



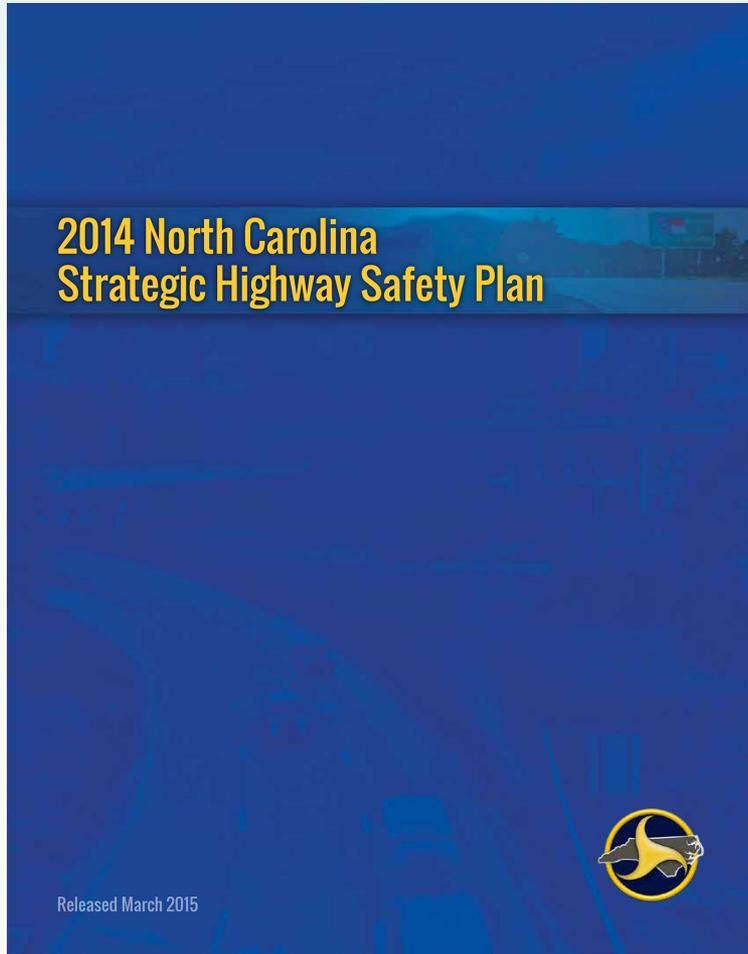
NORTH CAROLINA

Department of Transportation



NC Strategic Highway Safety Plan (SHSP) 2019 Update
Executive Committee for Highway Safety
January 10, 2020

Updating the 2014 Plan

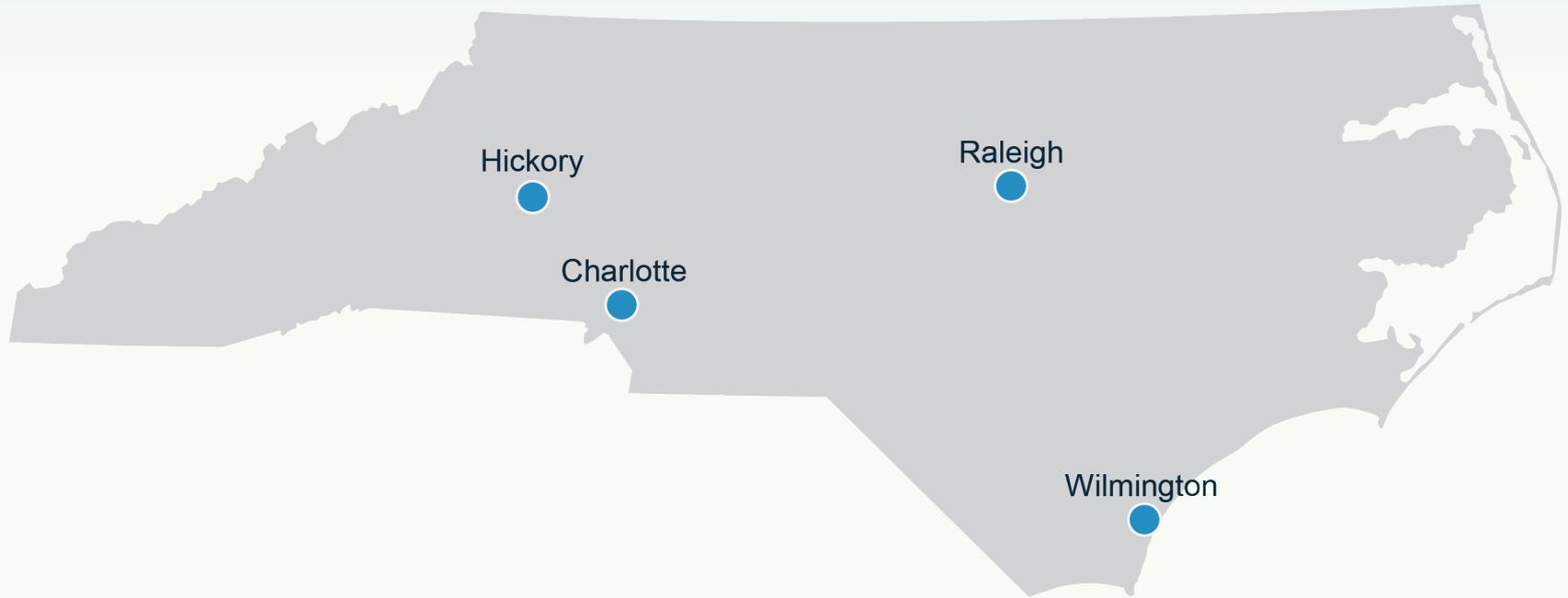


2014



2019

Update Process



**SAFE
KIDS**
NORTH CAROLINA



**NORTH CAROLINA
ADMINISTRATIVE OFFICE
of the COURTS**



NCDHHS

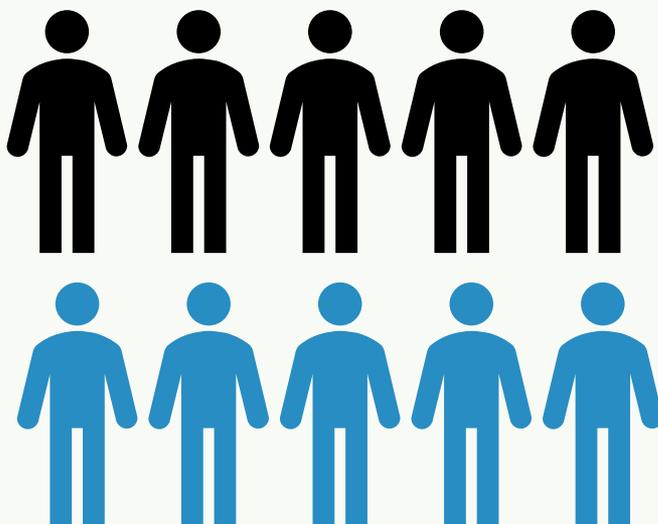


Update Process

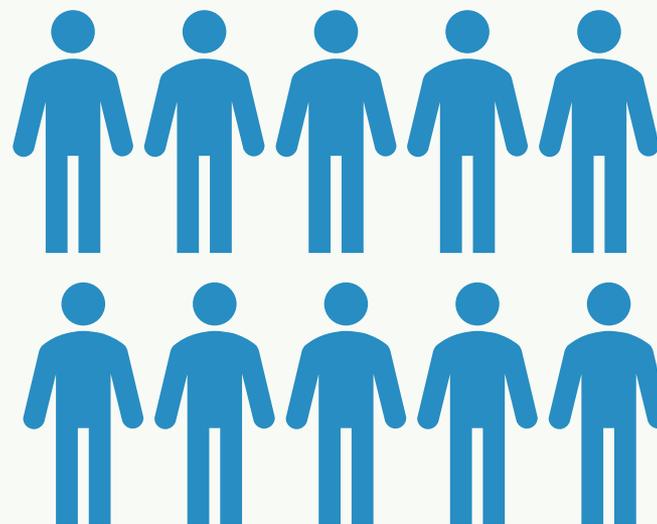
- 18 Working Group meetings
- Ongoing data analysis
- Over 70 safety partners at second workshop
- 45 signed commitment cards
- Revised draft plan based on safety partner feedback

2019 Goal

Reduce fatalities and serious injuries by half by 2035, moving towards zero by 2050.



Year 2035



Year 2050

2019 Emphasis Areas



YOUNGER DRIVERS



OLDER DRIVERS



PEDESTRIANS, BICYCLISTS,
& PERSONAL MOBILITY



EMERGING ISSUES
AND DATA



ALERTNESS



LANE DEPARTURE



OCCUPANT PROTECTION



INTERSECTION SAFETY



MOTORCYCLE SAFETY



SPEED



DRIVING WHILE IMPAIRED

North Carolina SHSP - 2019

NORTH CAROLINA STRATEGIC
HIGHWAY SAFETY PLAN



Top Counties of Motorcyclist-Involved Fatalities and Serious Injuries

Top Counties in Both Categories

Top Counties	Top Counties per Residents 16 and Older
1 Wake	Graham
2 Mecklenburg	Swain
3 Cumberland	Haywood
4 Onslow	Jones
5 Guilford	McDowell
6 Forsyth	Camden
7 Graham	Onslow
8 Davidson	Stokes
9 Iredell	Cherokee
10 Durham	Clay

TOP
10%

Working Group Members

James Bradford, AAA Carolinas
Mark Brown, MotoMarkI
Catherine Bryant, NCDOT
Shannon Bullock, NCDOT/OSFM
Alan Dellapenna, NC DHHS
Cathy Hunt, Southeastern Health
Bevan Kirley, UNC-HSRC
Amin Mohamadi, NCDOT
Chris Oliver, NCDOT
Dana Orr, Poe Health
Sergeant James Pickard, NCSHP
Kristel Robison, UNC-HSRC
Trooper Jonathan Sherrill, NCSHP
Aaron Williams, FHWA



NHTSA estimates that for every 100 unhelmeted motorcyclist fatalities, 37 lives would have been saved if they were wearing a helmet.³⁷

³⁷ National Center for Statistics and Analysis (2019). Motorcycles: 2017 data (Updated, Traffic Safety Facts, Report No. DOT HS 812 785). <https://crashstats.nhtsa.dot.gov/Api/Public/ViewPublication/812785>.

NORTH CAROLINA STRATEGIC
HIGHWAY SAFETY PLAN



Older Drivers



Website and Data Dashboard



Substance Impaired Driving

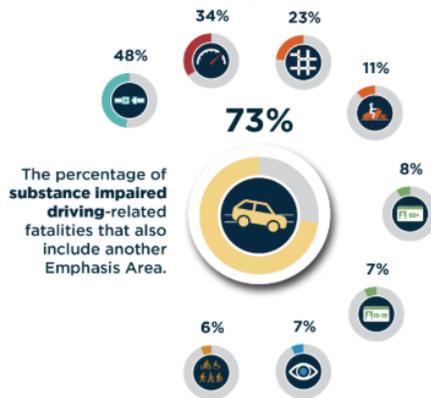
FOCUS AREA: Human Behavior

EA DEFINITION: Crashes that involve a driver in which alcohol or drug impairment is suspected or detected.

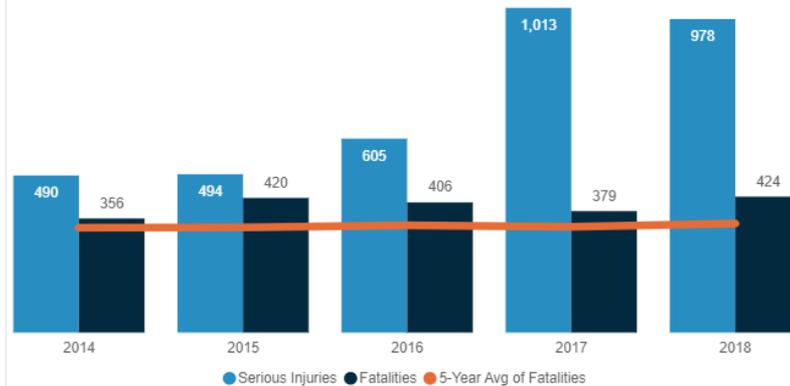
EA GOAL: Reduce substance impaired driving-related fatalities and serious injuries by half by 2035, moving towards zero by 2050.



Key Overlaps



Annual Fatalities and Serious Injuries



Implementing Agencies

- NC ABC Commission
- NC ABC Commission Education Outreach Section
- NC ABC Commission Permit Division
- NC Alcohol Law Enforcement
- North Carolina Administration Office of the Courts (NCAOC)
- NC Conference of District Attorneys
- NC DHHS Division of Public Health Forensic Tests for Alcohol
- NCDMV
- NCDOT Office of Communications, Community Outreach, and Public Engagement
- NC Justice Academy
- NC Opioid and Prescription Drug Abuse Advisory Committee

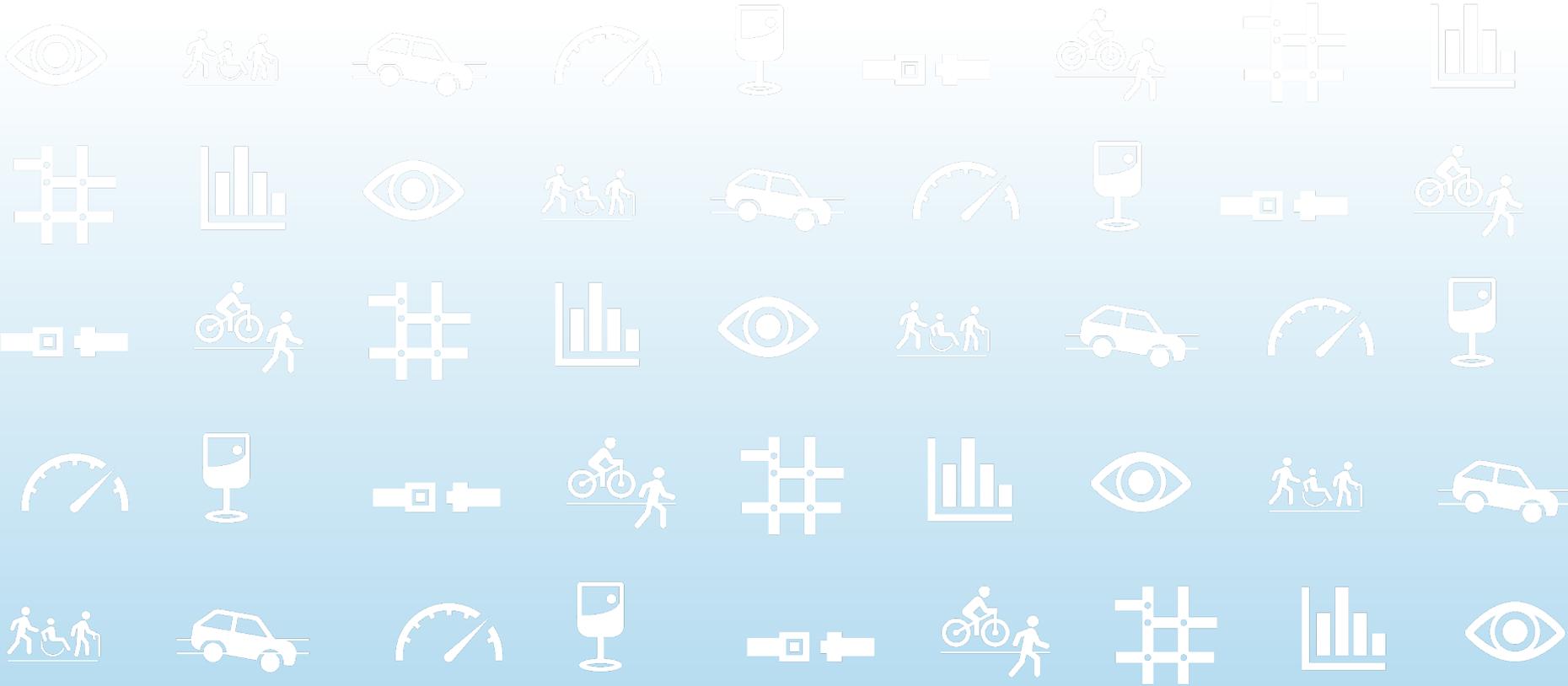
Supporting Actions

- Education
- Enforcement
- Engineering



A crash on a road with a speed limit of 65 mph or higher is more than twice as likely to result in a fatality as a crash where the speed limit is 45 or 50 mph, and nearly five times as likely as a crash where the speed limit is below 40 mph.

Supporting Actions	Timeline
Assess the impact potential privatization of the distribution and sale of spirituous liquor could have on highway safety in North Carolina and communicate that impact to legislators.	NEAR-TERM (0-1 YEAR)
Engage the public health community to understand risk factors associated with negative health outcomes and their relation to other risk-taking behavior (e.g., substance abuse and impaired driving).	LONG-TERM (2-5 YEARS)
Engage traditional and non-traditional partners to develop, integrate, coordinate, and support programs, resources (e.g., the NC DHHS Injury and Violence Prevention Branch – Alcohol Data Dashboard), activities, and messaging regarding the use of impairing substances and related outcomes, especially with existing community-based programs.	MID-TERM (1-2 YEARS)
Establish and/or improve communication channels (e.g., doctors, pharmacists, print and electronic resources) to educate persons taking multiple medications, certain prescriptions, or over-the-counter medications about risks associated with driver impairment.	NEAR-TERM (0-1 YEAR)
Examine and revise policies related to alcohol consumption at private establishments, sporting events, and other social gatherings.	LONG-TERM (2-5 YEARS)



Questions