

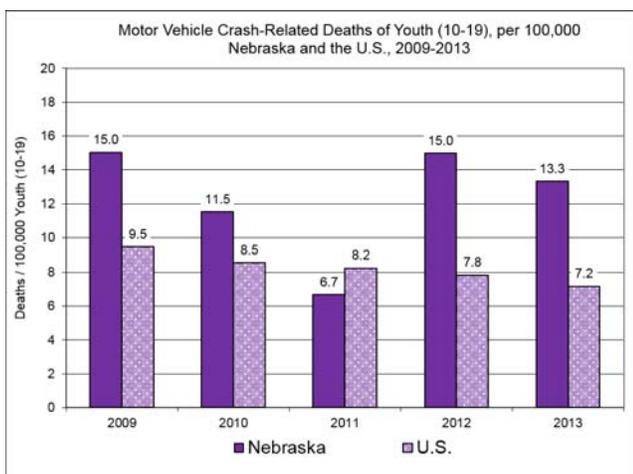
Motor Vehicle Crashes among Nebraska Youth

According to the Nebraska Health and Human Services Vital Records, motor vehicle crashes are the leading cause of death for Nebraska teens ages 10-19. In 2012, the Nebraska death rate due to motor vehicle crashes for youth ages 10-19 was 15.0 per 100,000 youth compared to 7.8 nationally. When comparing teens to other age groups, Nebraska's teens are dying in motor vehicle crashes at three times the rate of the average adult.

Many factors play into teens having higher crash rates. These include inexperience, brain development, exposure to driving in high risk situations such as driving at night, driving distractions, low seat belt use, speeding and alcohol. According to the 2012 Nebraska YRBS, 11.9% of youth reported that they never/rarely wore their seat belt, which is significantly higher than the United States at 7.6% and the Healthy People 2020 objective of 8.0%. Also, nearly half of students (45%) reported texting or emailing while driving in the past 30 days.

Criterion 1: The Problem is Worse than the Benchmark or Increasing

The motor vehicle crash-related death rates for youth ages 10-19 in Nebraska are higher than the national rate and has not improved consistently over time since 2009.



A Graduated Driver Licensing Law was first implemented in Nebraska in 1998 and updated in 2008. Since the implementation of the GDL, teen crashes resulting in injury and death have dropped by 61 percent according to the Nebraska Office of Highway Safety. Despite this dramatic decrease, motor vehicle crashes continue to be the number one killer for this age group. Nebraska's death rate was higher than the national rate from 2008-2012 with the exception of the 2011 rate of 6.7. Of the

teens killed in Nebraska, about 65 percent were not wearing their seat belt, which is higher than the national average of 58 percent. Also, of the fatal crashes among teen drivers, alcohol was involved in 30 percent of those crashes.

Criterion 2: Disparities Exist Related to Health Outcomes Criterion

Males have a higher death rate compared to females. From 2008-2012, males had a death rate of 15.0 per 100,000 compared to females at 9.9. Males are at higher risk because they typically are less likely to wear a seat belt, more likely to speed and engage in other high-risk driving behaviors compared to females.

Due to lack of reporting of race information in the Nebraska Hospital Discharge dataset, racial and ethnic disparities for non-fatal injuries are difficult to quantify. Fewer than 6 percent of records contain race information. For injury deaths, the number of cases are too low to report a reliable rate.

Criterion 3: Strategies Exist to Address the Problem/An Effective Intervention is Available

When looking at policies and programs that keep teens safe during their early driving years, research has shown that GDL laws, parental involvement and peer-to-peer education are effective in reducing teen driver crashes.

*Comprehensive GDL laws that are enforced greatly reduce teen crash related deaths and injuries. Nebraska's GDL does not meet the minimal federal safety requirements to adequately protect teen drivers. Provisions of Nebraska's GDL laws are secondary enforcement. Secondary enforcement means that a police officer may only stop or cite a driver if the driver first commits another primary violation such as speeding. Upgrading Nebraska's GDL laws to primary enforcement would result in fewer teen related crashes, injuries and deaths.

*Supportive parental involvement can lower a teens' crash risk by half. Parental involvement comes in many forms such as being educated about GDL, establishing rules through a parent-teen driving agreement and/or attending a driver's education orientation program.¹

*Research has shown that peer-to-peer education has practical implications for prevention and intervention among young drivers. "Teens in the Driver Seat" is one school-based program that has been shown to reduce teen related crashes in Texas counties where it is being implemented.²

*The National Highway Traffic Safety Administration has set aside funding and material resources for states to address this issue. The Governors' Highway Safety Association has released many reports on how to best use those resources and what strategies are most effective.

*Children's Hospital of Philadelphia and CDC have comprehensive teen driver safety programs and materials available online.

Criterion 4: Societal Capacity to Address the Problem

In recent years, there has been considerable effort and interest in addressing teen driver safety more effectively.

*The Nebraska Office of Highway Safety, AAA Nebraska, Nebraska Safety Council and State Farm have been providing support for a more comprehensive approach to teen driving safety in Nebraska. Each agency is supporting teen driver

safety initiatives within their own agencies along with providing funding to state and local programs such as Celebrate My Drive, Teens in the Driver Seat and Alive at 25.

*The Title V Block Grant requires State MCH programs to report on 18 National Performance Measures (NPMs). One of these NPMs specifically addresses motor vehicle deaths. NPM #10: The rate of deaths to children age 14 years and younger caused by motor vehicle crashes per 100,000 children. Nine states have an SPM on motor vehicle-related deaths or injuries to children and adolescents.

*The National Highway Traffic Safety Administration designated funds within the MAP-21 (Moving Ahead for Progress in the 21st Century Act) funding structure for states to specifically address teen driver safety using evidence-based programming and policy.

Criterion 5: Severity of Consequences Criterion

Motor vehicle crashes are the leading cause of death for youth ages 10-19. Deaths are only the tip of the iceberg with thousands of teens being injured each year. Many factors come into play such as driving inexperience, driving in high risk situations and lack of safety precautions such as using a seat belt when driving. Many of these factors can be effectively addressed through evidence-based programming and implementation of effective policies.

Although motor vehicle death rates have declined considerably since the implementation of the GDL in 1998, motor vehicle death rates for teens have remained the same since 2008.

References

¹Children's Hospital of Philadelphia Research Institute, Teen Driver Source. <http://www.teendriversource.org/>.

²Teens in the Driver Seat. <http://www.t-driver.com/about/>.