Do Tribal Child Safety Seat Laws Work?

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Northwest Portland Area Indian Health Board



Outline

- Background on MV injuries
- Methods of the 2003 Northwest
 Tribal Child Safety Seat Study
- Statistical approach
- Results
- Discussion

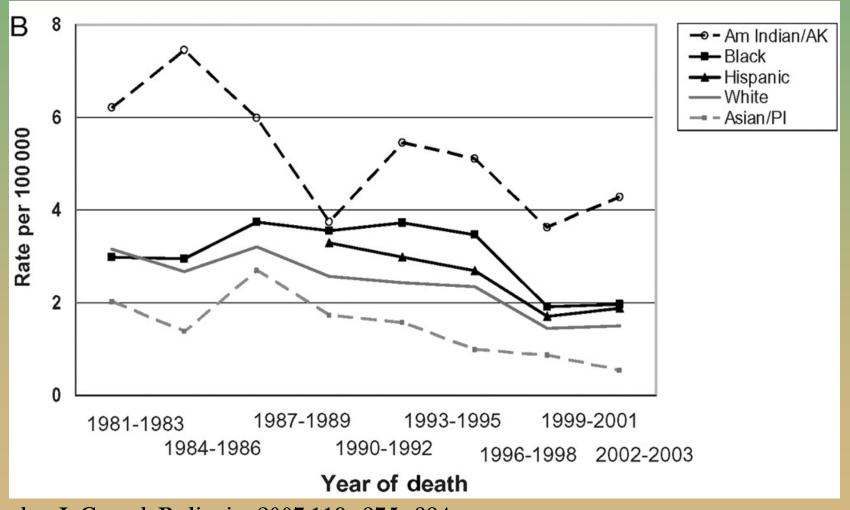


Background

- Injuries are the leading cause of death for AI/ANs age 1-44
- AI/AN children have the highest fatal injury rate of any race in the U.S.
- AI/AN children 3.8 times more likely to die from MV injury than all races
- More hospitalizations than all races



Motor vehicle occupant injury 20-year mortality trends for children age 1-4



Pressley, J. C. et al. Pediatrics 2007;119:e875-e884

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Child Seats

- Reduction in MV mortality largely due to child seats
- Other factors:
 - Improved road conditions
 - Improved vehicle safety
 - Reduced drinking and driving



Child Safety Seat Laws

- Laws are present in all 50 states
- Laws may be primary or secondary
- Tribes are sovereign nations
- Enforcement of tribal laws depends on agreements with local and state authorities
 - Tribal police
 - State or local police



2003 NT Child Safety Seat Study

Francine Romero, PI

- Cross-sectional, observational survey of vehicles
 - 6 randomly selected tribes in WA, OR and ID
- Tribal lands
 - 4 tribes have well-defined tribal lands
 - 2 do not
- Passenger restraint laws
 - 5 tribes had laws similar/identical to state law
 - 1 tribe had no law
- Enforcement
 - Tribal police enforced passenger restraint law in 4 tribes
 - State and county police responsible for enforcement in 2 tribes



2003 NT Child Safety Seat Study

- Surveys conducted June July 2003
 - 574 Vehicles
 - 816 children
- Driver estimated children's age, weight and distance from home
- Trained observer evaluation
- Driver survey



Child Restraint Laws

Child Passenger Restraint Laws in Northwest States in 2003 and 2007

State	Law in effect in 200 Child Safety Seat Required		Law in effect in 2007 Child Safety Seat Required Max Fine		
Idaho	<4 yrs or <40 lbs	\$60	CSS: <4 yrs or <40 lbs Booster: <6 yrs	\$60	
Oregon	<4 yrs or <40 lbs	4 U/I	CSS: <4 yrs or <40 lbs Booster: <6 yrs OR <60 lbs	\$97	
Washington	Rear-facing: <1 yr or <20 lbs CSS: 1-4 yrs or 20-40 lbs Booster: <6 yrs or <60 lbs	effective July 2003, previously	Rear-facing: <1 yr and <20 lbs CSS: 1-4 yrs or 20-40 lbs Booster: <8 yrs or <4'9" tall Children < 13 must ride in rear seat if practical	\$101	

Statistical Approach

- Child restraint use in three categories:
 - Proper
 - Incorrect
 - Unrestrained
- Identify factors associated with child restraint status
 - 3 binary logistic regression models constructed
 - GEE method used to account for clustering





Recommended Child Passenger Restraint Guidelines

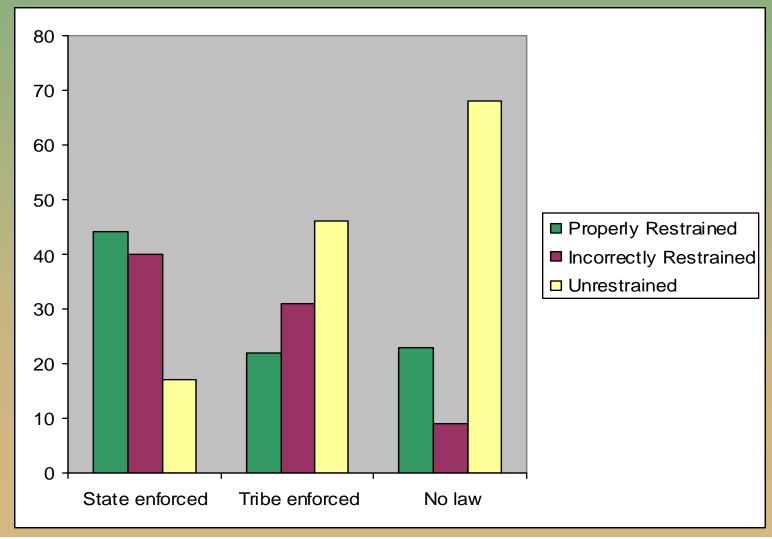
Buckle Everyone. Seat children age 12 and under in the back seat.

(Birth – 1 Year)	Toddlers (1 – 4 Years)	School-Age Children (4 – 8 Years)
Up to 20 pounds; if an infant is >20 pounds, use a seat that is labeled for rear-facing use up to 30 pounds.	Over 20 pounds and up to 40 pounds; if a toddler is <20 pounds, use a rearfacing child safety seat.	Over 40 pounds and up to 80 pounds, under 4'9"; if a school-age child is <40 pounds, use a forward-facing child safety seat.
Infant only or rear- facing convertible	Convertible or forward- facing harness seat	Belt positioning booster seat
Rear-facing only	Can be rear-facing until 30 pounds if seat allows; generally forward-facing	Forward-facing
Children should use rear-facing seat until one year of age AND at least 20 pounds. Harness straps should be at or below shoulder level.	Harness straps should be at or above shoulder level. Most seats require harness straps to be in top slots for forward-facing use.	Belt positioning booster seats must be used with both lap and shoulder belt. Shield booster seats are not recommended.
Never place an infant in the front seat of a vehicle with a passenger air bag. A rear-facing seat spreads crash forces over an infant's entire body, minimizing injury to the delicate brain and spinal cord.	Children in forward-facing child safety seats should never sit in the front of a vehicle with a passenger air bag. Properly installed forward-facing CSSs minimize the risk of head and brain injury by reducing head movement in a crash.	The purpose of a belt-positioning booster is to position the child so that the adult seat belt will fit optimally across the child's hips and chest. The lap belt must fit low and tight across the hips, and the shoulder belt must fit over the shoulder and snug across the chest to avoid abdominal injuries.
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Susan A. Point

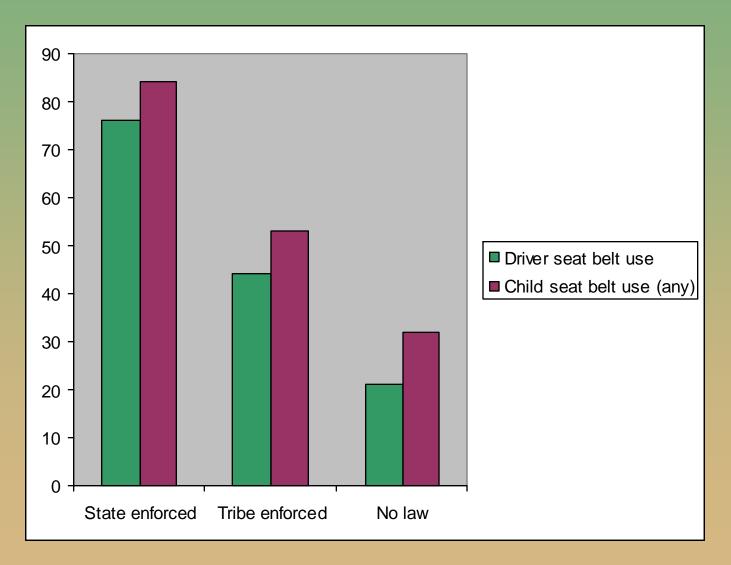
Percent of children properly restrained by law enforcement type

Overall, 29% properly restrained, 30% incorrectly restrained, 41% unrestrained





Percent of drivers and children restrained by law enforcement type





Regression modeling results

- Assoc. with properly vs unrestrained
 - Child's seat eligibility
 - Driver seat belt use
 - Child seating location
 - Type of law & enforcement
 - Driver's relationship to the child
 - Vehicle model year
- Odds Ratio for kids subject to state law vs no law: 4.4



Regression modeling results

- Assoc. with Incorrect vs unrestrained
 - Driver seat belt use
 - Type of law enforcement
 - Child age
 - Seating location
 - Vehicle model year
 - Distance from home
- OR for tribal law vs no law: 6.6
- OR for state law vs no law: 2.4



Regression modeling results

- Assoc. with properly vs incorrect
 - Child's seat eligibility
 - Driver's relationship to the child
 - Child's seating location
- Law status and enforcement not significant in this model



	Properly Restrained vs Unrestrained		Incorrectly Restrained vs Unrestrained		Properly Restrained vs Incorrectly Restrained	
	<u>OR</u>	<u>95% CI</u>	<u>OR</u>	<u>95% CI</u>	<u>OR</u>	<u>95% CI</u>
Child age (years)			0.90	0.81 - 0.98		
Seat eligibility						
Infant seat	25.10	10.55 - 59.7			15.71	7.27 - 33.93
Child seat	8.65	4.88 - 15.34			7.54	4.54 - 12.51
Booster seat	0.00				1101	
(referent)	1.00				1.00	
Seating location						
Front seat						
(referent)	1.00		1.00		1.00	
Rear center			0.00		4 =0	
seat	3.39	1.59 - 7.21	0.96	0.56 - 1.66	1.78	0.85 - 3.72
Rear outboard seat	5.57	3.08 - 10.07	1.78	1.22 - 2.60	1.93	1.13 - 3.28
Driver	5.51	3.00 - 10.07	1.70	1.22 - 2.00	1.33	1.13 - 3.20
relationship to						
child						
Parent	3.88	1.80 - 8.34			2.85	1.54 - 5.27
Nonparent						
(referent)	1.00				1.00	
Driver age	1.01	0.98 - 1.04			1.01	0.98 - 1.03
Driver seatbelt						
use						
Restrained	6.51	3.65 - 11.61	9.47	5.72 - 15.68		
Unrestrained	4.00		4 00			
(referent) Vehicle model	1.00		1.00			
year	1.05	1.01 - 1.10	1.03	1.01 - 1.07		
Distance from	1100	1101 1110	1100			
home (minutes)			1.02	1.01 - 1.04		
Type of law and						
enforcement						
Tribal law &	4.07	0.50.000	2.38	1.15 - 4.93	0.04	0.00 4.40
enforcement State law &	1.07	0.56 - 2.06	2.30	1.10 - 4.93	0.61	0.26 - 1.40
enforcement	4.43	1.92 - 10.26	6.61	2.88 - 15.20	1.09	0.45 - 2.63
No law &		102				2.03
enforcement						
(referent)	1.00		1.00		1.00	



Discussion

- Tribal seat belt laws were effective at getting children to use some type of restraint
- Laws make a statement about the community's priorities
- Enforcement may be more motivating than having a law on the books
- Perceived risk of a ticket may outweigh perceived risk of crashing



Restraint use among AI/ANs

- NHTSA and BIA established first baseline for reservations in 2004
 - Overall seat belt use for all occupants: 55.4%
 - Ranged from 8.8 84.8% by location
- Seat belt use varied by law status
 - 68.6% on reservations with primary law
 - 53.2% on reservations with secondary laws
 - 26.4% on reservations with no seat belt law



Seat belt laws in Indian Country

- Child restraint laws effective for Navajo
- After primary law was passed in WA
 State, two Portland Area reservations
 reported an increase in restraint use.
 - Warm Springs
 - The Yakama Nation



Limitations

- Only six tribes, though 100+ observations per tribe
- Modeling based on enforcement, not on type of law (primary vs secondary)
- Does not adjust for state which has been shown by BIA to be associated with restraint use.



Conclusions

- AI/AN children at excess risk for motor vehicle injury death
- Higher risk for incorrect and nonrestraint use
- Pressing need for culturally competent interventions
- Tribal laws are effective
- Increased enforcement may be effective



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References

- Centers for Disease Control and Prevention, *Injury mortality among American Indian and Alaska Native children and youth--United States*, 1989-1998. Morb Mortal Wkly Rep, 2003. **52**(30): p. 697-701.
- Leaf WA, S.M., Safety belt use estimate for Native American tribal reservations, B.o.I.A.I.H.S.P. National Highway Transportation Safety Administration, Editor. 2005, U.S. Department of Transportation.
- Sullivan, M. and D.C. Grossman, Hospitalization for motor vehicle injuries among American Indians and Alaska Natives in Washington. Am J Prev Med, 1999. 17(1): p. 38-42.
- Indian Health Service, *Trends in Indian Health*, 1998-99. 2001, Washington DC: Department of Health and Human Services, Indian Health Service
- National Highway Transportation Safety Administration, Traffic Safety Facts 2004: A compilation of motor vehicle crash data from the fatality analysis reporting system and the general estimates system, U.S.D.o.T. National Center for Statistics and Analysis, 2004: Washington, DC 20590
- Winston, F.K., D.R. Durbin, M.J. Kallan, and E.K. Moll, The danger of premature graduation to seat belts for young children. Pediatrics, 2000. 105(6): p. 1179-83.
- Elliott, M.R., M.J. Kallan, D.R. Durbin, and F.K. Winston, Effectiveness of child safety seats vs seat belts in reducing risk for death in children in passenger vehicle crashes. Arch Pediatr Adolesc Med, 2006. 160(6): p. 617-21.
- Phelan, K.J., J. Khoury, D.C. Grossman, D. Hu, L.J. Wallace, N. Bill, and H. Kalkwarf, *Pediatric motor vehicle related injuries in the Navajo Nation: the impact of the 1988 child occupant restraint laws.* Inj Prev, 2002. **8**(3): p. 216-20.
- Smith, M.L. and L.R. Berger, Assessing community child passenger safety efforts in three Northwest Tribes. Inj Prev, 2002. 8(4): p. 289-92.



Thank You!

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