



# THE DRIVING FORCE RECOMMENDATIONS

JANUARY  
2007

Recommendations To Decrease Fatalities and Injuries On Kansas Roadways

**Safer Driving,  
Safer Roads.**  
**KANSAS**

# *The Driving Force*

---

700 SW Harrison, 2-West  
Topeka, KS 66603  
(785) 296-3276  
safedriving@ksdot.org

January 16, 2007

Dear Kansas citizens, officials, and businesses:

On behalf of the 24 members of the *Driving Force*, we submit to you our recommendations for reducing fatalities and injuries on Kansas roadways. These recommendations are meant to address needs in the areas of education, enforcement, emergency services, and engineering. We greatly appreciate the input we received from citizens and officials from around the state.

The members of the *Driving Force* were honored to have participated in this important effort. We stand ready to offer assistance as these recommendations are considered and implemented.

Sincerely,



Jeff Boerger, *Driving Force* Co-Chair



Darlene Whitlock, *Driving Force* Co-Chair

cc: *Driving Force* task force members

---

*The Driving Force is part of Kansas' Safer Driving, Safer Roads campaign.  
The goal is to reduce the number of fatalities and injuries on Kansas roadways.*

# Table of Contents

---

<i>Driving Force Members</i> .....	ii
<b>Executive Summary</b> .....	1
<b>Introduction</b> .....	5
<b>Recommendations</b>	
Occupant Protection .....	7
Novice Drivers .....	12
Impaired Driving .....	18
Trauma Care .....	22
Emergency Medical Services .....	24
Older Drivers .....	26
Judiciary Process .....	29
Roadway .....	31
Commercial Motor Vehicles .....	33
Distracted Driving .....	37
Data .....	40
Future Implementation .....	43
<b>Scheduling</b> .....	44

# Driving Force Members

---

## Co-Chairs

**Jeff Boerger**, President,  
Kansas Speedway  
Kansas City

**Darlene Whitlock**,  
Trauma Project Coordinator,  
Stormont-Vail HealthCare  
Topeka

## Members

**John Calhoon**,  
Atchison County Sheriff  
Atchison

**Vernon Chinn**,  
Pratt County Sheriff  
Pratt

**Sheri Christy**,  
Landstar Ranger Trucking Company  
Salina

**Tara Griffith**,  
State Farm External Relations,  
Kansas Market Territory  
Overland Park

**Representative Oletha Faust-Goudeau**,  
Wichita

**Mary Getto**,  
Director of Curriculum & Education, USD 430  
Meriden

**Jim Hanni**,  
Executive Vice-President, AAA of Kansas  
Topeka

**Holly Higgins**,  
Kansas Farm Bureau  
Manhattan

**Mitch Jewett, RN**,  
Emergency Department Manager,  
Newton Medical Center  
Newton

**Heather Jones**,  
Franklin County Attorney  
Ottawa

**Roy Keller**,  
AARP Kansas  
WaKeeney

**Lt. Russ Lamer**,  
Salina Police Department  
Salina

**Jim McLean**,  
Vice-President for Public Affairs,  
Kansas Health Institute  
Topeka

**Angie Nordhus**,  
Executive Director, State Child Death Review  
Board – Office of the Attorney General  
Topeka

**Tina Ortiz**,  
Seward County Health Department  
Liberal

**Bob Prewitt**,  
Director, Finney County EMS  
Garden City

**Rev. Carol Rahn**,  
First Presbyterian Church of Colby  
Colby

**Steve Rust**,  
Kansas Turnpike Authority  
Wichita

**Lance Saylor**,  
President and General Manager,  
Southeast Broadcasting  
Pittsburg

**Gena Stanley**,  
Superintendent, Wheatland USD 292  
Grainfield

**Mark Wendt, DO**,  
Family Medicine and ER  
Medicine in Chanute & Emporia  
Chanute

**Tom Whitaker**,  
Executive Director,  
Kansas Motor Carriers Association  
Topeka

# Executive Summary

---

## The Problem

Fatalities and injuries on Kansas roadways are of epidemic proportions. In 2005, 428 people were killed in motor vehicle crashes in the state and another 22,723 suffered nonfatal injuries.

Kansas ranks very low in two important statistics that contribute to the number of deaths and injuries from motor vehicle crashes.

- Kansas ranks 43<sup>rd</sup> among the states in adult safety belt use.
- Less than half of Kansas children age 5-14 wore safety belts in 2005.

Fatal and injury crashes cost each Kansan more than \$1,015 a year. In 2004, the total cost was nearly \$3 billion.

## Unique Cross-Agency Endeavor

In response to the number of fatalities and injuries on the state's roadways, Kansas Department of Transportation Secretary Deb Miller, Kansas Highway Patrol Colonel William Seck, and Kansas Department of Health and Environment Secretary Roderick Bremby came together in a unique cross-agency endeavor, called the Kansas Safe Driving Campaign. In an effort to raise awareness about the number of fatalities and injuries on Kansas roadways, Secretaries Bremby and Miller, and Colonel Seck hosted six community forums across the state in Spring 2005. These forums started a discussion with citizens, city and county officials, and legislators about their thoughts

on traffic crashes and the impact they have on everyone. Traffic safety was highlighted as a multi-faceted problem with no single solution.

## *Driving Force* Announced

Experience over the years has shown that agency recommendations alone do not carry the weight that citizen recommendations do. With that in mind, the three agencies formed a task force of representatives from across the state to tackle this ever-increasing problem. The task force, named the *Driving Force*, was announced by Governor Kathleen Sebelius in February 2006. The *Driving Force* was charged with recommending ways to reduce the number of fatalities and injuries on Kansas roadways.

The *Driving Force* is made up of more than 20 leaders from across the state. Task force members represent a wide variety of businesses and groups that have unique perspectives on traffic safety issues. The *Driving Force* is led by Co-Chairs Jeff Boerger, President of Kansas Speedway, and Darlene Whitlock, Trauma Project Coordinator for Stormont-Vail HealthCare in Topeka.

The task force met seven times at different locations around the state and looked at the areas of traffic safety impacted by education, enforcement, emergency services, and highway engineering. They heard presentations from experts in various areas related to traffic safety, and the public was given the opportunity to participate at the meetings.

The following is a list of dates and cities of *Driving Force* meetings:

- Meeting 1 – April 7 – Salina
- Meeting 2 – May 3 – Topeka
- Meeting 3 – May 22 – Overland Park
- Meeting 4 – June 13 – Hutchinson
- Meeting 5 – July 19 – Garden City
- Meeting 6 – August 10 – Hays
- Meeting 7 – September 7 – Wichita

## Areas of Study

Early in the process, the task force identified 11 major areas for detailed discussion and study that affect traffic safety, including:

- occupant protection (including safety belts, child passenger restraint, motorcycle helmets, etc.)
- novice drivers (primarily teenage drivers)
- impaired driving (driving under the influence of drugs or alcohol)
- trauma care
- emergency medical services
- older drivers
- judiciary process

- roadway
- commercial motor vehicles
- distracted driving
- data (including traffic and crash data)

These areas broadly cover issues that directly impact the safety of the traveling public and are key to helping reduce fatalities and injuries on Kansas roadways.

## Recommendations and Implementation

The *Driving Force* identified a number of important recommendations that require a significant amount of time and effort to implement. Task force members decided that the recommendations should be phased into a three-year plan so that sufficient effort and resources could be concentrated on each issue to ensure their achievement. This will result in a number of important issues being delayed until a future year.

**The following action is recommended by year and by topic area.**

## Year One Recommendations

### Occupant Protection

- Pass legislation enacting a standard (primary) safety belt law for all vehicle occupants, and impose a \$60 fine.
- The Kansas Department of Transportation should identify funding and develop a comprehensive motorcycle safety program.
- Continue to develop strong media campaigns aimed at increasing the safety belt usage rate.

### Novice Drivers

- Pass legislation strengthening the Kansas graduated driver's licensing system to protect our youngest and most vulnerable drivers.
- Ensure that monies collected through driver's license fees for funding driver's education in Kansas high schools only are used for that purpose.

*Continued on next page*

*Continued from previous page*

## **Year One Recommendations**

### **Impaired Driving**

- Design a process to determine the effectiveness of current processes to prevent, enforce, and adjudicate impaired driving offenses, paying particular attention to recommendations made in the Impaired Driving Assessment held in July 2006.
- Expand current media campaigns to educate the public on the consequences of Driving Under the Influence (DUI) and Minor In Possession (MIP) convictions.

### **Trauma Care**

- Support the growth of trauma care in Kansas by having a minimum of a Level III trauma facility in each of the six health care regions in Kansas.

### **Commercial Motor Vehicles**

- Support legislation requiring Medical Review Officers to report a commercial vehicle driver's positive drug test and return-to-duty negative test to the Division of Motor Vehicles to be included on the driver's motor vehicle record.
- Support the Kansas Highway Patrol's efforts of traffic enforcement around large trucks, using federal grant funding.

### **Emergency Medical Services (EMS)**

- Conduct further study, involving the Kansas Board of Emergency Medical Services, to address the needs of emergency medical services (EMS) in Kansas, starting with an updated EMS assessment by the National Highway Traffic Safety Administration (NHTSA).

### **Roadway**

- Utilize shoulder and centerline rumble strips where applicable.
- All Kansas governmental jurisdictions should continue to make roadway improvements based on current engineering standards.

### **Distracted Driving**

- Recognize cell phones and emerging technologies as a growing traffic safety concern, and the Kansas Department of Transportation should monitor data and studies regarding the impact of using cell phones and other devices.

### **Future Implementation**

- Create an entity to set the agenda for future implementation of the *Driving Force's* recommendations.

## Year Two Recommendations

### Novice Drivers

- Educate all ages of Kansas children about traffic safety issues by making it a part of the Kansas Board of Education curriculum taught in elementary through secondary classrooms.

### Impaired Driving

- Increase the driver's license suspension for those with three or more convictions of Minor in Possession (MIP) from one year to as much as to the age of 21.
- Pass legislation creating a mandatory suspension of driving privileges with a conviction of using false identification to purchase alcohol under the age of 21.
- Pass legislation requiring health care professionals to report drivers impaired by alcohol or drug use to local law enforcement.

### Older Drivers

- Evaluate the use and administration of the driver medical review process.

### Judiciary Process

- Pass legislation to fund a statewide data repository system to track citations, adjudications, and diversions, including fines collected as a result.
- The Kansas Department of Transportation should establish a court monitoring system.

### Data

- Implement the recommendations from the Traffic Records Assessment held in March 2006 and pursue efforts to secure additional funding for implementing the recommendations through grants or an increase in fees for traffic violations.

## Year Three Recommendations

### Occupant Protection

- Pass legislation requiring all motorcycle riders to wear helmets.

### Trauma Care

- Require hospitals to provide traffic safety and trauma care education to emergency department nurses.

### Older Drivers

- Evaluate the driver's license renewal process for all drivers.

### Data

- Enhance current state statute to give the Secretary of Transportation the option of withholding 5 percent of special city/county highway funds from entities that are late to report traffic crash information.
- Create a uniform traffic citation form so that consistent data can be gathered across the state.



# Introduction

---

## The Problem

Fatalities and injuries on Kansas roadways are of epidemic proportions. Traffic crashes are the number one killer of children, teenagers, and adults under the age of 34. In 2005, 428 people were killed in motor vehicle crashes in the state and another 22,723 suffered nonfatal injuries.

Kansas ranks very low in two important statistics that contribute to the number of deaths and injuries from motor vehicle crashes.

- Kansas ranks 43<sup>rd</sup> among the states in adult safety belt use.
- Less than half of Kansas children age 5-14 wore safety belts in 2005.

Fatal and injury crashes cost every Kansan more than \$1,015 a year. In 2004, the total cost was nearly \$3 billion.

## Unique Cross-Agency Endeavor

In response to the number of fatalities and injuries on Kansas roadways, Kansas Department of Transportation Secretary Deb Miller, Kansas Highway Patrol Colonel William Seck, and Kansas Department of Health and Environment Secretary Roderick Bremby came together in a unique cross-agency endeavor, called the Kansas Safe Driving Campaign. In an effort to raise awareness about the number of fatalities and injuries on Kansas roadways, Secretaries Bremby and Miller, and Colonel Seck hosted six community forums across the

state in Spring 2005. These forums started a discussion with citizens, city and county officials, and legislators about their thoughts on traffic crashes and the impact they have on everyone. Traffic safety was highlighted as a multi-faceted problem with no single solution.

## *Driving Force* Announced

Experience over the years has shown that agency recommendations alone do not carry the weight that citizen recommendations do. With that in mind, the three agencies formed a task force of representatives from across the state to tackle this ever-increasing problem. The task force, named the *Driving Force*, was announced by Governor Kathleen Sebelius in February 2006. The *Driving Force* was charged with recommending ways to reduce the number of fatalities and injuries on Kansas roadways.

The *Driving Force* is made up of more than 20 leaders from across the state. Task force members represent a wide variety of businesses and groups that have unique perspectives on traffic safety issues. The *Driving Force* is led by Co-Chairs Jeff Boerger, President of Kansas Speedway, and Darlene Whitlock, Trauma Project Coordinator for Stormont-Vail Hospital in Topeka.

The task force met seven times at different locations around the state and looked at the areas of traffic safety impacted by education, enforcement, emergency services, and highway engineering. They heard presentations from experts in various areas related to traffic safety,

and the public was given the opportunity to participate at the meetings.

The following is a list of dates and cities of *Driving Force* meetings:

- Meeting 1 – April 7 – Salina
- Meeting 2 – May 3 – Topeka
- Meeting 3 – May 22 – Overland Park
- Meeting 4 – June 13 – Hutchinson
- Meeting 5 – July 19 – Garden City
- Meeting 6 – August 10 – Hays
- Meeting 7 – September 7 – Wichita

## **Areas of Study**

Early in the process, the task force identified 11 major areas for detailed discussion and study that affect traffic safety, including:

- occupant protection (including safety belts, child passenger restraints, motorcycle helmets, etc.)
- novice drivers (primarily teenage drivers)
- impaired driving (primarily driving under the influence of drugs or alcohol)
- trauma care
- emergency medical services
- older drivers
- judiciary process
- roadway
- commercial motor vehicles
- distracted driving
- data (including traffic and crash data)

These areas broadly cover issues that directly impact the safety of the traveling public and are key to helping reduce fatalities and injuries on Kansas roadways.

The following sections provide the *Driving*

*Force's* recommendations to reduce fatalities and injuries on Kansas roadways. Each section also contains background information and outlines the issues that the recommendations address.

# Driving Force Recommendations

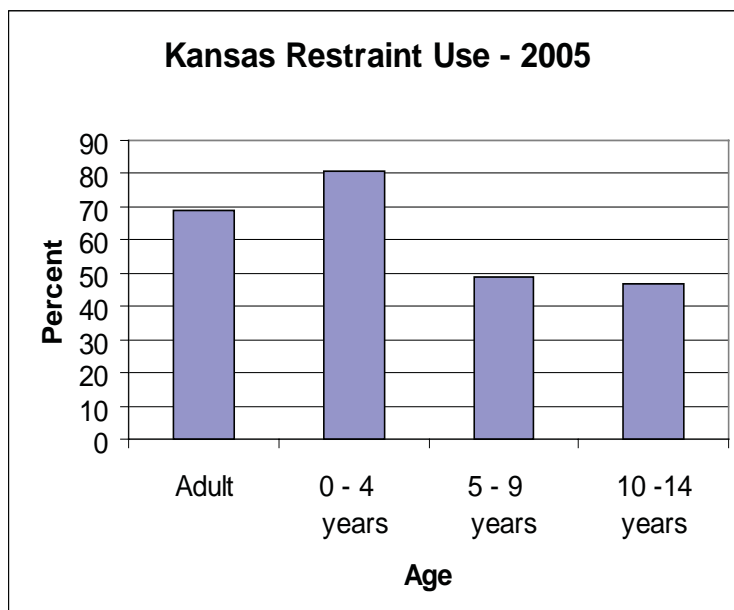
## OCCUPANT PROTECTION

### Background

In spite of an increasing number of drivers and vehicles on the road, Kansas has experienced downward trends in the rates for total crashes, fatality crashes, and injury crashes over the last three decades. While this trend points to positive change, still every year approximately 450 motorists lose their lives on Kansas roadways, and another 20,000 are injured.

One specific area of concern is occupant protection. In 2005, 245 of 350 vehicle occupant deaths (70 percent) in Kansas were unrestrained. The adult safety belt usage rate in 2005 was 69 percent, which ranked Kansas 43<sup>rd</sup> out of the 50 states. In the state's child safety seat survey, 81 percent of 0 – 4-year-olds were properly restrained, but only 49 percent of 5-9-year-olds and 47 percent of 10-14-year-olds were buckled in. Men between the ages of 18 and 34 are the least likely to use a safety belt and therefore are at the greatest risk. Nationwide in 2004, 73 percent of men ages 18 to 34 who were killed in crashes were not wearing their safety belts.

The Kansas Safety Belt Use Act (KSA 8-2501) went into effect in July 1986. It is a secondary law. Drivers can be cited for this violation only in combination with a separate



moving violation. The fine is \$10, including court costs. The Kansas Child Passenger Safety (CPS) Act (KSA 8-1344) is a standard (primary) law. It requires all children under the age of 4 to be in federally-approved child safety seats. A new provision, passed in 2006, mandates children age 4, but under the age of 8, to be in federally-approved child safety/booster seats unless the child weighs more than 80 pounds or is taller than 4 feet, 9 inches. Children 8 years of age, but under the age of 14, must be protected by safety belts. Conviction for a CPS violation carries a \$20 fine plus court costs; however, on July 1, 2007, this fine will increase to \$60 plus court costs.

**The Kansas Department of Transportation is implementing the following strategies to save lives and reduce the number of injuries from traffic crashes:**

- Special Traffic Enforcement Program – STEP provides overtime funds for more than 120

local law enforcement agencies and the Kansas Highway Patrol to participate in up to four holiday campaigns each year. In May 2006, an optional *Buckle Up in Your Truck* campaign was added for special emphasis on the targeted 18 – 34 year-old male pickup truck driver.

- Kansas Safety Belt Education Office – The office supports the Boosters to Belts program, CPS instructors, technicians, and advocates. It conducts the annual observational surveys to calculate Kansas' safety belt usage rate, and it provides educational programs and materials for audiences of all ages.
- CPS Seat Distribution – Approximately 2,600 child safety seats are purchased each year and distributed to safety seat fitting stations across the state. This number will increase in July 2007. As a result of the newly-passed booster seat law, Kansas will be eligible for federal funds (under Section 2011 of the Safe, Accountable, Flexible, Efficient Transportation Equity Act: A Legacy for Users), which can be used to purchase safety seats. Additionally, KDOT will contract with school districts to purchase and promote booster seats.
- PTA/PTO – These organizations work closely with school-based organizations to promote safety initiatives in and around schools.
- Novice Driver Education/Media – These efforts provide educational materials and resources for safe driving programs in high schools, as well as funding for school resource officers to determine educational resource needs.
- Traffic Awareness Survey – The survey provides a phone or Internet survey of Kansas' target population regarding safety belt use, tickets received, impaired driving, response to media messages, and knowledge of current occupant protection laws. The survey results should help

KDOT understand current mindsets and develop effective strategies for the future.

- Paid Media – Advertising at state universities and Verizon Wireless Amphitheatre in Kansas City, as well as radio/television ads for the *Click It or Ticket*, *Buckle Up in Your Truck*, and *You Drink, You Drive, You Lose* nationwide campaigns, target large audiences.
- Law Enforcement Strategies – Funds enable local jurisdictions to be reimbursed for special traffic-related training opportunities, crash reconstruction training, and equipment incentives for agencies that promote and participate in traffic safety enforcement efforts.
- Community Based Traffic Safety – This pilot program will reach out to communities that seek to make a positive societal change in traffic safety issues.
- Public Information and Education – PI&E provides education and awareness of safety issues; bilingual messages being developed and utilized.
- Motorcycle Safety – This enables KDOT to purchase safe motorcycle driving promotional items, educational materials, and paid media efforts.

## Key Issues and Recommendations

Issue: Low safety belt usage rate.

According to research data provided by the National Highway Transportation Safety Administration (NHTSA), safety belt use is the single most effective countermeasure available to passenger vehicle occupants in preventing fatalities and injuries in highway traffic crashes. When lap/shoulder safety belts are used, the risk of fatal injury to front-seat passenger car occupants is reduced by 45 percent and the risk of moderate-to-critical injury is reduced by 50 percent.

Further research shows states with primary (hereinafter referred to as standard) safety belt laws have higher usage rates, resulting in lower fatality rates. A standard safety belt law is much more readily enforced than a secondary law. A standard law also sends a message to motorists that safety belt use is an important safety issue taken seriously by the state. In 2005, the average safety belt use rate in states with standard enforcement laws was 84 percent, 10 percentage points higher than in states without standard enforcement laws (73 percent); the rate in Kansas was even lower, at 69 percent. When states upgraded from secondary to standard laws, significant increases in safety belt use are often observed. For example, when Illinois upgraded their secondary law to a standard law, the safety belt usage rate rose from 76 percent in 2003 to 86 percent in 2005. In the same period, the state's fatality rate dropped from 1.37 to 1.24 per 100 million vehicle miles traveled, an estimated saving of 84 lives and 2,638 injuries.

A key factor in safety belt usage is the amount of the fine. Higher fines send the message that the law is taken seriously. In observational use surveys, safety belt use averaged six points higher in states having fines of at least \$30, than in states with fines less than \$30. At \$10, including court costs, the fine in Kansas is the lowest in the nation.

The messages of strict enforcement have been proven even more effective when a standard law works in conjunction with high-visibility enforcement campaigns such as *Click It or Ticket* and *Buckle Up in Your Truck*. The truck message is especially crucial in Kansas, where the safety belt use rate among pickup truck drivers is 15 percent below the overall state usage rate. A substantial number of all deaths in pickups are in rollover crashes, and the deadliest cause in any vehicle crash occurs when occupants are ejected from the vehicle.

Motorists can increase the odds of survival in a rollover crash by nearly 80 percent by wearing their safety belts.

Finally, some safety advocates have found success when businesses and agencies get on board by establishing safety belt use policies for employees when in a company vehicle. Although this channel has not been widely pursued in Kansas, it may be something to consider. A company-wide safety meeting could also be combined with a child passenger safety event.

**Year One Recommendation: Pass legislation enacting a standard (primary) safety belt law for all vehicle occupants, and impose a \$60 fine.**

Issue: Low safety belt use/high crash rate among teens/young adults.

Although younger children often remind their parents to buckle up, there seems to be a huge drop-off in safety belt use among teens and young adults. Due to funding issues, many schools eliminated or minimized their driver education courses. It is believed more effective safety belt education would help increase the use rate, thus potentially saving lives. One program, which is being rolled out to driver education teachers in Kansas, is Drive™ for School. The Drive™ Program was created to help all drivers, new and experienced, develop mature, positive attitudes about driving, including safety belt use.

Another program that has been successful with teens is to reward buckling up with incentives. The schools in one county in Kansas collaborates with a local car dealership to have a drawing for a car, with the students from the school with the highest safety belt usage rate eligible for the drawing. On *Put the Brakes on Fatalities Day*, safety advocates gave students

at one Topeka high school “goody bags” to those who buckled up, and “Dum-Dum” suckers to those who did not.

The new booster law in Kansas presents additional educational opportunities. Since the fines for the booster portion of the Child Passenger Safety Act do not go into effect until July 1, 2007, this year is especially critical in teaching young children and their parents the importance of using a booster until the appropriate age, height, and/or weight requirements are met. KDOT joined forces with other advocacy groups in developing a poster that has been distributed to classrooms, physicians’ offices, churches, and county health agencies statewide. The Kansas Safety Belt Education Office’s booth at the Kansas State Fair concentrated on booster information, and featured a growth chart where parents could measure their children to make the correct child passenger decisions. KDOT is also working with school districts to promote safe transportation in passenger cars by providing school districts with booster seats. These contracts include a stipulation that personnel in the district be educated in proper installation of the booster seats.

**Year One Recommendation: Continue to develop strong media campaigns aimed at increasing the safety belt usage rate.**

Issue: Fatalities and injuries resulting from motorcycle crashes have increased steadily since 1995.

There are over 4 million motorcyclists registered in the United States. In Kansas, about 160,000 drivers are licensed to operate a motorcycle. The popularity of motorcycles has grown because of their use as a pleasure vehicle and the increased cost of fuel.

Nationally, motorcycles represent just 2 percent of all registered vehicles, yet motorcycle fatalities represent approximately 5 percent of all highway fatalities. The causes of many motorcycle crashes can be attributed to:

- Lack of basic riding skills
- Failure to appreciate the motorcycle’s operating characteristics
- Failure to use defensive driving techniques
- Failure to follow speed limit
- Lack of awareness by other motorists
- Alcohol use

Several of these causes can be addressed by a comprehensive motorcycle safety program. Such a program could include motorcycle rider training to teach riders how to properly operate a motorcycle. Riders should be instructed to ride defensively at all times by; (1) being more careful at intersections where most motorcycle vehicle collisions occur; (2) not riding in a car’s “No Zone” (blind spot); and (3) anticipating other motorists’ actions. Motorcyclists should also be taught to be more cautious when riding in inclement weather, on slippery surfaces, or when encountering obstacles on the roadway. Should they become involved in a crash, riders and passengers should know how proper eye protection, jackets, trousers, shoes, and helmets can help to reduce the severity of injury.

It is also important that a motorcycle safety program communicate the danger and consequences of riding a motorcycle while under the influence of any amount of alcohol. Approximately half of all fatal single-vehicle motorcycle crashes involve alcohol.

The use of helmets by motorcyclists is particularly important. According to NHTSA, brain injury is the leading cause of death in motorcycle crashes. Wearing a helmet can substantially reduce the severity of or prevent

these injuries. An unhelmeted motorcyclist is 40 percent more likely to suffer a fatal head injury and 15 percent more likely to suffer a nonfatal injury than a helmeted motorcyclist when involved in a crash.

Besides the devastating effect a brain injury or death has upon family and friends, there is a huge economic effect on others. Studies show unhelmeted riders involved in crashes are less likely to have insurance and more likely to have higher hospital costs than helmeted riders involved in similar crashes. One study also found brain injury cases were more than twice as costly as non-brain injury cases. NHTSA estimates motorcycle helmet use saved \$1.3 billion in 2002 alone.

Those opposed to mandatory helmet laws argue that a helmet restricts the range of vision and the ability to hear auditory signals. However, a study by the National Public Services Research Institute concluded government-approved helmets do not impair vision or hearing in any way.

Kansas has a helmet law for persons under the age of 18, but a NHTSA report states, “Data on crashes in states where only minors are required to wear helmets show that fewer than 40 percent of the fatally-injured minors wear helmets even though the law requires them to do so. Helmet laws that govern only minors are extremely difficult to enforce.”

**Recommendation: The Kansas Department of Transportation should identify funding and develop a comprehensive motorcycle safety program.**

**Recommendation: Pass legislation requiring all motorcycle riders to wear helmets.**

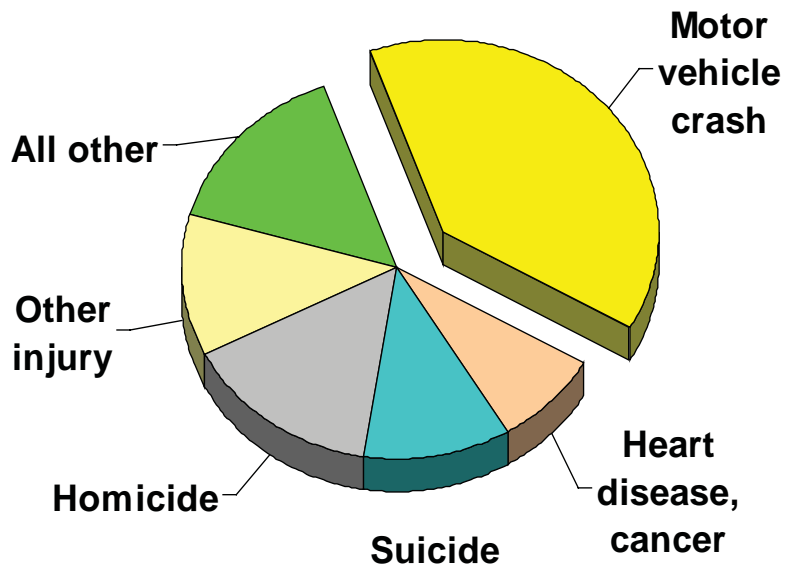
# Driving Force Recommendations

## NOVICE DRIVERS

### Background

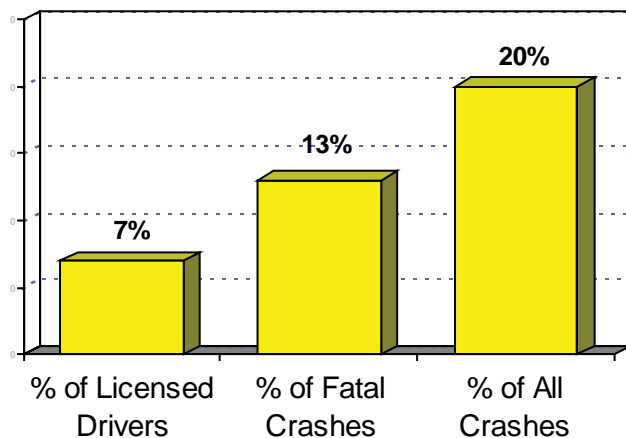
Motor vehicle crashes are the leading cause of death and serious injury for teenagers in the United States. Nationally, motor vehicle crashes represent 39 percent of deaths for people between the ages of 16 and 20. In 2005, Kansas teens from 14-19 years old were involved in more than 16,000 crashes on Kansas roadways. Eighty teens were killed and more than 7,000 were injured in those crashes.

**Leading Cause of Death  
United States, Ages 16-20**



Source: CDC, 2002

**Kansas Teens and Kansas Crashes**



Teenage drivers are over-represented in crashes. Nationally, in 2003, drivers under the age of 21 made up 6.4 percent of all licensed drivers, but they made up 13.8 percent of drivers in fatal crashes and 17.6 percent of drivers in all crashes. Kansas statistics tell a similar story.



## Key Issues and Recommendations

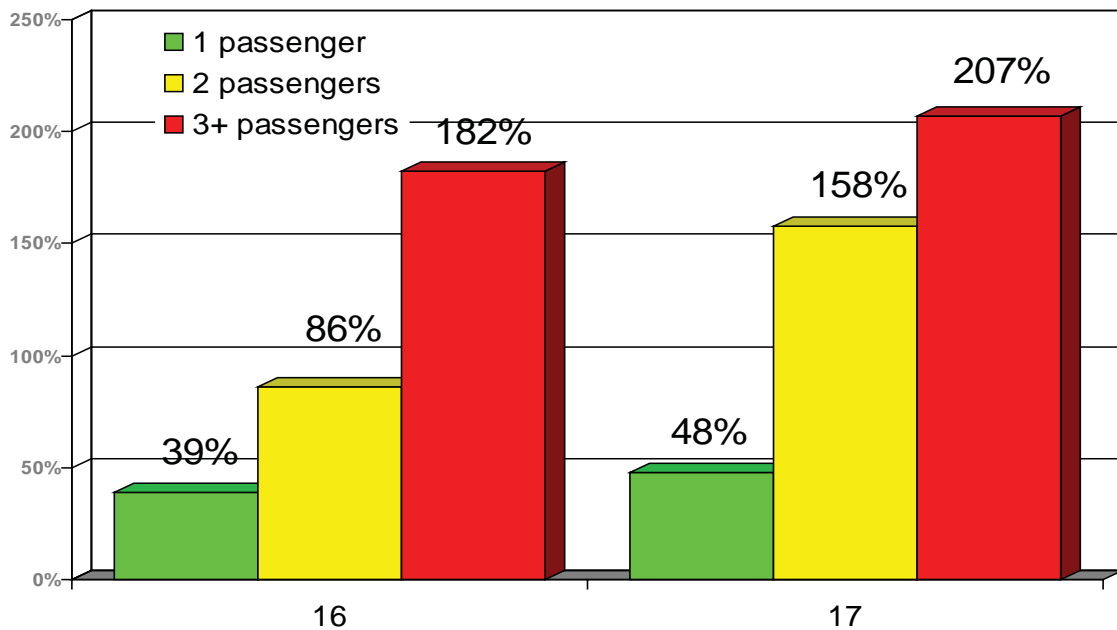
Issue: The high number of teenage drivers involved in traffic crashes.

Research shows younger drivers are at a higher risk for crashes for two main reasons. First, they are inexperienced. Second, they are immature and sometimes risk-seekers who do not think ahead to potentially harmful consequences of their risky actions. This inexperience and immaturity combine to make a dangerous situation, especially when driving at night and with other passengers.

Statistics show nighttime is a very dangerous time for teenage drivers. According to national statistics, approximately 41 percent of teenage crash fatalities occurred between 9 p.m. and 6 a.m. This, despite the fact actual miles driven is much less during this time of day.

Statistics also show teenage drivers with teenage passengers have an increased risk of death and injury, with the risk of death increasing as the number of teenage passengers increases.

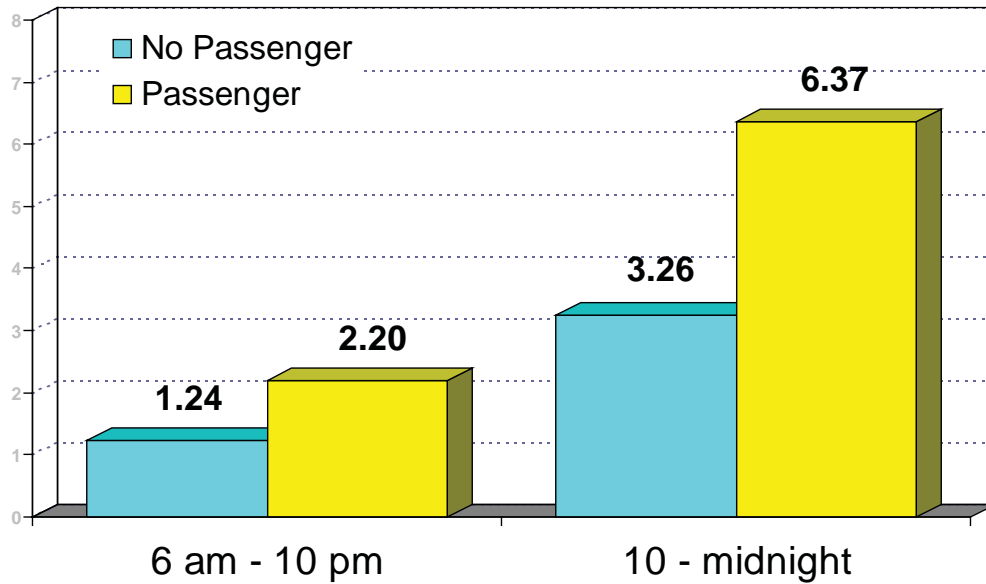
### Risk of Driver Death by Number of Passengers and Driver Age in the United States



Source: Chen et al., *JAMA*, 2000

Driver Age

## 16 & 17 Year-old Driver Death Rate\* by Time and Presence of Passengers in the United States



Source: Chen et al., *JAMA*, 2000

\*Deaths per 10 million weighted trips

The combination of nighttime driving and teenage passengers increases the risk of death and injury even more.

Studies show the most effective way to reduce teen deaths and injuries as a result of traffic crashes is for states to implement Graduated Driver Licensing (GDL). GDL is a system designed to phase in young, beginning drivers to full driving privileges as they become more mature and develop their driving skills. The system provides a structure in which beginning drivers gain substantial driving experience in less-risky situations.

There are three stages to a GDL system: (1) a supervised learner's period; (2) an intermediate license (after passing the driver test) that

limits driving in high-risk situations, except under supervision; and (3) a license with full privileges, available after completing the first two stages.

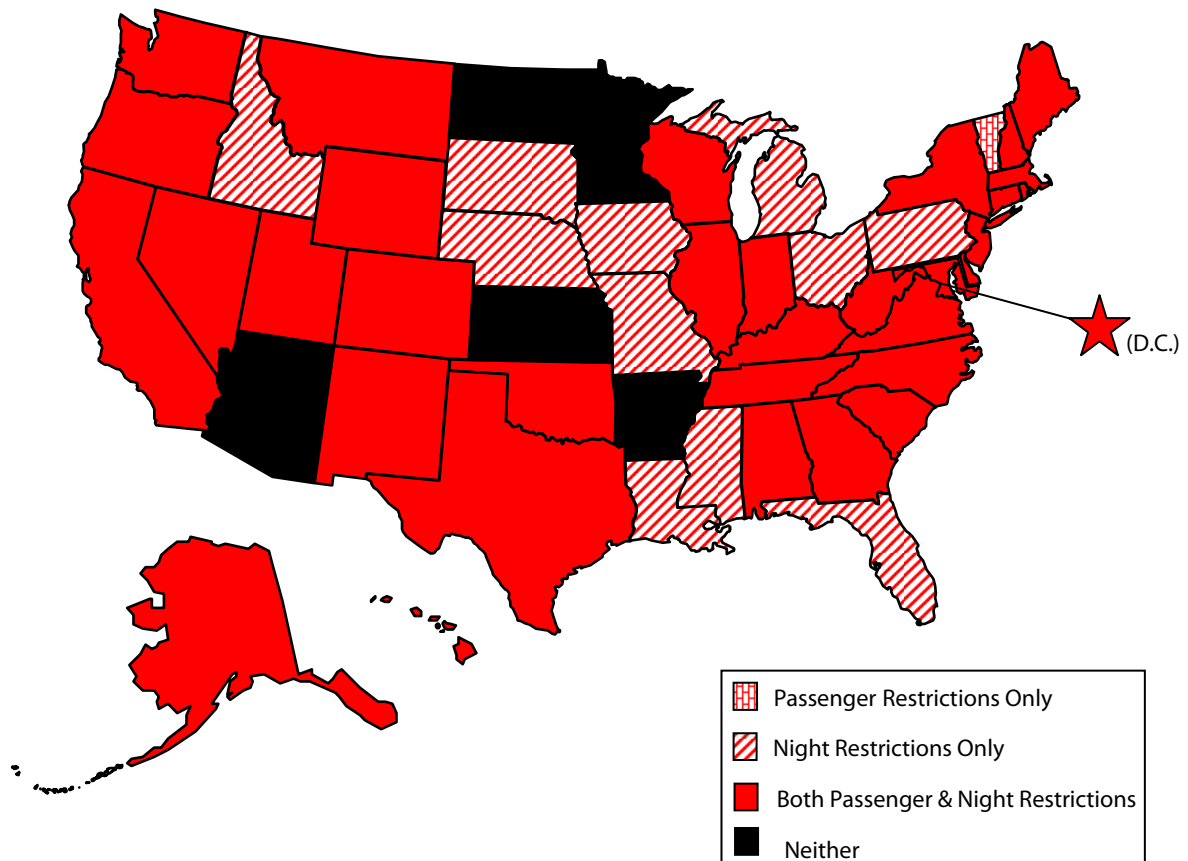
While several states implemented GDL systems, these systems vary greatly. According to the National Highway Traffic Safety Administration (NHTSA), the best system includes a learner's stage, beginning at age 16 and lasting at least 6 months, plus restrictions on unsupervised night driving and passengers during the first 6 to 12 months of licensure. Some states added other requirements, including safety belt use provision, driver education, cell phone restrictions, and penalty systems that result in license suspension or extension of the holding period for violation.

In January 2006, NHTSA released a report, *Countermeasures That Work: A Highway Safety Countermeasure Guide for State Highway Safety Offices*. This report serves as a reference to assist state highway safety offices in selecting effective, science-based traffic safety countermeasures for major highway safety problem areas. The report describes major strategies and countermeasures that are relevant to traffic safety; summarizes their use, effectiveness, costs, and implementation time; and provides references to the most important research summaries and individual studies.

In the report, Graduated Driver Licensing was listed as a countermeasure with proven effectiveness demonstrated by several high-quality evaluations with consistent results.

Sound research indicates GDL systems have a positive effect on reducing teen vehicle crashes. A June 2006 report released by NHTSA, which evaluated GDL systems across the United States, reported a reduction of 11 percent to 32 percent in fatal crashes involving teen drivers.

## The State of the States in GDL



Kansas does not have a three-stage graduated licensing law, nor does it have night driving restrictions. Because Kansas is lacking these items, the Insurance Institute for Highway Safety graded the current licensing system as “marginal.”

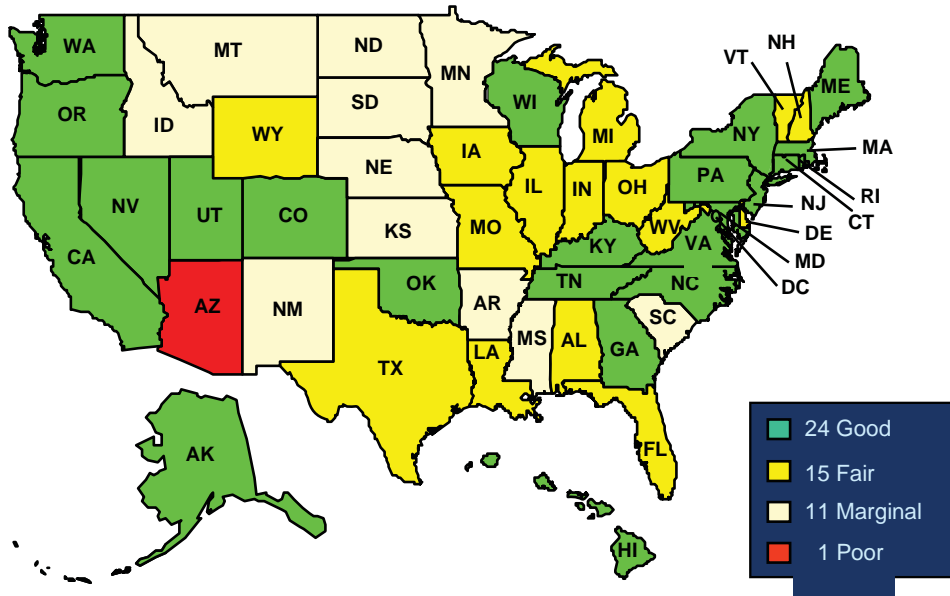
- Use of wireless devices is prohibited while driving.
- Safety belts must be worn while driving.

Restricted Driver’s License

- Minimum 16 years of age and must have

## Young Driver Licensing Systems

April 2006



Source: IIHS

To reduce fatalities and injuries on Kansas roadways, the *Driving Force* recommends passing legislation enhancing Kansas’ current graduated driver’s licensing system to include the following three stages:

Instruction Permit

- Minimum 15 years of age.
- Must pass vision and written exams.
- A driver education course must be taken during the Instruction Permit stage.
- The permit holder must be accompanied by a supervising, licensed driver in the front seat at all times. During the first six months, the permit holder may only drive between the hours of 5 a.m. - 9 p.m.

held an Instruction Permit for 12 months with no moving violations, safety belt infractions or improper use of wireless devices committed within the preceding 6 months.

- Must have completed a driver’s education course.
- Can drive unsupervised between the hours of 5 a.m. – 9 p.m. to include driving to school, or driving directly to and from work.
- When driving without a supervising driver, no more than one passenger under the age of 21 is allowed in the vehicle, unless the passenger is a member of the driver’s immediate family.

- Prior to receiving a Restricted Driver's License, the driver must provide an affidavit showing at least 50 hours of adult supervised driving with 10 of those hours being at night.
- Use of wireless devices is prohibited while driving.
- Safety belts must be worn while driving.

#### Non-Restricted Driver's License for 16 & 17 year olds

- Minimum 16.5 years of age, but less than 18 years of age, and must have held a Restricted Driver's License for six months with no moving violations, safety belt infractions, or improper use of wireless devices committed within the preceding six months.
- Use of wireless devices is prohibited while driving.
- Safety belts must be worn while driving.

The Farm Permit will remain as it stands in current law.

**Year One Recommendation: Pass legislation strengthening the Kansas graduated driver's licensing system to protect our youngest and most vulnerable drivers.**

Issue: Funding for driver education in Kansas.

Driver education is important for novice drivers to learn the rules of the road, as well as gain practical experience behind the wheel. Coupled with an enhanced GDL system, driver education gives novice drivers the best opportunity to drive safely into the future. In Kansas, a percentage of driver's license fees are statutorily required to be spent on driver education. In recent years, the Kansas Legislature diverted that money into the state general fund to address the state's financial difficulties. This reduction in funding means

lower reimbursement to school districts for driver's education, which in turn may result in fewer driver's education classes being offered and fewer students being trained.

**Year One Recommendation: Ensure that monies collected through driver's license fees for funding driver's education in Kansas high schools be used for that purpose.**

Issue: Kansas children need to be educated, starting from a young age, about traffic safety issues.

Traffic crashes are the leading cause of death for children and young adults; and because of this, it is important for them to learn about traffic safety starting at a young age. By starting the learning process at an early age, such as in grade school, children will have many years to develop safe practices. School programs can help provide life-saving information on important issues, such as being properly buckled up and the dangers of drinking and driving. Much like fire safety education programs that are taught in schools, traffic safety education programs would be beneficial in giving young Kansans the opportunity to learn safe behaviors. A traffic safety education program is necessary for children to start learning at a young age and continue to learn and develop skills when they become drivers. An education program such as this could help to foster a more responsible attitude toward traffic safety as they grow to adulthood.

**Year Two Recommendation: Educate all ages of Kansas children about traffic safety issues by making it a part of the Kansas Board of Education curriculum taught in elementary through secondary classrooms.**

# *Driving Force Recommendations*

## **IMPAIRED DRIVING**

### **Background**

Alcohol consumption mixed with driving is a particularly dangerous combination. People involved in an alcohol-related crash in Kansas are eight times more likely to be killed and two-and-a-half times more likely to be injured, than if they are involved in a non-alcohol related crash. The ratio of death to injury in alcohol-related crashes is three times higher than non-alcohol related crashes. During 2005, traffic crashes in Kansas claimed the lives of 428 people. Tragically, more than one-in-five of these fatalities were the result of alcohol use. Alcohol-related crashes cost Kansans more than \$1.44 billion annually in lost productivity, medical costs, and property damage. DUI enforcement efforts, adjudication, and administration cost millions more, taking funds away from more productive uses.

Mimicking national trends, alcohol-related crashes and associated deaths and injuries in Kansas have proven stubbornly resistant to change over the last 15 years, cycling up and down. In recent years, the trend has been down – from a high point of 3,677 crashes in 2001 to 3,039 crashes in 2005. The challenge is to continue the downward trend, thus breaking the cycle.

In 2005, DUI filings in Kansas totaled 17,672, down significantly from 22,320 filings in 2000, with the largest drop occurring between 2003 and 2004. Even though the number of arrests

is down, almost 18,000 DUI arrests across a state that is as lightly populated as Kansas, is a matter of concern. It is especially problematic when it is estimated that for every impaired driver arrested, there may be as many as 100 or more on the road who are not apprehended. Exacerbating the problem is that 18 percent of DUI cases were dismissed in 2005 and 38 percent were diverted. Among those remaining, an undetermined number were pled down for a variety of reasons. As such, it appears well over half of all DUI arrests do not take the driver off the street for even the nominal 30 days specified for first-time offenders.

Especially troublesome is the level of alcohol use among Kansas youth and its impact on roadway safety. In 2005, 63 percent of Kansas students in grades 8 through 12 reported having consumed alcohol. Across the nation, research shows that while young people drink somewhat less frequently than adults, they tend to consume more per occasion – almost twice as much. Recent research shows the part of the brain responsible for judgment and impulse control – the prefrontal cortex – is not fully developed until about age 24 or 25, and alcohol impairs this part of the immature brain more quickly than the mature brain. These findings help explain why Kansas drivers, aged 15-24 years, who comprise only 18 percent of the driving population, are involved in 38 percent of alcohol-related crashes.

### **Key Issues and Recommendations**

Issue: The effectiveness of efforts across the state by governmental and non-governmental

entities to prevent, enforce, and adjudicate impaired driving offenses needs to be evaluated.

In 2005, KDOT requested the National Highway Traffic Safety Administration (NHTSA) to provide a technical assistance team to evaluate existing and proposed alcohol and other drug-impaired driving control efforts in Kansas. NHTSA acted as facilitator by assembling a national team, referred to as the Impaired Driving Assessment Team, composed of individuals with demonstrated competence in impaired driving program development and evaluation. The assessment was conducted July 10-14, 2006, in Topeka. The Assessment Team was comprised of the police chief of Macon, Georgia, the administrator of Oregon's Transportation Safety Division, the president of Evalumetrics Research, a transportation engineer, and an Indiana district court judge. Each individual brought considerable dedication and experience in transportation safety to the team.

Program experts from across Kansas were invited to deliver briefings and provide support materials to the team on facets of strategic planning and program management, prevention, criminal justice issues, screening/assessment, and treatment/rehabilitation. The team members interviewed numerous presenters, with several contacted before, during, and after their presentations to provide additional information and clarification. The team released an extensive report of their findings that included for each sub-area of inquiry (e.g., enforcement), relevant NHTSA guidelines, Kansas' current status, and recommendations.

One of the recommendations of the Impaired Driving Assessment Team concerned establishing a Kansas DUI Advisory Committee made up of key partners and

interest groups appointed by the Secretary of KDOT. This type of advisory group could have relevant program managers appointed by the Secretaries of the Departments of Health and Environment and Revenue, along with representatives from agencies such as the Attorney General's office, KHP, and others with an interest in impaired driving issues. Such a committee, or another type of top-level effort, could conduct a complete analysis of the state's existing impaired driving programs and laws.

**Year One Recommendation: Design a process to determine the effectiveness of current processes to prevent, enforce, and adjudicate impaired driving offenses, paying particular attention to recommendations made by the Impaired Driving Assessment Team in July 2006.**

Issue: The dangers created by minors in possession of alcohol (MIP) – both on and off the roadway – to themselves and others are well documented. Most problematic is the repeat offender.

The most basic tools for reducing impaired driving are underage drinking education and enforcement. One of the most effective tools for confronting minors in possession of alcohol (MIP) is statutory suspension of the driver's license for a mandatory term that is graduated for repeat offenders. This tool could be strengthened by changing sentencing guidelines to include authority to increase the suspension period for the worst repeat offenders. Driver's license suspension for MIP is mandatory 30 days for the first offense, 90 days for the second offense, and one year for three or more offenses. Consideration should be given to providing the sentencing judge authority to increase the suspension term for the third offense by a discretionary length up to age 21, if the offender's history suggests

alcohol dependence or other factors that will continue to override good judgment and self-control with regard to alcohol.

**Year Two Recommendation: Increase the driver’s license suspension for those with three or more convictions of Minor in Possession (MIP) from one year to as much as to the age of 21.**

Issue: While local and statewide public information and education (PI&E) efforts directed at the personal consequences of DUI & MIP convictions are considerable, more needs to be done.

The National Highway Traffic Safety Administration’s *Uniform Guidelines for State Highway Safety Programs*, recommends prevention approaches “commonly associated with public health – altering social norms, changing risky or dangerous behaviors, and creating protective environments.” Among them are coordinated public information and education (PI&E) efforts directed at a general statewide audience and more targeted efforts directed at subgroups. The NHTSA report of the strategies surveyed indicated that “PI&E campaigns, performed in conjunction with most DUI enforcement programs, will add greatly to the general deterrent effect.”

Strong enforcement, adjudication, and follow-up efforts send a message directly to those stopped for driving while impaired. However, well-coordinated PI&E saturation campaigns send strong messages about the consequences of driving under the influence to millions of people quickly and efficiently. KDOT frequently couples media campaigns with statewide enforcement mobilizations by local agencies for even more impact. Among other things, the Impaired Driving Assessment Team recommended increasing the use of the *You Drink, You Drive, You Lose* (recently changed

to *Over the Limit. Under Arrest*) message and coupling all campaigns with survey-based evaluations of message recall.

**Year One Recommendation: Expand current media campaigns to educate the public on the consequences of Driving Under the Influence (DUI) and Minor in Possession (MIP) convictions.**

Issue: Strongly linked with MIP is the use of false identification by minors to purchase alcohol. A sentencing tool is needed to reduce illegal alcohol purchases using false identification documents.

In the same way driver’s license suspension works to discourage minors from using false identification to purchase alcohol, graduated sentencing guidelines for using false identification would further discourage minors from purchasing alcohol. For example, a formula could be devised whereby a suspension period for MIP would be automatically increased by a specified percentage (e.g., 50 percent or 100 percent) if the purchase was accomplished by using false identification.

**Year Two Recommendation: Pass legislation creating a mandatory suspension of driving privileges with a conviction of using false identification to purchase alcohol under the age of 21.**

Issue: Health care professionals often witness impaired drivers who have an impact on public safety.

Hospital emergency room personnel report it is common for impaired drivers to drive from the hospital after being treated or after transporting another person for medical treatment. In those situations, a health care worker must decide between patient privacy and public



safety. Hospitals may be reluctant to report an impaired driver due to privacy requirements of HIPAA (the Health Insurance Portability and Accountability Act of 1996) or due to fear of liability from a lawsuit.

Health care professionals have an ethical responsibility to report situations that pose a threat to public safety. Since drivers impaired by drug or alcohol use create severe threats to the public, it is important that they be reported to local law enforcement.

Health care workers should use care to assess a patient's physical or mental impairments on a case-by-case basis. If it is determined that a patient's physical or mental impairments would pose a danger to public safety if they drove, the health care professional should report this situation to law enforcement.

Before reporting this individual, the health care professional should conduct a tactful but candid conversation with the patient about the risks of driving in an impaired state. The worker should also inform the individual that law enforcement will be contacted if the impaired person insists on driving.

The role of the health care professional is to report medical conditions that impair safe driving as determined by standards of medical practice. The actual determination of the inability to drive safely should be made by law enforcement and the Department of Motor Vehicles.

**Year Two Recommendation: Pass legislation requiring health care professionals to report drivers impaired by alcohol or drug use to local law enforcement.**

# Driving Force Recommendations

## TRAUMA CARE

### Background

Trauma is the leading cause of death of Kansans under the age of 44. More than 50 percent of trauma deaths involve motor vehicle crashes. Traumatic injuries represent a serious health problem in Kansas. Many Kansans are incapacitated and may have temporary or permanent disability as a result of injury. While trauma patients account for a small percentage of total emergency system responses, trauma accounts for a large percentage of total years of potential life lost. It is well established that an organized system of care for the injured patient reduces mortality, some say by at least 20 percent.

Trauma centers should be part of a larger trauma system to ensure the patient is taken to the right hospital within a certain amount of time to give them the greatest chance of survival. Trauma systems are designed to take appropriate action within the “golden hour” – the 60 critical minutes when life hangs in the balance. Access to proper trauma care within an hour after injury may mean the difference between life and death or recovery from injuries.

Kansas has been working toward a statewide trauma system since the 1980s. In 1999, as a result of K.S.A. 75-5663, an Advisory Committee on Trauma (ACT) was established. This committee consists of 24 members representing urban and rural areas. They meet at least four times per year. The Kansas

Department of Health and Environment was charged with developing a statewide trauma system plan, supporting a trauma registry data system, and developing regional trauma plans. The Kansas Trauma System Plan describes the structure and components recommended for an inclusive Kansas Trauma System. It is expected that implementation of these recommendations will result in: (1) reduced numbers of preventable deaths; (2) improved outcomes from traumatic injury; and (3) reduced medical costs through appropriate use of resources.

There are four levels of certification for trauma centers.

- Level I: Full range of specialists and equipment available 24 hours a day, seven days a week, with research responsibilities.
- Level II: Similar to a Level I, but is community based and is not responsible for research activities.
- Level III: Does not have full availability of specialists, but has resources for general surgery, emergency resuscitation, and other emergency services. Critical patients are stabilized and transferred to a higher-level trauma center.
- Level IV: Provides stabilization and treatment of injuries until patient can be transferred to appropriate care facility.

### Key Issues and Recommendations

Issue: The state of Kansas lacks adequate coverage of trauma centers in rural areas.

There are just five certified trauma centers in Kansas.

- Level I: Via Christi and Wesley Medical Centers, both located in Wichita, and the University of Kansas Medical Center in Kansas City.
- Level II: Overland Park Regional Medical Center
- Level III: Stormont Vail HealthCare, located in Topeka.

The Kansas Trauma Plan divides the state into six health care regions. The existing five certified trauma centers are located within two of the health care regions – leaving four regions without trauma centers. When you consider that more than 50 percent of the trauma deaths in Kansas are related to motor vehicle crashes and 72 percent of highway fatalities occur in rural areas, the lack of trauma centers in the four rural health care regions is a major concern. Increased distance from a trauma center means it takes longer for crash victims to get the specialized care they need to survive or fully recover from injuries.

**Year One Recommendation: Support the growth of trauma care in Kansas by having**

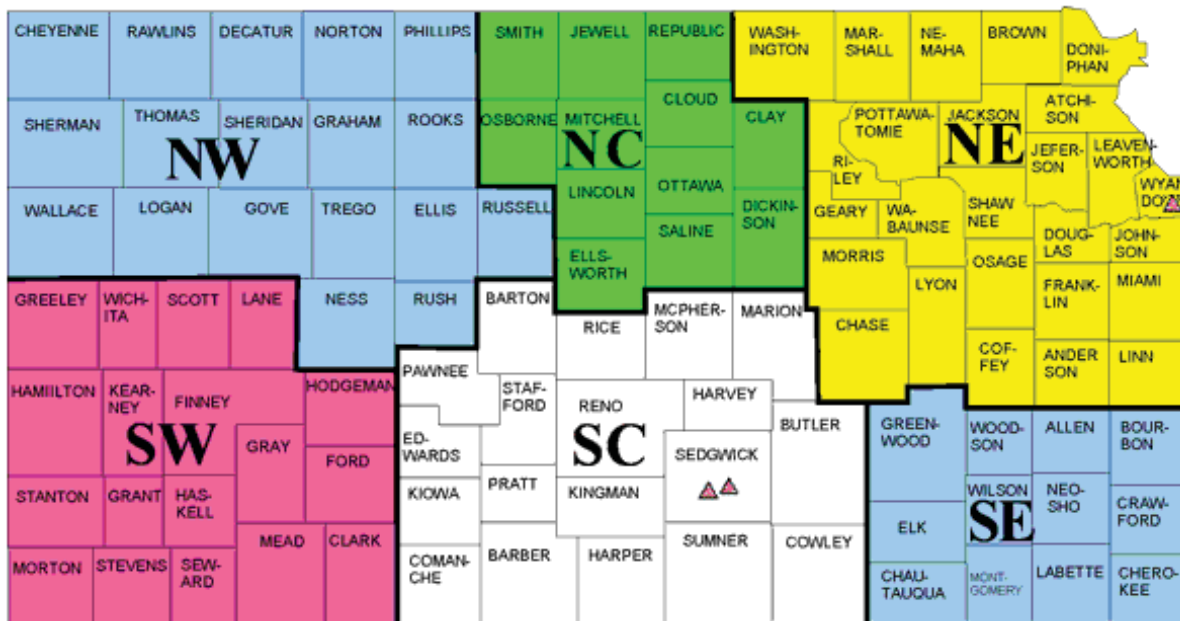
**a minimum of a Level III trauma facility in each of the six health care regions in Kansas.**

Issue: Emergency department nurses have a unique opportunity to promote traffic safety issues.

Trauma nursing education is still somewhat limited and cost prohibitive in Kansas. Besides improving direct trauma care, a comprehensive trauma system includes a prevention component. Because the emphasis in emergency nursing education has been focused on treating the patient after an injury occurs, there is a need to provide research-based prevention information. Emergency nurses often have unique opportunities to give prevention education to patients and families at times when they may be most receptive.

**Year Three Recommendation: Require hospitals to provide traffic safety and trauma care education to emergency department nurses.**

*Kansas Health Care Regions and Trauma Centers:*



# Driving Force Recommendations

## EMERGENCY MEDICAL SERVICES

### Background

At the scene of a crash, as well as in numerous other situations, Emergency Medical Services (EMS) are crucial in saving lives on Kansas roadways. Medical professionals refer to the first hour after a trauma as the “golden hour,” when it is critical to get victims to the right place to receive appropriate treatment to increase their chance of survival. EMS plays a primary role in this “golden hour.” Kansans rely on EMS 24 hours a day, seven days a week and expect trained personnel and adequate equipment to be quickly available when needed.

region has a council to support, promote, and assist local EMS agencies within their region.

There are 174 licensed ambulance services in Kansas – 94 are city/county operated; 31 are hospital based; 25 are fire department based; 22 are privately run; and two are operated by law enforcement. In 2005, there were 214,185 ambulance responses in Kansas that resulted in 116,357 patients transported to hospitals.

There are six levels of certified EMS attendants in Kansas. In addition to the training/education requirements for certification, continuing education hours are required.

The National Highway Traffic Safety Administration (NHTSA) developed the

### CERTIFIED EMS ATTENDANTS IN KANSAS

TITLE	MINIMUM EDUCATION	NUMBER CERTIFIED
Paramedic	1,200 hours	1,932
EMT	200 hours	6,627
EMT-I (Intermediate)	40 hours	1,140
EMT-D (Defibrillator)	30 hours	87
EMT-I/D	70 hours	460
First Responder	95 hours	1,053

K.S.A. 65-6102 established the Kansas Emergency Medical Services Board, whose primary mission is to ensure quality out-of-hospital care is available throughout Kansas. The Board consists of 13 members – nine appointed by the Governor and four legislators appointed by the Kansas Legislature.

Kansas is divided into six EMS Regions (see map located in Trauma Section), and each

Technical Assessment Team (TAT) program for states to measure the effectiveness of their EMS programs. Effective EMS programs strive to provide highway crash victims with prompt medical care by trained professionals, and to safely and rapidly transport them to the most appropriate treatment facility. The TAT is comprised of five to six individuals with broad experience in EMS. The team interviews professionals representing various

components of a state's EMS program and evaluate that program using 10 standard components: (1) regulation and policy; (2) resource management; (3) human resources and training; (4) transportation; (5) facilities; (6) communication; (7) public information and education; (8) medical direction; (9) trauma systems; and (10) evaluation. The TAT prepares a written report that includes specific recommendations for improving the state's EMS program.

The last NHTSA EMS assessment in Kansas took place in 1994. Some of the recommendations from that assessment have been implemented, others have not. New issues have arisen due to changing demographics and technologies.

## **Key Issues and Recommendations**

Issue: Emergency medical services in Kansas face many challenges including staffing, funding, political, and organizational issues.

A shortage of certified attendants slows ambulance response times and places physical and mental strains on ambulance crews and their families. Low pay and the need for 24-hour coverage are key factors that make it difficult to hire and retain certified EMS attendants. Rural Kansas communities face these issues, as well as a dwindling number of volunteers. Volunteer attendants are the backbone of many rural EMS programs, and their numbers are declining. It is especially difficult to staff day time shifts due to the volunteers' full-time employment obligations. Rural EMS coverage is critical since more than 70 percent of fatality crashes in Kansas occur on rural roads.

Recently, some progress has been made in recruiting EMS personnel in Kansas. The Kansas Board of Emergency Medical Services

distributed Educational Incentive Grant funds to individuals wanting to become a certified EMS attendant, who in turn are willing to volunteer with their local EMS for a period of one year after gaining certification. These funds are also available to certified EMS attendants to undergo training to become EMS Educators for their ambulance service and to current attendants to acquire their statutorily required number of continuing education hours per certification period. These funds are currently available only for volunteers to bolster the numbers of EMS attendants and educators in rural areas of Kansas. However, once the one year obligation is met whether the individual chooses to remain with the service or seek permanent employment elsewhere is uncontrollable.

Local health care policies and funding issues require some EMS programs to take all patients to their local hospital, even if another facility is better equipped to deal with the injuries sustained. In cases of severe injuries, patients are often transported to a higher-level facility after initial treatment or stabilization at the local hospital. These delays can decrease survival rates.

Another issue faced in rural areas is the time it takes to transport patients to a higher-level facility, which can be a long distance away. These trips can leave the home area without EMS services for several hours or require neighboring EMS to cover for them, which can critically lengthen response times in rural locations.

**Year One Recommendation: Conduct further study, involving the Kansas Board of Emergency Medical Services, to address the needs of emergency medical services (EMS) in Kansas, starting with an updated EMS assessment by the National Highway Traffic Safety Administration (NHTSA).**

# *Driving Force Recommendations*

## **OLDER DRIVERS**

### **Background**

The 2000 United States Census reported there were almost 35 million people age 65 or older, representing 12.4 percent of the total population. This number is projected to exceed 71 million over the next 25 years (2030 estimate), representing 19.6 percent of the total population. Looking at comparable data in Kansas, in 2000 there were more than 356,000 people age 65 or older, representing 13.3 percent of the state's population. By 2030, that number is expected to grow to more than 593,000, representing 20.2 percent of the state's total population. This increase in the percentage of older citizens is projected because of the number of baby boomers and the average American is living longer. The average life expectancy in 2000 was about 77 years, and by 2030, it is projected to be in excess of 80 years. Kansas has the 17<sup>th</sup> largest percentage of population of people 65 or older in the U.S. and the 8<sup>th</sup> largest percentage of population of people 85 or older. In 2005, there were more than 31,000 licensed drivers in Kansas over age 85. That same year, there were 31 licensed drivers over the age of 100. The oldest license holder was 107.

Generally, people want to continue driving as long as they can do so safely. Nationally, about 51 percent of those over 85 continue to drive. As people age, physical changes often occur that impact driving ability. However, age alone is not a limiting factor. Key physical factors, such as vision, physical fitness, and

attention and reaction times, are critical to continued driving ability.

Reduced or limited vision can impact the ability to read signs properly or see lane lines clearly. Poor physical fitness can limit mobility in the movement of the neck, shoulders, arms, legs, or feet. Reaction time and attention are often influenced by medications. Anxiety while driving in heavy traffic conditions or in situations, such as driving through work zones, can also increase with age. Recognizing these factors or others that impair one's ability to continue driving safely are critical to all drivers, but more so for the older driver.

Based on 2003-04 National Highway Traffic Safety Administration (NHTSA) data, drivers aged 70 or older made up about 10 percent of all licensed drivers. This group accounted for 5 percent of all people injured in traffic crashes and 12 percent of all traffic fatalities. Most traffic fatalities involving older drivers occurred during the daytime (81 percent), on weekdays (72 percent), and involved another vehicle (74 percent). Alcohol involvement in traffic crashes was lowest among older drivers.

The crash rate per licensed driver is lower for older drivers, but when taking into account the total miles driven, older drivers have higher crash rates than all others, except teenagers. For crashes involving fatalities, older drivers have a higher rate than all drivers, except those younger than 25. Older drivers are more susceptible to medical complications following motor crash injuries. This means they are more likely to die from their injuries. According to the American Medical

Association, motor vehicle injuries are the leading cause of injury-related deaths for those 65 years and older.

## **Key Issues and Recommendations**

Issue: Providing a driver's license renewal process that is appropriate for all drivers and takes into account changing demographics.

Many states have adopted systems that provide varying degrees of oversight for driver's license renewal depending on age and other factors. These systems typically are related to the license renewal periods and requirements for renewal. Several states require renewal applicants to appear in person and pass a vision test, while others allow electronic or mail-in renewals. Renewal periods vary from two to eight years. According to the Insurance Institute for Highway Safety, there are provisions in 22 states and the District of Columbia (as of June 2006) designed to guarantee older drivers continue to meet license requirements. Older drivers often have shorter renewal periods when older than a certain age (varies from 60-80). Often, older drivers must renew in person and may be required to take vision and/or road tests. These requirements are often in addition to a state's specific licensing standards related to physical or mental conditions. If the reviewer has concerns about a person's ability to drive safely, the license holder may be required to appear before a medical review board for a licensing competency determination. If the review board approves renewal, it may also include restrictions, such as no nighttime driving, driving only limited distances from home, or possibly vehicle alterations. Kansas currently has a six-year license renewal period for drivers age 21 to 64. For drivers under 21 and those 65 and older, the renewal period is four years.

Many states impose restrictions and testing, based on age. Kansas does not. Drivers are reviewed based on ability, not age, to be certain the driver has the essential, appropriate driving skills to ensure safety for the driver and those who share the road.

Kansas' existing driver's license renewal process is functioning well. The system appears to do a good job of identifying drivers who may be a danger to others and themselves without imposing undue restriction based solely on age. However, with the certain increase in the number of older drivers that will be on the road in the future, it seems prudent to evaluate the current processes to determine if any adjustments should be made. Such an evaluation could be performed by a task team comprised of representatives from the Kansas Driver's License Bureau, Kansas Highway Patrol, AARP of Kansas, the insurance industry, the medical profession, a driver's education professional, and KDOT.

**Year Three Recommendation: Evaluate the driver's license renewal process for all drivers.**

Issue: Changing demographics will place more demand on processes to administer a fair and effective medical review process for driver's licenses.

Each state has its own processes to conduct medical reviews of motor vehicle license holders. In Kansas, the driver medical review process is administered by the Driver Review section of the Driver's License Bureau (DLB). The Driver Review section receives and acts on complaints regarding drivers of any age. They also receive referrals from doctors, psychiatrists, health professionals, and service agencies. A system is maintained of annual medical and vision reviews on the types of

conditions that the Medical Advisory Board considers progressive or otherwise requiring monitoring.

Because the elderly tend to have more medical conditions, particularly vision conditions, heart attacks, strokes, and injuries from falls, many of the medical and vision files are on elderly applicants. All medical files are reviewed on a case-by-case basis. The applicant must sign the medical or vision form. If the form is approved, and there has been a complaint about the applicant's driving ability, the applicant is sent for a driving test. In matters of errors or deficit in judgment, written testing may be requested. Each applicant is given four attempts to take and pass the required tests. The Driver's License Examiner administering the test may stop the test at any time the applicant does something dangerous. If an examiner believes there will be no improvement after a couple of attempts, they may write a refusal to DLB, and the applicant will be revoked. An applicant may reapply with new medical forms after six months from the last fail date. Every effort is made to counsel the failed applicant on improvements or alternative methods of transportation. Each year, the applicant must complete a driving test if the doctor requests it or if vision has deteriorated.

At any time a medical or eye doctor provides information on a medical review form or by other communication to DLB that indicates it is not safe for an applicant of any age to drive, that information is used as a basis to revoke driving privileges or deny driver education or renewal, if it is time for renewal. The renewal can proceed if the doctor states that an applicant is safe to drive or indicates the applicant is considered safe if they pass the drive test. In cases of conflicting medical or vision information, the case is submitted to the Kansas Medical Advisory Board. The

individual assessments from the board are returned to Driver Review, where the results are reviewed with the Director of Vehicles for final concurrence or other instructions. Revoked applicants may request a hearing with a Department of Revenue attorney.

Kansas' existing driver medical review process is functioning well. The system appears to do a good job of identifying drivers who may be a danger to others and themselves without imposing undue restriction based solely on age. However, with the certain increase in the number of older drivers that will be on the road in the future, it seems prudent to evaluate the current processes to determine if any adjustments should be made. Such an evaluation could be performed by a task team comprised of representatives from the Kansas Driver's License Bureau, the Kansas Medical Advisory Board, a Department of Revenue attorney, AARP of Kansas, the insurance industry, and a representative from either the AMA or the Kansas Medical Society.

**Year Two Recommendation: Evaluate the use and administration of the driver medical review process.**



# Driving Force Recommendations

## JUDICIARY PROCESS

### Background

The Kansas judiciary process is an important component in the effort to deter illegal driving behavior and enforce convictions related to traffic violations, especially Driving Under the Influence of alcohol or drugs (DUI) offenses. Too often Kansans are injured on our roadways because of the negligent, destructive decisions of a few.

During the 2002 Kansas Legislative Session, the Senate Judiciary Committee heard testimony from Mr. and Mrs. Dennis Beaver, whose son, Casey, was killed in an automobile crash in Missouri by a drunk driver, who also died in the crash. The driver was a multiple repeat offender, convicted eight times in different counties for DUI offenses. When last convicted, the court was not aware of the individual's arrest record in other counties before sentencing. As a result, the driver was fined a lesser DUI penalty and released from jail, only to later cause the fatal crash. The subsequent consequence of an uncoordinated judicial system was devastating to the Beaver family. Had the court known of these prior convictions, perhaps this tragedy would have been prevented.

In 2003, the Kansas Legislature enacted Casey's Law that amended KSA 8-1567 concerning driving under the influence of alcohol or drugs. The legislation, written to address and hopefully prevent tragedies like the Beaver family experienced. The legislation

consists of some key provisions: (1) courts are required to report convictions and diversion agreements to the Division of Motor Vehicles in the Department of Revenue (KDOR); (2) courts may add an additional month of imprisonment penalty for child endangerment; and (3) courts may order the convicted person's motor vehicle be impounded or immobilized. The law also provides latitude for the judge in administering penalties through exceptions; however, these exceptions may be undermining the original intention of the law, as some penalties have never been enforced.

### In Kansas in 2005 there were:

- 68,675 motor vehicle crashes
  - 3,039 (or 4.4 percent) were alcohol-related.
- 384 fatal crashes
  - 88 were accountable to drunken-drivers (22.9 percent).
- 17,672 DUI filings, resulting in
  - 6,851 diversions (38.8 percent) and
  - 3,228 dismissals (18.3 percent).

### Key Issues and Recommendations

Issue: Problems exist with communication between courts and jurisdictions, causing issues during sentencing.

In the opinion of the *Driving Force*, seamless communication among courts and various jurisdictions (KBI, KDOR, etc.) before sentencing offenders is critical to applying appropriate penalties. State law requires courts to report every conviction of a violation

and every diversion agreement to the Division of Motor Vehicles; it further requires courts to request and receive from the Division a record of all prior convictions for any violation of the motor vehicle laws of Kansas. However, this process is not seamless; consequently, at times sentencing occurs before or without the court's knowledge of the person's past offenses.

The Kansas Highway Patrol (KHP) recently was awarded a federal grant to fund a central data repository system to track citations. The Kansas Traffic Records Coordinating Committee (TRCC) also identified in their strategic plan the need for, and a desire to support, a central data repository system. The TRCC membership consists of several state, federal, and local agencies. Although KHP's effort to track citations will be beneficial, tracking adjudications and diversions on a statewide level is needed as well. This type of central database needs to be accessible to all interested parties, including KHP, Kansas Bureau of Investigation, KDOR, and the entire court system.

**Year Two Recommendation: Pass legislation to fund a statewide data repository system to track citations, adjudications, and diversions, including fines collected as a result.**

Issue: Kansas does not have a process in place to actively monitor courtroom proceedings for DUI cases.

Many states have successfully implemented courtroom monitoring programs that contain grassroots efforts to monitor and evaluate the DUI process from arrest to sentencing. These programs provide a level of oversight and accountability to the DUI process.

KDOT, along with SADD (Students Against Destructive Decisions) and MADD (Mothers

Against Drunk Driving), are implementing a program to monitor court sentencing for DUI offenders. In the SADD program, volunteer students in four communities will be taught the judicial process, as well as the possible penalties for first-time and repeat DUI offenders. Students will report on the severity of sentencing DUI offenders in relation to the maximum allowable penalty. Using a comment card, the students will write directly to a judge or local newspaper regarding the severity of penalty imposed, or lack thereof.

KDOT is providing a grant to MADD to hire an individual to recruit adult volunteers throughout Kansas and train them on the court monitoring process, which follows DUI cases from beginning to end. The volunteer then submits a report on how the case proceeded, from the law enforcement officer's appearance and testimony, to the prosecutor's handling of the case, to the adjudication of sentence from the judge. These reports will help identify problem areas of the state and/or with specific officers, prosecutors, or judges who aren't following through on their duties to protect the citizens of Kansas from DUI offenders. KDOT is also planning to work with the DUI Victim Center of Kansas in Wichita to expand its current court monitoring program in that community.

KDOT plans to conduct an evaluation of this pilot program after it has been in operation for approximately a year to determine the effectiveness of the program, improvements needed, and potential expansion.

**Year Two Recommendation: The Kansas Department of Transportation should establish a court monitoring system.**

# Driving Force Recommendations

---

## ROADWAY

### Background

The Kansas Department of Transportation has a long history of being on the forefront of roadway safety. KDOT provides national leadership on the Transportation Research Board and American Association of State Highway and Transportation Officials committees dealing with roadway safety. The research program, by which the University of Kansas and Kansas State University conduct roadway-related research, produces many life-saving innovations, including the Low-Volume Roads Handbook, which aids local agencies in making low-cost safety improvements. A recent life-saving treatment is the conversion of certain intersections into roundabouts. KDOT installed the first roundabout in the United States that had high-speed approaches.

### Key Issues and Recommendations

Issue: Most traffic crashes are a result of driver behavior; however, innovative technology, based on sound engineering principles, when applied to roadways can save lives by preventing or attenuating motor vehicle crashes.

KDOT's usual procedure is to install new safety treatments on a limited basis, evaluate their performance, and broaden the implementation once the treatment has proven itself effective. KDOT also pools funds with other states for experimental safety treatments. The broader knowledge base afforded by this

pool of resources from several states allows treatments to be tested and reach "accepted" status more efficiently.

In addition, KDOT provides training for local road agencies to inform them of the latest practices in safety. This knowledge transfer is essential for the proliferation of life-saving treatments to reach local roads, which often experience the highest crash rates due to shortfalls in funding to improve the lowest-type roads.

One method that has proven effective is the use of rumble strips to warn drivers who have strayed from their lane of travel. Rumble strips are grooves, which are milled or rolled into pavement to alert the driver by vibrating a vehicle's tires. KDOT has installed rumble strips on highways with paved shoulders for years. These have averted many run-off-the-road crashes by alerting distracted or drowsy drivers, while there is still room to correct before the vehicle's wheel drops off the pavement edge. By the same principle, centerline rumble strips also alert the driver of straying from his/her lane. But, these have been slower to move into standard practice due to concerns about how motorcycles are affected when traversing the centerline and noise created by tires hitting the strips. Centerline rumbles have been installed in two locations on rural two-lane highways in Kansas, and early experience has shown a reduction in head-on and sideswipe crashes at those locations, which confirms national findings. Head-on crashes have led to 38 fatalities and 155 injuries on Kansas two-lane highways in 2005; widespread implementation

could have the potential to significantly reduce the death toll in Kansas.

**Year One Recommendation: All Kansas governmental jurisdictions continue to make roadway improvements based on current engineering standards.**

**Year One Recommendation: Utilize shoulder and centerline rumble strips where applicable.**

# *Driving Force Recommendations*

## COMMERCIAL MOTOR VEHICLES

### Background

Trucks are an important and growing segment of the traffic on the highway system. In 2005, motorists in Kansas traveled approximately 29.9 billion miles. Of this total, 3.3 billion miles, or 11 percent, were traveled by heavy commercial vehicles. Because of increased international trade and additional reliance on trucks, truck freight is expected to at least double by 2025.

Many of the regulations governing the operations of Commercial Motor Vehicles (CMVs) are a result of federal legislation and rule-making. The Commercial Motor Vehicle Safety Act of 1986 established minimum national standards, which states must meet when licensing CMV drivers. The act also made it illegal for drivers to hold more than one license and required states to adopt testing and licensing standards for bus and truck drivers to test their ability to operate the type of vehicle he or she will operate. Drivers have been required to have a Commercial Driver's License (CDL) to drive a CMV since April 1, 1992.

A number of programs and initiatives focus on improving motor carrier safety. The Performance and Registration Information Management Program (PRISM) is a national program in which Kansas participates. Once the federal government notifies the state

that a motor carrier's ability to operate was terminated by the Federal Motor Carrier Safety Administration, PRISM allows the state Director of Motor Vehicles to revoke, suspend, cancel, retrieve license plates, or refuse to issue or renew vehicle registration for vehicles registered under the International Registration Plan (IRP).

State law was changed to implement PRISM beginning July 1, 2006.

The Kansas Highway Patrol (KHP) is the lead agency for Kansas and is charged with administering the Federal Motor Carrier Safety Assistance Program (MCSAP). Through the roadside inspection process, more than 45,000 trucks and drivers are inspected annually for compliance with the Federal Motor Carrier Safety Regulations (FMCSR). Additionally, the KHP works with the Federal Motor Carrier Safety Administration (FMCSA) office and conducts compliance reviews on interstate motor carriers domiciled within the state. The KHP, as mandated by Congress and FMCSA, implemented the New Entrant Safety Audit program in 2003. The program's protocol requires any new interstate carrier, applying for a U.S. DOT number by filing a Motor Carrier Identification Report (MCS-150), shall be subjected to a safety audit within 18 months of beginning their operation for property carrying companies, or nine months of beginning their operation for passenger-carrying companies. The New Entrant Program focuses on education of the FMCSRs for the new carriers to aid in future compliance.

The Kansas Corporation Commission (KCC)

administers education and compliance programs that focus on improving motor carrier safety for all public and private motor carriers in Kansas. Special Investigators conduct educational safety seminars throughout Kansas four times per month. These seminars inform and educate new, existing, and out-of-compliance motor carriers of the Commission's rules and regulations. KCC's transportation group also conducts educational safety seminars for the graduating classes at truck driving technical schools in Liberal, Wichita, Kansas City, and Fort Scott. The Special Investigators will also conduct individual "refresher" safety programs when contacted by the carrier. Motor carriers are notified of meeting dates at the time of application for KCC authority. The safety seminar information is sent to the transportation associations for inclusion in their newsletters and Web sites. The seminar information is also located on the KCC's Web site.

The number of motor carriers attending the safety compliance seminars continues to increase. The steady incline is due to increased public awareness of the safety program. KCC and the Kansas Highway Patrol (KHP) joined efforts to enhance the Kansas Safety Compliance Program through the newly-created Civil Assessment Penalty Program. Louisiana, Ohio, North Carolina, Hawaii, Oklahoma, and Florida issue civil penalties to motor carriers for Out of Service (OOS) violations discovered during roadside inspections. The KCC and KHP began working on this project at the end of FY 2005, as a direct result of a spike in injury and fatality crashes involving CMVs in 2004. This partnership's primary goal is to improve safety for the motor carrier industry and the traveling public by reducing the number of injury/fatality crashes involving CMVs.

The new program emphasizes the distinct responsibilities of drivers and motor carriers under the Federal Motor Carrier Safety Regulations (FMCSR) regarding OOS violations. These violations are serious and require a driver or vehicle to be removed from service until the violations are corrected. This category of violations was established through the Commercial Vehicle Safety Alliance (CVSA). CVSA is a nonprofit organization consisting of federal and state regulatory agencies, along with representation from the motor carrier industry, dedicated to improving motor carrier safety.

## **Key Issues and Recommendations**

Issue: Currently, a positive drug test must only be reported to the driver and his/her current employer. While potential future employers can request past drug testing results, the information is not always supplied.

Alcohol and drug testing are critical components of a comprehensive commercial motor vehicle safety program. Regulations require CMV operators to be tested for alcohol and drugs to reach the goal of a drug-free transportation environment.

In addition to alcohol, CMV operators are tested for marijuana, cocaine, opiates, amphetamines, and phencyclidine (PCP). Tests are given to operators before they are hired or when there is reasonable suspicion by a trained supervisor or employer that alcohol or controlled substances have been used. Tests also are given on a random basis, following a fatal crash, and/or receiving a moving violation resulting from a crash.

A driver who violated DOT alcohol and drug regulations is prohibited from performing

safety sensitive duties for any motor carrier until a Substance Abuse Professional evaluation, referral, and education/treatment are completed. The driver also must undergo a drug and alcohol test before returning to duty. A Substance Abuse Professional then establishes a follow-up testing plan, and the employer is responsible for ensuring the follow-up plan is followed.

A weakness with this process is the Medical Review Officer (MRO) is only required to report positive drug tests to the employee and their employer. While there is a federal requirement for a new employer to request drug and alcohol testing information from previous employers, it is possible the information will not be provided. If an employee applies for work at another carrier, it is possible previous employers fail to provide information to the new employer. Thus, a new employer may not be aware of past abuse. If all test results were recorded on the operator's driving record, a potential new employer would be aware of previous problems with alcohol or drugs.

**Year One Recommendation: Support legislation requiring Medical Review Officers to report a commercial vehicle driver's positive drug test and return-to-duty negative test to the Division of Motor Vehicles to be included on the driver's motor vehicle record.**

Issue: As commercial truck traffic continues to grow, more education and enforcement efforts will be needed to reduce truck/vehicle crashes.

According to the National Highway Traffic Safety Administration (NHTSA), passenger car drivers cause 62 percent of collisions involving cars and semitrailer trucks. Further, rear-end collisions where passenger cars strike

large trucks are almost four times as likely as large trucks rear-ending passenger cars.

A contributing factor to crashes involving cars and trucks is often the failure of automobile drivers to recognize the limitations of large trucks. Fully-loaded semitrailers take a greater distance to stop than passenger vehicles, so it is important to avoid unsafe situations, such as changing lanes right in front of a truck and slowing down rapidly. Another hazard around trucks is the "no zone," or the areas around a truck where cars "disappear" into blind spots, or are so close they restrict the truck driver's ability to stop or maneuver safely. Both situations greatly increase the potential for a crash. The Federal Motor Carrier Safety Administration (FMCSA) administers its *No Zone* or *Share the Road* program to educate motorists about how to safely share the road with trucks. The Kansas Motor Carrier Association (KMCA) actively promotes this program through its member companies.

In an effort to reduce serious crashes involving large commercial vehicles, NHTSA piloted a project with the State of Washington to put troopers in large trucks to identify unsafe driving behaviors and notify other troopers to ticket offenders. This innovative program combined Washington State's *Step Up and Ride* program with high visibility enforcement directed at unsafe driving of any vehicle around CMVs.

A media campaign also was part of the pilot project to increase public awareness. Road signs, banners, posters, and radio commercials were used to communicate the message of the campaign. A major theme of the effort was for vehicles to leave more space between themselves and a CMV when passing.

During the campaign, drivers of all vehicles exhibiting unsafe behavior were identified and

ticketed. According to statistics collected at the time of the project, 86 percent of the stops were passenger vehicles and 14 percent were CMV drivers. Pre- and post- enforcement surveys to measure the effectiveness of the message indicated the percentage of drivers who said they leave more room when passing trucks rose from 16 percent during the pre-assessment to 24 percent in the post period. It is likely other unsafe behaviors also improved as a result of the effort, but those improvements were not quantified.

NHTSA provided grant funding in other states to fund this program, called Ticketing Aggressive Cars and Trucks (TACT). The Kansas Highway Patrol submitted an application for TACT funding and was successful in receiving funding for this purpose.

Because a major goal of this campaign is to raise awareness about safe driving around trucks, it will be important to effectively communicate the hazards of poor driving behavior around trucks. It is believed a media campaign that includes actual footage of poor driving behavior around trucks would be effective.

**Year One Recommendation: Support the Kansas Highway Patrol's efforts of traffic enforcement around large trucks, using federal grant funding.**



# Driving Force Recommendations

---

## DISTRACTED DRIVING

### Background

The National Highway Traffic Safety Administration (NHTSA) identified driver inattention or distracted driving as a contributing factor in 25-30 percent of vehicle crashes. Driver inattention can result from distractions inside or outside the vehicle, the driver having something else on their mind, or the result of a drowsy or fatigued state.

According to analysis of 2000-2003 data from the Crashworthiness Data System, based on a national sample of police-reported traffic crashes, 11.6 percent of crashes involve one or more distracted drivers, 3.9 percent involve one or more drivers who were sleepy or fell asleep at the wheel, and 10.2 percent involve one or more drivers who “looked, but didn’t see.” Overall, the percentage of crashes with one or more drivers identified as inattentive (i.e., distracted, fatigued, or “looking, but not seeing”) was 25.5 percent.

The actual percentages of crashes for which inattention is a key factor is probably higher than indicated by crash reports, as information on driver attention status is often missing or difficult to document in many instances. Police and other investigators are reluctant to allege driver factors, such as drowsiness and distraction, without explicit statements from drivers or witnesses or a crash scenario that clearly indicates these factors.

While there are scores of events, activities, and objects inside and outside of a vehicle that divert the driver’s attention, the use of cell phones and other portable electronic devices have perhaps been the most controversial. The explosion of cell phone usage has resulted in a resurgence of interest in driver distraction legislation. The number of wireless phone subscribers in the U.S. increased by 600 percent from 1995 to 2005. More than 190 million people use wireless services, compared to less than 30 million 10 years ago.

### Key Issues and Recommendations

Issue: Cell phones and emerging technologies are a growing traffic safety concern.

The dramatic increases in the use of cell phones and the emergence of other personal electronic devices that have the potential to distract drivers have many policy makers and legislators concerned. In recent years, legislators in all states considered laws to restrict the use of cell phones or other electronic devices while driving.

Today’s cell phones and other electronic devices are not simply used for talking. These devices take and send pictures and e-mails, surf the Web, and play games. The functionality and complexity of these devices make them very appealing to users, while demanding a great deal of attention.

In addition to cell phones, other electronic devices are used in vehicles, including DVD players, laptop computers, televisions, and

navigation systems, all of which have the potential to distract a driver's attention. It is certain technology will provide even more devices having the potential to grab our attention in the future.

The effects of using cell phones on driving are in dispute. Those favoring restrictions on cell phone use by drivers argue the distraction caused by mobile phones is more attention-getting than other activities. Further, the cognitive demands of these devices are significant and occur over extended periods.

Opponents of restrictions contend there is little evidence wireless phones are more distracting than other activities people engage in while driving. They also point out there are good and valuable reasons to use a cell phone while you are in a vehicle, such as to notify police of an emergency or notify family of your location or expected arrival time.

Existing crash data doesn't provide strong evidence linking cell phone usage to motor vehicle crashes. This may be the result of underreporting. Cell phone usage is difficult to detect after the fact, as phones leave no physical indicators at the scene. Investigators must rely on witnesses or self-reporting.

Several academic studies indicate mixed results regarding a relationship between traffic crashes and drivers operating a cell phone. A study of 100 vehicles over a one-year period by Virginia Tech Transportation Institute found handheld wireless devices were a significant safety concern. Compiling 2 million vehicle miles of driving, the study concluded nearly 80 percent of all crashes and 65 percent of all near-crashes involved driver inattention just prior to the event. Driver inattention was found to be the primary contributing factor in most crashes, and handheld devices were among the highest distraction-related factors

in crashes and were a leading factor in near crashes.

A July 2005 article in the *British Medical Journal* concluded drivers who use mobile phones are four times more likely to be involved in a serious crash. The use of a hands-free device did not reduce the risk.

A driving simulator study at the University of Utah determined the reaction times of young drivers talking on a cell phone were equivalent to a 65-74-year-old. Drivers of any age were 18 percent slower in hitting the brakes when talking on a cell phone.

Contradicting the conclusions of the studies listed above, a study by the North Carolina Highway Safety Research Center concluded many distractions are not new or technological in nature and it is difficult to determine what activity carries the most risk.

While the data and academic studies indicate mixed results, surveys show much of the public supports laws to curb cell phone use by drivers. According to a March 2003 Gallup poll, 48 percent of drivers perceive making a call while driving as being dangerous. Also from that survey, 88 percent of drivers support increased public awareness of the risk of using phones while driving. Fifty-seven percent of respondents indicate they would support a prohibition on cell phone use while driving, while more than 60 percent supported either increased fines for traffic violations when cell phones are used or insurance penalties for being in a crash while using a cell phone to encourage people not to use cell phones while driving.

No state completely bans using cell phones while driving. The most common measure considered was to ban the use of handheld phones. Connecticut, New Jersey, New York,

and the District of Columbia ban the use of handheld phones while driving, except for emergencies. Several states prohibit school bus drivers from using a phone while operating the bus. Further, some states restrict the use of cell phones by novice drivers.

Several states took action to improve collecting data regarding cell phone use, as well as the use of other handheld electronic devices in crashes. As this data continues to be collected, it will provide information to guide future public policy relative to the consideration of restrictions on cell phones and other electronic devices while driving.

**Year One Recommendation: Recognize cell phones and emerging technologies as a growing traffic safety concern, and the Kansas Department of Transportation should monitor data and studies regarding the impact of using cell phones and other devices.**

# *Driving Force Recommendations*

## **DATA**

### **Background**

The state of Kansas has 2.4 million registered vehicles and more than 2 million licensed drivers. Statewide travel on all roads and streets totals more than 29 billion vehicle miles annually. There are approximately 74,000 vehicle crashes, 23,000 injuries, and 450 deaths on Kansas roadways each year. More than 18,000 drivers are arrested for alcohol-impaired driving, and approximately 700,000 citations are issued annually. Coordination of this diverse and extensive data, in addition to many other data elements, presents numerous difficulties in evaluating traffic safety issues in Kansas.

Kansas has eight state agencies and more than 600 local agencies that collect, process, and disseminate traffic record data. Deficiencies occur in exchanging timely and accurate crash, medical, citation, and adjudication data among agencies. Multiple agencies using different data systems, inadequate communication among agencies, cumbersome data exchange abilities, and individual agency's Information Technology (IT) priorities are a few of the issues affecting the efficient and effective use of traffic record data to reduce traffic crashes, fatalities, and injuries.

The term "traffic records" is used to describe all traffic-related data included in the model developed by the National Highway Traffic Safety Administration (NHTSA);

this information falls into the following six categories:

- Crash Information
- Driver Information
- Vehicle Information
- Roadway Data
- Citation/Adjudication Information
- Injury Surveillance Information

In March 2005, KDOT, with the assistance of several state agencies and NHTSA, conducted a Traffic Records Assessment. Following that assessment, a Traffic Records Coordinating Committee (TRCC) was established. This committee consists of all the agencies, organizations, and associations in the state that have an interest in traffic records data. Members of the TRCC include the Kansas Department of Transportation, Kansas Department of Revenue, Kansas Highway Patrol, Kansas Criminal Justice Information System, Kansas Board of Emergency Medical Services, Kansas Bureau of Investigation, Kansas Department of Health and Environment, Kansas Peace Officers' Association, Kansas Association of Chiefs of Police, Kansas Sheriffs' Association, Mid-America Regional Council (the metropolitan planning organization for greater Kansas City), Federal Highway Administration, and the Federal Motor Carrier Safety Administration.

A Traffic Records Strategic Plan (TRSP) was developed by TRCC. The TRSP was designed to guide the state of Kansas in developing a statewide Traffic Records System to achieve timeliness, consistency, completeness, accuracy, and accessibility of traffic-related

data throughout the state. (Note: An electronic version of the strategic plan can be located at the link <http://www.ksdot.org/burTrafficSaf/TRCC.asp>.)

The ultimate goal of this effort is to improve the system and processes through which traffic records data are collected, aggregated, and distributed. While this system must provide robust and flexible functionality to the participating agencies, implementing the system must not significantly impact the partnering agencies' primary business functions.

Implementing all aspects of the TRSP is estimated to cost \$25 million. Of this \$25 million, nearly \$17 million has been committed by individual agencies participating in the initiative. An additional \$3.8 million will be secured through NHTSA and Federal Highway Administration. This leaves a balance of more than \$4 million for which a funding source has not been identified.

## **Key Issues and Recommendations**

Issue: Traffic records data is used by numerous agencies and jurisdictions. It is vital to have accurate and readily available information.

The Traffic Records Assessment cited two major recommendations – to encourage and provide resources for the electronic capture and transmission of data, and to use GPS devices for on-site data collection. This will provide accurate crash location data, which is critical in efforts to reduce injuries and fatalities from vehicular crashes. Another major recommendation was to establish a pre-hospital data collection and analysis system and to seek funding opportunities for the data collection system. Collecting the EMS activity reports and roadway attributes is the

first critical step in identifying a community's injury problems, and in turn, identifying cost-effective countermeasures, which can positively impact the traffic safety and health communities.

**Year Two Recommendation: Implement the recommendations from the Traffic Records Assessment held in March 2006, and pursue efforts to secure additional funding for implementing the recommendations through grants or an increase in fees for traffic violations.**

Issue: Consequences are needed to ensure timely submission of crash/citation data.

Timely, consistent, and accurate data are very important to traffic records management. While the vast majority of law enforcement agencies report crash reports in a timely manner, a few entities are very late in submitting their reports. Delayed reporting can hamper efforts to develop plans, adjudicate offenders, and develop countermeasures. Reducing lag time in reporting will allow timely countermeasures to be implemented, and ultimately lead to reduced injuries and fatalities. By law (KSA 8-1611), any crash that occurs on a public roadway and results in death or injury to any person, or total property damage of \$1,000 or more, must be reported to KDOT within 10 days of investigating the accident. This law allows reporting agencies to delay reporting based upon the generic statement, "The investigation is still on-going."

**Year Three Recommendation: Enhance current state statute to give the Secretary of Transportation the option of withholding 5 percent of special city/county highway funds from entities that are late to report traffic crash information.**

Issue: Need for a uniform traffic citation form.

The TRSP identified the need to develop a Uniform Traffic Citation (UTC). This form would create a standard data set to be collected by law enforcement for all citations issued in the state. Developing a UTC is the first step toward creating a statewide traffic citations repository so that statistical analysis can be conducted on all citations issued across the state. This analysis would enable law enforcement to better focus deployment and enforcement efforts and provide legislators with a clearer picture of statewide driving issues. A standardized form would allow the Kansas Department of Revenue to more efficiently input data and allow future changes. Efficient data input will lead to more timely adjudication and problem analysis.

**Year Three Recommendation: Create a uniform traffic citation form so that consistent data can be gathered across the state.**

# *Driving Force Recommendations*

---

## FUTURE IMPLEMENTATION

### Background

The *Driving Force* is a unique combination of individuals representing a variety of interests that have differing responsibilities related to traffic safety. Each member brings a different perspective to discussions about the education, enforcement, emergency services, and engineering aspects of traffic safety.

These public and private sector representatives provide valuable input to agency personnel. A similar entity could provide valuable input and direction for future traffic safety policy discussions.

### Key Issues and Recommendations

Issue: A diverse entity with a variety of public and private perspectives is needed to implement the *Driving Force's* recommendations.

To maintain continuity of efforts beyond the publication of these recommendations, it will be important to continue to engage the assistance of a wide variety of public and private sector representatives similar to the diverse membership of the *Driving Force*. Such a group could work cooperatively with officials from the Kansas Department of Transportation, Kansas Highway

Patrol, Kansas Department of Health and Environment, Kansas Department of Revenue, and other public sector agencies to follow through with efforts to implement the recommendations in this report. Additionally, this group can provide valuable direction once some of the studies and evaluations called for by this report are completed.

**Year One Recommendation: Create an entity to set the agenda for future implementation of the *Driving Force's* recommendations.**

# Scheduling

---

The *Driving Force* identified a number of important recommendations that require a significant amount of time and effort to implement. The task force members decided that the recommendations should be phased into a three-year plan so that sufficient effort and resources could be concentrated on each

issue to ensure their achievement. This will result in a number of important issues being delayed until a future year.

**The following action is recommended by year and by topic area.**

## Year One Recommendations

### Occupant Protection

- Pass legislation enacting a standard (primary) safety belt law for all vehicle occupants, and impose a \$60 fine.
- The Kansas Department of Transportation should identify funding and develop a comprehensive motorcycle safety program.
- Continue to develop strong media campaigns aimed at increasing the safety belt usage rate.

### Novice Drivers

- Pass legislation strengthening the Kansas graduated driver's licensing system to protect our youngest and most vulnerable drivers.
- Ensure that monies collected through driver's license fees for funding driver's education in Kansas high schools only are used for that purpose.

### Impaired Driving

- Design a process to determine the effectiveness of current processes to prevent, enforce, and adjudicate impaired driving offenses, paying particular attention to recommendations made in

the Impaired Driving Assessment held in July 2006.

- Expand current media campaigns to educate the public on the consequences of Driving Under the Influence (DUI) and Minor In Possession (MIP) convictions.

### Trauma Care

- Support the growth of trauma care in Kansas by having a minimum of a Level III trauma facility in each of the six health care regions in Kansas.

### Emergency Medical Services (EMS)

- Conduct further study, involving the Kansas Board of Emergency Medical Services, to address the needs of emergency medical services (EMS) in Kansas, starting with an updated EMS assessment by the National Highway Traffic Safety Administration (NHTSA).

### Commercial Motor Vehicles

- Support legislation requiring Medical Review Officers to report a commercial

*Continued on next page*



Continued from previous page

## Year One Recommendations

vehicle driver's positive drug test and return-to-duty negative test to the Division of Motor Vehicles to be included on the driver's motor vehicle record.

- Support the Kansas Highway Patrol's efforts of traffic enforcement around large trucks, using federal grant funding.

### Roadway

- Utilize shoulder and centerline rumble strips where applicable.
- All Kansas governmental jurisdictions should continue to make roadway improvements based on current engineering standards.

### Distracted Driving

- Recognize cell phones and emerging technologies as a growing traffic safety concern, and the Kansas Department of Transportation should monitor data and studies regarding the impact of using cell phones and other devices.

### Future Implementation

- Create an entity to set the agenda for future implementation of the *Driving Force's* recommendations.

## Year Two Recommendations

### Novice Drivers

- Educate all ages of Kansas children about traffic safety issues by making it a part of the Kansas Board of Education curriculum taught in elementary through secondary classrooms.

### Impaired Driving

- Increase the driver's license suspension for those with three or more convictions of Minor in Possession (MIP) from one year to as much as to the age of 21.
- Pass legislation creating a mandatory suspension of driving privileges with a conviction of using false identification to purchase alcohol under the age of 21.
- Pass legislation requiring health care professionals to report drivers impaired by alcohol or drug use to local law enforcement.

### Older Drivers

- Evaluate the use and administration of the driver medical review process.

### Judiciary Process

- Pass legislation to fund a statewide data repository system to track citations, adjudications, and diversions, including fines collected as a result.
- The Kansas Department of Transportation should establish a court monitoring system.

### Data

- Implement the recommendations from the Traffic Records Assessment held in March 2006, and pursue efforts to secure additional funding for implementing the recommendations through grants or an increase in fees for traffic violations.

## **Year Three Recommendations**

### **Occupant Protection**

- Pass legislation requiring all motorcycle riders to wear helmets.

### **Trauma Care**

- Require hospitals to provide traffic safety and trauma care education to emergency department nurses.

### **Older Drivers**

- Evaluate the driver's license renewal process for all drivers.

### **Data**

- Enhance current state statute to give the Secretary of Transportation the option of withholding 5 percent of special city/county highway funds from entities that are late to report traffic crash information.
- Create a uniform traffic citation form so that consistent data can be gathered across the state.