

# Youth Transportation Safety (0-14)

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Link to the Transportation Safety Action Plan: Action # 53

## Action # 53

Implement the 2002 NHTSA Youth Assessment recommendations, focusing on the top ten chosen by the Youth Advisory Group. Continue to coordinate with the Advisory Group for completion and review or further direction.

## The Problem

- The highest cause, on a whole, of death and injury to children ages 0-14 is motor vehicle crashes. To effect the greatest change, program areas that impact youth should be coordinated.
- When a child (age 0-14) is killed in an alcohol-related crash, more than half of the time the child is in the vehicle with the intoxicated driver.
- The Healthy Kids Learn Better Partnership has in the past included Transportation Safety Division as an additional partner in their collaboration with other state agencies to connect health and education for students and build supportive funding, leadership and policy. However, heavy emphasis is placed on other health issues, rather than the leading reason for children not making it to school.
- A Youth Plan has been created by a Core Youth Advisory Group, identifying 24 initiatives for establishing the 2007 Oregon Transportation Safety Action Plan for Youth. Priority issues addressing Youth 0-14 include motorized scooters, helmet use, children riding adult size all terrain vehicles, etc.

## Oregon Crashes, 2006-2009

	01-05 Average	2006	2007	2008	2009	% Change 2006-2009
Fatalities, ages 0-4	7	9	2	4	2	-77.8%
Fatalities, ages 5-9	8	8	4	7	3	-62.5%
Fatalities, ages 10-14	12	6	7	4	7	16.7%
Total	27	23	13	15	12	-47.8%
Injuries, ages 0-4	498	459	482	421	432	-5.9%
Injuries, ages 5-9	747	767	670	676	619	-19.3%
Injuries, ages 10-14	965	946	819	811	898	-5.1%
Total	2,210	2,172	1,971	1,908	1,949	-10.3%

Source: Crash Analysis and Reporting, Oregon Department of Transportation  
 Fatality Analysis Reporting System, U.S. Department of Transportation  
 Department of Health and Human Services Centers for Disease Control and Prevention

## Goals

- Reduce the number of crash-related fatalities of children ages 0-14 from the 2004-2008 average of 21 to 18 by 2015.
- Reduce the number of crash-related injuries of children ages 0-14 from the 2004-2008 average of 2,090 to 1,631 by 2015.

## Performance Measures

- Reduce the number of crash-related fatalities of children ages 0-14 from the 2004-2008 average of 21 to 20 by December 31, 2011.
- Reduce the number of crash-related injuries of children ages 0-14 from the 2004-2008 average of 2,090 to 1,965 by December 31, 2011.

## Strategies

- Continue to support and help enact laws impacting children in the 0-14 portion of the Youth Program in upcoming legislative sessions.
- Continue to provide a comprehensive and coordinated public information and education campaign on the causes of high motor vehicle crash rates for this age group. Additionally, continue to target occupant protection education and parental responsibility messages through media efforts for youth aged 0-14, identifying any potentially unreached audiences.
- Encourage communication among youth transportation safety program providers and coalitions through the continued development of a youth task force.
- Collaborate with the Oregon Medical Association, the Oregon Health Division, and local physician offices and partner with school districts and "Safe Routes to School" organizations to address family education issues of youth aged 0-14 in transportation safety.
- Continue to incorporate NHTSA Youth Assessment recommendations specific to the 0-14 age level, while also concentrating on addressing the Core Youth Advisory Group's initiatives in the Youth Plan.

## Project Summaries

### Section 406

K4DE-11-21-02                      Trauma Nurses Talk Tough – Train the Trainer                      \$20,000  
This project provides funding to continue statewide training of trauma care providers to teach the TNTT program. TNTT's effective presentations address bicyclist safety, and other wheeled sport safety (skateboards, rollerblades, scooters), high-risk drivers, seat belt use, impaired driving and speed. TNTT also contacts Network members every quarter to provide support and offer assistance,



