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Occupant Protection for Children

Best Practices Manual



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LIST OF ACRONYMS

AAA	American Automobile Association
AAP	American Academy of Pediatrics
ACTS	Automotive Coalition for Traffic Safety
CDC	Centers for Disease Control
CHOP	Children’s Hospital of Philadelphia
CPS	Child Passenger Safety
CPST	Child Passenger Safety Technician
DOF	Denver Osteopathic Foundation
DOT	Department of Transportation
DPH	Department of Public Health
FMVSS	Federal Motor Vehicle Safety Standards
FNL	Friday Night Live
GHSA	Governors Highway Safety Association
GIS	Geographic Information System
GTSB	Governor’s Traffic Safety Bureau
HHS	Health and Human Services
IACP	International Association of Chiefs of Police
IPC	Injury Prevention Center
IPR	Injury Prevention Resources
LE	Law Enforcement
MNHC	Mission Neighborhood Health Center
NAHC	Native American Health Center
NSC	National Safety Council
NCUTLO	National Committee on Uniform Traffic Laws and Ordinances
NHTSA	National Highway Traffic Safety Administration
NOYS	National Organizations for Youth Safety
OPC	Occupant Protection for Children
PCPS	Partners for Child Passenger Safety
PD	Police Department
PERT	Program Evaluation and Review Technique
PI&E	Public Information and Education
SBA	Small Business Administration
SBEO	Safety Belt Education Office
SDH	State Department of Health
SHSO	State Highway Safety Office
TOPS	Traffic Occupant Protection Strategies
VVHC	Visitacion Valley Health Center
WHS	Women’s Health Center

EXECUTIVE SUMMARY

In the U.S., motor vehicle crashes are the single greatest cause of fatalities for children three and older.¹ Across the country, highway safety officials and child safety advocates have recognized the need to boost efforts at increasing the proper use of occupant protection for children (OPC). The challenge is to do this under difficult circumstances where competing issues take higher priority, staff resources are limited or nonexistent, the need is not always considered a priority among policy makers, and funding for OPC is hard to come by.

To meet this challenge, State Farm Insurance Company has teamed with the Governors Highway Safety Association (GHSA) to provide resources, including the development of this “Guide to Occupant Protection for Children”, in support of a comprehensive and balanced approach to improving OPC. This guide follows previously developed comprehensive guidelines and an assessment tool for OPC. The guidelines create a standard for an ideal OPC program. The assessment tool provides a mechanism for state highway safety offices to review all aspects of their OPC program and help focus resources where they are most needed.

This ongoing development for OPC recognizes that the historical focus of state and community programs for children has been infants, toddlers and children four years of age and under. The expansion of booster seat programs and booster seat legislation has expanded the focus on children up to approximately the age of eight. This continues to leave a substantial gap for children who fall between a booster seat program and traditional driver education programs – those children between approximately age eight and 16.

This guide complements available resources to assist state and/or community programs provide a comprehensive approach to occupant protection for children, particularly among those between eight and 16. The guide represents the next step toward a stronger, data-driven and research-based program. It provides examples of various program components that can be replicated and localized in other parts of the country.

A comprehensive program is multi-faceted and complex. There are excellent resources available for child passenger safety programs in support of car seat and booster seat use. Therefore, covering all components of a comprehensive program is beyond the scope of this guide. Based on the responses to a nationwide questionnaire sent to highway safety officials and child passenger safety advocates, this guide focuses primarily on establishing a strategic and comprehensive approach to OPC. Plus, it provides information and resources particularly for the top five priority areas for which the respondents requested additional information:

- programs for “tweens”,
- funding and resources,
- marketing strategies,
- data and evaluation, and
- law enforcement.

Each of these areas makes its own unique demands on commitment, creativity, communication, and cooperation. The projects selected for inclusion in this guide are intended to serve as examples only, in order to illustrate one or more of these essential ingredients. They provide “real world” examples of what can be accomplished when people come together to achieve a common goal – reducing injuries and saving children’s lives.

¹ “Traffic Safety Facts,” National Highway Traffic Safety Administration, January 2006, p. 1.

PROJECT METHODOLOGY

Several steps were taken to ensure that this guide would be both useful and practical.

An advisory team (Appendix A) of governors' highway safety representatives, child safety advocates, State Farm project managers, a National Highway Traffic Safety Administration representative, and the Governors Highway Safety Association executive director provided project oversight.

"Occupant Protection for Children Assessment Reports" from eight states – Indiana, Michigan, Missouri, Montana, Ohio, Pennsylvania, Utah, and Virginia – were reviewed and analyzed for state and local activities and comprehensive program components.

A very brief questionnaire (Appendix B) was distributed to state highway safety offices; 58 were returned electronically from state highway safety offices, local child passenger safety (CPS) coordinators, program managers, and advocates. First, respondents were asked to give their opinion as to the priority of OPC program components. Responses to this question indicated that, for the most part, all components were considered almost equally important.

Respondents were also asked to indicate what they considered to be the most significant gaps in their state programs. What respondents considered as gaps were generally not the same as their priorities. However, "funding" ranked consistently high on both lists and "data needs" ranked relatively low on both lists. A significant divergence in responses, such that the same items ended up on both ends of the ranking spectrum, resulted in only a couple of ranking points separating the "high" from "low" priorities and gaps.

The third question for questionnaire respondents asked for the top three program components of OPC for which they would like to receive more information. Because this was a "write-in" question, answers varied considerably. In order of the number of responses per item, the top five responses were:

- 1) Programs for "tweens"
- 2) Funding and resources
- 3) Marketing strategies
- 4) Data and evaluation
- 5) Law enforcement

Contact information for persons conducting OPC activities was also obtained from the questionnaire. Information regarding the activities in the guide comes primarily from these sources, supplemented by internet searches and queries to traffic safety experts at the federal, state, and local levels.

1

OVERVIEW OF A COMPREHENSIVE OPC PROGRAM

INTRODUCTION

Current national guidelines for conducting an “Occupant Protection for Children (OPC) Assessment” call for a state to review its overall program in the following categories:

- Management and leadership
- Data
- Evaluation
- Training
- Child restraint inspection and distribution program
- Legislation/regulation/policy
- Law enforcement
- Public information and education
- Community programs

As part of the development of this manual, a thorough review of eight current “State OPC Assessment Reports” was conducted. This review revealed that, when viewed from the community perspective, additional priorities exist. A comprehensive state or local OPC program would address model program elements within at least the following nine critical areas:

1. Leadership and management
2. Planning and administration
3. Data and evaluation
4. Training
5. Child restraint inspection and distribution
6. Legislation, regulation and policy
7. Law enforcement
8. Public information and education
9. Funding and resources

(See Appendix C for a detailed listing of “OPC Model Program Elements” derived from the “State OPC Assessment Reports.”)

A questionnaire survey was also conducted as part of the development of this manual. The survey results indicate strong interest in two additional OPC areas: tween programs (activities for children in middle school or junior high) and marketing strategies/outreach.

Therefore, to be as comprehensive as possible, this manual covers a total of 10 OPC areas – eight of the nine critical areas as listed above (excluding “child restraint inspection and distribution”), plus tween programs and marketing strategies/outreach. This manual is not intended to specifically cover child restraint programs; there is already a significant body of work on this topic. Child restraint programs are fully discussed in other documents available from the National Highway Traffic Safety Administration, state highway safety offices, or other child passenger safety advocacy groups (several of which also address the needs of older children), and these are referenced in the Resources section of this manual.

EXISTING STRENGTHS AND WEAKNESSES

Existing state and local programs and activities throughout the country illustrate both significant strengths and weaknesses/challenges in each of the nine critical areas. The following table briefly

1

OVERVIEW OF A COMPREHENSIVE OPC PROGRAM

highlights those strengths and weaknesses. The list of model program elements (Appendix C) and the following table of strengths and weaknesses can be used either separately or together to self-evaluate programs to determine where voids may exist.

TABLE 1: STRENGTHS AND WEAKNESSES IN OPC PROGRAMS

CRITICAL AREA	STRENGTHS	WEAKNESSES/CHALLENGES
Leadership / management	<ul style="list-style-type: none"> • States have OPC leadership capabilities and skills. • Advisory and coordinating committees are common. • Many states and locales hold periodic conferences or meetings, and support attendance at national conferences. 	<ul style="list-style-type: none"> • An established focal point generally exists for child passenger safety (ages 0-4), but often does not exist for older children. • Top level political or administrative support is relatively low for programs reaching children from age five to 16.
Planning / administration	<ul style="list-style-type: none"> • OPC is incorporated into planned activities for media and law enforcement, particularly during “Click It or Ticket” mobilizations. • Goals and objectives are shared across agencies and organizations. 	<ul style="list-style-type: none"> • Children ages five to 16 are not included in planning processes, or are secondary to other priorities. • Needs assessments are seldom conducted. • Resource allocation may be determined as much or more by demand as by need.
Data / evaluation	<ul style="list-style-type: none"> • Reporting of car seat use, misuse and distribution is generally consistent and uniform. • Changes in child restraint use and fatalities and injuries among children age 0-4 are usually tracked. 	<ul style="list-style-type: none"> • Observational surveys are not routine and seldom identify usage for children from age five to 16. • Programs and activities are not frequently evaluated. • Investment is low in surveys of attitude and/or knowledge. • Relevant but secondary data, such as socio-economic information and youth behavior surveys, may not be readily available or shared among agencies.
Training	<ul style="list-style-type: none"> • Training courses for technicians, law enforcement, first responders, and others are generally available for child passenger safety. 	<ul style="list-style-type: none"> • Training courses by or for educators to reach the five to 16 age group are not readily available.
Child restraint inspection / distribution	<ul style="list-style-type: none"> • Programs frequently focus on families and children in need, based on poverty level or other criteria. • Bilingual educators and CPS technicians are often available where needed. 	<ul style="list-style-type: none"> • Resources continue to fall short of the need for restraints and educators. • Fitting stations, restraints, technicians, and other resources may not be available where the needs are greatest.

Legislation / regulation / policy	<ul style="list-style-type: none"> Hospitals often have discharge policies that require infants and young children to be transported in appropriate child restraints. 	<ul style="list-style-type: none"> State legislation is complex within a state, varies greatly from state to state, has numerous gaps, and includes a mixture of primary and secondary enforcement provisions. Fines and penalties are not always sufficient to serve as a deterrent.
Law enforcement	<ul style="list-style-type: none"> Agencies actively participate in established mobilizations. Law enforcement officers serve as CPS technicians, give presentations, and provide visible support during media events. 	<ul style="list-style-type: none"> Agencies do not always provide routine, year-round enforcement. Agency enforcement may be limited to what grant funds provide. Law enforcement does not always follow a consistent zero-tolerance policy.
Public information / education	<ul style="list-style-type: none"> Media and materials are available in many languages, particularly in Spanish but also in Vietnamese, Chinese and others, to serve diverse populations. Communications usually include a strong enforcement message. Campaigns are frequently multi-media, incorporating radio, TV, print, and internet communications. 	<ul style="list-style-type: none"> Materials and messages targeting older children are not readily available. Marketing to older children is perceived to be challenging, a significant investment, and lower in priority than the 0 – 4 age group.
Funding / resources	<ul style="list-style-type: none"> Partnerships combine resources to enhance activities. 	<ul style="list-style-type: none"> Self-sufficiency is hard to achieve; projects often remain dependent on grant funds.
Tween programs	<ul style="list-style-type: none"> Existing pilot projects show significant potential for success and provide exemplary ways to reach the tween age groups. 	<ul style="list-style-type: none"> There are numerous barriers to working with schools and reaching tweens, so programs tend to skip this important population.
Marketing strategies / outreach	<ul style="list-style-type: none"> Generally, network systems for child passenger safety are extensive and well-trained. 	<ul style="list-style-type: none"> Marketing and outreach is minimal or nonexistent for children past the car safety seat age (approx. age five) and up to the point a student enters driver education (ages 15-16).

The absence of a comprehensive, cohesive and strategic approach to OPC is evident from the extent of the weaknesses found throughout the country. There are several significant reasons for the current absence of extensive, comprehensive OPC programs.

First, data are not uniformly or readily available to support activities for older children. Crash data largely focus on drivers. Passenger data are less available, and their validity is sometimes suspect. Observation survey data seldom break out usage for children who have reached the age and size where child restraint use is no longer required.

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OVERVIEW OF A COMPREHENSIVE OPC PROGRAM

Second, older children do not have a strong, well-formed constituency enjoyed by children of car seat age. Child passenger safety advocates often focus their efforts on the 0-4 age group. Booster seat legislation and programs have become more prevalent. Past the booster seat age, programs and advocates drop significantly.

Third, it has become increasingly difficult to work within school systems, a primary outlet to reach older children. Testing, evaluation and demands to meet state and federal goals and standards have meant that greater creativity is needed to incorporate any traffic safety efforts into a busy school day. Other outlets, such as youth programs, after-school-activities, and community centers, often have to be tapped when access to children through the schools is not possible.

Fourth and most importantly, resources gravitate to those areas where political will considers there are problems in need of solving. Some resources are dedicated by policy makers before they ever reach program administrators. Perception of a problem with OPC for older children does not appear to be high at this point in time. Focus and expectations, therefore, are relatively low.

Despite these and other barriers, coordinators, managers, and child safety advocates have shown that where there is a will, there is a way. Examples of programs and activities that show many different ways to make progress in OPC are included in the following chapters.

2

LEADERSHIP AND MANAGEMENT

INTRODUCTION

Great necessities call forth great leaders. – Abigail Adams, First Lady

Step one in developing a comprehensive occupant protection program for children is to have the commitment of leadership with a vision of a program that can succeed. As one respondent to the OPC questionnaire commented, “If you have leadership, everything else will follow.”

So how does one obtain this commitment? First and foremost is to be a leader oneself. Leadership can begin anywhere with anyone. While it is certainly helpful to have the leadership and visibility of the Governor, the Governor’s Highway Safety Representative, or other top officials, it is neither a requirement nor prerequisite in order to have a successful OPC program.

Over 20 years ago, Warren Bennis², the well-known leadership author and researcher, described five common myths about leaders. Even though these myths have been debunked, they are still somewhat believed today.

Myth 1: Leadership is a rare skill. Truth: Anyone can be a leader. Leaders can rise to a particular occasion, and leaders can be found at any level of an organization.

Myth 2: Leaders are born, not made. Truth: This myth is an historical one that helped to keep kings in power in the Middle Ages. The “self-made” man or woman who has risen from poverty and obscurity to world renown discredits this myth.

Myth 3: Leaders are charismatic. Truth: Ambition, purpose, intelligence and commitment may each be more important to leadership than charisma.

Myth 4: Leadership exists only at the top of an organization. Truth: Leadership is needed throughout an organization to achieve the organization’s goals.

Myth 5: The leader controls, directs, prods, manipulates. Truth: Leaders empower others.

Bennis also presented four strategies for achieving leadership: I. Attention through vision, II. Meaning through communication, III. Trust through positioning, and IV. The deployment of self. Simply put, these strategies for OPC would be:

- I. Creating a picture of the OPC in the state or community, including goals and objectives, such as “a fatality and injury free school year for middle school children.”
- II. Communicating what this new world would look like through words and images, e.g., children happily buckled up in the back seat.
- III. Staying committed to the goal despite setbacks or obstacles, otherwise known as “stay the course.” This commitment includes admitting to and taking responsibility for mistakes, believing in what you are doing, and having an enthusiasm that is contagious and won’t quit.
- IV. Sticking your neck out and being willing to go where few people have gone before. In most areas around the country, conducting an OPC program will be a new venture. This means plowing new ground and breaking some rocks in the process.

THE DIFFERENCE BETWEEN LEADERSHIP AND MANAGEMENT

It may be difficult to distinguish between leadership and management, but it is important to know and understand the difference. A leader is the “big-picture” person who may or may not be a

² Bennis, Warren and Burt Nanus. *Leaders: The Strategies for Taking Charge*. Harper & Row, New York. 1985.

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LEADERSHIP AND MANAGEMENT

good manager as well. Good management takes the vision and turns it into reality. Here are a few examples:

- Good leadership will find, fight for, and allocate the resources needed to support an OPC program. The leader will decide that OPC has value and worth. Good management will ensure those resources are used efficiently and effectively.
- Good leadership will rally people around and gain their support to achieve the OPC goals. Good management will tap into the skills that people bring to the effort, and ensure that everyone has a place in the venture.
- Good leadership will recognize and reward success. Good management will ensure that success is measurable and measured.

MANAGING AN OPC PROGRAM

Historically, management has been variously described by function, approach, results, and/or activities. Regardless of the preferred definition, there are basically two areas in any program, including OPC, which must be managed: people and resources.

MANAGING PEOPLE. Perhaps more than any other type of traffic safety program, OPC is dependent upon volunteers. While there is often a perception that volunteers are significantly different from paid staff, the reality is that they are managed in much the same way. Like paid staff, volunteers need to know what their jobs are and the expectations for their work. Job descriptions should be written and provided to volunteers to establish responsibilities and define expectations. Like staff, volunteers need to be trained to perform the needed task(s). Volunteers perform all kinds of tasks, including highly skilled and management functions. Volunteers need to be recognized, and outstanding work should be appropriately rewarded. Scheduling of volunteers may require more work than regular staff; still, the use of volunteers expands the potential of any program in multiple ways. And, in a worst case scenario, a non-productive volunteer can be replaced, certainly much easier than a hired staff member.

MANAGING RESOURCES. Time, money, equipment and supplies are all necessary resources to implement a successful OPC program. While a governing board or advisory committee might help, the management of resources calls for good decision-making skills. What activities will be most effective? What level of investment should be made in materials? What staffing will be needed? Where are the obstacles, and how will they be overcome?

Making the difficult decisions required to answer these questions may feel like comparing apples and oranges. But to be both efficient and effective, difficult choices are needed.

There are numerous decision-making management tools available to help in this regard. They range from highly complex computer models specifically developed for making resource allocation decisions, to simple paper and pencil exercises that can assist in making a decision.

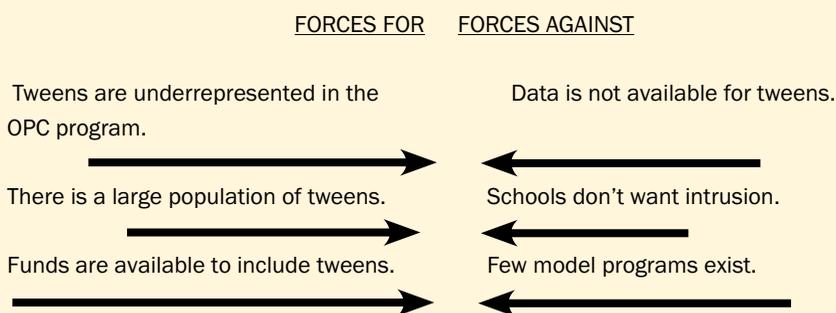
One option is a process referred to as “benchmarking.” Benchmarking entails researching similar situations and comparing them to each other as well as to the particular decision to be made. For example, if you were implementing a tweens program, benchmarking existing pilot programs could assist you in determining needed staff, estimated budgets, time frame, problems encountered, and measurement of results. This approach is appropriate for fairly large decision making in which significant resources are involved.

Similar to benchmarking is the “Delphi” or a modified Delphi technique in which a question is posed among select experts, answers are collected, and then the responses are weighed as to what may be the

most useful answer. This technique may include discussion among the select participants. This technique works well for a single but very complex question for which there is no “right” answer. Participants should be carefully chosen for their expertise, plus their willingness and ability to participate.

Force-field analysis (Kurt Lewin 1947)³ is a technique that can assist a manager in moving forward through obstacles. This approach looks at those elements in the environment which are serving as barriers to success, as well as elements that are conducive to change. This technique can be done by an individual, but is best done as a group to create the ideas for reducing barriers and increasing those elements which support change. An example of force field analysis is outlined below for determining whether to implement a tween program.

TABLE 2: EXAMPLE OF FORCE FIELD ANALYSIS FOR A TWEEN PROGRAM



Note: In this scenario, the lengths of the lines represent the strength of the “force” for or against a tween program. Strategies would potentially include:

- 1) collecting data on tweens;
- 2) finding a champion in the schools;
- 3) implementing a pilot program before embarking on more extensive investment.

A decision tree is another decision-making tool; it is a method to help determine the best option among several courses of action. A decision tree starts with a question at the base, and then branches out toward various options or approaches for addressing that question. Numeric values (e.g., cost, time or value) are attached to the various branches, which can then be “pruned” with the higher cost branches cut and the higher value branches retained for further consideration.

Less complicated decisions can be made with the assistance of a simple chart of pros and cons or a review of advantages and disadvantages. For example, if the decision is between using Brittany Spears or the Chief of Police as spokesperson for teen occupant protection, the choice of the Chief becomes obvious when considering three basic factors: price, availability and credibility.

The Internet is a tremendous source for different tools such as these. Some sites to consider searching are:

- <http://www.mindtools.com/>
- <http://creatingminds.org/index.htm>
- http://www.managementhelp.org/prsn_prd/decision.htm

³ http://www.mindtools.com/pages/article/newTED_06.htm

3

PLANNING AND ADMINISTRATION

INTRODUCTION

Our plans miscarry because they have no aim. When a man does not know what harbor he is making for, no wind is the right wind. – Seneca the Younger, Roman statesman

Immediate demands (today's meeting, tomorrow's press conference, next month's mobilization, this year's annual report) tend to push long-range traffic safety planning off the schedule. This problem is particularly evident in the absence of OPC data, analysis, planning, and programs. Nature abhors a vacuum, however; and something will attempt to fill that void. Doing something is thought to be better than doing nothing. Unfortunately, that "something" may be more effort in areas that need it less, investment in projects that "feel good" but are difficult to measure, or busy-work activities that garner attention but don't achieve the desired results.

Luckily, basic and easy steps can be taken to avoid these pitfalls and achieve positive outcomes:

1. Recognize that a lack of planning is a problem and therefore, by definition, worth the investment of resources to improve planning efforts,
2. Identify and implement available planning tools, such as strategic planning and state OPC assessments. A simple, easy and flexible OPC Strategic Plan template, which can be used at the state level or adapted to the local level, is included in this manual in Appendix E.
3. Incorporate OPC into the state's highway safety planning processes. Does a Request for Proposals process include identification and implementation of OPC projects?
4. Convene an OPC advisory group to assist in overcoming barriers and identifying OPC opportunities.
5. Document successes and failures, and share these experiences throughout the education, injury prevention and traffic safety communities.

A PLANNING PROCESS FOR OPC

The steps of a planning process for OPC are basically the same as they would be for any other traffic safety program area:

- 1) Collect and analyze the data to define the problem.
- 2) Develop and select alternatives to address the problem.
- 3) Implement the selected alternatives.
- 4) Evaluate the results of the alternatives selected.
- 5) Adjust or continue as indicated by evaluation results.

This approach is often described as "Ready, aim, fire!"

Unfortunately, planning for OPC is handicapped from the beginning. Data are unavailable or difficult to come by. This issue is discussed further in the section on Data and Evaluation.

An alternative to the traditional "Ready, aim, fire!" approach is "Aim, fire, ready!" This approach starts with selecting various approaches, based on what limited data are available and what is already known about the development of successful traffic safety programs. Starting with Step 2 of a traditional planning process is accepted and legitimate; it is commonly known as a "pilot" project.

The "aim" step of this process is targeting the audience and selecting the geographic area in which to work. Selecting a community where there are already successful OP activities is one option. This indicates that there may already be resources that can be leveraged to expand to other age groups. Another option is looking at other

risky behaviors for which there is data (such as injury involvement, school drop-out rate) and aiming a program toward at-risk students or piggy-backing on other health, safety and injury prevention efforts.

The “fire” step of the process is implementing the pilot project. At the state level, this step might include incorporating the target audience and geographic area into the existing planning process for the Highway Safety Plan. It may also include the issuance of a request for information (RFI) or a request for proposals (RFP) to help generate options for pilot program activities. At the local level, this step may include expanding existing activities into additional grade levels or instituting a mentoring program in which older teens work with younger children. It could also mean ensuring that occupant protection for children is addressed in existing safety presentations, school activities and announcements, Buckle-up Month projects, and media campaigns.

The “ready” step in the pilot project approach constitutes the evaluation stage. The simple question to be answered is: Did you hit your target? Data evaluation options for a pilot program are similar to those used in a traditional process as discussed in the section on Data and Evaluation. Under a pilot project, however, the need for evaluation is even higher, and significant consideration should be made as to what evaluation methods will be used. Because the initial justification for the project is less defined under a pilot project, it is not sufficient to know whether or not it was successful. It is also important to know why activities were or were not successful and, if it can be determined, how the interaction or combination of activities led to the final results.

OPC LEVELS OF SERVICE

Another important planning approach for OPC is to start with establishing and analyzing “level of service”.

Typically, states provide services in areas where resources are most easily obtained and distributed. Areas with populations in greatest need, however, are also frequently the most difficult to reach. For example, the “colonia” communities within the four states along the U.S./Mexico border are difficult to reach due to a variety of issues. Physically, they are hard to reach because roads are substandard or nonexistent. Culturally, these communities are isolated and tend to be cautious of outsiders. Linguistically, they are difficult to reach because much of the population has low reading skills, and many may have no English proficiency. As a result, services are difficult to obtain where they may be most critical; and, conversely, resources may be most readily available where they may be least needed. In this case, a needs-based, “levels of service” approach becomes important to determine where resources are most needed, potentially requiring a difficult reallocation of resources so appropriate populations are adequately served.

An OPC “levels of service” approach takes various components of a program and establishes specific, measurable benchmarks for different levels of service as a way to measure whether a program might be below minimum, meeting, or exceeding what is expected or hoped for. This approach is consistent with a “performance-based” analysis. Under a performance-based system, a “component” may be considered as a performance measure.

A proposed recommendation specifically for levels of service, entitled “OPC Program Recommended Levels of Service, Children from Birth up to Four Years,” for child restraints was developed as part of the development of the national “OPC Assessment Guidelines.” (See Table 3 below.) This table represents an example of how different components of a program can be reviewed, analyzed, and categorized to determine the extent to which needed service is being distributed to the population. Table 3 outlines three possible levels of service – basic, intermediate and comprehensive – for a statewide child passenger safety (CPS) program. These

are measured against four different components regarding child restraints. Measurement against more than three levels of service can be developed if a finer or more detailed analysis is desired. For example, categories such as “unacceptable,” “minimum,” “average,” “above average,” and “maximum” would establish five instead of three levels. A community, if sufficiently large, could be measured against these levels of service, or levels of service categories can be developed specifically for a community.

TABLE 3: OPC PROGRAM RECOMMENDED LEVELS OF SERVICE — CHILDREN FROM BIRTH THROUGH FOUR YEARS

COMPONENT	Basic	Intermediate	Comprehensive
1. Inspection Stations per child	One station per 10,000 children	One station per 5,000 children	One station per 2,500 children
2. Technician hours per child	One technician hour per 180 children	One technician hour per 90 children	1 technician hour per 12 children
3. Restraint inspections per child	One inspection per 60 children	One inspection per 30 children	One inspection per 4 children
4. Child restraint use and misuse data	Some use rate data statewide	Some use and misuse data statewide	Use and misuse data statewide and in key regions of the state

A similar approach to analyzing levels of service for programs for older children beyond the child restraint years would focus more on education, enforcement, and evaluation. An example of this approach is outlined in Table 4.

TABLE 4: EXAMPLE OF POSSIBLE LEVELS OF SERVICE FOR AN OPC PROGRAM — CHILDREN FROM FIVE TO 16

COMPONENT	Basic	Intermediate	Comprehensive
1. Educational session per child (example: school assembly or presentation)	One classroom hour per child per year	Five classroom hours (i.e., once a day for one week) per child per year	Extended, quarter or semester-long sessions per year
2. Activity session per child (example: make a poster or write a story)	One activity per child per year	One extended, month-long activity per year (example: belt use contest)	One extended, quarter or semester-long activity per year
3. Enforcement of OPC laws	Warnings routinely issued; citations issued during publicized mobilizations	Citations routinely issued	Citations routinely issued and safety belt checkpoints conducted
4. Program evaluation for target audience(s)	One self-reported use rate per year	Pre and post self-reported use rate per year	Pre and post observed use rate per year

Additionally, levels of service can help to measure success in addressing two critical decision points in OPC. These critical decision points occur between the ages of four and eight. The first is the point at which to transition the child into a booster seat. The second is when to transition the child into a safety belt. A potential service component (or performance measure) in this regard can be the distribution of information regarding booster seats to safety belts. The booster to belt question can be answered by website information (measured by website hits per population), presentations (measured by number of presentations given per target audience members), or handout material (measured by number of handouts distributed per target audience members), such as the handout example below:

Example: Boosters to Belts Handout



Source: Kansas Safety Belt Education Office, Kansas Department of Transportation, www.ksdot.org

PLANNING TOOLS

There are several planning tools available which range from the simple to computerized and highly complex.

The Program Evaluation and Review Technique (PERT)⁴ is intended for large and complex projects in which many activities occur simultaneously, others can occur only after other steps, and activities are interdependent. Milestones are determined by the planner, and activities are logically sequenced to determine how long the project as a whole will take. An OPC project during Buckle-up Month, for example, must be coordinated with media, enforcement and other educational efforts so that all coincide appropriately. (Detailed description and examples of PERT can be found at: <http://en.wikipedia.org/wiki/PERT>)

A common planning tool for simpler activities is the Gantt chart⁵, which has been in use for almost 100 years. The chart is named after its originator, Henry Gantt. At its simplest, a Gantt chart is a table with rows and columns. The rows are the activities to be completed and the columns are the weeks, months, or quarters in which the activities are to occur. Gantt charts can be enhanced with color or other formatting techniques to highlight high priorities, activities which go together, or to differentiate who is responsible for an activity. A Gantt chart can use lines, x's, or horizontal bars. If horizontal bars are used, they bars can be filled in as activities are completed. Below is a sample GANNT chart that can be used to plan OPC activities during a federal fiscal year.

⁴ <http://www.netmba.com/operations/project/pert/>

⁵ <http://www.gantt-chart.com/gnIndex.asp>

TABLE 5: SAMPLE GANTT CHART

Activity	Oct	Nov	Dec	Jan	Feb	Mar	Apr	My	Jun	Jly	Aug	Sep
File reports	X	X	X	X	X	X	X	X	X	X	X	X

Tools such as these are computerized and available online. Some are free and some are incorporated in highly sophisticated, sometimes expensive, project management software. As shown by the table above, however, planning tools can be easily developed and used with basic, standard software such as Microsoft Word © or Excel ©.

ADMINISTERING AN OPC PROGRAM

In addition to their use in planning, another major advantage of planning tools is their potential to help administer projects. For example, by tracking activities within a tool such as the Gantt chart above, a project manager can easily tell whether things are on-track or getting seriously behind.

The timeline for various activities is certainly not the only item to be monitored, however. Appropriate and necessary administration of an OPC program would also include monitoring progress and expenditures for some or all of the following program components:

- I. Personnel
 - a. Project director
 - b. Coordinator
 - c. Administrative staff member(s)
 - d. Volunteers
- II. Travel
 - a. Mileage
 - b. Meals
 - c. Public transportation (e.g., taxis, airfare)
 - d. Lodging
- III. Equipment
- IV. Supplies (e.g., office supplies, materials)
- V. Subcontracts (e.g., consultant services, printing, media services)
- VI. Indirect costs (e.g., office space, utilities, expressed as a percent of total other, direct costs)

While managing a budget may be the most critical activity for administering an OPC program, there are other important administrative functions which deserve time and energy. Some of these include:

- Administration of processes to procure goods or services. If processes are not already in place, then good administration requires that these processes be defined to provide fair and open competition where possible and ensure that the results of the process provide for best price or best value.
- Administration of human resources processes that include appropriate mechanisms for hiring, firing, discipline and recognition.

- Administrative processes of volunteer services that protect the volunteers as well as the organization for which they are volunteering.
- Security measures that protect employee information, access to computers and files, etc.
- Approval processes such that there are sufficient checks and balances in place to protect the program against errors or more serious problems.
- Administrative processes that provide for organization and retention of documents and information.

For an OPC program, some examples of these processes are:

- An activity book for 8–10-year-olds is to be produced for the OPC program. Three designers are requested to submit estimated price and material samples for consideration. The procurement process allows for “best value,” so the procurement process includes presenting the sample materials to a group of 8–10-year-olds, a group of parents, and a group of teachers. Even though artist “B” has the second highest price, “B” is selected on the basis that the materials from artist “B” were overwhelmingly selected as the most acceptable by all three groups.
- Volunteers have been asked to conduct observation surveys of safety belt use at three middle schools. Procedures are written which describe how long the volunteers should observe, where they should be located in order to be safe and still be able to observe, and how they should document their observations. Only those volunteers who sign the procedures and agree to abide by them are permitted to conduct the surveys.
- Volunteers occasionally assist with office work including data entry. Any volunteers working in the computer system have access limited to only those programs which do not constitute a risk for the program or the organization in which it is housed. In addition, the volunteers sign a consent form and confidentiality agreement in which they agree to work only within approved programs, avoid any personal computer use, and preserve the confidentiality of any personal information (such as income) to which they may have access.
- Donations in the form of cash or check are accepted to support the program. A written receipt is provided to the donor. In addition, deposits from donations are accounted for separately from other finances and deposited in a separate account which is co-monitored by the financial officer and project director.
- One staff member who works on the OPC program works only about half time on OPC and half time on another program. All staff members are required to complete time sheets weekly. Plus, the part-time staff member records time by accounting codes according to the two different programs for which he works.

4 DATA AND EVALUATION

INTRODUCTION

Beginnings are always messy. – John Galsworthy, English novelist

According to national OPC Guidelines, each state should collect, maintain and analyze OPC-related data in order to periodically evaluate program needs and results. This data should include motor-vehicle related child injuries and fatalities, child restraint and safety belt use and misuse, and OPC program delivery. The data should allow the state to identify any geographic or socioeconomic portions of the state where occupant protection for children is abnormally low, where child injuries are abnormally high, or where additional OPC programs are needed.

Each state should also evaluate their OPC program periodically to effectively measure progress, identify program needs, and plan and implement new program strategies. The state should: maintain trend data on child restraint use and misuse; maintain trend data on child restraint and belt use for children in fatal and injury crashes; identify areas of the state with OPC program needs; and measure progress toward achieving the program's goals and objectives.

In general,

- Children over the age of five are not included in statewide observation surveys.
- Crash data on children are scarce, with the exception of the Fatal Analysis Reporting System (FARS) or specialized studies.
- Evaluation of activities, if done at all, does not always include direct observation of behavior.

In occupant protection, there are significant complexities for acquiring good data and for conducting good evaluation on children which do not exist for adults. An “adult” represents a relatively simple and easy category of passenger to identify, making any type of survey (attitudinal, observation, knowledge) possible. In addition, crash data often provide a wealth of information regarding adult occupant protection, but not for children.

Determining the level of occupant protection for children is compounded by difficulties in identifying age, finding appropriate survey locations, confirming correct use of a child restraint (car seat or booster) or a safety belt, and accumulating sufficient data to serve the needed purpose. For the protection of minors, any kind of survey also may require parental approval, which can be difficult to obtain. Survey costs may be prohibitive.

The State of Michigan through Wayne State University conducts an “Annual Direct Observation Survey of Safety Belt Use”⁶ which includes a breakdown of usage according to the following age groups: 0-3, 4-15, 16-29, 30-59, and over 60. Unfortunately, that level of detail is unusual among observation surveys, and even the Michigan survey has very limited data specific to the younger-aged passengers.

These difficulties have created a Catch-22 particular to children. Without good data, good planning is difficult. The lack of sufficient problem identification precludes the appropriate allocation of resources for children according to need. The result has been a dearth of programs for children, especially between the ages of approximately five to 16.

However, there are bright spots at both the state and local level, with administrators and program coordinators investing resources to help determine need, identify problem areas, and support planning efforts.

⁶ Final Report. “Annual Direct Observation Survey of Safety Belt Use,” Wayne State University, October 2006. http://www.michigan.gov/documents/msp/2006_Annual_Final_Report_176181_7.doc

OPC DATA

Data for determining need, defining the scope and extent of the problem, and evaluating program effectiveness come from a variety of sources. Due to extreme variances in availability and reliability, seldom should one single data source be used or considered to be sufficient information to answer the many questions about OPC in the community. The following table highlights the more common data types and sources for OPC information, and their strengths and weaknesses.

TABLE 6: OPC DATA TYPES AND SOURCES

Data type	Obtained from	Advantages / Disadvantages
Demographics	Local library, City/county/state governments, U.S. Census Bureau www.census.gov	Data are free for the asking or the time to research it. Demographic data provide important population and socio-economic information needed for planning the scope of an OPC program within the context of the community.
Fatality, injury, and crash data	Local police dept., State highway safety office, State patrol	Numbers are small and unlikely to be statistically significant. Positive or negative changes may be an anomaly, not due to a program.
Restraint use data in crash reports	Local police dept., State highway safety office, State highway patrol	Numbers are extremely small and unlikely to be statistically significant. Validity of information is questionable.
Fatality and injury data	State or local health dept. trauma registries	Data are highly reliable. Data are not likely to match crash data due to source and timing differences.
Self-reported restraint use data	State highway safety office, Independently conducted	Respondents, regardless of age, give answers they believe are desired. Self-reported use may be inconsistent with actual use. Information is fairly easy to obtain.
Observed restraint use	State highway safety office, Independently conducted	Observation surveys are the best way to determine actual behavior changes. Surveys are time intensive. Training of observers is essential. Volunteer observers may not be consistent, but paid observers can be expensive. Measures of both correct and incorrect use can be obtained.
Focus groups	State highway safety office, Independently conducted, Market researchers	Data from focus groups are subjective. Results are totally dependent upon the subjects selected and those who choose to participate in the focus groups, and so may not be representative of a locale or specific population group. Focus groups can be a good source for obtaining ideas, getting feedback, and determining perceptions.
Knowledge and attitude surveys	State highway safety office, Independently conducted, Market researchers	In general, survey data can be very informative, but surveying children may be restricted. Changes in survey data can be indicative of program effectiveness.
Activity reports	State highway safety office, Self-reports from community organizations	Activity reports will generally provide information on what has been tried and how well things have been working. Reports can help identify voids and generate new ideas. They should be readily available from any grant-funded entities but may require surveying to obtain.

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Example: Data-based Planning – Governor’s Traffic Safety Bureau, Iowa

The Iowa Governor’s Traffic Safety Bureau (GTSB) pulls from a variety of sources to access needed data for OPC planning decisions. One of its primary sources is an annual child passenger restraint observational survey. This survey has been conducted yearly since 1988; since 1996 the survey has been conducted by the University of Iowa, Injury Prevention Research Center. The survey is conducted statewide in 36 communities ranging from the smallest town, at a population less than 1,500, to Des Moines, with a population of almost 200,000.



The protocol calls for trained observers at fast food restaurants and gas stations to both observe the children and query the adults regarding restraint use. Observations focus on the age groupings consistent with Iowa law: infants one or less, children between the ages of two and six, and children between the ages of six and 11. One of the more significant findings of the 2006 survey was that, contrary to safe practices and the law, 19 percent of the one-to-six year olds were only belted, indicating a need for greater efforts targeting parents of this age group.

Another significant source of information is Blank Children’s Hospital of Des Moines, which collects the number of seats checked, replaced, recalled, and misused or used inappropriately. This information is collected from fitting stations and car safety seat events statewide. Blank Children’s Hospital provides an online, fill-in-the-blank report form entitled “Check Up Event Evaluation,” which is available to anyone conducting a child passenger event in the state.



Last, and certainly not least, the GTSB uses child-related injury and crash data to help focus their programming efforts. For example, the four-to-six-year-old age group had the highest number of injured and killed. This information is factored into greater emphasis on this age group for more advertising and educational materials.

Utilizing all this information has caused a number of shifts in Iowa’s occupant protection program. The purchase of car safety seats has shifted somewhat from infant seats to more booster seats. A PSA and song entitled “Join the Click” was developed and distributed to reach 8-to-13-year-olds.



The Iowa State Fair is one location for target marketing, with window shades provided to parents of infants, Frisbees © for booster seat-age children and, for older children, “Join the Click” bracelets that look like safety belts. Materials are increasingly produced in more than one language, with English/Spanish becoming common and some Asian-language materials distributed in Black Hawk County (Waterloo).

Safety belt education and training efforts include yearly workshops that feature the experiences of motor vehicle trauma injury victims. These workshops are conducted at approximately 100 Iowa high schools, junior high schools and grade schools by the Iowa Health System using Trauma Injury Prevention Strategies (TIPS/Think First) curriculum.

Another program is provided to teenagers through the Farm Safety for Just Kids “Buckle Up or Eat Glass” campaign. It is designed to bring awareness to young drivers of the dangers encountered on rural roadways while riding or driving in pickups.

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CONDUCTING AN OPC NEEDS ASSESSMENT

As illustrated by Iowa’s planning approach, analyzing and translating data into decisions constitutes the first step in developing an OPC program. This multi-step process, sometimes known as a “needs assessment,” answers several important questions to explain why time and resources need to be invested in an OPC program. A needs assessment should focus on finding the information to answer these questions:

1) Is occupant protection for children an important issue for the community?

Sample answer: *Yes, car crashes are the greatest accidental cause of death and injury for children in this community – more so than any other accident, such as drowning or falls. Ten children were killed or injured last year alone due to a motor vehicle crash.*

2) Is occupant protection a problem?

Sample answer: *Yes, of the child fatalities last year, at least half could have been prevented had the child been properly restrained. Estimates are that one-fourth to one-third of child passengers are not properly buckled-up.*

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3) Is this a big problem?

Sample answer: *There are about a thousand children between the ages of 0 and 16 in this community. Just as important, the Census Bureau shows that we are experiencing tremendous population growth, particularly in young families. The size of the children's population may double in just the next five years.*

4) Will the community support an OPC program?

Sample answer: *Adults and children alike report that they support restraint usage. They indicate that they aren't buckled because they forget or no one reminds them. Drivers would welcome involvement of the police department and even support greater enforcement.*

5) Isn't something already being done?

Sample answer: *Yes, but there are only scattered efforts currently going on in the community. A concerted and focused effort is needed at this point if we're going to make a difference.*

In addition to answering basic questions like these, the process of conducting a needs assessment can help in several other ways. Conducting the needs assessment raises attention regarding OPC as an issue and creates dynamic discussion around the problem. Team members start to come together and new members become involved, which is the first activity to be completed in a comprehensive program. The needs assessment process may identify serious gaps in data needs. The process will also provide an opportunity to determine whether an old program might be revamped and revitalized or whether something new is warranted.

A needs assessment requires a number of steps, including:

1. Data and information collection and analyses. This step may involve organizing a team to go out and collect the data, do its own surveys, or possibly hire some assistance to gather all the information. Collecting data is not enough; how will the data be interpreted? Data must be turned into meaningful information before it will have any impact, and there may not be consensus over the meaning of the data provided. For example, if 90 percent of children surveyed report that they always wear their safety belt, should this be taken at face value? Should you declare "victory" and quit while you're ahead? Data "drilling," going further into the depths of the data, or further data collection might be considered at this point to determine whether this information is accurate and how it might be applicable. Perhaps it is accurate, but only for a small segment of the school population, e.g., two schools out of three have high use rates, but the third school has very low self-reported rates.
2. Review current programs, activities, and resources. It is possible, though unlikely, that the community may be doing all it can do regarding OPC, or is willing to commit to do. If that is the situation, then there will need to be sufficient ground-work done to change this perception before pursuing further activities.
3. Identify gaps in need, based on the information available. Are there higher use rates in one part of the community than in others? Then efforts can focus on those parts of the community where the need is greatest. Is there a lack of programs and materials for a certain age group? Then program efforts and materials can be developed and implemented for that age group.

Example: Child Passenger Needs Analysis – Injury Prevention Program, Public Health Division, Oregon

Project Description:

Oregon has embarked on a data analysis project to determine where the child passenger safety needs are and to allocate resources accordingly. For two years (2005 – 2006), Oregon ACTS, Oregon Department of Transportation (ODOT), and Safe Kids Oregon collaborated to determine the locations of greatest needs for child passenger safety technicians and technician courses. To do this, they created a geographic information system (GIS) map of the location of existing technicians and overlaid that map with crash data, poverty rates and observed use rates.

From this base grew a discussion on how to evaluate the need for car seats and relationship of the need to seat distribution. No state-level information existed regarding who was distributing car seats, where and how many were being distributed, and how the determination was made regarding seat distribution.

ODOT issued a \$15,000 grant to the injury prevention program to meet four objectives:

- To survey all county level car seat programs
- To determine how car seats were distributed, how the seats are funded, and the allocation methods used
- To determine which counties didn't provide seats
- To make a county-by-county determination of need and potential five-year demand.

Questions to be answered by the survey include whether low income family needs are being met and which counties haven't combined education with access to seats.

A program design and evaluation team in the Oregon Public Health Division is conducting survey design and implementation. A phone survey has been completed of all county health departments, child passenger safety technicians, court diversion programs, Safe Kids coalitions, and traffic safety committees. In addition, an online survey was designed using SurveyMonkey. SurveyMonkey, at **www.surveymonkey.com**, is an online service that is free, at the most basic level consisting of 100 surveys of 10 questions

Project results were expected to be available in Fall 2007.

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EVALUATING AN OPC PROGRAM

Evaluation should be integrated within an OPC program at a minimum of four critical points:

1. During the initial planning process. Program evaluation which is as well-planned as other components of a program has a much greater chance of succeeding than waiting until the end of the program and trying to figure out whether it worked. Determining how the program will be evaluated can impact when, where, and how the program will be implemented. If the program can't be evaluated, then whether it is implemented at all is a question that needs to be seriously discussed.
2. Pre-program implementation. Before the program is implemented, data and information may need to be gathered in order to conduct the post-program evaluation. This pre-program implementation phase might include observational data, surveys or questionnaires, and crash data analysis.
3. Program implementation phase. Tracking activities, resource allocation and time during the course of the program provides vital information for eventual evaluation. Collecting this information on an on-going basis is far easier, simpler, and more accurate than attempting to recreate the information once the activities are over.
4. Post-program evaluation. During this phase, effectiveness and efficiency data are collected and analyzed. Data may include post-program observations and/or additional surveys. The ultimate questions to be answered are:
 - a. What was done?
 - b. How much did it cost?
 - c. What impact did it have?

The combined answers to questions a. and b. create an administrative evaluation which determines level of efficiency. Were hundreds of students reached at a low cost? If so, the program was very efficient.

The answers to question c. provide an impact evaluation which determines level of effectiveness. Did restraint use rise significantly? If so, the program was very effective.

Unfortunately, impact evaluations may be difficult or expensive to implement, and therefore are less likely to be done than administrative evaluations. The following pilot “tween” projects provide examples of using pre- and post-program impact evaluations to determine program effectiveness.

Example: “Tween” Data and Evaluation

Initial market-type research on tweens conducted by pilot projects in Dallas, Texas, and Joplin, Missouri, is a notable exception to a pervasive lack of information about OPC for those children past the age of child restraint use. Focus groups with tweens, parents, and providers revealed key facts regarding this target audience. Ten important lessons about tweens were learned from this initial research:

- 1) Tweens are both children and youth.
- 2) Being liked is very important to this age group.
- 3) Being cool is even more important.
- 4) Tweens like to express themselves in art, style, words and song.
- 5) Tweens still listen to parents, coaches, and the school principal.
- 6) They need a sense of accomplishment.
- 7) They need to feel important.
- 8) They are easily distracted from an earlier decision.
- 9) They understand the threat of injury, but believe it won't happen to them.
- 10) They understand the concept of “expensive.”

Important lessons were also learned about tweens in cars:

- 1) Sitting in the backseat is for little kids (not for them).
- 2) The air conditioner is in the front seat (very important in Texas).
- 3) Controlling the radio is most important; that is done in the front seat.
- 4) It is hard to look cool in the back seat and in a seat belt.
- 5) Tweens will sit where the parent or coach tells them to sit.
- 6) Tweens all know “Click it or Ticket.”

Pre and post program evaluation can serve as an important surrogate to actual observed changes in use. For example, as a result of the pilot program in Joplin, the portion of tweens who said they wear a safety belt all or most of the time jumped from 82 percent to 91 percent.

Self-reported use information is useful, but nothing can totally substitute for having actual observed usage to identify and locate a problem, and then determine the level of success a program achieves. For example, the Injury Prevention Center of Greater Dallas discovered a significant unintended consequence of increasing the placement of children in the backseat. While activities were highly successful at increasing the number of students sitting in the back seat, results in increasing proper safety belt use were mixed. Improper use actually increased, and belt use among 11- and 12-year-olds decreased.

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The following two examples represent administrative approaches to on-going data collection for efficiency evaluation:

Example: Access® Database Tracking – Office of Highway Safety, Delaware

Program Description:

Starting in 1999, the State of Delaware, Office of Highway Safety (OHS), initiated a centralized data tracking system to record car safety seat use and misuse. The system was designed and is maintained in-house using Access®, making it a very cost-effective means to keep on-going records.

The data which goes into the system are derived primarily from car safety seat inspections conducted by child passenger safety technicians (CPST) and through community traffic safety programs. At the end of each month, the CPSTs complete a standardized form and input the information directly into the system. (The system is internal to the state network; it is not Internet-accessible.) For those who don't have direct system access, the forms are submitted to the SHSO, and the state occupant protection coordinator inputs that information. The occupant protection coordinator also verifies the data through a cross-check of the numbers, ensuring that totals are correct based on numbers submitted for the various categories (number of seats checked, number of seats incorrectly used, number of seats distributed). ►

CAR SEAT CHECK SUMMARY SHEET

Please Fax to Highway Safety at (302) 739-5995

Location _____ Date _____

Time from _____ to _____ Sponsor/Agency _____

Contact _____ Senior Checker/s _____

Other Checkers _____

Optional - # Seats Recalled _____ Optional - #Recalled Seats replaced with new one _____

All Other Seats Distributed _____

(Seats given to: replace old but not recalled seats, inappropriate seat for child's age/wt/height/ or when child came in unrestrained)

Seats Checked _____

(Total number of seats checked should equal number of seats listed in all blocks of misuse chart below when added together)

Other Info: Specify Type Misuse Found

If a parent supplies a seat to be installed even if another seat is already installed, Please code as a demo.

If an agency or fitting station replaces a seat because of misuse or it is unsafe or other reasons, Please only code the misuse not the new installation.

GROSS MISUSE: Child not strapped into the CRS, CRS not strapped into vehicle, Child <20 lbs or under 1 year turned facing forward, rear-facing seats placed in front of an airbag, newborn not at 45% angle

OTHER MISUSE: Harness in wrong slot, harness retainer clip used improperly, harness not snug (no slack), seat belt not used correctly or not in locked mode, locking clip not used correctly, CRS not tight (within one inch of movement at belt path), seat not installed in rear of vehicle.

G	OTHER	OK	DEMO

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CSS Chk Summary



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The system has evolved as the program in Delaware has changed. In 2003, the first fitting station was established. The State now has four permanent fitting stations in operation. As the fitting stations have come on-line, there has been less need for car safety seat checks.

The OHS provides materials and supplies, as a matter of course, to support the CPSTs, but does not provide grant funds to CPSTs to provide the data for the system. The individuals involved are part of a close-knit, supportive network, and they see the intrinsic value in making this information available on a state-wide basis.

The data are used by all those participating in the system. Locally, the data are used to run reports on work accomplished and any successes achieved. The data has also been used to support a grant application. At the state level, the information is valuable in determining changes needed in the program, providing to the press for media events in support of events such as Child Passenger Safety Week, and to support the location of another fitting station.

DELAWARE CHILD RESTRAINT STATISTICS

	Car Seats Checked (OHS fitting station seats checked)	Seats checked - Demos	Misuse (%) (fitting station misuse)
2006	4222 (4% higher than 2005)	4222-1988=2234	1714 misused = 77% misuse rate
New Castle County	2353 (1148)	2353-1270=1083	79% (75%)
Kent County	1016 (857)	1016-362=654	69% (65%)
Sussex County	853 (677)	853-356=497	83% (84%)
2005	4073 (8% higher than 2004)	4073-1829=2244	1835 misused = 82% misuse rate
New Castle County	2696 (759)	2692-1284 = 1408	83% (74%)
Kent County	817 (660)	817-340 = 477	74% (74%)
Sussex County	564 (482)	564-205 = 359	88% (88%)
2004	3750 (10% more than 2003)	3750-1621=2129	1685 misused = 79% misuse rate
New Castle County	2019 (389)		83% (71%)
Kent County	734 (436)		69% (74%)
Sussex County	498 (178)		68% (53%)
2003	3382	3382-1503 = 1879	1613 misused = 86% misuse rate
New Castle County	2202 (38)		88% (70%)
Kent County	628 (385)		79% (78%)
Sussex County	552 (0)		83% (unk %)

	Car Seats Checked	Misuse (%)
2002	2936	83%
2001	2254	87%

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Example: CPS Tracker – Cheyenne Regional Medical Center, Cheyenne, Wyoming

Program Description:

The Child Passenger Safety Program in Wyoming is coordinated statewide through the Cheyenne Regional Medical Center in Cheyenne. Collecting and compiling all the information needed to manage a large, geographically-dispersed program can be a significant challenge.

To help meet this information challenge, program coordinators use a commercially-developed, Access © - based system known as CPS Tracker. As a data tool, this system tracks volunteer participation, records CPS technician certification information including qualifying time, provides mailing lists, and generates reports. For example, one report available from the system is car seat misuse. This report can be broken down by type of seat, type of misuse (latch error, seat installation error, etc.) and percentage of type of misuse. This information is important for the program to target information and structure media campaigns. In addition, because the Wyoming law requires occupant protection up to nine years of age, reports of belt use for children can also be generated.

Data from the system are also used for the media – to include in press releases and respond to inquiries. The data are also an important component to help support grant requests. This is a critical function since the program operates from ten different funding sources. Given that there are so many different funding sources, seats are also identified by funding source within the system.

CSSIS ACTIVITY DATE RANGE: 1/1/2007 to 3/31/2007 **SITES:** All Events

Total % Incorrect Installs 60.45%

GRANT PROVIDING FUNDING # SEATS

Other Grant Resources	62
UMC Auxiliary	22
NSK CSSIS	13
Client Purchased Seats	6
Boost America	1

SEATS

Belt Booster Distributed	0
Combo Distributed	0
Convert Distributed	0
Infant Distributed	0
Other CRS Distributed	0
Recalled/Unsafe	5
Uninstalled	57
Arrived Without	7

ORIGINAL # NOT ORIGINAL OWNER

No	11
----	----

CSS INSPECTED BEFORE? % OF MISUSE

Yes Installed Properly	6	22.22%
Yes Not installed properly	21	77.78%

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DATA AND EVALUATION

CAR SEAT TYPE	# OF TYPE AT EVENT	INCORRECT:	% OF INCORRECT INSTALLED	% OF TOTAL CHECKED:
Blank	105	11	10.48%	42.51%
IO Base = Infant only with base	52	44	84.62%	21.05%
BPB = Belt-positioning booster	27	24	88.89%	10.93%
FF/harness = Forward-facing with	26	25	96.15%	10.53%
RF CONV = Rear-facing convertible	15	12	80.00%	6.07%
IO=Infant Only	15	15	100.00%	6.07%
None	11	6	54.55%	4.45%
Uninstalled, Unrestrained or No CS	5	0	0.00%	2.02%
L/S belt = Lap/shoulder belt	2	1	50.00%	0.81%
Lap belt	1	1	100.00%	0.40%

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Some of the data collected are input by the CPS program staff while two local sites input data directly. As of this writing, two other sites are also scheduled to come online for direct data input.

The method of data tracking prior to the initiation of this system was “monstrous.” CPS program staff members were spending considerable time compiling and refiguring data. Having a data-based system is much simpler, easier and faster. It gives the program the capability to break down the data in numerous ways – such as month, day, statewide, regional – which previously was unavailable or too time-consuming to create by hand.

Obstacles Encountered and Overcome:

Initially, there was little use of the system and not much understanding of its potential. As with the start of almost any system, there were also technical problems. Time, patience, and further work on the system helped resolve the technical issues. Going from a part-time person to a full-time staff member with some experience with Access® systems successful resolved the problem of insufficient use.

Among the most difficult components of any data system are collecting the same data and analyzing it the same way. It is critical for everyone to look at the data in the same way, for to do otherwise results in a skewed or incorrect view of the results. To address this challenge, training and instructions are sent out from Cheyenne on how to complete the car seat check list. Before local sites began to input their own data, they are chosen for having relatively stable personnel, so turnover does not become a significant problem. In addition, one-on-one training is conducted to initiate local data input. Sit-down training is also planned for additional sites as they come online.



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INTRODUCTION

Example is not the main thing in influencing others. It is the only thing.

– Albert Schweitzer, humanitarian

National OPC Assessment Guidelines for training call for each State to assure that it is providing adequate and accurate training to the professionals who deliver and enforce the occupant protection program to parents and caregivers.

1. Each State should assure child passenger safety (CPS) instructors and technicians are provided basic and refresher training on OPC including children with special needs.
2. Each State should assure a sufficient number of certified CPS instructors and technicians are available geographically throughout the State to assure adequate service of the population, including under-represented and under-served groups.
3. An easily accessible, computerized, up-to-date database of certified CPS instructors and technicians within the State, as well as a list of upcoming training classes, should be centrally maintained to provide notification of grant and training opportunities, child restraint recalls and new developments.
4. The State should additionally establish OPC awareness training for select audiences including law enforcement, pediatricians, fire departments, and rescue personnel. This training should include information for safely transporting children with special needs.

States have generally been extremely responsive to this guideline. They currently expend significant resources to ensure child passenger safety (CPS) instructors and technicians are provided basic and refresher training on OPC, including OP for children with special needs. Except for remote and rural areas, certified CPS instructors and technicians are usually available geographically throughout each state to serve the population.

Training to reach older children, though, is rare. Local police officers, by virtue of their job, are frequently called upon to make school presentations for all grades, regardless of the officers' background or ability to work with students at varying age levels.

But children are not small adults, and presentations designed for adults will not work with children. Neither can children be "talked down to" or trivialized. They are technically savvy and can't imagine a world without their cell phones, iPods, laptops, and wireless high speed Internet. They are sophisticated by the extent of their exposure to the media and yet still naïve in many ways.

Potential uncertainty or discomfort about working with children can provide a significant barrier to any OPC program. Training for those who provide education for students, therefore, should have two primary objectives. First is to become familiar with the tools and methods which work best for students at different grade levels. Second is to include sufficient practice in order to reach a level of comfort with children so that OPC education is a both fun and a learning experience.

MINIMUM TRAINING PROGRAM COMPONENTS

An OPC training program for those who will subsequently work with either adults or children should include, as a minimum, the following components:

- A basic understanding of the dynamics of a crash.
- A basic understanding of the mechanics and proper use of occupant protection systems.
- Pertinent state laws for OPC, including age and weight limitations and exemptions.

- National, state and local facts and statistics.
- Age-appropriate training methods.
- Age-appropriate student/participant materials.
- Time devoted to observation of training and training practice.
- A communication network that provides mutual support, transmits updates, shares problems and encourages solutions.
- Mechanisms to report and evaluate training results.

Example: Boosters to Belts Train the Trainer Program – Kansas Safety Belt Education Office, Lawrence, Kansas

Program Description:

The Kansas Safety Belt Education Office is contracted by the Kansas Department of Transportation (KDOT) to promote occupant protection in the State of Kansas. The “Boosters to Belts” program educates trainers to work with children primarily between the ages of four and eight with the intent of ensuring the proper kind of restraint is used and matches with the child’s weight and height. Trainers are largely composed of educators and emergency service personnel (police, fire, EMS). Potential trainers are recruited by networking with CPS technicians, law enforcement agencies, fire departments, and EMS programs. The trainers spend one day in a session which includes review of an interactive presentation, and then time spent in school conducting or observing the presentation being given to students.

Trainers who complete this session become “Road Team” members who are provided with the materials to give the presentations on their own. Materials include an educator packet, another packet to be given to the classroom teacher with additional games and activities, a letter available in English and Spanish to be sent home to parents, activity books featuring the “Vince and Larry” crash test dummies, and “Booster Rooster” tattoos. Two classes are completed a year with approximately 25 trainers in each class. Each Road Team member is provided with an evaluation form to return to the Safety Belt Education Office (SBEO). The SBEO reports reaching 10,000 students in one year.

OBSTACLES ENCOUNTERED AND OVERCOME:

SBEO is funded by KDOT, but understands that funding for a project can be a problem. One advantage to this program is that it can be implemented at very little cost. The training can be held without much expenditure, especially by taking advantage of no cost facilities such as community centers or agency offices. Neither fancy trinkets nor expensive materials are needed.

The most difficult piece of the program is getting the trainers to report back on their activities. Continuous communication and support work together to generate the required reports.

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LEGISLATION, REGULATION, AND POLICY

INTRODUCTION

He that will not apply new remedies must expect new evils. – Francis Bacon, English philosopher

Under OPC Assessment guidelines, each State should

- Enact occupant protection and safety belt use laws for children, and regulations and policies to provide clear guidance to the motoring public concerning OPC.
This should include the following minimum provisions:
 - o Require all children up to 40 pounds or 5 years old to ride correctly secured in an age-appropriate child safety device that has been certified as meeting all applicable Federal Motor Vehicle Safety Standards (FMVSS 213).
 - o Require children that have reached five years of age up to 8 years of age to ride in correctly-secured child restraints.
 - o Require children over eight years up to 16 years to wear safety belts.
 - o Make the driver responsible for restraint use by all children less than 16 years of age.
 - o Allow passengers to ride only in seating areas equipped with safety belts.
 - o Prohibit all passengers from riding in the cargo areas of pickup trucks.
 - o Eliminate medical, special needs and vehicle waivers and exemptions.
 - o Assure that penalties for noncompliance are substantial enough to provide an effective deterrent. Designate fines assessed for OPC law violations to OPC program continuation.
- Assure that children with special needs have access to proper resources for safe transportation.
- Periodically review its OPC law and safety belt laws to identify possible need for improvement.
- Encourage safe child transportation policies are required for licensure of pre-school and day care providers.

While specific provisions vary, every state has a law or laws which mandate that children be restrained while riding in a motor vehicle. However, dangerous exemptions still exist, such as allowing children to ride in the cargo area of pick-up trucks, and many states don't require belt use in the back seat after a child reaches a certain age – in some states that age limit can be as young as eight. In many states, the belt use requirement is waived after the age of 11, 12 or 13.

Nothing can substitute for concise laws with adequate penalties to increase occupant protection. But child passenger advocates, not wishing to risk the loss of hard-won gains, are sometimes hesitant to raise the issue of gaps in state laws. This puts added emphasis and pressure on other components of an OPC program to compensate for the absent or weak policy. Therefore, while states struggle with occupant protection for children as a policy issue, other program components should be strengthened to the greatest extent possible.

ADVOCATING FOR CHANGE

Although advocacy is generally considered as changing or making law, and much that is written on advocacy focuses primarily on legislative action, it is important to remember that advocacy can also have significant impact on many levels of government, and on governing or regulatory bodies in many different ways.

In addition to legislative action, major changes can be made through regulatory processes or policy development and implementation. Here are just a few examples to consider at the state and local level:

- Do all agencies which transport children, including child and protective services and Medicaid medical transportation for children, require that all transportation services provide for appropriate use of occupant protection?

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LEGISLATION, REGULATION, AND POLICY

- Do all hospital discharge policies require children of all ages be dismissed to transportation which will ensure proper occupant protection?
- After a traffic stop, do police agency policy and procedure call for safe transportation of all child passengers?
- Do the schools or the school district have established policy for safe transportation of children to all school events, including those events to which parents may be driving personal vehicles?

Whether working for legislative, regulatory or policy change, successfully creating these kinds of institutional improvements requires the following six “C’s,” as adapted from underage drinking prevention “how-to” guides:⁷

- **Be clear.** Be specific in what exactly is the desired outcome. What policy do you want to have implemented? For example, be clear that all parents transporting children to school events must have belted positions for each child, and each child is to be properly restrained while the vehicle is in motion.
- **Be consistent.** Know what your message is and share it with everyone who will partner with you. Stress how important it is that everyone supports the same objective. Doing otherwise dilutes the effort and reduces the chances to succeed.
- **Be concise.** Officials are busy and may only have a minute or two to hear the case for a policy change. Plan on and practice presenting your request in less than three minutes.
- **Be creative.** Incorporate children in advocacy efforts. Use child-created materials.
- **Be convincing.** Present the facts. Describe the advantages of making the change and the potential liability of keeping the status quo. Balance data with true stories. Look for persons close to the decision-maker – friends, family, church members – who will help carry the message.
- **Be committed.** Creating institutional change can be a long and frustrating process. There may be cycles in which a change can be made, and missing a cycle may mean having to start over. There also may be many time-consuming steps, such as hearings, reviews, and an open comment period.

Advocacy techniques. Successful advocacy requires the use of several different methods to communicate the need for a change, the kind of change needed, and the results such a change will generate. Several methods implemented concurrently may be necessary to provide adequate leverage to break through the inertia of the status quo.

Here are a few methods to consider:

- **Email.** There are several advantages to email campaigns. They are generally inexpensive. They can be structured so that it is extremely easy (just a click) to forward an opinion to a policy-maker. The message can be pre-written so that all who respond are communicating the same message in the same way, and can also include an individual note to distinguish one message from another while at the same time being consistent. However, email campaigns have become so easy and standardized that recipients of email messages tend to be suspect of the true commitment of the respondents. As a result, an email message may be counted, but may not truly be read. If an email campaign is used, all those who are asked to contact the policy maker should be strongly encouraged to include their own note, anecdote or comment to indicate that this is actually an individual opinion and not just the electronic transmittal of a “stock” message.

⁷ Underage Drinking Prevention, “Community How to Guide on Public Policy,” DOT HS 809 209, March 2001, pp. 8-9.

- Letter writing. A letter-writing campaign has few of the advantages of email. It is time-consuming, it can be expensive depending upon the number of letters which are written and sent, and it can be difficult to coordinate. Computer-generated letters, if they all say the exact same thing, may suffer from the same perception as email; and they may be “counted” but not thoroughly read. However, letter writing, when letters are handwritten and not computer-generated, has the major advantage of being perceived as representing a highly committed constituency. Hand-written letters usually carry significant weight with any official. Letters are generally not the opportunity to be creative – be concise, be clear, be polite, ask for exactly what you want, and request a response.
- Phone calls. Phone calls have the distinct advantage of being very personal and direct. When setting up a phone call campaign, it’s important to remember that talking directly to a decision-maker is not always possible. However, reaching key staff members can have far-reaching impact on the ultimate decision. Decision-makers depend heavily on staff to provide the input, information, and even recommendation on the decision. Getting a sympathetic staffer to understand the OPC issue can be one of the most effective routes to creating the change that you want. Highly successful advocates understand that working closely with staff members can provide the relationship which leads to success.

Consider establishing a telephone tree to generate a quick response if time is short, such as a specially-called meeting has been scheduled or a critical vote is about to occur. With a telephone tree, four or five advocates are assigned to call four or five designated others, who are assigned to call others, and so on until everyone has been notified to take action. This system is simple and easy to use, and its only weakness occurs if one person is missing or misses a call, especially if that person is close to the “trunk.” It is a good idea to spot check various places down the line to ensure that the communication is flowing.

- Personal meetings. Although it may be difficult to arrange, a personal meeting with a decision-maker provides the best opportunity to make your case directly to the individual who can help the most. Personal meetings can be conducted either by an individual or a by a small group which represents a much larger constituency. If the meeting is held by a group, each person should know and be prepared to play his/her appropriate role. One person should serve as the primary spokesperson and should orchestrate the discussion. Others should represent their group(s) and provide helpful supporting information or responses to specific questions. A one-page synopsis should be left behind that provides the salient points and contact information for any follow-up.

Be respectful of everyone’s time and quickly get to the point. Connect briefly, if possible, on a personal note – if you came from the same home town, go to the same church, or children play on the same soccer team. Don’t let it bother you if the decision-maker seems distracted or leans heavily on a staff member to interact with you. These individuals are constantly multi-tasking, so assume they are taking in everything you say, regardless of their scanning their Blackberries or referring to documents on their desks.

Be sure to follow-up with a written thank you note (not an email). This is a necessary courtesy and also another opportunity to provide a reminder of your position.

- Testimony. While it is true that many decisions are made behind-the-scenes, the importance and usefulness of public hearings and meetings should not be underestimated.

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LEGISLATION, REGULATION, AND POLICY

Public venues provide an unmatched opportunity to make your case to one or more decision-makers. A public meeting or hearing also establishes a public record that puts an agency on notice that there is a problem which needs its attention. The media may cover the public meeting while it is happening and it may be simulcast via the Web. Even without the immediacy of netcasting, the media may pick up on items in the meeting and create a news or personal interest story. Some helpful hints for testifying are:

- o Write down and practice the script that will constitute your testimony.
- o Be sure to sign up to testify. Sometimes sign-up is required in advance, although most of the time, signing in when you walk into the meeting is acceptable.
- o Provide copies of your testimony to each member of the commission, panel, board or committee to whom you are speaking, and provide extra copies to the media.
- o Have visuals on large poster boards, in addition to smaller versions for panel members, so that cameras and other members of the audience can also see them.
- o Stick closely to any time limits established for testimony. The only exception to this would be if you were being questioned; time to answer specific questions is generally not included in time limits.
- o If several people will be testifying on behalf of OPC, arrange for each person to provide different information and present a unique perspective on the issue. Law enforcement officers provide credible testimony. They state facts and crash statistics in addition to on-scene, real-life situations. Emergency medical technicians or ER physicians are also effective witnesses. Their stake and personal interest in reducing injuries and deaths are unquestionable. Parents and children old enough to articulate an opinion can also provide important perspectives and bring evidence of broad-based support. It is seldom necessary or desirable to have many people state the same thing, unless those individuals each represent their own organization. In that case, consistent testimony by several individuals can be useful to show broad-based and diverse support for the change.
- o Anticipate opposition. What reasons might someone have for opposing the change you want to make? Does it create more bureaucracy or add more costs? Is there a perception that the change will impinge on people's rights? Is it difficult to enforce? Is it easy for people to comply? Are there higher priority issues which call for attention and push OPC to a back-burner? For example, prohibiting children from riding in the cargo bed of pick-up trucks has been a challenging question for many state legislators who don't want to limit their constituents' ability to use what may be the only available family vehicle. Creating a sense of urgency in this regard can help generate needed momentum. If there has been a recent crash involving children, can the crash be linked to the change you're working on?

Additional opportunities. Advocacy can occur at almost any time or place, so capitalizing on these opportunities can bring significant rewards. Some of these opportunities might include:

- State and local parent and/or student meetings and conferences. If there is time on the agenda to present and discuss issues, these can be excellent forums for sharing information and rallying support.
- Other safety and children's issues, and children's health organizations. Creating powerful allies among like-minded individuals and organizations can mean the difference between success and failure. There are state and local parent/teacher associations, which could be helpful allies. Nurses' and other medical associations often have strong organizations and effective lobbying

arms. (See also the section on coalition building in the Funding and Resources chapter of this manual, plus the Resources section for various helpful organizations.)

- Informal or social events. Does a key legislator attend receptions at the local art museum? Does the head of health and human services attend the symphony? Without being intrusive, meeting and talking at an informal gathering offers a relaxed and much less official way to communicate your interests. And the only preparation required is to have your goal in mind and your facts on the tip of your tongue.
- Health and safety fairs. These events provide excellent chances to meet and work with other individuals and organizations who share basically the same goals. In addition, health and safety fairs also provide an opportunity to communicate with concerned parents. Advocacy activities for a health or safety fair could include requesting participants to sign a petition, signing up advocates to generate a mailing/email list, collecting data on people's opinions with a brief questionnaire, and/or distributing information on the OPC issues.

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LAW ENFORCEMENT OPPORTUNITIES

INTRODUCTION

Power undirected by high purpose spells calamity; and high purpose by itself is utterly useless if the power to put it into effect is lacking. – Theodore Roosevelt

Law enforcement officers enjoy both the power to ensure that OPC laws are appropriately enforced as well as the credibility to be educators and spokespersons. The tremendous advantage of these combined characteristics was summed up within a national OPC Summit Report (undated) as follows:

A commitment to enforcing child occupant protection laws does not require extensive training on correct use. An officer need only observe a child who is at risk and do something about it. To ensure that children ride safely, law enforcement should take action on every child restraint law violation they see. Law enforcement officers are in a unique position to educate the public about the importance of securing children in age/size appropriate occupant restraints and about always seating children in the back seat of motor vehicles.

This unique position opens opportunities to law enforcement that range from the ability to reach thousands of persons through the media, educate hundreds through group presentations, and cite or warn individuals during a traffic stop. These many opportunities create their own challenges, particularly when working in an area which involves children.

ENFORCEMENT SPECIFIC TO CHILDREN

OPC laws include problems for law enforcement which exist specifically because of the involvement of children. These include, but are not limited to:

- Resistance and/or antagonism on the part of the driver to perceived police intrusion on responsibility for the safety and behavior of his/her children can occur. Parents may have a strong, personal reaction to the implication that they are bad parents for not properly buckling up their children. Officer sensitivity and patience may be tested to get past the defensive barriers raised by issuing a warning or citation.
- Age and size of the child is difficult to determine. Should the child who is in a safety belt be in a booster seat? Is the child beyond the age of the law? Child enforcement is not as cut-and-dried as that for determining a citation for driver belt use. The officer may need to question the driver and possibly even the child to determine age. A driver and child may provide different answers to the question of age.
- There is a high potential of having to allow the child to continue to ride unrestrained after the traffic stop. If there is no safety restraint appropriate for the child when the vehicle is stopped, the officer generally has little choice but to permit the driver to continue. The practicality of the situation means that the officer has done all he or she can do at the time.
- Complexities and gaps in state law create details for the officer to remember in determining whether a citation is warranted. What is the legal age for the child to be in a safety belt? Is it legal for the child to be unbelted in the back seat? If so, at what age?

Law enforcement training can successfully address most of these potential difficulties by providing information on state laws, using methods for making a successful traffic stop with children involved, and providing materials to provide to drivers and parents to help them understand the life-saving benefits that obeying the law provide.

WHAT CAN LAW ENFORCEMENT DO?

Law enforcement can be effective partners in an OPC program within all of the following areas:

- **Enforcement.** Vigorous and routine enforcement of safety belt and child restraint laws, including citations and warnings, should be the primary focus of every law enforcement agency. In addition to routine enforcement, law enforcement could consider having a child passenger safety technician as an added resource during traffic safety checkpoints. Many obstacles, however, prevent enforcement from being vigorous or routine. The community may not be supportive, the chief or sheriff may not be supportive, the laws may be confusing or even contradictory, and officers may be unsure of the law or how best to enforce it.
- **Reporting.** Accurate reporting of occupant protection system information on police accident report forms should be mandatory, including safety belt and child safety seat use or nonuse, restraint type, and air bag presence and deployment. Unfortunately, barriers to accurate and consistent reporting include the numerous data elements to consider on a standard crash report and the level of difficulty in determining age-appropriate use of the proper restraint. As a result, specifics regarding proper restraint use are hard to come by. In addition, police reports may actually document self-reported vs. actual use if the officer must rely on the driver to indicate whether passengers were restrained.
- **Communication.** Law enforcement officers can be depended upon as credible presenters for public information campaigns and education to children and the public to inform the community about occupant protection laws and related enforcement activities. Officers can use every traffic stop as an opportunity to educate the public on occupant protection. Designated law enforcement liaisons can provide support for activities such as promotion of national and local mobilizations, increasing law enforcement participation in such mobilizations, and collaborating with local chapters of police groups and associations that represent diverse groups to gain support for enforcement efforts.
- **Training.** Training for law enforcement officers in support of OPC should be at least three-fold, including: 1) the National Child Passenger Safety Certification (basic and in-service) for law enforcement officers or other appropriate training such as Traffic Occupant Protection Strategies (TOPS) training from the National Highway Traffic Safety Administration, 2) restraint reporting for children included in training on completing crash reports, and 3) training on making appropriate traffic stops which includes current law and specific issues for enforcing restraint laws for children. OPC could be routinely incorporated in training provided by state and local law enforcement academies.
- **Evaluation.** Routine monitoring of citations and warnings for nonuse of restraints, safety belts and safety seats for children should be an integral part of an OPC program. Initially, when the program is begun, citations and warnings should increase with added emphasis on the issue. Citations and warnings may actually taper off or decline as use increases, so it is important to put such numbers into the context of community efforts.

WHERE TO BEGIN

Partners for Child Passenger Safety (PCPS), a research partnership of The Children’s Hospital of Philadelphia and State Farm Insurance Companies, completed a comprehensive research study of parents, law enforcement (LE) officers and LE child passenger safety technicians⁸. Not surprisingly, parents indicated that law enforcement officers were a primary source of information regarding child passenger safety, second only to the Internet. Officers who take the time to become child passenger technicians (CPT) are largely self-motivated to do so. Sixty-nine percent indicated that it

⁸ “Keeping Law Enforcement Involved in CPS,” presentation to Annual Lifesavers Conference, March 27, 2007.

was because they were parents themselves. They wished to contribute to the community, or being a first-responder motivated their desire to work on occupant protection for children. Only 31 percent of the law enforcement CPTs made this commitment because they were assigned to do so.

Lack of knowledge among fellow officers was a common reason given for low enforcement of occupant protection laws for children. Several suggestions were offered to increase officer understanding and awareness, including:

- Distributing printed materials (37 percent)
- Announcements at meetings (17 percent)
- In-service training (16 percent)
- Email newsletters

Unfortunately, most of the LE respondents indicated that it was up to them as individuals to stay current on OPC issues, standards and programs.

Customizable materials, developed by PCPS, and user-tested by law enforcement, were scheduled for dissemination in late September 2007. Tools include a pocket-sized tip card for officers, easy-to-reproduce flyers to share with parents and a CD-Rom of brief educational videos that can be shared with fellow officers. All materials are available from www.ghsa.org and from www.chop.edu/carseat.

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Addressing all the necessary tasks for an OPC program is extremely challenging for any law enforcement agency. Departments across the country face higher expectations from the community at the same time that retirements reduce significant numbers of experienced officers, budgets continue to tighten, and homeland security demands pull resources from all quarters.

In this high-stress and high-demand environment, it can be difficult to know where to begin. Taking any of the following steps can make a major difference in the amount of effort a police department will commit to an OPC program.

- Garner general community support, including visible and vocal endorsements from the elected officials. The law enforcement agency reflects the will of the community and is responsive to it. Letters from concerned parents, requests from schools, and media coverage can all be effective in leveraging law enforcement involvement.
- Call on law enforcement's basic goal "to protect and serve." OPC efforts will help save lives of those who are most vulnerable. Few officers of any rank will resist the call to keep children safe.
- Find ways the department can piggy-back on other activities, making it easy to incorporate OPC in routine endeavors. The traffic officer on patrol can watch for unrestrained children and issue the appropriate citation. The public information officer reporting on a crash scene can be sure to mention to the media whether a child was saved by a belt or if no safety restraint was used. The education officer can swing by the middle school after the lunch presentation to the Rotary Club and check to see if the students are buckled up.

- Help link the department to available training materials and courses, meetings, or conferences. Uniting people with like interests increases problem-solving, knowledge and understanding, resource-sharing, and motivational levels of everyone involved.
- Involve law enforcement in community and project planning. Law enforcement brings a unique, critical and realistic perspective to any planning efforts. Goals, objectives, action plans, and the ultimate success of an OPC program depend on the input and involvement of the whole community, including law enforcement.
- Share available resources with law enforcement. It's cheap, it's easy, and the return on any shared resources will be multiplied many times over. Officers will help distribute materials. Media time and press conferences gain added credibility with the inclusion of visible law enforcement. Training generates knowledgeable and motivated advocates in the law enforcement community.
- Assist the department with other issues, such as helping to secure funding and equipment. Does the department need laptops, printers or mobile phones? Will a letter of support help the department to acquire grant funds? Easing the burden on one area of the agency may free up resources that can be shifted to OPC. This assistance will cement important relationships and establish friendships that can be counted on in a variety of circumstances.
- Request reports on department enforcement and education activities and use that information to inform the community and to recognize individuals and efforts that merit acknowledgement. Positive community recognition is an extremely valuable commodity and a simple act of kindness that ripples through the ranks.

LAW ENFORCEMENT AS PROJECT LEADER

As credible authority figures, role models, and respected community leaders, law enforcement officers possess an unequalled opportunity to serve as media liaisons, spokespersons, and project leaders for OPC activities.

Example: “Circle of Safety”— San Carlos Police Department, California



Would a 2,000 foot safety belt get the attention of students accustomed to video games and high tech special effects? In San Carlos, California, the answer is a definite and positive “yes.” For approximately three years, the SCPD has reached grade school and middle school students with an approach based on two simple concepts: students love to tell their parents what to do and correct their parents when they do something wrong.

Based on these ideas, the PD puts the students in charge, starting with a contract which they take home and get agreement that the family will buckle up. Every student who brings back a signed contract receives a t-shirt.

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LAW ENFORCEMENT OPPORTUNITIES

In addition, all the students, the school principal, and frequently the mayor will participate in a grand event in which each individual helps buckle up the entire school with a giant safety belt.

This “world’s biggest safety belt” event is particularly meaningful for the students who become part of something involving the school and the community. Police officers also emphasize to the students that not wearing a safety belt could take away their dreams.

STARS FOR A DAY



Evaluation:

The “Circle of Safety” generates very positive earned media for the students, the schools, and the police department. Although no actual observations of student belt use is conducted, students are frequently seen wearing their t-shirts and spreading the safety belt message throughout the community.

Contact: Commander Rich Cinfio
650-802-4277
rcinfio@cityofsancarlos.org

COMPREHENSIVE LAW ENFORCEMENT PROGRAMS

To be considered comprehensive, an OPC law enforcement program should include, at a minimum, the following components:

- Top-level support,
- Education, with age-appropriate curriculum,
- Training for law enforcement,
- Media support, including earned media and materials for distribution, including media in languages in addition to English where needed,
- Enforcement for drivers and children conducted in conjunction with both the education efforts and media support (selective traffic enforcement, saturation patrols, and/or safety checks),
- Community outreach, and
- Pre- and post-evaluation.

Other components which can support program success include:

- Partnering with other agencies or non-profit organizations,
- Officers who are also certified child passenger safety technicians,
- Agency policies which address the safe transport of children, and
- Activities which support self-sufficiency.

Law enforcement's many roles and responsibilities in ensuring that children are properly restrained are illustrated by the following examples.

Example: "Buckle Up. It's the thing to do." – North Central Highway Safety Network, Pottsville, Pennsylvania

Program Description:

Law enforcement officers play a crucial role in an OPC program pilot project in Pennsylvania. Under a \$250,000 National Highway Traffic Safety Administration grant awarded to the North Central Highway Safety Network, the school-based campaign combines education, media (predominantly earned media) and enforcement among nine participating schools.

Ten school districts were randomly selected to be a part of this project. Of the ten school districts, eight ultimately agreed to participate. Police departments representing those districts were invited to participate in the project by delivering age-appropriate curricula to students in the school setting, as well as enforce occupant restraint laws for children in this age group.

Three age-appropriate curricula are presented by uniformed law enforcement officers to students from grade three through early high school. Each officer was required to attend a one-hour training session for each educational intervention. Thirty-seven police officers (both municipal and State Police) were trained.

"The Back is Where It's At" is presented to grades three through five. "Survival 101," junior high version, is presented to grades six through eight. And "Survival 101," high school version, is presented to grade nine. A new program, "Sixteen Minutes," was created specifically for this campaign to target 15-year-olds.

In the summer months, the students are reached through summer playground associations.



Law enforcement agencies received overtime grants to conduct enforcement for the eight through fifteen-year-olds through saturated roving patrols, speed monitoring, and traffic safety checkpoints during regular patrols and near the intervention schools. Whenever possible, enforcement is coordinated with education by having the police conduct high visibility enforcement either the same day or the same week that they present an educational program. At times, this entails police at the exit lots handing out literature and checking to make sure everyone is secured in a safety belt. Enforcement activities are concentrated for the most part on those roadways leading to the schools and during arrival and dismissal times. Police also conduct enforcement at other times of day and other locations to help reach the community in general.

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LAW ENFORCEMENT OPPORTUNITIES

Media relations support includes newspaper articles on the project, radio and cable interviews by law enforcement and the Project Coordinator, media advisories for law enforcement agencies to submit to their media contacts, public service announcements (four converted into Spanish), a tween handout for police to distribute to tweens and parents/caretakers, a newsletter insert for distribution to school newsletters, and announcements relevant for elementary and secondary school public address systems. Public service announcements have been recorded at a local radio station in English and Spanish by a police officer, a parent, the county coroner, a football player, and a member of the tween age group.

POLICE OFFICER SPANISH AND ENGLISH

APLICACIÓN DE LEY

30 segundos PSA - aplicación:

Soy oficial X del departamento de policía de X. Si sus hijos están entre las edades de ocho y 15 años, recuerde por favor estos tres puntos: 1. Hasta que los niños alcancen una estatura de 4'9", use los asientos elevados "boosters". 2. El asiento trasero es el lugar de sus hijos hasta que cumplan los 13 años 3. Abróchese el cinturón cada vez que suba al auto. Los buenos hábitos de seguridad que sus hijos ahora aprendan durarán toda la vida. Sea un buen ejemplo para sus hijos obedeciendo las leyes de tráfico y del cinturón de seguridad de nuestro estado.

"Abróchese el cinturón de seguridad, todos los viajes, todo el tiempo."

LAW ENFORCEMENT

30 Second PSA – Enforcement:

I'm Officer X of the X police department. If your child is between the ages of eight and 15, please remember these three safety points: 1. Booster seats until they're 8 years old. 2. The back seat is the place to be until age 13. 3. Buckle up every time. Good safety habits practiced now will last a lifetime. And be a good example for your kids by obeying Pennsylvania's seatbelt and traffic laws.

"Buckle Up, It's the Thing to Do."

Evaluation:

Pre-, interim-, and post-observational surveys were conducted at both participating schools in Berks County, Pennsylvania, and comparison, non-participating schools in Northumberland County, Pennsylvania. Surveys varied according to grade level, and data collectors interacted with drivers. Baseline data was collected on 2,223 drivers and 3,040 tweens. Overall, driver restraint use was 65 percent and tween restraint use was 63 percent. There was a positive relationship between driver restraint use and child occupant restraint use. Pre- and post-KAB surveys at participating schools were conducted in grades 3-9, as well as selected non-treatment schools in Berks County. Interim observational surveys were conducted in February/March 2007, and post-surveys were conducted in April and May of 2007. Complete survey results are expected to be available in Winter 2007-2008.

As of April 2007, a total of 247 educational interventions resulting in 7,747 student contacts had been presented in Berks as part of this effort. A total of 185 traffic enforcement operations had been implemented, resulting in over 65,000 operator contacts and 1,446 traffic citations, including 169 for occupant protection violations.

Contact: Joseph O'Donnell
mac@nchsn.org
570-628-2414

Example: Occupant Protection for Children – Bellevue Police Department, Bellevue, Nebraska



Program Description:

The Bellevue Police Department (BPD) employs 85 sworn officers and 13 civilians to serve a population of approximately 50,000 citizens. It is a full service police organization made up of four bureaus and six patrol districts.

BPD operates a multi-dimensional, comprehensive OPC program that combines enforcement, education, equipment and strong policies. Rigorous enforcement initially began with four-hour advocacy training with every officer conducted by the BPD. This training is now a requirement for all officers in Nebraska and is conducted by the state's police officer standards and training agency. In addition to regular enforcement, enforcement is emphasized during annual efforts including Child Passenger Safety Week, "Buckle Up in Your Truck," Buckle Up Month, and "Click It or Ticket."

BPD reaches minority and underprivileged families with seats and education by partnering with the One World Health Center (formerly the Chicano Awareness Center). The Health Center subsidizes the program by charging its clientele on a sliding scale.

Originally, the BPD operated the only car safety seat fitting station in the area, which includes the City of Omaha. It started with 100 percent funding for the first year from the state highway safety office. Grant funding declined in successive years. Thanks to fundraisers and donations, the fitting station became self-sufficient. In 2006, over 350 parents were served and 100 seats were provided to underprivileged families. This number served is actually less than previous years, which averaged 600 – 700 families, thanks to the addition of more fitting stations in the highly populated area.

The BPD program is also supported by having uniformed child passenger safety technicians. All members of the community policing unit are certified technicians, as are four other officers.

In addition to their own department polices on the safe transport of children and use of child safety seats, the BPD helped initiate the upgrade of the state's child passenger safety law to a primary offense. After hearing about child passenger safety from the BPD, members of the county women's club contacted their state legislators and spearheaded the strengthening of state law through testimony which also included police officers, victims, and belted survivors.

Obstacles Encountered and Overcome:

BPD was blessed with top management support from the start. However, lack of this critical support is not unusual with law enforcement agencies. Community support and positive press coverage for OPC activities can gain the needed management permission and encouragement.

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LAW ENFORCEMENT OPPORTUNITIES

On an on-going basis, one of the biggest obstacles is the frequency with which officers change jobs. Top-level communication that the program is important and it is the “right thing to do” goes a long way to help find officers to participate. New recruits’ enthusiasm and belief that “I’m here to serve the community and save a life” can also be directly tied to the program, providing an opportunity to do both.

Evaluation:

The BPD tracks the number of parents and care-givers served, injury reports involving children and monitors fitting stations. Requests for assistance are increasing. For actual usage rates, the state does observational surveys and the BPD conducts their own driver belt surveys.

Contact: Captain Herb Evers
Bellevue Police Department
hevers@bellevue.net
402-293-3100

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PUBLIC INFORMATION AND EDUCATION (PI&E)

INTRODUCTION

If you tell the truth, you don't have to remember anything. – Mark Twain, writer and humorist

Public information and education (PI&E) includes the types of materials and the methods of delivering information and messages to target audiences. Skills or technical training is usually not considered part of a PI&E program, although presentations and general education are often included. PI&E activities are integral to any successful program and are particularly important in OPC where enforcement is often significantly less than in other traffic safety efforts.

TARGET AUDIENCES AND MATERIALS

Target audiences. Target audiences for OPC include children themselves and also those who can be message-givers. The following table briefly outlines some of the target audiences which may be included in an OPC program and their general characteristics.

TABLE 7: OPC TARGET AUDIENCES AND CHARACTERISTICS

Target Audience	General Characteristics
Children Birth - 2	Must be addressed through parents, healthcare professionals or other care-givers
Pre-school age children	Simple language skills; desire to please; like to explore and discover new things; may be able to buckle and unbuckle themselves
Early elementary age children	Like fun activities; able to manage organized structure; can manage simple tasks such as buckling up
Late elementary age children	Can work in teams on group projects; can work on activities for extended periods
Middle school, junior high (tweens) students (See also chapter on Tween Programs)	Appreciate responsibility and self-determination; work independently as well as in groups and teams; enjoy competition and winning; conscious of what's "in" or "out" in popularity
Early teens	Look toward being able to drive and transportation independence; may serve as mentors to younger children
Day care and after-school program providers	Have ready access to parents; constantly in need of activities for young children
School officials	Highly conscious of meeting state and federal mandates and achievement; appreciate projects that reflect well on the school
Coaches and teachers	Appreciate opportunities for student teamwork, leadership, and achievement; swamped with educational mandates and testing requirements
Parents	Diverse in language, culture and socio-economic levels

PI&E Media and Materials. Materials and the methods by which information for an OPC program is distributed should be as varied as the target audiences. Unlike an extensive mass media campaign or paid media, OPC materials do not have to be expensive in order to be effective. The following table highlights some of the media and materials that might be incorporated within an OPC program.

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PUBLIC INFORMATION AND EDUCATION (PI&E)

TABLE 8: TYPES OF OPC PROGRAM MEDIA AND MATERIALS

Type of Media or Material	General Characteristics
Flyers or brochures	Can be duplicated inexpensively and distributed in large quantities
Posters or displays	Can be student-developed and allows for student creativity
Message boards	Basically no cost; use can be timed to coincide with program activities
School announcements	Can be student-developed and delivered at no cost
Buttons, stickers, pencils, t-shirts other small items	Varies in cost; may be widely distributed and specific to audience (e.g., school colors, mascot)
Student-developed items (e.g., friendship bracelets, crafts, artwork)	Cost usually limited to materials; taps into student innovation and creativity
Parking lot signs	Cost includes production, installation, and maintenance; durable and long-lasting
Public service announcements (non-paid media)	Dependent upon available time slots, may be expensive to produce
Public service announcements (paid media)	May become very expensive to purchase highly visible time slots
Billboards	High visibility but sometimes dependent on donated space
Websites	Can be expensive; requires constant maintenance to stay current; may be inexpensive if Web material is piggy-backed onto existing site
Curriculum, workbooks, etc.	A long-term investment; extensive up-front development
Mailer inserts	Inexpensive to produce, but easily overlooked or discarded
Direct mail (e.g. letters to parents)	Expensive as a stand-alone mail-out, but easily produced and inexpensive if piggy-backed onto other mailings
Email	Very inexpensive and easy; may be sorted as “spam” in distribution
Movie theater slides or “trailers”	Requires theater/corporation approval; may be lost in pre-movie clutter of ads and other promotional messages
Earned media	Requires news-worthy event or announcement
“PowerPoint” or slide presentations and demonstrations	Time-intensive but inexpensive; easily targeted or revised for specific groups

PUBLIC RELATIONS AND EVENTS

Public relations, including media relations and various kinds of events that would be deemed newsworthy, can also be important components of a comprehensive OPC PI&E program.

Public relations are those activities that help to foster partnerships among people and organizations to unite them around the OPC issue. For example, incorporating all contributors’ names on brochures or other materials is far more than a matter of composition and layout for those materials. This inclusive-

ness appropriately recognizes the participation of the involved organizations and brings them visibility and recognition that they deserve and may need to satisfy their own leadership and supporters. As a key element of public relations, well-managed media relations bring vital energy and attention to OPC as a safety issue and positive attention to the organizations which contribute. There are just a few key points to remember in establishing positive media relations:

- Be proactive; provide information ahead of any press conference or event, pay a personal visit to the media to solicit the commitment of attendance by a reporter and/or camera, but don't expect the media to come to you or choose your event if there is a more newsworthy story.
- Understand and work within the constraints which the media has to deal with. Schedule events on what look like slow news days. Respond to requests for information prior to deadline so they can get incorporated into the story.
- Be accurate. Always tell the truth. If a mistake was made, admit it and correct it. Never hedge or fudge. If a child was killed in a crash, but was restrained, it's important to provide this information. However, if the crash was likely not survivable, it's important to share that information as well.
- Be visual. Radio can create a picture with words, but television has to have pictures, and the space that print media will provide to a story can be significantly increased with a printable photo. Here is where OPC has a tremendous advantage. Children are photogenic and visually appealing. Ensuring that a diverse group of children are included greatly increases the chance of a story being printed or broadcast.

Implementing various events, press conferences, and other newsworthy situations can gain what is called "earned" media. Earned media is not a free or paid public service announcement. Earned media is "earned" in the sense that it has achieved a level of newsworthiness to be given free press time or space. A story which is incorporated into a newscast, time on a talk show, or a presentation on a local community events show are considered earned media. Acquiring earned media is a considerable challenge in times of dramatic news events, during high interest political campaigns and when there is a highly controversial issue within the community. Here are a few tips on how to acquire earned media:

- Be creative. Do something that no one has done before. Here are some examples of how creativity gained earned media –
 - o A town wrapped their school in a giant seat belt.
 - o A state used a state flag to represent each traffic fatality from the previous year.
 - o An advertising firm held a press conference to hang a wrecked car on a billboard; the car's passengers were saved by their safety belts.
- Make an event participatory or active. Teams of students competing for how quickly they can all be buckled up can be visual, fun and active.
- Be credible, accessible and interesting. A spokesperson who can present him/herself as a credible and accessible source gets asked for interviews. Those who accept the 6:00 a.m. talk show are also those who are asked for the prime time news hour. Have a readily accessible repertoire of anecdotes and stories to illustrate your points; the more time you can fill the more time you may be given on-air.
- Publicly recognize outstanding media representatives and organizations. The media is generally willing to cover an event in which their organization or one of their reporters or representatives is presented an award in a large ceremony with officials or dignitaries who are newsworthy in their own right.
- Include a well-known individual as spokesperson or champion. If a highly public figure or leader is included in the event or the program in some way, then the media will frequently

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PUBLIC INFORMATION AND EDUCATION (PI&E)

follow simply to cover that individual. This would be generally true of the governor, the governor’s highway safety representative, a mayor, the head of the state police, the chief of police, or a local celebrity, particularly if that individual has a personal involvement and his or her own story to tell.

PLANNING PI&E

Like any other investment of time and money, PI&E activities deserve to be well-planned from the start. In order to achieve the greatest impact, PI&E activities need to be considered in conjunction with other activities which are scheduled to occur. The planning process for PI&E is important in order to appropriately match up the media, the messages and the methods. There are eight primary components to be included in planning for a PI&E program: 1) target audience, 2) media, 3) messages, 4) activities, 5) promotional items, 6) time-frame, 7) spokesperson(s), and 8) an estimated budget.

The following table can be used to generate an initial PI&E plan to help establish priorities for PI&E materials and activities.

TABLE 9: SAMPLE PI&E PLANNING WORKSHEET

TARGET AUDIENCE	MEDIA	MESSAGES	ACTIVITIES	PROMO ITEMS	TIME-FRAME	SPOKES-PERSONS	EST. BUDGET
<i>EXAMPLE: "tweens"</i>	<i>School announcements Athletic event announcements Posters Displays Internal and external message boards</i>	<i>Protect your dreams Be responsible Make good decisions</i>	<i>Contests Surveys School assembly Cafeteria displays</i>	<i>Safety belt "buddies" Friendship bracelets</i>	<i>March - May</i>	<i>Principal Coaches School safety officer "Saved by the belt" survivor</i>	<i>\$1500 for materials (Contest prizes to be donated)</i>

There are several criteria that public information and education activities should meet in order to be successful. If the answer to any of the following questions is “no,” then the PI&E effort needs to be reconsidered and restructured.

1. Are media and messages based on solid market research that targets the select audiences for maximum effect?
2. Are PI&E activities sufficiently planned in order to coordinate with and support education and enforcement?
3. Are media and messages age-appropriate, culturally sensitive, and linguistically correct?
4. Is content accurate, e.g., are the laws accurately described and do illustrations show proper use of occupant protection?

5. Is the type of media appropriate to the target audience?
6. Do target audiences include those who can have the most influence – parents, physicians and other health care providers, hospitals, law enforcement, legislators, day-care providers, school administrators, and children themselves?
7. Does the overall PI&E program include an easily-accessible Website with materials and information that can be easily downloaded and used by others?
8. Do activities help generate earned media? Does the PI&E effort include activities that are potentially newsworthy?
9. Are any promotional items both consistent with the intent of the OPC program and audience appropriate?
10. Is an evaluation component included to determine whether the media and the messages had the desired impact?

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FUNDING AND RESOURCES

INTRODUCTION

The entrepreneur always searches for change, responds to it, and exploits it as opportunity.

– Peter Drucker, management guru

“Entrepreneur” is among the many roles an OPC coordinator or project director must play. Whether using grant funds, foundation money, or agency allocations, without a dedicated source of funding, the search for money never ends.

No single funding source can expect to provide all the needed resources for an OPC program. Thanks to the generosity of numerous individuals and organizations, donations of many kinds are commonplace – volunteer time, car safety seats and booster seats, materials, office supplies and space, media time, prizes and others. State funds may support OPC with administrative time and materials. SafeKids Worldwide© offers grants which enhance state and local child passenger safety efforts.

What is not so commonplace is having a significant and sustaining source of funds, other than grant funding, which supports OPC. The State of Georgia is the recipient of dedicated revenue from annual fees that come from the sale of specialized license plates for “share the road” (bicycle/pedestrian) and speed programs, though not for OPC. The State of New York has been recognized for years as the first in the nation to dedicate fines in support of county-based DWI efforts, but not for OPC. The challenge for an OPC program, therefore, is to find the resources to initiate activities and also to find the means to sustain them.

The following table briefly highlights various sources of funds and resources and how those resources might be used for OPC.

TABLE 10: POTENTIAL SOURCES OF FUNDS AND RESOURCES

Category	Sources	Resources Available	Advantages / Disadvantages
I. Government A. Grants B. Earmarks – fines, fees, or allocations	<ul style="list-style-type: none"> • State Highway Safety Offices • National Highway Traffic Safety Administration • Health and Human Services Agencies 	<ul style="list-style-type: none"> • Program funds • Technical assistance • Training • Informational and promotional material 	<ul style="list-style-type: none"> • Recipients must meet certain conditions, may have to compete, and must comply with all requirements. • Materials and training may be free or very low-cost. • Availability requires appropriations at the national or state level.
II. Private sector	<ul style="list-style-type: none"> • Local businesses • Foundations • Children’s hospitals (may also be public) 	Varies by source, may include funds, services, media time or space, and/or materials	<ul style="list-style-type: none"> • Requirements are usually less stringent than for public funds. • Gifts may be one-time only. • Donations may be unconditional.
III. In-kind or non-profit grants	<ul style="list-style-type: none"> • Non-profit, charitable organizations, e.g. SafeKids Worldwide© 	<ul style="list-style-type: none"> • Volunteer time • Office space • Office materials • Food and refreshments 	<ul style="list-style-type: none"> • In-kind contributions should be documented, but may be difficult to value.
IV. Fund-raisers	<ul style="list-style-type: none"> • Events • Fund-drives 	<ul style="list-style-type: none"> • Readily available cash 	<ul style="list-style-type: none"> • Fundraisers are time-intensive and can be expensive.

Regardless of the fund source(s) to be used, an OPC program must provide basic information to that source in support of the request. This information may take the form of an official proposal, a letter of request, or a simple brochure, and should include, at a minimum:

- An executive summary that briefly highlights the need for the program, program elements, resources needed, and expected results
- Problem statement, also known as a “need” statement, which describes the problem that the program will address
- Program description – what the program will do, how it will be implemented, and what it will accomplish in terms of goals and objectives
- Estimated budget with expected costs and any budget notes to explain those costs
- Organization and staff expertise that supports the ability to implement the program
- Summary or conclusion which makes a final appeal for assistance and may also segue to the future

ACCESSING GRANT FUNDS

There are three primary sources of grant funds that may be accessed for OPC activities: the federal government, state government, and non-governmental non-profit organizations or foundations.

FEDERAL GOVERNMENT GRANT FUNDS

A Federal grant is an award of financial assistance from a Federal agency to a recipient to carry out a public purpose of support or stimulation authorized by a law of the United States. Grants are not Federal assistance or loans to individuals.

There are many types of organizations that are eligible to apply for government grants. Typically, most grantee organizations fall into the following categories.

Government Organizations

- State Governments
- Local Governments
- City or Township Governments
- Special District Governments
- Native American Tribal Governments (Federally Recognized)
- Native American Tribal Governments (Other than Federally Recognized)

Education Organizations

- Independent School Districts
- Public and State Controlled Institutions of Higher Education
- Private Institutions of Higher Education

Public Housing Organizations

- Public Housing Authorities
- Indian Housing Authorities

Non-Profit Organizations

- Nonprofits having a 501(c)(3) status with the IRS, other than institutions of higher education
- Nonprofits that do not have a 501(c)(3) status with the IRS, other than institutions of higher education

For-Profit Organizations (other than small businesses)

Small Businesses. Small business loans and small business grants may be awarded to companies that meet the size standards that the U.S. Small Business Administration (SBA) has established for most industries in the economy.

Individuals. An individual submits a grant on their behalf, and not on behalf of a company, organization, institution or government. Individuals sign the grant application and its associated certifications and assurances that are necessary to fulfill the requirements of the application process. So, if you register as an Individual, you will only be able to apply to grant opportunities that are open to individuals. An individual cannot submit a grant application to a grant opportunity that is just open to organizations.

There are two main federal agencies from which grant funds are made available for OPC. One, the U.S. Department of Transportation (DOT), provides funds through the National Highway Traffic Safety Administration (NHTSA). NHTSA has made occupant protection a high priority for reducing fatalities and injuries caused by traffic crashes.

Health, safety and injury prevention are major areas for the U.S. Department of Health and Human Services (HHS). Different OPC funding sources within HHS include the maternal and child health program and the Centers for Disease Control and Prevention (CDC).

With few exceptions, however, these grants flow through designated state agencies, so two state agencies within the state actually serve as the primary source for government grants for OPC.

STATE GOVERNMENT GRANT FUNDS

The State/Territorial Highway Safety Office (SHSO) receives federal transportation traffic safety funding from the NHTSA. Each year, the SHSO develops a plan to fund projects that will best meet the traffic safety goals for the state. Occupant protection is a primary goal for the SHSOs. Organizationally, each SHSO operates under the authority of the governor, but structurally the SHSO may be in a number of different agencies within state government. While a few SHSOs operate within the office of the governor, most are placed within the state's department of highways and transportation or within a department of public safety with the highway patrol. Each SHSO operates under the authority of a designated governor's highway safety representative and also usually under the management of a traffic safety coordinator or office director. A list of the SHSOs and contact information is included in the Resources section of this manual.

Each SHSO establishes its own priorities and has its own processes for determining which projects receive grants. Generally, these processes include writing a grant proposal with a definition of the problem to be solved, a description of the project and what will be accomplished, and a budget which indicates the amount of grant funds being requested as well as amounts that will be obtained from other sources. Because the SHSOs operate within the federal, as well as a state fiscal year, and because there are usually far more requests for the grant funds than there are funds available, the process can be highly competitive and lengthy. It's wise to contact a SHSO as much as a year prior to a federal fiscal year, which begins October 1, to find out where OPC fits within the state's goals, when the process begins, how long it would take, and what information is expected. Information about the SHSO plus grant application information is often posted on the SHSO Web site.

State Departments of Health (SDHs) receive federal HHS grants. Like SHSOs, each SDH is structured according to the needs of the state and establishes their own processes for the allocation of grant funds. In many states, in addition to the state health department, there are regional and local departments and even neighborhood clinics which implement health and safety programs and initiate injury prevention interventions. Unlike SHSOs, however, which implement a program based on an annual or multi-year plan; SDHs operate with block grants which are allocated on the basis of defined populations. Access to the Web site of

each state department of health is available online at: <http://www.fda.gov/oca/sthealth.htm>

An SDH may implement their own program or provide resources within the state's extensive health network.

Example: Booster Seat Campaign – Utah Department of Health, Salt Lake City, Utah



Program Description:

Understanding that protecting children is a main public health concern, the Utah Department of Health uses \$55,000 a year in block grant funds to increase booster seat use for children ages four to eight years. Seventy-five percent of the funds come from the Maternal and Child Health Block Grant and 25 percent of the funds come from the Preventive Health and Health Services Block Grant funds. The program is coordinated by the Violence and Injury Prevention Program of Utah's Department of Health, which collects injury data, conducts injury-related research, and implements community-based injury prevention programs. Local health districts in Utah perform interventions with the block grant funds to increase booster seat use as part of a statewide campaign. During the last year (2006), interventions included:

- Promoting booster seat use to over 29,000 children and parents through awareness activities conducted at day care centers, schools, churches, doctors' offices, and businesses;
- Distributing over 2,000 child safety seats;
- Conducting 126 car seat checkpoints;
- Inspecting over 4,300 car seats for correct use;
- Educating the public on booster seats through 44 media activities such as public service announcements, press conferences, and news releases;
- Implementing booster seat policies in pre-schools and day cares;
- Conducting observational surveys at day cares, schools, parks, and stores to find out booster seat use.

Both seatbelt restraint and child restraint safety are also major components of the "Utah Injury Prevention Strategic Plan."

Evaluation:

44 Utahans are alive as a result of the injury death rate decreasing six percent from 2002 to 2004.

Booster seat use increased 10 percent in Utah from 2002 to 2005.

Every \$1.00 spent on child safety seats saves \$41.00. In 2005, distributing 2,000 child safety seats in Utah saved \$3,300,000.

The PHHS Block Grant provides a large portion of the funding that local health districts in Utah use for injury prevention. Without these funds, much of the success of this program would not have taken place.

[Sources: "Car Seats Lead the Way in Saving Lives in Utah," by Gary Mower, MPH, and the Utah Department of Health Web site at <http://www.health.utah.gov/vipp/> .]

Contact: Gary Mower, MPH
gmower@utah.gov
801-538-9145

SDHs also may receive traffic safety grant funds from the SHSO and incorporate traffic safety efforts within their injury prevention efforts.

Example: SafeRiders – Texas Department of State Health Services, Austin, Texas



SafeRiders is a Texas-wide child passenger safety (CPS) program dedicated to preventing deaths and reducing injuries to children due to motor vehicle crashes.

SafeRiders has been providing CPS leadership in Texas since the passage of Texas' first seat belt law in 1985. It is a program of the Texas Department of State Health Services, funded by federal grant funds through the Texas Department of Transportation. For fiscal years 2007 and 2008, Safe Riders is funded at about \$1 million for each year. Over half of Safe Riders funds are used for the purchase of child seats for low-income families.

SafeRiders provides child passenger information, workshops, and child safety seats throughout Texas. Materials include print, audio, video, and broadcast media available in English and Spanish. Over 400,000 traffic-safety educational materials are provided each year to hospitals, health clinics, schools, social service agencies and many others. An on-line order form is available. Media campaigns include “Buckle Up Your Child, Always” and an airbag safety campaign entitled “Nothing is Soft at 200 miles per hour.”

During its 22-year history, SafeRiders has provided over 120,000 child safety seats to low-income families in Texas and conducted 51 CPS workshops.

SafeRiders also implements a safety belt survivor club that honors those who use safety belts or child restraints and, by doing so, prevented serious injury or death.

Contact: Johnny Humphreys
johnny.humphreys@dshs.state.tx.us
 1-800-252-8255

NAVIGATING ELECTRONIC GRANT PORTALS

In the Internet-age, it can take just a few clicks of the mouse to find needed information about the availability of grants. Unfortunately, it may seem like an insurmountable task to find a human being to talk to. Therefore, it's important to have a basic understanding of where to access e-grants information. There are several key points that are important to know before starting on an Internet grant search:

- The federal and state governments have or are developing Web “portals” which are central Web sites that provide an access point and links to many governmental services, including grant programs.

- In addition to a central portal, which establishes a means to access grant programs from many agencies, an electronic system may also be available directly through the specific agency. For example, U.S. Department of Transportation (DOT) grants are available through www.Grants.gov, or by accessing the U.S. DOT Web site at www.dot.gov.
- Not all governmental grants are available through a central portal. Both the federal government and each state are working to that end, but the type of grant you're interested in may be so specific or unique that it is not sufficiently standardized to be included in a government-wide portal.
- Grant programs are at various levels of electronic development. Some grants are publicized on the Internet, but paperwork may still be all paper. Other grant programs are completely electronic; the application is completed online, changes can be made online, and subsequent reports and billings can be filed online. Even storage of the information submitted (such as name, organization, address, etc.) may be electronic and, as such, becomes available to populate other grant-related forms.
- Special software is usually not required. If non-standard software is needed, the system will generally provide access or a free download so there are no barriers to use of the system.
- Tracking down and talking to a person is still recommended at some point in the process. Only the most basic of questions usually get answered electronically. If help is needed, having a professional relationship with a grants manager can mean the difference between application success and failure.

www.Grants.gov is the Web address to find and apply for Federal government grants. Today, Grants.gov is a central storehouse for information on over 1,000 grant programs and access to approximately \$400 billion in annual awards. By registering once on the grants.gov site, your organization can apply for grants from the 26 Federal grant-making agencies.

Some states also provide a portal designed to easily access many sources for grants through one Website.

NON-PROFIT ORGANIZATION OR FOUNDATION FUNDS

Philanthropic organizations are a potentially important source for providing funds or other resources for OPC. Giving by the nation's 71,000 grant-making foundations rose to \$40.7 billion in 2006, according to *Foundation Growth and Giving Estimates: Current Outlook (2007 Edition)*. This estimated 11.7 percent gain followed a 14.3 percent increase in 2005. U.S. foundations last reported consecutive years of double-digit growth in giving during the period 1996 to 2001. Looking ahead, grant makers surveyed for the report appeared optimistic about continued funding increases in 2007.

There are numerous health and safety organizations, as well as organizations that specialize in children's issues. According to the 2006 edition of *Foundation Giving Trends*,⁹ children and youth programs accounted for the largest share of grant funding in 2004. Foundations and other giving organizations establish their own criteria, make their own decisions, and have their own oversight requirements for any program they support. Like governmental grants, these organizations generally require some type of proposal or application and do expect results in return for their investment. One of the greatest challenges in finding nonprofit or foundation resources is to find an appropriate fit between the providing organization and the project to be funded.

⁹ *Foundation Giving Trends*, The Foundation Center, March 2006. <http://foundationcenter.org/gainknowledge/research/pdf/fgt06highlights.pdf>

One source to help in this regard is the Foundation Center. Established in 1956, and today supported by more than 600 foundations, the Foundation Center is a leading authority on philanthropy, connecting nonprofits and the grant makers supporting them to tools they can use and information they can trust. The Center maintains a comprehensive database on U.S. grant makers and their grants. Many of its resources are free through the Center's Website, its five regional library/learning centers, and its national network of more than 325 Cooperating Collections. Many of the Foundation Center's resources are accessible online at: <http://foundationcenter.org/>

The partnership of a foundation with governmental grant funds can create a strong combination of resources. While this is an unusual combination, the partnership brings together strengths of both funding sources, and creates a larger and better program than would be possible with one source alone.

Example: "Safe N' Smart" and "Buckle Up For Love" – Denver Osteopathic Foundation, Denver, Colorado



The Denver Osteopathic Foundation (DOF) implements several programs which incorporate occupant protection into children's safety activities.



Through the Safe N' Smart Kids Program, the Denver Osteopathic Foundation impacts the lives of children and families by providing training and education materials on a variety of healthy lifestyle topics, including: pedestrian safety, bicycle safety, vehicle passenger safety, fire and burn awareness, and home safety programs.

DOF implements child passenger education to elementary age school children through the Buckle Up for Love program. Through this program, children learn the importance of safety belts, buckling up, and passenger safety. Participants learn proper safety belt use via a simulated vehicle car seat and have their picture taken in "The Little Red Car". Children are provided with their framed picture to remind themselves, as well as their parents, of the importance of ALWAYS wearing a properly fitted safety belt and using safety seats when appropriate.

The Independent School District is very supportive of the DOF programs, arranging the school schedules so that the DOF is incorporated in the curriculum during the school year.

DOF is adding a tween program to its efforts, starting with focus groups to gain valuable information about tweens in the Denver area. (Details regarding this program were not available at the time of the writing of this report.)

Foundation dollars, donations, federal and private grants, and strong partnerships with Denver Public Schools, the Colorado Department of Transportation, and Pepsi allow DOF and its contributors to improve the lives of thousands of children and families each year. The Foundation alone provides approximately 25 percent in matching support for these programs.

Evaluation:

Program evaluation occurs at several different levels throughout the life of the program. Though not scientifically based, pre- and post- tests are conducted with the children. This includes basic questions such as: Where is the best (safest) place to sit in a car? Teachers participating in the program complete satisfaction surveys and provide feedback regarding implementation of the activities. And finally, where the school situation allows, observations studies are conducted to determine any rate changes in safety belt use.

Contact: Phyllis Ring
pring@dofound.org
303-996-1140

COALITIONS – PARTNERING FOR SUCCESS

There may be no better way to bring resources into a program than to work with a diverse and strong coalition of individuals and organizations. Coalitions provide access to people, program ideas, data and information, leadership, funds/materials/donations, energy and motivation, networking, and publicity. Coalitions bring the strength and expertise of their collective organizations to the effort. Successful coalitions share the work and the responsibility for the program.

According to the Wisconsin Clearinghouse for Prevention Resources, coalitions are the cornerstone to creating successful change within a community. They represent an array of local interests and bring together organizations and individuals to build a power base that works to influence social change of a mutual concern.¹⁰

Coalitions come in a variety of forms including permanent or temporary, single or multi-issue. A well-organized, broad-based coalition will be successful in creating policy change, increasing public knowledge, creating a network, and developing innovative solutions to complex problems.

Coalition Building. Building and maintaining a coalition are difficult and time-intensive tasks. A strong leader with organizational and negotiation skills, energy, optimism, and willingness to work long and hard is required.

The University of Florida has defined nine elements of success for a coalition:

1. Common goals
2. Communication
3. Each member is important to the coalition
4. Opportunity to participate
5. Ownership
6. Delegation
7. Efficient, effective meetings
8. Process and pattern (for meetings and decision-making)
9. Shared or situational leadership¹¹

¹⁰ <http://wch.uhs.wisc.edu/01-Prevention/01-Prev-Coalition.html>

¹¹ Building Coalitions: Coalition Functioning, University of Florida Extension, adapted and revised from The Ohio Center for Action on Coalition Development for Family and High Risk Youth, April 2002. <http://wch.uhs.wisc.edu/docs/PDF-Pubs/CoalitionFunctioning-2.pdf>

There are several excellent resources, easily accessible online or at a local library, that specialize in coalition building. They generally agree that, as a minimum, the following steps are needed to build the coalition:

- Recruit participants
- Agree on mutual goals
- Involve youth
- Acknowledge individual and organizational reasons for participating in the coalition
- Recognize and celebrate successes

The following table can be used to measure how well your coalition is functioning:

TABLE 11: EVALUATING YOUR COALITION

Characteristics	Yes	No	Needs Work
The coalition has a common, unifying purpose.			
The coalition members are actively involved in establishing goals, objectives and activities.			
The coalition has clearly defined operating procedures.			
The coalition members have clear definitions of the roles they are supposed to play.			
The coalition has the support and influence of key leaders in the community.			
The coalition uses common vocabulary and communicates effectively among members.			
The coalition has accepted leadership.			
The coalition requires a commitment of time from all members.			
The coalition has procedures for measuring its progress and how well it is meeting agreed-upon goals and objectives.			
The coalition has a staff member who gives the coalition regular attention.			

[Source: Minnesota Department of Health at http://www.health.state.mn.us/divs/hpcd/chp/hpkit/text/team_road.htm]

The size of the coalition does not determine the success of the program. Success is much more determined by the extent of commitment and resources the coalition members bring together than by the number of members. Large and small coalitions can create successful programs.

Example: “Is Your Child Ready for a Seat Belt? Think Again!” – Washington State Booster Seat Coalition



**Washington State
Booster Seat Coalition**

Program Description:

In 1999, a broad-based community coalition was formed to advise and implement the state's booster seat campaign. This coalition built upon the successful car-seat training programs instituted by the Washington Traffic Safety Commission and the Washington Safety Restraint Coalition, and focused exclusively on booster seat use. The coalition's formation was followed by the passage of Washington's landmark Anton Skeen Act in 2000, the first state booster seat law in the nation. Following the law's implementation in 2002, the Washington State Booster Seat Coalition continued to work with the Washington Traffic Safety Commission on a booster seat campaign.

Coalition members:

American Automobile Association of Washington
American Medical Response Ambulance
Bellevue Community College
Bellevue Police Department
Bellevue School District
Benton-Franklin Health District
Car Safe Kids
Child Care Resources and Referral
Children's Hospital and Regional Medical Center
Comprehensive Health Education Foundation
Des Moines Police Department
Evenflo, Inc.
Evergreen Hospital
Evergreen Safety Council
Fremont Public Association
Grays Harbor Traffic Safety and Injury Prevention
Group Health Cooperative
Harborview Family Patient Resource Center
Harborview Injury Prevention and Research Center
Highline Community Hospital
International Community Health Services
Kent Police Department
KOMO-TV (ABC)
Mary Bridge Hospital Center for Childhood Safety
Office of the Superintendent of Public Instruction
Overlake Hospital
Public Health - Seattle-King County
Safe Ride News
Shoreline Children's Center
Shoreline Community College
Snohomish County Sheriff's Office
Snohomish Health District
Swedish Hospital
State Farm Insurance
Think First!
Washington Early Childhood Education and Assistance Program
Washington SAFE KIDS Coalitions
Washington Safety Restraint Coalition
Washington State Department of Health
Washington State Patrol
Washington Traffic Safety Commission
West Region EMS and Trauma Care Council

The program takes a variety of approaches to achieve increased booster seat use. Classes, English- and Spanish-language media and materials, educational materials, videos, and an extensive Website are all key components of the program.

A comprehensive campaign guide is also available online. This guide provides practical and easy-to-follow descriptions for developing a campaign from start to finish. In addition to sections specific to a booster seat program, the guide includes sections that can be helpful in any OPC program such as: building a community coalition, evaluation, and funding.

Evaluation:

Evaluation of the campaign through observations of booster seat use in King County, the most populous county in the state, demonstrated that booster seat use increased from 13 percent in 1999 to 57 percent in 2003.

Contact: 1-800-buck-l-up
www.boosterseat.org

Example: Partners for Child Passenger Safety (PCPS) – The Children’s Hospital of Philadelphia, Pennsylvania



In a unique collaboration between academic institutions and private industry, the Children’s Hospital of Philadelphia, the University of Pennsylvania, and State Farm Insurance Companies joined forces in 1997 to form Partners for Child Passenger Safety (PCPS), with the goal of learning why motor vehicle crashes are the leading cause of death and disability in children over age one in the United States.

Research in Action – One of the PCPS project’s first research findings was a demonstration of patterns of inappropriate restraint of children in motor-vehicle crashes. In 2000, researchers reported that the majority of children between three and eight years of age were not restrained appropriately in child restraints and booster seats. They were prematurely “graduated” to vehicle seat belts. Soon after, PCPS demonstrated that children two to five years of age using vehicle seat belts were 3.5 times more likely to be injured in crashes than those in child restraints.

Promoting these findings stimulated a number of organizations to enhance their own promotion of age-appropriate restraint for young children, resulting in quick gains in booster-seat use.

Between 1999 and 2006, booster seat use among four to eight year olds in the PCPS study population increased from 15 percent to 60 percent. Overall, child restraint system use for children younger than eight years increased from 51 percent to 79 percent.

Published Findings – This ongoing research initiative has published more than 50 peer-reviewed journal articles, and researchers frequently present their findings at medical, engineering and automotive conferences worldwide.

Education and Advocacy Tools – PCPS is constantly seeking new ways to develop helpful tools for advocates, educators, healthcare professionals and legislators that are based on the latest research. Interactive videos, regular reports on facts, trends and issues related to CPS, fact sheets, useful graphics and illustrations, and more are available from the Educational and Advocacy Tool library at www.chop.edu/injury .

Source: http://stokes.chop.edu/programs/injury/our_research/pcps.php

Contact: Tracey Durham, Outreach and Advocacy Coordinator
The Center for Injury Research and Prevention at The Children's Hospital of Philadelphia
durhamt@email.chop.edu

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TWEEN PROGRAMS

INTRODUCTION

Nothing great was ever achieved without enthusiasm. – Ralph Waldo Emerson, poet

What is a “tween”? A tween is a child between approximately the age of eight and 12. Children in this age group are called tweens because they are very much between childhood and adolescence. It is a time of major transitions – physically, emotionally, and mentally. They are increasingly subjected to peer-pressure. Adults – parents, teachers, coaches and celebrities – take on added importance as role models and authority figures. As vehicle passengers, tweens may be too big for booster seats. They don’t want to be treated like children and have to sit in the back seat. They increasingly take risks, and safety belt use starts to decrease. They also spend many hours a week in a vehicle, being chauffeured to and from school and extracurricular activities.

Tweens are not often a high priority target audience. They are sometimes perceived as being a challenging audience whose attention is difficult to get and retain, and whose high energy levels make adult-type lectures and presentations unacceptable.

Though tween programs are not common, those which are currently operating are based on well-planned pilots and exhibit many of the best characteristics of a model program. The characteristics they share include:

- Top level support from participating schools and school districts,
- An established and credible focal point,
- Inclusion of shareholders and community support,
- Established goals, objectives, and/or performance measures,
- Evaluation of activities for efficiency and effectiveness,
- Ownership by the students of the program and activities conducted,
- Parental involvement,
- Appropriate media, such as school announcements, in-school posters, etc.,
- Cultural sensitivity,
- Individual and group rewards matched to desired behavior, and
- Commitment to overcome set-backs and barriers,

HOW TO PUT ALL THE PIECES TOGETHER

TOP LEVEL SUPPORT

Possibly the most difficult aspect of putting together a successful tweens program is gaining the trust, commitment and support of those officials who must provide the approval to allow access to the students. These officials would include school superintendents and principals, religious youth leaders, community center directors, and the heads of youth groups. Each type of organization that addresses the needs of youths has different expectations. In order to receive their support and approval, it is important to understand these expectations and be able to show how the OPC program will help meet the goals of each organization.

Schools. The days are long gone when the school had so many assemblies and went looking for programs and presentations to help fill those hours. Mandatory curriculum requirements and mandatory testing now occupy the school year. In this environment, which is so highly competitive for student time, OPC has one very important and distinct advantage; it is a health and safety initiative,

and health and safety are required elements in any school curriculum. An OPC program, therefore, helps the school meet its minimum requirements in that area. This is a critical selling point when approaching a principal or school superintendent to incorporate OPC within the school day. Schools are hierarchical environments, so it is important to go straight to the top with your proposed OPC program. Once the program has been approved by the school administration, it will be necessary to acquire the involvement of a coach or teacher to sponsor the program. Even if you have a committed teacher at this level, he or she may be unable to push the program up the organizational chart.

Religious Organizations. While churches, mosques and synagogues may be more flexible and individual in what they will allow their students to participate in, they also do not have the health and safety requirement which can be the key to the school door. Instead, religious organizations frequently have a strong community service focus, and religion-based youth groups often look for projects in which the students can help within the religious community or even in the community-at-large. Service and outreach to the community can be major selling points when presenting an OPC program to a youth leader. If the program can also be shown as a larger effort of the community, involving the schools, police department, parents organization, etc. the chance of successfully incorporating the religious community will increase significantly.

Community Centers. Community centers are run by various civic, non-profit and government organizations. Their main goals for youth are to keep the students safe, occupied and out of trouble, while providing a fun environment where they can interact with their peers and other adults. For community centers, the major characteristics of an OPC program need to be “active” and “fun.” Students in a community center program may present more of a challenge because they are in a less structured environment and there is more competition for their time and attention. The participation and assistance of the community center staff is just as important as the approval of the center director. The staff can assist with determining what activities will be appropriate and may also be helpful in implementation.

Youth Groups. Boys and Girls Clubs, 4-H, Boy Scouts, Girls Scouts and other youth groups are wonderful networks for implementing a tween OPC program. One particular advantage of these groups, particularly for an OPC program, is that the parent-leader can often make decisions regarding activities to pursue without needing higher-level authority. Gaining their participation might mean little more than persuading the appropriate club leader that this is a worthwhile effort and then providing the materials and activities to be conducted. These groups also hold many other advantages for reaching tweens:

- They are organized, but also tend to be very flexible in their scheduling.
- They usually have established rewards to recognize student achievement, such as certificates, patches, etc.
- They function in small groups and so provide more direct and personal access to individual students vs. a school-assembly approach.
- They share information, activities, and successes within their own network of clubs.
- Most have local or regional, state, and/or national organization structures which can support the spread of a program beyond one club or unit.
- Though limited, they have their own resources and may be able to contribute somewhat to the program.

A CREDIBLE FOCAL POINT

Because access to students is highly protected, the sponsoring organization or “focal point” for an OPC program must be recognizable and credible to the gatekeepers responsible for allowing student activities. It’s most helpful if the organization is immediately known and acknowledged for its service to the

community. This would include, for example, local health departments, city departments, traffic safety offices, hospitals, or police departments. If an organization is new to the community, there are a number of ways that credibility can be obtained:

- Obtain a sponsoring/parent organization, such as the state highway safety office, a major corporate sponsor, or a respected individual in the community who will represent the program and bring their own level of credibility.
- Establish a board or advisory team of select individuals who, both individually and collectively, have the trust of the community, even placing those individuals whose support is needed on the team to ensure their participation.
- Use information and materials from respected state and federal governmental agencies.
- Have a clear, realistic plan that shows an understanding of tweens' needs and wants, and matches the goals of the organizations involved.

A REALISTIC PLAN

A realistic plan should include both process and product.

The plan process should be inclusive; key players in the development of the plan would include representatives from youth, education, parents, law enforcement, sponsoring and implementing organization(s), injury prevention, traffic safety, and the community at large. The following outline briefly describes the basic steps in an OPC for tweens planning process, based on a Strengths-Weaknesses-Opportunities-Challenges approach:

BASIC OPC PLANNING STEPS

1. Identify the extent of the need for the program.

How many tweens are there in the community?

How many tweens were killed in the community in traffic crashes last year?

How many tweens were injured in the community in traffic crashes last year?

To what extent do tweens buckle up?

2. Identify potential strengths for the program.

Who are or can be critical leaders?

What resources are currently available?

What is the community attitude toward occupant protection?

What organizations are likely to be supportive?

3. Identify potential weaknesses for the program.

How difficult will it be to reach tweens? What will catch their attention?

What competing interests and activities are there?

How can students and participants be kept interested and motivated?

Do drivers of tween passengers, especially older teens, buckle up themselves and insist on their passengers being buckled as well?

4. Identify program opportunities.

What events (concerts, sports, etc.) are available where tweens will be attending?

What celebrity or role model for tweens would be available for presentations or appearances?

What other health and safety efforts and programs are being conducted upon which to piggyback OPC activities?

What businesses in the community would be willing to provide donations, such as school prizes, coupons, and other rewards to the students?

5. Identify challenges to the program.

Will anyone or any group raise objections? If so, on what grounds? (e.g., there are more important problems to work on)

How will the program be evaluated?

Once the program is started, how will it be maintained?

The plan itself should be both strategic and operational. Strategic components of the plan would include a mission, goals, strategies and objectives. The operational component would be an action plan that includes specific activities, materials or other resources needed, a timetable for completion of various steps, and assigned responsibility. The following table illustrates a simple way to outline an action plan:

TABLE 12: SAMPLE ACTION PLAN

Who? (responsible party)	Will do what? (action steps)	By when? (due date)	With what resources? (budget)

PARENTAL INVOLVEMENT

Whatever may be accomplished in the school, a youth group, or a club can be quickly undone if the behavior is not supported and reinforced at home. Parents must be partners and leaders in the effort to achieve greater safety restraint use among children.

Parents can be included in an OPC tweens program in several different ways. Parents should be represented on any planning, implementation or advisory team. Parents can be requested to co-sign buckle-up contracts or pledges. They can participate in activities and help to reward their students for proper and consistent belt use. Parents, as well as other drivers, can be rewarded for having their passengers properly buckled.

Example: The Tween Traffic Safety Initiative – Injury Prevention Center (IPC) of Greater Dallas, Dallas, Texas

Program Description:

The Tween Traffic Safety Initiative promotes sitting in the back seat, buckled up. The Injury Prevention Center of Greater Dallas, the **Academy for Educational Development and the Automotive Coalition for Traffic Safety (ACTS)** teamed up to apply social marketing theory to the local tween population to promote safe occupant behaviors. Initiated with technical assistance and a \$30,000 grant from ACTS, the Tween Traffic Safety Initiative kicked off with focus groups composed of tweens, parents of tweens, and tween service providers. Observations were also made during an after-school program.

Based on these lessons from focus group results and observations, a social marketing plan was developed and implemented. The plan included:

- Using student-developed ideas to convince peers to ride properly restrained in the back seat.
- A contest between two competing schools to buckle up the most students in the back seat. Because controlling the radio is such an important factor for sitting in the front seat, students from the winning school would each receive a portable radio with headphones.

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TWEEN PROGRAMS

- High degree of participation from parents, including parent-student discussions about car safety.

Some of the fun activities created by the students and their parents were:

- “Friendship” bracelets were shared to remind each other to sit in the back seat and wear a safety belt.
- One physical education teacher helped students write a rap with dance steps that was presented in a school assembly.
- Parents turned campaign signs into picket signs. As parents drove up to pick up students at school, they were greeted by other parents carrying campaign signs.
- Students wrote and presented announcements given over the school loud speaker system.
- Parents assisted students to decorate their seat in the car.

During FY 2007, the project is funded through a “Safe Communities” traffic safety grant from the Texas Department of Transportation. The project is very inexpensive for materials, less than \$5,000, but very time-intensive, involving an estimated 40 percent of a coordinator’s time.

Evaluation:

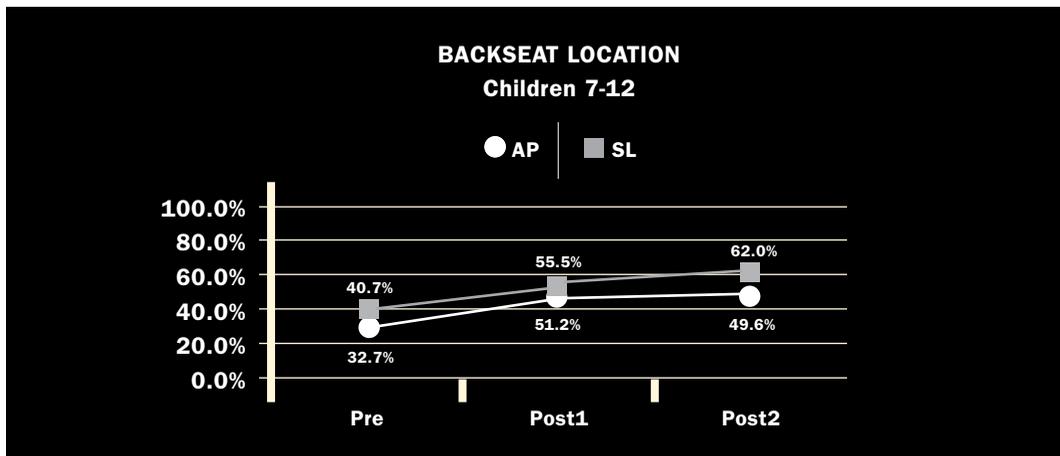
While the activities were highly successful at increasing the number of students sitting in the back seat, results in increasing proper safety belt use were mixed. Improper use actually increased, and belt use among 11- and 12-year-olds decreased.

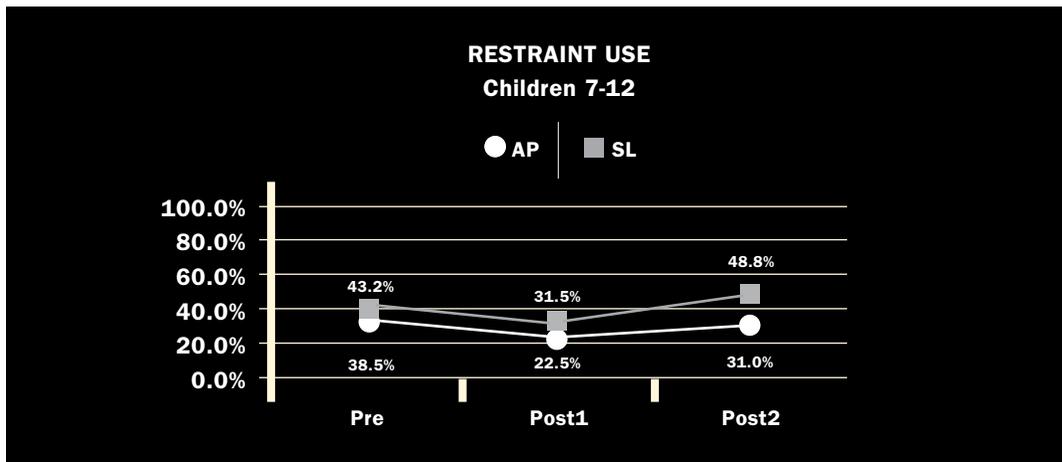
TIME TABLE

- PRE** – In October, observations were conducted at Arcadia Park Elementary School and Sidney Lanier Elementary School
- POST1** – After the first intervention was completed in December, observations were conducted at Arcadia Park and Sidney Lanier
- POST2** – Additional observations were completed after the second interventions were conducted in January

BACK SEAT LOCATION

Both Arcadia Park (AP) and Sidney Lanier (SL) had a 52 percent increase in the number of students located in the back seat.





Obstacles Encountered and Overcome:

Two major obstacles to conducting a tween program are getting access to the schools and acquiring permission from the principal. IPC first acquires a signed agreement from the principal with a listing of what is expected from the school, including designation of a staff member to work with the Center. IPC also works with schools on a child abuse program and uses this as a means to work other safety programs into the system. In some cases, the program has been done with the students after school. IPC has concentrated its efforts in primarily neighborhood schools where the students are not riding on school buses in large numbers and so have time after school while they wait for their parents to pick them up. In one instance, instead of the school, the community center is the location for the program.

After gaining the principal’s support, the next step is to get the teachers or a particular teacher’s support. Coaches and physical education teachers are usually agreeable to work with safety programs. However, focusing on the school athletic teams creates an added challenge of conducting observations, which are possible at a school with its limited entrances, but difficult to do at athletic events.

Another challenge is to get parents together. PTA meetings are used, but the coach or principal-assigned staff person has been most successful in pulling parents together. In this Hispanic community, IPC has found that mothers are very accessible and willing to help.

Contact: Martha Stowe, Executive Director
 Injury Prevention Center of Greater Dallas
mstowe@parknet.pmh.org
 214-590-4461

Example: “Be the Back Seat Boss” – Jasper/Newton County Safe Kids Coalition, Joplin, Missouri



Project Description:

Safe Kids of Jasper/Newton County Missouri piloted an 8-week, 4-school tween passenger safety program with technical and funding assistance from the Automotive Coalition for Traffic Safety (ACTS). Two focus groups of tweens and pre-surveys kicked off the program in 2005. Program implementation consisted of a 30-minute school assembly at each of the four schools, a theme song, contests with prizes, and a parent magazine. Each of the 30-minute school assemblies contained airbag and safety belt demonstrations, “Be the Back Seat Boss” rap, and a two-week challenge. Students were rewarded with the chance to win a portable CD/DVD player. Each week, students who sat in back in a seat belt completed and entered a form for a chance to win the prize. In addition, the student received recognition in the weekly bulletin and his/her picture on the “Be the Back Seat Boss” display. Some schools also announced the winners over the intercom system. The parent magazine focused on educating parents about the proper way to position a safety belt, the dangers of tweens sitting in front of airbags, and suggestions to get tweens to sit in the backseat. The magazine also included a survey which provided another chance to win the CD/DVD players.

After the pilot, Safe Kids continued the program with funding from the Missouri Department of Transportation, District 7. Nineteen schools were recipients of the program during the 2005-2006 school year. During 2006-2007, eight schools with 2,000 are expected to participate. A Highlights-type of magazine was printed and sent to 8,000 students who had participated the previous year as a follow-up and continuation.

Evaluation:

The study used pre and post-test surveys designed to help measure the impact of the program.

Key Survey Results:

Do you wear your seatbelt?

- Pre-survey: 53% always
- Post-survey: 66% always

Do you forget to wear your seatbelt?

- Pre-survey: 40% never
- Post-survey: 57% never

Where do you usually sit when you ride in the car?

- Pre-survey: 35% front, 49% back, 15% middle
- Post-survey: 19% front, 67% back 15% middle

Overall Impact (Post-survey)

- 86% of tweens said they saw a program this year about the best place to sit in a car.
- 71% of tweens remembered the “Be the Back Seat Boss” theme.
- The portion of tweens who said they wear a seat belt all or most of the time jumped from 82 percent to 91 percent.

[Source: <http://www.tweensafety.org/>]

Obstacles Encountered and Overcome:

Most schools have been receptive to the program. However, for various reasons, some school officials have declined to permit the program into their schools. As word of mouth spreads, and with continued patience and persistence by the coalition coordinator, those resistant officials are expected to allow the program to occur.

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ACHIEVING CONSISTENT USE THROUGH COMPETITION

Matching Rewards to Behavior

Students enjoy participating on a team, competing to achieve a goal, and winning prizes. As part of a comprehensive OPC program, competitions provide a great way to do all of those. At the individual level, a student can be rewarded for committing to wear his/her safety belt (signing a pledge) and for actually wearing a safety belt consistently over a period of time. Also at the individual level, there can be competitions for best display, best poster, best song, or best editorial for the school paper. Classes can compete with each other for best activity, most community outreach, and for most belt use. Even schools can compete for greatest number and greatest proportion of students buckling up.

Competitions also provide an excellent opportunity for the business community to participate by donating prizes for the students, classes and schools. Prizes can be graduated according to donations obtained and the level of commitment and dedication needed to achieve a particular goal. Students signing a pledge could receive school pens and pencils. Consistent belt use could allow the student to be eligible to receive a higher level prize such as an iPod, video game, or bicycle. Winning classes can win pizza parties, t-shirts, or designated seats at school sporting events. Winning schools might win a special field trip, community recognition, or new lap tops for the library.

Goals, Objectives and Performance Measures

Competitions for safety belt use provide an excellent opportunity to establish and measure achievements. Once an overall goal has been set (e.g., to increase safety belt use by tweens), program objectives and performance measures follow. These could include, for example:

- To involve ____ schools in an OPC competition this school year.
- To gain the participation of ____ students in the OPC competition.
- To generate ____ student-generated activities in support of OPC.
- To acquire ____ signed student pledges to buckle up, equal to at least ____ percent of the student body.
- To achieve a ____ percent use of safety belt use among students.
- To achieve a ____ percent increase of safety belt use among students from before to after the competition.

Example: 100 Mile Challenge – Injury Prevention Resources, Lander, Wyoming

Injury Prevention Resources (IPR) is a Wyoming 501(c) 3 non-profit organization, dedicated to reducing injury and death from traffic crashes by, but not limited to, decreasing the incidence of impaired driving, and increasing the use of safety belts, child safety seats and bicycle helmets.

Occupant protection activities include:

- sponsoring the Fremont County Safety Belt Survivor Club
- conducting high school safety belt competitions
- conducting yearly safety belt observation surveys
- providing “Vince and Larry”, the famous crash dummies, at health fairs and other community events
- conducting community awareness activities regarding the importance of using safety belts.

Program Description:

The 100-mile Challenge is a three-week, incentive-based program for 5th graders to promote both safety belt and helmet use. The constant message is that an occupant protection device is needed anytime the student is going faster than his or her feet can carry them. In the fall of 2006, 354 students in nine schools participated.

The program is introduced by a state trooper who demonstrates belt vs. non-belt use with a rollover convincer. The program director shares examples of the results of traumatic brain injury. This includes her own personal story of losing her mother who was ejected and killed in a crash with a drunk driver when the program director was the same age as the students. A small amount of car seat information is also shared with the students on the basis that they will be driving some day soon and may be transporting their little brothers and sisters.

During the three-week program, students record the miles they travel while belted or helmeted. Travel in a car while seat-belted, on a bike with a helmet, or even on a horse while wearing a helmet can be counted. Only air miles aren't counted. At the end of each week of the program, parents validate the mileage form, which then makes the student eligible for a prize drawing.

Consistency, rather than a large mileage total, is emphasized. Students who haven't traveled at all during the week can still turn in a parent-signed form stating that the only transportation they have taken for that week has been on the school bus. These forms are also eligible for prize drawings. In addition to individual student competitions, three schools that traditionally participate also compete with one another using total scores, with winners receiving pizza or cake parties.

Two other contests are incorporated into the three-week program schedule. Students can participate in a poster contest during week one and a poetry/song/rap contest during week three.

Local businesses donate prizes and rewards. In Lander, Wyoming, the Elks Club donated a boy's bike and a girl's bike. Those students who consistently participated all three weeks were eligible to win a bike. Smaller prizes might be a bike helmet filled with fun things the student would like, such as stickers, key chains and gel pens. All participating students receive stickers and certificates. The teacher with the highest class participation, based on the percentage of participating students, receives a recognition certificate, and a story and picture of the winning class is run in the newspaper.

In the spring, those 5th graders who show high levels of participation and responsibility get the opportunity to be the Vince and Larry crash dummy characters during safety fairs and bike rodeos. Other 5th graders are provided scripts to talk to smaller children at various safety stations during the fairs.

Evaluation:

At the conclusion of the program, evaluations are mailed to the 5th grade teachers. The program has

received a 75 percent rate of return with highly positive comments and suggestions for the future. The program has been so successful that the superintendent in Riverton has offered IPR access to the schools at any time. IPR currently goes into the schools four times a year for programs for various age groups.

IPR also uses county injury data to evaluate their programs.

When Is Your Child Ready For A Seatbelt?



Obstacles Encountered and Overcome:

The 100-Mile Challenge was initially designed for five weeks. Based on teachers' comments, the program was shortened to a more manageable three weeks.

Originally, the teachers were provided with binders of materials and reporting forms. However, the teachers would forget to distribute or pick up forms, and students would drift away from the program. The program director now keeps a binder for each school, and forms for each week are color-coded to make it easier to track progress.

Keeping a consistent schedule is critical, particularly for picking up and distributing forms. It's important to commit to the same time and same day for all three weeks so teachers are prepared and have the report forms when needed.

Resources are always a challenge. IPR uses some Wyoming Department of Transportation funds, plus sponsors and private donors such as Wal-Mart and the local recreation boards.

To summarize, good planning and good communications can be the means to overcome most any obstacle.

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WORKING WITH TWEENS IN AN INNER-CITY AND URBAN ENVIRONMENT**Cultural Sensitivity**

Hispanics in the U.S. are quickly becoming the “majority minority” in many states, still a minority population in the U.S. as a whole, but a majority of the population in many communities and states such as California and Texas. According to the National Highway Traffic Safety Administration, motor vehicle crashes are the leading cause of death for Hispanics ages 1-34, the number one cause of death for Asian/Pacific Islanders ages 1-24, the leading cause of death for young African American males through the age of 14, and the leading cause of death among American Indians and Alaska Natives ages 1-44.

Tweens are as much a product of their family and community culture as they are of the broader American culture. Differences in language, clothes, music and values exist throughout the country. Schools within the same school district may vary markedly in how the students perceive risk, and student groups within the same school can vary considerably, as well.

Understanding and responding to these differences can determine the success or failure of a tweens program. Something seemingly as simple as choosing prizes for belt use can be complicated by cultural and socio-economic differences. For example, a key chain can symbolize status and freedom for a student who anticipates owning his or her own car in a few years, whereas a student who is a “latch-key kid” may see a key chain as representing an empty household.

To avoid pitfalls in the area of cultural sensitivity, ensure that parents and students from varying groups in the community participate in the planning and implementation of any tween program.

Commitment to Overcome Barriers

“If at first you don’t succeed” could be the mantra of working with tweens. Obstacles should be anticipated and built into the planning schedule. Creative problem-solving skills can be particularly helpful when, as will occasionally happen, volunteers can’t be found to conduct early morning observations, the school assembly presenter cancels, the schedule gets changed, materials are late, or a fire drill interrupts the scheduled activity.

Flexibility and a commitment to the program will overcome most obstacles. Adjusting schedules, redesigning activities, and arranging alternatives is just a part of implementing a program. The tweens and their adult leaders themselves can be helpful in these situations; the age of tweens is marked by constant change, and adjustments are expected. Plus, a major advantage to a comprehensive program vs. implementing a single activity is that the program can still be successful even if one piece of the program doesn’t occur as originally planned.

Example: “Is everybody buckled up?” – Safe Communities Coalition, Madison and Dane Counties, Wisconsin

safercommunity.net



Safe Communities

Project Description:

The Safe Communities Coalition of Madison and Dane County, Wisconsin, was awarded a \$250,000 grant by the National Highway Traffic Safety Administration to plan and implement a school-based pilot

campaign to heighten awareness and improve use of occupant restraints by tweens (identified for this project as students between the ages of eight through fifteen).

The program was initiated with focus groups of students and teachers. The student focus groups found that one of the primary reasons the students gave for not using occupant protection is that they forgot. The students expressed misinformation about basic facts, and they wanted to be empowered. The teachers' focus groups served to help look for ties to the curriculum and to acquire important "buy-in" to the program from the teachers.

A multi-representative advisory group helps with oversight of the program. The Latino community, the African-American community, Safe Kids, law enforcement, teachers, and emergency care groups are all represented.

The campaign ran in February 2007 with no paid media. Earned media was acquired with a press conference to launch activities. School sites are rural, suburban and urban.

Students received a glow-in-the-dark wristband inscribed with "Is everybody buckled up?" and signed a pledge promising to wear the bracelet for the month of February as a reminder to buckle up and to remind others in the vehicle to buckle up as well.

Facts and information about tween traffic safety were announced on the schools' public address systems. Banners, lawn signs and posters with the campaign theme were also displayed in the school and on lawns in the surrounding area. Flyers providing information on the need for occupant protection, the law, car seats, and appropriate fit for belt use were sent home to parents.

Local law enforcement departments were asked to support the campaign by monitoring and enforcing occupant restraint laws for this age group. Citation data will be collected to measure changes in citation activity before and after the campaign. Officers of color served as presenters both in the schools and in after-school programs.

The students from age eight to 11 responded the best to quiz programs and developing school public service announcements. For the 11-and-older age group, testimonials from other students were found to be most effective. The most powerful messages were communicated by a young Latino woman and a young woman whose basketball career was ended by a traffic crash.

In continuing the program, materials will be translated into Spanish. There is also some consideration of establishing a mentor program between high school freshmen and middle-schoolers.

Evaluation:

At the beginning of the intervention month and at the end (pre and post), students took a five-minute survey documenting self-reported safety belt use and safety restraint knowledge. Observational surveys will be conducted to measure changes in safety belt use at the schools.

The pilot project was scheduled to conclude in September 2007.

Obstacles Encountered and Overcome:

One of the greatest obstacles was gaining the respect, trust and attention of the students in the inner city schools. To bridge the credibility gap, someone from the community, Latino or African-American, was needed to facilitate.

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TWEEN PROGRAMS

Making inroads to the schools was also a challenge. How do you place experiential learning? In what classes do you integrate the program? In one instance, a woman from the community was brought into the program to help the students in a multi-media class develop public service announcements. In this case, the products were less important than the process and attention the students received.

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MARKETING STRATEGIES AND OUTREACH

INTRODUCTION

Social marketing – promoting socially responsible behavior in areas such as health, nutrition and safety – is composed of many facets. It begins with research, strategic thinking and planning. From this base, various components of an implementation plan might include:

- Branding, identity and characters creation
- New product creation and launch
- Public relations
- Events
- Web sites
- Promotions
- Media content and programming
- School programs.

Research results are critically valuable to developing a strong and effective marketing program. One recent research report documents that “kids are increasingly socializing through technology. US [child] consumers spend more than 6 hours per day using differing forms of media while over half of European Kids are regularly using the Internet by the age of 8. The ‘outdoor playground’ is increasingly being replaced by a ‘virtual playground’.”¹²

Regrettably, many public information and education activities skip the important marketing research stage. Missing this step can result in underestimating the sophistication and technical proficiency of the youth market. Messages – if content, design, and/or distribution methodologies miss their target – will be lost. The end result then becomes not an increase in occupant protection but a waste of time and money.

Examples of marketing research, implications of research, and implementation of various public information and education programs, particularly in relation to reaching diverse populations, are included below.

A MARKET-BASED APPROACH

Characteristics of a market-based approach. A market-based approach to a program includes the following characteristics:

- It begins with well-planned and implemented market research which provides a solid, verifiable data base of information.
- The foundation of the approach is what the target audience(s) believes, needs, and wants. It focuses on the culture, values and perceptions of the people to be served.
- It is a logical, sequential, methodical, step-by-step approach in which each stage of the program is dependent upon the results and success of the previous step.
- Because there is a strong basis of research upon which the program is built, the amount of guess-work is reduced and the chances for success are significantly increased.

Example: “Identifying Interventions to Promote Booster Seat Use” – The Center for Injury Research and Prevention of the Children’s Hospital of Philadelphia, Pennsylvania



The Center for Injury
Research and Prevention
The Children’s Hospital of Philadelphia

¹² Marketing to Kids: How To Be Effective And Responsible, Datamonitor, Dec. 5, 2006

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The Center for Injury Research and Prevention of the Children’s Hospital of Philadelphia (CHOP) took a methodical, market-research, and data-driven approach to the problem of occupant protection for children ages zero through eight, using a research-to-action-to-impact paradigm.

According to Partners for Child Passenger (PCPS) data, 27 percent of children remain inappropriately restrained, with occupant restraint use dropping precipitously from the age of zero to eight.

The following four objectives guided the project:

- Determine populations at risk for inappropriate restraint
- Determine modifiable factors limiting booster seat use in at-risk populations
- Adapt existing or design new targeted interventions to facilitate behavioral change, and
- Evaluate selected interventions in at-risk populations.

According to the PCPS data, the at-risk population was determined to be white, African-American, or Hispanic parents with an education level of high school or less, with children between the ages of three and eight. Once the target population was selected, 12 focus groups were conducted. These focus groups identified both the perceived threats of not using occupant protection as well as the perceived benefits of proper use of safety restraints, plus the perceived barriers to proper use.

In the development phase, four existing interventions were selected for investigation. In addition, the Center created three informed interventions including 1) threat of law – “avoid tickets and fines”, 2) parenting techniques – “safer for children, easier for parents”, and 3) injury risk – “avoid regret”. To evaluate these interventions, 20 focus groups were queried. The result of these focus groups was that the “regret” intervention was considered the most effective, given that it addressed barriers, threats and advantages; it was delivered by a preferred messenger (another parent); and it focused on regret vs. fear.

The intervention combined an emotional and personal story with education. Six weeks after the focus groups, telephone interviews found that 76 percent cited the personal story/injury intervention as motivating them to use booster seats for their children.

This study determined that a need for future work included:

- The intervention should be professionally packaged and channeled for dissemination.
- On-going evaluation of the intervention was needed.
- Issues in rural communities and other communities not included in the study should be explored.

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MARKET RESEARCH METHODS

Sample Research Methods. Market research methodologies can include one or more of the following: in-person interviewing (one-on-one or focus groups), Internet surveys, mall intercept (interviewing people in shopping malls), mail surveys, and phone surveys. There are numerous advantages and disadvantages to each of these methods, and the purposes they serve can be very different. These are outlined in the Table 13:

TABLE 13: SAMPLE MARKET RESEARCH METHODS

Market research method	Major Characteristics
One-on-one interview	<ul style="list-style-type: none"> • Extremely time-intensive • Provides in-depth information • Needs trained interviewer • Appropriate for querying community and opinion leaders • Appropriate for quality information vs. quantity of information
Focus groups	<ul style="list-style-type: none"> • Time-intensive • Highly subjective results • Needs trained focus group leader • Very small population covered • Can be expensive; focus group participants are usually rewarded for their participation • Serves as one method for generating ideas, concepts, and providing feedback to preliminary approaches or draft creative materials • Can include children, tweens, teens, parents, teachers, and other youth leaders
Internet survey	<ul style="list-style-type: none"> • Can be inexpensive • Population can be targeted • May provide data that can be tabulated • Can appeal to tweens and teens
Mall-intercept	<ul style="list-style-type: none"> • Provides easy access to consumers • Provides access to tweens and teens • Rate-of-return can be low • Includes potential for in-depth interviews
Mail survey	<ul style="list-style-type: none"> • Not appropriate for reaching children, tweens, or teens • Low-rate of return • Expensive to conduct and evaluate results • Select population can be easily targeted by ZIP codes
Phone survey	<ul style="list-style-type: none"> • Inappropriate for reaching children, tweens, or teens • Extremely time-intensive • Expensive to conduct and evaluate results • Select population can be targeted by local area codes and exchange numbers

Focus groups. Focus groups are organized and highly-focused discussion sessions with pre-selected participants. For several reasons, focus groups are one of the more common ways to gain information for developing a program to achieve behavioral change. Focus groups provide one of the best means to concentrate on a specific defined population. For example, a focus group could call upon parents from one specific school for an OPC program or call upon a particular segment of the community to participate. The focus group discussion can be transcribed and analyzed to highlight opinions and perceptions. Discussion can glean reasons from participants, such as why they wear a safety belt, why they don't, and what would help motivate them to change their behavior. Focus groups provide a particularly helpful method for acquiring ideas prior to the development of a program or for sharing slogans, creative material, and concept ideas to acquire feedback from the target audience.

Example: “Increasing Awareness and Use of Booster Seats in a Latino Community” – Department of Pediatrics and the Harborview Injury Prevention and Research Center, University of Washington and Children’s Hospital and Regional Medical Center, Seattle, Washington

[Excerpted from J.W. Lee, K. Fitzgerald, and B.E. Ebel, <http://injuryprevention.bmj.com> on 12 April 2007]

Two focus groups were held at community centers in two different neighborhoods with relatively high Latino populations in the greater Seattle area. Parents were eligible if they were Spanish-speaking, had children under the age of 10 years, and owned or drove a car. The groups were conducted in Spanish. Topics of discussion included current knowledge and attitudes regarding booster seats, barriers and reinforcing factors for booster seat use, current campaign messages, and effective methods for message delivery.

Parents felt that barriers to booster seat use for Latino families may include a lack of information about booster seats, resistance to use by the child, the cost of booster seats, inconvenience, lack of space in the vehicle to accommodate all of the necessary child safety seats for large families, and the lack of shoulder belts in the rear seats of older vehicles. Many of the female participants felt that their husbands would be less likely to enforce booster seat use due to lack of knowledge or failure to use safety restraints themselves. Several participants stated that safety belts and child safety restraints were not commonly used in their native countries, which may contribute to the lack of awareness and low perception of risk among Latinos.

The booster seat law and the monetary fine for non-use were felt to be major incentives for booster seat use. The use of safety belts by the parents themselves, as well as the enforcement of booster seat use by both parents, was felt to be crucial in reinforcing the child’s use of the proper safety restraint device. Parents believed strongly that school-aged children also needed to be educated about booster seats in schools and child care centers.

All parents preferred the materials that were in Spanish. Parents generally liked materials that were colorful, easily caught their attention, and had succinct and clearly written guidelines for booster seat use along with pictures of children properly restrained in a vehicle.

The Spanish media (television, radio, and newspapers) were seen as powerful tools for delivering information to a large population. Parents felt that television news programs or public service announcements would be effective, especially when played during popular programs, such as “telenovelas” (soap operas) to reach women and sports programs to reach men. Stories about real children injured or killed in the setting of improper restraint in a vehicle were felt to be compelling and convincing. Parents cited examples of current public health messages using these tactics, such as anti-smoking and bicycle helmet campaigns.

Educational sessions associated with booster seat discount opportunities or giveaways held at an established gathering place were felt to be an excellent way of distributing information and reducing the cost of a booster seat. Parents identified health care providers, teachers, and law enforcement officers as credible spokespeople for child safety issues. Many mothers felt there was a need for more educational efforts targeted specifically at fathers, who often were working and therefore not present during potential teachable moments such as doctor visits, or school and community events.

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OUTREACH FOR OPC PROGRAMS

Addressing diversity. San Francisco is one of the most ethnically, culturally and linguistically diverse cities in the country. A population breakdown for the city shows that of the more than 750,000 residents, about half are white, about a third are Asian, and about eight percent are African-American, the remainder are American Indian or Alaska Native or other, and approximately 14 percent are Latino/Hispanic (regardless of race).

To meet the needs of this melting pot, the San Francisco Department of Health provides outreach for occupant protection that utilizes clinics and health centers located within the numerous neighborhoods of the city. The clinics use a multi-pronged approach, with strong emphasis on local development and implementation, to successfully communicate with their differing populations. The approach includes:

- Distributing materials in the languages appropriate to their clientele
- Participating in neighborhood community festivals and events
- Recruiting of community members and leaders to help guide activities
- Networking with people whom the population would know and trust
- Piggybacking on other vital health issues and services.

Example: Public Health Program for Occupant Protection – San Francisco Department of Public Health, San Francisco, California

Program Description:

Because of the number of traffic-related injuries and fatalities in the city, the San Francisco Department of Public Health (DPH) actively promotes traffic safety. In San Francisco, motor vehicle crashes are the second leading cause of death by injury (SF Profile of Injury, 2004).¹³

Ninety percent of the traffic safety program budget has been funded by the California Office of Traffic Safety. The DPH traffic safety projects have provided “match” resources consisting of staff time, office space and equipment, connectivity, and other basic business costs.

Projects for specific populations in support of occupant protection for children include:

Native American Health Center: The Native American Health Center (NAHC) is a community-based, non-profit organization that provides a full range of primary medical, substance abuse, mental health, and HIV/AIDS care at two licensed community health clinics, one in Oakland and one in San Francisco. NAHC is also a charter member of the San Francisco Community Clinic Consortium, a network of nine community clinics.

The NAHC occupant protection program was funded for one year, and in 2006 they conducted a monthly child passenger safety workshop for Native American and indigenous parents and community members, which included car seat distribution. NAHC developed linguistically and culturally appropriate brochures and educational materials. Activities included distributing the brochures and educational materials and providing car seat inspections at local Native American events. NAHC recruited community members and professionals to serve on their child passenger safety task (CPS) force to assist in program guidance, to provide input in the community development process, and help ensure cultural sensitivity. Lastly, NAHC hosted an art contest among children and teens on the topic of child passenger safety, and distributed winning and notable submissions throughout the community.

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¹³ “Profile of Injury in San Francisco,” The San Francisco Injury Center, San Francisco Department of Health, December 2004. <http://www.surgery.ucsf.edu/sfic/profile05.pdf>

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MARKETING STRATEGIES AND OUTREACH

Women's Health Center: The Women's Health Center (WHC) provides health and medical services to women, ranging in age from adolescents to senior citizens, who are culturally and linguistically diverse, low-income, frequently recently immigrated, and largely medically indigent. These high risk and high need patients have few other alternatives for care.

In 2006, WHC conducted 14 child passenger safety workshops for patients, mothers, and other community members in the greater San Francisco Mission area. The workshops included car seat distribution and linguistically and culturally appropriate brochures and educational materials in Chinese, Spanish and English. WHC recruited community members and professionals to serve on their CPS task force. WHC conducted two media campaigns in San Francisco promoting child passenger safety.

For 2007, WHC planned to conduct 16 child passenger safety workshops in Chinese, Spanish and English for patients, mothers, and other community members. The Women's Health Center will also conduct at least two media campaigns promoting child passenger safety in San Francisco, one of which will be in either Chinese or Spanish.

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Mission Neighborhood Health Center: Mission Neighborhood Health Center (MNHC) is a private, non-profit community health center that has provided comprehensive medical and social services to San Francisco's Latino community for nearly four decades. In 2007, MNHC planned to conduct a monthly child passenger safety workshop, including car seat distribution, for Latino parents, expectant mothers, and community members. MNHC will also attend at least four community events to distribute brochures and educational materials in both Spanish and English.

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Visitation Valley Community Center. Visitation Valley Community Center (VVCC) has been meeting the needs of families in Visitation Valley with comprehensive range of services since 1918 for residents from in age from infants to the elderly. In 2007, VVCC planned to conduct 15 child passenger safety workshops, including car seat distribution, for parents and other community members in Chinese, Spanish and English. VVCC will also attend at least four community events to distribute brochures and educational materials in Chinese, Spanish and English.

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In support of these projects, the DPH has also hired a public relations firm to assist with cultural sensitivity and to help get stories in the community and neighborhood press, including Chinese, Vietnamese, African-American and Latino media.

Barriers encountered and overcome:

The county employees union expressed concern over hiring out the public relations function to an external firm. However, the DPH has thus far been able to overcome these concerns by making a good case for the need to have specific expertise in this kind of community outreach.

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Reaching Youth through Youth Groups

Reaching Youth through Established Youth Organizations. There are two primary routes to use in reaching youth through youth groups. The first route is through existing, well-organized and functioning groups. These would include, for example, boys and girls clubs, scouting, athletic clubs, student councils, 4-H, and youth religious groups. There are many advantages to working through existing organizations. They already have structure and organization. Leaders are established and trained. They have the means to recruit both students and adults. They have credibility and name recognition. Volunteer and student participation is well-established and rewarded. Their primary disadvantage is that the groups have goals, objectives, and activities other than traffic safety, such that traffic safety activities must compete with all the other priorities already institutionalized within the group.

Example: “Take a Second – Save a Lifetime” – 4-H Youth Development, Michigan State University Extension Service, Michigan



Program Description:

A program that originally started in three counties has now grown to 23 counties in the State of Michigan. Program activities are generated by teen health educators who range in age from 13 to 17. Teams, which can also involve adult volunteers, vary in size from two to 15 members. The teen health educators go to schools, 4-H clubs, and fairs to educate their peers and younger children.

The teams choose from nine laminated lesson plans and a variety of activities that have been developed by a group of teens and staff involved with the program. Activities vary according to the interest of the teams and the capabilities of the students. One example is a timed “seat belt relay” contest in which four kids at a time get in a car and raise their hands when buckled in. The lesson involved is the short amount of time it actually takes to buckle up. Examples of other activities include:

- conducting a traffic survey in the community
- making seat belt covers as a craft activity
- putting little Lego © people in water bottles, one with just water, representing an unbuckled person, and one that’s frozen to represent a buckled up person. Bottles are tossed and dropped to illustrate the difference it can make to be restrained.

In addition to lesson plans, tool kits include three DVDs, stickers, “Click It or Ticket” pencils, magazines, brochures, posters and other free resources. The teams also have access to a “Click It the Cricket” costume, which was developed for the Michigan Office of Highway Safety by Central Michigan University.

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MARKETING STRATEGIES AND OUTREACH

Obstacles Encountered and Overcome:

Initially, getting the counties involved was an obstacle. As the program has grown, interest from the counties has also grown. An email was sent to all 83 counties in the state to find those who were interested. The program works with and through the County Extension offices and 4-H educators. Tool kits have been distributed at statewide conferences, and \$500 mini-grants have been issued to encourage participation.

Getting ongoing commitment from teen educators and building partnerships with local schools have been ongoing challenges in some of the project communities.

Evaluation:

For the year 2005-2006, 3,900 youths between the ages of eight and 12 participated in the program. Phone interviews with 31 teen educators were conducted to garner feedback. Self-reported safety belt use among teens during the 2005-2006 programming year increased from a pre-program level of 74 percent indicating they always wore a safety belt to an after-program level of 97 percent.



Contact: Janet R. Olsen, Program Leader
4-H Youth Development
olsenj@msu.edu
517-432-7630

Reaching Youth through a Traffic Safety Youth Group. The second method for reaching young people through youth groups is working through or developing a dedicated group specific to youth traffic safety issues. Leveraging existing SADD groups, youth safety councils, or youth safety programs, or developing a youth club or organization to address OPC issues, takes advantage of the groups' established traffic safety focus. In these groups, there is no competition with other community needs or issues. Major disadvantages to this approach are competing with already established organizations and other demands on youth time, supporting and maintaining the organization and structure of the group, and dealing with lower name recognition compared with older and better established organizations.

Example: California Friday Night Live Partnership – Tulare County Office of Education, California

The California Friday Night Live (FNL) Program began in 1984 as a pilot program dedicated to reducing the number of deaths and injuries caused by teen motorists driving under the influence of alcohol and other drugs. During the first years of the program the youth involved were organized into high school-based student action groups. By 1990, the number of counties with the FNL Program had increased

300% and the main focus of the program began to shift from one of preventing drinking and driving among teens to promoting healthy lifestyles free of alcohol, tobacco and drugs.

A middle/junior high school component named Club Live (CL) was developed in 1988. In 1990, the Friday Night Live Kids (FNL Kids) Program, which focused on youth in the 4th through 6th grades, began. By 1994, 48 counties had also implemented the CL Program and/or the FNL Kids Program. The chapter locations had also broadened from school campus-based programs to recreation facilities, housing projects, youth centers, and youth in detention centers, reaching nearly one million youth throughout California. In 1998, the partnership began a pilot process for FNL Mentoring. The five original counties had great success and within two years had developed the FNL Mentoring Model. The primary focus of the FNL/CL/FNL Kids/FNL Mentoring Programs is to form youth/adult partnerships with young people, providing programs rich in opportunities and support, so young people will be less likely to engage in problem behaviors, more likely to achieve in school, and more likely to attend higher education or secure a full-time job.

FNL has begun to expand their successful models to occupant protection. Operating statewide, FNL uses the same fundamental strategy to promote youth-led traffic safety campaigns. There are four variations of working with youth which involve middle school and high school students.

For the 9 – 12 age level, campaigns are designed and implemented by the students. At the middle school level, a mentoring model is implemented in which a high school student is matched to a middle-school student on a one-to-one basis. The older student learns about and becomes an advocate for the younger student.

FNL also establishes school based competitions in which students again provide the initiative to implement activities to increase safety belt use among their peers.

Among the many resources available to the schools, FNL provides mini-grants to help pay for some of the materials used in the campaigns. Alameda County is one example of a recipient of a mini-grant.



Alameda County Media Advocacy



Alameda County Friday Night Live has had an active countywide youth council for the past four years, the Alameda County FNL Youth Advisory Board.

The FNL Partnership office and staff are housed in the [Tulare County Office of Education](#) located in Visalia, California.

Evaluation:

Participating schools conduct a base-line observational survey and a post-program survey. Data from school surveys were expected in 2007 but were not yet available for publication.

Contact: Lynne Goodwin
559-733-6496
lgoodwin@supt.tcoe.org

11

MARKETING STRATEGIES AND OUTREACH

Reaching Youth through Training and Education

Building OPC into curriculum and marketable training programs has several significant advantages. Training and education can provide OPC information in a context which offers opportunity for discussion and repetition. There is built-in consistency in what information is presented and how it is presented which is not available through other media or activities. Most importantly, it includes the potential for sustainability that many other programs and activities do not possess.

Example: “Getting Out Alive” – American Automobile Association (AAA) of Northern New England and Maine Highway Safety Bureau

Project Description:

The Maine Highway Safety Bureau, AAA of Northern New England, and WCSH-TV have formed a partnership to improve the safety of teen driving and better unite teens and their parents to meet the driving challenge. This partnership has developed a multi-faceted program of education to reach both teens and parents.

One tool is the AAA “Dare to Prepare” program for parents and 13-to-14 year olds to encourage parents to set a good example for their teens.

Another piece of the overall program is Safe Guard, which includes a call to the parent by a police officer if a teen is stopped for a violation of the state’s graduated driver licensing law. This program is being conducted in cooperation with the Maine Sheriffs’ Association and the Maine Chiefs of Police Association.

Newly-developed is “get out alive: The Parent – Teen Driving Challenge.” For \$25 per participant, a teen and his/her parent attend a five-hour course on driving which includes emphasis on proper restraint use. In addition to the educational benefit of the course, the student and parent or accompanying adult receive a three-point credit on their driver license from the Department of Motor Vehicles and may also receive a deduction on their vehicle insurance.

Marketing to the parents of teens is conducted through a wide variety of outlets: police departments, schools, PTAs, Rotary Clubs, booster clubs, school resource officers, and a statewide wellness conference attended by school health officials. A program Website and a newsletter for the schools are also to be developed.

Evaluation:

The AAA of Northern New England plans to work with the Institute of Health Policy, Muskie School of Public Service, University of Southern Maine, to develop an evaluation component for the program, which may include following some teens through their driving experience. The program is aiming for a fatality-free school year and will be considered a success of this goal is achieved.

Contact: Rayette Hudon, coordinator
AAA of Northern New England
207-780-6988

RESOURCES

RECOMMENDED OPC CONTACTS BY STATE

[NOTE: "ADDITIONAL INFORMATION" includes source information for the person who submitted the questionnaire and the recommended contact.]

ALASKA

1. ACTIVITY: Tween Programs ("Protecting You/Protecting Me" and "Youth in Action")

NAME: Jessica Paris
PHONE: 907-463-2564
Email address: jparis-ncaddj@ak.net

2. ACTIVITY:

NAME: Lt. Thomas Remaley, Palmer Police Department
PHONE: 907-745-4811
Email address: remaley@palmerpolice.com

ADDITIONAL INFORMATION

YOUR NAME AND TITLE: Gordon Glaser, Health Program Manager/
Safe Kids, State of Alaska Division of
Public Health IPEMS (CPS Instructor)

YOUR EMAIL ADDRESS: gmgglaser@health.state.ak.us

YOUR PHONE NUMBER: 907-269-3433

* Booster seat legislation which significantly reduces our injury rate.

** We have a good functional program for CPS distribution.
Maintaining the program is a priority

ARIZONA

3. NAME: Jessica Smith, Arizona SADD

PHONE: 623-434-1670
Email address: azsadd@aol.com

CALIFORNIA

4. ACTIVITY: Alternative funding and resources (community based organizations); Marketing (through media consultant)

NAME: Michael Radetsky, San Francisco Dept of Public Health (OP0607)
PHONE: 415-581-2418
Email address: Michael.Radetsky@sfdph.org
Website (if available): http://www.dph.sf.ca.us/traffic_safety/

5. ACTIVITY: Marketing (giant seatbelt); Law Enforcement (local officers provide presentations)

NAME: Commander Rich Cinfio, San Carlos P.D. (OP0611)
PHONE: 650-802-4277
Email address: rcinfio@cityofsancarlos.org
Website: <http://www.ci.san-carlos.ca.us/gov/depts/police/default.asp>

**CALIFORNIA
CONTINUED**

6. ACTIVITY: "Tween" Programs

NAME: Lynne Goodwin, California Friday Night Live Partnership

PHONE: 559-733-6496

Email address: lgoodwin@supt.tcoe.org

Website: <http://www.fridaynightlive.org/>

ADDITIONAL INFORMATION

YOUR NAME: Donna Heppner, California Office of Traffic Safety

YOUR PHONE NUMBER: 916-262.0981

YOUR EMAIL ADDRESS: dheppner@ots.ca.gov

COLORADO

7. ACTIVITY: Tween Program; OPC Marketing Strategies; Law Enforcement

NAME Trooper Eric Wynn, Colorado State Patrol - CPS Team Colorado

PHONE: 303-239-4537

Email address: eric.wynn@cdps.state.co.us

Website (if available): www.carseatscolorado.com

8. ACTIVITY: Tween Programs (new project); pre-K through Grade 2 program

NAME: Phyllis Ring, Denver Osteopathic Foundation

PHONE: 303-996-1140

Email Address: pring@dofound.org

Website: www.DOFound.org

9. ACTIVITY: Tween Programs; Alternative Funding and Resources;
Data and Evaluation

NAME: Sallie Thoreson, Colorado Department of Public Health and
Environment (Booster Seat Research Project)

PHONE: 1-970-248-7161

Email Address: sallie.thoreson@state.co.us

10. ACTIVITY: Tween Programs, Alternative Funding and Resources

NAME: Vicky Cassabaum, Denver Metro SAFE KIDS - CPS
Committee Coordinator

PHONE: 303-629-3788

Email Address: vickycassabaum@centura.org

11. ACTIVITY: The statewide CPS Team Colorado education program
www.carseatscolorado.com

CONTACT NAME: Sgt. Rob Marone

EMAIL ADDRESS: rob.marone@cdps.state.co.us

PHONE: 303-239-4537

RECOMMENDED OPC CONTACTS BY STATE

COLORADO CONTINUED

12. ACTIVITY: Mesa County CPS educational program

CONTACT NAME: Celeste Schoenthaler
EMAIL ADDRESS: Celeste.Shoenthaler@mesacounty.us
PHONE: 970-683-6602

13. ACTIVITY (e.g., education for new parents, data-based and comprehensive planning, top-level management support):
Statewide Training Coordinator

CONTACT NAME: Vera Fullaway
EMAIL ADDRESS: vfullaway@comcast.net
PHONE: 303-378-2932

ADDITIONAL INFORMATION

YOUR NAME AND TITLE: Kirsten Jahn-Elfton
Occupant Protection Program Supervisor
Colorado Department of Transportation
4201 E. Arkansas Ave., 3rd Floor
Denver, CO 80222
YOUR PHONE NUMBER: 303-757-9383
YOUR EMAIL: kirsten.jahn@dot.state.co.us

CONNECTICUT

ADDITIONAL INFORMATION

YOUR NAME AND TITLE: Juliet Little, State Dept. of Education
YOUR EMAIL ADDRESS: Juliet.Little@po.state.ct.us
YOUR PHONE NUMBER: (860) 594-2365

DELAWARE

14. ACTIVITY (e.g., education for new parents, data-based and comprehensive planning, top-level management support): Delaware OHS car seat check & misuse database (to track # of car seat checks conducted, # of seats checked, misuse observed and # of seats distributed – also allows state to analyze misuse rate)

CONTACT NAME: Jana Simpler
EMAIL ADDRESS: jana.simpler@state.de.us
PHONE: (302) 744-2742

ADDITIONAL INFORMATION

YOUR NAME AND TITLE: Trish Roberts
YOUR EMAIL ADDRESS: tricia.roberts@state.de.us
YOUR PHONE NUMBER: (302) 744-2745

DISTRICT OF COLUMBIA (DC)

15. ACTIVITY (e.g., education for new parents, data-based and comprehensive planning, top-level management support):

**DISTRICT OF
COLUMBIA (DC)
CONTINUED**

CONTACT NAME: Karen Gay
EMAIL ADDRESS: Karen.gay@dc.gov
PHONE: 202-671-2350

ADDITIONAL INFORMATION

YOUR NAME AND TITLE: Carole A. Lewis, Chief, Transportation Safety
Division, District Department of Transportation
YOUR EMAIL ADDRESS: carole.lewis@dc.gov
YOUR PHONE NUMBER: 202-671-0492

NOTE: The District of Columbia has had in place for many years a very effective CPS program, which began with our child safety seat loaner program, to our current sale of car seats at reduced rates. We have our legislation in place, our enforcement continues at a high level, and our child safety seat usage rate is in the high 90%. We have 6 operating inspection locations and 9 locations where DC residents can go to purchase a car seat Monday-Friday. You need only be a DC resident to qualify to purchase a seat. We have a broad community outreach program and an on-going training schedule for parents.

GEORGIA

16. ACTIVITY: Tween Program

CONTACT NAME: Amy Edwards
PHONE: 404.463.0156
Email address: aedwards@gohs.ga.gov

17. ACTIVITY: Alternative Funding and Resources – use of dedicated, annual fees allocated to the Office of Highway Safety from the sale of specialized license plates for “share the road” (bicycle/pedestrian) and speed programs

CONTACT NAME: Spencer Moore
PHONE: 404.656.6996
Email address: smoore@gohs.ga.gov

18. ACTIVITY: OPC Marketing Strategies

CONTACT NAME: Jim Shuler
PHONE: 404-656.6996
Email address: jshuler@gohs.ga.gov

19. ACTIVITY: Data and Evaluation

CONTACT NAME: Alvin Shultz
PHONE: 404.656.6996
Email address: ashultz@gohs.ga.gov

RECOMMENDED OPC CONTACTS BY STATE

GEORGIA CONTINUED

20. ACTIVITY: Law Enforcement

NAME: Ricky Rich
PHONE: 404.656.6996
Email address: rrich@gohs.ga.gov

IDAHO

21. ACTIVITY (e.g., education for new parents, data-based and comprehensive planning, fund-raising):

CONTACT NAME: Alissa Lean at Safe Kids Treasure Valley
EMAIL ADDRESS: leanali@slrmc.org
PHONE: 208-381-3033

INDIANA

22. ACTIVITY (e.g., education for new parents, data-based and comprehensive planning, top-level management support): The Automotive Safety Program at Riley Hospital for Children, Indiana university school of Medicine, was founded in 1981 by Dr. Marilyn Bull. Funded by the Governor's Council on Impaired & Dangerous Driving, the program directs child passenger safety research, education, and training in the state of Indiana. In addition, the Automotive Safety Program has long been a national leader and expert in transportation of children with special health care needs.

CONTACT NAME: Dr. Marilyn Bull
EMAIL ADDRESS: mbull@iupui.edu
PHONE: 317-274-4846

ADDITIONAL INFORMATION

YOUR NAME AND TITLE: Amanda Hornback-Occupant Protection Program Manager/CPS Technician for the Indiana Criminal Justice Institute
YOUR EMAIL ADDRESS: amandahornback@cji.in.gov
YOUR PHONE NUMBER: 317-232-2561

IOWA

23. ACTIVITY: education for new parents

CONTACT NAME: Brandi Thompson
EMAIL ADDRESS: walkerba@ihs.org
PHONE: 515-241-6293

24. ACTIVITY: top-level management support

CONTACT NAME: J. Michael Laski
EMAIL ADDRESS: laski@dps.state.ia.us
PHONE: 515-281-8400

**IOWA
CONTINUED**

25. ACTIVITY: data-based and comprehensive planning

CONTACT NAME: Lu Simpson
EMAIL ADDRESS: simpson@dps.state.ia.us
PHONE: 515-281-6583

ADDITIONAL INFORMATION

YOUR NAME AND TITLE: Lu Simpson for J. Michael Laski
YOUR EMAIL ADDRESS: simpson@dps.state.ia.us
YOUR PHONE NUMBER: 515-281-6583

KANSAS

26. ACTIVITY (e.g., education for new parents, data-based and comprehensive planning, fund-raising): Children's Mercy Hospital discharge policy of newborns

CONTACT NAME: Phyllis Larimore
EMAIL ADDRESS: plarimore@cmh.edu
PHONE: 816-234-1607

27. ACTIVITY (e.g., education for new parents, data-based and comprehensive planning, top-level management support): Boosters to Belts-Train the Trainer Program. Can be applied to other areas besides Boosters to Belts.

CONTACT NAME: Norraine Wingfield
EMAIL ADDRESS: nwingfield@dcca.org
PHONE: 800-416-2522

28. ACTIVITY (e.g., education for new parents, data-based and comprehensive planning, top-level management support): Public Education regarding used child restraints – volunteers scan garage sales for second hand seats and educate sellers. Local McDonalds donates gift certificates so volunteers can “swap” for the car seat.

CONTACT NAME: Daina Hodges
EMAIL ADDRESS: dhodgrs@pottcounty.org
PHONE: 785-457-3719

ADDITIONAL INFORMATION

YOUR NAME AND TITLE: Phyllis Elder, Program Consultant, KDOT
YOUR EMAIL ADDRESS: elder@ksdot.org
YOUR PHONE NUMBER: 785-296-3756

RECOMMENDED OPC CONTACTS BY STATE

MARYLAND

29. ACTIVITY (e.g., education for new parents, data-based and comprehensive planning, fund-raising): Give Kids a Boost (connecting booster seats with booster shots)
- CONTACT NAME: Ms. Jewel Johnson
EMAIL ADDRESS: jewel.johnson@baltimorecity.gov
PHONE: 443-984-1958
30. ACTIVITY (e.g., education for new parents, data-based and comprehensive planning, top-level management support): Conducting educational outreach regarding special needs restraints at Special Olympics events
- CONTACT NAME: TFC Wendy Nusbaum
EMAIL ADDRESS:
PHONE: 410-761-5130
31. ACTIVITY (e.g., education for new parents, data-based and comprehensive planning, top-level management support): CPS Education for Medical Residents
- CONTACT NAME: Ms. Tracy Whitman
EMAIL ADDRESS: twhitman@dhhm.state.md.us
PHONE: 410-767-1363
32. ACTIVITY:
- NAME: Joseph M. Colella
Traffic Safety Projects
7718 Harvest Hills Court
Mount Airy, MD 21771-8442
PHONE: 301-829-8637

ADDITIONAL INFORMATION

YOUR NAME AND TITLE: Meg Gobrecht Miller, Occupant Protection Program Coordinator
YOUR EMAIL ADDRESS: mgobrecht@sha.state.md.us
YOUR PHONE NUMBER: 410-787-4077

MICHIGAN

33. ACTIVITY: law enforcement
- CONTACT NAME: Pat Eliaison, Office of Highway Safety Planning
EMAIL ADDRESS:
PHONE: 517-333-5318

**MICHIGAN
CONTINUED**

34. ACTIVITY: Youth programs
- CONTACT NAME: Janet Olsen, Program Leader
EMAIL ADDRESS: olsenj@msu.edu
PHONE: 517-432-7630

MISSISSIPPI

35. ACTIVITY (e.g., education for new parents, data-based and comprehensive planning, fund-raising):
- CONTACT NAME: Safe Kids Mississippi – Michael Hughes
EMAIL ADDRESS: mhugheskms@bellsouth.net
PHONE: 601-360-0531

ADDITIONAL INFORMATION

YOUR NAME AND TITLE: Michael Hughes, Executive Director,
Safe Kids Mississippi
YOUR EMAIL ADDRESS: mhugheskms@bellsouth.net
YOUR PHONE NUMBER: 601-360-0531

MISSOURI

36. ACTIVITY (e.g., education for new parents, data-based and comprehensive planning, fund-raising): MO CPS Task Force w/volunteer regional liaisons that are able to discuss needs and funnel that info to the appropriate resources as well as relate local concerns to the state OPC
- CONTACT NAME: Pam Hoelscher
EMAIL ADDRESS:
PHONE: 800-800-BELT

ADDITIONAL INFORMATION

YOUR NAME AND TITLE: Mark Caswell, Police Officer
YOUR EMAIL ADDRESS: mcaswell@chesterfield.mo.us
YOUR PHONE NUMBER: 636-537-6769

37. ACTIVITY (e.g., education for new parents, data-based and comprehensive planning, top-level management support): Tween Passenger Safety
- CONTACT NAME: Jo Sitton
EMAIL ADDRESS: Jsitton@heallianceofswmo.org
PHONE: 417-782-9899

ADDITIONAL INFORMATION

YOUR NAME AND TITLE: Jo Sitton, Jasper/Newton Co. Safe Kids
Coordinator
YOUR EMAIL ADDRESS: jsitton@theallianceofswmo.org
YOUR PHONE NUMBER: 417-782-9899

RECOMMENDED OPC CONTACTS BY STATE

MISSOURI CONTINUED

38. ACTIVITY (e.g., education for new parents, data-based and comprehensive planning, top-level management support):

CONTACT NAME: Springfield Safe Kids and KC Mercy Children's Hospital

EMAIL ADDRESS:

PHONE:

ADDITIONAL INFORMATION

YOUR NAME AND TITLE: Mary Beth Ogle

YOUR EMAIL ADDRESS: Mbogle@saintfrancis.com

YOUR PHONE NUMBER: 918-494-6436

NEBRASKA

39. ACTIVITY (e.g., education for new parents, data-based and comprehensive planning, top-level management support):

CONTACT NAME: Captain Herb Evers

EMAIL ADDRESS: hevers@bellevue.net

PHONE: 402-293-3100

40. ACTIVITY (e.g., education for new parents, data-based and comprehensive planning, top-level management support):

CONTACT NAME: Holly Warth

EMAIL ADDRESS: hollywarth@catholichealth.net

PHONE: 308-865-7697

41. ACTIVITY (e.g., education for new parents, data-based and comprehensive planning, top-level management support):

CONTACT NAME: Carol Hamik

EMAIL ADDRESS: chamik@mlmh.org

PHONE: 402-460-5810

ADDITIONAL INFORMATION

YOUR NAME AND TITLE: Fred Zwonechek, Highway Safety Administrator

YOUR EMAIL ADDRESS: fredz@notes.state.ne.us

YOUR PHONE NUMBER: 402-471-2515

42. ACTIVITY (e.g., education for new parents, data-based and comprehensive planning, top-level management support): We offer a permanent inspection station twice monthly to check car seat checks

CONTACT NAME: Suzanne Rutten RN BSN CPSTI

EMAIL ADDRESS: srutten@frhs.org

PHONE: 402-644-7520

ADDITIONAL INFORMATION

YOUR NAME AND TITLE: Suzanne Rutten RN BSN CPSTI

**NEBRASKA
CONTINUED**

Faith Regional Health Services, Norfolk NE
YOUR EMAIL ADDRESS: srutten@frhs.org
YOUR PHONE NUMBER: 402-644-7520

43. ACTIVITY (e.g., education for new parents, data-based and comprehensive planning, top-level management support):

CONTACT NAME: Jeanne Bietz (Safe Kids)
EMAIL ADDRESS: Jeanne.bietz@hhss.state.ne.us
PHONE: 402-471-8749

ADDITIONAL INFORMATION

YOUR NAME AND TITLE: Holly Warth RN, BSN – Injury Prevention Coordinator – Good Samaritan Hospital – Kearney, NE
YOUR EMAIL ADDRESS: hollywarth@catholichealth.net
YOUR PHONE NUMBER: 308-865-7697

NEW JERSEY

44. ACTIVITY (e.g., education for new parents, data-based and comprehensive planning, fund-raising): Monmouth/Ocean Hospital Services conducts 5 permanent child passenger safety fitting stations with no Federal of State funds.

CONTACT NAME: Dennis Smith
EMAIL ADDRESS: dennis.smith@monoc.org
PHONE: 609-272-9495

45. ACTIVITY (e.g., education for new parents, data-based and comprehensive planning, top-level management support): South Jersey Traffic Safety Alliance – Data Base program

CONTACT NAME: Teresa Thomas
EMAIL ADDRESS: teresa@sjtsa
PHONE: 856-794-1941

45. ACTIVITY (e.g., education for new parents, data-based and comprehensive planning, top-level management support): Top level management support – Virtua Health Systems – Pre-natal education and fitting station service, also special needs.

CONTACT NAME: Jeanne Marie Stewart
EMAIL ADDRESS:
PHONE: 856-325-3659

ADDITIONAL INFORMATION

YOUR NAME AND TITLE: Edward O'Connor
YOUR EMAIL ADDRESS: Edward.O'Connor@lps.state.nj.us
YOUR PHONE NUMBER: 609-633-9048

RECOMMENDED OPC CONTACTS BY STATE

NEW MEXICO

46. ACTIVITY (e.g., education for new parents, data-based and comprehensive planning, fund-raising): Fitting stations, clinics, CPS tech training

CONTACT NAME: Lisa D. Kelloff, Safer New Mexico Now
EMAIL ADDRESS: lkelloff@safernm.org
PHONE: 505-856-6100

47. ACTIVITY (e.g., education for new parents, data-based and comprehensive planning, top-level management support): child safety seat distribution

CONTACT NAME: Jamie Michael, Dona Ana County Health & Human Svcs
EMAIL ADDRESS: jamiem@donaanacounty.org
PHONE: 505-525-5872

48. ACTIVITY (e.g., education for new parents, data-based and comprehensive planning, top-level management support): law enforcement, fitting station

CONTACT NAME: Joe Benton, Bernalillo County Sheriff's Office
EMAIL ADDRESS:
PHONE: 505-798-7000

ADDITIONAL INFORMATION

YOUR NAME AND TITLE: Michael R. Sandoval, Director NM Traffic Safety Office
YOUR EMAIL ADDRESS: Michael.Sandoval@state.nm.us
YOUR PHONE NUMBER: 505-490-2962

NORTH CAROLINA

49. ACTIVITY (e.g., education for new parents, data-based and comprehensive planning, fund-raising): North Carolina SAFE KIDS "Buckle Up" Program

CONTACT NAME: Kelly Ransdell
EMAIL ADDRESS: kransdel@ncdoi.net
PHONE: 919-661-5880 x319

50. ACTIVITY (e.g., education for new parents, data-based and comprehensive planning, top-level management support): NC CPS Resource Center

CONTACT NAME: Bill Hall
EMAIL ADDRESS: bill_hall@unc.edu
PHONE: 919-962-8721

ADDITIONAL INFORMATION

YOUR NAME AND TITLE: Don Nail
YOUR EMAIL ADDRESS: dnail@dot.state.nc.us
YOUR PHONE NUMBER: 919-733-3083

**NORTH
DAKOTA**

51. ACTIVITY (e.g., education for new parents, data-based and comprehensive planning, top-level management support): For the mid-west, cold climate regions: car seat on some regular schedule, offer checkups at local car dealerships or in garages indoors.

CONTACT NAME: Dawn Mayer
EMAIL ADDRESS: drmayer@nd.gov
PHONE: 701-328-4533

ADDITIONAL INFORMATION

YOUR NAME AND TITLE: Carol Thurn, Program Manager
Dawn Mayer, CPS program director
YOUR EMAIL ADDRESS: cthurn@nd.gov
drmayer@nd.gov
YOUR PHONE NUMBER: 701-328-4354
701-328-4533

OKLAHOMA

52. ACTIVITY: Cooperation between the Latino Agency in OKC and EMSA to serve the Hispanic population.

CONTACT NAME: Julia Koelsch or Pam Stottman
EMAIL ADDRESS: koelschjuli@hotmail.com; pams@emsa.net
PHONE: 405 297-7018

ADDITIONAL INFORMATION

YOUR NAME AND TITLE: Jeannie Sacra
YOUR EMAIL ADDRESS: sacraj@emsa.net
YOUR PHONE NUMBER: 918 596-3028 or 918 271-1340

53. CPS Training for Child Care Providers

CONTACT NAME: Martha Collar
EMAIL ADDRESS: Martha-collar@ouhsc.edu
PHONE: 405-271-5695

54. EMSA's Back Seat Buddies

CONTACT NAME: Pam Stottman
EMAIL ADDRESS: carseatlady@yahoo.com
PHONE: 405-297-7018

55. "Please Be Seated"

CONTACT NAME: Martha Collar
EMAIL ADDRESS: Martha-collar@ouhsc.edu
PHONE: 405-271-5695

RECOMMENDED OPC CONTACTS BY STATE

OKLAHOMA CONTINUED

ADDITIONAL INFORMATION

YOUR NAME: Martha Collar

YOUR EMAIL ADDRESS: **Martha-collar@ouhsc.edu**

YOUR PHONE NUMBER: (405) 271-5695

OREGON

56. ACTIVITY (e.g., education for new parents, data-based and comprehensive planning, top-level management support):

CONTACT NAME: Trooper Michael Holloran, Oregon State Police

EMAIL ADDRESS: **michael.holloran@state.or.us**

PHONE: 541-296-9646 ext. 5330

57. ACTIVITY (e.g., education for new parents, data-based and comprehensive planning, top-level management support):

CONTACT NAME: Tammy Franks, Tuality Hospital

EMAIL ADDRESS: **tfranks@lhs.org**

PHONE: 503-804-7129

58. ACTIVITY (e.g., education for new parents, data-based and comprehensive planning, top-level management support):

CONTACT NAME: Ruth Harshfield, ACTS Oregon (& Child Safety Seat Resource Center) Executive Director

EMAIL ADDRESS: **ruth@actsoregon.org**

PHONE: 503-643-5620

ADDITIONAL INFORMATION

YOUR NAME AND TITLE: Adrienne Greene, Children's Injury Prevention Program Coordinator, Oregon Public Health Division

YOUR EMAIL ADDRESS: **Adrienne.j.greene@state.or.us**

YOUR PHONE NUMBER: 871-673-1001

59. ACTIVITY (e.g., education for new parents, data-based and comprehensive planning, top-level management support): ODOT TSD

CONTACT NAME: Carla Levinski

EMAIL ADDRESS:

PHONE: 503-986-4199

60. ACTIVITY (e.g., education for new parents, data-based and comprehensive planning, top-level management support): ACTS Oregon

CONTACT NAME: Ruth Harshfield

EMAIL ADDRESS:

PHONE: 503-643-5620

**OREGON
CONTINUED**

61. ACTIVITY (e.g., education for new parents, data-based and comprehensive planning, top-level management support):
Safe Kids Oregon

CONTACT NAME: Adrienne Greene
EMAIL ADDRESS: adrienne.j.greene@state.or.us
PHONE: 871-673-1001

ADDITIONAL INFORMATION

YOUR NAME AND TITLE: Rosalee Senger, Region 3 Transportation Safety Coordinator
YOUR EMAIL ADDRESS: rosalee.a.senger@odot.state.or.us
YOUR PHONE NUMBER: 541-957-3657

62. ACTIVITY (e.g., education for new parents, data-based and comprehensive planning, top-level management support):
education for daycare providers

CONTACT NAME: Patty McClure
EMAIL ADDRESS: patricia.j.mcclure@odot.state.or.us
PHONE: 541-963-1387

ADDITIONAL INFORMATION

YOUR NAME AND TITLE: Patty McClure, ODOT Transportation Safety Coordinator
YOUR EMAIL ADDRESS: patricia.j.mcclure@odot.state.or.us
YOUR PHONE NUMBER: 541-963-1387

63. ACTIVITY (e.g., education for new parents, data-based and comprehensive planning, top-level management support):

CONTACT NAME: Kelly Owen RN Salem Hospital
EMAIL ADDRESS: Kelly.Owen@salemhospital.org
PHONE: 503-561-2449

64. ACTIVITY (e.g., education for new parents, data-based and comprehensive planning, top-level management support):

CONTACT NAME: Cindy Crosby RN Salem Hospital
EMAIL ADDRESS: Cindy.Crosby@salemhospital.org
PHONE:

ADDITIONAL INFORMATION

YOUR NAME AND TITLE: Cindy Bradley – Region 2 Transportation Safety Coordinator, Oregon Department of Transportation
YOUR EMAIL ADDRESS: Cynthia.L.Bradley@odot.state.or.us
YOUR PHONE NUMBER: 503-986-2763

RECOMMENDED OPC CONTACTS BY STATE

PENNSYLVANIA

65. ACTIVITY (e.g., education for new parents, data-based and comprehensive planning, fund-raising): CPS education for Medical Professionals – “Pediatrician Teleconference” and “Guiding Them Home Safely”- CME/CEU program

CONTACT NAME: Angela Osterhuber
EMAIL ADDRESS: aosterhuber@paaap.org
PHONE: 484-446-3036

66. ACTIVITY (e.g., education for new parents, data-based and comprehensive planning, top-level management support): education for Head Start and School Transportation Directors – Special Conference and Compendium

CONTACT NAME: Angela Osterhuber
EMAIL ADDRESS: aosterhuber@paaap.org
PHONE: 484-446-3036

SOUTH CAROLINA

67. ACTIVITY (e.g., education for new parents, data-based and comprehensive planning, fund-raising): Buckle Up Safety South Carolina – This program promotes the use of safety belts and also child restraint. Free child restraints are available to persons who cannot afford to purchase one. Parents must bring the child to be fitted to the CRS when a new seat is provided.

CONTACT NAME: Neal Martin
EMAIL ADDRESS: martinco@dhec.sc.gov
PHONE: 803-898-0370

68. ACTIVITY (e.g., education for new parents, data-based and comprehensive planning, top-level management support): Child restraint violator program – This program has the support and participation of all magistrates in the Orangeburg County area. When a parent is cited for violation of the child restraint law, the offender is referred to Ms. Funderburk. The parent is required to watch a video and then the child’s seat is fitted to the child. The parent then receives a certificate they must present in court to have the fine of \$150 plus court costs waived.

CONTACT NAME: Kathy Funderburk
EMAIL ADDRESS: safekids@regmed.com
PHONE: 803-395-2822

ADDITIONAL INFORMATION

YOUR NAME AND TITLE: Anne Stone
YOUR EMAIL ADDRESS: annetestone@scdps.net
YOUR PHONE NUMBER: 803-896-9972

TEXAS

- 69. ACTIVITY (e.g., education for new parents, data-based and comprehensive planning, fund-raising):
 - a. CPS Advisory Committee
 - b. Training CPS Technicians
 - c. Educating New Parents
 - d. Statewide Distribution Program

CONTACT NAME: Johnny Humphreys
EMAIL ADDRESS: Johnny.Humphreys@dshs.state.tx.us
PHONE: 512-458-7111 ext. 6640

ADDITIONAL INFORMATION

YOUR NAME AND TITLE: Frank Saenz, Program Manager
YOUR EMAIL ADDRESS: fsaenz@dot.state.tx.us
YOUR PHONE NUMBER: 512-416-2235

UTAH

- 70. ACTIVITY (e.g., education for new parents, data-based and comprehensive planning, fund-raising): Hospital-based inspection station and special needs car seat program.

CONTACT NAME: Janet Brooks
EMAIL ADDRESS: Janet.Brooks@intermountainmail.org
PHONE: 801-671-8217

- 71. ACTIVITY (e.g., education for new parents, data-based and comprehensive planning, top-level management support): Community-based fitting station with court-referred component.

CONTACT NAME: Jann Fawcett
EMAIL ADDRESS: jfawcett@co.weber.ut.us
PHONE: 801-399-7186

- 72. ACTIVITY: Booster seat program using HHS block grant funds

CONTACT NAME: Gary Mower, MPH
EMAIL ADDRESS: gmower@utah.gov
PHONE: 801-538-9145

ADDITIONAL INFORMATION

YOUR NAME AND TITLE: Kristy Rigby, Occupant Protection
Program Manager
YOUR EMAIL ADDRESS: krigby@utah.gov
YOUR PHONE NUMBER: 801-957-8559

RECOMMENDED OPC CONTACTS BY STATE

VIRGINIA

73. ACTIVITY (e.g., education for new parents, data-based and comprehensive planning, fund-raising): Get It Together High School Seat Belt Challenge

CONTACT NAME: Georjeane Blumling
EMAIL ADDRESS: gblum@tidewater.aaa.com
PHONE: 757-233-3825

74. ACTIVITY (e.g., education for new parents, data-based and comprehensive planning, top-level management support): “Old, Used, Borrowed and Abused Child Safety Seat Round-Up”

CONTACT NAME: Pat Davidson
EMAIL ADDRESS: pat.davidson@vdh.virginia.gov
PHONE:

75. ACTIVITY (e.g., education for new parents, data-based and comprehensive planning, top-level management support): Child Passenger Safety Week materials

CONTACT NAME: Marcia Franchok-Hill
EMAIL ADDRESS: Marcia.franchok-hill@vdh.virginia.gov
PHONE: 804-786-5993

76. ACTIVITY (e.g., education for new parents, data-based and comprehensive planning, top-level management support): Special Needs Loaner Program

CONTACT NAME: Eileen Gerling
EMAIL ADDRESS: gerlinge@chkd.org
PHONE: 757-668-7892

ADDITIONAL INFORMATION

YOUR NAME AND TITLE: Mary Ann Rayment, Occupant Protection/Media Coordinator, Virginia Highway Safety Office with DMV
YOUR EMAIL ADDRESS: maryann.rayment@dmv.virginia.gov
YOUR PHONE NUMBER: 757-416-1741

WASHINGTON

77. ACTIVITY (e.g., education for new parents, data-based and comprehensive planning, fund-raising):

CONTACT NAME: Kathy Kruger
EMAIL ADDRESS: kathyk@800bucklup.org
PHONE: 425-828-8975

**WASHINGTON
CONTINUED**

78. ACTIVITY: Twinky Physics

This is an activity designed to offer cps advocates a new method of educating parents and caregivers. This is a simple activity used to teach elementary school aged children why a booster seat is important and how to properly use it with the adult safety belt.

CONTACT: Safety Restraint Coalition
EMAIL: office@800BUCKLUP.org
PHONE: 425-828-8975

79. ACTIVITY: TECH DECK – An educational resource developed by the Washington State Safety Restraint Coalition

Tech Deck was developed to answer an observed need to educate child passenger safety advocates, update and refresh technicians, encourage technicians on the local level to take the lead in educating parents, caregivers, and volunteers, and to build/enhance child passenger safety and occupant protection teams throughout the state.

Tech Deck is not a substitute for The National Standardized Child Passenger Safety Technician Training Course.

People who assist with car seat check up events or who teach to a small groups, or staff informational booths at safety fairs don't need to be a certified technician, however this volunteer must be on the same page as the technician. One concern of Child Passenger Safety professionals is that there is misinformation being taught to the parents, caregivers, volunteers and even to other CPS professionals. The data in Tech Deck is taken from the Standardized Child Passenger Safety Technician Manual, The LATCH Manual, the Safe Ride News Fact Sheets, Children's Hospital of Philadelphia website, The American Academy of Pediatrics website, SafetyBeltSafe USA's website, and other credible sources.

Technicians are tasked with educating the public and this is a useful tool for their use in these efforts. The Tech Deck curriculum is structured so that the certified technician can easily teach it using materials available locally with little or no out-of-pocket expense.

Car Safe Kids a hospital-based, parent education program aimed at prospective parents and parents of newborns and young children. The class teaches these people how to select an appropriate seat for their child and how to use it properly. The teacher is Denise Donaldson.

CONTACT: Denise Donaldson, coordinator
EMAIL: denisejo@verizon.net www.carsafekids.org
PHONE: 425-869-5416

RECOMMENDED OPC CONTACTS BY STATE

WEST VIRGINIA

80. ACTIVITY (e.g., education for new parents, data-based and comprehensive planning, top-level management support): child safety seat fitting station at fire dept.

CONTACT NAME: Nancy Singleton, coordinator
EMAIL ADDRESS: nsingleton@beckleyfire.com
PHONE: 304-256-1780

ADDITIONAL INFORMATION

Including high school safety belt competition with cash prizes

YOUR NAME AND TITLE: Dave Cook Safety Community/CPS Coordinator
YOUR EMAIL ADDRESS: dcookghs@suddenlinkmail.com
YOUR PHONE NUMBER: 304-929-1841

WISCONSIN

81. ACTIVITY (e.g., education for new parents, data-based and comprehensive planning, fund-raising): AAA CPS fitting station and education center

CONTACT NAME: Nan Peterson
EMAIL ADDRESS: npeters@facstaff.wisc.edu
PHONE:

82. ACTIVITY (e.g., education for new parents, data-based and comprehensive planning, top-level management support): Tween program

CONTACT NAME: Torrine Creepy
EMAIL ADDRESS: tcreepy@safekids.org
PHONE:

ADDITIONAL INFORMATION

YOUR NAME AND TITLE: Beth Kindschi
YOUR EMAIL ADDRESS: monroeareasafekids@greencountywi.org
YOUR PHONE NUMBER: 608-328-9508

83. ACTIVITY (e.g., education for new parents, data-based and comprehensive planning, fund-raising): Outreach to WIC clients to provide information and education for Child Passenger Safety.

CONTACT NAME: Mary LeMere, Child Passenger Safety Coordinator
EMAIL ADDRESS: mary.lemere@co.oconto.wi.us
PHONE: 920-834-7036

ADDITIONAL INFORMATION

YOUR NAME AND TITLE: Judy Drews, Safe Kids Coordinator Oconto County
YOUR EMAIL ADDRESS: judy.drews@co.oconto.wi.us
YOUR PHONE NUMBER: 920-834-7039

**WISCONSIN
CONTINUED**

84. ACTIVITY (e.g., education for new parents, data-based and comprehensive planning, fund-raising): Education for new parents, information and referral for low cost car seats, education and car seat fittings

CONTACT NAME: Jeri L. Dreikosen, chapter facilitator of the Sheboygan County Chapter of Safe Kids
EMAIL ADDRESS: dreikjld@co.sheboygan.wi.us
PHONE: 920-459-3439

ADDITIONAL INFORMATION

YOUR NAME AND TITLE: Jeri L. Dreikosen, RN, BSN, Chapter Facilitator of Safe Kids, Sheboygan County Chapter
YOUR EMAIL ADDRESS: dreikjld@co.sheboygan.wi.us
YOUR PHONE NUMBER: 920-459-3439

85. ACTIVITY (e.g., education for new parents, data-based and comprehensive planning, fund-raising): Baby Fair at Aspirus Hospital

CONTACT NAME: Lisa Ebert, Michelle Armstrong
EMAIL ADDRESS: michelbl@aspirus.org lisa@aspirus.org
PHONE: 715-847-2864 715-847-0027

86. ACTIVITY (e.g., education for new parents, data-based and comprehensive planning, top-level management support): Safety Town (Safe Kids Greater Green Bay)

CONTACT NAME: Justine Lodi, Kathi Hegranes
EMAIL ADDRESS: jlodi@stvgb.org kathi.hegranes@stvgb.org
PHONE: 920-448-7135 x6

87. ACTIVITY (e.g., education for new parents, data-based and comprehensive planning, top-level management support): WI Child Passenger Safety Training/WCPSA website

CONTACT NAME: Kareen Everman
EMAIL ADDRESS: wcpa@sbcglobal.net
PHONE: 715-346-0055

88. ACTIVITY: Adopt a Seat Fundraiser
Informational cards placed on car seat boxes at retailers

CONTACT NAME: Patti Dickey
EMAIL ADDRESS: wins9467@sbcglobal.net
PHONE: 715-341-7328

ADDITIONAL INFORMATION

YOUR NAME: Patti Dickey, Director - Portage County Child Passenger Safety
YOUR EMAIL: wins9467@sbcglobal.net
YOUR PHONE: 715-341-7328

RECOMMENDED OPC CONTACTS BY STATE

WYOMING

89. ACTIVITY (e.g., education for new parents, data-based and comprehensive planning, top-level management support):
100 Mile Challenge (Tweeners Program)

CONTACT NAME: Lorrie Pozarik
EMAIL ADDRESS: lpozarik@wyoming.com
PHONE: 307-332-2821

90. ACTIVITY (e.g., education for new parents, data-based and comprehensive planning, top-level management support):
CPS Tracker

CONTACT NAME: Stephanie Heitsch
EMAIL ADDRESS: Stephanie.Heitsch@crmcwy.org
PHONE: 307-633-7525

ADDITIONAL INFORMATION

YOUR NAME AND TITLE: Anna Thompson, OP Coordinator
YOUR EMAIL ADDRESS: anna.thompson@dot.state.wy.us
YOUR PHONE NUMBER: 307-777-4199

GOVERNORS HIGHWAY SAFETY ASSOCIATION MEMBERSHIP LIST

Current as of January 2008

Note: The first position listed under each state is the Governor's Representative (GR). The second position is the Highway Safety Coordinator. Some states have a GR only and no designated Coordinator.

ALABAMA

Director

Alabama Department of Economic & Community Affairs
P.O. Box 5690, 401 Adams Avenue, Suite 580
Montgomery, AL 36103-5690
334-242-8672

Director

Law Enforcement Traffic Safety Division
Alabama Department of Economic & Community Affairs
P.O. Box 5690, 401 Adams Avenue, Suite 468
Montgomery, AL 36103-5690
334-242-5843

ALASKA

Administrator

Statewide Planning Division
Highway Safety Office
Department of Transportation & Public Facilities
3132 Channel Drive
Juneau, AK 99801-7898
907-465-4374

AMERICAN SAMOA

Commissioner

Department of Public Safety
P.O. Box 1086
Pago Pago, AS 96799
011-684-633-1111

Highway Safety Coordinator

Department of Public Safety
P.O. Box 1086
Pago Pago, AS 96799
011-684-633-1111

ARIZONA

Director

Governor's Office of Highway Safety
3030 N. Central Avenue, Suite 1550
Phoenix, AZ 85012
602-255-3216

ARKANSAS

Director

Arkansas State Police
Arkansas Highway Safety Office
#1 State Police Plaza Drive
Little Rock, AR 72209
501-618-8204

GOVERNORS HIGHWAY SAFETY ASSOCIATION MEMBERSHIP LIST

**ARKANSAS
CONINTUED**

Coordinator
Arkansas Highway Safety Program
#1 State Police Plaza Drive
Little Rock, AR 72209
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CALIFORNIA

Director
Office of Traffic Safety
Business, Transportation & Housing Agency
7000 Franklin Boulevard, Suite 440
Sacramento, CA 95823
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COLORADO

Chief Engineer
Colorado Department of Transportation
Headquarters Complex
4201 East Arkansas Avenue
Denver, CO 80222
303-757-9799

Manager
Traffic & Safety Engineering Branch
Colorado Department of Transportation
1325 S. Colorado Boulevard, Suite B-700
Denver, CO 80222
303-757-9879

CONNECTICUT

Deputy Commissioner
Bureau of Policy and Planning
Department of Transportation
2800 Berlin Turnpike, P.O. Box 317546
Newington, CT 06131-7546
860-594-2001

Coordinator
Transportation Principal Safety Program
Connecticut Department of Transportation
Transportation Safety Section
2800 Berlin Turnpike, P.O. Box 317546
Newington, CT 06131-7546
860-594-2412

DELAWARE

Secretary
Department of Safety & Homeland Security
P.O. Box 818
Dover, DE 19903-0818
302-744-2677

Director
Office of Highway Safety
P.O. Box 1321
Dover, DE 19903-1321
302-744-2745

**DISTRICT OF
COLUMBIA**

Director
District Department of Transportation
Frank D. Reeves Center
2000 14th Street, NW - 7th Floor
Washington, DC 20009
202-673-6813

Chief
Transportation Safety Division
District Department of Transportation
Frank D. Reeves Center
2000 14th Street, NW - 7th Floor
Washington, DC 20009
202-671-0492

FLORIDA

Assistant Secretary
Engineering & Operations
Florida Department of Transportation
605 Suwannee Street, MS 57
Tallahassee, FL 32399-0450
850-414-5220

Chief Safety Officer
Florida Department of Transportation
605 Suwannee Street, MS 17
Tallahassee, FL 32399-0450
850-245-1504

GEORGIA

Director
Governor's Office of Highway Safety
One Park Tower
34 Peachtree Street, Suite 800
Atlanta, GA 30303
404-656-6996

Deputy Director
Intergovernmental & Public Affairs
Governor's Office of Highway Safety
One Park Tower
34 Peachtree Street, Suite 800
Atlanta, GA 30303
404-656-6996

GUAM

Acting Director
Acting Governor's Highway Safety Representative
Department of Public Works, Government of Guam
542 N. Marine Corps Drive
Tamuning, GU 96911
671-646-3229/5059

Acting Highway Safety Coordinator
Office of Highway Safety, Department of Public Works, Government of Guam
542 N. Marine Corps Drive
Tamuning, GU 96911
671-646-3229

GOVERNORS HIGHWAY SAFETY ASSOCIATION MEMBERSHIP LIST

HAWAII

Deputy Director of Highways
Hawaii Department of Transportation
869 Punchbowl Street - Room 509
Honolulu, HI 96813
808-587-2150

Highway Safety Coordinator
Hawaii Department of Transportation
869 Punchbowl Street - Room 405
Honolulu, HI 96813
808-587-6302

IDAHO

Director
Idaho Transportation Department
P.O. Box 7129, 3311 West State Street
Boise, ID 83707-1129
208-334-8807

Highway Safety Manager
Office of Highway Safety
Idaho Transportation Department
P.O. Box 7129, 3311 West State Street
Boise, ID 83707-1129
208-334-8101

ILLINOIS

Acting Secretary
Illinois Department of Transportation
2300 South Dirksen Parkway
Springfield, IL 62794-9212
217-782-5597

Director
Division of Traffic Safety
Illinois Department of Transportation
P.O. Box 19245, 3215 Executive Park Drive
Springfield, IL 62794-9212
217-782-4972

INDIANA

Policy Director, Public Safety
Office of the Governor
Room 206, State House
Indianapolis, IN 46204 – 2038
317-232-6812

Deputy Director
Research & Public Policy
Governor's Council on Impaired & Dangerous Driving
Criminal Justice Institute
One North Capitol, Suite 1000
Indianapolis, IN 46204-2038
317-232-1313

IOWA

Commissioner

Department of Public Safety

Wallace State Office Building
502 East 9th Street
Des Moines, IA 50319-0040
515-281-5261

Director

Governor's Traffic Safety Bureau

Department of Public Safety

Wallace State Office Building
502 East 9th Street – 4th Floor
Des Moines, IA 50319-0040
515-281-3907

KANSAS

Secretary

Department of Transportation

Eisenhower State Office Building
700 SW Harrison
Topeka, KS 66603-3754
785-296-3461

Chief

Bureau of Traffic Safety

Department of Transportation

Eisenhower State Office Building
700 SW Harrison
Topeka, KS 66603-3754
785-296-3756

KENTUCKY

Secretary

Kentucky Transportation Cabinet

Office of the Governor

200 Mero Street
Frankfort, KY 40622
502-564-5102

Commissioner

Transportation Cabinet

Department of Transportation Safety

200 Mero Street
Frankfort, KY 40622
502-564-5102

LOUISIANA

Executive Director

Highway Safety Commission

Department of Public Safety

7919 Independence Boulevard, 2nd Floor – Suite 2100
Baton Rouge, LA 70896
225-925-6991

GOVERNORS HIGHWAY SAFETY ASSOCIATION MEMBERSHIP LIST

MAINE

Commissioner
Bureau of Highway Safety
Department of Public Safety
164 State House Station
Augusta, ME 04333-0164
207-626-3813

Director
Bureau of Highway Safety
Department of Public Policy
164 State House Station
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207-626-3840

MARYLAND

Administrator
Maryland State Highway Administration
P.O. Box 717
Baltimore, MD 21203-0717
410-545-0400

Chief
Maryland Highway Safety Office
State Highway Administration
7491 Connelley Drive
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MASSACHUSETTS

Secretary and Governor's Representative for Highway Safety
Executive Office of Public Safety
Governor's Highway Safety Bureau
One Ashburton Place - Room 2133
Boston, MA 02108
617-727-7775

Director
Governors Highway Safety Bureau
Executive Office of Public Safety
10 Park Plaza, Suite 3720
Boston, MA 02116
617-725-3334

MICHIGAN

Division Director
Office of Highway Safety Planning
4000 Collins Road, P.O. Box 30633
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517-333-5301

Planning Coordinator
Office of Highway Safety Planning
4000 Collins Road, P.O. Box 30633
Lansing, MI 48909-8133
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MINNESOTA

Commissioner
Department of Public Safety
North Central Life Tower
445 Minnesota Street, Suite 1000
St. Paul, MN 55101-2128
651-296-6642

Acting Director
Office of Traffic Safety
Department of Public Safety
Town Square, 444 Cedar Street - Suite 150
St. Paul, MN 55101-2150
651-201-7070

MISSISSIPPI

Executive Director
Office of Highway Safety
Division of Public Safety Planning
3750 I-55 North Frontage Road
Jackson, MS 39047
601-987-4990

Director
Office of Highway Safety
Division of Public Safety Planning
3750 I-55 North Frontage Road
Jackson, MS 39047
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MISSOURI

Director
Missouri Department of Transportation
P.O. Box 270
Jefferson City, MO 65102
573-751-4622

Director, Highway Safety Division
Missouri Department of Transportation
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Jefferson City, MO 65102
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MONTANA

Director
Montana Department of Transportation
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Helena, MT 59620-1001
406-444-6201

State Highway Traffic Safety Officer
Montana Department of Transportation
P.O. Box 201001
Helena, MT 59620-1001
406-444-7417

GOVERNORS HIGHWAY SAFETY ASSOCIATION MEMBERSHIP LIST

NEBRASKA

Director
Department of Motor Vehicles
P.O. Box 94789
301 Centennial Mall South
Lincoln, NE 68509-4789
402-471-3900

Administrator
Office of Highway Safety
Department of Motor Vehicles
P.O. Box 94612
301 Centennial Mall South
Lincoln, NE 68509-4612
402-471-2515

NEVADA

Director
Governor's Highway Safety Representative
Department of Public Safety
555 Wright Way
Carson City, NV 89711-0900
775-684-4556

Highway Safety Coordinator
Office of Traffic Safety
Department of Public Safety
555 Wright Way
Carson City, NV 89711-0900
775-684-7469

NEW HAMPSHIRE

Coordinator
Highway Safety Agency
Pine Inn Plaza
117 Manchester Street
Concord, NH 03301
603-271-2131

NEW JERSEY

Director
Division of Highway Traffic Safety
Department of Law & Public Safety
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Trenton, NJ 08625-0048
609-633-9300

NEW MEXICO

Secretary
Department of Transportation
P.O. Box 1149, 604 West San Mateo
Santa Fe, NM 87504-1149
505-827-5110

Chief
Traffic Safety Bureau
P.O. Box 1149, 604 West San Mateo
Santa Fe, NM 87505
505-827-0412

NEW YORK

Acting Commissioner

**Department of Motor Vehicles
Governor's Traffic Safety Commission**
6 Empire State Plaza
Albany, NY 12228
518-473-9324

Assistant Commissioner

**Department of Motor Vehicles
Governor's Traffic Safety Commission**
6 Empire State Plaza
Albany, NY 12228
518-474-5111

NORTH CAROLINA

Director

Governor's Highway Safety Program
215 East Lane Street
Raleigh, NC 27601
919-733-3083

NORTH DAKOTA

Director

North Dakota Department of Transportation
608 E. Boulevard Avenue
Bismarck, ND 58505-0700
701-328-2581

Director

**Drivers License & Traffic Safety Division
North Dakota Department of Transportation**
608 E. Boulevard Avenue
Bismarck, ND 58505-0700
701-328-4865

**COMMONWEALTH
OF NORTHERN
MARIANA
ISLAND**

Commissioner

CNMI Department of Public Safety
P.O. Box 10007
Jose M. Sablan Memorial Building
Civic Center Susupe
Saipan, MP 96950
670-664-9022

Captain

**CNMI Department of Public Safety
Office of Special Service**
P.O. Box 500791
Suite 302
Family Building
Garapan Village
Saipan, MP 96950
670-664-9120

GOVERNORS HIGHWAY SAFETY ASSOCIATION MEMBERSHIP LIST

OHIO	<p><i>Director</i> Department of Public Safety 1970 W. Broad Street, P.O. Box 182081 Columbus, OH 43218-2081 614-466-3383</p> <p><i>Administrator</i> Governor's Highway Safety Office Department of Public Safety 1970 W. Broad Street, P.O. Box 182081 Columbus, OH 43218-2081 614-466-3250</p>
OKLAHOMA	<p><i>Governor's Highway Safety Representative</i> Oklahoma Highway Safety Office 3223 N. Lincoln Oklahoma City, OK 73105 405-523-1575</p> <p><i>Director</i> Highway Safety Office 3223 N. Lincoln Oklahoma City, OK 73105 405-523-1580</p>
OREGON	<p><i>Administrator</i> Transportation Safety Division Oregon Department of Transportation 235 Union Street, NE Salem, OR 97301-1054 503-986-4192</p>
PENNSYLVANIA	<p><i>Deputy Secretary</i> Highway Administration Pennsylvania Department of Transportation Commonwealth Keystone Building 400 North Street - 8th Floor Harrisburg, PA 17120-0095 717-787-6875</p> <p><i>Director</i> Bureau of Highway Safety & Traffic Engineering Pennsylvania Department of Transportation P.O. Box 2047 Harrisburg, PA 17105-2047 717-787-7350</p>
PUERTO RICO	<p><i>Commissioner</i> Department of Transportation & Public Works</p> <p>not available at time of print</p>

**PUERTO RICO
CONTINUED**

Executive Director
Puerto Rico Traffic Safety Commission
Minillas Government Center – Suite 501 S. Building
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Santurce, PR 00940
787-723-3590

RHODE ISLAND

Director
Office of the Director
Rhode Island Department of Transportation
2 Capitol Hill
Providence, RI 02903-1124
401-222-2481

Administrator
Office on Highway Safety
Rhode Island Department of Transportation
2 Capitol Hill
Providence, RI 02903-1124
401-222-3260

SOUTH CAROLINA

Director
Department of Public Safety
P.O. Box 1993
Blythewood, SC 29016-1993
803-896-7932

Director
Office of Highway Safety
Department of Public Safety
P.O. Box 1993
Blythewood, SC 29016-1993
803-896-9950

SOUTH DAKOTA

Secretary
Department of Public Safety
118 West Capital Avenue
Pierre, SD 57501
605-773-3178

Director
Office of Highway Safety
Department of Public Safety
118 West Capital Avenue
Pierre, SD 57501
605-773-4949

TENNESSEE

Commissioner
Department of Transportation
505 Deaderick Street, Suite 700
James K. Polk State Office Building
Nashville, TN 37243-0341
615-741-2848

GOVERNORS HIGHWAY SAFETY ASSOCIATION MEMBERSHIP LIST

**TENNESSEE
CONTINUED**

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512-305-9501

Director
Traffic Safety Section
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Salt Lake City, UT 84114-1775
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3888 West 5400 South,
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103 South Main Street
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Coordinator
Governor's Highway Safety Program
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**VIRGIN ISLANDS
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VIRGINIA

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Department of Motor Vehicles
P.O. Box 27412, 2300 West Broad Street
Richmond, VA 23269
804-367-6606

Deputy Commissioner
Transportation Safety Services
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WEST VIRGINIA

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State Coordinator
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Charleston, WV 25301
304-558-6080

WISCONSIN

Secretary
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P.O. Box 7910
4802 Sheboygan Avenue, Room 120B
Madison, WI 53707-7910
608-266-1113

GOVERNORS HIGHWAY SAFETY ASSOCIATION MEMBERSHIP LIST

**WISCONSIN
CONTINUED**

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608-266-0402

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Engineer

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Supervisor

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4-H Youth Development

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Michigan State University Extension 160 Agriculture Hall
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<http://web1.msue.msu.edu/msue/cyf/youth/>
olsenj@msu.edu

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Bellevue Police Department

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Center for Traffic Safety

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York, PA 17401

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dwharper@york-county.org

Cheyenne Medical Center

Angela Sellers, *Injury Prevention Assistant*
214 East 23rd Street
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307-633-7527

<http://wdh.state.wy.us/safekids/index.asp>
angela.sellers@crmcwy.org

Delaware Office of Highway Safety

Jana Simpler, *Occupant Protection Coordinator*
Occupant Protection Coordinator
P.O. Box 818
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302-744-2742

<http://ohs.delaware.gov/>
Jana.simpler@state.de.us

Denver Osteopathic Foundation

Phyllis Ring, *Program Director*
3801 E. Florida Avenue, #635
Denver, CO 80210

303-996-1140

www.DOFfound.org
pring@dofound.org

STATE AND LOCAL ORGANIZATIONS

Harborview Injury Prevention and Research Center

Beth Ebel, M.D., MSc, MPH, *Director*

Safety Restraint Coalition

Box 359960

Seattle, WA 98104-2499

206-744-9430

1-800-buck-l-up

(1-800-282-5587)

www.boosterseat.org

hiprc@u.washington.edu

Injury Prevention Center of Greater Dallas

Martha Stowe, *Executive Director*

P.O. Box 36067

Dallas, Texas 75235

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<http://www.injurypreventioncenter.org/>

mstowe@parknet.pmh.org

Injury Prevention Resources

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153 N. 4th Street, Suite B

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<http://www.iprwyoming.org/default.htm>

stopinjuries@wyoming.com

Iowa Governor's Traffic Safety Bureau

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Kansas Safety Belt Education Office

Norraine Wingfield, *Program Director*

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1-800-416-2522

<http://www.ksdot.org/burTrafficSaf/safblt/ksbeohome.asp>

nwingfield@dcca.org

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517-432-7630

<http://web1.msue.msu.edu/cyf/youth/index.html>

olsenj@msu.edu

ODOT Transportation Safety Division

Sue Riehl, *Youth Transportation Safety Manager*

235 Union Street NE

Salem, OR 97301-1054

503-986-4197

<http://www.oregon.gov/ODOT/TS/youthsafety.shtml>

Susan.J.Riehl@odot.state.or.us

Oregon Department of Human Services

Adrienne Greene, *Children's Injury Prevention Coordinator & Oregon Safe Kids Coordinator*

Injury and Violence Prevention Program

800 NE Oregon St., Suite 772

Portland, OR 97232

971-673-1001

http://www.oregon.gov/DHS/ph/ipe/about_us.shtml

Adrienne.j.greene@state.or.us

Safe Communities of Madison and Dane Counties

Donna Van Bogaert, *Project Director*

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608-838-2214

<http://www.safecommunitycoalition.org/>

vbassoc@gmail.com

South New Jersey Traffic Safety Alliance

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Vineland, NJ 08361

856-794-1941

<http://www.sjtsa.org/index.htm>

teresa@sjtsa.org

Utah Department of Health

Gary Mower, *Injury Prevention Coordinator*

Violence and Injury Prevention Program

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801-538-9145

<http://www.health.utah.gov/vipp/>

gmower@utah.gov

NATIONAL ORGANIZATIONS

American Academy of Pediatrics (AAP)

141 Northwest Point Blvd., Elk Grove Village, IL 60007

847-434-4000

<http://www.aap.org/>

Automotive Coalition for Traffic Safety, Inc. (ACTS)

1601 N. Kent Street, Suite 1103, Arlington, VA 22209

<http://www.tweensafety.org/>

Automotive Safety Program

575 West Drive Room 004, Indianapolis, IN 46202

317-274-2977

<http://www.preventinjury.org/>

Centers for Disease Control and Prevention (CDC)

1600 Clifton Rd, Atlanta, GA 30333

Switchboard: **(404) 639-3311**

Public Inquiries: (404) 639-3534 / (800) 311-3435

<http://www.cdc.gov/>

Children's Hospital of Philadelphia (CHOP)

34th Street and Civic Center Boulevard, Philadelphia, PA 19104

1-800-TRY CHOP

http://stokes.chop.edu/programs/injury/our_research/pcps.php

International Association of Chiefs of Police (IACP)

515 N. Washington St., Alexandria, VA 22314

1-800-THE IACP

<http://www.theiacp.org/profassist/opkids.htm>

National Commission on Uniform Traffic Laws and Ordinances (NCUTLO)

107 S. West Street, # 110, Alexandria, VA 22314

1-800-807-5290

<http://www.ncutlo.org/>

National Highway Traffic Safety Administration (NHTSA)

400 Seventh Street, SW, Washington, DC 20590

Toll-Free: **1-888-327-4236**

<http://www.nhtsa.dot.gov/>

National Organizations for Youth Safety (NOYS)

7371 Atlas Walk Way #109, Gainesville, VA 20155

703-981-0264

www.noys.org

National Partnership on Booster Seat Safety

2000 N. Beauregard Street, 6th Floor, Alexandria, VA 22311

703-837-4792

<http://www.boostkids.org/>

National Safety Council's National Safety Belt Coalition (NSC)

1025 Connecticut Ave. NW, Suite 1200, Washington, DC 20036

202-296-6263

<http://www.nsc.org/traf/sbc.htm>

Safe Kids

Safe Kids Worldwide, 1301 Pennsylvania Ave., Suite 1000, Washington, DC 20004

202-662-0600

<http://www.safekids.org/>

infor@safekids.org

Safety Belt Safe USA

P. O. Box 553

Altadena, CA 91003

<http://www.carseat.org/index.html>

ThinkFirst National Injury Prevention Foundation

29W120 Butterfield Rd, Suite 105, Warrenville, IL 60555

630-393-1400

800-Think-56 (844-6556)

thinkfirst@thinkfirst.org

NATIONAL ORGANIZATIONS

OCCUPANT PROTECTION INFORMATION FOR PARENTS, PHYSICIANS, AND OTHERS – AMERICAN ACADEMY OF PEDIATRICS (AAP)



AAP provides a variety of materials for parents, member physicians, and caregivers to use in OPC programs. These include guides, brochures, fact sheets, issue reports, and links to other resources. AAP also provides recommendations and policy statements on many OPC issues. For example, AAP provides the following recommendations regarding children in pickup trucks.

RECOMMENDATIONS

(reaffirmed May 1, 2007)

1. The most effective prevention strategies to reduce the number of deaths and injuries to children in pickup trucks are the prohibition of travel in the cargo area and age-appropriate restraint use in an appropriate seat location in the cab.
2. Parents should be counseled about the following considerations for selecting or using vehicles to meet the safe transportation needs of the family:
 - o No passengers should be transported in the cargo area of a pickup truck or a nonpassenger section of any vehicle.
 - o Trips should be planned in advance so that an appropriate seat position and restraint device are used for each passenger.
 - o Compatibility should be checked between the vehicle seat (front and back seats) and the car safety seat before purchasing a vehicle or a child safety seat.
 - o Infants in rear-facing car safety seats should not be placed in front passenger seats when an airbag is present and activated. If no appropriate rear seating position is available, only place the infant in the front passenger seat if an airbag on/off switch is installed and turned off.
 - o Car safety seats should fit completely on the rear seat of the pickup truck and can be properly secured facing the rear for infants younger than 1 year and weighing <20 pounds, and facing forward for older children. The addition of a tether may improve the security of a car safety seat.
 - o All forward-facing car safety seats should be installed using a top tether in addition to the vehicle belt.
 - o Teenagers should agree that they will not ride or transport others in the cargo area of a pickup truck.
3. The who, what, when, where, why, and how of the injury event should be recorded.¹⁶
4. Physicians should serve as educators and public policy advocates for measures that will decrease the number of deaths and injuries to children and youth who travel in pickup trucks.
5. Physicians need to be effective advocates for more stringent and comprehensive state legislation that would prohibit any occupant from traveling in the cargo area of a pickup truck. If the state exempts pickup trucks from seat belt laws, efforts should be made to modify these laws to include all passengers in all seat locations. The American Academy of Pediatrics has developed a model state legislation packet related to travel in pickup trucks.¹⁷
6. Law enforcement agencies should be strongly urged to enforce laws relating to occupant travel, including restraint and seat belt use laws, as well as laws prohibiting travel in cargo areas of pickup trucks.

Materials and policy statements are available online at: <http://www.aap.org/healthtopics/carseatsafety.cfm>

TWEEN TRAFFIC SAFETY – AUTOMOTIVE COALITION FOR TRAFFIC SAFETY (ACTS)

In 2005, ACTS sponsored two tween traffic safety projects – one in Dallas, Texas, and one in Joplin, Missouri – with technical assistance in social marketing and \$30,000 grants. The organizations designed brief school and community-based interventions that reached both tweens and their parents. The pilot programs focused on safety belts and seating position. They evaluated their impact using pre- and post-intervention surveys of tweens and parents, plus observational surveys in Dallas.

ACTS also hosts a website specifically dedicated to information regarding tween traffic safety: <http://www.tweensafety.org/> The website is described as “a portal to tween-targeted traffic safety information – materials, facts, insights and recommendations specifically for 8- to 12-year-olds from a range of sources.”



Included on this site is a booklet entitled “Tween Traffic Safety” with information about the tween years, traffic safety “how to” tips, information regarding the pilot programs, resources, and tools including a sample focus group moderator’s guide, sample tween survey, sample parent survey, and a sample flyer in both English and Spanish (see flyers below).

CHILD PASSENGER SAFETY AND SPECIAL NEEDS TRANSPORTATION – AUTOMOTIVE SAFETY PROGRAM



The Automotive Safety Program at Riley Hospital for Children, Indiana University School of Medicine, was founded in 1981 by Dr. Marilyn Bull. Funded by the Governor’s Council on Impaired & Dangerous Driving, the program directs child passenger safety research, education, and training in the State of Indiana. In addition, the Automotive Safety Program has long been a national leader and expert in transportation of children with special health care needs.

In 1997, The Automotive Safety Program was awarded additional grant monies from the Governor’s Council on Impaired and Dangerous Driving to establish the Indiana SAFE KIDS Coalition.

In addition to child passenger safety information and training, materials and training are available for children with special health care needs, including children with achondroplasia (includes angular deformities of the extremities, premature degenerative joint disease, and spinal disorders), autism, casts (hip/leg), cerebral palsy, Down syndrome, or osteogenesis imperfecta.

NATIONAL ORGANIZATIONS

COMMUNITY-BASED INTERVENTIONS – CENTERS FOR DISEASE CONTROL (CDC) AND PREVENTION



Evaluating community-based interventions

CDC is funding two state health departments to evaluate community-based interventions that were selected from the Guide to Community Preventive Services. Both the Michigan Department of Community Health and the Colorado Department of Public Health & Environment are implementing and evaluating interventions aimed at increasing booster seat use among children four to eight years of age. Colorado is also working to increase safety belt use in rural counties through enhanced enforcement campaigns.

A Boost for Children Ages 4 to 8

CDC funded state health departments in Colorado, Kentucky, and New York to develop, implement, and evaluate community-based programs to increase booster seat use among children ages four to eight. From 2000 through 2003, grantees implemented and evaluated community awareness campaigns and school-based programs, aired public service announcements, posted billboards, and conducted booster seat distribution events and car seat checkpoints. Evaluation data from Colorado showed a significant increase in booster seat use in target communities when compared with control communities. Evaluation activities continue in New York and Kentucky. Results from these intervention evaluations will help guide future efforts to increase booster seat use.

For more information about these programs,

contact: Sallie Thoreson
Colorado Department of Public Health and Environment
(970) 248-7161
Sallie.Thoreson@state.co.us

Identifying risk factors and examining outcomes for older children involved in motor vehicle crashes

CDC's Injury Center is funding the Children's Hospital of Philadelphia to examine risk factors and outcomes for children ages 8-15 years who were involved in motor vehicle crashes. Researchers are interviewing parents to learn about their typical use of child restraints and the particular restraint in use at the time of the crash. Interview questions also assess the parent's understanding of child restraint laws in their state and explore how the motor vehicle crash has affected the child's daily life. This information will be considered with data about the types of injuries sustained in the crash, the child's position in the car, and demographic characteristics of the child and driver. This research is part of an ongoing surveillance system that is a collaborative effort between researchers at the Children's Hospital of Philadelphia and State Farm Insurance. The study will shed light on the impact of motor vehicle crashes on children's daily lives. Results will be used to improve prevention strategies.

**PARTNERS FOR CHILD PASSENGER SAFETY –
THE CHILDREN’S HOSPITAL OF PHILADELPHIA (CHOP)**



In a unique collaboration between academic institutions and private industry, The Children’s Hospital of Philadelphia, the University of Pennsylvania, and State Farm Insurance Companies joined forces in 1997 to form Partners for Child Passenger Safety (PCPS), with the goal of learning why motor vehicle crashes are the leading cause of death and disability in children over age one in the United States.

Today, PCPS is the world’s largest child-focused motor vehicle crash surveillance system, and its findings are recognized worldwide. PCPS applies the Center for Injury Research and Prevention’s interdisciplinary research-to-action-to-impact approach to studying injuries from many perspectives to determine the most effective ways to improve child safety in motor vehicle crashes. This ongoing research initiative has published more than 50 papers in scientific journals and regularly shares its analyses with industry, regulators, policymakers, public health educators and the media – those best positioned to make motor vehicles safer for children.

PCPS has developed a unique Website for parents seeking reliable information about how to keep their children as safe as possible on every trip, including interactive videos and downloadable tip sheets. Visit the site in English and Spanish at www.chop.edu/carseat.

The Center for Injury Research and Prevention’s education specialists are constantly updating and improving its evidence-based educational tools for use by public-health educators, clinicians and parents. Materials are currently available for the following areas of research:

- Child Passenger Safety & Traffic Injury
- Young Driver Safety
- Child Injury & Traumatic Stress

[Source: The Children’s Hospital of Philadelphia, Center for Injury Research and Prevention, Partners for Child Passenger Safety website at: http://stokes.chop.edu/programs/injury/our_research/pcps.php]

OPERATION KIDS – INTERNATIONAL ASSOCIATION OF CHIEFS OF POLICE (IACP)



The International Association of Chiefs of Police is the world’s oldest and largest nonprofit membership organization of police executives, with over 20,000 members in over 89 different countries. IACP’s leadership consists of the operating chief executives of international, federal, state and local agencies of all sizes.

NATIONAL ORGANIZATIONS

Operation Kids is a new education and enforcement program developed by the IACP in collaboration with the National Highway Traffic Safety Administration (NHTSA) that explores the following questions and more.

Booster Seats: Ford's Boost America! Campaign
Washington Regional Child Passenger Safety Team
Child Passenger Safety & The Role of Law Enforcement
What Does Integrating Child Safety Seat Enforcement Mean?
What Does Loose Kids Mean?
Can't someone else take care of this problem?
Operation Kids targets the 3 Es of traffic safety
What do we know?
Do they work?
Why are we involved in education?
Operation Kids Targets the Incorrect Use of Safety Seats
What should I do?



MODEL LAWS AND ORDINANCES – NATIONAL COMMITTEE ON UNIFORM TRAFFIC LAWS AND ORDINANCES (NCUTLO)



The National Committee on Uniform Traffic Laws and Ordinances (NCUTLO) is a private, non-profit membership organization dedicated to providing uniformity of traffic laws and regulations through the timely dissemination of information and model legislation on traffic safety issues. NCUTLO provides a model occupant protection ordinance, which can be obtained on the web at <http://www.ncutlo.org/occprotect02.html>

OCCUPANT PROTECTION FOR CHILDREN RESOURCES – NATIONAL HIGHWAY TRAFFIC SAFETY ADMINISTRATION (NHTSA)



The National Highway Traffic Safety Administration (NHTSA) is an agency of the U.S. Department of Transportation. Its mission is to save lives, prevent injuries, and reduce injury-related crashes. In the area of occupant protection for children, NHTSA provides research and development grants, such as the "Tween 403 Demonstration Program" to implementing agencies, provides grants to the state offices of traffic safety, develops and distributes education material, develops training, conducts research, and implements media campaigns.

The agency makes a significant effort to reach a diverse population with culturally- sensitive and multilingual programs and materials. Population groups which are supported include Latino/Hispanic, Black/African-American, and Asian American/Pacific Islander. Child transportation tips are also available in Russian, Portuguese, French, and Haitian/Creole.

NHTSA also supports a network of professionals through ten regional offices across the country which is available to assist the states and communities in planning, implementing, and evaluating programs.

In addition, NHTSA provides regulatory oversight and establishes testing requirements and mandatory standards for automobiles and child safety seats and booster seats.

A defect or problem with a child restraint should be reported to the NHTSA either via the internet at <http://www-odi.nhtsa.dot.gov/ivoq/> or by calling the DOT Vehicle Safety Hotline at 1-888-327-4236.

YOUTH SAVING YOUTH – NATIONAL ORGANIZATIONS FOR YOUTH SAFETY (NOYS)



NOYS is a coalition of youth serving and youth organizations that focus on youth safety and health. When member organizations collaborate on a project to address youth safety or health – that makes what they are doing a “NOYS project.”

NOYS has grown to nearly 40 national, youth-serving organizations. NOYS members have been meeting several times a year over the past several years to share information on their individual programs and projects, collaborate with other member organizations to develop programs, and work together on NOYS-sponsored programs and projects.

NOYS youth design programs, serve as focus-groups or focus-group leaders on cutting-edge issues, speak on issues and promote programs at conferences, meetings, and for media outlets, as well as provide leadership within the coalition.

NOYS has increased diverse representation through the NHTSA-sponsored National Youth Diversity Summit on Traffic Safety held in Los Angeles on July 26-29, 2001. The Summit brought together five hundred youth and their adult advisors of diverse cultures and backgrounds. The youth were empowered to help reduce risk, injuries and death related to traffic crashes and other issues of concern. NOYS also manages mini-grant programs to support innovative strategies that model problem-solving among local community coalitions.

NATIONAL ORGANIZATIONS

BOOSTER SEAT SAFETY PROGRAMS – NATIONAL PARTNERSHIP FOR BOOSTER SEAT SAFETY

The National Partnership on Booster Seat Safety was created in 2004 to help save lives and prevent injury by promoting the use of booster seats for children who have outgrown their child safety seat but are not ready to use a standard safety belt. As a new collaboration of concerned partners, the National Partnership fosters efforts needed to upgrade state laws and educate parents and caregivers about booster seat safety. Partners include advocacy programs, businesses, educational institutions, employers, federal government agencies, health and medical providers, law enforcement, manufacturers and retailers, national organizations and coalitions, and professional trade associations.

Members include AAA , American Association of State Highway and Transportation Officials, Injury Prevention Division of the Louisiana Department of Health, Carmax Foundation, Cendant Car Rental Group, Connecting for Children and Families, Grammer Industries, Inc., National Association of Pediatric Nurse Practitioners, National Healthy Mothers Healthy Babies Coalition, National Highway Traffic Safety Administration, SafetyBeltSafe USA, ThinkFirst, National Injury Prevention Foundation, and Volkswagen.

NATIONAL SAFETY BELT COALITION – NATIONAL SAFETY COUNCIL (NSC)



NSC.org

Educate and influence people to prevent accidental injury and death

The National Safety Council's National Safety Belt Coalition is a network of organizations and individuals that promote the lifesaving benefits of correctly used safety belts and child safety seats.

The National Safety Belt Coalition serves as a clearinghouse of information and materials, providing support and assistance in implementing highway safety programs as well as useful materials, ideas, speakers and technical assistance.

SAFE KIDS BUCKLE UP -- SAFE KIDS



Safe Kids Worldwide is a global network of organizations whose mission is to prevent accidental childhood injury, a leading killer of children 14 and under. More than 450 coalitions in 16 countries bring together health and safety experts, educators, corporations, foundations, governments and volunteers to educate and protect families.

Safe Kids Worldwide was founded in 1987 as the National Safe Kids Campaign by Children's National Medical Center with support from Johnson & Johnson. Safe Kids Worldwide is a 501(c)(3) non-profit organization located in Washington, D.C.

Safe Kids Buckle Up is the largest, most comprehensive program of Safe Kids Worldwide. Since 1996, the General Motors Corporation has served as Safe Kids Buckle Up's exclusive funding source and helped build Safe Kids Buckle Up into a multifaceted national initiative, bringing motor vehicle safety messages to children and families through community and dealer partnerships. In October 2004, Chevrolet became the lead partner of Safe Kids Buckle Up, bringing an added dimension to Safe Kids Buckle Up activities.



In addition to extensive car safety seat resources, Safe Kids hosts a program for "tweens" at <http://www.usa.safekids.org/skbu/cpsweek2007/tweens.html>

This site features a downloadable rap track, a quiz which allows tweens to win prizes, and a video featuring a crash dummy.

BOOSTERS ARE FOR BIG KIDS – SAFETYBELTSAFE U.S.A.



SafetyBeltSafe U.S.A. is the national, non-profit organization dedicated to child passenger safety. Our mission is to help reduce the number of serious and fatal traffic injuries suffered by children by promoting the correct, consistent use of safety seats and safety belts.

Founded in 1980, SafetyBeltSafe U.S.A. is nationally recognized for program excellence, training, and up-to-date technical materials. Partners include American Honda Motor Company, California Kids' Plates Program, California Office of Traffic Safety, Nissan North America, State Farm Insurance Companies, Toyota Motor Sales, U.S.A.

The "Boosters Are For Big Kids" program includes curriculum for use in K-3, VHS/DVD, and reproducible flyers. Flyers provide guidelines for correct booster seat use, to help determine whether a child is big enough to transition from a booster to a safety belt, and a questionnaire for parents and children.

[Source: SafetyBeltSafe USA website at: <http://www.carseat.org/index.html>]

NATIONAL ORGANIZATIONS

THINKFIRST FOR CHILDREN PROGRAM – THINKFIRST NATIONAL INJURY PREVENTION FOUNDATION

ThinkFirst!
For Kids



The ThinkFirst For Kids Program was developed by the ThinkFirst National Injury Prevention Foundation to increase awareness and knowledge among children six to eight years of age about the risks of brain and spinal cord injury, and the use of good safety habits. The program was designed to enhance students' interest and learning by using four interactive components. The four components of the program include: 1) a brain and spinal cord injury prevention curriculum with six subject-integrated lessons, 2) an animated cartoon video that provides an overview of brain and spinal cord injury and safety topics, 3) a set of five comic sheets (one per safety topic), and 4) a set of five full-color classroom posters that reinforce key messages presented during classroom instruction. All components feature Street Smart, the safety messenger who enthusiastically teaches his friends how to have fun and be safe. Several teaching strategies that inspire creativity and learning (e.g., role-play, stories, visual enforcement, hands-on, reading, sharing ideas, etc.) were used in developing the curriculum. [Source: <http://www.thinkfirst.org/About/Kids.asp>]

The ThinkFirst for Youth program is for students in grades four through eight—an important time to help students learn the importance of protecting themselves, as they are increasingly faced with decision-making challenges involving their safety. Home and classroom activities help students develop a practical understanding of their body's abilities and limitations. Exercises build communication and conflict resolution skills, increasing self confidence and the ability to make appropriate behavior choices on their own and in the face of peer pressure.

Two separate curricula have been developed, one for grades four and five, and one for grades six through eight. Different levels of difficulty within each curriculum allow for flexibility in teaching students with different academic abilities and learning methods. Curricula include lessons on the brain and spinal cord, vehicular and pedestrian safety, bicycle and sports safety, water safety, creative problem solving, violence prevention, conflict resolution, and choking and suffocation hazards. Each lesson comes with fun, thought-provoking, hands-on activities, messages from “Dr. A,” and resources for further information. [Source: <http://www.thinkfirst.org/About/Youth.asp>]

ThinkFirst For Teens, a program of the National Injury Prevention Foundation, is an award-winning public education effort targeting this high risk age group. Developed by America's Neurosurgeons, it is presented at no charge in junior and senior high schools. The upbeat program educates young people about personal vulnerability and risk taking. The message is that you can have a fun, exciting life, and you can do it without hurting yourself if you think first and use your mind to protect your body.

There are four components to the ThinkFirst For Teens program: school-based education, reinforcement activities, general public education, and public policy initiatives. The major educational portion is presented in junior high and high schools, in either large assembly or classroom formats. It consists of up to four segments:

1. The 15-minute film “ThinkFirst” which features honest and direct testimony from people who have sustained a serious injury, about the narrow margin separating exciting activity, and fun which results in tragedy. Blending action and music, it features the insights of dynamic teenagers with brain and spinal cord injuries.
2. A discussion of the anatomy of the brain and spinal cord, how injuries to these parts of the body occur, the physical results of injury, and how many of these injuries can be prevented. It is stressed that teens are the highest risk age group for these injuries.
3. A young person who has sustained a brain or spinal cord injury describes how the choices made changed his/her life since the injury. This is the key component of the program, as it shows the students that these injuries can and do happen to people just like them while engaging in typical teenage activities, but that safe choices can prevent most injuries from occurring.
4. A brief discussion on proper bystander behavior at the scene of an injury resulting from, for example, a driving injury or a motor vehicle crash. ThinkFirst is a registered service mark of The American Association of Neurological Surgeons and Congress of Neurological Surgeons. [Source: <http://www.thinkfirst.org/About/Teens.asp>]

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APPENDICES

APPENDIX A | ADVISORY TEAM MEMBERS

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APPENDIX B

QUESTIONNAIRE ON “BEST PRACTICES” IN OCCUPANT PROTECTION FOR CHILDREN

1. Please rank from “1” to “9” the following program components according to their relative level of importance in a comprehensive occupant protection program in your state for children.

“1” would be considered the most important.

“9” would be the least important.

- _____ management / leadership
- _____ planning / administration
- _____ data / evaluation
- _____ training
- _____ child restraint inspection / distribution
- _____ legislation / regulation / policy
- _____ law enforcement
- _____ public information / education
- _____ funding / resources

2. Do you believe there are significant gaps in OPC programs in your state? If so, please rank in order of importance the following and/or add your own area(s) that you believe should be considered a significant gap in occupant protection for children.

“1” would be considered the most important.

- _____ legislative coverage requiring OP use for all ages
- _____ program for middle-school-age children (“tweeners”)
- _____ useful data
- _____ programs for transportation of “special needs” children
- _____ funding to provide education and child restraints
- _____ enforcement of existing OPC laws
- _____ effective marketing strategies for OPC issues
- _____ other _____

3. Please list the top three program components of OPC (See examples from Questions 1 and 2) for which you would like to receive more information.

a. _____

b. _____

c. _____

APPENDIX B / QUESTIONNAIRE ON “BEST PRACTICES” IN OCCUPANT PROTECTION FOR CHILDREN

4. Do you know of a state or local program or activity that you recommend be included in an OPC “best practices” manual? If so, please list the program or activity plus contact information so that we might follow-up for further details.

a. ACTIVITY (e.g., education for new parents, data-based and comprehensive planning, fund-raising):

CONTACT NAME:

EMAIL ADDRESS:

PHONE:

b. ACTIVITY (e.g., education for new parents, data-based and comprehensive planning, top-level management support):

CONTACT NAME:

EMAIL ADDRESS:

PHONE:

c. ACTIVITY (e.g., education for new parents, data-based and comprehensive planning, top-level management support):

CONTACT NAME:

EMAIL ADDRESS:

PHONE:

5. OPTIONAL

a. YOUR NAME AND TITLE:

b. YOUR EMAIL ADDRESS:

c. YOUR PHONE NUMBER:

Thank you very much for your input. Please return this completed questionnaire by no later than **March 9** to Susan Bryant, project manager, leaderservices@yahoo.com

APPENDIX C

OPC MODEL PROGRAM ELEMENTS

Occupant Protection for Children (Ages 0 to 16)

MANAGEMENT / LEADERSHIP

- A functioning advisory board/coordinating committee exists.
- Coordinating and informational conferences/meetings are held.
- Available technology (e.g. online forums) is used to support coordination.
- There is evidence of top level political and administrative support (e.g., governor, mayor, agency head).
- There is an established and well-known focal point.
- A recognition program identifies and rewards exception individuals, activities, and organizations.
- Key organizations and shareholders are identified, included, and supported as partners in OPC activities.

PLANNING / ADMINISTRATION

- A current strategic plan, developed by a variety of partners, identifies strengths, weaknesses, opportunities, and challenges.
- Goals, objectives, and performance measures are established and measured.
- A comprehensive operational plan is developed, implemented, and periodically updated.
- Target locations and audiences are chosen based on data and needs.
- OPC initiatives are included in media, enforcement, and other activity plans.
- Reports and forms are uniform, comprehensive, and easy to complete.
- There are well-defined protocols for reporting and communication among those entities which share the goal of reducing children's deaths and injuries.

DATA / EVALUATION

- Data is collected/available regarding
 - Law enforcement (e.g., citations, warnings)
 - Crashes, injuries, fatalities with and without restraints for all seating positions
 - Annual or bi-annual observed correct and incorrect restraint use
 - Attitude and knowledge of target audience(s)
 - Other (as available, e.g., child fatality review board reports, youth risk behavior surveys, population and socioeconomic distributions).
- Outcome, impact, and process data are routinely collected.
- Electronic reporting is utilized.
- Evaluation is both quantitative (data-driven) and qualitative (anecdotal).
- Reports are routinely provided to key individuals and decision makers.
- Historic trend data is available or being developed.
- Raw data are analyzed to create rates, rankings, and/or other comparative measurements to help establish priority areas.
- Activities are evaluated for efficiency and effectiveness.
- Evaluation results are incorporated into planning.

TRAINING

- Trained CPS technicians and instructors are available where needed.
- Refresher and recertification courses are available.
- Special courses for specific target groups (e.g., Operation Kids-RN, Moving Kids Safely in Child Care, Children with special health needs transportation, Traffic Occupant Protection Strategies – TOPS, Operations Kids-Law Enforcement) are available.
- Available training includes the nationally-standardized and certified courses.
- Law enforcement and the judiciary are supported with technical and motivational training and support material such as guides and videos.
- Bilingual trainers are available, if needed.
- Technical updates are provided as available.
- Training is periodically monitored to ensure quality control.

CHILD RESTRAINT INSPECTION / DISTRIBUTION

- Inspection stations are conveniently located where the need is greatest and are open during convenient hours.
- Inspections stations are well-staffed.
- Under-privileged families are assisted with loan programs, coupons, and/ or vouchers.
- Bilingual technicians are available, if needed.
- Minimum standards for inspection stations are established and met.
- Mechanisms for quality control, such as on-site visits, are used.
- Interpreter services are available where needed.
- A parent or caregiver is required to provide some investment to receive a child restraint.

LEGISLATION / REGULATION / POLICY

- Hospitals' discharge policies require proper occupant protection for children.
- Weight-appropriate, age-appropriate, and correct restraint usage is required for all children ages 0 to 16.
- Children are prohibited from riding in the cargo area of pick-up trucks.
- Published standards for childcare facilities require proper restraints for all children.
- Safety belts are required for all seating positions.
- Fines and penalties are sufficient to provide a deterrent.
- A graduated licensing law requires restraint use for all vehicle occupants.
- Law enforcement is primary.
- Points are assessed to the driver license for occupant restraint violations.

LAW ENFORCEMENT

- State and local police and sheriffs' departments participate in organized mobilizations and maintain routine year round enforcement.
- Law enforcement operates under a "zero tolerance" policy with vigorous enforcement.
- Law enforcement agencies collaborate with each other.
- Law enforcement agencies collaborate with program personnel.

APPENDIX C / OPC MODEL PROGRAM ELEMENTS

- Law enforcement participates in and is highly visible in public information activities.
- There are law enforcement officers who are also CPS technicians.
- There is active participation in the Chiefs Challenge.
- Public perception of enforcement is high.
- Law enforcement agencies follow a policy of safe transportation of children when in a police vehicle.

PUBLIC INFORMATION / EDUCATION

- There is a strong, unified, consistent message.
- At least some communications include a strong enforcement message.
- There is a useful website which is accessible and easy to navigate and includes material which can be easily adapted and downloaded.
- A comprehensive, multi-media approach is implemented.
- Enforcement mobilizations are supported by media.
- Materials are culturally-sensitive and available for non-English-speaking audiences.
- Materials are verified as having current, correct and accurate information.
- Education addresses children aged 0 to 16.
- Media liaisons are educated on OPC issues and strategies.
- Periodic media events are conducted.
- Communications efforts include earned media opportunities.
- A toll-free number is available, adequately staffed, and publicized.
- Legislators and officials are included in awareness and media events.

FUNDING / RESOURCES

- Activities are funded by sources – such as donations, dedicated fees, or fines – other than or in addition to federal traffic safety grants.
- Creative methods for on-going funding are explored.
- Partnerships are developed to increase resources dedicated to OPC.
- A plan exists to achieve self-sufficiency or institutionalization of activities

APPENDIX D / OPC STRATEGIC PLAN TEMPLATE

Source: The National Highway Traffic Safety Administration

Action	Responsibility	Priority	Timeline	Status
A. MANAGEMENT AND LEADERSHIP				
1. A designated organization takes a leadership role in the OPC Program.				
RECOMMENDATION:				
2. The state identifies goals, objectives and a plan for its OPC Program.				
RECOMMENDATION:				
3. Program coordination takes place between the SHSO and key organizations in the state with interest or responsibility for OPC programs.				
RECOMMENDATION:				

APPENDIX D / OPC STRATEGIC PLAN TEMPLATE

Source: The National Highway Traffic Safety Administration

Action	Responsibility	Priority	Timeline	Status
B. DATA				
1. The state collects and analyzes motor-vehicle related injury and fatality data for children through age 15.				
RECOMMENDATION:				
2. Program coordination takes place between the SHSO and key organizations in the state with interest or responsibility for OPC programs.				
RECOMMENDATION:				
3. The state identifies the geographic and socioeconomic distribution of the states population to determine where restraint use is low, injuries and deaths are high and where OPC programs are needed.				
RECOMMENDATION:				
C. EVALUATION				
1. The state evaluates the OPC program to determine progress, identify program needs and plan and implement program strategies.				
RECOMMENDATION:				

APPENDIX D / OPC STRATEGIC PLAN TEMPLATE

Source: The National Highway Traffic Safety Administration

Action	Responsibility	Priority	Timeline	Status
D. TRAINING				
1. The state assures a sufficient number of certified instructors and technicians are available and trained to serve the state's needs.				
RECOMMENDATION:				
2. The state assures certified instructors and technicians are provided training on OPC to address under-represented and under-served groups and children with special needs.				
RECOMMENDATION:				
3. The information regarding the number of certified instructors and technicians in the state is easily accessible in a computerized database which is periodically updated.				
RECOMMENDATION:				
4. OPC awareness training is available for law enforcement, pediatricians, fire and rescue workers, child care providers and others.				
RECOMMENDATION:				

APPENDIX D / OPC STRATEGIC PLAN TEMPLATE

Source: The National Highway Traffic Safety Administration

Action	Responsibility	Priority	Timeline	Status
E. CHILD RESTRAINT INSPECTION AND DISTRIBUTION PROGRAM				
1. The state offers hands-on training to parents and caregivers about the proper use and installation of child restraints.				
RECOMMENDATION:				
2. The state assures that all child restraint inspections at Inspection Stations and Child Restraint Clinics meet minimum standards.				
RECOMMENDATION:				
3. The state has a plan to work toward achieving OPC program self-sufficiency.				
RECOMMENDATION:				
4. The availability of child restraints for under-represented and under-served groups is addressed.				
RECOMMENDATION:				
5. Children with special needs in the state have access to proper resources for safe transportation.				
RECOMMENDATION:				
6. Personnel at Inspection Stations or Child Restraint Clinics conduct other traffic-safety related activities.				
RECOMMENDATION:				

APPENDIX D / OPC STRATEGIC PLAN TEMPLATE

Source: The National Highway Traffic Safety Administration

Action	Responsibility	Priority	Timeline	Status
E-1. OPC PROGRAM RECOMMENDED LEVELS OF SERVICE				
1. Inspection Stations per Child				
RECOMMENDATION:				
2. Technicians per Child				
RECOMMENDATION:				
3. Restraint Inspections per Child				
RECOMMENDATION:				
4. Child restraint use and misuse				
RECOMMENDATION:				

APPENDIX D / OPC STRATEGIC PLAN TEMPLATE

Source: The National Highway Traffic Safety Administration

Action	Responsibility	Priority	Timeline	Status
F. LEGISLATION/REGULATION/POLICY				
1. The state has enacted child restraint and safety belt use laws for children which provide clear guidance to the motoring public.				
RECOMMENDATION:				
2. The provisions of the OPC law are comprehensive and effective.				
RECOMMENDATION:				
3. The state assures the children with special needs have access to proper resources for safe transportation.				
RECOMMENDATION:				
4. The possible need for changes in the OPC law is identified by the state.				
RECOMMENDATION:				
5. Safe child transportation for pre-school and day care children is assured by the state.				
RECOMMENDATION:				
6. The state assures that hospitals establish and implement appropriate discharge policies for newborns and other children.				
RECOMMENDATION:				

APPENDIX D / OPC STRATEGIC PLAN TEMPLATE

Source: The National Highway Traffic Safety Administration

Action	Responsibility	Priority	Timeline	Status
G. LAW ENFORCEMENT				
1. The accurate and complete enforcement of OPC and safety belt use laws for children through age 15 is insured by the state.				
RECOMMENDATION:				
2. The state encourages the accurate reporting of child restraint use and safety belt use of children by law enforcement officers.				
RECOMMENDATION:				

APPENDIX D / OPC STRATEGIC PLAN TEMPLATE

Source: The National Highway Traffic Safety Administration

Action	Responsibility	Priority	Timeline	Status
H. PUBLIC INFORMATION AND EDUCATION (PI&E)				
1. Awareness and educational information regarding child restraints safety belts and air bags for children through age 15 is communicated to the public through the media.				
RECOMMENDATION:				
2. Parents, physicians and other health care providers, hospitals, law enforcement, rescue workers, fire department personnel, legislators, day-care providers, schools and the general public are educated by the state about the safety risks to children, the benefits of child restraints and safety belts as well as their responsibilities for compliance with OPC and safety belt laws.				
RECOMMENDATION:				
3. Materials are available to inform the public regarding OPC and are written to appropriate literacy levels and specially designed for under-represented and under-served groups				
RECOMMENDATION:				
4. The state provides OPC protocols and resource materials to parents, caregivers, rescue workers, hospital and medical care providers for children with special needs.				
RECOMMENDATION:				

APPENDIX D / OPC STRATEGIC PLAN TEMPLATE

Source: The National Highway Traffic Safety Administration

Action	Responsibility	Priority	Timeline	Status
I. COMMUNITY ASSESSMENT				
1. Community interest in establishing locally-supported programs to address OPC is encouraged by the state.				
RECOMMENDATION:				
2. Local programs are encouraged by the state to establish collaborative partnerships with other OPC programs in the area and with the state highway safety office.				
RECOMMENDATION:				
3. The state assists communities in conducting quality assessments of their OPC programs.				
RECOMMENDATION:				



The Governors Highway Safety Association (GHSA) is a nonprofit association representing the highway safety offices of states, territories, the District of Columbia and Puerto Rico. GHSA provides leadership and representation for the states and territories to improve traffic safety, influence national policy and enhance program management. Its members are appointed by their Governors to administer federal and state highway safety funds and implement state highway safety plans.



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