Recommendations for Utilizing Data to Measure the Impact of Shared Risk and Protective Factors on Strategies that Promote Driver Safety

A. Identify data sources that can measure the key variables associated with unsafe driving behaviors and connect any relevant individual, relationship, community, or societal level factors to intervention activities specific to reducing risk and promoting driver safety.

For example, the Behavioral Risk Factor Surveillance System (BRFSS) collects behavioral health risk data at the state and local level on a variety of topics including but not limited to, seat belt use and drinking and driving. BRFSS is one of the premier surveillance systems in the United States and the data is used to build health promotion activities on the population level.

B. Collaborate with implementation partners to link data across various sources.

Primary data collection of motor vehicle-related injury data happens at the state and local levels (e.g., health departments, traffic safety agencies, health care organizations, hospitals/clinics, and law enforcement agencies). These agencies could coordinate to link data across a variety of sources (e.g., behavioral surveys, population-based surveys, emergency room data, police reports, hospital discharge data, EMS reports) to generate a dataset of variables to inform research, programs, and policies to integrate elements of the shared risk and protective factors approach with outcomes related to increasing driver safety.

C. Collect or access data on variables that highlight key characteristics of a motor vehicle injury related to risky driving behaviors.

Data analysts, epidemiologists, or research teams could collect or access data on variables that describe the injury: demographics, factors before, during, or after an incident, characteristics of the driver’s behavior, social, and environmental elements.

D. Facilitate partnerships across multiple disciplines to consistently analyze, interpret, disseminate, and use motor vehicle injury data sources.

State and local practitioners with activities relevant to motor vehicle injury prevention and driver safety (public health, traffic safety, engineering, law enforcement, academia, mental health, substance abuse, health care, and public policy) could work with one another to analyze data findings, disseminate findings with key end-users, and use the data to advance continued preventive intervention strategies.

E. Make data collection a routine practice when developing, implementing, and evaluating behavior change strategies and interventions.

State and local professionals (state and local health departments, traffic safety offices) could collaboratively develop data collection instruments, work with implementation partners to obtain data sharing agreements, work with research partners to evaluate the impact of shared risk and protective factors on driver safety, and evaluate changes in behavior over time by promoting factors that protect against risky driving.