

Note from the Surgeon General

At the intersection of public health and transportation safety is the concern for reducing injuries to motor vehicle occupants. Progress in motor vehicle injury prevention stands out as one of the ten significant public health achievements of the 20th Century.¹ Although six times as many Americans drive today as did in 1925, covering ten times as many miles in eleven times as many vehicles, the annual death rate from motor vehicle crashes has decreased 90%. Yet approximately 40,000 Americans of all ages still die each year as a result of motor vehicle trauma. Motor vehicle crashes are not “accidents,” and much can be done to prevent them and the injuries that result.

Safety and injury prevention must be among our highest public health priorities as a nation. Our national commitment to reducing injuries and deaths from motor vehicle crashes, especially those involving alcohol-impaired driving and failure to use seat belts and child safety seats, are important objectives in *Healthy People 2010*²—our nation’s prevention agenda for the next 10 years. With these objectives in mind, the authors present the results of years of work in summarizing the scientific evidence and preparing a set of recommendations to further reduce injuries among motor vehicle occupants. The systematic reviews of evidence and recommendations appearing in this supplement to the *American Journal of Preventive Medicine* (AJPM) address interventions to increase child safety seat use, increase safety belt use, and reduce alcohol-impaired driving. The recommendations from the Task Force on Community Preventive Services (the Task Force) emphasize that no one strategy will address all the underlying causes of motor vehicle crashes and the resulting death and disability. Decision makers at the federal, state, and local levels should seek to implement a variety of strategies to reduce motor vehicle crashes and their often tragic consequences.

Motor vehicle crashes are the leading cause of death of children in the United States. No more important challenge exists than finding ways to improve the safety of our children, and proper restraint while riding in motor vehicles can be the single most effective approach. These systematic reviews provide strong scientific evidence of the effectiveness of both

child safety seat laws and campaigns to educate and enforce these laws conducted at the state and local levels. Although the recommendations do not specifically address booster seat use, finding ways to increase booster seat use, which may be as low as 10%, is also vital. Initiatives at the federal level to raise safety seat use include partnerships with states and local communities, as well as manufacturers and professional groups. These activities include distribution programs to help low-income families, development of better restraints, sponsorship of fitting stations to promote proper installation and use of both safety seats and booster seats, and enhanced enforcement of child safety seat laws. To ensure progress, evaluating these efforts will be critical.

Safety belt use now exceeds 70% nationally, but too many people are needlessly injured or killed because they do not buckle their safety belts and those of their children. The Task Force’s recommendations and the scientific reviews in this supplement point to the effectiveness of strong safety belt laws and enhanced enforcement of existing laws to increase safety belt use.

Healthy People 2010 calls for reducing alcohol-related motor vehicle fatalities to 4 people per 100,000, a reduction of more than 30% from current levels. To meet the goal, we must apply comprehensive approaches to curtail impaired driving, community by community, state by state. This supplement sets forth strategies to help strengthen laws that target alcohol-impaired driving. For example, based on the evidence, the Task Force strongly recommended that states adopt a law reducing the limit for blood alcohol concentration (BAC) to .08%. The Fiscal Year 2001 Department of Transportation and Related Agencies Appropriations Act put this recommendation into practice by requiring states to adopt .08% BAC laws by October of 2003 or lose a portion of their highway funds.

It is my pleasure to congratulate the Task Force, the Centers for Disease Control and Prevention scientific staff, authors, team members, and collaborators who conducted the systematic reviews for their dedication and determination. I especially want to thank the outgoing Chair of the Task Force, Dr. Caswell Evans, Jr., for his leadership of and commitment to the development of the *Guide to Community Preventive Services* since the inception of this initiative in 1996. I also want to thank again the Journal’s

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editors for their interest in publishing and promoting these recommendations and reviews.

Effective public health policy must be based on sound scientific evidence. These findings provide that evidence, thereby expanding and solidifying the knowledge needed for informed decision making that can improve the health of every citizen. This knowledge adds to a growing body of evidence developed by the Task Force as part of the *Guide to Community Preventive Services*, which will be useful to decision makers as a standard reference for identifying what works at a population level to improve health. I encourage decision makers at the state and local levels to use the findings presented in this special issue of the AJPM to develop strategies to

meet the needs of their communities. I am confident that this publication will be a major milestone toward the goal of motor vehicle occupant injury prevention and will build new opportunities for greater national success.

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References

1. Centers for Disease Control and Prevention. Motor vehicle safety: a 20th century public health achievement. MMWR 1999;48:369–73.
2. U.S. Department of Health and Human Services. Healthy People 2010 (conference edition, in 2 vols.). Washington, DC: U.S. Department of Health and Human Services, 2000.

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