deaths and Seat Belt Use Among Adults — United States, 2014

Rural MMWR – Study Highlights

- As rurality increases
  - PVO* death rates among adults increase
  - Proportion of PVOs who were unrestrained at time of fatal crash increases
  - Self-reported seat belt use decreases
- Primary seat belt enforcement laws are effective, **even in the most rural areas:**
  - Higher self-reported seat belt use
  - Lower PVO death rates in each census region except for the South

*PVO = Passenger-vehicle occupant

Full report available at:
https://www.cdc.gov/mmwr/volumes/66/ss/ss6617a1.htm?s_cid=ss6617a1_w

Figure 1. Passenger-vehicle–occupant age-adjusted death rates per 100,000 population, among adults (18+ years), by region, FARS, 2014

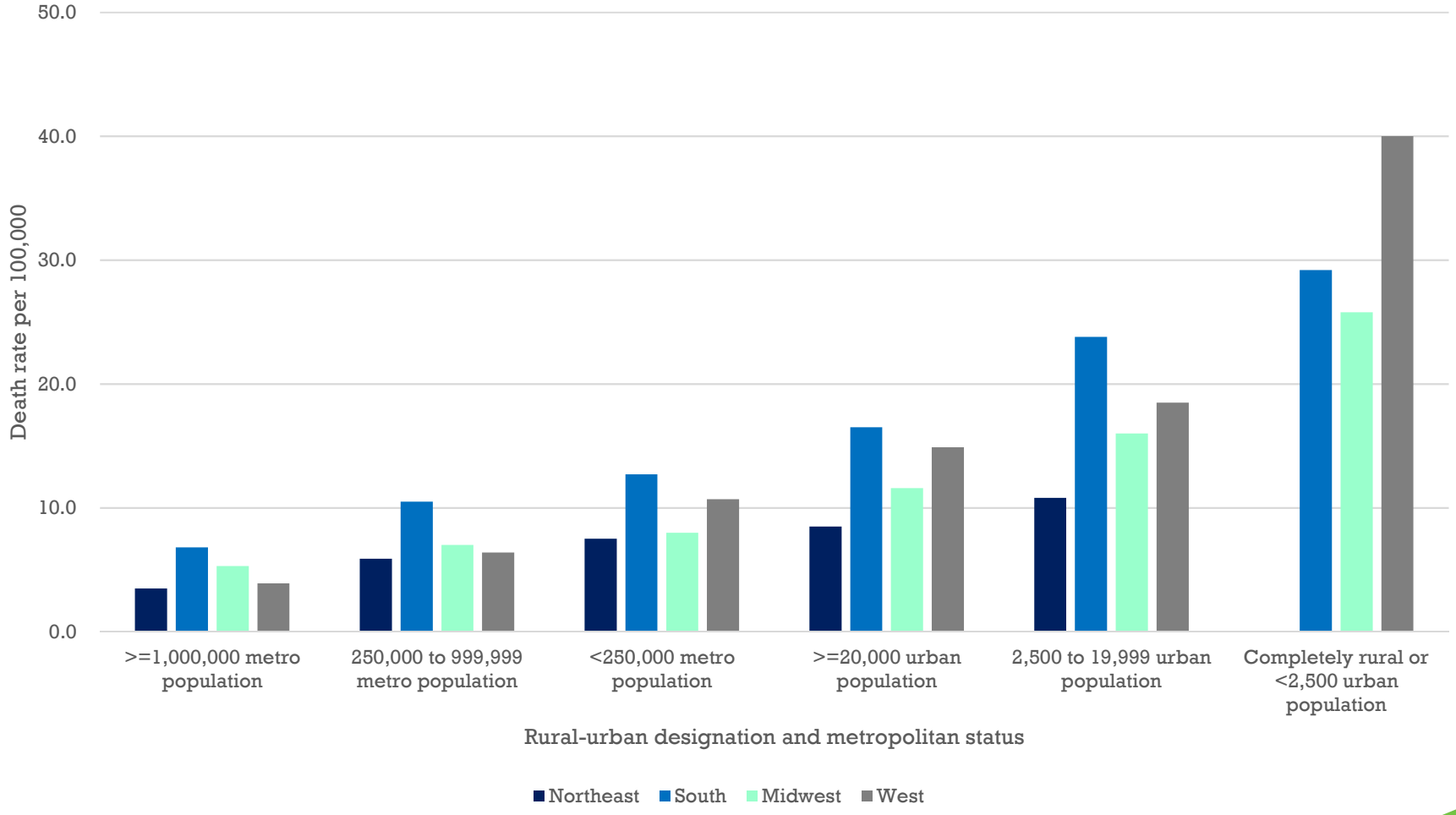
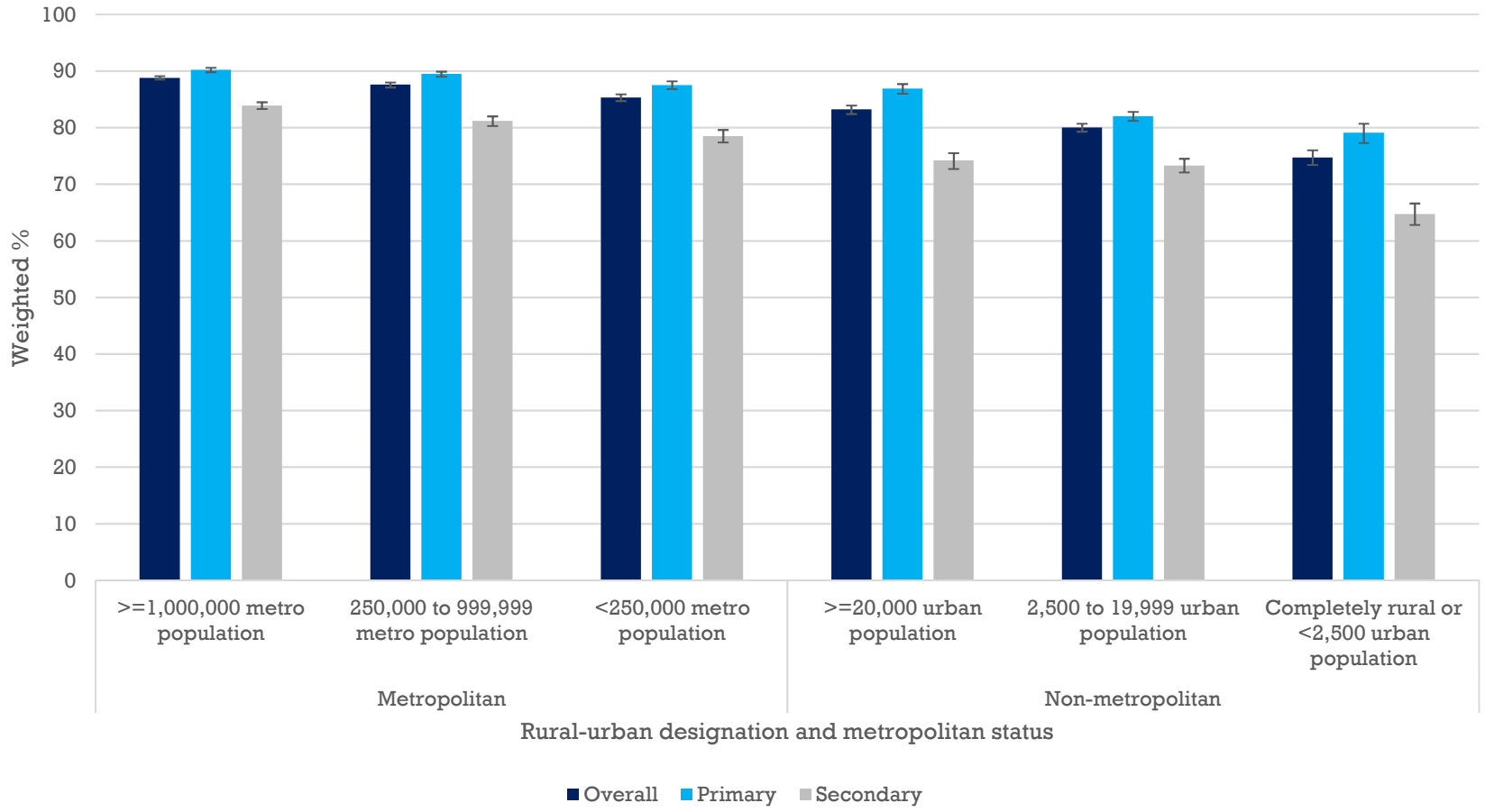


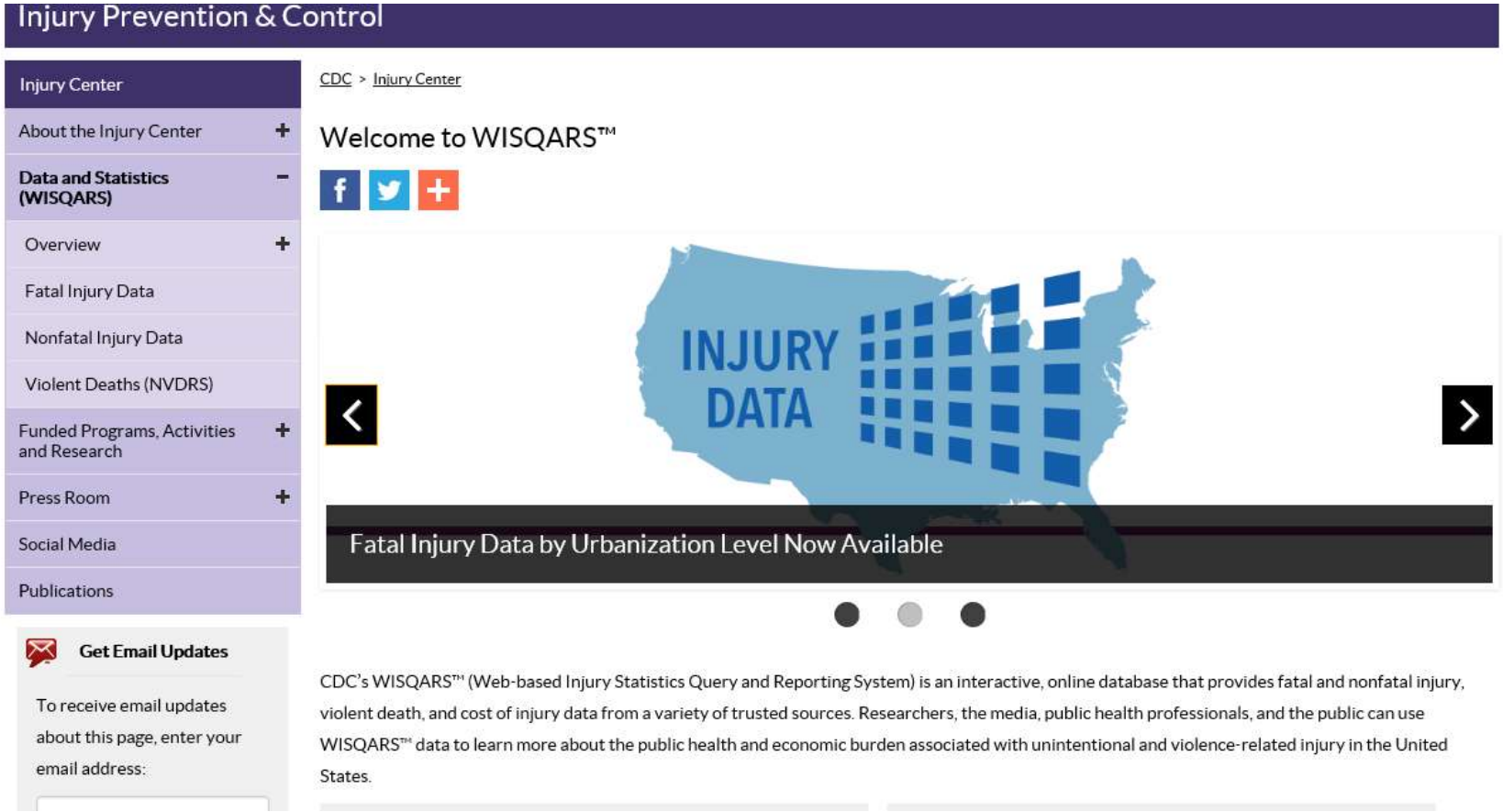
Figure 2. Self-reported seat belt use among adults (18+ years), by type of state seat belt enforcement, US, BRFSS, 2014



What do we know about motor vehicle-related injuries and deaths in state, local, and rural communities?

Surveillance Tools for Practitioners

WISQARS™ (Web-based Injury Statistics Query and Reporting System)



WISQARS™ (Web-based Injury Statistics Query and Reporting System)

- Fatal deaths from all causes (National Vital Statistics System, NVSS)
  - Available at national, state, & (sometimes) county level
  - Available by rural/urban status
- Non-fatal injuries treated in emergency departments (National Electronic Injury Surveillance System – All Injury Program, NEISS-AIP)
  - Available at national level only
- Cost estimates for fatal & non-fatal injuries
  - Available at national, regional, and state level

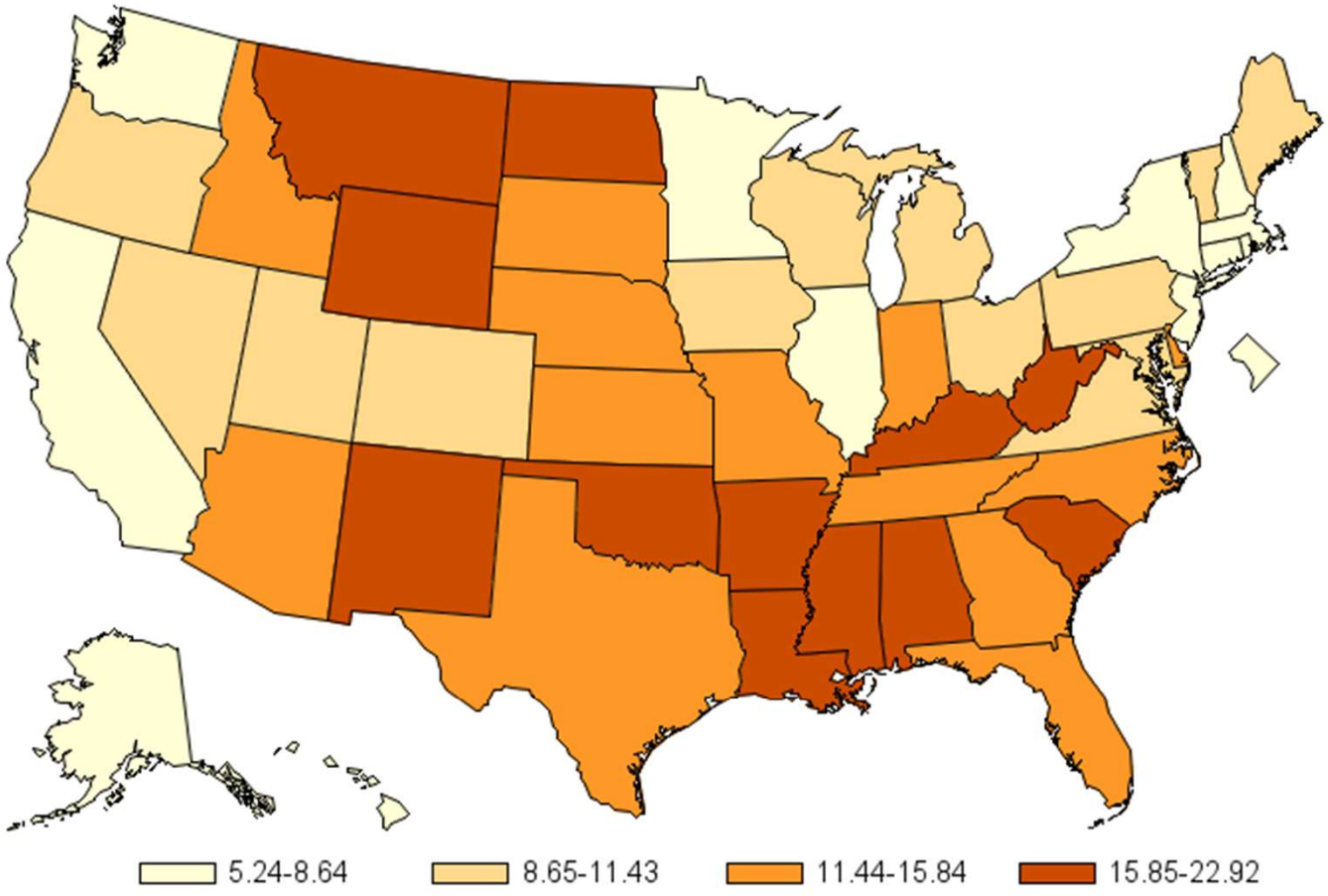
2015, United States
Unintentional MV Traffic Deaths and Rates per 100,000
All Races, Both Sexes, All Ages

ICD-10 Codes: V30-V39 (.4-.9), V40-V49 (.4-.9), V50-V59 (.4-.9), V60-V69 (.4-.9), V70-V79 (.4-.9), V81.1 V82.1,V83-V86 (.0-.3), V20-V28 (.3-.9),V29 (.4-.9),V12-V14 (.3-.9),V19 (.4-.6), V02-V04 (.1,.9),V09.2,V80 (.3-.5),V87(.0-.8),V89.2

2013 Urbanization (Collapsed) Classification	Number of Deaths	Population	Crude Rate	Age-Adjusted Rate**
Metro Areas	27,321	275,252,217	9.93	9.59
Non-metro Areas	8,840	46,166,603	19.15	18.87
	36,161	**321,418,820**	**11.25**	

2008-2014, United States
Age-adjusted Death Rates per 100,000 Population

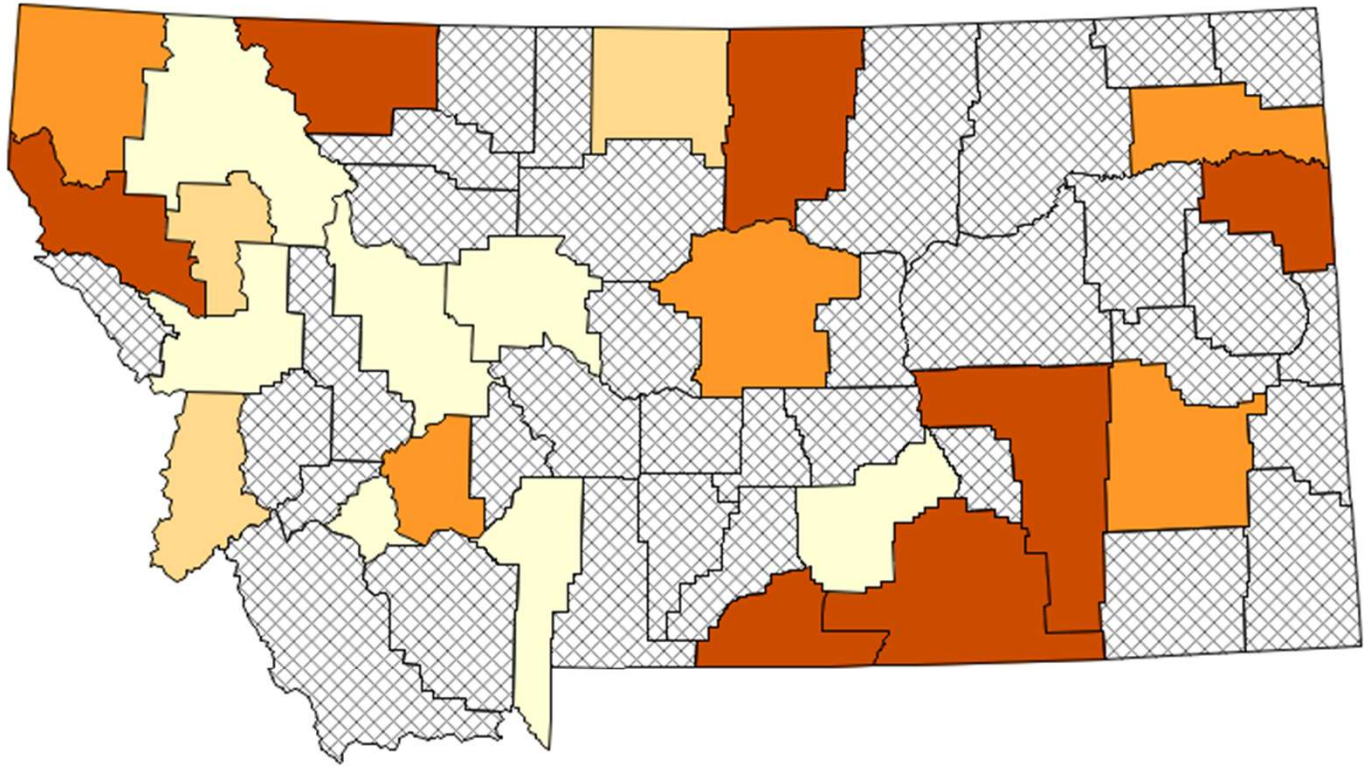
Motor Vehicle, Traffic, Unintentional, All Races, All Ethnicities, Both Sexes, All Ages
Annualized Age-adjusted Rate for United States: 10.88



Reports for All Ages include those of unknown age.
* Rates based on 20 or fewer deaths may be unstable. States with these rates are cross-hatched in the map (see legend above). Such rates have an asterisk.
The standard population for age-adjustment represents the year 2000, all races, both sexes.

2008-2014, Montana
Death Rates per 100,000 Population

Motor Vehicle, Traffic, All Intents, All Races, All Ethnicities, Both Sexes, All Ages
Annualized Crude Rate for Montana: 20.00

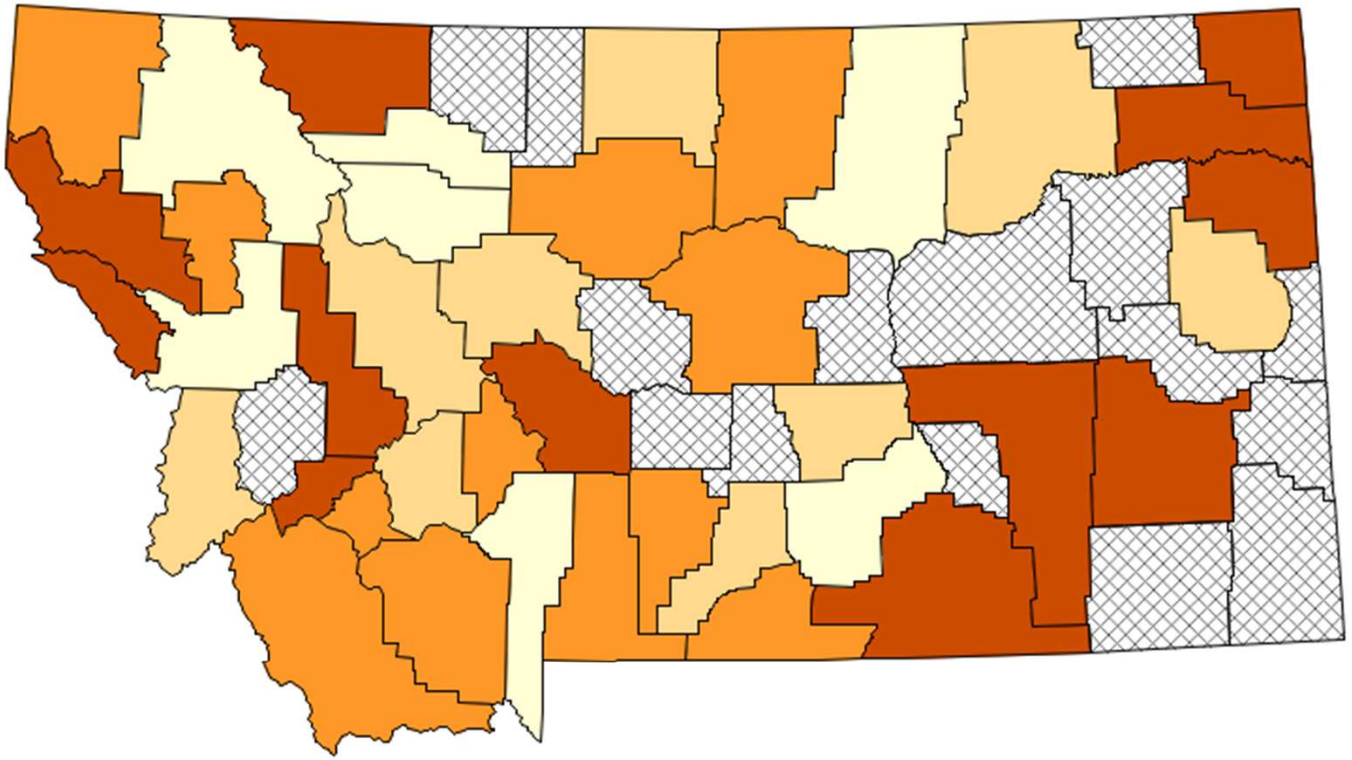


Reports for All Ages include those of unknown age.
* Rates based on 20 or fewer deaths may be unstable. These rates are suppressed for counties (see legend above); such rates in the title have an asterisk.

Produced by: the Statistics, Programming & Economics Branch, National Center for Injury Prevention & Control, CDC
Data Sources: NCHS National Vital Statistics System for numbers of deaths; US Census Bureau for population estimates.

2008-2014, Montana
Death Rates per 100,000 Population

All Injury, All Intents, All Races, All Ethnicities, Both Sexes, All Ages
Annualized Crude Rate for Montana: 88.74



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Produced by: the Statistics, Programming & Economics Branch, National Center for Injury Prevention & Control, CDC
Data Sources: NCHS National Vital Statistics System for numbers of deaths; US Census Bureau for population estimates.

Behavioral Risk Factor Surveillance System (BRFSS)

- Health-related telephone survey
- Administered every year to adults 18+ years
- Completes more than 400,000 interviews each year
- Collects state data regarding residents
- Health-related risk behaviors, chronic health conditions, and use of preventive services
- Collects data on **alcohol-impaired driving** and **seat belt use** every two years

CDC > BRFSS > Prevalence Data and Data Analysis Tools

Prevalence Data & Data Analysis Tools

Find city and county data collected through the Selected Metropolitan/Micropolitan Area Risk Trends (SMART) project, the Web Enabled Analysis Tool (WEAT), interactive maps, and other resources provided through BRFSS.

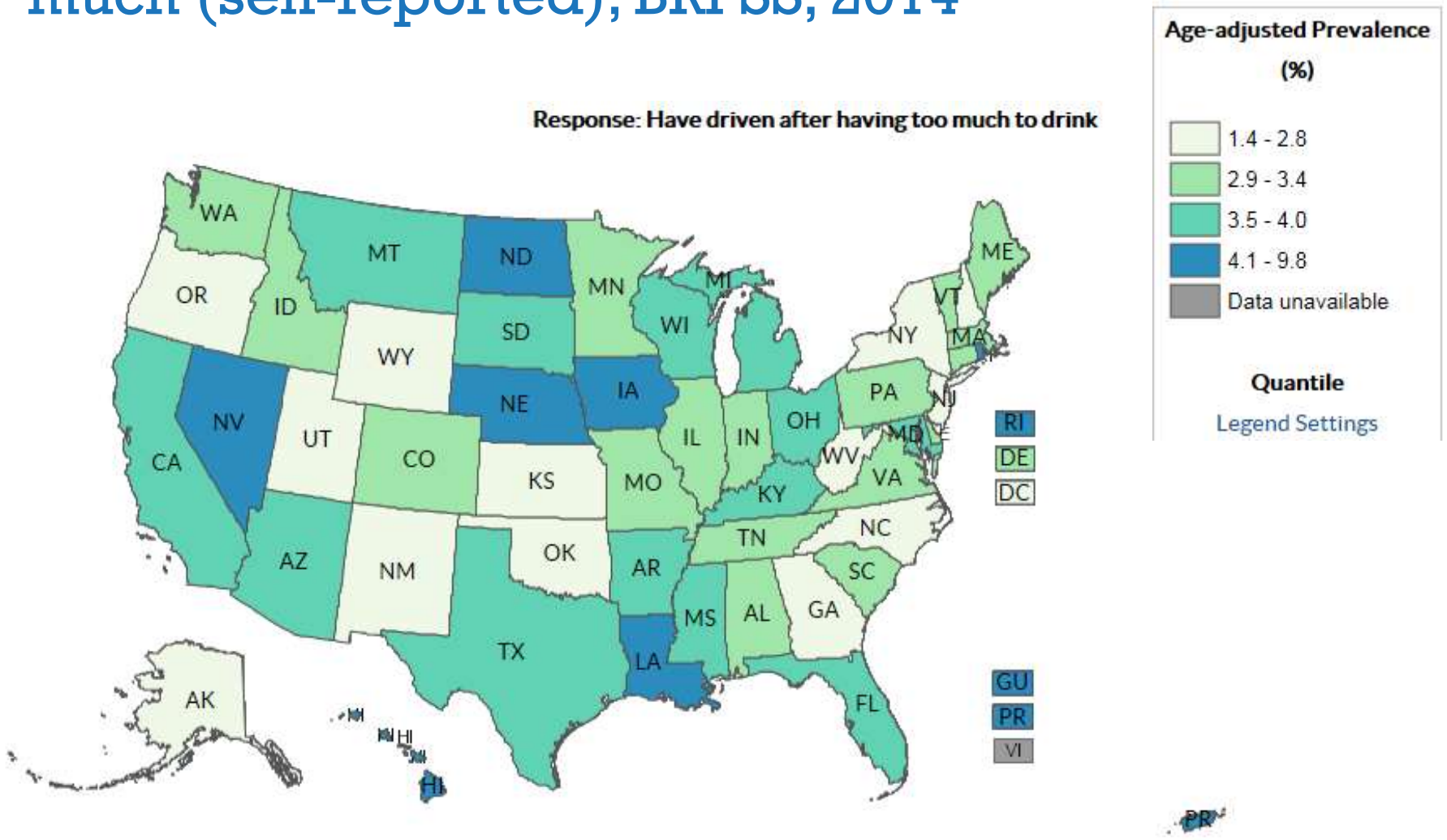
PREVALENCE AND TRENDS DATA

Using the Prevalence and Trends Data Tools, users may produce charts for individual states or the nation by health topic. Users may select specific years or request multiple year data. The Prevalence and Trend Data Tools will produce line graphs for multiple years and bar charts for single years for each selected indicator.

SMART: CITY AND COUNTY DATA

Selected Metropolitan/Micropolitan Area Risk Trends (SMART) is an ongoing project that uses BRFSS data to produce some local area estimates. Counties and Metropolitan/Micropolitan Areas (MMSAs) were selected for SMART if there were 500 or more respondents BRFSS combined landline and cell phone data for any year.

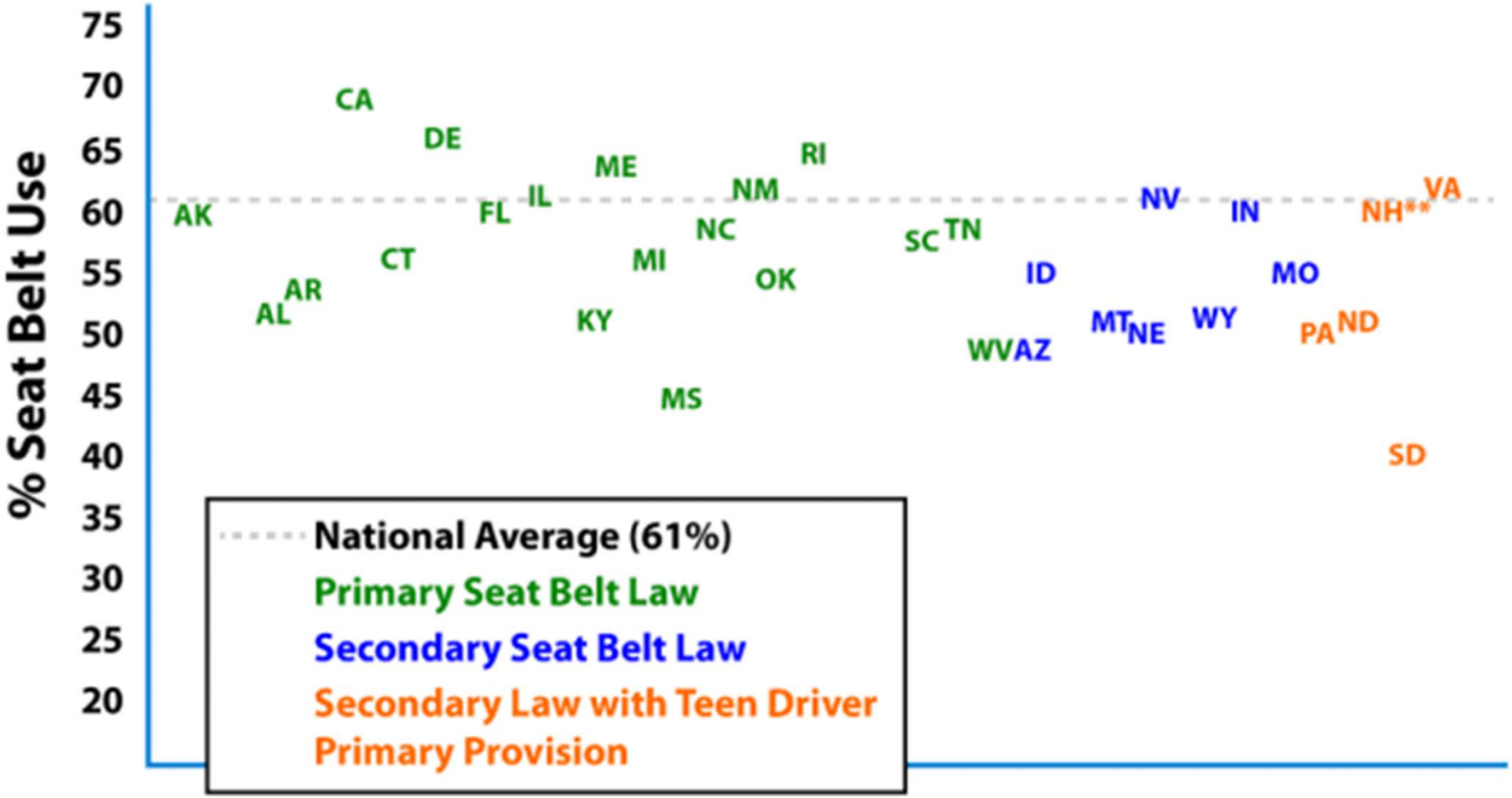
Prevalence of having driven after drinking too much (self-reported), BRFSS, 2014



Youth Risk Behavior Surveillance System (YRBSS)

- School-based survey
  - Administered every other year
  - Anonymous, self-administered
  - National, State, territorial, tribal, and local surveys
- Monitors priority risk behaviors, including transportation topics
  - Rode with a driver who had been drinking alcohol
  - Drove after drinking alcohol
  - Texted or e-mailed while driving a car or other vehicle
  - Seat belt use
  - Bicycle helmet use

2015 Seat Belt Use by US High School Students Riding as Passengers*, by Type of Seat Belt Law, 32 States



*** Percentage of students who always wear a seat belt when riding in a car as passengers.**

**** NH does not have a seat belt law for adults, but their child passenger safety law has a primary enforcement seat belt provision for drivers and passengers <18 years.**

SOURCES: seat belt use: CDC, Youth Risk Behavior Surveillance System (YRBSS), YRBSS data and documentation, Atlanta, GA: US Department of Health and Human Services, CDC; 2017, https://www.cdc.gov/healthyyouth/data/yrbs/data.htm; type of seat belt law: Governors Highway Safety Association, seat belts, Washington, DC; 2017, http://ww.ghsa.org/state-laws/issues/Seat-Belts.

www.cdc.gov
Your Source for Credible Health Information

What can we do about motor vehicle-related injuries and deaths?

Fortunately, a wide range of evidence-based interventions are available

What can we do about motor vehicle-related injuries and deaths?

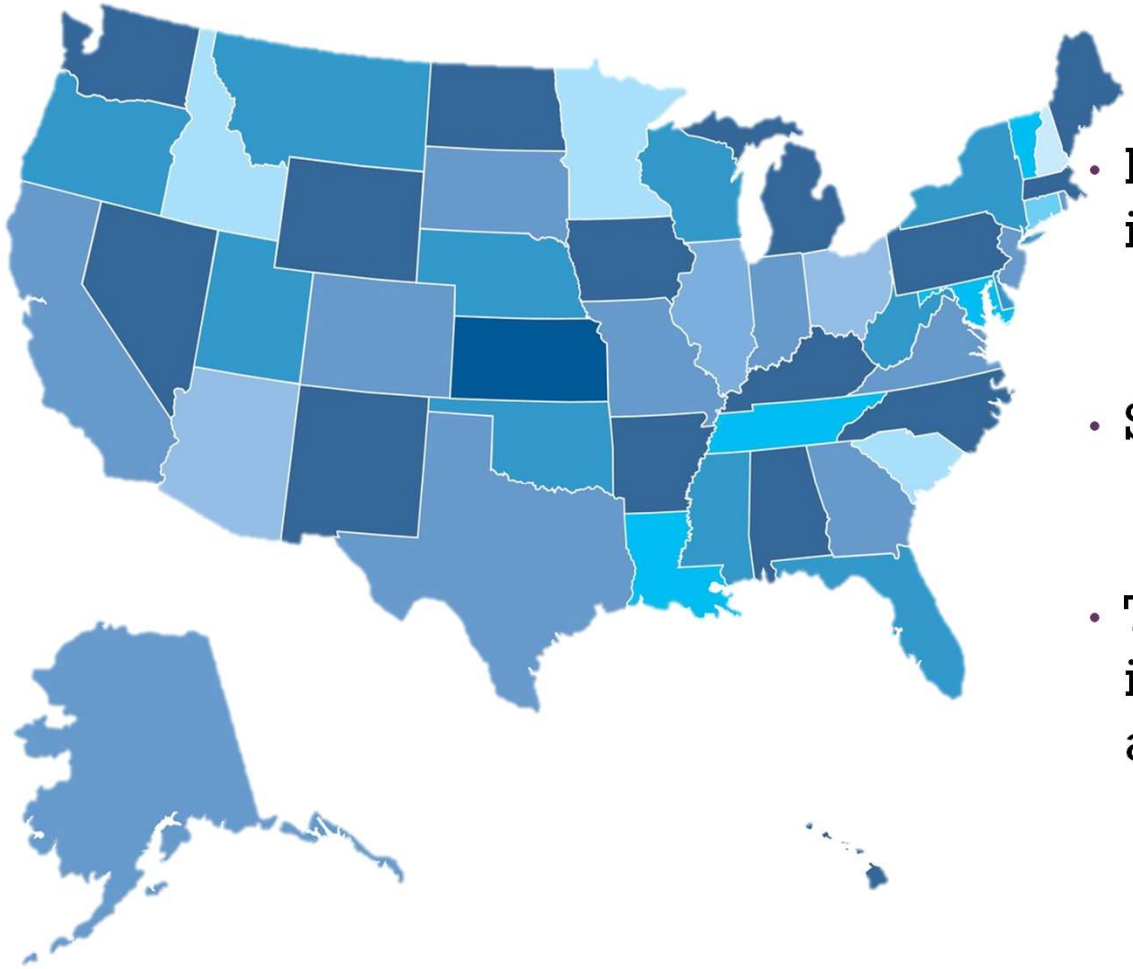
MV PICCS (Motor Vehicle Prioritizing Interventions and Cost Calculator for States)

How Does MV PICCS Work?

- Helps state decision makers prioritize and select from a suite of 14 evidence-based interventions
- Selected interventions based on
  - Type
  - Effectiveness
  - State role in implementation
  - Current use

MV PICCS

States Can Choose Among Many Options



- Many interventions are implemented at state level
- States must prioritize options
- To prioritize, states can use information about the costs and benefits of each option

MV PICCS Includes 14 Evidence-based Interventions

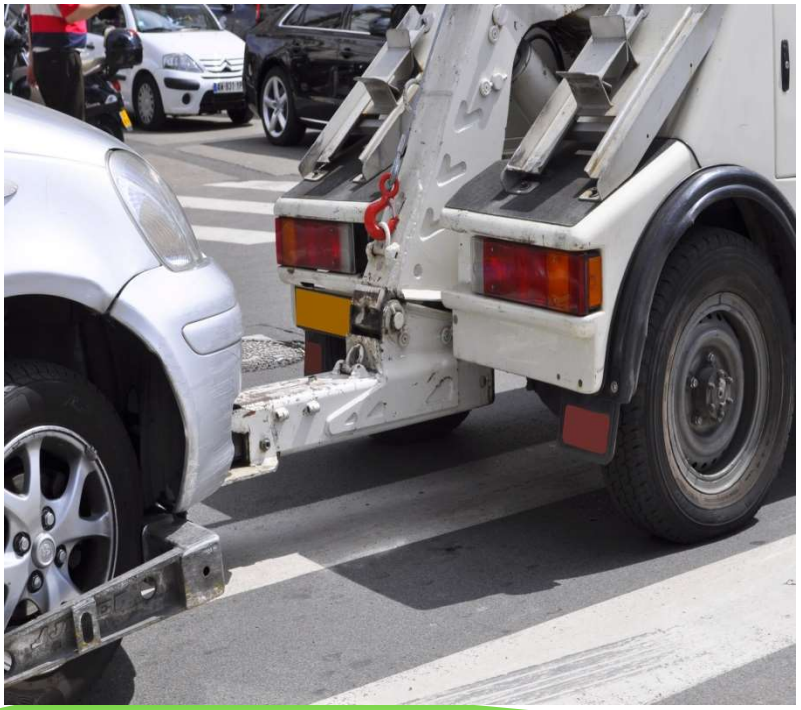
- Red light camera automated enforcement
- Speed camera automated enforcement
- Alcohol interlocks
- Sobriety checkpoints
- Saturation patrols

MV PICCS Includes 14 Evidence-based Interventions

- Bicycle helmet laws for children
- Motorcycle helmet use laws
- High-visibility enforcement for seat belts and child restraint/booster laws
- Primary enforcement seat belt laws

MV PICCS Includes 14 Evidence-based Interventions

- Vehicle impoundment
- License plate impoundment
- Limits on diversion and plea agreements



MV PICCS Includes 14 Evidence-based Interventions

- Increased seat belt fines

- In-person license renewal for adults aged 70+

Cost and Benefit Calculations

- **Calculates the expected:**
  - **Costs:** Monetary costs of implementation as well as costs paid by individuals to states
  - **Benefits:** Number of injuries prevented and lives saved
  - **Benefits:** Monetized value of injuries prevented and lives saved
- **Data sources:**
  - **Costs:** Published articles and reports, interviews with state officials and safety experts
  - **Benefits:** Peer-reviewed articles and reports that use reduction in deaths as the basis for evaluating effectiveness

MV PICCS Provides Two Types of Analysis for States

Basic Cost Effectiveness Analysis

- Prioritized list of interventions based on individual cost-effectiveness ratios

Portfolio Analysis

- Optimized set of interventions that accounts for non-additive effects of related interventions

MV PICCS Example

Kentucky
Basic Cost-Effectiveness Analysis
(Interdependencies Ignored)

Candidate Intervention	Currently Implemented[1]	Cost-Effectiveness Ratio	Intervention Name	Benefit $/year	Cost $/year[2]	Cumulative Cost $/year	# of Fatalities Reduced	# of Injuries Reduced
☑	☐	379.19	Alcohol Interlocks	43,617,000	115,000	115,000	23	825
☐	☐	-1.09	Speed Camera	50,803,000	-46,691,000	115,000	18	1497
☐	☐	-25.02	Red Light Camera	101,831,000	-4,070,000	115,000	36	3051
☐	☑	-13.07	License Plate Impound	49,069,000	-3,753,000	115,000	26	928
☐	☐	-87.46	Increased Seat Belt Fine	137,570,000	-1,573,000	115,000	42	4477
☐	☐	19.78	Bicycle Helmet	4,735,000	239,000	115,000	1	180
☐	☐	211.11	Motorcycle Helmet	174,614,000	827,000	115,000	28	7339
☐	☐	117.31	Seat Belt Enforcement Campaign	103,178,000	880,000	115,000	32	3357
☐	☑	26.04	In Person Renewal	25,055,000	962,000	115,000	8	769
☐	☑	94.24	Primary Enforcement Seat Belt Law	133,749,000	1,419,000	115,000	41	4352
☐	☑	30.62	Sobriety Checkpoints	52,498,000	1,714,000	115,000	18	1599
☐	☐	19.7	Vehicle Impoundment	55,248,000	2,805,000	115,000	29	1045
☐	☐	19.86	Saturation Patrols	75,677,000	3,810,000	115,000	40	1431
☐	☑	3.89	Limits on Diversion	19,991,000	5,145,000	115,000	10	378

Summary Results of the Interventions Chosen

Category	Value	Units
Total Cost	115,000	$ per year
Total Benefit	43,617,000	$ per year
Total # of Fatalities Reduced	23	units
Total # of Injuries Reduced	825	units

Annual implementation budget available: $ 150000

What can we do about motor vehicle-related injuries and deaths?

Informing Practice with Lay-Friendly Materials: State-Based Fact Sheets

Sobering Facts: Drunk Driving in MICHIGAN

What Works

The strategies in this section are effective for reducing or preventing drunk driving. They are recommended by *The Guide to Community Preventive Services* and/or have been demonstrated to be effective in reviews by the National Highway Traffic Safety Administration.* Different strategies may require different resources for implementation or have different levels of impact. Find strategies that are right for your state.

Strategies to reduce or prevent drunk driving

- **Drunk driving laws** make it illegal nationwide to drive with a BAC at or above 0.08%. For people under 21, ***"zero tolerance" laws*** make it illegal to drive with any measurable amount of alcohol in their system. These laws, along with laws that maintain the ***minimum legal drinking age*** at 21, are in place in all 50 states and the District of Columbia, and have had a clear effect on highway safety, saving tens of thousands of lives since their implementation.
- **Sobriety checkpoints** allow police to briefly stop vehicles at specific, highly visible locations to see if the driver is impaired. Police may stop all or a certain portion of drivers. Breath tests may be given if police have a reason to suspect the driver is intoxicated.
- **Ignition interlocks** installed in cars measure alcohol on the driver's breath. Interlocks keep the car from starting if the driver has a BAC above a certain level, usually 0.02%. They're used for people convicted of drunk driving and are highly effective at preventing repeat offenses while installed. Mandating interlocks for all offenders, including first-time offenders, will have the greatest impact.

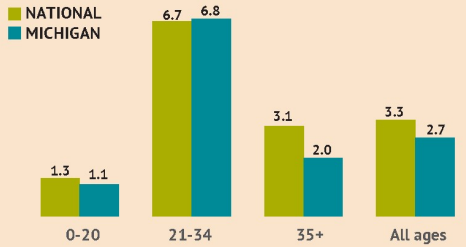
ALCOHOL-INVOLVED DEATHS

Persons Killed in Crashes Involving a Drunk Driver†

Number of Deaths, 2003–2012

2,912
people were killed in crashes involving a drunk driver in Michigan

Rate of Deaths by Age (per 100,000 population), 2012



Rate of Deaths by Gender (per 100,000 population), 2012

†Deaths in crashes involving a driver with BAC ≥ 0.08%.
Source: Fatality Analysis Reporting System (FARS).

DRUNK DRIVING

Percentage of Adults Who Report Driving After Drinking Too Much (in the past 30 days)

NATIONAL	MICHIGAN
1.9%	**1.9%**
report driving after drinking too much	report driving after drinking too much

Source: Behavioral Risk Factor Surveillance System (BRFSS), 2012.

What can we do about motor vehicle injuries and deaths?

Tribal Motor Vehicle Injury Prevention

CDC Tribal Motor Vehicle Injury Prevention Program (TMVIPP), 2010-2014

- Purpose: Implement tailored evidence-based strategies
  - Reduce alcohol impaired driving, increase child safety seat use, and increase safety belt use
- 2010-2014, eight tribes funded
  - Results – increased restraint use and decreased injuries and fatalities through evidence-based interventions
  - CDC Tribal Road Safety web page

https://www.cdc.gov/motorvehiclesafety/native/

Roadway to Safer Tribal Communities Toolkit

- Toolkit for restraint use and alcohol-impaired driving prevention
- Fact sheets
- Posters
- Video

CDC's Tribal Motor Vehicle Injury Prevention: Best Practices Guide 2016

- Guide for Tribes
  - Successful MV programs
  - Lessons learned
  - Case examples
- Contributors:
  - CDC Tribal Motor Vehicle Injury Prevention Program
  - IHS* Tribal Injury Prevention Cooperative Agreement Program
  - BIA* Indian Highway Safety Program

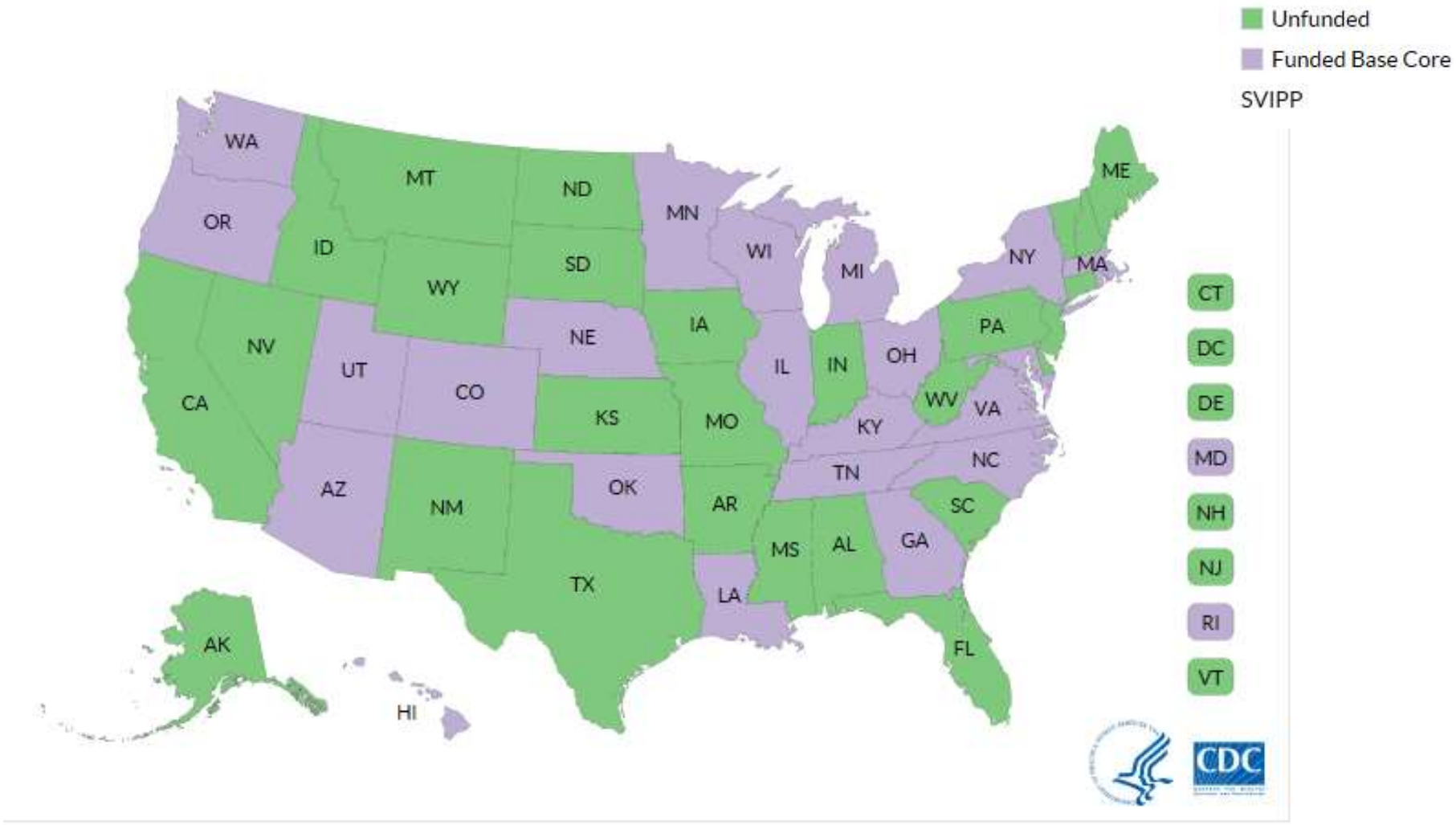
*IHS=Indian Health Service. BIA=Bureau of Indian Affairs

What else is CDC doing about injuries and deaths from motor vehicle crashes and other causes?

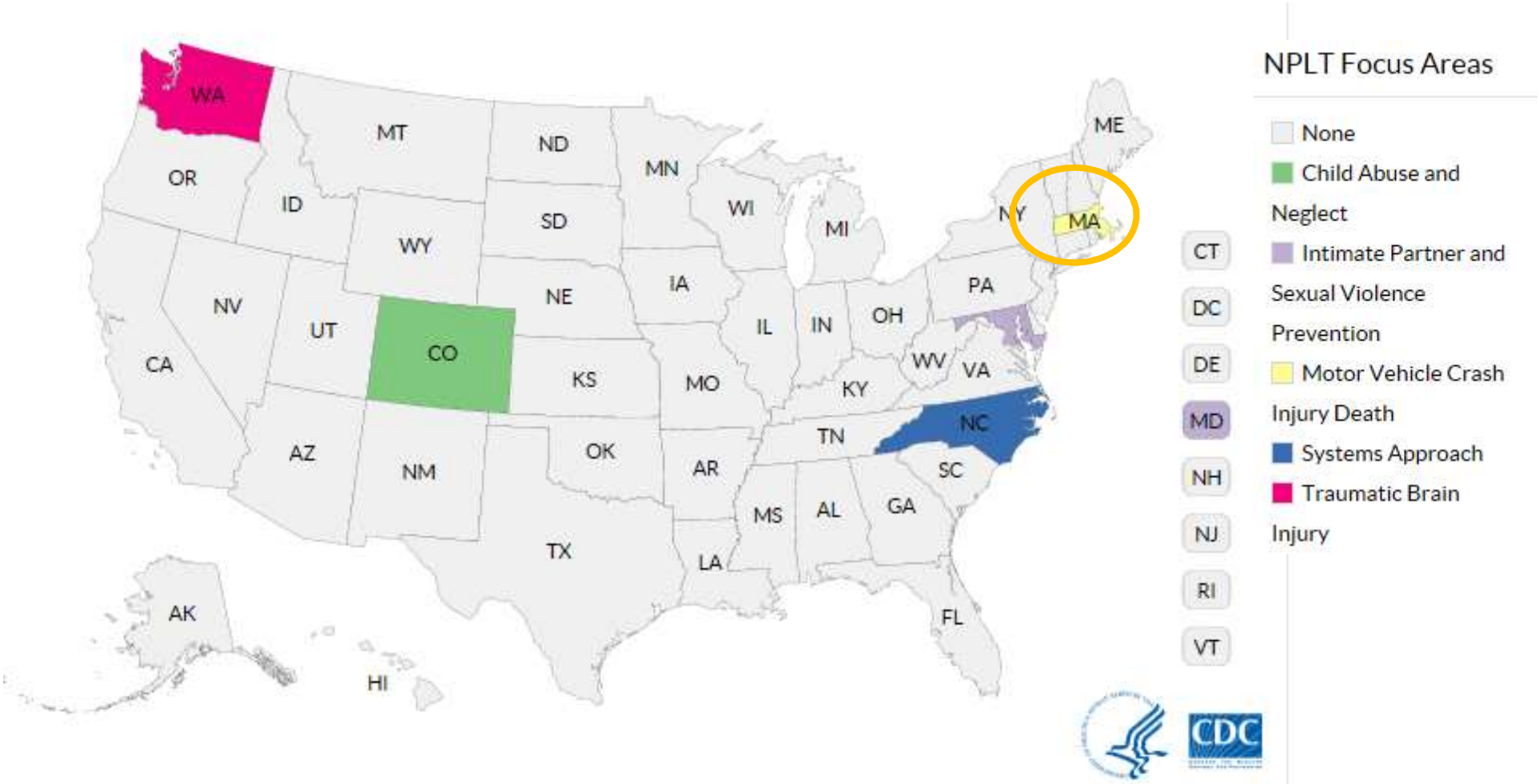
Injury Center Funded Programs

- Funding and technical assistance to 23 state health departments to implement, evaluate, and disseminate strategies that address the most pressing injury and violence issues

Core SVIPP Funding Map



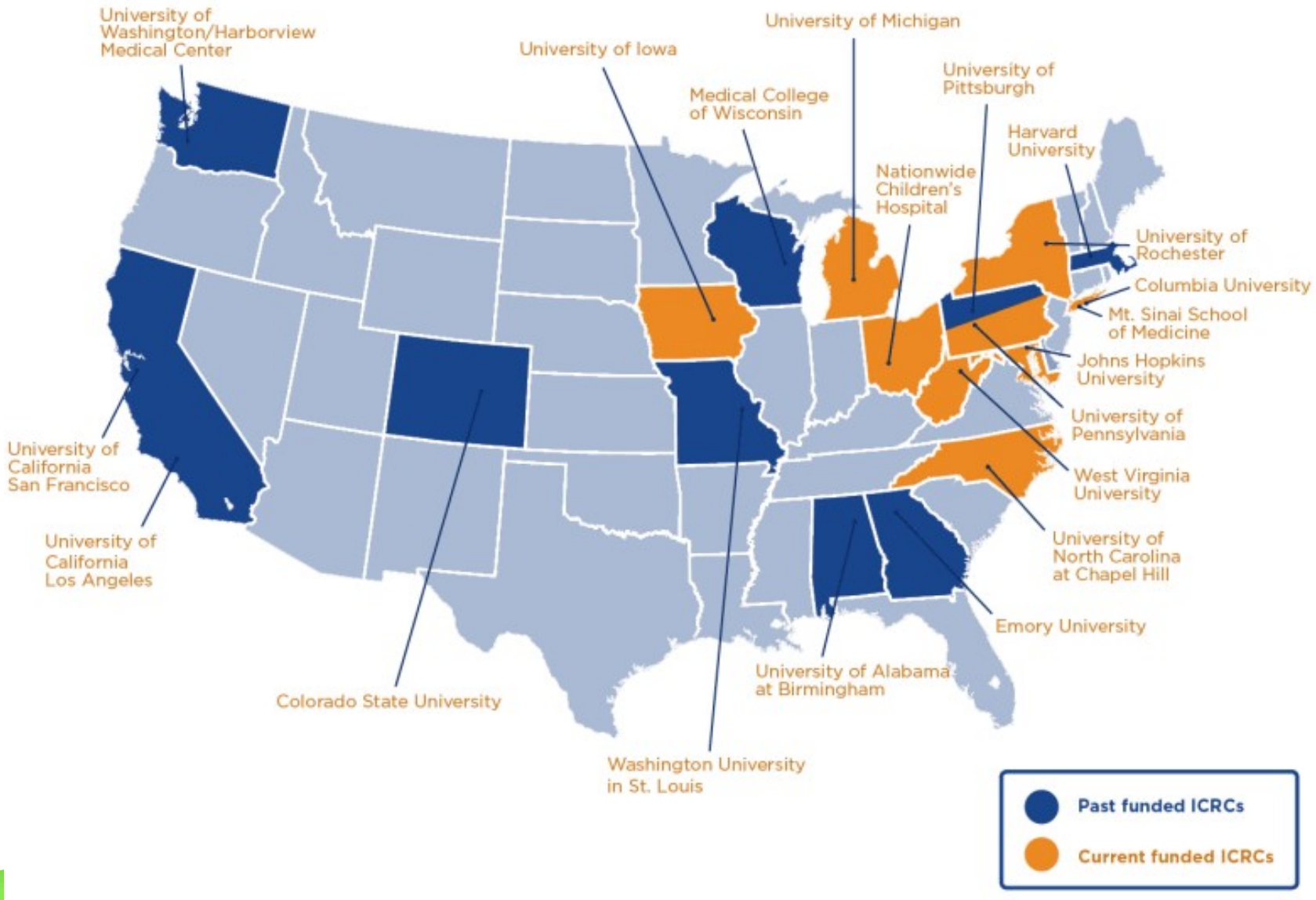
Regional Network Collaborating Organization (RNCO) & National Peer Learning Teams (NPLT)



ICRC
RESEARCH | OUTREACH | TRAINING
INJURY CONTROL RESEARCH CENTERS

- CDC funds 10 academic research centers
- 3 core functions
  - Research: how to prevent injuries and violence
  - Outreach: work with states & communities to put research findings into action
  - Training: training next generation of injury prevention researchers and public health professionals

CDC-Funded Injury Control Research Centers, 1987-2017



List of Resources

- CDC Motor Vehicle Safety https://www.cdc.gov/motorvehiclesafety/
  - MV PICCS https://wwwn.cdc.gov/MVIP/
  - State fact sheets
    - Restraints https://www.cdc.gov/motorvehiclesafety/seatbelts/states.html
    - Alcohol-impaired driving https://www.cdc.gov/motorvehiclesafety/impaired_driving/states.html
    - Costs of motor vehicle crash deaths https://www.cdc.gov/motorvehiclesafety/statecosts/index.html
  - Tribal Road Safety https://www.cdc.gov/motorvehiclesafety/native/
    - Tribal Communities Toolkit https://www.cdc.gov/motorvehiclesafety/native/toolkit.html
    - Best Practices Guide https://www.cdc.gov/motorvehiclesafety/native/best_practices_guide.html

List of Resources (2)

- CDC Injury Center https://www.cdc.gov/injury/
  - WISQARS https://www.cdc.gov/injury/wisqars/index.html
  - CORE SVIPP https://www.cdc.gov/injury/stateprograms/index.html
  - ICRCs https://www.cdc.gov/injury/erpo/icrc/index.html
- CDC Rural Health https://www.cdc.gov/ruralhealth/
  - MMWR report on rural transportation safety https://www.cdc.gov/mmwr/volumes/66/ss/ss6617a1.htm?s_cid=ss6617a1_w
- BRFSS Data & Data Analysis Tools https://www.cdc.gov/brfss/data_tools.htm
- YRBSS Youth Online https://nccd.cdc.gov/Youthonline/App/Default.aspx

RHI hub
Rural Health Information Hub

Formerly the Rural Assistance Center

CDC MMWR Rural Health Series

Insights from the CDC MMWR Rural Health Series Webinars

This webinar series highlights studies featured in the CDC MMWR Rural Health Series and rural programs funded by the Federal Office of Rural Health Policy (FORHP) that are working to address rural health disparities:

*Stay tuned for announcement about **November 15, 2017 webinar** on 3 injury-related MMWR Rural Health reports from CDC:*

- *Transportation safety*
- *Opioids*
- *Suicide*

https://www.ruralhealthinfo.org/resources/cdc-mmwr-rural-health

Thank you.

For more information, contact CDC

1-800-CDC-INFO (232-4636)

TTY: 1-888-232-6348

www.cdc.gov

The findings and conclusions in this report are those of the author and do not necessarily represent the official position of the Centers for Disease Control and Prevention.

Learning Outcomes

In this webinar, you have learned:

To summarize the public health approach to motor vehicle injury prevention

To identify CDC resources, tools and programs that can support transportation safety efforts in rural communities

Let us be your trusted

"safety sidekick"

to make road travel safer!

Upcoming 2017 Webinars

- Achieving Safety Results by Addressing Behavioral Issues

  November 15, 2017 11:00 AM-12:30 PM Mountain

- The Culture of the Swedish Vision Zero

  December 12, 2017 9:00 – 10:30 AM Mountain

Archived Webinars

Access the webinar archives

Training Videos

Introduction to Road Safety Culture

Introduction to Tribal Road Safety Audits

Watch these videos

Contact Information

If you have any questions related to this presentation, please contact:

Laurie Beck - ldf8@cdc.gov

Or contact the National Center for Rural Road Safety Help Desk at:

(844) 330-2200 or info@ruralsafetycenter.org

http://ruralsafetycenter.org/