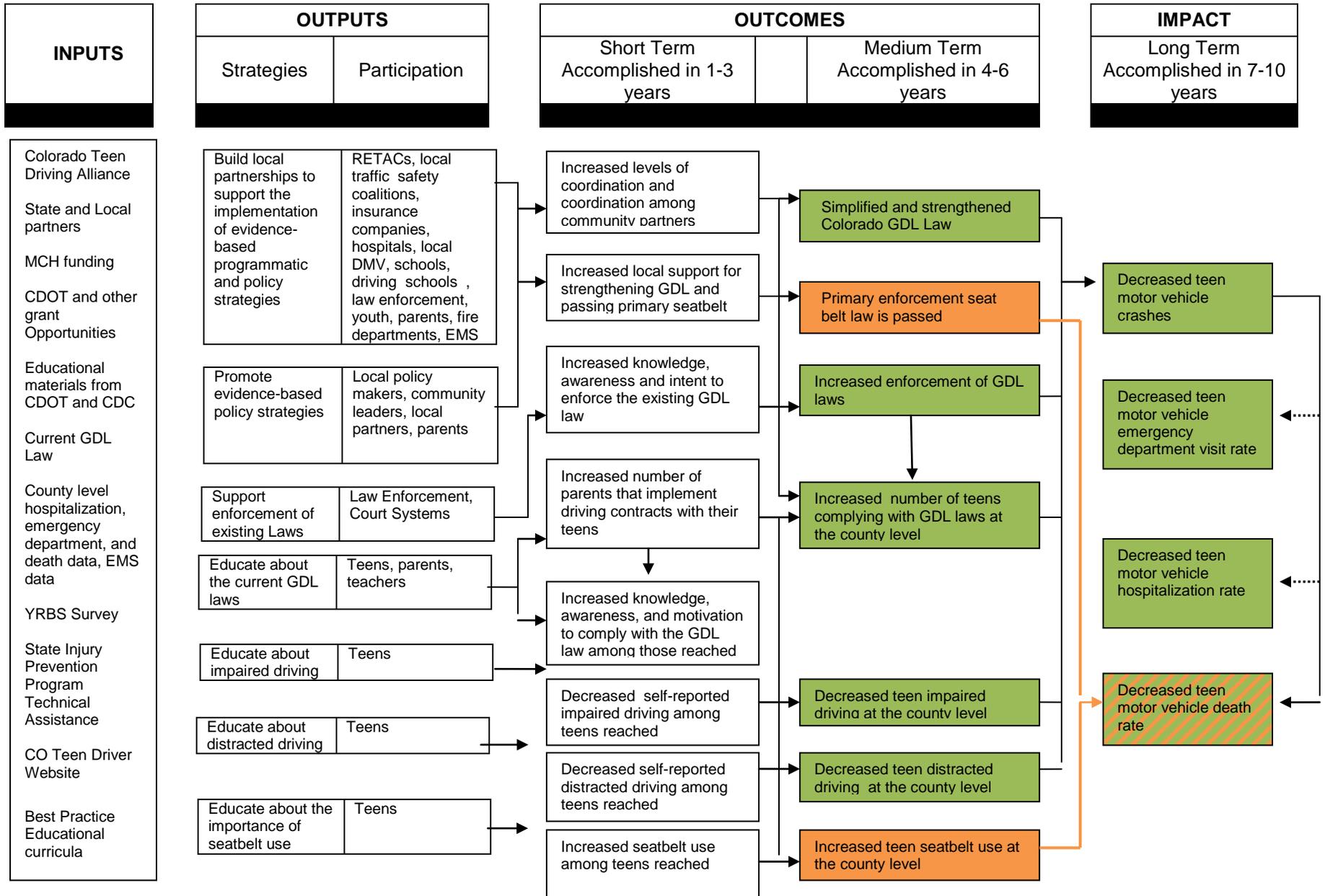


# Colorado Maternal & Child Health Priority on Teen Motor Vehicle Safety

## Local Logic Model

January 31, 2012

**Overarching Goal:** Optimal health and well-being for the Maternal and Child Health (MCH) population in Colorado.



<b>LOGIC ASSUMPTIONS</b>	<b>EXTERNAL FACTORS</b>
<p>Strong GDL laws are proven to be the best way to keep teens safe on the road. Colorado can improve its motor vehicle laws by strengthening GDL and passing primary seatbelt legislation.</p> <p>Strengthening GDL laws will lead to a reduction in teen crashes, which will also reduce the rate of motor vehicle emergency department visits, hospitalization and deaths (see green boxes in the medium and long term outcomes).</p> <p>Passing primary seatbelt legislation would make enforcing the existing teen seatbelt laws easier and lead to increased seatbelt use. This would lead to fewer motor vehicle-related deaths, but may or may not decrease the rates of emergency department visits or hospitalizations due to more people surviving a serious crash (orange boxes in the medium and long-term outcomes).</p> <p>The short term outcomes in this logic model are based on the assumption that many local health agencies will choose to implement school-based teen driving safety programs and/or community-based parent education classes. It will be possible to measure self-reported (or in some cases observed) behavior changes among the teens/parents directly reached by that programming in years 1-3. County level changes will likely not be observed in the population-based data systems until years 3-5. Strengthening GDL laws will lead to a reduction in teen crashes.</p>	<p>Changes to the GDL law are proposed by different groups nearly every legislative session, which means there is always a possibility that it will be weakened. There is little political will to pass primary seatbelt legislation.</p>