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Distracted driving prevention requires more than just legislation: Preliminary results of a cross-sectional survey

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Distracted driving is a worldwide epidemic. In the U.S. despite numerous prevention campaigns, there are high rates of fatal distraction-related accidents reported at 3,328 in 2012 according to the National Highway Traffic Safety Association. Hand held cell phone use including texting has been the primary targets of prevention. Studies have shown that cell phone use within 10 minutes of a collision led to a fourfold increase in the likelihood of a crash and this likelihood of collision does not differ between hand-held cell phone uses or with the use of blue-tooth technology. In 2013, our research group reported that 45% of the drivers in Kern County California who died in pre-hospital crashes had texted within five minutes of the collision. At the time of the data collection, California had laws prohibiting texting while driving and handheld mobile phone use while driving. Those daunting statistics led our team to explore the behavioral and psychological characteristics of drivers in our region including predisposing factors for driving with distractions such as texting or mobile phone use. Our preliminary cross-sectional survey results have confirmed that 40% of adult drivers report texting and driving, despite knowledge of existing laws banning the activity. The data also establishes a high incidence of impulsive behavioral characteristics in the study cohort. These data are compelling and suggest that distracted driving prevention efforts will require a multidisciplinary approach including research focused on the behavioral characteristics of drivers and the impact of mobile phone technology on such high-risk driving behaviors.

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Serial assessment of trauma care capacity in Ghana: 2004 and 2014

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This study aimed to compare the availability of trauma care services and the resources necessary to provide them in Ghana between assessments in 2004 and 2014. By doing so, the effects of a decade of change in the trauma care landscape can be assessed and recommendations for potential interventions can be made. Trauma care capacity assessments of district and regional hospitals in Ghana were performed using the World Health Organization's *Guidelines for Essential Trauma Care*. Trauma care item availability ratings were compared; Wilcoxon signed ranks test was used to determine if there was a difference in item availability ratings between the two assessments and within each hospital level. There were significant improvements in mean trauma care item ratings between 2004 and 2014 assessments at district and regional level hospitals ($p=0.002$ and $p=0.01$, respectively). However, a number of critical deficiencies remain (e.g. chest tubes, mechanical ventilators, cardiac monitors, diagnostics and essential orthopaedic and neurosurgical care). Most deficiencies were related to stock outs, having never been present at a facility or a lack of training; latter two were most often reported for items that did not have improved availability in 2014 compared to 2004. Re-assessment of trauma care item availability in Ghana demonstrated significant improvement over the past decade. However, important deficiencies remain, some for low-cost items. Serial capacity assessment is a valuable tool for monitoring the effect of efforts to strengthen trauma care systems in LMICs.

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