



“How many deaths will it take till he knows that too many people have died”

Blowing in the Wind, Bob Dylan

Table of Contents

| | |
|--|--------------|
| Cover Letter..... | 1 |
| Fact Sheet..... | 2 |
| Why Are We Addressing This Issue? | 3 - 4 |
| Recommendations to the Hawaii County Mayor & Other Elected Officials..... | 5 |
| Appendix I – Organizations & Individuals Endorsing Recommendations..... | 6 |
| Appendix II – Terminology..... | 7 |
| Appendix III – Data Definitions and Explanations..... | 7 |
| Appendix IV – NHTSA Recommendations for County DUI Task Force..... | 8 |



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June 18, 2004

Dear Safety Advocate,

We hope that you will take a few minutes to review the attached facts and recommendations to reduce motor vehicle related deaths and injuries on the Big Island. The data is clear that the rates of motor vehicle related crashes in Hawaii County are three times higher than Honolulu and two times higher than Maui and Kauai.

It is equally clear that there are evidence based interventions, which can help. Significant improvement will require interventions in many sectors and the rewards in saving lives and reducing injuries could be great.

We hope you will join us in supporting these recommendations. If you would like more data, please let us know.

Sincerely,

Sharon H. Vitousek, M.D.
North Hawaii Outcomes Project, Director

Enclosure: Recommendations to the Mayor, County Council, Big Island Legislators, and Governor to Reduce Motor Vehicle Related Fatalities in Hawaii County – June 2004

Hawaii County Motor Vehicle Related (MVR) Fatalities & Injuries Fact Sheet

What are the facts?

- Hawaii County has an average motor vehicle related fatality rate per age adjusted 100,000/population, from 1996 – 2000, which is three times higher than City and County of Honolulu and two times higher than Maui and Kauai counties.
- Hawaii County motor vehicle related fatality rates for 2001 and 2002 were also similarly high compared to other counties. Hawaii County motor vehicle related deaths for the first quarter of 2004 are nearly two times higher than the first quarter of 2003.
- Within Hawaii County the rate of motor vehicle related deaths is highest in Hamakua, Kau and South Kona, while the number of motor vehicle related deaths is highest in Puna and South Kona.
- On average from 1997 – 2002, Hawaii County motor vehicle related fatality rates have been higher in the summer months following graduation and during typical school vacation times, December and March.
- On average, from 1988 – 2001, **52.9%** of motor vehicle related deaths in Hawaii County were alcohol related, while **47.2%** of motor vehicle related deaths in the State for the same time were alcohol related. The national average is **40%**.
- While the percentage of alcohol related crashes has decreased nationally and in other counties of Hawaii, it has not decreased in Hawaii County.
- For injury causing crashes in Hawaii County from 1997 - 2001 the most common driver is a male between the ages of 19 - 20 years old.
- For injury causing crashes for 1997 – 2001 in Hawaii County the most common passenger is a female 15 -18 years old.
- Hawaii County has the highest rate of injury causing motor vehicle crashes in the State when calculated both by population and by vehicle miles traveled.
- Over the past year (2003) there has been a significant increase in traffic and drive times in Hawaii County.

Source: Department of Health - Injury Prevention Division, Department of Transportation, North Hawaii Outcomes Project

Why Are We Addressing This Issue?

Figure 1 - shows the disturbing data that Hawaii County (red), and North Hawaii (green) have significantly higher motor vehicle crash fatality rates when compared to the rest of the State (blue).

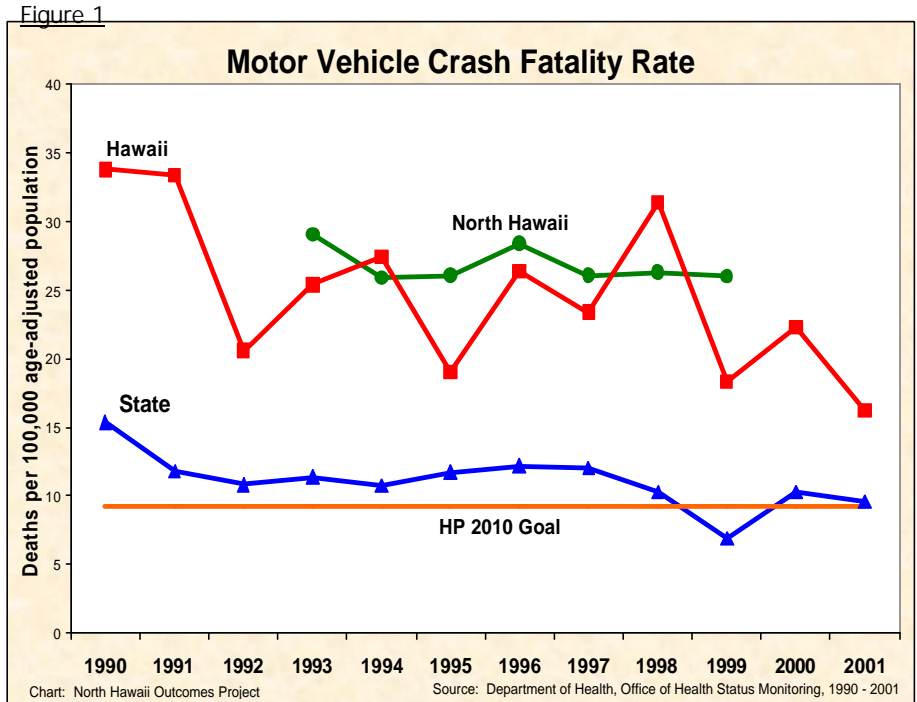
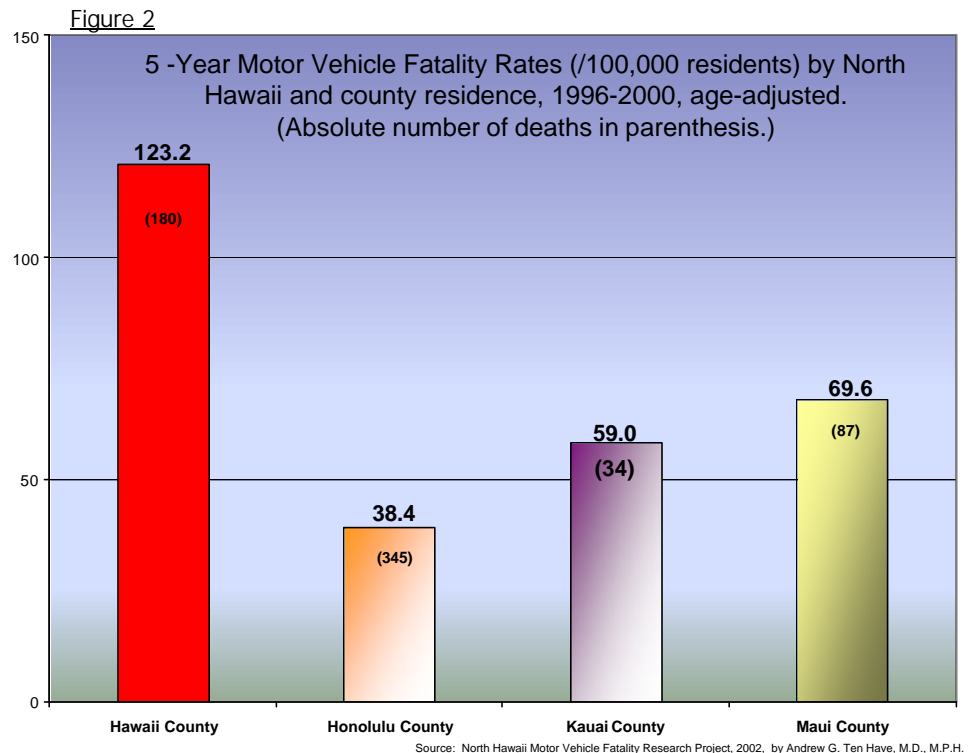


Figure 2 – shows the 5-year Hawaii County Motor Vehicle fatality rate (red) is significantly higher than the other counties in Hawaii State.



There are numerous factors which may contribute to the higher motor vehicle fatality rate in Hawaii County (original data available upon request). This report reviews data from Department of Health, Department of Transportation, and Dr. Ten Have, which may help stakeholders understand why Hawaii County rates are higher and which interventions are most likely to have the biggest impact. In addition it should be noted that rural areas commonly have higher motor vehicle crash death rates than more urban areas.

Why Are We Addressing This Issue?

Figure 3 – shows that between 1998 and 2002, Hawaii County had the highest rate compared to other counties of motor vehicle crash injuries calculated by population.

Figure 3

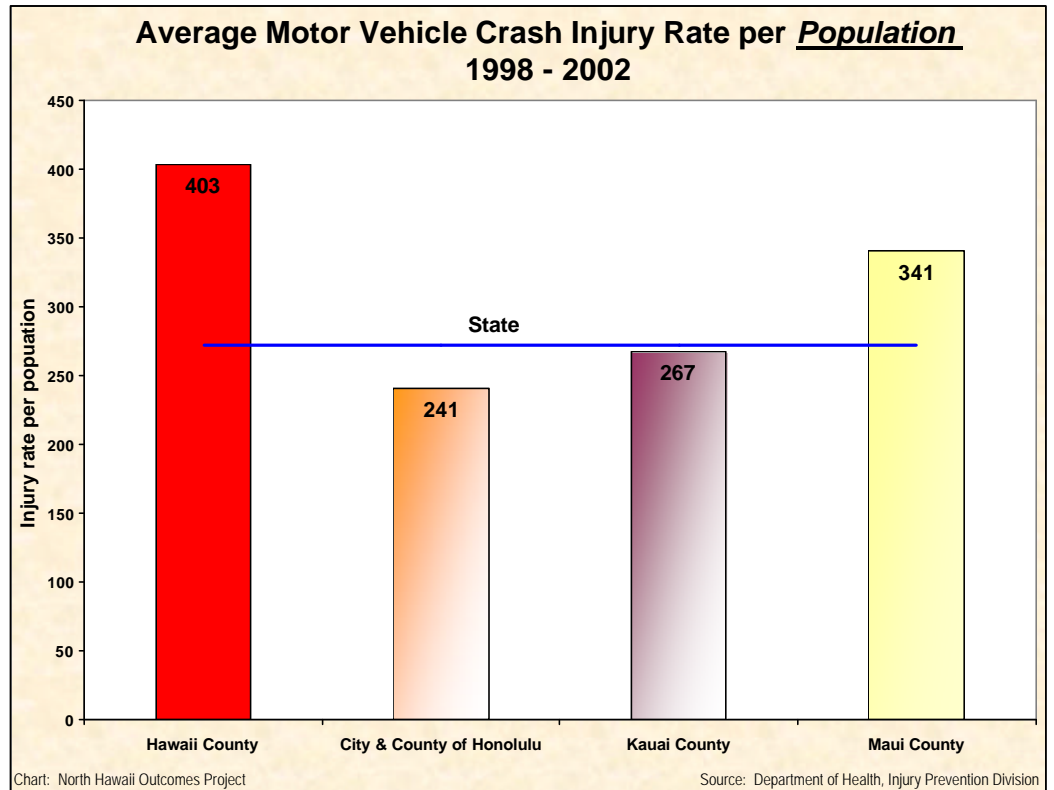
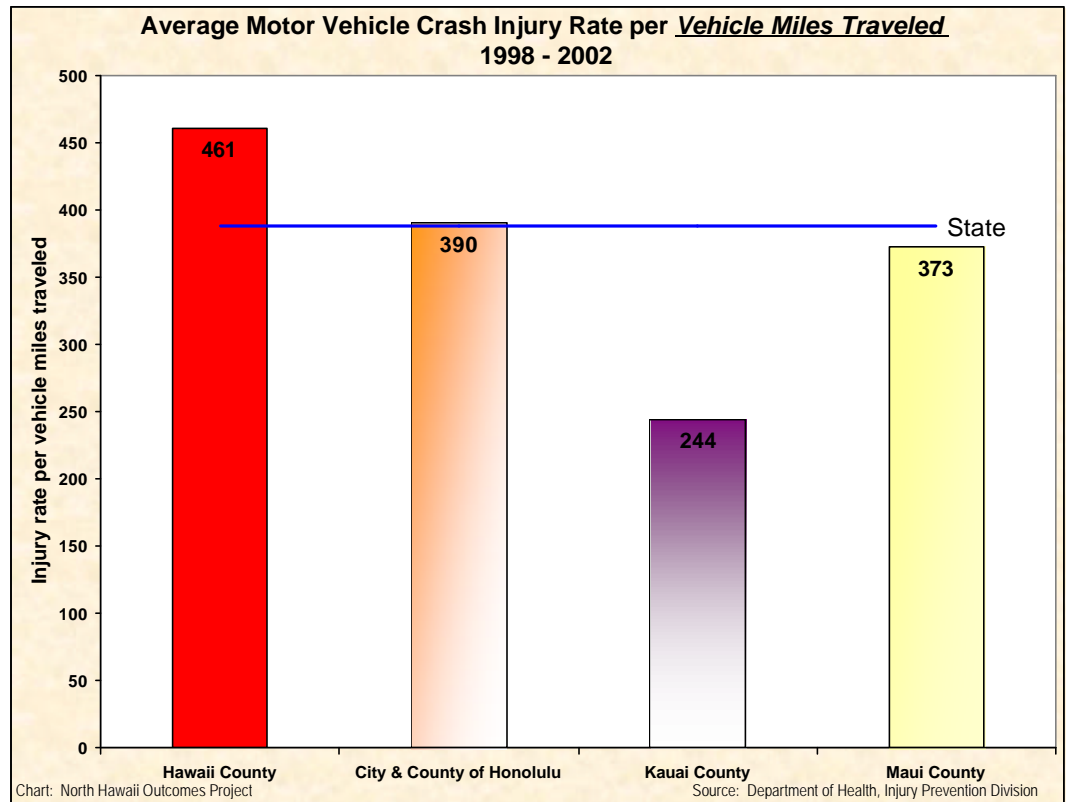


Figure 4 – shows that between 1998 and 2002, Hawaii County also had the highest rate compared to other counties of motor vehicle related injuries, calculated by vehicle miles traveled.

Figure 4



Recommendations to the Hawaii County Mayor Hawaii County Council, Big Island Legislators and Hawaii State Governor To Reduce Motor Vehicle Related Fatalities in Hawaii County – June 2004

The following recommendations have been endorsed by the Motor Vehicle Crash Reduction Group. (See Appendix I for names and organizations) This group has been meeting for the past year to analyze the complex factors behind the disproportionately high motor vehicle related death rate in Hawaii County.

We recommend that:

- A. Hawaii County and Hawaii State identify Hawaii County Motor Vehicle Related (MVR) fatalities and injuries as a priority issue requiring an interdisciplinary approach and additional resources.**
- B. Hawaii County and Hawaii State collaborate to support improvement of data collection, assessment, and dissemination to relevant traffic safety interest groups to help answer the questions, “why?” and “what should be done to improve?”**
1. Track the annual number of Hawaii County Motor Vehicle Related fatalities and injuries; also track deaths among residents and non-residents, and deaths on public roads and private roads.
 2. Target impaired driving, because alcohol is the probable cause of approximately 50% of Motor Vehicle Related fatalities in Hawaii County, and because there is evidence that interventions to reduce impaired driving are effective in reducing MVR fatalities. For measuring the effect of the impaired driving intervention, define two benchmarks and set a goal of a 10% reduction in both benchmarks by the end of year 2007.
 - (i) Benchmark #1 The Hawaii County Five-Year Alcohol-Related, Fatal Crash Rate
 - (ii) Benchmark #2 The Hawaii County Five-Year Proportion of Fatal Crashes that are Alcohol-Related
 3. Develop a county specific INTER-AGENCY working group whose goal is to add value to the assessment of “hot spots” already currently undertaken by State Department of Transportation and County Department of Public Works. (“Hot spots” are clusters of fatalities and/or injury causing crashes at roughly the same location. For examples, see Appendix III Explanations – B 3.) The goal is to develop a working process, or system, for sharing “hot-spot” information with other agencies, and putting interventions in place so that potential problems can be identified early, rather than after-the-fact, when the problems become more obvious. Obstacles to the process should be identified and solutions proposed, such as:
 - (i) Assuring the protection from liability, this is mandated by federal law.
 - (ii) Investigate academic partners with expertise in developing integrated information systems for real-time tracking of fatalities and crashes.
- C. Hawaii County implements the following evidence-based interventions:**
1. Develop a county task force as recommended by National Highway Traffic Safety Administration (NHTSA) to reduce drinking and driving. Ideally locate this task force in an existing county lead agency and work with MADD to identify champions. This task force would develop a visible partnership with the NHTSA campaign, “You Drink, You Drive, You Lose,” as well as follow the model of other mainland counties who have successful local DUI task forces.
 2. Support effective staffing of the Hawaii County Drug Recognition Evaluation (DRE) Program.
 3. Support graduated licenses.
 4. Support Community Roads Safety Watch Efforts – Solutions 2000 (Tool countywide) to report reckless Driving to the non-emergency police line (Currently 935-3311).
 5. On-going support of Solutions 2000 efforts to reduce speeding in Hawaii County.
- D. Encourage an integrated planning and design process for improvement in roads, Emergency Medical Services and public transportation.**

Appendix I Organizations & Individuals Endorsing Recommendations

| <u>Name</u> | <u>Organization</u> |
|--------------------------|--|
| Mr. Tom Brown | County of Hawaii – Mass Transit Agency |
| Mr. Bruce McClure | County of Hawaii – Department of Public Works |
| Bat. Chief Scottie Paiva | County of Hawaii – Fire Department/Emergency Medical Systems |
| Mr. Lester Inouye | County of Hawaii – Fire Department/Emergency Medical Systems |
| Lt. James Sanborn | County of Hawaii – Police Department |
| Sgt. Randy Apele | County of Hawaii – Police Department |
| Ms. Jan Yokoyama | County of Hawaii – Department of Health |
| Mr. John Kaizuka | County of Hawaii – Department of Health |
| Ms. Carrie Kuwada | County of Hawaii – Department of Health |
| Mr. Eric Tash | Department of Health – Injury Prevention Program |
| Dr. Dan Galanis | Department of Health – Injury Prevention Program |
| Ms. Lori Suan | Department of Health – Injury Prevention Program |
| Mr. Gordon Hong | Department of Transportation |
| Fred Holschuh, M.D. | Hawaii County Council (District 1), Retired Hilo Medical Center E.R. Physician |
| Andy Ten Have, M.D. | Honolulu Health Research |
| Sharon Vitousek, M.D. | North Hawaii Outcomes Project |
| Ms. Lilian Beaufriere | Solutions 2000: Neighborhoods in Action |
| Mrs. Bets Lawrence | South Kohala Traffic Committee |
| Mr. Earl Bakken | The Earl & Doris Bakken Foundation |

Appendix II and III

Appendix II - TERMINOLOGY

Terminology should be clarified so that the Mayor's office, policy makers and elected officials know the importance of tracking all victims killed in motor vehicle related crashes including pedestrians, bicyclists, motorcyclists and occupants. Therefore, the Department of Health Injury Prevention Epidemiologists recommends the terminology "motor vehicle-related fatalities." This term is preferred over "motor vehicle crash (MVC) fatalities" because "crash" could connote that there is only concern with occupants. The terminology of "traffic crash fatalities" is not preferred because "traffic crash" could leave the impression of excluding pedestrians and cyclists. The term motor vehicle or traffic "accident" is no longer used because it is generally agreed that many of the crashes are both predictable.

Appendix III – DATA DEFINITIONS and EXPLANATIONS

DEFINITIONS – (See page 5 B2 (i) (ii))

- (i) Benchmark #1 - The Hawaii County Five-Year Alcohol-Related, Fatal Crash Rate is defined as the following ratio: the annual number of fatal crashes that are alcohol-related (averaged over the most recent five years) divided by the annual number of registered drivers in Hawaii County (also averaged over the most recent five years). Five year averages are used because the number of fatal crashes fluctuates greatly from year to year.
- (ii) Benchmark #2 - The Hawaii County Five-Year Proportion of Fatal Crashes that are Alcohol-related is defined as the following ratio: the annual number of fatal crashes that are alcohol-related (averaged over the most recent five years) divided by the annual total number of fatal crashes in Hawaii County (also averaged over the most recent five years). Five year averages are used because the number of fatal crashes fluctuates from year to year.

EXPLANATIONS for Recommendations:

B2. Although the interventions ideally address impaired driving from drug use as well as alcohol, these benchmarks only track alcohol-related crashes because interventions to reduce alcohol impairment have been studied and recommended extensively at the national level. We are currently studying whether there is evidence that benchmarks and intervention programs to reduce drug-related fatalities are also effective.

The benchmarks track the number of alcohol-related fatality causing crashes, rather than the total number of deaths related to crashes. This is because the intervention will be designed to reduce the number of impaired drivers on the road, and may not affect numbers of multi-occupant fatalities involved in alcohol-related crashes.

We define two benchmarks because the first one takes into account the annual change in the number of registered drivers on the road, and the second benchmark takes into account changes in driving habits or road conditions, which could affect the likelihood of both alcohol and non-alcohol related crash fatalities from year to year.

B3. By jointly monitoring "hot spots," Police, Liquor Control, Department of Health and Department of Transportation/County Department of Public Works could identify nearby stores, bars, clubs (or other favorite party locations) indirectly causing the high risk of crashes in one area. Another example: "hot spots" with more than the usual number of teen drivers involved in crashes may point to nearby schools or other teen "hang-outs," and this information could be useful to Department of Health, Department of Education and parent-organizations to target effective interventions.

Appendix IV

Recommendations from National Highway Traffic Safety Association (NHTSA) on the role of a Hawaii County DUI Task Force

From: Paul Snodgrass NHTSA (in an informal e-mail answering the question, "what is the role of county DUI task forces?")

To: Gordon in Hawaii DOT and public health partners:

State DUI Task Forces are made up of State government agencies and statewide organizations, like MADD and sometimes AAA, Restaurant Association, etc. They do statewide stuff, like propose legislation, do ad campaigns, etc.

At the **County level Task Forces** its county-level folks, focusing more on local, grassroots issues. Some focus mostly on the criminal justice system, like how well the police are doing DUI enforcement, reducing processing time and paperwork in making DUI arrests, how courts track and handle cases and getting people into effective sanctions promptly, license suspension, vehicle impoundment, alcohol treatment programs, ignition interlocks, jail, and all the rest.

Many local task forces get into outreach and prevention type programs, like setting up designated driver programs in local bars and restaurants, working with cab companies or volunteers to get free or cheap rides home, etc. Usually local businesses are involved in various ways, to donate what they can, whether ads, posters, billboards, cab rides, free soft drinks and snacks for designated drivers, etc.

At the local task force level it often comes down to identifying specific local problems and planning solutions, e.g.: worst problem bars producing most drunk drivers. Teenage hangouts for drinking. Most dangerous times and locations for DUI - to locate sobriety checkpoints. Liquor stores selling to teens can be targeted by decoy/sting operations, etc.

High school and middle school assembly and other programs of many kinds are implemented. Media events of many kinds are held. MADD has good experience at the State and County level creating such coalitions, and has publications about it.

There are good examples like Northern (and Southern) Nevada DUI Task Forces, and about a dozen or more local ones in Arizona. Jack Champlin in our office is our injury control and public health specialist and he helped create a DUI Coalition in Contra Costa County, in his previous job. I'll copy him in on this response.

Another good contact for you to discuss community DUI task force or coalition activity would be Ms. Erin Breen, Safe Community Partnership Director, with the Southern Nevada (Las Vegas) DUI Task Force. Her phone number is (702) 89five-1780 and her e-mail address is erin@trc.unlv.edu.

A local (county) DUI Task Force: There are several publications NHTSA has that might be helpful on the NHTSA website www.nhtsa.dot.gov. Look under Traffic Safety Materials, in the materials catalog under Impaired Driving. Also look in the "You Drink, You Drive, You Lose" area. One is *A Guide for Building a Comprehensive Impaired Driving Campaign*, a booklet I mailed you recently.

Good luck and I hope this helps some. On the media campaign issue, we've found that paid advertising, carefully targeted, (like YDYDYL at 18-34 year old males) backed up by publicized, visible enforcement, like sobriety checkpoints, does work. But you have to have the enforcement, not just the ads. General deterrence theory is all based on "Increasing the perceived risk of (DUI) arrest, and swift and certain punishment."



“How many times can a man turn his head and pretend that he just doesn’t see?”

Blowing in the Wind, Bob Dylan

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