

Child Fatality Task Force
UNAPPROVED Minutes
January 30, 2012

Members: Sen. Austin Allran, Sen. Bob Atwater, Sen. Stan Bingham, Cindy Bizzel, Wallace Bradsher, Dr. Elaine Cabinum-Foeller, Trishana Jones (for Beth Froehling), Sgt Guard (by phone), Martha Sue Hall, Gibbie Harris (by phone), Paula Hildebrand, Rep. Craig Horn, Bill Keller, Kevin Kelley, Karen McLeod, Earl Marett, Dr. Peter Morris, Stephanie Nantz, Sen. Bill Purcell, Dr. Deborah Radisch (by phone), Susan Robinson, Angie Stephenson, Dr. Sarah Verbiest, Rep. Jennifer Weiss, Michael Welch, Alan Dellapenna, Michelle Hughes, Belinda Pettiford

Guests In Attendance: Cliff Braam, Annaleise Dolph, Reggie Flythe, Rob Foss, Arthur Goodwin, Derek Graham, Walter Hinson, Terry Hopkins, Emily Johnson, Catherine Joyner, Maria Kinnaird, Jan Parker, Andrea Lewis, Larry McDonald, Amy Mullenix, Scott Proescholdbell, Krista Ragan, Kelly Ransdell, , Tonya Roberts, Henry Schaefer, Meghan Shanahan, Connie Sessoms, Jacqui Simmons, Melissa Stevenson, Libby Thomas, Christine Weason, Amy Wyatt

Guests By Phone: Cara Derounian, Sharon Rhyne, Maria Small, Catherine Sullivan, Janice Williams

Quick Summary of Action Steps:

- Committee co-chairs were elected: Dr. Elaine Cabinum-Foeller and Michelle Hughes for Intentional Death Prevention; Dr. Sarah Verbiest and Belinda Pettiford for Perinatal Health; Martha Sue Hall and Alan Dellapenna for Unintentional Death. Together with CFTF Co-Chairs Karen McLeod and Dr. Peter Morris, these co-chairs comprise the Executive Committee of the CFTF.
- The CFTF voted to recommend re-introduction of last year's bill requiring scheduled replacement of smoke alarms in rental units with sealed lithium battery smoke alarms.
- The Teen Road Safety Research Workgroup will continue to meet. They will focus on driver education, especially the impact of the \$45 local fee option; strategies for improving parental involvement; use of speed cameras in school zones; and ways to improve seat belt use. Their recommendations will be vetted through the Unintentional Death Committee and a report will be written that will include information on strategies to avoid.
- Committees are meeting to finalize recommendations to the full CFTF. Perinatal Health meets 2/13; Intentional Death prevention meets 2/27 and 3/12; Unintentional Death meets 3/26.

Karen McLeod opened with a moment of silence for all the children who have passed away since our last CFTF meeting.

Martha Sue Hall moved and Dr. Elaine Cabinum-Foeller seconded approval of the October minutes which were unanimously affirmed.

Election of Committee Co-chairs

Karen McLeod moved and Wallace Bradsher seconded approval of the slate of co-chairs for the next two years:

- Intentional Death Prevention: Dr. Elaine Cabinum-Foeller (member) and Michelle Hughes (Benchmarks)
- Perinatal Health: Dr. Sarah Verbiest (member) and Belinda Pettiford (Women's Health Branch, DPH)
- Unintentional Death: Martha Sue Hall (member) and Alan Dellapenna (Injury and Violence Prevention Branch, DPH)

Approval was unanimous. Welcome new Executive Committee!

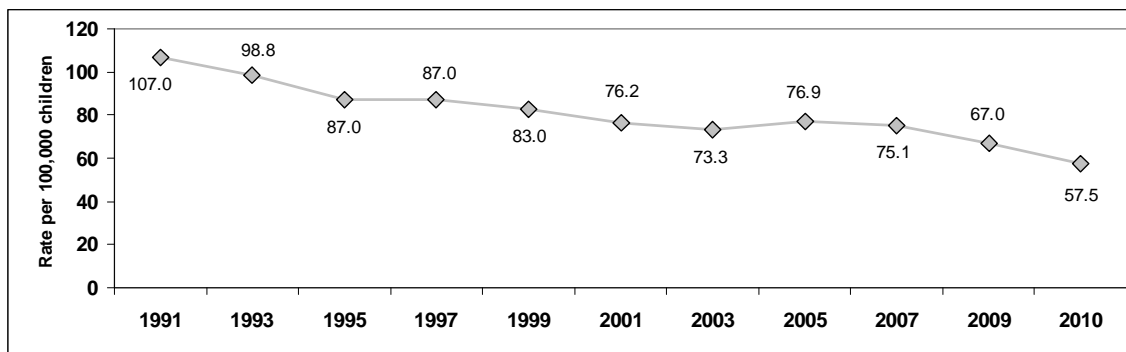
Review of 2010 Child Death Data

Elizabeth Hudgins reported that the child death rate has declined 46% since the inception of the CFTF in 1991 and 2010. Large reductions from 2009 to 2010 were largely driven by a decline in the infant mortality rate. There was no single cause, but rather the data reflect decades of focus, carefully crafted public policy at the both the law and administrative level and strategic, targeted funding. Or, as Peter Morris says, that public policy works to save lives.

More information is available on-line:

<http://www.ncleg.net/gascripts/DocumentSites/browseDocSite.asp?nID=116&sFolderName=\Press%20Releases>

2010 Child Death in NC: 46% Decline from 1991 to 2010 (Birth Through Age 17)



Sen. Purcell asked how NC compared to the rest of the nation. Ms. Hudgins noted that we had been ranked 50 in infant mortality at the start of the Task Force and now we ranked in the 40s. For deaths to children 1-14, which reflect many safety improvements, NC had improved in rank from the 40s to the middle of the pack. Data for older teens is challenging to tease out. Dr. Verbiest added that with the new data and continued improvements, NC's ranking should improve shortly.

Sen. Allran asked about bike helmets and serious injury. Ms. Hudgins was not aware of the specific injury data, but in general, injuries tend to be much more prevalent than death from any given cause for youth. Overall, since the passage of the bike helmet law, death to children under age 15 riding bicycles had declined 60% since the passage of the Child Bicycle Safety Act in 2001.

Rep. Horn inquired about illicit drugs. Ms. Hudgins noted that those deaths would generally show up under poisoning. The leading cause of poisoning deaths in older children was misuse of prescription drugs, generally for recreational purposes. These drugs are usually obtained from the medicine cabinets of family and friends. That is why the CFTF was supportive of the work of Safe Kids NC in prescription drug take-backs which allows parents, grandparents and others to turn in unneeded or expired prescription drugs to designated locations for safe disposal. Kelly Ransdell noted that easy accessibility leads to a false perception of safety. She reported that Safe Kids' Operation Medicine Drop has helped dispose of more than 11 million dosages of prescription drugs including opioids, protecting children, reducing abuse, and keeping them out of streams and other waterways.

Rep. Horn asked for additional information on child deaths related to illicit drugs, including those where drugs contributed to but did not cause the death (such as DWI). Krista Ragan with the Child Fatality Prevention Team in the Office of the Chief Medical Examiner agreed to research this issue.

Sen. Allran noted that the number of SIDS deaths was closer to 50 than its usual 100. Was this due to the Safe Sleep Campaign? Ms. Hudgins noted with one year of data, it could be an anomaly, but that it was certainly important indicator to watch. Janice Freedman from the NC Healthy Start Foundation, which operates the Safe Sleep Campaign, commented that policies have a key role to play, noting that policy changes promoting safe sleep with children in child care centers have helped reduce the number of deaths in child care centers substantially since they've been in place.

Executive Director Report

Elizabeth Hudgins gave the Director's Report.

Breastfeeding: She handed out copies of the Blueprint status report noting that breastfeeding is not only important as one component in helping babies be healthy and reach their first birthday but also a determinant in lifelong health of the infant. The CFTF has been involved with the breastfeeding issue for many years and endorsed efforts to better promote breastfeeding. This report is an update of some of the important work done by our colleagues in this area. Highlights include

- Promoting breastfeeding friendly designation for hospitals
- Making it easier for mothers to breastfeed or express milk at child care providers
- Incorporating a model lactation policy into guidelines with the NC Office of State Personnel. CFTF representatives are sharing this model with the League of Municipalities and the Association of County Commissioners to help promote broader use.

Karen McLeod offered kudos for the well-done report and thanked Rep. Weiss for helping to obtain a pumping room at the General Assembly.

CFTF in national success study: The American Public Health Association and University of Chicago are studying health policy achievement to help determine key elements that foster policy success. They are focusing on the CFTF as one of their 10 case studies. We were chosen in part because of longevity and continued results.

CFTF representation: Ms. Hudgins continue to represent the CFTF on the Safe Kids Steering Committee, Injury and Violence Prevention State Advisory Council, Pediatric Society Committee on Child Abuse and Neglect and the Safe Sleep Advisory Council.

Reports from Committees

Intentional Death Prevention Committee: Michelle Hughes reported on the work of the committee. The Intentional Death Prevention Committee has been taking advantage of the longer period of time between long and short session to step back and review the three causes of intentional and violent child death: suicide, youth violence and homicide by parent or caregiver

We have met three times since October to discuss youth suicide and youth violence. Our February 27th will focus on the prevention of youth homicide by a parent or caregiver and include presentations from

- Dr. Jonathan Kotch from the UNC School of Public Health and Liz Knight of the Injury Prevention Research Center are going to present policy recommendations from LONGSCAN which is a longitudinal study of over 1300 children from 5 different states (including NC) that looked at the antecedents and consequences of child maltreatment.
- Sarah Currier from Prevent Child Abuse North Carolina about the resources and strategies needed to implement evidence-based prevention programs with fidelity.

She extended a special invitation to participants with Perinatal Health to also attend.

In the three meetings we have had to discuss youth suicide and youth homicides, four key “themes” have emerged: surveillance; screening and community linkages; evidence-based mental health treatment; and prevention.

Recommendations that will be considered will likely include:

- Maintain existing support for surveillance efforts and monitor policies/funding cuts that would reduce data robustness
- Support administrative efforts to improve e-codes;
- Maintain existing support for evidence-based prevention, screening and treatment programs for FY12-13;
- Monitor policies that would change access to lethal means by depressed or suicidal teens.

Recommendations for long-session in 2013 will need further resolution but at least some of the following will likely be explored:

- Institutionalize funding and support for the Child Treatment Program so that we can assure evidence-based mental health treatment for children and youth is available in NC and is done with fidelity;
- Support increased screening and stronger linkages to appropriate medical/mental health treatment for children and youth with mental illness and trauma symptoms ; and
- Promote greater use of Evidence Based Programs (EBP) implemented with fidelity (including rostering, coaching, data collection/program evaluation, preparation time) to build resiliency and prevent death, violence and other negative outcomes.

Sen. Purcell noted that often when people commit suicide no one suspected that anything was wrong. Are there ways to tease out the signs and better educate parents and others about key concerns? Alan Dellapenna noted that the ASIST training currently used in NC has the symptoms clearly delineated. Susan Robinson noted that it included a “post vention” strategy to help reduce suicide “contagion” (when multiple suicides occur after one teen kills him/herself).

Perinatal Health Committee: Dr. Sarah Verbiest reported her delight that Belinda Pettiford will be joining her as co-chair. The next meeting of the Perinatal Health Committee will be for three hours February 13th to hear and finalize recommendations for the full CFTF. The work of the NC Birth Equities Council continues. About 60 participants joined an October meeting and 20 more experts, including CFTF members Peter Morris and Gibbie Harris, have agreed to serve on the leadership team.

Dr. Verbiest recently represented the CFTF/PHC at a Health Resources and Services Administration (HRSA) meeting. Many colleagues around the nation were impressed with NC’s strategies to reduce infant mortality and disparities. Given this work, it is highly likely that NC will not continue to languish in the bottom of the US when it comes to infant mortality rates.

North Carolina’s Pregnancy Medical Home efforts are going well. This initiative helps provide a medical home for pregnant women where best practices are used. She noted that prolonged and sustained efforts lead to a decline in both infant mortality and likely illness as well. So far, more than 300 practices have agreed to participate in pregnancy medical homes. Many efforts advanced by the CFTF – such as Folic Acid and 17P - have been incorporated into the best practice model. Folic acid is a vitamin women take before they become pregnant. A campaign to improve folic acid consumption has helped contribute to more than a 70% decline in neural tube defects; 17P decreases the risk of pre-term birth in women who have already delivered at least one baby early. Babies born prematurely often have health conditions and/or developmental delays. Perinatal conditions and birth defects are the

leading causes of infant mortality. It is important that efforts to improve birth outcomes look at preconception health more broadly and that each year we make continued progress.

Unintentional Death Committee: Martha Sue Hall reported on behalf of the committee. She noted that the committee was vetting issues on synthetic drugs and tanning beds. One recommendation was ready to bring to the full CFTF.

In 1995, the CFTF recommended that landlords install smoke alarms in rental units. Since that time, the number of children killed by fire and flame has declined by 44%. However, fire and flame remains a leading cause of death for children ages 5 to 9. Often, fires occur in homes where the batteries in smoke alarms were not working, either because they were old or because they had been taken out (and perhaps used in another device). Last year upon CFTF recommendation, Sen. Bingham sponsored legislation (S354) to require that as landlords replace conventional battery alarms they substitute sealed lithium battery devices. The bill passed the Senate 50-0. However, it was used as a vehicle for unrelated legislation during a special session. Sen. Bingham is willing to re-introduce the measure. The measure could be eligible for consideration during short session as a recommendation of a study commission, such as the CFTF. Upon motion from the UDC, the CFTF unanimously affirmed recommendation of a measure to require replacement of conventional battery alarms with sealed lithium battery smoke alarms in rental units.

Findings of Teen Safety Research Workgroup

Stephanie Nantz, who chairs the Workgroup, thanked all the participants for their time and insight. She acknowledged members of the workgroup:

- Jennifer Woody, Injury and Violence Prevention Branch at the Division of Public Health
- Krista Ragan, Office of the Chief Medical Examiner
- Brenda Edwards, Local Child Fatality Prevention Teams
- Cliff Braam, Department of Transportation, Traffic Safety
- Alan Dellapenna, Injury and Violence Prevention Branch at the Division of Public Health
- Paula Hudson Hildebrand, Dept. of Public Instruction and CFTF member
- Reginald Flythe, Wake County Public Schools Driver's Education
- Harriett Southerland, Students Against Destructive Decisions
- Rob Foss, Highway Safety Research Center
- Connie Sessoms, Charlotte Mecklenburg Schools Drivers Education Program
- Author Goodwin, Highway Safety Research Center
- Berkeley Yorkery, North Carolina Institute of Medicine
- Joshua DeFisher, Department of Transportation
- Sheila McAdams, Division of Motor Vehicles
- Meghan Shanahan, Injury Prevention Research Center
- Andrew Cagle, Sheriff's Association
- JD. Everett who participated in our meetings but retired and has been replaced by Larry McDonald, Driver's Education Coordinator at Department of Public Instruction

The workgroup met three times and pulled in experts from many areas to gather data and review research on the important topic of teen road safety. The workgroup's preliminary findings will be presented to receive CFTF's guidance on what direction to take next, where to focus future work and what, if any, areas should be "let go of."

Teen Road Safety is an issue that we all care deeply about. The problems are complex and there are not simple solutions. Our group carefully analyzed the issue by reviewing existing data and research. We debated, sometimes passionately, on what actions we might take that would prevent these tragedies. Some of our most publicized and heartbreaking stories, such as child injuries and fatalities resulting from underage drinking and diving, actually represent a very small percent of child automobile related fatalities. We also know that new drivers are a high risk group and that lack of seatbelt use continues to be a leading contributor of child automobile injuries and deaths.

Dr. Rob Foss then reported on How NC has Led the Nation in Reducing Adolescent Injury and Death in Motor Vehicle Crashes. He noted that the structure of the CFTF provided a mechanism for using science to inform policy decisions. Thus, when research pointed to a Graduated Driver License system as way to improve teen driving and reduce crashes and death, the CFTF was able to use the information to craft and forward sound policies that have helped lead to a 38% reduction in crashes of 16 year olds and a 20% reduction in crashes of 17 year olds.

He noted many complexities in the data, including the difference in teen drivers. For example, alcohol is not a major factor for crashes for young teen drivers in high school, but is for older teen drivers of college age (18-22). Supervised driving is very safe. Gaining experience is key and more experience results in fewer crashes regardless of the age of starting to drive. Data from a variety of countries with different license ages shows more than a 40% reduction in risk of crash after 18 months of licensed driving.

While there are many proven strategies for reducing young driver crashes overall, NC has already adopted all of them. Given the complexity of influencing human behavior, moving forward will require careful research and attention to the science.

Rep. Weiss asked how many accidents with young drivers are with drivers who do not have permission to be using the family car. Dr. Foss noted that overall compliance of driving rules among this age group was high, but that specific data on that question was not available.

Earl Marett asked about crashes around schools and their start and dismissal times. Dr. Foss noted that was a time many teens drove and thus crashes were high.

Rep. Weiss clarified that the problem was inexperience for the youngest drivers while willful misbehavior (such as alcohol use) was more prevalent in older teens and young adults. Dr. Foss concurred.

Rep. Weiss sought information about distracted driving among youth. Dr. Foss said distracted driving in general was a puzzling phenomenon since there were more distractions (cellphones, texting, etc.) but the data on crashes did not show an increase. Cliff Braam noted that it is challenging to link a crash to distraction as people are reluctant to volunteer information stating that they were engaged in a distracted behavior such as talking on the cell phone

Sen. Bingham asked about the role of speeding in crashes. Dr. Foss noted that speeding was a huge factor for crashes and, particularly in fatal crashes, is more common among younger drivers who often have a hard time managing their speed.

Connie Sessoms spoke about the Benefits of a Strong Driver Education Program. His presentation and well as links to driver education best practice are on line (under Unintentional Death, Teen Road Safety). Driver education helps equip learning drivers with the basic skills they need to drive safely

and return home safely. Just in the Charlotte Mecklenburg Schools they teach 13,000 teens to drive each year. But driving is a lifelong learning process and driver education is just the start. North Carolina is already implementing many good practices by keeping students at the core of the instruction. It is critical that driver education remain part of the curriculum through the Dept. of Public Instruction so that standards can be uniform and high.

Some possible standards are expensive – such as simulators which can cost \$150,000 per school. Others, such as encouraging parent participation, are lower cost. Infrastructure for maintaining standards is in jeopardy. The teacher training at ECU is on the verge of being eliminated which would impede the ability of the driver education program to provide needed instruction for teachers.

Driver education alone will not eliminate collisions. Younger drivers make mistakes. That is why insurance costs are high and why rental companies have minimum ages.

Driver education coupled with the graduated driver licenses is a proven combination to reduce crashes and deaths of teen drivers.

Elizabeth Hudgins presented on the findings of the group. Her full presentation is available on-line (under Unintentional Death, Teen Road Safety). She noted that motor vehicle crashes were the leading cause of death for NC teens. Different factors lead to crashes (immaturity; inexperience) than to fatal crashes – speed and failure to wear a seatbelt. She noted that human behavior is hard to change and that certainty of being caught tends to matter more than severity of punishment for deterrence. She stated that the work group suggested keeping what works – namely GDL, seat belt laws and driver education. She noted that the \$45 fee on driver education was a concern. She talked about the promise of speed cameras in school zones as a strategy to protect student pedestrians and model good driving to younger children. For speed, the Work Group looked at establishing administrative courts as a way to increase the certainty of being caught and punished.

She noted the work group was mixed on seatbelts. Failure to wear seatbelts is a leading cause of death in motor vehicle accidents for teens in NC and fines (\$10 to \$26) are far out of line with other fines. However, seat belt use among teens is high and current research doesn't yet offer strategies for how to improve it more.

The need for parent involvement was a recurrent theme, whether it was involving parents more in driver education (letting parents know students were working on left hand turns, for example) or educating parents about better ways to teach/model driving. However, again, this is not an area where science has ready answers. Additional research to determine and evaluate best models would be needed before going forward with a statewide policy. Such research would require an investment of funds.

Ineffective strategies – such as reducing supervised driving time, relying on fear in education campaigns, or increasing the hassle factor of getting a GDL – should be avoided. Since teen safe driving is often part of a bigger picture, maintaining and developing partnerships to promote road safety is also important.

Sen. Allran asked about the Level 3 limits. Dr. Foss noted it was essentially a full license except for drivers were not to talk, text or drink alcohol. Also warning letters from DOT to tell you that you are racking up infractions after a fewer number of points have been accumulated than is the case for adult drivers. Sen. Allran clarified these were license points however the “acceptable” threshold for youth was lower than for adults. Cliff Braam noted that the points were not criminal but that if you get

enough points you can lose your license. Stephanie Nantz added that insurance points are separate and also a concern for people because of related cost.

Sen. Allran asked how young a person could be when they started the GDL process or taking driver education. Connie Sessoms answered that students can start his class at 14 ½ and can get a level 1 license at age 15.

Dr. Sarah Verbiest asked about parent education – key decision points, ideal time to let your child start driving; how to assess readiness? Karen McLeod asked about the process for engaging parents in driver education.

Connie Sessoms explained that no set rules were in place. In Charlotte-Mecklenburg Schools, they send a letter home to the parents. A permission slip is required to participate in Driver Education. There is a parent/teen driving manual that chronicles what a child has gone through in class and what they are doing now. The manual talks about modeling good behavior. Dr. Foss noted that there was a great deal of interest in this topic among young driver researcher and that parents are ideally positioned to promote and coach good driving skills. However, there is a lack of scientific evidence for how to help parents, nor is there enough understanding of what they should be doing. There has not been much interest in this topic until about 5 or 10 years ago and there has not been adequate research funding to devise and test programs.

Sen. Bingham was concerned about lack of driver education consistency statewide. He asked the panel if that was something that should be addressed, especially if there were particularly good programs that should be advanced. He mentioned having heard about efforts in Oregon that were successful. Dr. Foss replied that Oregon had some success with statewide standards for driver education, but that they were starting at a very low base there had previously been no driver education program.

Sen. Allran asked about funding to DPI for Driver Education, something that the CFTF has supported in the past. Paula Hildebrand replied that Sec. Atkins and Sec. Conti have put funding in place through September 2013 for a position to monitor driver education in NC public schools. There are efforts to make the funding permanent. Sen. Allran asked how long the position had been filled. The reply was 9 months. He requested a report back on the effectiveness of the position.

Ms. Hildebrand noted that DPI was interpreting the recent driver education legislation to focus on a statewide curriculum that included motorcycle safety and monitoring of current teacher positions.

Sen. Allran asked Dr. Foss his opinion of its effectiveness. Dr. Foss said that notable changes were unlikely to be demonstrated in the 9 months but that effectiveness was likely. Reggie Flythe with Wake County Schools noted that speaking from a school perspective there was a strong benefit in having a point person to whom questions could be directed.

Rep. Weiss echoed Sen. Allran's request for information about the standards were in place and their effectiveness. She is concerned that while we may be improving the program and accountability, the \$45 fee is reducing access to both driver education, and then to GDL (which requires driver education to participate).

Mr. Flythe noted that Wake County had seen a 20% reduction in the number of students taking the course. In addition to less training, the uncertainty caused a problem administratively.

Rep. Weiss said she did not want to be on the road with untrained drivers. She was concerned that we were breaking a system that had been working fairly well. She was hopeful that the CFTF would strongly consider eliminating the \$45 fee enacted as a local option in the current year budget.

She also noted that she was working on a comprehensive project with the Healthy Living Curriculum. As she goes into classes of 5th graders, she notes great receptivity to safe messages and a willingness to take those messages back to parents.

Ms. Hildebrand noted that DPI was directed to report back on June 15th with many specifics.

Earl Marett asked about if there were studies on lack of insurance and driver education. Dr. Foss noted that it was hard to get that type of information to even have a sense of the scale of the problem.

Martha Sue Hall asked when the \$45 fee started. Mr. Flythe noted that the option began on July 1 but that certain procedures had been in place to collect the money and handle other logistics. Thus Wake County did not start until mid-July.

Ms. Hall then asked if the money went to the local level or state level. Rep. Weiss explained that the state had funded driver education in the past. The most recent budget reduced those funds and provided an option for localities to pick up the cost or charge a fee. She noted that the next year budget was already being written and that information from DPI prior to June 15th could be useful.

Karen McLeod echoed Rep. Weiss' concern that the CFTF seriously look at the \$45 fee and explore getting a fiscal note about how much more is needed and the impact to localities for administrative costs. Ms. Hildebrand noted that localities charging the fee are monitoring the expense as well. Ms. McLeod wondered what the duplication costs were in having 114 LEAS administer the fee. Dr. Foss noted that the \$45 fee was penny-wise and pound foolish. The cost in NC of injuries to teens occurring in 2006 alone was estimated in excess of \$1.1 billion. Ms. McLeod noted that the CFTF will work to gather helpful information to provide to leadership prior to June.

Janice Williams asked what new drivers at 18 – who have not had driver's education and do not go through the GDL process – look like. Mr. Sessoms noted that that 18 year old would look very much like the "old" 16 year old in terms of inexperience, crashes and death. He also noted that teens don't need to drive as much as they used to since now they can connect over Facebook instead of by meeting at the mall.

Dr. Verbiest expressed strong interest in resources for parents, a sentiment echoed by Susan Robinson.

Kelly Ransdell reported that Safe Kids has a Count Down to Driving but that their focus is on children ages 11 to 14, so prior to driving. Perhaps something through the Governor's Safety Highway Program would be more effective. Safe Kids would be happy to work with Bill Hall at the Highway Safety Research Center through their Buckle Up program to help consolidate resources onto one website.

Alan Dellapenna noted that GDL has a parental involvement requirement through supervised driving and the recent driver log. However parent training is not part of that requirement. Ms. McLeod noted that there may be leverage through insurance companies to promote better parental training and involvement.

Ms. Dellapenna also noted the low fines on seat belts and the importance of looking at occupant protection. He shared that experts at the recent Speed Symposium noted that law enforcement spend a

lot of time writing tickets that could be handled by speed cameras. He suggested returning to the CFTF focus on speed cameras in school zones.

Sen. Purcell had questions about cellphones, texting and hands-free devices. Dr. Foss noted that research is mixed about the effectiveness of bans in reducing collisions even though multiple studies show that distracted driving is a very real danger. Rep. Weiss noted that the National Transportation Safety Board recently recommended a ban on all cellphone (hand-held and hands-free). Dr. Foss added that the national groups were mixed, with the Governors Highway Safety Association was more hesitant about bans, given the lack of evidence on their effectiveness (even while recognizing the dangers of distracted driving).

Sen. Allran asked if the North Carolina GDL restriction, banning all phone use by teens with a GDL license, had had an effect on teen cell phone use while driving. Dr. Foss responded that, based on two studies they have done, observed use does not appear to have been affected.

Cliff Braam noted that the current law has exclusions – such as use in an emergency or calling a parent. This makes it hard to enforce.

Sen. Allran asked if the only way to do anything with the cell phone is to ban it outright. Mr. Braam agreed. He noted that the collision report has a line asking the question if a cell phone was in-use but self-reporting is low for both talking on a cellphone and driving unbuckled. He added that he agreed with Mr. Dellapenna that the level of fine could make a difference in seatbelt use and that failure to wear a seatbelt did not carry insurance points.

Mr. Dellapenna responded that if the problem with the cell phone ban was the exception, it seemed to make more sense to get rid of the exception than to get rid of the ban. If a driver had to submit to alcohol testing without a search warrant, could not the same logic be applied to looking at cell phone logs to see when the last call/text ended?

Ms. McLeod asked for a comment from Sheriff Welch who noted that local partnerships were important. The Honorable Bradsher added that such infractions were hard to enforce and that people were likely to go into diversion programs.

Ms. McLeod followed up wondering if it was better to ban cell phone use completely. Mr. Bradsher stated that he was not willing to say that. We have other interventions and don't want to legislate parents out of their children's lives.

Kelly Ransdell noted that seatbelt use in NC is flat. While it is very high, it has not improved and the state is under some pressure to see improvement. She noted the need to bring in more stakeholders. For example, the next *Click It or Ticket* Campaign could focus on teens as well as traffic units focusing on seat belt enforcement.

Sen. Purcell lifted up the importance of the educational component of the state debate and law passage in changing behavior.

Sen. Allran noted that he had sponsored the bill to increase the fine for speeding in school zones, which was often contentious. He'd be interested to see the ameliorating effect – if any – that has had.

The meeting adjourned. The next meeting of the full CFTF is April 16th at Wake Med.