

Special issue: highway safety versus other public health priorities

STATUS REPORT

INSURANCE INSTITUTE
FOR HIGHWAY SAFETY

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LOW

*priority assigned
to highway safety*

The facts should demand attention. Motor vehicle crash deaths on U.S. roads exceed 40,000 annually, totaling more than 3 million since the automobile was introduced. This is the leading killer of Americans 1 to 35 years old. Yet society responds with something akin to a collective shrug. Opportunities are being missed to reduce the losses,

even as the toll mounts at the rate of 115 crash deaths per day, on average.

On an individual level, we tend to think of crashes and their consequences as events that befall other people. This is a common trait, not one peculiar to Americans, but in this country there's an added problem. Traffic safety laws that are known to be effective — and that are implemented in other countries with little or no controversy — often are resisted by U.S. politicians.

The upshot is that the United States now lags behind a number of other countries. It's not that American society has become generally unconcerned about threats to life and limb. It's that we've been emphasizing other threats while ignoring many proven ways to significantly reduce the deaths and injuries from crashes.

"It's a low priority," says Institute chief scientist Allan Williams. "The issues aren't very often debated in the national policy arena. When was the last time you heard candidates for public office trading ideas for improving traffic or road safety?"



FOLLOW THE MONEY

An indication of the low priority assigned to crash deaths and injuries is the way our U.S. tax dollars are doled out. In 2001 NHTSA got

\$58 million for motor vehicle safety research, and the National Center for Injury Prevention and Control added another \$3.5 million. These are small sums compared with what's reserved for research to address other public health problems. The National Institute of Dental and Craniofacial Research, for example, netted \$289 million for research in 2001.

FEDERAL FUNDING INDICATES THE LOW PRIORITY

In 1985 the National Academy of Sciences identified the shortfall in federal financial support for research on ways to reduce injuries from all causes. But the report didn't have much effect on funding to reduce motor vehicle crash injuries, which were (and are) by far the major contributors to the overall injury problem. Financial support wasn't boosted.

A modest injury control program was established as part of the Centers for Disease Control, but its initial funding came from the existing budget of the federal agency with principal responsibility for motor vehicle safety, the National Highway Traffic Safety Administration (NHTSA). Thus, the establishment of the National Center for Injury Prevention and Control failed to boost overall highway safety funding.

The situation hasn't changed appreciably. Federal dollars flowing to the National Institutes of Health have nearly tripled since 1991, from \$10 billion to \$27 billion, while funding hasn't kept pace for NHTSA. This agency's overall budget has increased about 75 percent since 1991, from \$249 million to \$430 million.

Funds earmarked for research are especially lopsided. The National Cancer Institute's research budget is 54 times as big as NHTSA's, for example.

"We should spend more to find ways to fight cancer. After all, it's an even bigger killer than motor vehicle crashes. But the funding gap is way too big. It doesn't reflect the fact that crashes are a major cause of lost years of productive life," Williams says. For each cancer death, the National Cancer Institute's 2001 research expenditure was about \$5,800 compared with NHTSA's \$1,400 per crash death.

The NHTSA research budget doesn't even approach what goes to less heralded branches of the National Institutes of Health. For example, the National Institute of Dental and

Craniofacial Research got \$289 million for research in fiscal 2001 compared with NHTSA's \$58 million — a huge imbalance considering that motor vehicle crashes are the nation's fourth leading cause of death, while dental disease isn't much of a killer.

Even the National Center for Complementary and Alternative Medicine, which studies unconventional and sometimes controversial approaches to healing, got \$71 million for research in 2001.

The problem isn't just failure to devote enough public funds to highway safety research. Once the studies are complete and we know what's effective (and what's not) to reduce crash deaths and injuries, there's what the National Academy of Sciences calls



“a yawning gap” between what we know and what actually gets done.

Williams points out that “no such gap exists when it comes to other threats to public health and safety, even ones that involve far less loss of life or none at all. At the same time we put a low priority on crash deaths and injuries, other threats do grab our collective attention and prompt us to root out the sources and fix them. The response can be frenzied, even when the threat is merely perceived and not real.”

In the late 1980s when concern about the use of alar on apples started surfacing in television and newspaper reports, the Food and Drug Administration calmly assured people that “the federal government be-

lieves it is safe to eat apples.” No ill effects on humans were found, even though alar had been widely used since the 1960s.

Still, a scare took hold. Apples disappeared from grocery store shelves, and officials in some jurisdictions banned the fruit from school lunchrooms. The media blanketed the issue, right down to interviews with children who had been deprived of their juice. So intense was the attention that researchers later studied it, concluding that it amounted to “a major landmark in the media coverage of risk.” This occurred even though the risk associated with alar didn’t, in fact, exist.

The response to highway crashes, even ones in which people die, is muted by com-

parison. Reporters don’t necessarily cover fatal crashes at all, and when they do it’s usually a terse account on an inside page of a local newspaper. Only if a crash rises to spectacular proportions — if it involves multiple deaths, the death of a celebrity, or if it ties up traffic for hours — will television cameras roll and the story play at the top of the news.

It may be that this sporadic-at-best media coverage helps to keep the problem of crash deaths and injuries off the national priority list. Or it may be that the media tend to cover issues that already are on the priority list. Either way, highway safety problems get short shrift in relation to the toll they take.



MEDIA COVERAGE SHOWS PRIORITIES

Shortly after Frank Robinson took off from a Maryland airport in a Cessna 182 on Christmas Eve 2000, the plane crashed. Neither Mr. Robinson nor his passenger sustained anything more than minor injuries. Yet this crash attracted prominent media attention. In contrast is how motor vehicle crashes, even those involving fatalities, are covered. Among the hundreds of fatal car crashes that occurred in Maryland in the months surrounding the Cessna crash, fewer than half made the newspaper. Only a handful got prominent coverage.



'IT'S NOT GOING TO HAPPEN TO ME'

DRIVERS KNOW CRASHES HAPPEN, BUT ONLY TO OTHER PEOPLE

Why isn't American society more concerned about reducing the deaths and serious injuries that occur in motor vehicle crashes? Why is so much more attention focused on a range of other public health problems? One reason is that drivers overwhelmingly believe crashes happen to other people, not themselves. They insulate themselves by creating what Cornell researcher Sheila Jasanoff calls "illusory zones of immunity around routine, everyday activities."

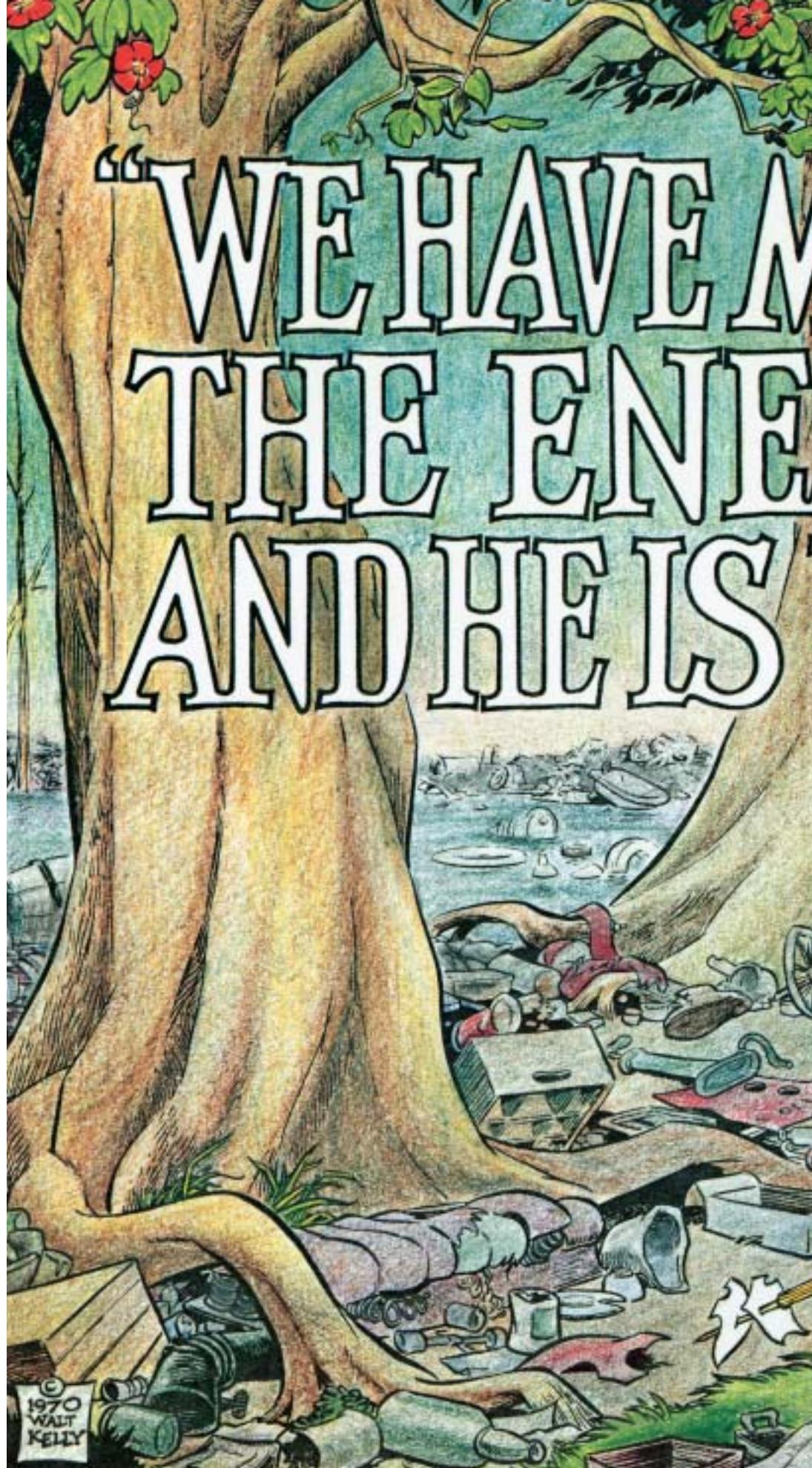
A report published by the Russell Sage Foundation, which conducts social science research, expands on the

POGO WAS RIGHT ABOUT THE SWAMP DWELLERS— AND HIS OBSERVATION APPLIES TO DRIVERS, TOO

The enemies who littered the Okefenokee were the swamp dwellers themselves. So it is with drivers, whose own actions litter the road with crashes.

Driver inattention and/or failure to obey traffic laws is a factor in most fatal crashes. Yet virtually no drivers admit they're part of the problem. They believe they're in control behind the wheel, their own driving is better than average, and they won't get in a crash.

It's true that an individual's chance of crashing is small, especially on any given trip. But on a societal basis, crashes claim a huge toll in terms of deaths, injuries, and property damage.





idea of a zone of immunity: “The best established results of risk research show that individuals have a strong but unjustified sense of subjective immunity. In very familiar activities there is a tendency to minimize the probability of bad outcomes. Apparently, people underestimate risks which are supposed to be under their control. They reckon they can cope with familiar situations.”

Drivers bolster this sense of subjective immunity with the belief that their own driving skills are better than other people’s. Three of four respondents to a recent Institute survey (and a similar proportion of respondents to a 1994 Institute survey) rated their driving skills above average. Virtually none said they were worse-than-average drivers.

It isn’t true, of course. By definition, some drivers must have skills and abilities that don’t measure up to the average. Still, most everybody points to the other guy as the problem.

More than half of the respondents to the 2002 Institute survey said they believe they can, through their own behavior, “control risks on the highway” and, presumably, avoid crashing. It’s not that people are unaware that crashes occur. A wealth of research indicates that, while people do know crashes and other negative events occur, they think such events are unlikely to happen to them, regardless of their behavior behind the wheel.

British psychologist Frank McKenna points out that when “individuals overestimate their skills in tasks like driving and believe that negative events like accidents will not happen to them, then the result may be that ... relatively risky behavior such as speeding ... may be perceived as all benefit and no cost.”

The cost may be negligible for an individual embarking on a single car trip. That is, the likelihood of a crash is very small, even if the driver engages in risky behavior. But on a societal basis, the cost attached to risky and/or inattentive driving is huge. Such driving behavior is a factor in most fatal motor vehicle crashes, Institute researchers have found. They tallied the contributing causes of crashes included in the federal government’s Fatality Analysis Reporting System for 2001, finding that driver failure to obey traffic laws and/or driver inattention contributed to at least 82 percent of the collisions.

EDUCATION ALONE DOESN’T WORK

For the first 50 years of the motor vehicle, safety efforts boiled down to “Please Drive Carefully.” The idea was to educate people about the wisdom of safe driving practices and then assume they would change their behavior, based on the new information.

Such programs aimed at improving drivers rarely have been subjected to scientific evaluation. When they have, the almost inevitable finding is that education alone doesn’t work. This shouldn’t be surprising. After all, drivers believe the problem on the road is some other motorist, not themselves, so they don’t think they need to heed the education.

To further understand why education alone doesn’t work, it’s important to distinguish between drivers’ skills and their behavior behind the wheel. Drivers don’t change their attitudes and behavior after receiving information about the risk of a crash and the importance of safe driving practices — and it’s attitudes and behavior, not deficient skills, that lead to most crashes.

“This doesn’t mean there’s no place for educating drivers,” Williams explains. “Education helps people understand why traffic laws and enforcement are needed. But by itself it doesn’t accomplish anything, and spending time and money on it wastes resources that could be used for more effective programs.”

For 30 years or so, highway safety practitioners have been advocating a balance of programs based on science to reduce crash deaths and injuries. Still, belief in education alone persists. Part of its appeal may be that some educational programs are so easy to implement. They may involve simply putting up signs or distributing trinkets reminding people to drive safely or buckle up (see *Status Report*, May 19, 2001; on the web at www.highwaysafety.org).

Programs that succeed in getting drivers to change their behavior involve more than trinkets and slogans. They involve enacting good traffic safety laws, enforcing them, and educating drivers about the consequences of noncompliance. Implementing such programs is the aspect of U.S. highway safety efforts that has fallen short compared with other countries.

POLITICS IMPEDES TRAFFIC PROGRAMS AIMED AT DRIVERS

LOTS OF OPPORTUNITIES HAVE BEEN MISSED BECAUSE POLITICAL SUPPORT HAS BEEN LACKING

The U.S. experience has been that highly vocal groups opposed to specific traffic safety measures have been successful in thwarting some of the very laws and enforcement programs that research shows are effective — or would be effective if they were implemented. A good example involves motorcycle helmet use laws.

In the 1960s, the newly created federal agency charged with overseeing traffic and motor vehicle safety established 13 standards for state highway safety programs. Among these was a directive to require all motorcyclists to wear helmets. This and other directives had to be followed or states would forfeit federal funds for highway construction. Forty-seven states responded by enacting motorcycle helmet use laws.

One that didn't was California (the other two were Illinois and Utah). When the federal government moved to enact sanctions against California, state politicians acted quickly. They succeeded in getting the U.S. Congress to eliminate the federal authority to impose sanctions. Now only 20 states and the District of Columbia require all motorcyclists to wear helmets.

The penalty for not enacting a helmet use law wasn't the only federal sanction that was taken away. Others were eliminated, too. With rare exceptions, what's left to federal officials is a carrot instead of a stick. That is, federal

officials can offer bonus funds to states where legislators enact effective traffic safety programs.

This isn't much of a carrot, and it doesn't work. Officials in many states are reluctant to take on the vocal opponents they would have to cross to implement effective programs like motorcycle helmet use laws.

Another example involves red light cameras. Officials in some jurisdictions hesitate to implement them or, if they're already in operation, to keep them in place to identify and ticket traffic signal violators. What contributes to this hesitancy are the loud complaints of a minority of opponents who perceive cameras as "big brother."

Even when good traffic safety laws are enacted, they often aren't effectively enforced. The result is that many motorists ignore them. There's virtually no enforcement of safety belt laws in many states, for example, and the result is low use rates.

"Politicians and law enforcement officials shouldn't be so hesitant to adopt effective programs. There are lots of indications that, despite the vocal opposition of small minorities, most people support programs that make a positive difference," Williams says.

Where red light cameras are operating, for example, they're saving lives. Surveys show most people favor them, and opponents haven't been successful in their ef-



WHAT'S NEEDED? A BALANCED APPROACH TO REDUCING CRASH LOSSES

When President Lyndon Johnson signed into law the National Traffic and Motor Vehicle Safety Act and the Highway Safety Act in 1966, the idea was to create a balanced approach to reducing crash deaths and injuries. The federal government was supposed to not only implement standards to improve vehicles and roads but also set standards for state safety programs aimed at improving drivers. But this balance collapsed when Congress eliminated the federal government's authority to set standards for state programs. What's needed is a return to the balanced federal approach aimed at improving drivers, vehicles, and roadways.

forts to gut camera programs through the courts (see *Status Report*, Dec. 20, 2000; on the web at www.highwaysafety.org).

California again provides an example, but this time it's a positive example because the state's current traffic safety laws include more effective provisions than most other states have adopted. Virtually all motorcyclists in California wear helmets, and the belt use rate of more than 90 percent is among the nation's highest. These accomplishments follow from the state's effective laws — all motorcyclists are required to wear helmets, and the belt law is one of the strongest. Many California jurisdictions also have red light camera programs.

The graduated licensing law in California has the toughest limitations on passengers allowed in cars driven by beginning teens (see *Status Report*, Feb. 17, 2001; on the web at www.highwaysafety.org). Still, four out of five parents and many teens in California say they favor the law, including the passenger restriction (see *Status Report*, June 30, 2001; on the web at www.highwaysafety.org).

U.S. LAGS BEHIND OTHER COUNTRIES

DEATH RATES ARE HIGHER, BELT USE RATES ARE LOWER

The generally low priority assigned to highway safety in the United States doesn't mean that no progress has been made. U.S. officials were the first in the world to begin regulating motor vehicles with meaningful safety requirements and to recognize and address the problem of roadside hazards. In a few U.S. states, including California, politicians have enacted good traffic safety laws, which are being enforced without significant public backlash.

Despite these strides, the United States has generally lagged over the past 30 years. Other countries including Canada are doing a better job of improving their highway safety pictures. An indicator involves motor ve-

hicle death rates. Since 1975 Canada has cut its per-capita rate by two-thirds and its per-vehicle rate by more than half. Meanwhile, the United States hasn't been as successful. The per-capita rate is 29 percent lower than it was in 1975, and the per-vehicle rate has been reduced by 42 percent.

The result is a turnaround. Motor vehicle death rates used to be lower in the United States than in Canada. Since 1990, U.S. rates have been higher.

Another example involves safety belt use. California and a few other states have achieved high belt use rates, but overall the United States ranks 14th among 18 developed countries in the proportion of motorists who buckle up. Only Belgium, Greece, Italy, and the Netherlands have lower use rates. In contrast, the rates in Canada and a number of other countries exceed 90 percent.

Swedish officials have taken an aggressive approach, launching a plan called Vision Zero. Citing the toll of about 600 deaths and 80,000 injuries that occur annually in motor vehicle crashes, this plan "considers that the current situation can no longer be tolerated" and sets as its goal "that nobody will be killed or seriously injured as a result of a traffic accident within the road transport system."

Rhetoric aside, the plan calls for bold specifics such as redesigning roads and setting lower speed limits. As a statement of purpose, this contrasts sharply with the low priority assigned to reducing crash deaths and injuries on U.S. roads.

"The priority assigned to highway safety in the United States is likely to remain low," Williams concludes, "until the public, politicians, and key decision-makers become convinced that the prevention of crash deaths and injuries deserves priority comparable to what we assign to other leading public health problems."

VICTORIA SHOWS HOW: AUSTRALIAN STATE WAS FIRST WITH EFFECTIVE PROGRAMS FOR DRIVERS

Officials in Victoria and other Australian states haven't hesitated to implement effective programs aimed at improving the behavior of drivers and others on the road. In fact, Australian officials demonstrate what Ian Johnston dubs "a penchant for direct intervention to control individual behavior. Perhaps this has its roots in our origins as a penal colony." Dr. Johnston, the former director of the Australian Road Research Board, notes that the success of the interventionist approach has "captured international attention," with Victoria in the forefront. In 1961, this state became the first jurisdiction in the world to require all motorcyclists to wear helmets. In subsequent years Victoria was



first to mandate safety belt use (1970), begin widespread random breath testing for alcohol (1976), and require bicyclists to wear helmets (1990). Another "first" involved pioneering the use of cameras to identify and ticket red light runners (beginning in the early 1980s) and later speeders (1991). These laws haven't generated significant public backlash. Enforcement officials initially believed the law that authorized widespread breath testing would create hostility toward police, but it didn't. Motorists favor this and other intervention programs aimed at drivers and others on the road.

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Special Issue

This special issue focuses on the low priority assigned to highway safety. Recent special issues have focused on the following subjects:

Automated enforcement	37:5 (2002)
Motorcycle deaths	37:1 (2002)
Elderly drivers	36:8 (2001)
What works and doesn't work	36:5 (2001)
Vehicle improvements	36:3 (2001)
Side impact protection	36:1 (2001)
State traffic safety laws	35:10 (2000)
Driver death rates	35:7 (2000)
Federal airbag rule	35:6 (2000)



GETTING FAT
is a problem
afflicting
most
Americans,
studies say,
because we
eat too
much and
don't get
enough exercise.

Still, 9 out of 10 respondents to a recent survey said they do get enough exercise to maintain a healthy lifestyle. It's the same when it comes to self-assessments of driving skills — 3 of 4 drivers say their own skills are above average. Is it possible for virtually every driver on the road to be above average? Only on the streets of Lake Wobegon.

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