

AMCHP 2008 ANNUAL CONFERENCE

WE ARE MAKING A DIFFERENCE:

**LEADERSHIP, INNOVATION AND INVESTMENT IN
MATERNAL AND CHILD HEALTH**

**MCH as Key Partners in Reducing Motor Vehicle-related Injuries
and Deaths Among Teens**

March 1st to 5th, 2008

CHRIS HANNA: My name is Chris Hanna, I'm State Reach's, State Outreach specialist with Children's Safety Network. We'll talk a little bit more about the Children's Safety Network. This presentation will only have three phases. I'll be talking about giving an overview of activities associated with MCH role in teen driver safety. And then Linda Scarpetta from Michigan will talk a little bit about our national initiative. And then finally, I'll be coming back here and presenting on behalf of Dr. (inaudible) Mahmoud, from the state of Missouri MCH program, uh, who wrote, who helped us with the abstract, but could not participate.

So I'll be giving you a little brief overview on a PowerPoint that him and I put together, associated with, uh, teen driving. And there are some, there are, we-- we went green with the hand out. So we just did major Websites. And, I understand from AMCHP, our PowerPoints are available on the Website, so

when you get home, you can download those, and, um, and any other, anything else, Linda, before we get going? Except my glasses. I got them right here.

Come on in. Just getting going here.

Okay, like I said before, um, I'm part of the Children's Safety Network, it's funded by the HRSA and the Maternal Child, uh, Health Bureau to provide assistance to state health departments and maternal and child health agencies to in--increase their capacity to address national and state performance measures and expand capacity to address injury and violence prevention in their particular state. Our National Resource Center and economics and data centers are available to assist you free of charge as MCH directors, adolescent health coordinators, injury staff, are seen as our primary audience.

We do also have an exhibit booth, an exhibit booth number 22, um, down in the exhibit area, and you can come by and pick up one of our facts sheets that talks a little bit more about what Children's Safety Network can do for you. I got to get coordinated here. Uh, the objectives of this first presentation is again to look at the, uh, the scope of motor vehicle related injuries and death, just a brief overview, 'cause I imagine you're here because you're motivated, associated with knowing the public health impact of motor vehicle injuries to children and to teens, identify partners and resources who might be of value in your state, and explain how MCH can integrate promising and evidence-based practices in improving motor vehicle safety for teens.

First, looking at what are the leading causes of death in the U.S. by age group, unintentional injury is the leading cause of death between the ages of one and 44, covering much of the MCH population. And again, you probably can't read these, but these, um, these charts are available from the CDC Website. And you see the blue line across there. That's, it--it ranks as the number one leading cause of death for people between the ages of one and 44 in the United States. And again, 2004 was when the most recent data, but again, in the last 20 years, we've probably haven't seen great fluctuations in unintentional injury being the leading cause of death.

Next, we're looking at, uh, the leading causes of injury deaths by age groups. Again, by the blue line, we can see the impact, not only on teens but all age groups, with the primary responsibility for unintentional injury being road traffic injuries associated with motor vehicles. Finally, we look beyond fatalities, and look at nonfatal injury recorded from hospital emergency departments, collected in 2004, with the blue boxes. Please note the importance of motor vehicle injuries, especially with the 15 to 24-year-olds. Motor vehicle safety is a public health issue that adversely affects young drivers and the MCH population, which we all work for.

Another way to look at the problem is how fatalities are distributed by area. Motor vehicle fatalities are not evenly distributed across the U.S. As we can see from

this map, a county showing rates of all motor vehicle fatalities. The two extremes are those counties in the red that are in the 75th percentile and those counties in the white below the 25th percentile for motor vehicle fatalities. It appears rural counties in the Southern and Mountain Western states are over-represented in the 75th percentile. Some of these differences could be related to explosions and other variables. And I thought it was interesting, just, there was another presentation going out at the same time, looking at regional differences and health outcomes of children. And in part of their abstract, they pretty conclusively say, you know, regional differences do, do occur in health outcomes, and we're also finding this with motor vehicles.

And I, and I think just, I mean, just, again, you can see some of the differences in the, the northeast part of the country too, where the fatalities are not as in the 25th percentile, and Alaska, just having a recent discussion, uh, do we have any of our colleagues from Alaska here? We just had a discussion with our MCH colleagues in Alaska, and it's unusual. You think, you know, again, they made the clear point to me that they only have 1200 miles of--of roads in the state of Alaska. So much of theirs is off-road vehicle, which is included in this.

Okay. Now, here is information from the Insurance Institute of Highway Safety, looking at factors associated with fatal crashes by age and gender. Again, across the bottom, you see 16-year-olds, 17 and 19, 20 to 49-year-olds. We can see the importance of driver error, speeding, and single vehicle crashes for young drivers

as percentages of the fatal crash contributing factors. For both genders, the percentage decreases for--for all factors as young drivers gain maturity and experience. And that's a term you're going to be hearing throughout the presentation, and that's a maturity and, or immaturity and inexperience, either way, with the exception of blood-alcohol type by--by age. Fortunately, young drivers that are not as involved with alcohol, as they have other developmental demands on their--demands on their driving needs.

Driver error and speeding decrease more rapidly by age for me--females that can be attributed to risk taking propensity in young males. Driver error and speeding both remained unacceptably high through age 49 as factors in crashes. This is where the MCH expertise in understanding adolescent development can--can make an important contribution in your state to understanding traffic safety.

Next several slides I downloaded, uh, are compliments of Susan Ferguson. Uh, they're downloaded from the Lifesavers 2000 archive presentations. But I think they paint a pretty clear picture. Even though the data are somewhat dated, there is not large fluctuations in these data also. This is police-reported crashes not necessarily involving a fatality and considering miles traveled as an exposure by gender and age. Again, you see age long, and percentage along the column. We see a precipitous drop by age as young drivers again gain experience and maturity behind the wheel but are also recognizing increased risk of young drivers with little variation by gender when fatalities are excluded.

However, when considering fatal crashes, gender differences do appear. Rates for miles driven, we see again the increased risk by age and gender and the continuing influence again of maturity and inexperience on the crash experience. For non-fatal crashes, gender differences are negligible. However, young male drivers distinguish themselves with their risk-taking propensity.

Again, this is looking at night driving as a more dangerous environment for the young drivers as shown by differences in fatalities in day and night. And again, the day are in red, the blue are in night. Finally, passengers in the vehicle shows the increased risk by age for 16- and 17-year olds with increasing numbers of passengers. For 16-year-olds, the risk increases from 39% for one passenger to 182% for three passengers. And again, you can see also, this is similar with 17-year-olds. Clearly that something can be addressed through an intervention.

Now here's the slide, as I began thinking about it, went back and forth, and maybe some feedback from you. And, I know Angelo was talking about maybe moving a state performance measure for teen driving. We thought long and hard about this particular side, uh, um, why, why teen driving safety should, is a good fit within MCH. Motor vehicle safety has not always been considered a traditional MCH activity. However, in response to the distribution of motor vehicle fatalities, state identified priorities and the burden of injury, several states have chosen state performance measures related to teen driving. Here are a few reasons why

I think teen driving is, is important enough to the MCH to address. It is a primary risk for populations and others, as we've seen by the data shown earlier. There's opportunities to partner and support other state efforts as we'll see upcoming in this presentation. We'll see it provide--it provides access to vulnerable populations through MCH and services such as adolescent health screenings and family services. It addresses the disparity of injury of disadvantaged teens living in marginal areas--areas, as a matter of social justice.

There's consideration of expertise in adolescent development to the existing traffic safety efforts in your state. There is best practices available for integration into existing MCH activities. And it also completes the continuity of road traffic safety for young people, where national performance number 10 leaves off, protecting kids from zero to 14 as occupants in motor vehicles. Uh, uh, additional state performance measures looking at teen drivers would continue that continuum. In fact, at our booth, at the Children's Safety Network Booth, number 22 that we're sharing with the National Center for Child Death Review, we have a, uh, a new fax sheet out that will look at helping you address the two, um, national performance measures related to, uh, injury and violence, including occupant safety, and also adolescent suicide.

Each state chooses up to 10 state performance measures. Nine states have chosen state performance measures related to teen drivers. You can see the variety of measures chosen by the individual states based on their priorities. In

West Virginia, they focus on both alcohol and driving and--and teen occupant's seatbelt use. I will briefly review the varying objectives and activities in three separate states, New Hampshire, California, and Kansas, as recorded from their Block Grant application, and interviews with states to give you an example. In addition, I'll be sharing, as I said earlier, a short presentation from Missouri about their teen driving prevention and participation by MCH.

First this is the objective for California. Motor vehicle, uh, injuries are a leading cause of death of California's teen population. In fact, one in four motor vehicle crashes between the ages of 15 and 20 in the state of California involve alcohol. California is focused on motor vehicle activities through activities based through statewide coalitions and implementation of the State Safety Plan with continuing participation in the State MCH Agency. Kansas has put an emphasis on seatbelt use in preventing fatalities, working towards policy change and supporting youth advocacy. In fact, according to the Kansas 2005, uh, Youth Risk Behavior Surveillance System, they found that 14.7% of high school students never or rarely wear a seatbelt in Kansas. And also, the Trauma Registry data in 2005 show that 68% of teens aged 15 to 19 hospitalized as a result of motor vehicle crash were not wearing seat belts. So again, one way of Kansas MCH is approaching this is a little different than California.

And finally, New Hampshire has chosen to focus on occupant safety with practical and policy approaches coordinated by MCH participation on the teen

driving committee. In fact, the best practice Adolescent Seatbelt Project, that's a project that the Children's Safety Network got involved in in developing and delivering on-site as a pilot site that's currently being evaluated.

As a summary, BMC approach offers multiple opportunities under the pyramid of services, including building own infrastructure, promoting population-based services, enabling services and direct services in partnership with State Highway Advocacy Groups. In these states and others, MCH contributed to teen driving by doing what MCH does best, by contributing access to vulnerable populations, emphasizing developmental aspects, and working in partnerships. We know directing attention to these known risk factors with increased--with using best practices that focus on developmental behavioral approaches have been shown to reduce fatalities. We'll now look at some adolescent development limitations combined with putting young drivers behind the wheel as a recipe of danger. This was presented once to me and I think it's an interesting way of looking at it. Again, uh, it's kind of a formation of a perfect storm and we wonder why motor vehicles are such a public health risk to young people.

We put immature and inexperienced young people with a propensity for risk taking behind a wheel of multi-ton vehicles under dangerous conditions, increasing their vuln--increasing their vulnerability. This model clearly identifies the risk areas to be identified for interventions. Considering the enormity of the problem of teen driving, the known interventions are limited.

Graduated driver's licensing, which we'll be talking about, is one area of increasing opportunities to prevent injuries that will be examined. Currently right now, there is two strategies with consistent--that have been found to have consistent and significant reduction of fatalities, which include, as I mentioned earlier, implementation or improving the graduated driver's license system, that includes supervised driving, nighttime restrictions, and then secondly, publicizing, enforcing, and adjudicating laws pertaining to young drivers, such as the GDL components, drinking and driving, and seatbelts.

Other promising strategies that are now in process include improving young driver training to improve the content and delivery of driver education training, and assisting parents in managing teen driving, especially supervision of learners. And then finally, uh, employing school-based strategies as eliminating high school start times, and reviewing transportation plans for new and expanded school sites.

Because of the great promise of, um, graduate drivers license, I want to talk just a little bit more about that for some of those people who might not be familiar with it. The International Institute for Highway Safety in 2006 ranked state graduate drivers license systems according to six key components illustrated above. You can see the components of the graduated driver's license address the previous factors we spoke about that are associated with increased risk for 16- and 17-

year-olds, such as maturity, supervision, and passenger limitations. Graduated driver's license does not make better drivers, but rather delays exposures to high-risk environments until again, maturity and experience can be gained.

While some states are reporting mixed results, questions still remain about graduated driving license compliance and the merits of each of the individual components are being studied. Graduated driver's licensing is designated as a system that should be applied in fall, as we can see less than half the states are currently in full compliance of all six components.

And just something to think about here too is that as a drivers licensing requirements and costs increase in a segment of the population being systematically excluded from licensing, raising equity issues and social justice issues as a requirements in cost and increasing gaining access to training. And I think, from when we think back from our earlier slide, where we saw the different, uh, distribution, and again, we think about, um, driving, young people driving crash worthy vehicles, which is everything, having safer roads and emergency response are important things to consider in fatal crash outcomes.

Here are some of the, the key partners. And I think your, your key partners, this is going to be associated with the, that you find in your state and local too.

Especially, your Highway Safety Office may be a great valuable resource. But, you know, what we look at, the states, the MCH programs that are involved in the

states, they're not leading, they're, they're truly working in--in strong partnership with their, with their federal, national, and state partners. Mm-hmm. Doing okay for time there, Linda?

LINDA SCARPETTA: Got about 20 to 25 minutes.

CHRIS HANNA: I'll be wrapping up. Okay, CS--CSN can provide you with the technical assistance to provide capacity to address teen driving safety. Through our state outreach and topic specialists, we can customize requests and provide you the information you need, especially as many states are beginning their 20/10 needs assessment, and as--as Angela said over here earlier, too about hopefully incorporating the state performance measure as part on teen driving as part of the MCH, uh, 2010 assessment. And again, uh, we have several resources. We have the adolescent seatbelt project materials that we developed for the state of New Hampshire that are available, um, and integrating injury into MCH and--and a teen driving facts sheets as information that's available. And again, our Website, it's on our Website. It's also on the handout. And, oh, I had to put my funny slide up there.

And then I think what we'll do is we'll, um, we'll, we'll hold questions, and, uh, so we can get that information. And I think we'll probably do okay, um, with that. And, and next I'll, um, let Linda Scarpetta come up and introduce herself and take it from there.

LINDA SCARPETTA: Okay.

CHRIS HANNA: Thank you. Excuse me.

LINDA SCARPETTA: While Chris was talking I was thinking I could have set this up better, um, so we could have the slideshows ready to go. But, um, please bear with me here. This is a different version of PowerPoint than what I'm used to working with.

UNKNOWN SPEAKER: I just went through the same thing last week. I (inaudible) the slide show is at the top. So you get, you almost had (inaudible), oh, oh, real quick, (inaudible) here, if you could find it. Oh, okay.

LINDA SCARPETTA: This one?

UNKNOWN SPEAKER: : Instead of down there.

LINDA SCARPETTA: Oh, there you go. Okay, thank you. I'm Linda Scarpetta and I'm the manager of the Injury and Violence Prevention Section at the Michigan Department of Community Health, and that, um, in the Department of Commerce is listed in the program. So, and I think they saw the COMM and thought that meant commerce, but, um, I'm one of like many of you, from a

health department at the state level, and I'm also representing STIPDA, which is the State and Territorial Injury Prevention Directors' Association. And I'm the STIPDA vice president. And today I'm going to be talking to you about 18 driving, um, Injury Prevention Roundtable that, um, STIPDA hosted in June of 2000. And I was asked to serve as the chair of the Planning Committee for that meeting. And so, this'll kind of give you a, um, little bit of a national perspective about some things that have been going on.

Um, in June, uh, on June 21st and 22nd, 2006, um, STIPDA, the CDC, and other federal and nonfederal partners, including the National Highway Traffic Safety Administration, convened a roundtable focusing on the prevention of teen motor vehicle-related injuries and deaths. The project came at the heels of a CDC reorganization and establishment of cross-cutting goal teams. Goal teams were established by life stages, places, and preparedness. And while establishing priorities, teen dri--teen driving jumped to the top of the list for CDC. With limited resources and do some additional funding for one year money, CDC decided to, um, look at what they could do that would have some impact. And they decided to work with their traditional partners, state health departments, to, um, partner with other government and non-government agencies with an interest and experience in teen driving.

I'd like to acknowledge the, the key partners, um, that were involved in planning the roundtable. And I've mentioned STIPDA already. I'm going to put a little bit of

a plug in for STIPDA. Um, the--the meeting was organized by STIPDA through a cooperative agreement with CDC. Uh, STIPDA was formed in 1992. And it's a national nonprofit organization of professionals committed to strengthening the ability of state, territorial, and local health departments to reduce death and disability associated with injuries and violence.

STIPDA engages in activities to increase awareness of injury, including violence of a, as a public health problem, provides injury and violence prevention and control education, training, and professional development for those within the injury and violence prevention fields, enhances the capacity of public health agencies to conduct injury and violence prevention programs, and supports Public Health policies designed to advance injury and violence prevention.

And over in that little alcove there, um, STIPDA's going to be having their annual meeting in April, and I'd encourage any of you who are interested to, um, pick up one of those little fliers over there. Um, you can go to the Website, thank you, and, um, get some more information on the annual meeting if you're interested in learning some more about injury and violence prevention and meeting some of the colleagues that work in that field.

Um, I'd also like to acknowledge the CDC. Um, Arlene Greenspan, April Vance, and Ruth Schultz from the CDC were instrumental in planning and carrying out the roundtable. And I also want to thank them for sharing some of their slides

with me, um, in preparation for my presentation today. We had several speakers who gave excellent cutting-edge presentations, and there were 12 state teams that participated with much enthusiasm and commitment. And I just wanted to see if there's anybody in the audience that happened to be on one of those state teams? No? Okay. Um, if any of you are interested, um, in linking up, in a moment I will show you the states that participated in the Roundtable. Um, if any of you are interested in finding out a contact in your state, I'd be happy to try to link you up with someone from that state, um, as well as each state has a STIPDA route, and I'd be happy to link you up with your STIPDA route if you're interested in doing that.

This is a list of the representatives that were serving on the planning committee. You can see it's quite a diverse group. And we were hoping that the planning committee would model the collaboration and partnerships that we wanted to encourage and facilitate at the Roundtable. So we convened a multi-agency, multidisciplinary, um, number of representatives from federal and nonfederal agencies to plan the meeting with STIPDA and CDC. The planning team worked to develop a detailed agenda, make speaker recommendations, and work on, um, developing group sessions for the roundtable for the state teams.

And Gene Shelp, who's a professor at the University of Michigan Transportation and Research Institute, served as the roundtable facilitator, and Chris Hanna also, um, was, um, involved in the planning committee as a representative from

the Children's Safety Network. These are the objectives for the roundtable. With increasingly limited resources, the roundtable provided a great opportunity to help facilitate relationships between diverse and nontraditional partners, who have been working desperately toward similar goals. I know that in similar states, public health and traffic safety folks have long, have long collaborative relationships. But in some states, this is a new relationship. And so some of the states came to the roundtable, um, having worked together for a while. They just added some new partners.

But then, some of them came to the table not really even having public health and transportation having worked that closely together. The overall goal of the roundtable was to convene a national level meeting on teen driving safety, bringing together state injury prevention and transportation experts and other partners to learn more about the issues and to discuss and strategies for collaboration to reduce teen motor vehicle crashes and the resulting injuries and deaths.

Um, several, um, researchers, um, gave presentations, and other experts in the field provided additional background information, which was very valuable. And the state teams had the opportunity to begin development of a state action plan. And the goal was to, because we had limited time, we really didn't want states, we didn't expect states to finish an action plan, but really, um, just to start to build some relationships within their own state, get to know each other, talk about the

issues, and then start talking about what they could do to, um, begin to implement some, um, strategies once they got back to their states.

Participants, uh, on the teams consisted of four to seven members. And, um, applications were received and reviewed by an objective review panel, comprised of the planning team members. The criteria for selecting the teams included geographic distribution, program readiness, local data availability and the burden of teen driving injuries in the state. All the states that were selected already had some infrastructure in place, and they were able to articulate the burden and could at least identify other groups that had an interest or some history in working in the area. Some already had state coalitions, and some had coalitions in other, um, areas related to traffic safety, such as Child Passenger Safety or underage drinking.

There were 24 applications and 12 state teams were chosen to participate. And this is a list of the state teams here. Um, I've, um, highlighted those that have teen driving and state performance measures, and it looks like about 25% of the state teams that participated had those performance measures. As you can see, there's pretty good geographic dispersion. And before the meeting, uh, we asked for states to, to prepare one-pagers to describe the work that they had already done, and that would help to facilitate discussion once they arrived at the roundtable.

You can see there is a broad, um, representation of partners, um, the state teams from both the public sectors and private sectors. Uh, we looked at what the state teams were doing prior to the roundtable, and, uh, many of the states already had, um, existing coalitions. They had some infrastructure as I mentioned. Um, they had some limited research projects going on, but very few programs were being evaluated. And I think we see that a lot in, in public health, we, that's a something we struggle with, is to have some evaluation to, uh, guide our efforts. And there had been limited collaborations. The kinds of activities that state teams reported, that has been happening in their states included high school seatbelt challenges, um, incorporating motor vehicle safety into a school health curriculum, establishing SADD chapters, drinking and driving programs, um, some had done TV and radio PSA's, and distributed brochures.

The agenda was planned to give states time to do some group work. Um, we didn't want it to just be speakers coming up and talking to everybody. We wanted to give states time to get to know each other, talk about the issues, learn some new information, and then start to talk about how that might fit into an action plan. Some of you, um, may have seen this. In fact, a lot of you might have seen it. This is called the, um, spectrum of prevention. And there are six levels. I just will put three on one slide, I'll put three on the next slide. Uh, for those that are not familiar with the spectrum of prevention, it's a framework for developing a multifaceted approach to injury prevention. The spectrum identifies multiple levels of intervention and encourages people to move beyond the perception that

just teaching about healthy behaviors is the only thing that we can do. But there are, there are other, um, strategies that can be used to build on each other to be much more effective. The levels are complementary and when they used, when they're used together, they produce a synergy that results in greater effectiveness.

The spectrum is based on the work of Dr. Marshall Swift, in treating developmental disabilities, and was developed by Larry Cohen while he was director of the Contra Costa Health Services Prevention Program. And the prevention, spectrum of prevention can be accessed at the Prevention Institute Website, and that is on your, um, hot pink handout, um, the, what the Website to go to that if you want some more information. These are the, uh, second three, set of three levels. So the states were asked to define what they're currently doing and then develop their action plans around these six levels of prevention.

UNKNOWN SPEAKER: (inaudible) this slide?

LINDA SCARPETTA: Sure. And again, um, as Chris mentioned, the slides are at the, um, AMCHP Website if you want to go back and referred to these.

Everybody set to move on to the next? We're an a broad range of, um, presentation topics, Dr. Gene Shelp and Robert Foss among, they're among the most noted researchers in the field, were two of the presenters and they addressed the roundtable. In addition, there was a panel of local teams that

came, and Alan Brown, whose son Joshua died in a car crash and is the founder of the Joshua Brown Foundation, addressed driver education issues in Georgia. And they all shared their unique perspectives on the issue of teen driving and what can be done to reduce crashes, injuries, and deaths.

There were several breakout sessions. In fact, we had, um, five breakout sessions throughout the roundtable. Um, the first one was getting started, and that just involved, um, introductions within the state teams, kind of icebreaker exercises so they could get to know each other a little better. The second was identifying strategies for success. And, um, that was giving them a chance, based on what the, uh, presenters had, the information that was presented, they were asked to brainstorm about what kinds of things they could do back in their own states. The third one is defining a working relationship. And they were asked to identify the types of relationships that might work best in their state, how to do some networking, coalition building a coordination of activities.

The fourth, um, workshop, or breakout session was, um, working on the spectrum of prevention and having the states think through, of those different levels, what were some of the activities that they might be able to do that were new in their state, or what can they do to build on some existing activities. And then the, the last is planning for action. And the state teams had to identify two or three overall long-term goals that they wanted to accomplish in the next six to 12 months, and began to address those in their action plan.

At the end of the roundtable, each, each state had to present their draft action plan. And then in January of 2007, there were two conference calls, one for the East Coast states and one for the West Coast states, to present an update on their action plans and just what had been accomplished and what kind of challenges they were facing. And all but three of the states participated in that. When we looked at the, um, the goals for the state action plans, um, all of them had some sort of goals to either strengthen or to establish, uh, teen driving coalition in their states.

Um, many of them had graduated driver's licensing goals for either improving their laws or improving enforcement. Um, some states had goals for education and evaluation related to GDO. Other states have listed, um, teen programs as something they wanted to do. Five states had wanted to implement a, a seatbelt program. And other, eight states had goals in other areas related to like, social norms or drinking and driving. Some of the states had driver education goals for improving or standardizing their Drivers Ed, or developing some new curricula.

And then some states had parent programs, uh, where they wanted to, um, get parents more involved and, and focus on them as a target population. So, as you can see, the state's kind of had similar overall goals, but the specifics in terms of what they were going to do, they varied quite a bit.

And all of the states had, uh, had challenges that they identified. And some common ones where the coordination of multiple agencies. Um, as you all know from working at MCH, you work with lots of different agencies, and, um, sometimes you've been trying to coordinate their agendas and their activities and trying to find out where people all can fit in and contribute can be challenging. Um, sometimes there might even be competing priorities. So, that's always an issue. Um, funding we all know is an issue. There's never enough, um, so how can we, can we leverage resources and, and really get the most for our money.

Implementing programs and activities has its challenges, um, especially for outreach. Um, how do you get to the populations that you want to reach? How do you evaluate what you're doing? And then of course, legislation, um, how do we educate new legislators and, and reach out and reeducate those that have been in office for a while? Um, this, this information is on your handout. So, um, these are some of the key links that can, uh, link you up with some information either on the roundtable or on teen driving or spectrum and prevention.

And I will leave with my funny slide at the end. Um, we all feel like we want to do this with teens sometimes. We want to restrict them, but we still have to, uh, work with them in real, in the real world. So, um, we have to strike the perfect balance. Okay, I think that is it for me. And, well, I'll take, I'll be happy to take questions. Chris has another presentation, um, but happy to take questions at the end. Thanks.

CHRIS HANNA: Yeah, let's get the right, uh, right here. There it is. All right. Thank you, Linda. Well, uh, I think, uh, hopefully this workshop is making as much sense to you as it made to us in planning it. And we looked at the big MCH picture. We focused on a special national initiative as a potential partner in STIPDA and the injury prevention, uh, folks in your state. And now we're looking at a particular state. And I think why, why we, don't ask me why we chose Missouri. Missouri happens to be one of the states that I work with. And, and, (inaudible) Mahmoud, who I said, I've, I've never met the man, but we've spoken so much on the phone, and especially provided some technical assistance to the state of Missouri, associated with teen driver safety, that, and we also heard Lauren, is that to be competitive with AMCHP to get your abstract, you should include a state in there too. So, that's why--that's why we've got Missouri. But I'm sure this is, and do we have any of our colleagues from Missouri here? Oh, okay, so I can say anything I want, no one'll say, uh, that's right. But he is taping this, so, Mahmoud may get a copy at the same time.

But again, we chose, we chose Missouri, and Mahmoud, uh, is the Injury Prevention Program Manager and Save Kids Coordinator for the state of Missouri. And he is located within MCH in the Missouri Department of Health and Senior Services. Uh, our agenda here is just looking at the, one state, the links to teen driving, key partnerships, uh, their emphasis on policy. I think I have actually a five brief safety initiatives. We're going to look at some data collection real

quickly, some benefits and considerations for you thinking about this, adopting this, uh, teen driver safety and MCH in your state, and then we, we'll have some, I think we'll do so, okay with questions afterwards if there are any. Okay.

And again, and again, I think, one of the reasons that we, we chose Missouri, cause it's a, it's an easy, an easy target if you will. The injury and violence prevention program is within MCH, as I think it's one of nine states where the, uh, injury and violence prevention efforts occur in the states. So again, a lot of this is a, it's somewhat of a natural link and some of you may be represented with those in states here too. So, it really helps foster injury and violence prevention within the MCH population when that, when that, you have that situation.

Teen driving safety remains a priority issue also in Missouri, with participation coordination, um, from the Advisory Committee, clearly articulated within the call to action within the state of Missouri. They have coordinated contracts with local agencies associated with, uh, motor vehicle injury. And they also continually participate in a statewide coalition. And the blueprint, uh, for, blueprint for safety roadways is the guiding of safety document in the state and MCH Injury and Violence Prevention Program were involved in that too. The, the key driving agency in, in the state of Missouri that MCH participates on, and again doesn't leave, they participate as a partner, is a Missouri coalition for roadway safeties. And you'll see here, quite a list of an impressive list of partners that they partner

with, that MCH has contact with, and again, developing and adding that MCH expertise to the traffic safety issues in this, in the state of Missouri.

They also, part of it is that day, I mean, working through the nonprofit and the coalition, they're doing a very aggressive legislative agenda. And again, you can see some of the issues that they've encouraged here. Many areas of interest to MCH, including booster seat legislation, improving graduated driver's licensing, licensing renewal restrictions, and hospital-based policies that protect young people on our roads. What I want to do just briefly, and I, and, uh, I'm as familiar, I mean, I talked to Mahmoud about these and visited various websites. But they have, uh, five initiatives that I think are not necessarily unique, but that offer the wide variety of activities associated with, um, working with, with young people in the state of Missouri.

Uh, and most of these are coordinated by the Missouri Coalition for Roadway Safety. I want to at least give for each of these a brief overview with some additional contact information. The first one is the Battle of the Belt, which probably many states have a similar program, but its competition between Missouri high schools to increase safety, uh, belt use, among students again with prizes and rewards for schools that enter the competition, do like, kind of a pre-survey, then a post-survey, to see if the intervention, at least, that school level, at least for that short period of time increased seatbelt use. Again, 'cause we think about, I mean, I don't know if for Missouri, but think back, we talked about

Kansas, I think 60 to 68%, the young people who die in the state of Kansas, which is adjacent to Missouri are not wearing a seatbelt at the time of the crash.

The next one is a also kind of rounded out. They have a media campaign that uses dramatic images combined with a never made it to message to convey the potential consequences of not buckling up and what teens will miss out from being involved in a traffic crash because of their failure to simply click their seatbelts. Materials are available, uh, for local application to anyone, but to the Missouri communities with this campaign. It also has radio, television, Internet, and posters associated with it. It's quite good. I've looked at it, and you can download a lot of information. And again, that, these Websites are available on the handout too.

Another initiative that's going on in the state of Missouri is the high-energy summer training, uh, called the three-day, uh, team spirit. And again, it's bringing 200 area high school students, and again, not just necessarily focusing on, on driving safety, but looking at safe driving habits, alcohol, and other drug use, and impaired driving as critical issues. And again, many of you probably have in your state, where they bring kids together, the return of their community, to do advocacy.

And for a little younger age group, be the backseat boss is associated for our eight to 12-year-olds, or t--tweens, and it's coordinated by the Safe Kids Jasper

Newton counties, and--and is imported across the state to. So. And again there's some contact information. And then finally, there's, just up in, is a, uh, a new interactive website for teens, focusing on teen traffic safety. So you can see they have a variety of activities that are coordinated that MCH, again, has contributed some expertise, some potential funding along the line associated with this.

One of the things I was most interested and excited to find out about the state of Missouri is a system called the Missouri Information for Community Assessment. And it, it's, um, it, it really helps them understand the problem, and gives MCH and their partners access to the, to information. I'm going to briefly show you some information that's available via the Internet to local MCH agencies in assessing both of the statewide and the local teen. And I, and I know some other states may have interactive websites also too, but this was an unusually good one. And again, uh, Missouri Information for Community Assessment, and there's the link, and anyone can download it. I'll refer to it as Micah. And again, here, this is just something that, a couple clicks, that, uh, a quick yield, uh, found the motor vehicle traffic injury rates by county to Missouri residents in 2005. And again, you can see they're looking at the various rates and the earlier coloration. Not as important, not sure if you're intimately familiar with Missouri. But, again, you can see how your region rates, how would rates, how your, your, um, county rates against other counties, and then they can also begin looking at some of those geographical disparities associated, especially in the state of Missouri, which is a very rural state, which has two high, um, urban areas on, on the east and the

west. And again, something very simple and, and, and something that MCH agencies can use to look at the problem.

And then again, kind of even refining that a little bit more, this is, uh, this is both injury and poisoning. But these are Medicaid emergency department visits for 15 to 24-year-olds in the state of Missouri. And I'm not the most Internet savvy person. But this is something that, a very easy to use a system, something that, I know, I know, um, Wisconsin and, um, Minnesota have very similar systems. Wisconsin, well, I don't recall what they, I know Minnesota calls it. Anybody from Minnesota here? The Midas, the Midas System? Is it, yeah, it's very good. It's very fun to use. I mean, your, and finally, finally, well, no, the, I actually have two more examples. This is actually looking at, available to this kind of information on the Website. Uh, you can get death, hospitalization, emergency department visits. And this is actually hospitalizations. Total unintentional injury three-year moving rates, again, the county is in red in the state of Missouri. So again, you can, you can track trends over years, three-year moving average is associated, to find out the injury, uh, situation in that particular county.

So, and then finally, this didn't download as well, and the information is not as important as the point, is available on, on mica. Also, you can take the youth risk behavior surveillance system, and you can do cross tabs associated with it here too. I looked at, uh, during the past 30 days, how many times did you ride in a car of a vehicle driven by someone who had been drinking alcohol, and you can

cross that with during your life, how many days have you had at least one drink of alcohol. So it's kind of an interesting thing that's (inaudible). And again, it, I'm not sure, it didn't download as well. But the point is that this information is easy and accessible to the people in the state of Missouri.

In addition, they have used other wide--wide variety of data sources. Uh, you can see them, them here. They—they--they have a very extensive child death review system in the state of Missouri, that they utilize their data, emergency medical services contribute, and again you can see others. So in Missouri there's no shortage of data associated with the problem, which I think in assessing the problem is a big issue. Now, I began thinking about it here, um, is really, what are the, in Missouri, how is MCH doing in addressing teen motor vehicle safety in Missouri. Here are some of the benefits to MCH and others by addressing teen driving that, that I see within MCH. In Missouri, the commitment is strong, data are available, the focus is on diverse strategies across the age continuum, with the state partnerships utilizing national resources is strong in Missouri.

And, areas where I see considerations as, I think as Linda mentioned earlier, um, there's not a lot of impact and outcome evaluations associated with many of their initiatives, again, which is a continuing public health weakness. But again, I mean, some of these great ideas, but let's--let's see what kind of impact they're having along the way.

Um, and then, and again, not always necessarily incorporating best practices. Um, I don't think Mahmoud would be as--as critical as I am. But--but these are things we talked about too and said were areas where MCH can improve their participation. Also, there's not a lot of necessarily the emphasis necessary with the, um, addressing geographic and ethnic disparities in Missouri too, as there should be, as the data are telling us that there's differences. And then we're also working with, uh, MCH to elevate teen driving to a state performance measure in the state of Missouri, which we think would increase its disability and also, uh, increase its participation with MCH. And here is Dr. Mahmoud's infor--contact information in the State of Missouri. For any additional information or questions or, and I think that concludes our presentation. And we--and--and how are we for time right now?

CHRIS HANNA: We have 30, a whole 30 minutes. So, um, and, you know, if other states would have, like to have the opportunity to tell us what's going on in their states, or direct a question to Linda or I, we could do that at this time. Thank you. Oh, and I'd like to recognize my coll--colleague, Ellen Schmidt, who has a--an initiative going on that she'd like to talk to you about.

ELLEN SCHMIDT: Thanks, Chris. Just real quick, and especially for those of you who came in a little bit late, we, um, would like to, to tap into your expertise in this room to do a little small focus group. The National Initiative to Improve

Adolescent Health has put together an action sheet on teen driving. And, um, we have Dexter in the back there, who's handing out to those who didn't get one. And this is a draft that we'd like to have you look over. And, we also have a mobilizing guide that's on the pink sheet, to help you figure out ways in which you can mobilize this issue in your own community, in your own state. And then we'd like your feedback about these two items on the back of the pink page, and we'd like you to do that as best as you can either right here in this room, right now, (laugh) as Trina's saying, now, now, now, um, because you're here and you're a captive audience and you've just heard lots about it and you're all enthusiastic.

And, uh, you can leave them all right here and we'll pick them up. And if for some reason you just, you know, need to do something else, drop them off completed at either my booth, the Children's Safety Network, which is Booth number 22, or at Kristen Heipl, is in the back there, she is waving her hand. Hers is booth number four for the Adolescent Health, uh, Resource Center and the National Initiative to Improve Adolescent Health. So you can see that, uh, MCHB and the National Initiative is trying to take, um, an additional approach, an additional push towards getting teen driving further, uh, along the agenda of MCH, uh, agencies across the country and helping you help the locals as well to move this issue forward.

So, um, please, please complete that information for us. And if you know other people who you think would like to complete this information, we also have more

of these sheets at both of the booths that we just mentioned. And so, with that, I will thank Chris and Linda for letting me take a few minutes of their time and turn it back over for discussion. And if you have any questions about this sheet, if, if Linda and Chris give me the permission, there's lots of us in this room that would be happy to answer questions about this, but, um, they're available to discuss what you've heard today. So.

CHRIS HANNA: Uh, questions, thoughts, discussions, points that people want to bring up? Yeah?

TRINA: Uh, Chris, thanks very much for (inaudible).

CHRIS HANNA: Oh, I didn't recognize you. I was trying to read your name, I recognize your voice now, Trina. Nice to see you.

TRINA: Um, I was wondering. I know that parents now have the potential for playing a really, really big role, uh, with teen motor vehicles and safety. You know, the teens themselves in a variety of surveys have said that the parents probably have the best opportunity to influence them to be safe drivers. And you have the parents themselves see themselves as being the prime influencers of teen driver safety. But, have states, but let, and just one more piece of information is that we also note that parents, actually, in general, it's been found that they, that they (inaudible) staying a good role model. However, now that

parents are not always in such great role models when they themselves drive. You know, because they use their cell phone, they eat, etcetera, etcetera. They don't obey traffic laws, they get tickets while the kids are in the car.

So, so (inaudible) as that, have any states, uh, tried to capitalize on the potential roles that parents play. For example, offering public safety, uh, with, you know, public service campaigns, not only directed towards teenagers, but to their parents, so that the parents themselves will be empowered to do a really good job. Like for example, um, that the Academy of Pediatrics and at least two, um, um, you know, like car insurance agencies have developed two, you know, parent teen driver contracts. Um, don't know, you know, in terms of the evaluation, whether they really, really do help in preventing crashes, but it really is a way to formalize the agreement between a parent and teenager and they now have formal contracts working with a variety of, you know, preventing other undesirable behaviors.

CHRIS HANNA: Yeah. So the question is? Yep, yeah, the states.

TRINA: The question is how much, are the states doing anything? Like rather than just focusing on the teenagers themselves. The teenagers need to be focused on, as the bad guys, but, no, (inaudible) parents as, as primary influencers.

CHRIS HANNA: Well, I mean, I think you're correct in everything, in saying there's a positive influence on the kids, and it's very correct too that they are not always the best influence, they're not as familiar with graduating drivers licensing. You know, I have a 16-year-old two, and, I mean, I had to get 50 hours of practice driving, it was a difficult thing to do, in a two-parent family with two cars. You know, so, I mean, I think those are questions. But I think, you know, and maybe that's also a potential consideration for the state of Missouri. They're not as active in the parent. And there is a proliferation by the motor vehicle companies and the insurance companies now, with a lot of these parent teen driving, and you're also very correct in saying that they have not been evaluated yet. But I think maybe even Linda could talk, the one program that is being looked at is the checkpoints program, which is, is being, has been funded to be evaluated. And again, I think even, I think there's something going on in Michigan, maybe Linda could talk about.

I know when it was first did in Connecticut, they were having mixed results because parents were not complying and as active as they could be. But it's an area, if you saw earlier, it's a promising practice. Especially for beginner drivers. I mean, they're finding less influence for parents with intermediate drivers, but with beginning parents, beginning, you know, parents have a little bit more of influence. And, Linda, do you have anything to add about the-the checkpoints program? You can use the microphone.

LINDA SCARPETTA: Well, like you said, that is one of the, um, the, um, proven, um, interventions. Um, it was developed by HHS. And, um, I think that, you know, in Michigan, we have a graduated drivers licensing law, but the state is very hesitant to start putting restrictions on passengers. Um, that's a big issue. And so, you know, the next step would be to start looking at, well, what can we do to help parents, um, set some limits and, and make them more aware and--and educated about the risks of teen driving. So, I, I think that there's a lot of opportunity there, and the research hasn't quite caught up with--with practice yet. But, uh, definitely, that's an area to focus in.

CHRIS HANNA: Yeah, maybe there is, maybe there's folks from other states too, that are doing, you want to move on, maybe we'll hear from, is other states doing anything with parents that you know of?

UNKNOWN SPEAKER: I know a lot of parents of teenagers who really appreciate and lobby for those kind of laws, so I assume that parents are good advocates for your, the laws (inaudible).

LINDA SCARPETTA: Uh, well, actually, I think there's kind of a split. Some parents are really supportive of it, and then other parents that, they oppose it because they, when their children drive then they can drive themselves places and the parents don't have to and, um, you know, it's, it's an issue of just trying to

coordinate all the transportation in the family. And so, there is, there's a split there.

CHRIS HANNA: Yeah. Comment on the parents, or--

UNKNOWN SPEAKER: Yeah, I--I just, it's making me wonder if there are different ways of getting to the parents in terms of the wellness clinics that you mentioned, and I know the adolescent medicine folks, you know, when they, when kids go in for visits or things like that. I mean, are there places we could add, you know, uh, get the information out to get groups more interested, I guess is part of this issue, or making those people a part of those coalitions as well might be another way to try and get at the root.

CHRIS HANNA: Okay, uh, yeah. Well, and a, and again, I'm not sure if it's a lack of information on the parents' part. I mean, it's the implementation that's the difficult part. I mean, so I think, but and again, it's something that's being looked at. We're looking for, at, I mean, with the checkpoints program is having a thorough evaluation, I mean, it's something that's being looked at as a potential and promising strategy down the line.

FEMALE SPEAKER: Could you describe the checkpoints real quick?

CHRIS HANNA: Um, I am not as, I'm not as familiar with, I mean, but it involves, it involves, um, you know, letters home, meetings with the parents, continual reminders as the child develops. I mean--

UNKNOWN SPEAKER: And I think it's, I think in some places, it's in partnership with the Motor Vehicle Administration. So that when the kid goes to get a license, they, um, are sort of told that, that part of their licensing is going to be this, this checkpoint system where they're going to get reminders, the parents are going to be involved, and at that point, they signed an agreement with the parent and the teen that they will do these things. And I don't know all the details either, but it-- but it sounds like a pretty promising (inaudible).

CHRIS HANNA: And, and basically, I mean, it's labor-intensive, and expensive and the results are mixed. So, I mean, it's something that's continuing, you had a question?

UNKNOWN SPEAKER: I, uh, it doesn't (inaudible)--

CHRIS HANNA: No, that's fine. We're ready to move on. That's good.

UNKNOWN SPEAKER: I have two, um, two driver sons, and, um, I'm petrified every time I get in the car with them. Yet, my oldest seems, it's just, just being a parent and letting your child drive is really, really difficult. But, anyway, I live in

Rhode Island, so it's the tiniest state, and, like, I know every single spot where a child has died. We have built memorials, we know the story, and this (inaudible) in the news. And, and it's just, the circumstances and that life that usually get celebrated throughout Rhode Island, and, it, to me it always touches me when I (inaudible) with parents like that, so and so, he was this, or this is what happened, or she was that. And I also know that, um, you know, the kids have all that MySpace, and (inaudible), that they now have MySpace death, death. And there are spaces of, of kids who have died, that, and how they died, and many of them are car accidents. And it's, it's a pretty big thing among kids because, I mean, we as adults don't do the MySpace thing, but they do it huge. And, um, there was a whole thing on it and how it affected kids. I just thought that was kind of interesting, to, you know, that these were lives and our lives, and to really promote that piece of it.

CHRIS HANNA: Well, motor vehicle crashes are an epidemic amongst young people, so we believe (inaudible) don't use that problem, I mean, use those, those words associated--

UNKNOWN SPEAKER: But the kids are looking at it in ways that we don't know they're looking at it. That's I guess, part of my point.

UNKNOWN SPEAKER: It always makes me think that their technologies are so different from ours, and how do we tap into using their technologies to communicate?

CHRIS HANNA: How about back there and up here then--

UNKNOWN SPEAKER: What's that, what site did you say?

UNKNOWN SPEAKER: I, I think it's MySpace Dead, But I don't know, death. It's kids who have died and what their lives are like and what their art and their friends or their family members post--

CHRIS HANNA: I mean, because of the infallibility of young people, I mean, I wondered, they, that would be concerning, I think to a parent whose child is spending a lot of time on that site.

UNKNOWN SPEAKER: Or other reasons.

CHRIS HANNA: Either way, yeah.

UNKNOWN SPEAKER: I think it's a way of memorializing a life. I don't, I mean, I think (inaudible)--

CHRIS HANNA: But sometimes when you fail to recognize memorializing, I mean, and the--the act that they did, to how they died too. I mean, it just, something to think about too. I mean, again, parent involvement, probably the key to that too. (inaudible).

UNKNOWN SPEAKER: I--I have a question. In Tennessee in between 2004 and 2006, we've had a--a pretty significant increase in our teen deaths and actually greater than 33% of those have to do with noncompliance of our graduated drivers license. We have the laws on the books. But the parents of the other kids are complying. So do you have any states that, that, uh, uh, have recently, uh, done a little work with enforcing their graduated driver's licenses or have other ways. 'Cause the laws are there. We just have folks not following them.

LINDA SCARPETTA: I think, I mean, it's good that, that's an interesting statistic. And I think that would be something that a lot of states should--should look at that. Um, because it does make the case for increased enforcement and managing of that. Um, I can't give you an answer to your question unfortunately. Um, I, I don't know, um, of that with other states, but it's--

CHRIS HANNA: Well, I mean, and, and then, uh, Rob Thawson of North Carolina did a study. And they--they asked the parents and law enforcement about the graduated driver's licensing system, considering the six components. And most, and it's a, it's a (inaudible) OSS. And, uh, I mean, parents didn't understand

graduated driver's license, law, cops don't do, cops don't understand it. And the other thing, if you talk to law enforcement agencies is that they are restricted from stopping a young person be--because of their age. I mean, it's a profiling thing that they aren't allowed to do. I mean, unless they commit something, they can't, you know, if they could see a, uh, uh, you know, I stopped you because I thought you were under 16 or I thought you might have been under a graduated driver's license would not hold up in, in court. So there are, you know, law enforcement has some potential restrictions associated with enforcing graduated driver's license. Trina?

TRINA: Yeah, and then part of it is that the majority of states don't have primary seat belt enforcement laws, you know, to then give at least the opportunity to stop the driver just for not wearing a seatbelt. But then, I don't think the states take them very seriously because in general, the fines are really low. Ten dollars, you know, maybe \$50, like, a couple of states will go up to \$100. And so that would actually be another opportunity for (inaudible), these states like New York or Georgia that charge more, uh, you know, I don't know, like, how, how well they enforce it. But, does that really work? Or, or is it possible to evaluate states that really publicize what the laws are? You know, 'cause that, that supposedly is another strategy that's helpful.

CHRIS HANNA: Yeah, I mean, that is. I mean, one of the things that we know is getting the word out there about the strategies that they do improve, yeah. That lady, go in the back (inaudible).

UNKNOWN SPEAKER: Um, the Child Review Program, (inaudible) have been talking about the issue of children, uh, uh, dying, 'cause they're driving when road conditions are not good. And one of the things that, uh, we were talking about in, uh, some of the groups is the fact that, you know, it's not been a very long time since we've gone from a standard vehicle that you didn't really drive and park at school, to almost everybody who's 16 driving and parking at school. And some of the, the districts are actually talking about creating, uh, a no-drive policy that on days when the weather is not appropriate, that kids are not allowed to bring their cars to school. And I thought, "Yeah, because the majority of our accidents out our way seem to be occurring before the travel to school and immediately after school, and in our cases, some of them have been due to bad weather.

CHRIS HANNA: Yeah, and you saw one of the promising practices that we're looking at is the delaying starts because of kids not getting enough rest, and affecting their driving ability is also too, so, yeah, I mean, they think of a, I mean, there is a little, if you look at the, if you look at the 24-hour, there is a little spike, and the, and then after school fatalities associated with that too.

UNKNOWN SPEAKER: And my other question, is anybody looking at the data in the, uh, rate or number of cars that approach us that are owned by children under the age of 19 that are registered to children under the age of 19?

CHRIS HANNA: Uh, I'm not, I mean, I know there's been some studies that have looked, have looked at the type of vehicles that the kids are driving, and they're generally the older models with the less safety features, you know, that parents are allowing them to drive, which is a growing concern.

UNKNOWN SPEAKER: Well, I was just thinking, you know, if you promise also, uh, care of vehicles--

CHRIS HANNA: Oh sure. Yeah.

UNKNOWN SPEAKER: (inaudible) to think about, as being (inaudible).

UNKNOWN SPEAKER: (inaudible) information like that. (inaudible) at your DMV.

UNKNOWN SPEAKER: They can have it by (inaudible), insurance companies (inaudible).

UNKNOWN SPEAKER: Right.

UNKNOWN SPEAKER: I'm just kind of curious because I know (inaudible) what they can afford to--

CHRIS HANNA: Yeah, they're generally driving the older, less crash-worthy models. I mean, that's, that's a known--

UNKNOWN SPEAKER: (inaudible).

UNKNOWN SPEAKER: If you want the fatalities, at least you could get that (inaudible) by age. And--

UNKNOWN SPEAKER: If they (inaudible) the car.

UNKNOWN SPEAKER: I think, I know that's in the database. I'm not sure if it's in the (inaudible), but, yeah, under the driver characteristics (inaudible).

UNKNOWN SPEAKER: 'Cause I've been looking (inaudible) like the, the (inaudible).

UNKNOWN SPEAKER: I think it (inaudible) that. Isn't that--

CHRIS HANNA: Yeah, oh, sure, yeah, yeah. Yeah, another question, yeah?

UNKNOWN SPEAKER: I noticed you had one insurance company listed as one of the coalitions. You had, how, how are insurance companies relating to this? I (inaudible) ready to help or did--

UNKNOWN SPEAKER: Well, (inaudible).

LINDA SCARPETTA: I, I think so. I think they are, they are, they know that teen driving, you know, that teenagers are risky drivers and that they're involved in a lot of crashes, and they do want to--

UNKNOWN SPEAKER: How can they help?

LINDA SCARPETTA: Through education. They can advocate for policies. Ellen.

ELLEN: I've noticed, I've been with the same insurance company for my entire driving career. And they started at some point handing out newsletters. And I sort of noticed over a period of time that their newsletters are now complete, they're almost completely focused on safety, which I, which I never had seen. So, in the last newsletter, they had a whole cover article on teen, uh, driving and seatbelts and on the inside they had a whole thing about booster seats and how to install them and things like that. So that was really surprising. And I think that if they're in your community, like in Rhode Island, this is Amiga Insurance Company that I'm talking about.

Um, they're based in Rhode Island. So I would think that they should be on your coalition for being a partner. And they used to sort of shy away from it. Now I think it's more popular. So it would seem to me that one, like Linda said, education. But if they're in your community, you might be able to find them to do some (inaudible) as well.

I know that, um, State Farm has done some significant funding of research in Pennsylvania, University of Pennsylvania. And there are some other insurance companies, Allstate, that have done some pretty substantial funding of (inaudible).

UNKNOWN SPEAKER: Liberty Mutual, they have done surveys--

ELLEN: So I think you need to, you know, think about, you know, involving representatives and seeing, yeah, they do have all the data.

CHRIS HANNA: Well the, in, in here the (inaudible).

UNKNOWN SPEAKER: They have data too.

UNKNOWN SPEAKER: Yeah, I was gonna say State Farm, uh, opened a \$2 million, um, research center. Actually started with seatbelts in children of color (inaudible), in Tennessee. But Allstate has been very, uh, uh, pivotal in the booster seat safety. So, in our state, those two companies really have jumped in with resources and research--

CHRIS HANNA: We'll go here and over here.

UNKNOWN SPEAKER: I just, this is just another comment. I notice with children it's always those, those same roads and there's a certain places where there's like eight crosses in one spot, or, you know, and how do they address and even try to tell kids about saying, like, these are the kinds of situations that you have to watch out for, the traffic kind of roadways and stuff like that because Rhode Island is one of those main, one of those deadliest--

LINDA SCARPETTA: Then in that case, you know, it might be a matter of environmental change where the MDOT, or, you know, the DOT needs to get involved and make some changes to the roadways or signing or something there, because, um, you can only educate so much. And there, at some point, you know, you need to change, if you're seeing a really high crash rate at that intersection, something else has to change.

UNKNOWN SPEAKER: But you see single vehicle crashes, like a lot of young drivers do, meaning their inability to control a vehicle on a road that they're at. They're not colliding with other cars, so, yeah.

UNKNOWN SPEAKER: Yeah, um, I know that, uh, in programs that have been employed to curb, uh, risky sexual behavior and curb drug abuse issues in adolescents, and peer-to-peer education and counseling, has that been employed at all in motor vehicles, say at the, and (inaudible)?

CHRIS HANNA: Well, I mean, uh, the one example of the teen spirit program, but again, I think the evaluation has been less than rigorous around those particular areas. I know, I mean, again, you think about it, you know, peers, you look at the passenger data that we showed earlier, how much dangerous, when they get peers in the car, and sometimes, I mean, what, it was an interesting study, I forget where they did it, but they looked at, they looked at, they looked at the headway and speed, and if it was female or male passengers do. And again, they had a tendency to, they had a tendency to be a little faster, a little closer with male passengers and a little bit slower, a little more headway with female passengers too. So, something maybe getting back to nature there or something, the influence of nature.

UNKNOWN SPEAKER: The thing that popped into my mind when you said that was the program Scared Straight. Um, and if I'm not mistaken, where they would

take kids who, um, were at risk for injury in a car to a hospital to visit victims. And I think that program had been shown not to work. So, um, (inaudible)--

UNKNOWN SPEAKER: I think some of--

UNKNOWN SPEAKER: And people I think still do that, but the evaluation on it was that it really didn't make a difference, unless it sort of changed their risk taking (inaudible), I don't know.

LINDA SCARPETTA: And I think a lot of times, it has a real short-term impact.

UNKNOWN SPEAKER: Right, (inaudible).

CHRIS HANNA: Yeah, right Linda made the point too yeah, short-term.

UNKNOWN SPEAKER: Yeah, just short-term impact but not, not long-term.

CHRIS HANNA: Well, I wanted to, um, get the (inaudible) Jim, but I wanted to comment earlier just, I, I hear it's wonderful outside too, so, it would be nice if we had a few extra minutes. But the notion that right now with this initiative, teen driving is a hot topic. Everyone's addressing it, everyone's jumping on the bandwagon. So we've got a lot of, a lot of individual insurance companies that, I mean, if they would combine it, to supporting checkpoints program or getting

behind something, but they all want to put their brand name on it. And from, you know, the Ford Motor Company, Life Driving Skills or something, you know, I mean, all of this, it would just take so much evaluation and I think we really need to come by, maybe, Linda will be here till Wednesday, I'll be here till Tuesday. And maybe we can conclude with Vic's questions. We'll be here afterwards, so if folks want to take a, stretch your legs before lunch, go ahead Vic.

VIC: I'm just curious, we answer about the (inaudible) education piece, or the intervention (inaudible) because, um, now, quite frankly, I think we're just as lousy drivers as anybody else, I see us everyday. So I'm thinking, you know, if kids are replicating us, I think the idea of (inaudible) in and out of (inaudible) may be the place to go. And I, mean, are you going to collect information? I mean, is somebody going to start putting something together so that that gets out to the MCH crew?

CHRIS HANNA: The, yeah.

VIC: On the, uh, on the traffic and, uh, teen (inaudible)?

CHRIS HANNA: Well, yeah, well, you know, we're moving in that direction. We're talking to individual states, encouraging them to--to allocate the state performance measures for MCH, they'll, they're, you know, developmental, and getting in, getting involved with it, because it is a public health issue. And it

adversely affects, um, MCH population. We're all very interested in the disparity issue associated with, you know, different groups of people that are being adversely affected by the (inaudible), related to many factors too, so. Unless there's any other really group burning questions, I think we'll, Linda, did you have any conclusions? Linda and I will be here. Thank you for your participation. But I think we have a few minutes, if you could fill out Ellen's, uh--

ELLEN: Fill out the form.

CHRIS HANNA: --form if you have it, she'd appreciate your feedback and--

ELLEN: It's also a session valuation in your package. You can bring it out and (inaudible).

CHRIS HANNA: All right, thank you, thank you (inaudible).

UNKNOWN SPEAKER: And if you have questions about, um, teen driving safety, you can certainly contact the Children's (inaudible)—

UNKNOWN SPEAKER: We did good.