

SAFETY

SAFETY BELT USAGE



Graduated driver licensing programs can reduce fatal crashes of 16-year-olds by up to

21%

"In 2007, Mississippi's children, teens, and young adults continue to be overrepresented in traffic crash fatalities, due in part to the low seat belt usage rate among this population."

-Kim Proctor, Director
MS Office of Highway Safety²

Healthy People 2010 Goals:

The national health goal for 2010 is 92% safety belt usage for all ages, which would be up from 69% in 1998. (Objective 15-19)³

"When a crash occurs, unbelted occupants frequently injure other occupants and drivers have more difficulty controlling their vehicle. In addition, children riding with unbelted adults are much less likely to be buckled up, as compared to children riding with belted adults. And the cost of increased deaths and injuries associated with failure to use a safety belt is borne by everyone."

-National Highway Traffic Safety Administration¹

facts:

- For children and young people ages 5 to 24, motor vehicle crashes are the number one cause of death.⁴
- "Of the children ages 0 to 14 years who were killed in motor vehicle crashes during 2005, nearly half were unrestrained." -National Highway Traffic Safety Administration⁵
- Drivers in rural areas are especially vulnerable to motor vehicle fatalities, with twice the death rate from car crashes than urban drivers.⁶
- Enacted by the 2006 Mississippi Legislature, a primary safety belt law went into effect in Mississippi on May 27, 2006. According to the National Highway Traffic Safety Administration, primary safety belt laws allow a citation to be issued if a law enforcement officer simply observes an unbelted driver or passenger. Secondary safety belt laws require an officer to stop or cite a violator for another infraction before issuing a citation for not buckling up.⁶
- Mississippi had 911 traffic fatalities in 2006.⁷
- In 2003, the percentage of Mississippi 9th- to 12th- grade students who reported infrequent seat belt use as passengers was significantly higher than percentages of students in the surrounding states of Alabama, Georgia, and Tennessee.^{8,a,b}

SAFETY

BICYCLE HELMET USAGE



“Bicycling is a popular recreational activity and a principal mode of transportation for children in the United States, yet about 300 children die and 430,000 are injured annually.”

-Centers for Disease Control and Prevention¹³

facts:

- Wearing a bicycle helmet reduces the risk of serious brain injury by up to 85% and is one of the most important safety measures a child can take.^{13, 14}
- In 2003, the Associate Director of the Brain Injury Association of Mississippi, Freda Arender, noted that Mississippi had 212 child deaths in 2001 from brain injuries resulting from various causes, including bicycle accidents.¹⁵
- Parents’ use of helmets and mandatory helmet use laws are two factors that are strongly associated with helmet use by children.¹⁴

Healthy People 2010 Goals:

The national health goal is for 76% of all children aged 1 to 15 years to regularly wear a bicycle helmet by 2010, which would be up from 69% in 1998. (Objective 15-23a)³

A related national health goal is for all states to have laws that require bicycle helmets for bicycle riders. (Objective 15-24)³

“Because children cannot conceptualize what a brain injury is and what it could mean for them and because they are not in control of their surroundings, making helmet use second nature is critical. [Also,]...children often wear helmets that are too big or small or that sit back on their heads, providing little protection. Hopefully, through safety education provided by Safe Routes to School and other prevention programs, the number of children wearing helmets—and wearing them properly—will increase.”

- Cookie Leffler, Safe Routes to School Coordinator
Mississippi Department of Transportation¹⁶

Wearing a bicycle helmet reduces the risk of serious brain injury by up to

85%

BICYCLE HELMET USAGE

key findings:

BICYCLE HELMET USAGE

Comparing percentages for 1993 to those for 2003, reported helmet use improved significantly for females, but very little for males. In 1993, 98.5% of females and 97.7% of males reported that they never or rarely wore a bicycle helmet during the past 12 months. In other words, approximately 2% of Mississippi 9th-12th graders reported that they wore a bicycle helmet at least sometimes while cycling. In 2001, the percentage of females who reported infrequent helmet use continued to decrease while the percentage for males increased, leading to a significant difference between the genders in 2003. By 2003, 93.1% of females and 97.4% of males reported infrequent helmet use; therefore, approximately 3% of males and 7% of females reported that they wore helmets at least sometimes. There was a significant difference between the Mississippi 1993 and 2003 percentages overall: 98.0% of 9th-12th graders reported that they never or rarely wore a helmet in 1993, compared to 95.7% in 2003.^{8,a,b} [FIGURE 4]

Comparing Mississippi to Alabama and the nation as a whole, a significantly higher percentage of Mississippi's 9th-12th graders reported infrequent helmet use in both 1993 and 2003, indicating a consistent trend and safety problem.^{8,a,b} [FIGURE 5]

Notes:

Figures 4 and 5 were created using data from the Youth Risk Behavioral Surveillance System (YRBSS). For some survey questions, 2005 data were available for the U.S. and/or other states. However, Mississippi's 2005 YRBSS did not achieve a 60% response rate; therefore, the results were not statistically reflective of all students in grades 9-12. Unweighted data are typically not released. Therefore, we are making comparisons to other states and the nation using selected data from the years 1993-2003. For further information, visit the CDC's YRBSS Web site at: www.cdc.gov/HealthyYouth/yrbs/^a

Bar Graphs:

Bars with diagonal lines indicate that Mississippi was significantly different than the U.S. and/or other states. For example, if the Mississippi bar is filled with diagonal lines, and so is the U.S. bar, Mississippi is significantly different from the U.S. Solid bars indicate the differences were not significant between Mississippi and the U.S. and/or other states.^b

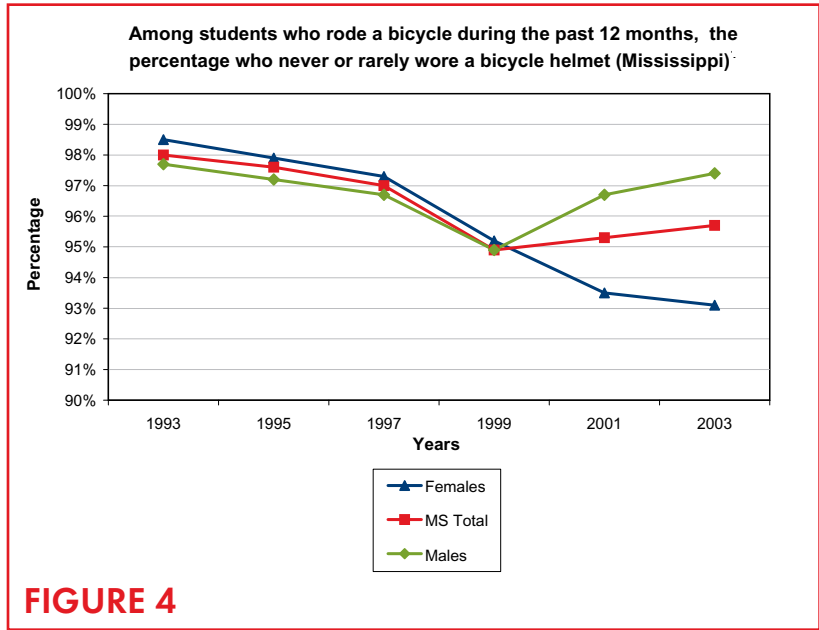


FIGURE 4

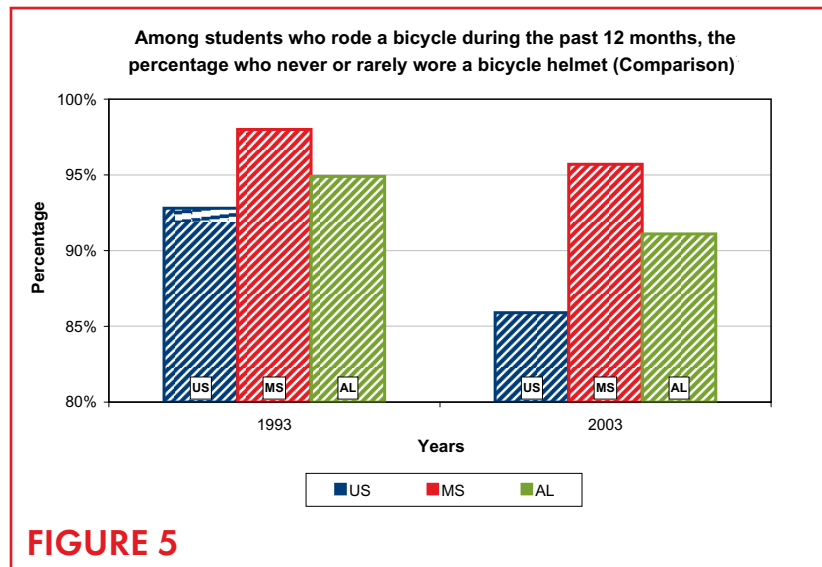


FIGURE 5

policy considerations:

Although Mississippi has a motorcycle helmet law, we do NOT have a bicycle helmet law. While parents and adults may understand the implications of children not wearing bicycle helmets, continued education is important, and studies have noted that this must be coupled with both state and city ordinances.¹⁷

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SAFETY

DRINKING DRIVER

“All alcohol consumption, even at low levels, has a negative impact on driver skills, perceptions, abilities, and performance and poses significant health and safety risks.”

–American Medical Association¹⁸

65%

of underage youth who drink alcohol report that they obtain it from friends or family

Healthy People 2010 Goals:

The national health goal for 2010 is to reduce the proportion of adolescents who report riding with a drinking driver to 30%, which would be down from 33% in 1999. (Objective 26-6)³

facts:

- Sixty-five percent of underage youth who drink alcohol report that they obtain it from friends or family. Only 7% report that they obtain alcohol from retailers, according to research by The Century Council.¹⁹

Children and youth pay a high price for drinking and driving in the United States:

- “In 2002 [nationally], 24% of young drivers who were killed in an automobile accident had been drinking and were legally intoxicated.”
–Child Trends²⁰
- Older students are more likely to drive while drinking: nationally, the percentage nearly triples from 9th to 12th grade.²⁰
- Nationally, for children ages 0 to 14, 25% of all motor vehicle deaths involve a drinking driver.²¹
- Consistently, from 1993 to 2003, a significantly higher percentage of Mississippi 9th- to 12th-grade males reported driving while drinking compared to females. In 2003, 18.5% of males reported driving while drinking, compared to 7.3% of females. Interestingly, females did not significantly differ from males in the percentage who reported riding with someone who had been drinking.^{8,a,b}

25%

of U.S. motor vehicle deaths
for children ages 0 to 14
involve a drinking driver

DRINKING DRIVER

key findings:

DRINKING DRIVER

Comparing reports in 1993 to those in 2003, the percentage of Mississippi 9th-12th graders who drove while drinking or rode with a drinking driver in the past 30 days decreased, and the Mississippi percentages for 2003 were not significantly higher than either Alabama or the nation as a whole. In 1993, 42.6% of Mississippi's youth reported that they rode with a drinking driver, compared to 30.9% in 2003. In 1993, 19.7% of Mississippi's youth reported that they drove while drinking, compared to 12.8% in 2003.^{8,a,b}

[FIGURES 6, 7]

Notes:

Figures 6 and 7 were created using data from the Youth Risk Behavioral Surveillance System (YRBSS). For some survey questions, 2005 data were available for the U.S. and/or other states. However, Mississippi's 2005 YRBSS did not achieve a 60% response rate; therefore, the results were not statistically reflective of all students in grades 9-12. Unweighted data are typically not released. Therefore, we are making comparisons to other states and the nation using selected data from the years 1993-2003. For further information, visit the CDC's YRBSS Web site at: www.cdc.gov/HealthyYouth/yrbs/

Bar Graphs:

Bars with diagonal lines indicate that Mississippi was significantly different than the U.S. and/or other states. For example, if the Mississippi bar is filled with diagonal lines, and so is the U.S. bar, Mississippi is significantly different from the U.S. Solid bars indicate the differences were not significant between Mississippi and the U.S. and/or other states.^b

"The power of parenting is the most potent, least appreciated and most underutilized resource available in the struggle to raise children free of drugs and alcohol abuse."

- Joseph A. Califano, Jr., in a May 2007 National Center on Addiction and Substance Abuse Press Release²²

policy considerations:

While it is important to recognize that percentages have progressively decreased over the last decade, the stark reality is that, in 2003, almost one-third of Mississippi's adolescents reported riding with someone who had been drinking alcohol one or more times within the previous month. This is a call for alarm. Revisiting Mississippi's graduated driver licensing legislation and increasing public health and media campaigns to educate parents, communities and professionals are important considerations in saving young lives.

Percentage of students who rode in a car or other vehicle driven by someone who had been drinking alcohol one or more times during the past 30 days (Comparison)

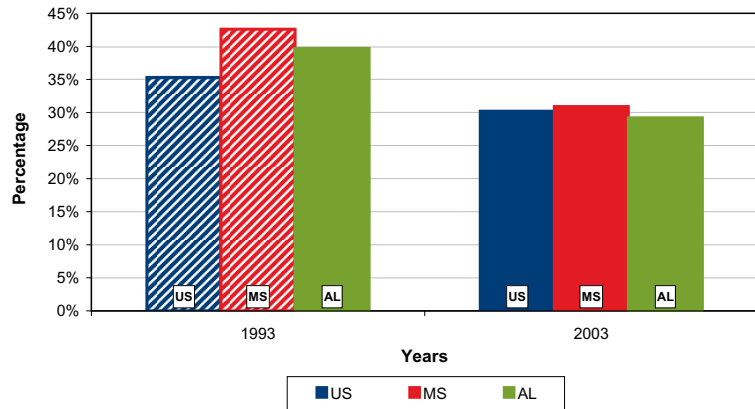


FIGURE 6

Percentage of students who drove a car or other vehicle when they had been drinking alcohol one or more times during the past 30 days (Comparison)

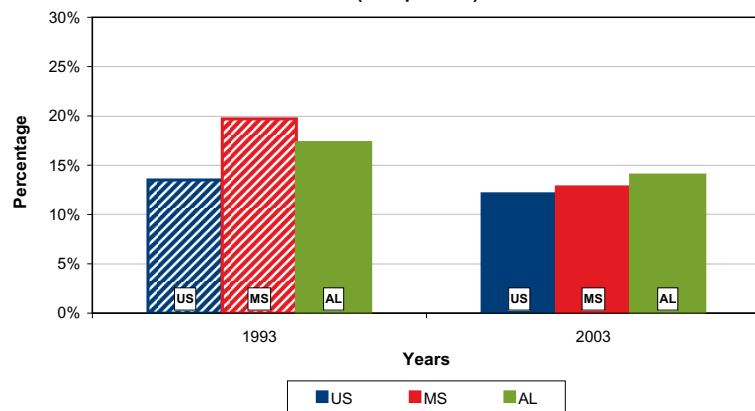


FIGURE 7

SAFETY

YOUTH VIOLENCE: Carrying a Weapon & Fighting



“Violence is a significant—but largely preventable—cause of death and injury for young Americans and contributes to stark health disparities for racial and ethnic minorities.”

-CDC, Public Health Law Program²³

14%

of deaths for U.S. teens
ages 15 to 19 in 2003
were homicides

Healthy People 2010 Goals:

The national health goal for 2010 is to reduce physical fighting among adolescents to 32%, which would be down from 36% in 1999. (Objective 15-38)³

facts:

- Mississippi is one of 12 states that has enacted laws preventing persons from intentionally, knowingly, and/or recklessly providing firearms to minors. However, in Mississippi, this law applies to handguns only.²⁴
- Despite a downward trend (Figure 8), clearly too many weapons are in the hands of Mississippi’s young people, increasing the danger associated with minor disagreements and common accidents.
- Nationwide, for teens 15-19 years of age, 14% of all deaths in 2003 were homicides.²⁵
- In 2005, Hispanic and Black youths were more likely to report being in a physical fight than White youths.²⁶
- In 2005, approximately one-third of U.S. students who reported carrying a weapon stated it was a gun.²⁵

SAFETY

YOUTH VIOLENCE: Carrying a Weapon & Fighting

key findings:

FIGHTING

Gender differences were also observed among Mississippi students for the percentage who reported being involved in physical fights during the past 12 months. A higher percentage of males than females reported being in a physical fight each year they were surveyed between 1993 and 2003. Overall, Mississippi student reports of physical fighting have decreased between 1993 (39.3%) and 2003 (30.6%). However, these numbers still remain high: in 2003, 42.4% of males and 19.5% of females reported being involved in a physical fight, indicating the potential danger if weapons were introduced. Percentages for reported fighting among youth in the United States as a whole were not significantly different than those for Mississippi in 1993 or 2003.^{8,a,b}

[FIGURES 10, 11]

Notes:

Figures 10 and 11 were created using data from the Youth Risk Behavioral Surveillance System (YRBSS). For some survey questions, 2005 data were available for the U.S. and/or other states. However, Mississippi's 2005 YRBSS did not achieve a 60% response rate; therefore, the results were not statistically reflective of all students in grades 9-12. Unweighted data are typically not released. Therefore, we are making comparisons to other states and the nation using selected data from the years 1993-2003. For further information, visit the CDC's YRBSS Web site at: www.cdc.gov/HealthyYouth/yrbss/^a

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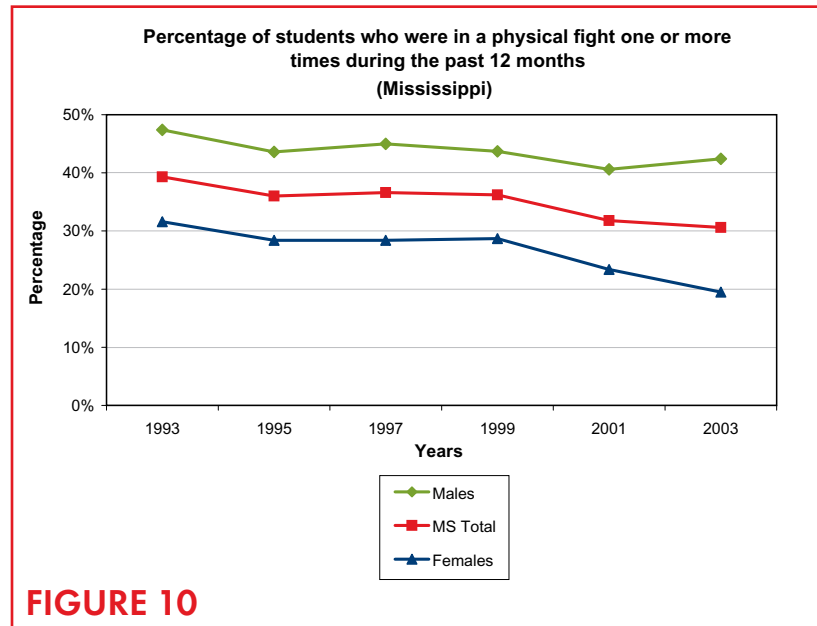


FIGURE 10

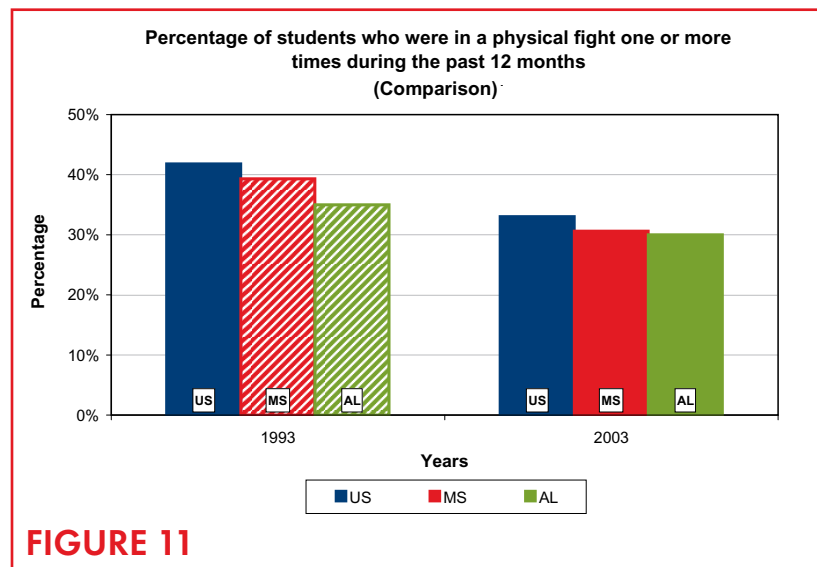


FIGURE 11

policy considerations:

As there are multiple determinants of the dangers of firearms to children, such as firearm storage, types of firearms owned (i.e., handgun vs. shotgun), ages of children in the home, and family members' histories of gun ownership, accordant manifold interventions are needed.²⁷ Public health, mental health and health care providers, as well as educators, are all important resources to parents, families and communities for information regarding gun safety and firearm access restrictions for children of all ages. Research is needed on the types and locations of fatalities and firearm-related injuries among all Mississippi children and on approaches to tailored messages for parents and caregivers, particularly focusing on gender differences.