

Seat Belts Still Saving Lives

Even in an era of air bags and antilock brakes, seat belts remain the most effective tool for preventing deaths and injuries from motor vehicle crashes.

Motor vehicle crashes in the United States kill about 41,500 people and injure another 3.4 million each year. Without seat belts, an additional 10,000 deaths could be expected to occur annually. In the United States, motor vehicle crashes cost \$150 billion annually in medical and emergency expenses, lost productivity, property loss and other costs.

Proper lap-shoulder belt use reduces the risk of death to front-seat car passengers by 45 percent and the risk of moderate-to-critical injury by 50 percent. For front-seat occupants of vans, sport utility vehicles, and pickup trucks, the risk of death is reduced by 60 percent and the risk of injury by 65 percent when lap-shoulder belts are used correctly.

A 1996 study of 10 States by the National Highway Traffic Safety Administration (NHTSA) found that Medicare, Medicaid, and other Government sources finance 24 percent of inpatient hospital costs for victims of motor vehicle crashes. If seat belt usage for front-seat passengers in cars and light trucks increased from the current national average of 70 percent to 85 percent, NHTSA estimates, Medicare and Medicaid would save \$275 million per year. Annual savings would total \$356

million with a 90 percent usage rate.

Declining Death Rates

Today, the number of vehicles on the road and vehicle miles traveled are the highest ever. When these two factors are taken into account, death rates from motor vehicle crashes have fallen steadily since 1981. This decrease is largely due to the use of seat belts, which prevent people from hitting dashboards, windshields, and other objects inside a vehicle during a crash. Seat belts also keep people from being thrown from the vehicle, reducing their risk of injury and death.

Healthy People 2010, the next set of health objectives for the Nation, contains several objectives related to traffic safety, including seat belt usage. (Healthy People 2010 will be officially

launched in Washington, DC, at the "Partnerships for Health in the New Millennium" conference on January 24-28, 2000. See www.health.gov/partnerships)

Expanded Federal efforts to prevent deaths and injuries on the road began about four decades ago. In the mid-1960s, auto manufacturers began installing front- and back-seat lap belts in new cars, along with other safety features, such as shatter-resistant windshields. The National Highway Safety Bureau, the precursor to NHTSA, required the addition of shoulder harnesses, starting on January 1, 1968. NHTSA amended the rule in the early 1970s to require a lap-shoulder belt system that could be fastened in one motion.

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Showing Concern for Child Passengers

The SAFE KIDS BUCKLE UP program addresses one of the most disturbing problems in America today: the high rates of death and injury to children under age 14 in motor vehicle crashes. According to the National Highway Transportation Administration (NHTSA), more than 1,500 children in that age group die each year in vehicle crashes, and about 280,000 are injured.

About 85 percent of child safety seats are not

used correctly. The National SAFE KIDS Campaign, through its State and more than 270 Local Coalitions, coordinates Car Seat Check Up events nationwide to teach parents, caretakers, and others the correct use of child safety seats. The checks are part of the Campaign's SAFE KIDS BUCKLE UP program.

Child passenger safety specialists, who are often certified by NHTSA, con-

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In the mid-1980s, seat belt usage rates rose dramatically. Thirty-one States passed mandatory seat belt laws from 1984 to 1987. Forty-nine States, the District of Columbia, Puerto Rico, and all U.S. territories now have seat belt laws. New Hampshire has only a child passenger safety law.

State laws requiring seat belt use are classified as either secondary or primary laws. Thirty-eight States use secondary enforcement, which requires a police officer to stop a violator for another infraction before issuing a citation for failure to buckle up. Eleven States have primary laws, which allow an officer to stop a motorist and issue a ticket for failure to wear a seat belt.

In addition to State laws requiring motorists to buckle up, increased usage is also a result of collaborative and independent efforts involving many stakeholders: Congress; Federal, State, and local agencies, including law enforcement agencies; companies and industry groups; advocacy and educational organizations; and private citizens. Progress has been aided by educational and advocacy campaigns, which support the passage of primary laws and promote motorist protection measures, such as seat belt usage.

“Buckle Up America”

One collaborative campaign, backed by a public-private partnership, is “Buckle Up America,” a national initiative launched in 1997. “Buckle Up America” is working to raise seat belt

usage to 85 percent by 2000 and 90 percent by 2005.

The campaign features a collaborative effort by Congress, Federal agencies, States, national organizations and coalitions, industry, and communities to promote the proper use of seat belts.

NHTSA is the lead agency for “Buckle Up America,” which addresses three major needs:

- Development of an education campaign by public and private sectors.
- Enactment of strong State seat belt legislation and active, high-visibility law enforcement programs.
- Assistance from the U.S. Department of Transportation to improve State laws.

Another education initiative, the “Air Bag and Seat Belt Safety Campaign,” is sponsored by a partnership of more than 150 groups, under the umbrella of the National Safety Council. This program is working to educate the public about maximizing air bag protection through the proper use of seat belts. The campaign’s sponsors include automakers, insurance companies, occupant restraint manufacturers, Government agencies, health professionals, and other stakeholders. The campaign circulates its message through TV, radio, and print ads.

Protecting Children

Child protection is a strong component of education and advocacy programs because motor vehicle crashes are the number 1 cause of unin-

tentional injury-related deaths for children aged 1 to 14. Each year, more than 1,500 children in this age group die in vehicle crashes, and about 280,000 are injured.

The “Air Bag and Seat Belt Safety Campaign,” in cooperation with NHTSA, sponsors “Operation ABC Mobilization.” This initiative is a nationwide effort by State law enforcement to crack down on drivers who fail to buckle up kids. During the program’s two annual waves—in May and November—all 50 States bolster enforcement of their State’s seat belt and child passenger safety laws, in part, by setting up child safety checkpoints.

African Americans post disproportionately high injury and fatality rates in motor vehicle crashes, and they are 10 percent less likely than whites or Hispanics to use seat belts. African American teens use seat belts about 70 percent of the time, while white and Hispanic teens have an 80 percent usage rate. According to the Centers for Disease Prevention and Control (CDC), motor vehicle crashes are the leading cause of death for African Americans aged 1 to 14 and the second-leading cause of death for African Americans aged 15 to 24. If the African American community increased seat belt usage by 90 percent, NHTSA estimates, 1,300 deaths and tens of thousands of injuries a year could be prevented.

The National Black Caucus of State Legislators and the National Organization for Black Law Enforcement Executives are working to

promote and enforce seat belt laws. The Congressional Black Caucus is pushing for the enactment of primary seat belt laws in every State.

The objectives in Healthy People 2010 can serve as excellent platforms on which congressional, education, advocacy, and other programs can base their traffic safety campaigns. Another resource is CDC, which conducts motor vehicle safety research at its Atlanta headquarters and at many of its 10 Injury Prevention Research Centers located throughout the Nation.

CDC publishes traffic safety-related data and recommendations in its *Morbidity and Mortality Weekly Report (MMWR)* and in peer-reviewed publications such as the *American Journal of Public Health*. The February 5, 1999, issue of *MMWR*, for example, recommends the use of belt-positioning booster seats as essential until children are 58 inches tall, have a sitting height of 29 inches, and weigh 80 pounds. NHTSA also publishes traffic safety-related information from its Fatality Analysis Reporting System.

In all, the actions of stakeholders—from Congress to Government agencies to public-private partnerships to communities to individuals—will be instrumental in reducing injury and death rates from motor vehicle crashes in the coming years. Seat belts will continue to be the most effective tool for preventing injuries and saving lives on the Nation’s highways.

Select Traffic Safety Resources

www.healthfinder.gov
The Department of Health and Human Services' gateway to consumer health information

Centers for Disease Control and Prevention
 National Center for Injury Prevention's Occupant Restraint Program
www.cdc.gov/ncipc/res-ops/occupnt1.htm

National Highway Traffic Safety Administration
 (800) 424-9393
www.nhtsa.dot.gov

National Safety Council
www.nsc.org

Air Bag and Seat Belt Safety Campaign
 (202) 293-2270 x492
www.nsc.org/airbag.htm

Operation Lifesaver, Inc.
 800-537-6224
www.oli.org

SafetyBeltSafe, U.S.A.
 800-745-SAFE
www.carseat.org

MADD
 (214) 744-MADD
www.madd.org

American Driver and Traffic Safety Education Association
<http://adtsea.iup.edu/adtsea>

American Traffic Safety Services Association
 800-272-8772
www.atssa.com

Network of Employers for Traffic Safety
www.trafficsafety.org

AAA Foundation for Traffic Safety
www.aaafits.org

Unintentional Injuries

Reduced Fatalities Related to Rear Seat Shoulder Belts. L.S. Robertson. *Injury Prevention* 5 (March 1999):62-4. Use of shoulder belts with lap belts substantially reduces the risk of automobile crash deaths among back seat passengers.

Nutrition

Factors Influencing Food Choices of Adolescents: Findings From Focus-Group Discussions With Adolescents.

D. Neumark-Sztainer, et al. *Journal of the American Dietetic Association* 99 (August 1999):929-34,37. To be effective, programs to improve adolescent nutrition must promote appealing, convenient, and healthful foods at home, school, and restaurants.

Maternal and Infant Health

Integrated Screening for Down's Syndrome Based on Tests Performed During the First and Second Trimesters. N.J. Wald.

The New England Journal of Medicine 341 (August 12, 1999):461-7.

Integrated screening—combining measurements of first and second trimester markers into a single test—detects more cases of Down's syndrome with a significantly lower false positive rate than the best currently available test.

Breast-Feeding and Environmental Tobacco Smoke Exposure. A.B. Becker, et al. *Archives of Pediatrics and Adolescent*

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CHILD PASSENGERS duct the Check Ups. They inspect vehicles to determine if the car seats are being used correctly. The specialists then complete assessment forms, which include items concerning the proper use of child restraints, installation of the car seat, and the fit of the child in the seat. The specialists also determine if the seat has been recalled. SAFE KIDS BUCKLE UP collects these forms for entry into a database for analysis.

SAFE KIDS BUCKLE UP, which is a 5-year, \$10.6 million initiative sponsored by General Motors, was started in 1997. Since then, more than 70,000 people have attended Check Up events, and about 35,000 child safety seats have been reviewed. Check Ups are held primarily at General Motors car dealerships,

more than 1,200 of which have participated in SAFE KIDS BUCKLE UP. The CBC Web site (www.safekids.org), lists scheduled Check Up events at dealerships nationwide.

SAFE KIDS BUCKLE UP is involved in media-related outreach activities, including news conferences and an ongoing television, radio, print, and public service campaigns about child passenger safety. Copies of the *SAFE KIDS BUCKLE UP* brochure can be obtained by calling (800) 441-1888. For information on buying a car seat and recalled car seats, a list of certified child passenger safety technicians, and frequently asked questions, call NHTSA's hotline at (800) 424-9393 or visit NHTSA's Web site (www.nhtsa.dot.gov).

The National SAFE KIDS Campaign, which sponsors SAFE KIDS

BUCKLE UP, offers the following tips on age- and size-appropriate child safety restraints:

- Use a rear-facing infant or convertible seat from birth until the child is at least 1 year old and weighs at least 20 pounds;
- Use a forward-facing convertible seat for a child older than 1 year who weighs between 20 and 40 pounds;
- Use a car booster seat for 40- to 80-pound children, who are usually 4 to 8 years old; and
- Use a lap-shoulder belt for children who outgrow booster seats. Make sure the lap belt fits low across the child's upper thighs and does not cross the stomach. The shoulder belt should fit across the center of the child's shoulder and not cross the face or neck.

Medicine 153 (July 1999): 689-91.

Breast-feeding mothers who smoke expose their infants to increased risks of respiratory disease and the potential for future addiction to smoking; mothers who breast-feed should be encouraged not to smoke.

Heart Disease and Stroke

A Prospective Study of Walking as Compared With Vigorous Exercise in the Prevention of Coronary Heart Disease in Women. J.E. Manson, et al. *The New England Journal of Medicine* 341 (August 26, 1999):650-8. Brisk walking can be as beneficial as vigorous exercise in reducing the risk of coronary heart disease in women.

Gemfibrozil for the Secondary Prevention of Coronary Heart Disease in Men With Low Levels of High-Density Lipoprotein Cholesterol. H.B. Rubins, et al. *The New England Journal of Medicine* 341 (August 5, 1999): 410-18.

The lipid-lowering drug gemfibrozil reduces the risk of major cardiovascular events in men with low levels of high-density lipoprotein (HDL) cholesterol.

Diabetes and Chronic Disabling Conditions

Obstructive Sleep Apnea in Infants and Its Management With Nasal Continuous Positive Airway Pressure. F. McNamara. *Chest* 116 (July 1999):10-6.

Nasal continuous positive airway pressure (nCPAP) is an effective therapy for obstructive sleep apnea (OSA) in infants 1 to 51 weeks old.

Prospective Associations of Fasting Insulin, Body Fat Distribution, and Diabetes With Risk of Ischemic Stroke.

A.R. Folsom, et al. *Diabetes Care* 22 (August 1999): 1077-83.

Diabetes is a strong risk factor for ischemic strokes.

Surveillance and Data Systems

Tuberculosis: Elimination Revisited: Obstacles, Opportunities, and a Renewed Commitment—Advisory Council for the Elimination of Tuberculosis (ACET). *Morbidity and Mortality Weekly Report* 48 (August 13, 1999):1-13.

Tuberculosis (TB) can be controlled and eventually eliminated by substantial technological advancements in diagnosis, treatment, and prevention, including development of an effective vaccine.

Mental Health and Mental Disorders

Social Disengagement and Incident Cognitive Decline in Community-Dwelling Elderly Persons. S.S. Bassuk, et al. *Annals of Internal Medicine* 131 (August 3, 1999): 165-73.

Social disengagement is a risk factor for cognitive impairment among elderly persons.

In Print

Tobacco

CDC has released two state-specific reports on tobacco use. One report, *State Tobacco Control Highlights, 1999*, summarizes information on tobacco use in all 50 States and the District of Columbia. The other report, *Best Practices for Comprehensive Tobacco Control Programs*, provides states with recommended strategies for effective programs to prevent and reduce tobacco use, eliminate the public's exposure to second-hand smoke, and eliminate disparities related to tobacco use and its effects among different population groups. To obtain free copies, call (770) 488-5705 (press 2 for publications), or visit www.cdc.gov/tobacco/statehi/statehi.htm and www.cdc.gov/tobacco/bestprac.htm.

Alcohol and Other Drugs

The Substance Abuse and Mental Health Services Administration has released the *Summary Findings from the 1998 National Household Survey on Drug Abuse*. This annual survey has been the primary source of estimates of the prevalence and incidence of alcohol, tobacco, and illicit drug use in the population since 1971. To receive a free copy, call 1-800-729-6686, or visit www.samhsa.gov/press/99/990818fs.htm.

Mental Health and Mental Disorders

The Administration on Aging has joined the National Institute of Mental Health in the nationwide release of *Older Adults: Depression and Suicide Facts*. This fact sheet offers health care providers tips on recognizing signs of depression, reducing suicide risk in older adults, and promoting treatment. To learn more, visit www.nimh.nih.gov/events/prolderadults.htm, or e-mail nimhinfo@nih.gov.

Educational and Community-Based Programs

The National Eye Institute has a free *Glaucoma Awareness Month Resource Guide* that contains a variety of resources and materials that you can use to plan and conduct campaign activities during Glaucoma Awareness Month in January 2000. To obtain a copy, call 1-800-869-2020, or e-mail 2020@nei.nih.gov.

Online

Crosscutting

The Rural Health Policy Board of the National Rural Health Association (NRHA) has issued three policy papers. *Mental Health in Rural America* includes 10 recommendations to better serve the mental health needs of rural populations. *Access to Health Care for the Uninsured in Rural and Frontier America* looks at

the impact of the lack of insurance on rural and frontier residents. *A National Agenda for Rural Minority Health* is the first in a series of papers in partnership with President Clinton's Initiative on Race and can be used by state and local health and health-related agencies for setting priorities for critical rural health issues. To obtain copies, call (816) 756-3140, e-mail pubs@nrharural.org, or visit www.nrharural.org/dc/a7.html.

Educational and Community-Based Programs

The Agency for Toxic Substances and Disease Registry (ATSDR) *Communities Web pages* are now available. These new pages answer common questions and help locate information about preventing exposure to hazardous substances at waste sites, unplanned releases, and other sources of pollution. Visit www.atsdr.cdc.gov/COM/commhome.htm.

Unintentional Injuries

The U.S. Consumer Product Safety Commission has released the *Back to School Safety Checklist* to help parents, teachers, and caregivers prevent injuries and death to children. By detailing where to look for hidden hazards, the checklist offers tips on making schools, child care facilities, and playgrounds safer. To download, visit www.cpsc.gov/cpscpub/pubs/btscheck.html.

Occupational Safety and Health

Good Riddance—Your Official NIH Guide to Total Disposal provides specific information and instructions on how to dispose of all unwanted items—from computer equipment to furniture, laboratory equipment to glassware, hazardous materials to reagents. Visit <http://goodriddance.nih.gov>.

Environmental Health

ATSDR *Public Health Implications of Exposure to PCBs* summarizes the health implications associated with exposure to polychlorinated biphenyls (PCBs), primarily through fish consumption. To download, visit www.atsdr.cdc.gov/DT/pcb007.html.

In Funding

Occupational Safety and Health

The Centers for Disease Control and Prevention (CDC) has announced the availability of fiscal year 2000 funds for **training grants in occupational safety and health**. Applicants need to address the *Healthy People 2000* priority area of Occupational Safety and Health. CDC expects to have \$500,000 to fund three awards. Deadline for submission of applications is November 30, 1999. For more information, call 1-888-GRANTS (1-888-472-6874), or visit www.cdc.gov/od/pgo/funding/00012.htm.

14th National Conference on Chronic Disease Prevention and Control: Prevention Success 2000. Dallas TX (301) 588-6000, e-mail elazenyb@kevr.com. **November 30–December 2, 1999.**

1999 Minority Health Issues Conference: Zero Disparities by 2010. Columbia, SC (803) 898-3808. **December 5–7, 1999.**

4th HIV/AIDS & Diversity Conference: Practice Responses. New York, NY (212) 960-0800, or visit www.yu.edu/wurzweiler. **December 6, 1999.**

The Second National Conference on Genetics and Disease Prevention: Integrating Genetics into Public Health Policy, Research and Practice. Baltimore, MD (301) 530-1619, e-mail genetics@cdc.gov, or visit www.cdc.gov/genetics/temporary/call4abstracts.htm. **December 6–8, 1999.**

National Rural Health Association's 5th Annual Rural Minority Health Conference. Denver, CO (816) 756-3140, e-mail rm@NRHArural.org, or visit www.NRHArural.org. **December 9–11, 1999.**

Partnerships for Health in the New Millennium. Washington, DC, fax (301) 984-4256, or visit www.health.gov/partnerships. **January 24–28, 2000.**

The Physical and Developmental Environment of the High-Risk Infant. Clearwater Beach, FL (813) 974-4867, or e-mail tryan@com1.med.usf.edu. **January 29–February 1, 2000.**

7th Biennial Symposium on Minorities, the Medically Underserved, and Cancer. Washington, DC (713) 798-5383, e-mail symposium@bcm.tmc.edu, or visit icc.bcm.tmc.edu/symposium. **February 9–13, 2000.**

Ryan White National Youth Conference on HIV and AIDS. St. Louis, MO (202) 898-0414, or visit www.napwa.org. **February 19–21, 2000.**

The Psychology of Health, Immunity and Disease International Conference. Sponsored by the National Institute for Clinical Application of Behavioral Medicine. Hilton Head, SC (800) 743-2226, or visit www.nicabm.com. **March 16–12, 2000.**

24th Annual Meeting of the National Sickle Cell Disease Program. Philadelphia, PA (215) 590-3423. **April 8–11, 2000.**

PARTNERSHIPS FOR HEALTH IN THE NEW MILLENNIUM



JANUARY 24–28, 2000

JOIN US IN LAUNCHING HEALTHY PEOPLE 2010 AT A NATIONAL CONFERENCE IN WASHINGTON, DC

CONFERENCE THEMES

- ❖ Partnering for Health Improvement
- ❖ Eliminating Health Disparities
- ❖ Increasing Quality and Years of Health Life
- ❖ Harnessing Technology for Health

Conference Program includes plenary sessions on national, state, and community collaborations with breakout, caucus, and poster sessions providing opportunities for information sharing and networking.

A joint conference sponsored by the Healthy People Consortium and the Partnerships for Networked Consumer Health Information

www.health.gov/partnerships

Donna E. Shalala, Secretary of Health and Human Services, **announced a record increase in the immunization rate for pre-school children and a decline in the incidence of most vaccine-preventable diseases.** The National Immunization Survey, an ongoing survey conducted by the Centers for Disease Control and Prevention (CDC), assessed the overall immunization rate in 1998 at an all-time high of 80 percent, with cases of diphtheria, pertussis, tetanus, measles, mumps, rubella, and *Haemophilus influenzae* type b at near-record lows. The varicella (chickenpox) vaccination

rate rose most dramatically—17.3 percent. These findings were reported by CDC in a recent *Morbidity and Mortality Weekly Report*.

Although vaccines are one of the most effective tools for preventing disease and death, data show that disparities exist from state to state and from city to city in the number of children vaccinated. These disparities emphasize that many children still are susceptible to the suffering and death from diseases that are preventable through vaccinations. Anyone with questions about vaccinations should talk to their health

provider, or call the National Immunization Hotline at (800) 232-2552 for English or (800) 232-0233 for Spanish.

Eating seed sprouts, such as alfalfa and mung bean, have been associated with numerous outbreaks of *Escherichia coli* O157:H7, *Bacillus cereus*, many serotypes of *Salmonella*, and multiple other pathogens in the United States and other countries. Children, the elderly, and persons with weakened immune systems are especially vulnerable.

Sprouts present a special risk because the warm and humid conditions involved in

growing them are ideal for bacterial growth and occur shortly before the sprouts are marketed and eaten by consumers. Contamination, however, can occur at any point, from when the seeds are grown, harvested, and shipped to when they are sprouted and distributed, and bacteria introduced at any point can grow to high levels without any outward change in the appearance of the sprouts.

Until an effective agent is found to prevent illness caused by raw sprouts, persons at high risk for severe complications from these sprout-borne diseases should avoid eating raw sprouts.



The mission of the Office of Disease Prevention and Health Promotion (ODPHP) is to provide leadership for disease prevention and health promotion among Americans by stimulating and coordinating Federal activities. *Prevention Report* is a service of ODPHP.

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