

Safe America

Ros Burns, MRF Assistant Rep, West Virginia

On November 19-21, 1997 the National Center for Injury Prevention and Control (NCIPC), Centers for Disease Control and Prevention (CDC), joined in partnership with the National Highway Traffic Safety Administration (NHTSA), Department of Transportation (DOT) for **Safe America: Fourth National Injury Control Conference**. The major goals of the conference were to:

- highlight effective programs linked to the science of injury prevention and control;
- develop new and stronger partnerships among organizations working to prevent or control injuries at the national, state, and local levels;
- improve the quality of injury prevention and control programs;
- identify resources that will support injury prevention and control research and programs;
- communicate injury prevention and control issues and proven methods to the injury control community, policymakers, and the public.

The key players were: David Satcher, M.D., Ph.D. who was at the time the Director, CDC and currently the newly appointed Surgeon General of the United States; Dr. Ricardo Martinez, M.D. Director of the National Highway Traffic Safety Administration, DOT; and Mark Rosenberg, M.D., M.P.P. Director, National Center for Injury Prevention and Control, CDC.

To put things in perspective, in their opening statements, all three echoed "preventing injuries is an important public health and public safety goal. This is not an easy task. In order to build upon our present successes, we need people with diverse skills and backgrounds working together to keep America safe from injuries." The method to be used is to "shift the **focus away from accident prevention to focus on injuries** because the easy wins are gone!" This is the tactic used to make injuries a public health issue and remove the focus from accident prevention, hence the conflict with accident prevention that the motorcycling community is dealing with.

To understand how America got here you have to understand "**The Problem**" according to the CDC: "Over 150,000 people die each year from injuries. Injuries are the leading cause of death for children and adolescents in the United States. Over 21,000 children and adolescents died from injuries in 1994 in the United States; 8,324 in motor vehicle crashes; 4,927 were homicides; and 2,270 suicides. Deaths from other injuries, i.e. from falls, fires, drownings, and poisonings, make up the remainder of the 21,000 fatalities. For these children and adolescents, America was not safe. Hundreds of thousands more are nonfatally injured, many of whom suffer permanent disabilities. Each year, about 70 adolescents die from work-related injuries and another 70,000 are injured badly enough that they require emergency room treatment."

What is "Safe America"? The concept of Safe America is designed to change the way we think about injuries. Most importantly, it is a way to make people understand that **injuries are not accidents**, and that we can prevent them. This is the vision of Safe America - that people can and will make safety a reality rather than accept injuries as a fact of life. This idea is reflected in the development of five grassroots campaigns which are all vying for grant dollars, both state and federal. These are:

- **Safe at Home** from injuries resulting from fires, falls, poisonings, drownings, and violence.
- **Safe on the Move** from injuries in motor vehicle, bicycle, **motorcycle**, and pedestrian crashes.
- **Safe at School** from injuries sustained on the playground, sports injuries, and violence.
- **Safe at Work** from injuries related to hazards, equipment, working conditions, and violence.
- **Safe in the Community** from violence and unintentional injuries such as falls, fire-related injuries, drownings that occur in public places; and also protected after the injury occurs by emergency medical systems, 911 emergency response, poison control centers and trauma care systems.

These are the efforts that the motorcycling community needs to become involved in. With the passage of the Intermodal Surface Transportation Efficiency Act II (ISTEAII) it is encouraging that our concerns were heard and motorcyclists will be included in the Safe on the Move initiative with the Intelligent Transportation System. All of us should be looking in our communities to see where we can become involved and make our voices heard. This is to include other areas of interest and concern where we can be effective. Some great things have begun to happen with the Bikers Against Family Violence initiative. Why can't we apply for some of the grant money for studies?

How will we attain a Safe America? The CDC's position is that "one of the strongest elements of this initiative is its appeal to all groups in society. Safe America is the vision of every organization in the United States that works to prevent injuries. It is the vision of parents who want to make their children safe. It is the vision of civic organizations that want to make communities safe and of businesses that want to make workers safe. Concern for the safety of children and for all Americans is bipartisan, nondenominational, and characteristic of all races. To make a difference in the numbers of people who are injured each year, Safe America is intended to:

1) Lower injury rates by delivering programs in communities that prevent injuries or control the effects after an injury occurs.

2) Conduct research to seek new ways to prevent injuries and improve existing ways.

3) Monitor injury problems across the country to increase our understanding and document successes in reducing injuries and increasing the use of injury prevention methods.

4) Develop an information campaign to make people aware of methods available to them to keep themselves and their families safe at home, at school, on the move, and in the community."

This statement helps you understand that the **focus has been taken away from accident prevention** because the CDC no longer believes in accidents, hence the loss of this focus with NHTSA. It will be interesting to see what will happen in the coming year to this concept since

NHTSA has been put on notice by the motorcycling community to focus more on accident prevention and less on injury prevention. While Dr. Martinez was speaking, he left us with his favorite quote. It goes like this, "The best way to predict the future is to create it." We must remain vigilant and watch what NHTSA and the CDC are doing because our future may be created in a way that is not conducive to our favorite sport, motorcycling! Motorcyclists did a fantastic job this year with ISTEAII, but that was just the beginning. We need to remain an integral part of the partnership.

The **Safe America Partnership** as presented at the conference is as follows. "One of the functions of the government is to provide the means to ensure the safety and well being of citizens. To this end, the federal government has injury prevention and control programs in the Department of Health and Human Services, Transportation, Justice, and Defense, and in the Consumer Product Safety Commission, and others. The states have agencies such as the departments of health and transportation that bring injury prevention and control to the local level. In addition, there are many private and professional organizations that work with youth or provide injury prevention services, such as SAFE KIDS, the National Safety Council, the National Fire Protection Association, the American Academy of Pediatrics, Boys Club/Girls Club, and the National Resource Center on Domestic Violence. Although there are many partners and activities in injury control, we still have far too many deaths and nonfatal injuries, particularly among young children and people in lower socioeconomic groups. Therefore, we need to create better ways to work together and better ways of targeting those who do not have knowledge or access to effective interventions. The Safe America Partnership will do this at all levels. Federal, state, and local. This partnership will ensure that we do not duplicate efforts, that we direct resources where they are needed most and where they can do the most good, and that we increase our effectiveness by capitalizing on the strengths of each member of the partnership."

Ask yourself if you can help in the partner-

ship, or should we wait for the government to do it for us? They admit they do not have all the answers. They feel that there is a need for more and better interventions and a method to implement them in our communities. They do not want to wait for perfect answers because they see the problem is too large! Could this lead to more mistakes such as air bags? Their plan is to build on what is already known and improve delivery as things progress based on what is learned. This model is called a “**Change Concept**” where the Change Concept leads to Process Change.

A Change Concept is a general notion or approach that has been found to be useful in developing specific ideas for change that result in improvement. How do you use a Change Concept? Let’s pretend for instance that the aim is to increase seat belt use among teens. The Change Concept could be to provide an incentive. The ideas for change come from using fast food restaurant coupons, raffle tickets, and information on state maps. Once you get them to become used to the change it no longer requires them to think, they just do. For motorcycling, the idea was to force us to change by implementing laws across the board. Therefore, we would **have to change**. Well, we know how far that went and we are still living with the consequences. One of the areas that is so important in the Change Concept is to test the change. This is done simply by employing the scientific method discussed here as the **PDSA Cycle**; Plan, Do, Study, Act .

First of all you need to know what you are trying to accomplish. How will we know that a change is an improvement? This is the **Plan**. Then what changes can we make that will result in an improvement? This is the **Do**. Then you need to see if a change has occurred and if the change gave the desired result or something undesirable? This is the **Study**. Finally, you must **Act**. This is to change and plan again until you finally get the result you are after. Each cycle of the Change Concept should have an aim. The planning, testing and doing should be measurable so that you will know if you succeeded or failed. In motorcycling this can be used to develop training programs, to test to see if helmets really injure or protect and under what circumstances. The idea is to have a

global aim such as decreasing motorcycle accidents in new riders over the next five years. You agree to a measurable global aim and keep your eye on it at all times. This is the strategy that the Safe America coalitions are using to make change happen on a grassroots level. It can be seen in the use of bicycle helmets, drunk driving campaigns, domestic violence campaigns, seat belt usage, and in the use of safety equipment for motorcyclists. Will some of it fail? Of course there will be failures. That is where we can be effective in becoming active and speaking up or getting involved when we see the Plan or the Do going astray. We don’t want to be the failed Study!

In discussion of this concept there were some important working rules developed. These can be used in the development of opposing strategies. Some Change Concepts apply across many goals. Working on a topic the community cares about increases the chance of it working. Understanding the culture in which you are working helps you develop more effective interventions. Incentives increase the probability of the desired behavior. Increased media coverage increases the effectiveness of the intervention. Using data to communicate the problem reduces contention and increases the chances of success. Making it easier for police to enforce the law increase the chances of success. Community ownership increases the chances of success. Local interests can be pursued in the absence of legislation.

All of these statements are familiar to those who have worked in the legislative arena. Now, the CDC and DOT are educating the public on how to use them in hometown, grassroots efforts for initiatives that may sound good but are not supported by scientific data. This is especially true when focusing on injury prevention. This is where the controversy grows with statements and beliefs such as “it feels good to feel safe” and “it feels good to take a risk.” Motorcyclists are identified by the majority of the public as the ultimate in risk takers and we “need” to be made “safe.”

The breakout sessions were fairly interesting but it was glaringly obvious that motorcycle safety and accident prevention were blatantly ignored. If you recall the time frame, this was the period where politically active motorcyclists

across the nation wanted answers from NHTSA on their training video and educational material for effective lobbying of state legislators on the helmet issue. The only poster session that had any information on motorcycle safety was from NHTSA. They had a few of their handouts and trifolds, but motorcycle safety and educational organizations were not represented. The discussion on the Intelligent Highway Systems did not include motorcycles and the presentation concerning motorcycles in Safe on the Move was very derogatory. This was presented by a California State Health Department official and he focused on the "illegal helmet." He had pictures of "bikers" wearing proper helmets and "illegal helmets." He flipped through some data on the left turn in front of a motorcyclist as the leading cause of crashes and unfortunately left the impression that these were the rider's fault! This led to the discussion that if riders were wearing proper helmets they may not be killed! Oh yes, there were slides of the helmet stickers that say helmet laws suck; a gasp was heard in the room when this hit the screen. The closing finale was a picture of a full-face helmet from the back with the sticker on it and a tire track. We were told that the young man who wore this helmet lived even after his helmet was run over. Was it on his head?

There were no discussions of proper training of riders, licensing or other educational activities. The other glaring problem was that the people who were speaking about riding motorcycles have never ridden! I would guess that most of the people in attendance had never ridden either. They are scared of the "dangerous sport" which, if they had their way, it would be outlawed.

Another interesting incident occurred during a discussion about bicycle safety and the mandatory use of helmets. The presenter from the state of Texas said that the mandatory bicycle helmet law was meeting with opposition especially since the motorcycle helmet modification bill was passed. Once again you could hear an audible gasp and people shook their heads. This same presenter said that there were flyers up on some of the major college campuses calling for keeping the government out of the bicycle helmet issue! These flyers were very similar to the ones

you see for freedom rallies and public protests concerning motorcyclists' rights .

Additionally, at the poster sessions there were examples of all types of helmets; in-line skating, bicycle, hockey, football, hard hats, but not a single motorcycle helmet or a study on motorcycle safety! Do you think the recent activities with NHTSA had anything to do with this? It's too bad that some of the education programs or state motorcycle safety awareness campaigns were not demonstrated. During the session on Getting Your Message in the Local Media, a fellow from Utah asked how he could get press attention during the legislature when he had to "compete" with "bikers in leather filling the halls of the Capital!" One of the speakers suggested he should learn to ride! He was prohelmet and just wanted a law. Those darn bikers, they get all the press!

We must remain vigilant and let our legislators know that we are responsible adults. Become knowledgeable in the activities of the other grassroots campaigns. Let them know we are working hard to educate riders on the safe way to operate a motorcycle and how to respond in an emergency situation. Let them know this is a sport we love and that we are willing to educate them in the art of motorcycling so they will understand our position. We must take responsibility for our own actions. We must continue to make our voices heard or others will speak for us.

For further information on Safe America and to obtain reference material go to the WEB at www.cdc.gov and look under NCIPC. They have many free documents and reference material and a newsletter; *Injury Control Update*. The DOT also has a WEB site at www.dot.gov. You will find NHTSA listed and a catalog to order free publications concerning motorcycling and injury control. If you arm yourself with knowledge, you will be better prepared to defend your position. Understand where the injury prevention professionals are coming from and where they get their data and you will understand where some of the rhetoric is developed.

"Knowing is not enough; we must apply. Willing is not enough; we must do."

- Goethe

References:

National Center for Injury Prevention and Control. *Data Elements for Emergency Department Systems, Release 1.0*. Atlanta, GA: Centers for Disease Control and Prevention, 1997. <http://www.cdc.gov/ncipc/pub-res/deedspage.htm>

National Center for Injury Prevention and Control. *Injury Control for the 1990s; A National Plan for Action. A Report to the Second World Conference on Injury Control*. May 1993.

Annest JL, Conn JM, James SP. *Inventory of Federal Data Systems in the United States for Injury Surveillance, Research and Prevention Activities*. Atlanta: Centers for Disease Control and Prevention, National Center for Injury Prevention and Control, May 1996.

National Center for Injury Prevention and Control. *Home and Leisure Injuries in the United States: A Compendium of Articles from the Morbidity and Mortality Weekly Report, 1985-1995*. Atlanta, GA: Centers for Disease Control and Prevention, 1996.

Thurman DJ, Snieszek JE, Johnson D, Greenspan A, Smith SM. *Guidelines for Surveillance of Central Nervous System Injury*. Atlanta, GA: Centers for Disease Control and Prevention, 1995.

Centers for Disease Control and Prevention. *Injury-control recommendations: bicycle helmets*. *MMWR* 1995;44(No.RR-1):(inclusive page numbers).

National Center for Health Statistics. *Innovations in Injury Surveillance at the National Level, Hyattsville, Maryland*. Fingerhut, Lois A. 1997.

National Centers for Health Statistics. *Injury Chartbook, Health United States, 1996-1997*. Fingerhut, Lois A., Warner, Margaret. DHHS Publication No. (PHS) 97-1232-1.

Dorothy P. Rice, Ellen J. MacKenzie, and Associates. *Cost of Injury in the United States: A Report to Congress*. San Francisco, CA: Institute on for Health and Aging, University of California and Injury Prevention Center, The Johns Hopkins University, 1989