



CARE FOR KIDS



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The Basics of Graduated Driver's Licenses

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According to the National Highway Traffic Safety Administration (NHTSA) and the Insurance Institute for Highway Safety, fatal car crashes are the number one cause of death for teenagers nationwide, responsible for close to one-third of all deaths of those between the ages of 15 to 20. In 2006, 3,490 drivers ages 15 to 20 died and another 272,000 were

injured. While teenage drivers make up only slightly less than 7 percent of all licensed drivers, they are involved in almost 13 percent of all fatal crashes. In Iowa, motor vehicle traffic deaths are the leading cause of injury for Iowans ages 1 to 34.

Graduated Driver's License (GDL) regulations seek to reduce these numbers, by ad-

ressing three characteristics that contribute to teens' high probability for causing automobile crashes: inexperience, distractibility, and a tendency toward risk-taking behavior. For the regulations to be effective, they must be upheld and reinforced by parents, educators, healthcare providers, and law enforcement.

Graduated driver's licensing attempts to create a safe learning environment for drivers of different skill and experience levels while keeping these characteristics in mind.

Inexperience

As with any other skill, driving takes time and practice to learn. Technical abilities and good judgment are gained by experiencing different driving scenarios. Inexperience,

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especially in the setting of night-driving, highway driving/interstate driving, or adverse weather conditions, is a major contributor to accidents within the first few years of driving.

Distractibility

Adding one teenage passenger to a teenager's vehicle increases the chances of having a car accident by 50 percent. Talking and text-messaging on cell phones draws attention from the road. Immature brain development, especially in the pre-frontal cortex that controls multitasking and decision-making skills, makes these behaviors especially dangerous for teenagers.

Risk-taking Behaviors

Teenagers often feel invulnerable, leading to speeding, tailgating, and failure to utilize seat belts. Peer pressure can increase the willingness to take risks. Alcohol also contributes to risk-taking behaviors, especially for older adolescents.

How GDL works

Graduated driver's licensing is composed of three stages. The beginning stage requires completion of a driver's education course, along with driving a specified number of hours while accompanied by a licensed adult. The intermediate stage allows unaccompanied driving, but it is limited to

hours of least risk. Full licensure only is available after the completion of the previous two stages and upon reaching a specified age.

The ideal GDL as advocated by the American Academy of Pediatrics and NHTSA allows for entry into the driving system at age 16. The new driver must retain a learner's permit for at least six months. During that time, he or she would complete a minimum of 30 to 50 hours of supervised driving before graduating to the intermediate stage. The intermediate stage would include a night driving restriction as well as a passenger restriction (no more than one teenage passenger). A full driver's license could be obtained no earlier than at 18 years of age.



GDL laws around the nation have already shown positive effects. Florida decreased their 16- to 17-year-old crash rate by 9 percent; Michigan and North Carolina have experienced 25 percent and 26 percent reductions respectively.

Comparing Iowa's laws to the ideal GDL

Iowa's GDL laws went into effect in 1999. The minimum age for obtaining a learning permit is 14. The initial stage lasts for six months and requires 20 hours of supervised driving, including two hours nighttime driving. The intermediate stage restricts unsupervised driving between 12:30 a.m. and 5 a.m. There is no passenger restriction during the intermediate stage. There are also no cell phone-use laws at any age. Iowa teens may obtain a full driver's license on their 17th birthday.

How Professionals Can Help

In addition to advocating for laws regulating teenage driving, professionals also should encourage teenagers and their parents to examine household rules. Recommendations that may be incorporated into well-child visits include providing permission to obtain a license and take driver's education classes, helping to create a guided driving experience.

Parents should set consequences for driving infractions. (In Iowa, young drivers may be forced to revert to a lesser license if they receive a ticket.) Parents should discuss beforehand who is responsible for paying for tickets or vehicular damage. Parents should be encouraged to help teens ensure that they are driving a safe vehicle, including looking at

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Car Seat Safety for Young Children

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"If a disease were killing our children at the rate unintentional injuries are, the public would be outraged and demand that this killer be stopped."

C. Everett Koop, MD, former U.S. Surgeon General

According to the 2007 Traffic Safety Fact Sheet from the National Highway Traffic Safety Association (www.nhtsa.dot.gov), motor vehicle crashes are the leading cause of death in children younger than 14. Each day in the United States, crashes kill an average of five children and injure 548 more.

Using a lap/shoulder belt decreases the risk of death by 45 percent. Child safety seats decrease fatal injury 71 percent in infants younger than 1 year old and 54 percent in toddlers 1 to 4 years old. Using appropriate restraint systems can have a major impact on this killer of the greatest number of children.

By Iowa law, children who are younger than 1 year old *and* who weigh less than 20 pounds should ride facing the rear in an infant-only or rear-facing convertible car seat. The infant-only seat usu-



ally is for use by children who weigh 5 to 22 pounds, with an upper length limit of 26 inches. The shoulder harness straps should be snug and at or below the infant's shoulders.

Outgrowing an infant seat is *not* a reason to switch to a forward-facing car seat. Most infants outgrow their infant seat before 1 year of age and will need to switch to a rear-facing convertible car seat. It is safest to remain rear-facing for as long as possible. Current studies demonstrate significant reduction in morbidity and mortality in all types of crashes for children through 2 years of age when properly restrained in a rear-facing car seat.

By Iowa law children younger than 6 years old must be restrained in an appropriate car seat or booster seat, not by a seat belt alone. It is safest to remain in a car seat as long as the child fits

the height and weight limits of the seat. Generally, the upper limits of forward-facing car seats are 40 pounds and 40 inches. Car seats with upper weight limits of 65 pounds are available. These are especially helpful for overweight children and those with special needs. In the forward-facing position, harness straps should be snug and at or above the shoulders.



Seats often have designated reinforced slots for the shoulder harness straps when the car seat is used in the forward-facing position.

By Iowa law children 6 to 11 years old must be restrained in a child restraint system (car seat or booster seat) or by a

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seat belt. There are two types of booster seats: high back and low back, or backless. If the vehicle seat has a headrest that comes above the child's ears then either type may be used. If there is no support for the child's head then a high back booster should be used. A booster seat must be used with a lap/shoulder seat belt, *not* a lap-only belt. It is safest for a child to remain in a booster seat until the adult seat belt fits well. A good fit is when the child's knees bend at the edge of the seat when the child is sitting without slouching, with buttocks and back against the vehicle seat. The shoulder belt fits across the shoulder and lap belt fits across the pelvic bones. For most children, this is when they are approximately 8 years old, 4'9", and 80 pounds.

It is also safest for children to remain in the back seat until they are the size of an adult, or approximately 13 years old. The passenger's side air bag inflates at approximately 200 mph during a crash and could create a high impact head injury and/or high cervical spine injury. Even if the air bag can be "turned off," an electrical connection exists that may be breached in a motor vehicle crash, causing the air bag to inflate.

Parents should have the child restraint systems checked by a Certified Car Seat Technician. Nine out of ten car seats are used improperly, regardless of parents' education or economic background. Errors can put children at risk in a crash.

Car seats that have been involved in a crash should be replaced, as should any seat belts that restrained car seats or passengers. Damage might not be visible but could compromise safety. Families with auto insurance can contact their provider about reimbursement to replace car seats and seat belts involved in a crash.

Current car seats typically have an expiration date that is approximately six years after the date of manufacture. Old seats should be destroyed. Car seats should not be bought

from consignment stores or at garage sales. The seat's history is unclear: a previous crash could have caused unseen damage. In addition, manuals or labels often are not included with these seats, increasing the chance of dangerous misuse. Parents also should be good role models and wear their own seat belts.

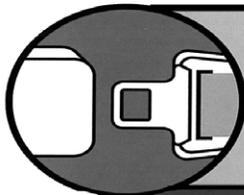
Further information about child passenger safety can be found on the internet at www.nhtsa.gov. Information about childhood safety and where to locate a car seat technician in your area is available at www.safekids.org. Blank Children's Hospital's website, www.blankchildrens.org/cps, offers information about child passenger safety in the state of Iowa, including laws, advocacy, technicians, and the Safe Kids Coalition for Iowa.





Setting a higher public safety standard: Seat belt use for Iowa's youth

Current Iowa law requires children under the age of 6 to be in appropriate child passenger safety seats, a booster seat, or a seat belt, and children ages 6 to 11 to use a restraint system or car seat. Recommendations from both the National Highway Traffic Safety Administration (NHTSA) and the American Academy of Pediatrics (AAP) provide more substantial guidelines for keeping your child safe and are outlined below.



For Your Child's Sake, Go Above & Beyond Iowa's Child Passenger Safety Law!

	IOWA LAW	BEST PRACTICE
1	 <p>Children must ride in an appropriate rear-facing safety seat until one year of age and at least 20 pounds.</p>	<p>Children should ride in an appropriate rear-facing child safety seat until the maximum weight limit of the safety seat is reached — this can be up to 30 or 35 pounds depending on the seat.</p>
2	 <p>Children must ride in a child safety seat or booster seat through the age of 5. (Seats must be used in accordance with manufacturer's directions.)</p>	<p>A child should be restrained in a 5-point harness system until the maximum weight limit for the seat is reached. This is usually 40 pounds, although some 5-point harness seats are now rated up to 60-65 pounds.</p>
3	 <p>Children must be in a booster seat or seat belt between the ages of 6 and 11, regardless of their seating position within a vehicle.</p>	<p>At maximum harness weight, a child should graduate into a booster seat. A child should ride in a booster seat until their knees bend over the edge of the vehicle seat and their feet touch the floor while sitting all the way back.</p>

Best Practice Guidelines are per the American Academy of Pediatrics and the National Highway Traffic Safety Administration.

Adapted from Blank Children's Hospital, in partnership with the Department of Public Safety-Governor's Traffic Safety Bureau. For more information, visit blankchildrens.org/cps

One way to help teens understand appropriate driving behaviors and possible risks, as well as for parents to make clear their expectations for safe driving and car use and the penalties for breaking the rules, is to establish a parent-teen driving contract. Below is one such contract from the American Academy of Pediatrics web site. Remember when establishing boundaries for car use to take into account Iowa's Graduated Driver's License regulations (see page 2).

Parent-Teen Driving Contract

I, _____, will drive carefully and cautiously and will be courteous to other drivers, bicyclists, and pedestrians at all times.

I promise that I will obey all the rules of the road.

- Always wear a seat belt and make all my passengers buckle up
- Obey all traffic lights, stop signs, other street signs, and road markings
- Stay within the speed limit and drive safely
- Never use the car to race or to try to impress others
- Never give rides to hitchhikers

I promise that I will make sure I can stay focused on driving.

- Drive with both hands on the wheel
- Never eat, drink, or use a cell phone to talk or text messages while I drive
- Drive only when I am alert and in emotional control
- Call my parents for a ride home if I am impaired in any way that interferes with my ability to drive safely
- Never use earphones to listen to MP3 players or other electronic devices while I drive

I promise that I will respect laws about drugs and alcohol.

- Drive only when I am alcohol and drug free
- Never allow any alcohol or illegal drugs in the car
- Be a passenger only with drivers who are alcohol and drug free

I promise that I will be a responsible driver.

- Drive only when I have permission to use the car and I will not let anyone else drive the car unless I have permission
- Drive someone else's car only if I have parental permission
- Pay for all traffic citations or parking tickets
- Complete my family responsibilities and maintain good grades at school as listed here: _____
- Contribute to the costs of gasoline, maintenance, and insurance as listed here: _____

Additional Promises: _____

I agree to the following restrictions, but understand that these restrictions will be modified by my parents as I get more driving experience and demonstrate that I am a responsible driver.

- For the next _____ months, I will not drive after _____ pm.
- For the next _____ months, I will not transport more than _____ teen passengers (unless I am supervised by a responsible adult).
- For the next _____ months, I won't adjust the stereo, electronic devices, or air conditioning/heater while the car is moving.
- For the next _____ months, I will not drive in bad weather.

I understand that I am not permitted to drive to off-limits locations or on roads and highways as listed here: _____

Additional restrictions: _____

I agree to follow all the rules and restrictions in this contract. I understand that my parents will impose penalties (see below), including removal of my driving privileges, if I violate the contract.

I also understand that my parents will allow me greater driving privileges as I become more experienced and as I demonstrate that I am always a safe and responsible driver.

Penalties for contract violations

- Drove after drinking alcohol or using drugs
No driving for _____ months
- Got ticket for speeding or moving violation
No driving for _____ months
- Drove after night driving curfew
No driving for _____ weeks/months
- Drove too many passengers
No driving for _____ weeks/months
- Broke promise about seat belts (self and others)
No driving for _____ weeks/months
- Drove on a road or to an area that is off-limits
No driving for _____ weeks/months

Signatures

Driver: _____
Date: _____

Parent promise:

I also agree to drive safely and to be an excellent role model.

Parent (or guardian): _____
Date: _____
Parent (or guardian): _____
Date: _____

Adapted from the American Academy of Pediatrics "Parent-Teen Driving Agreement" www.aap.org/publiced/BR_TeenDriver.htm

Additional resources:

- AAA Parent-Teen Driving Agreement: www.aaaexchange.com/Assets/Files/2007214956500.Parent_teencontract.pdf
- Allstate Parent-Teen Driving Contract: allstateteendriver.com/contract.html

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safety statistics when helping teens purchase a first vehicle or determining which family vehicle to allow teens to use. Most important, parents and other adults should recognize that they serve as a role model for their teens.

Companies such as Allstate and AAA publish parent-teen driving contracts on their websites. These contracts address driving issues such as time of day, number of passengers, cell phones, music, consequences for good and bad grades, speeding tickets, and seatbelt use. Contracts open dialogue between parents and teenagers and encourage parents

to take part in the learning experience. Many contracts also encourage parents to look at their own driving habits and consider their status as a role model. Resources for teen drivers, such as those provided by the CDC, also can inform and empower parents and other adolescent advocates.

Teenagers possess a variety of characteristics that contribute to their risk of car accidents. By understanding what makes teenagers vulnerable, becoming aware of current local, state, and national laws including GDLs, and directing teenagers and their parents to appropriate resources, it's possible to contribute to keeping teens safe behind the wheel.

Resources

Teenage Drivers. Center for Disease Control and Prevention. Available online at www.cdc.gov/MotorVehicleSafety/Teen_Drivers/index.html.

Graduated Driver's Licenses (GDL): Information on Iowa's System for Driver's Under the Age of 18. Iowa Department of Transportation, Motor Vehicle Division. Available online at www.iowadot.gov/mvd//ods.htm.

Teen Driver Crashes: A Report to Congress. July 2008. Available online at www.nhtsa.dot.gov/staticfiles/DOT/NHTSA/Traffic%20Injury%20Control/Articles/Associated%20Files/811005.pdf.

Coming Your Way

Iowa Child Health and Developmental Review:

Revised Edition Now Available

The Iowa Child Health and Development Review (Iowa CHDR—pronounced “cheddar”), age-appropriate health maintenance forms for children birth through age 5 years, have been updated to reflect the American Academy of Pediatrics latest recommendations for anticipatory guidance. In addition, developers have responded to requests from Iowa primary health care providers and developed similar health maintenance forms for older chil-

dren through 17 years of age. Iowa Medicaid has agreed that by using these forms, providers will meet all the required elements of a Medicaid Early and Periodic Screening, Diagnosis and Treatment (EPSDT) screening exam.

The Iowa CHDR, developed by a panel of Iowa primary health care providers and developmental experts, uses a checklist format that can be easily completed by health care providers and nurse teams. In addition to gathering information

about such topics as nutrition, medications, immunizations, and lead screening, the checklists make it simple to gather key information about developmental milestones, social-emotional health, behavior, and family risk factors. The CHDR also prompts providers about age-appropriate topics for anticipatory guidance.

The revised edition of the Iowa CHDR is available to providers for download free at www.iowaepsdt.org.



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