

Report to Congress



REPORT TO THE CONGRESS

This report is submitted in response to the Conference Report accompanying the Department of Transportation's FY 1996 Appropriation Act (Report 104-286, dated October 20, 1995) which directed that NHTSA evaluate the Section 403 Safe Communities Injury Control Initiative and report to the U.S. Senate and House of Representatives Appropriations Committees.

As the Secretary of Transportation, safety is my highest priority. The loss of thousands of lives on America's highways, railroads, boating, airline incidents, and transit operations is a tragedy that affects each and every community. Safe Communities presents new challenges and opportunities for creating innovative partnerships to prevent and control transportation-related fatalities and injuries. It can bring together many new partners and implement a variety of programs such as Buckle Up America, You Drink & Drive You Lose, Operation Lifesaver, Red Light Running, and Prevention Through People to name just a few. Expanded partnerships with the health and business community are important, as is the development of new alliances among traditional transportation safety advocates. The Safe Communities approach enables communities to examine their data to determine their most significant injury issues by identifying specific causes of injuries and fatalities and their associated costs.

Increasing from a few sites in 1996, Safe Community programs were established in nearly 300 locations throughout the nation by June 1997. By the end of 1998, the number of active programs had grown to 472. As of December 1999, there were 755 Safe Community programs in operation, far in excess of expectations. In December 1997, I set an ambitious goal of establishing about 130 new sites in 1999, to bring the total to 600, and a total of 1,000 by the end of the year 2000. In the first nine months of 1999, 261 new sites were added, about twice the goal of the year, and by the end of the year, there were Safe Communities in operation in every state, the Pacific Territories, and Puerto Rico.

Safe Communities 1999, Report to Congress documents activities and results to date from the four Safe Communities Demonstration sites. Each community completed a one-year planning phase, during which it collected and analyzed data, convened a coalition, prioritized the injury problems identified, and selected countermeasures to address the problems. The target populations were 259,000 in Anchorage, Alaska; 120,000 in rural areas in Pitt County, North Carolina; 49,000 in a culturally diverse, low-income community in Providence, Rhode Island; and 111,000 in predominately Hispanic neighborhoods in Dallas, Texas. Two of the demonstration sites are continuing to evaluate their programs in the third year, and data from the first two show promising results. In Dallas, Texas child safety seat use increased from 23 percent to 65 percent, seat belt use by Hispanic drivers rose from 61 percent to 75 percent, and that of passengers rose from 49 percent to 65 percent by 1999. In Anchorage, Alaska, correct child safety seat usage improved 20 percentage points.

Norman Y. Mineta
Secretary of Transportation

Table of Contents

Introduction	1
Background	2
1999 Status	6
Demonstration and Evaluation Projects	11
Anchorage, Alaska	13
Pitt County, North Carolina	16
Providence, Rhode Island	18
Dallas, Texas	21
The Future of Safe Communities	25

Introduction

The Conference Report accompanying the Department of Transportation's FY 1996 Appropriation Act (Report 104-286, dated October 20, 1995, page 54) Amendment No. 76 directed that the Section 403 Safe Communities Injury Control Initiative be evaluated. It also stated that "The evaluation shall be provided to the House and Senate Committees on Appropriations by March 1, 1997." To implement this program two three-year grants were awarded in September 1996, and two more in 1997. The first year of these projects was the problem identification, coalition building, and planning phase. The second year involved program development and implementation. The third year continued program development, implementation, and included outcome evaluation. Because outcome data would not be available for at least two years, the former National Highway Traffic Safety Administration (NHTSA) Administrator Ricardo Martinez, M.D. suggested it would be more appropriate to submit this report when data were available about the demonstration programs, at the end of 1999.

Each year, one in every four Americans has an injury serious enough to require medical attention (3). Deaths and injuries from motor vehicle crashes are the leading cause of death for persons of every age from 5 to 29 years old (based on 1996 data) and one person died every 13 minutes in a motor vehicle crash in 1998 (21). Injuries pose a significant drain on the health care system. The economic cost alone of motor vehicle crashes in 1994 was more than \$150.5 billion. A Safe Community addresses all sources of injury, with traffic positioned within this overall context. The defining characteristics of a Safe Community are:

- Data from multiple sources are used to define the community's injury problem and target resources.
- Partnerships are built across the community, including health, education, and enforcement systems, and the private sector and government.
- Citizen participation is an integral component for identifying and implementing effective injury prevention measures.
- An integrated and comprehensive injury control system is established.

From a handful of Safe Communities in 1996, the overall Safe Communities program has grown to 755 in the Winter of 1999. The remainder of this report documents:

- Background and evolution of the Safe Community Model.
- Status of the Safe Community Program in 1999, including descriptions of several exemplary programs.
- Full scale Demonstration and Evaluation Projects in:
 - Anchorage, Alaska
 - Pitt County, North Carolina
 - Providence, Rhode Island
 - Dallas, Texas
- Plans for the future.

Background

Evolution of Community-Based Injury Prevention Programs

The history of community-based traffic safety programs goes back to 1921, when the City of Milwaukee, Wisconsin established the Milwaukee Safety Commission. Members of the Commission, appointed by the Mayor, came from industry, government, law enforcement, private and public education and transportation. The Commission, which has been active continuously since then, employs a full-time director and professional staff to implement programs selected by the Commission. Traffic safety, as the leading cause of unintentional injury, has been the main area of program emphasis.

Over the years, many other communities have realized that solutions to highway safety problems may require an integrated and coordinated effort from many agencies and groups in the community. The Milwaukee experience showed that there are advantages to community based programs with a dedicated staff, working for a permanent community institution, with support and direction from both public and private sectors.

Still, as late as the 1970s, the emphasis of Federal highway safety programs was placed on funding problem-specific countermeasures, to be performed by single agencies in the community, primarily law enforcement agencies. Although these efforts were successful, it became apparent that the easiest countermeasures had been implemented, and further progress would require multi-agency and multi-modal approaches. These approaches rely on the synergism that can be created when different groups attack a common problem from very different perspectives.

In the 1980s, the Federal government began to fund multi-agency public/private programs in response to complex highway safety problems. Early programs were focused on single safety issues, such as impaired driving, which required coordinated efforts among police, courts, rehabilitation, education and prevention organizations. Other safety issues that required multi-agency solutions included occupant protection, child passenger safety, pedestrian safety, and other injury prevention issues.

Many of these multi-organizational efforts evolved into Community Traffic Safety Programs (CTSPs). Usually, CTSPs employed multiple strategies to address two or more traffic safety problems of importance to the community. NHTSA provided start-up funding to establish these programs, with a view toward attracting continuing funding from local sources. First and foremost, these were local programs, typically involving citizen advocacy groups, law enforcement, businesses, health agencies, schools, the courts and news media. In 1992, there were 334 CTSP programs (1).

In the early 1990s, CTSPs were overlaid with Corridor Safety Improvement Programs, (CSIPs) to approach safety issues that involved multiple communities. CSIPs addressed a variety of traffic safety problems along a roadway corridor, usually emphasizing engineering improvements and enforcement to reduce crashes. Later, C/CTSPs, hybrid Corridor/Community Traffic Safety Programs combined the best elements of both types of programs.

Origins of Safe Communities

The International Safe Communities concept began in Sweden in the mid 1970s, when a community health care unit selected injuries as one of its projects for preventive health care. The project objectives were to (1) reduce injuries and eliminate causes, (2) motivate citizens to assume responsibility for injury prevention, (3) obtain program acceptance from citizens as well as government and community institutions, and (4) evaluate program results through data collection. The idea quickly spread to other Swedish communities and is now sponsored world-wide under the auspices of the World Health Organization (WHO) Collaborating Centre on Community Safety Promotion, Stockholm, Sweden.

The Safe Communities concept was seen as a way to expand and build on the C/CTSP initiative. In 1995, the National Highway Traffic Safety Administration distributed a short summary entitled "Putting it Together: A Model for Integrating Injury Control Systems Elements," describing how prevention, acute care and rehabilitation could work together to make progress in reducing injuries and their complications. The paper discusses the advantages of the Safe Communities concept as a strategy for addressing motor vehicle injuries at a local level.

The Safe Community Model in the United States

The Safe Community concept as adopted and refined by the U.S. Department of Transportation addresses all injuries, with traffic safety positioned within this overall context. Each year, one in every four Americans has an injury serious enough to require medical attention.

Deaths and injuries from motor vehicle crashes are the leading cause of death for persons of every age from 5 to 29 years old (based on 1996 data) and one person died every 13 minutes in a motor vehicle crash in 1998 (21). Injuries account for almost 10 percent of all physician office visits and 38 percent of all emergency department visits. Injuries pose a significant drain on the health care system, incurring huge treatment, acute care and rehabilitation costs. Motor vehicle injuries are the leading cause of all injury deaths, the principal cause of on-the-job fatalities and the third largest cause (trailing heart attacks and cancer) of all deaths in the United States. More than 40,000 people are killed in motor vehicle crashes every year, and over 3.4 million are injured in police-reported crashes. The economic cost is enormous -- over \$150.5 billion in 1994 alone (21).

Defining characteristics of Safe Communities are:

- Data from multiple sources
- Expanded Partnerships
- Citizen Involvement
- An Integrated and Comprehensive Injury Control System

Analysis of data from multiple sources is one of the defining characteristics of the Safe Community concept. Data analysis goes beyond fatality and crash statistics to include the medical and financial outcomes of injuries. Where possible, the Safe Community concept encourages linkage of data sources such as crash records, emergency response records, medical records and cost data to enhance problem identification, planning of countermeasures and evaluation of effectiveness. Use of databases, whether linked or not, requires collaboration of the owners and users of the data, which in turn, leads to expanded partnerships.

Expanded partnerships are not only a defining characteristic of safe community programs, but an important benefit. Community Traffic Safety Programs have built coalitions of law enforcement, local government, schools, courts, businesses, health agencies, and community and advocacy groups for many years.

Safe Community programs continue to work with these groups, but expand the partnership base to actively involve the medical, acute care (trauma and hospital-based systems), and rehabilitation communities. These groups, which have traditionally been focused on treating injuries, are now being engaged as partners in preventing injuries.

While citizen involvement and input was sought in the best of the C/CTSP programs, greater emphasis is placed on citizen input in the Safe Community process model. Through town hall meetings, focus groups, committee assignments, and other forms of feedback, citizen participation is sought in problem identification, shaping of solutions and program evaluation.

Finally, with Safe Communities, an integrated and comprehensive injury control system incorporates prevention, acute care, and rehabilitation as active participants in solving community injury problems (2).

How a Community Can Become a "Safe Community"

The National Highway Traffic Safety Administration has promoted formation of Safe Community programs vigorously since 1995. Existing C/CTSPs, which already had grass roots community coalitions and community leadership in place, were encouraged to broaden their focus and expand their coalitions, especially to include the acute care and rehabilitation community. Great efforts also have been made to start Safe Communities where Community Traffic Safety programs did not exist, seeking local "Champions" in government, highway safety organizations, injury prevention groups, or the medical community (3).

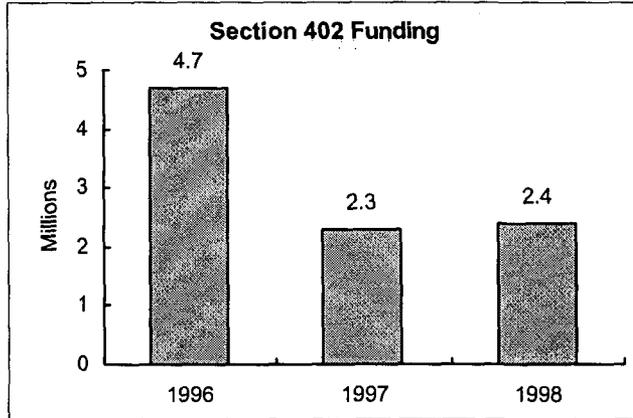
Points of contact have been established in each of NHTSA's regional offices. The Department of Transportation has designated the Safe Communities Initiative as one of its highest safety priorities. One Safe Communities Working Team was formed to promote and coordinate Safe Communities among the various transportation modes. This team has evolved into the Department's Community Outreach Task Force. NHTSA opened a Safe Community Service Center in Fort Worth, Texas in August 1997 to provide assistance and materials to new and existing Safe Communities. The Safe Communities Service Center web site (www.nhtsa.dot.gov/safecommunities) welcomed nearly 8,000 visitors and has had 75,000 hits in each year of operation.

Partnerships promoting Safe Communities also have been formed with other Federal government agencies, notably the Bureau of Indian Affairs (BIA) which is dedicated to forming Safe Tribal Communities. Safety programs at Department of Defense installations throughout the country are encouraged to partner with existing Safe Community coalitions in their communities or start new programs. NHTSA also works closely with the National Association of Governors' Highway Safety Representatives (NAGHSR), the International Association of Chiefs of Police, the National Sheriff's Association, and others.

Funding

For Federal Fiscal Year 1996, Congress earmarked \$4.7 million of the Section 402 Highway Safety Grant Program for Safe Communities. Even without earmarking in subsequent years, the States are supporting this community approach. States expended \$2.3 million in 402 funds on Safe Community programs in 1997 and an estimated \$2.4 million in 1998.

Considerable support in the form of training, peer-to-peer technical assistance and materials is required to launch community programs. Section 402 funding provides seed money for planning and implementation of the local highway traffic safety efforts. Other partners such as the public health, medical and law enforcement communities frequently provide additional funding for traffic safety programs and injury prevention activities unrelated to motor vehicles (4).



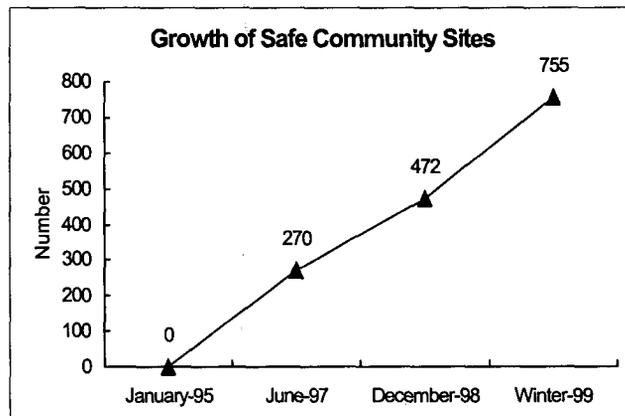
1999 Status

While the four demonstration sites have additional resources, this next section of the report describes the status of Safe Communities across America. The numbers have grown substantially each year and are expected to reach 1,000 in the next year.

Growth

Increasing from a few sites in 1996, Safe Community programs were established in nearly 300 locations throughout the nation by June 1997. By the end of 1998, the number of active programs had grown to 472. As of December 1999, there were 755 Safe Community programs in operation, far in excess of expectations.

In December 1998, the Secretary of the U.S. DOT set an ambitious goal of establishing about 130 new sites in 1999, to bring the total to 600, and a total of 1,000 by the end of the year 2000. In the first nine months of 1999, 261 new sites were added, about twice the goal for the year (5).



As of December 1999, there were Safe Communities in operation in every state, the Pacific Territories and Puerto Rico.

There is a great diversity of sponsoring organizations, a clear indication that the program has reached well beyond the traditional constituency of traffic safety organizations, although state and local governments and law enforcement organizations continue to be very important sponsors. Sponsorship of the programs active in September 1999 is shown below.

<i>Coalitions/Task Forces</i>	<i>176</i>
<i>Law Enforcement Agencies</i>	<i>162</i>
<i>City/County/State Governments</i>	<i>139</i>
<i>Public Health</i>	<i>102</i>
<i>Hospitals/Health Care Providers</i>	<i>74</i>
<i>Colleges/School Districts</i>	<i>38</i>
<i>Indian Tribes</i>	<i>26</i>
<i>EMS/Fire Departments</i>	<i>14</i>
<i>Others</i>	<i>24</i>

A sampling of the work of some of these programs follows.

Community Alliance for Teen Safety (CATS), Derry, New Hampshire

The Derry, New Hampshire, Police Department and Parkland Medical Center's Emergency Medical Director, responding to nine teenage motor vehicle fatalities in the community within a year and a half, formed a task force to explore ways to solve the problem. The first meeting was attended by 70 people representing the police, fire department, EMS, the hospital, high schools, driver educators and victims families. Over the next few months, the group grew into the Community Alliance for Teen Safety (CATS). A legislative sub-group worked with other partners in developing three legislative initiatives: raising the age covered by the seat belt law from 12 to 18, a graduated licensing program, and a review of driver education programs. CATS was very instrumental in the passage, in 1999, of an upgrade of the child passenger safety law to require seat belt use by occupants up to age 18. The State Legislature also passed graduated licensing and legislation which requires a study committee to revise the state's driver education curriculum. Other accomplishments of the program include a multi-media presentation developed by a Derry teenager as an Eagle Scout project which has been viewed by over 3,000 teenagers. A Teen Life Coalition (TLC) has been formed within CATS to focus on teen suicide prevention. The Derry Police have supported the effort with a teen safety web page maintained by their community relations office (6).

Duval County Safe Communities, Florida

The Duval County Safe Community Program, sponsored by the Duval County, Health Department, started as an injury prevention program in 1994. Funding from the Florida Department of Transportation helped to establish it as a Safe Community program emphasizing key elements of the Safe Community model, including data driven programs, linkages with existing injury prevention coalitions, community involvement, policy development at the local level and outcome evaluations. Bicycle and Pedestrian safety is one of the most successful and well documented of their efforts. Program staff worked with the Duval Board of Education to train elementary school physical education instructors in bicycle safety. About 60 teachers have received the two-day training course. The school district has committed to hire a bicycle safety instructor to support the program on an ongoing basis. After two years of development, the bike/ped program is fully institutionalized and self-sufficient. Community support for the program has "poured in," with donations from the school board, service clubs, bicycle clubs, and revenue generated by helmet sales. Genesis Rehabilitation Hospital contributed \$100,000 to purchase bike helmets and child safety seats. Results of the program are clearly documented by surveys that show helmet use in the 0-12 age group increasing from 14 percent in 1996 to 73 percent in 1998. Over the same time period, reported injuries have been reduced by 45 percent. A total of over one million dollars has been generated in the community to support the group's various injury prevention efforts. The Safe Community Approach has changed the perspective of local agencies, the citizenry and public officials on the value of working together to address local injury problems (7).

South Plains Safe Communities, Texas

The South Plains Safe Communities Coalition places a major emphasis on increasing child restraint use. A study in Lubbock (the most urban of 24 counties in which the coalition has members) revealed that 75 percent of children under age 14 in motor vehicles were either improperly restrained or not restrained at all. The group partnered with a local television station to investigate why, and to identify strategies to promote proper use. The TV crew sought out vehicles in which children were not restrained and discovered

that in 80 percent of the cases, the vehicles contained a mix of younger children who were restrained and older children who were not. When asked why, adult drivers generally pointed out that their children over four years old were not subject to the state's child passenger safety laws. The Coalition Chair observed, "The issue for them wasn't injury; it was breaking the law." She concluded that this is an attitude that needed to be changed. The Coalition stepped up its occupant protection activities during the November mobilization period, with a special focus on working with the media. The Coalition Director wrote an op-ed piece that ran in the major newspaper serving the area. Local radio and TV outlets ran public service announcements. Several press conferences were held. As one of the press conferences (at the University Medical Center Flight for Life landing pad) was ending, a helicopter arrived carrying an infant who was injured in a car crash, sadly reinforcing the child safety seat message. The program is working toward becoming a self-sustaining effort, seeking funding from local hospitals. Using data provided by local hospitals, the coalition can demonstrate that increasing occupant restraint use is not only a public health issue but in the hospital's own best interests. The figures show that the average medical costs are \$16,000 higher for an unrestrained motor vehicle crash victim than the costs for one who is properly restrained. The hospitals have a substantial interest in these costs because much of the cost of treating trauma patients is uncompensated care (8).

Oakland Pedestrian Safety Project, California

The Oakland Pedestrian Safety Project (OPSP), a Safe Communities program, began in response to a series of pedestrian deaths and injuries that inspired a City Councilman to ask the City Manager to assess the problem. Analysis revealed that Oakland pedestrians were at twice the injury risk as those in the rest of California. The data also showed that children under 10 years of age and senior citizens were at particular risk, as well as pedestrians in certain neighborhoods. The Councilman enlisted partners, including city and county agencies (such as the Department of Aging, The City of Oakland Police Department and the Alameda County Injury Prevention Department), community groups (the Chinese Community Council and United Seniors Council), and health care providers (including Children's and Highland hospitals) to create OPSP. According to the Project Director, "Citizens have been an important source of information. Neighborhood groups...tell us where the problems are, and when we look at the data, they are usually right. Oakland is a big town. We wouldn't be able to target our activities without their input." Through the efforts of OPSP, more than 1,100 children and 111 senior citizens received safety training during Oakland's first Annual Pedestrian Safety Week, and more than 20,000 children participated in Oakland's first Annual Walk our Children to School Day, publicizing safe walking. The Project has long-term objectives. The City Council has assigned Community Economic Development Committee staff members to work with the Project on a Pedestrian Safety Plan that may involve improvements such as sidewalks, crosswalks, stop signs, signals and medians as well as redefinition of one-way and two-way streets to make the city more walkable (9).

Lancaster Safe Community Project, Pennsylvania

The Lancaster Safe Community Project is addressing the problem of impaired driving by young drivers by working with the Cops in Shops Program, in which plainclothes police officers work shifts in liquor stores to cite minors attempting to buy alcohol illegally and arrest adults buying alcohol for younger people. The officers are trained to identify fraudulent identification. The program's publicity efforts on behalf of the police program have resulted in a great deal of media coverage, which should deter young people from attempting to purchase alcohol. The Safe Community Coordinator reports that "They (liquor retailers) are on board with the idea that stopping the sale is the first step to combating underage drinking

and DUI among this age group. They are also open to the idea of distributing anti-DUI literature in their businesses.” The Lancaster Safe Communities Program also supports the county’s DUI Task Force, handling paperwork and other tasks at DUI checkpoints. Both groups sponsor activities connected with National Drugged and Drunk Driving Prevention (3D) month. The Safe Communities program will provide a seminar on spotting fraudulent ID at a DUI Awareness conference sponsored by Lancaster General Hospital and the DUI Council of Lancaster County (10).

Southwest Coalition of Safe Communities, North Dakota

Drinking and driving by young drivers also is a priority issue for the Southwest Coalition of Safe Communities. The Coalition is working with students at Dickinson State University and local high schools. Peer education is one of the primary strategies used. Older students discuss impaired driving with younger students, and friendship bracelets are exchanged as ongoing reminders of the lessons learned. Education on the financial consequences of impaired driving in the state is one of the important messages the program communicates to both youths and their parents. North Dakota has a “Zero Tolerance” law for young drivers, and the financial sanctions (fines, court costs and insurance penalties) average \$3,000 for a first offense, \$6,000 for the second and \$15,000 for a third. This assumes that there has been no crash in which someone was injured, where lawsuits and medical expenses can endanger all of a family’s assets. The Coalition also encourages teen court diversion programs for violations such as underage drinking and open containers in a vehicle. Teen courts are often tougher on defendants than a judge would be and often can do more to deter future violations (11).

Norwich and Montville Safe Community Coalitions, Connecticut

Citizen involvement led directly to the formation of two Safe Community programs in neighboring eastern Connecticut cities. The Norwich Safe Communities Coalition was founded by the parents of two children who were killed by a car while crossing the street in front of the local high school. In the same month, a young woman was killed by an automobile in neighboring Montville. Her mother called the founders of the Norwich coalition and went on to form the Montville Safe Communities Coalition. Many of the activities of the two groups are coordinated to address countywide safety problems. The two coalitions share a full-time coordinator. He says that the advantage of citizen involvement is that it makes the program a public project. The town councils and police know that the projects have substantial public support. This enables the Safe Community programs to get immediate action on projects that might otherwise take months or years to get approved. The fact that Coalition projects are data-driven and the groups have the ability to “pinpoint” problems also helps the groups to get quick response. The Norwich Coalition is overseen by a 16 member core committee; ten members represent organizations and government agencies and five are concerned citizens. Based on data they collected on traffic injuries, the Coalition has selected eight priority traffic safety projects, each implemented by a working group. One project targets the high crash rate on the main highway into town. Another is developing a brochure describing the best routes to two large Indian casinos that draw traffic through the town. This working group includes tribal representatives as well as citizens from five nearby towns that are affected by casino traffic. Other projects include a speed monitoring program, increased speeding and seat belt enforcement, a public awareness campaign and school-based programs addressing pedestrian and school bus safety (12).

Navajo Nation Community Traffic Safety Program

The Navajo Nation Community Traffic Safety Program is a Safe Community program that has benefitted from alliances with government, law enforcement and health care providers since its inception as a CTSP. It is sponsored jointly by the BIA Indian Health Service, the Navajo Nation Department of Highway Safety, and the Navajo Nation Council, which created the CTSP in 1988. At the same time, the Council passed a seat belt and child restraint law in response to a motor vehicle fatality rate which was five times higher than that of the general population and a seat belt use rate of only 8 percent. The program used the time between the passing of the law and the time it went into effect in 1990 to educate the community, and seat belt use increased even before the law began to be enforced. By the end of 1998, belt use among the Navajo people had increased to 80 percent. Motor vehicle fatalities dropped 52 percent between 1988 and 1994. The group's activities include seat belt checkpoints and child safety seat checkpoints. Public education uses traditional Navajo motifs. People are met at gatherings, where they talk in the Navajo language about the dangers of not using seat belts and safety seats and parents are instructed on how a baby must fit into a seat and the seat must fit into a car. The program loans between 100 and 175 car seats, provided by the Indian Health Service, every month to families who cannot afford to purchase them (13).

Demonstration and Evaluation Projects

The "Demonstration and Evaluation" program entered its third year in 1999. Awards were made to Providence Medical Center in Anchorage, Alaska and to Rhode Island Hospital in Providence, Rhode Island in 1998, supplementing the awards made in the previous year to the Greater Dallas Medical Center in Dallas, Texas and East Carolina University in Greenville, North Carolina.

Each Community completed a one-year planning phase, during which it collected and analyzed data, convened a coalition, prioritized the injury problems identified and selected countermeasures to address the problems. The goal is to demonstrate and evaluate the Safe Communities Model in four sites, test the efficacy of Safe Communities implementation in a managed care setting, and demonstrate and evaluate the integration of the model with continuous process improvement methodology. Progress reports for the four sites can be seen in the following pages.

Summary of Four Safe Communities Demonstration Projects

	Anchorage, Alaska	Pitt County, North Carolina	Providence, Rhode Island	Dallas, Texas
403 Funding	\$379,000	\$337,000	\$400,000	\$337,000
Target Population	259,000 in Anchorage	120,000 in rural areas	49,000 in culturally diverse, low-income community	111,000 in predominately Hispanic neighborhoods
Coalition	75 participating organizations & additional funding	60 organizations and concerned citizens	Hospital-lead partnership	Sponsored by Greater Dallas Injury Prevention Center
Emphasis Areas	pedestrians impaired driving teen driving child safety seats seat belts	bicycle safety program speed education	motor vehicle injury prevention child safety seat program Community Safety Day	small neighborhood coalitions motor vehicle-related injuries child safety seats seat belts
Activities	red light running	helmet distribution program	Safety Day (child safety seat check, helmet distribution, bicycle rodeo, safety stations)	linked database for police crash reports, EMS response records, medical examiner reports for 1996-98
	child safety seat instruction programs	helmet laws	child safety seat education and loaner programs	crime watch group started to promote traffic safety
	pedestrian reflectorization project	parent involvement and education	media outreach with radio, television, newspapers in English and Spanish	four neighborhood groups formed
	"Take the Lead" high school campaign	Safe Driving School (court diversion program)	neighborhood-specific projects	child safety seat loaner program

	Anchorage, Alaska	Pitt County, North Carolina	Providence, Rhode Island	Dallas, Texas
	teen safe driving rodeo		traffic safety awareness for teens	day care education for bike helmets, fire safety, water safety and first aid
Evaluation Team	University of Alaska team	University of North Carolina team	Injury Prevention Centers contractor	Greater Dallas Injury Prevention Center
Significant Findings	correct child safety seat usage improves 20 percentage points	evaluation underway	evaluation underway	child safety seat use increased from 23% to 65%
	motor vehicle-related hospitalizations continue to decrease since 1996	law changes in two communities	injury prevention centers founded at emergency departments at two hospitals	placed about 2,000 child safety seats
	no vehicle-related deaths on holiday weekends for the first time in 1997; one on New Year's Eve in 1998.	600 bicycle helmets distributed		seat belt use by Hispanics drivers rose from 61% to 75% and passengers from 49% to 65% by 1999

Anchorage Safe Communities

One of ten Safe Community programs now operating in Alaska, the Anchorage Safe Communities (ASC) demonstration and evaluation program serves the city of Anchorage, whose population of 259,000 residents accounts for 42 percent of the people in the state. Residents are predominantly White (78%). Minority populations include Blacks (8%), Native Americans (7%) and Asians (6%). Six percent are of Hispanic ethnicity. Hispanics are the most rapidly growing ethnic group, increasing 73 percent between 1990 and 1997. The population of Asians and Pacific Islanders also is growing rapidly, increasing 54 percent during the same time period. Although the median age of the Anchorage population is 32, slightly younger than the median age of 35 for the entire United States, the senior citizen population of Anchorage is growing rapidly, increasing 48 percent between 1990 and 1997.

Providence Medical Center is the lead organization for the program, which started as a handful of concerned citizens who wanted to work on the injury problem in Anchorage. The original group, starting with a small grant through the Alaska Highway Safety Planning Agency, worked exclusively on prevention of motor vehicle-related injuries. The original group included federal, state and local government injury prevention specialists, as well as individuals representing the school district, Safe Kids, Maternal and Child Health organizations, the National Bank of Alaska and others. As the community-based injury prevention team grew, many of the team's most committed members were also active in other injury prevention projects such as occupational injuries, recreational injuries, suicide prevention and special populations such as children and elders.

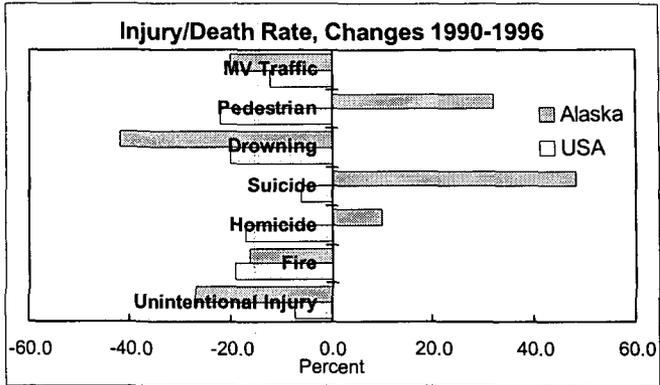
In 1997, the coalition received a Safe Communities Demonstration Grant from NHTSA. The Safe Communities grant enabled the group to expand its activity to a much higher level and attracted additional funding from Providence Hospital, the Alaska Native Medical Center and the National Institutes for Occupational Safety and Health. The Alaska Highway Planning Agency continued to be a major funder of the group's initiatives.

Keeping with the Safe Communities model, the group made a commitment to assure that all of its activities are guided by injury statistics in design, implementation, and evaluation, forming a subcommittee for data analysis. As part of their epidemiological approach to injury prevention in Anchorage, the analysts first looked at the leading causes of death for Alaska. They found that, as in the rest of the country, unintentional injuries are the leading cause of death for all Alaskans under 45 years of age. Fatality

Anchorage Highlights

- 75 Participating organizations
- Additional funding from Coalition partners
- Seven Working Groups, including a Motor Vehicle Injury Team
- Citizen input and involvement
- Pedestrian ReflectORIZATION Project
- Buckle-Up America
- Teen Safe Driving Rodeo
- University of Alaska Evaluation Team

statistics for Anchorage show that motor vehicle injuries are the leading cause of fatal trauma, as they are in most communities. According to Alaska Trauma Registry statistics, motor vehicle-related injuries also are the second most frequent cause of all injuries requiring hospitalization. The ASC also tracks the rate of change in injury types. The fatality rates for all unintentional injuries, including motor vehicle traffic injuries, are decreasing more rapidly in Alaska than in the United States as a whole. However, pedestrian injuries are increasing in Alaska, while they are declining elsewhere. Other causes of injury deaths that are increasing in Alaska, while declining elsewhere include suicides, homicides and fire.



Anchorage Safe Communities (ASC) currently works with over 75 organizations, including the military, local hospitals, state and municipal police, Alaska Native groups, schools, churches, the Chamber of Commerce, the Mayor, service clubs, PTA's, the media, city prosecutors, community councils, major employers and others. The group is organized under the umbrella of the non-profit United Way of Anchorage. The President of the Board of Directors is a physician with a master's degree in public health. Staff consists of an Executive Director and Program Coordinator, both of whom have master's degrees in public health. An experienced Emergency Room Nurse, who works as a Community Liaison, and an Office Manager are employed on a part-time basis.

Based on data analysis, and also reflecting the special interests of participating organizations, the work of the coalition is done by seven teams. They are: 1) The Motor Vehicle-Related Injury Team, 2) The Children's Safety Team, 3) The Elders Safety Team, 4) the Suicide Prevention Team, 5) The Intentional Injury/Homicide Prevention Team, 6) the Workplace Related Injury Prevention Team, and 7) the Home and Leisure Injury Prevention Team.

ASC utilizes citizen input, as well as the expertise of its partners in planning, implementing and evaluating its programs. For example, ASC conducted a pedestrian reflectorization program and enlisted the help of over 200 children and PTA representatives to design and cut out reflectorized appliques for clothing. Over 100 citizen volunteers, recruited by ASC, helped the Anchorage Police Department implement its Red Light Running Program. A multimedia "Take the Lead" event, sponsored by ASC to promote avoidance of drinking and driving and riding with intoxicated drivers, reached 19,000 high school students. Focus group discussions and surveys of at-risk groups have been used in planning interventions. For example, a survey of senior citizens revealed that they perceived their highest injury risk to be from falls on icy, snow covered sidewalks.

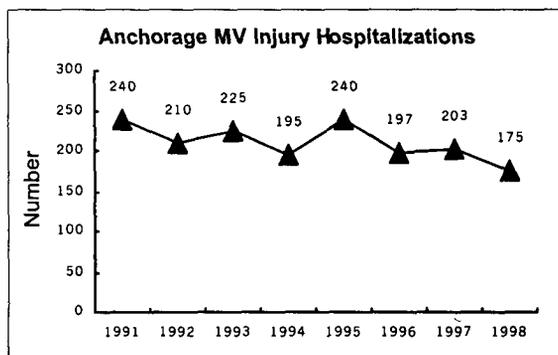
ASC facilitated a major Buckle Up America seat belt/safety seat initiative with several partners in May 1999. Collaborators included the Anchorage Police Department (APD), State Police, Anchorage School Board, Safe Kids, news media and community volunteers. APD and ASC recruited over 60

volunteers to provide a quick check of seat belt and child restraint use in vehicles leaving elementary schools. ASC and Safe Kids provided classroom and hands on training for the volunteers the day before the event, which was timed to proceed the Memorial Day weekend. The military also sent personnel to the training session and checked 800 vehicles entering the base on the day of the event. Media provided extensive coverage of the event and carried stories about it in conjunction with stories on increased seat belt enforcement over the Memorial Day weekend.

An ASC-sponsored Teen Safe Driving Rodeo is exemplary of many ASC projects that focus on youths. The competition involved high school students throughout the community. Student drivers who passed a written test were given an opportunity to compete in a computer simulated driving test. The top ten drivers in the computer simulation then competed in real vehicles on an obstacle course designed to thoroughly test safe driving skills. The winner was awarded a tuition-free semester at the University of Alaska, Anchorage.

The Institute for Circumpolar Studies at University of Alaska, Anchorage (UAA) is conducting evaluations of specific programs. For example, pre and post tests associated with car seat instruction programs showed an average increase of 20 percentage points in proper usage as the result of the instruction. UAA researchers are in the process of documenting changes in the number of pedestrians

wearing reflectorized clothing before and after the ASC reflectorized clothing intervention. They also are finalizing their report on the "Take the Lead" high school multi-media campaign against drunk driving. Anchorage Police are compiling court outcomes from their Red Light Running project to determine the extent to which the strategy of using citizen volunteers as witnesses affects the rate of successful adjudication.



Although reducing the incidence of motor vehicle injuries and deaths is a goal of the Anchorage Safe Communities, it is too early to attribute positive changes to the program. The number of motor vehicle-related hospitalizations have continued to decrease since the program was institutionalized in 1996, a continuation of a trend which started much earlier. In 1997, Alaska had no vehicle-related deaths on holiday weekends, the first time that has happened. However there was one motor vehicle-related death on New Year's Eve in 1998 (15).

Pitt County (North Carolina) Safe Communities Coalition

The Pitt Initiative for Safe Communities Evolving Successfully (PISCES) has demonstrated the Safe Communities approach to reducing traffic injuries in rural Pitt County by implementing and evaluating community based interventions initiated, coordinated and supported by a diverse group of local citizens.

The community coalition is comprised of about 60 citizens, including health care professionals, local government representatives, law enforcement, human services, business representatives, and other concerned individuals. The group partners with the Eastern Carolina Injury Prevention Program, the University of North Carolina Highway Safety Research Center and the UNC Injury Prevention Research Center. The project has a full-time coordinator.

Pitt County covers an area of 652 square miles with a population of 120,000 people, 50,000 of whom live in Greenville, the county seat. Statistics from North Carolina DOT Traffic Crash Reports and Pitt County Memorial Hospital's Central Injury Surveillance System show that Pitt county had a higher total crash rate, higher fatal and non-fatal injury crash rates, and higher annual costs compared to the state as a whole. A factor in the county's higher motor vehicle crash injury rates is that Greenville draws many commuters who live outside the county.

Statistics from Pitt County Memorial Hospital show that most of the patients treated for injuries in traffic-related incidents are motor vehicle occupants. However, bicyclists comprise the second most frequent traffic injury victims, and in 1995 alone, 130 bicycle crash victims were treated in the hospital's emergency department. Only 6 percent of the victims had worn a helmet.

Pitt County Highlights

- Coalition of 60 organizations and concerned citizens
- Hospital treated 130 bicycle crash injury victims in 1995
- Bicycle safety program includes parent involvement, education, helmet distribution and helmet laws
- Established Safe Driving School for motor vehicle speeding offenders
- Safe Driving School revenue and other local funding will support program when demonstration program ends.

	Admitted	Admitted & Released	Total
Motor Vehicle Occupant	893	10,114	11,007
Bicyclist	80	790	870
Pedestrian	108	247	355
Motorcyclist	59	245	304
Other	4	53	57
Unspecified	48	400	448

Because there already were significant efforts underway to prevent motor vehicle crash injuries in the county by law enforcement and other organizations, the coalition chose to focus its efforts in two areas: bicycle safety and driver improvement.

PISCES' major emphasis has been bicycle safety, with the PEDAL initiative. The program has five components--parent involvement, education, helmet distribution, safe roadways and laws. Parent involvement has been stimulated by getting them involved in bicycle rodeos and enlisting their help in promoting helmet ordinances. Education about Safe Riding practices has reached over 1,000 children through bicycle safety education sessions and events. Three video PSAs have been developed, using local Safe Community Coalition members as the "stars," and have been aired on school and local cable networks. PEDAL has distributed over 600 helmets throughout the county. They have been sold at discounted prices (\$5-\$7) when paired with safety education and donated to children who could not afford them. Access to safe roads has been improved through participation in the Greenville Urban Bicycle Task Force, a group of cyclists working for the elimination of hazardous situations on roadway paths. Most significantly, PEDAL facilitated passage of bike helmet ordinances requiring children up to age 15 to wear helmets when riding on public roads.

PEDAL's current emphasis is on changing behavior. The combination of education, legislation and enforcement should lead to a reduction in bicycle-related injuries in the future. Pre-ordinance helmet use data has been collected, showing helmet use ranging from zero to 26 percent, depending on the neighborhood surveyed. Later, the Coalition plans to compare crash and injury data to determine outcomes of the interventions.

PISCES' second intervention has been the establishment of a Safe Driving School, a court diversion program for speeding offenders. The objective is to improve awareness of safe driving practices among the people who are likely to need it most--speeders. The intervention was suggested by the local district attorney. The program is offered to individuals who are cited for speeds from 15 to 25 miles per hour over the limit. If they complete the course, the citation is reduced to 9 miles per hour over the limit, with a corresponding reduction of sanctions.

The Coalition consulted a nationally recognized traffic safety course expert in developing a curriculum, trained instructors, and purchased educational materials. With the partnership of the district attorney and the community college, the program is operational. The course currently has 60 participants a month and is steadily increasing. Plans are in place to evaluate the effects of the course on driving behavior of participants. The Coalition receives a portion of student registration fees to fund its activities.

It is expected that at the end of the demonstration project, PISCES will continue as a self-supporting program, with sufficient Safe Driving School revenues to support the salary of the coordinator and enthusiastic local financial support for specific interventions (16).

The Providence (Rhode Island) Safe Communities Partnership

The Providence Safe Communities Partnership (PSCP) became a Safe Communities Demonstration Program in 1996. The Partnership's focus is reducing traffic-related injury through research, education and community outreach.

The project is led by a Principal Investigator (the Medical Director of Pediatric Trauma Services at Rhode Island Hospital/Hasbro Children's Hospital), program staff, and a Coordinating Committee representing Providence Fire Department, Providence Police Department, the Mayor's Office, the Governor's Office of Highway Safety, the Rhode Island Department of Health, the Greater Providence Chamber of Commerce, the Providence School Department, the Providence Plan, and a local community center.

PSCP has adopted the Providence Enterprise Community as its primary target area. The Enterprise Community, with a population of about 49,000, covers portions of 11 of the city's 15 wards, and encompasses eight neighborhoods. The community suffers from pervasive poverty, unemployment and general distress. It also encompasses a wide combination of cultures in a small area. The situation provides an excellent model for testing the Safe Communities concept in a racially diverse low income urban population, while being in a state and city that is small enough to facilitate communication among citizens, leaders and federal, state, and local organizations.

The program implements both community wide and neighborhood specific projects. Examples of community wide projects are:

- Safety Day--an outdoor festival in the middle of the Enterprise Community featuring a child safety seat check-up, a bicycle rodeo, bike helmet distribution, safety stations (i.e. helmet fitting, toy safety violence prevention and other safety issues) a raffle, and entertainment. The event was co-sponsored by the Rhode Island Safe Kids Coalition, with help from the Governor's Office on Highway Safety, several police departments and the Providence Fire Department in running the safety seat clinic and staffing safety booths.
- Day Care Project-- PSCP staff is testing an intervention which consists of a child safety seat policy (developed with input from site visits with day care operators), safety seat education, and on-site safety seat clinics for parents. The intervention is being implemented in half of the Enterprise Community's 20 day care facilities and will be extended to the rest as soon as

Providence Highlights

- Motor Vehicle Injury Prevention with 49,000 low income residents in Providence Enterprise Community
- Partnered with Safe Kids and other organizations in community Safety Day
- Child seat program targets 20 day care centers and includes safety seat policy, education and clinics
- Mini-grants and technical support aid neighborhood initiatives
- Hospital affiliations result in ongoing Injury Prevention Center, which will house Safe Communities Program when demonstration ends

evaluation has been completed. The project was initiated in response to lessons learned in a disappointing mini-grant funded educational project in a day care center and an observational study conducted by three PSCP student interns from Brown University. The interns found that parents picking up students in taxicabs at the Meeting Street School, which has a policy requiring parents to use child seats, were 100 percent in compliance, while none of the parents leaving Hasbro Children's Hospital with children in taxis used a child seat. While Hasbro Children's Hospital does a great deal of education about the importance of car seats, it did not have such a policy.

- Educational Forums-- PSCP attends health fairs and clinics to educate community residents about traffic safety and the work of the Providence Safe Community Partnership. A future project is a "Parenting Matters" conference in partnership with the Mayor's Council on Substance Abuse Prevention, which will focus on both drugs and traffic safety issues.
- Media Outreach--radio, television and newspaper interviews on traffic safety topics. The radio interviews have aired on both English-speaking and Spanish-speaking stations. A columnist for the *Providence American*, the most widely read newspaper in the Enterprise Community, has made PSCP the focus of an ongoing series of columns.

A mini-grant process is used to develop neighborhood specific projects. Several times a year, the partnership holds "Cluster Meetings" for community agencies within the Enterprise Community. These groups are presented with neighborhood data detailing injury problems in each area. Participants often are surprised to learn that traffic-related injuries are the leading cause of death in these areas, rather than issues which get more press coverage. Organizations are invited to apply for grants for self-designed interventions aimed at reducing traffic related problems. PSCP provides technical assistance to the applicants including grant writing, evaluation, community outreach, curriculum or program development, and materials and other resources. As of Fall 1999, four mini-grant projects had been completed and six more were in development.

One of the mini-grant projects was a twelve session traffic safety awareness course at the Elmwood Community Center in the Enterprise Community. It was attended by ten youths from the area, ages 14 to 19. The course included a field trip to Hasbro Children's Hospital Emergency Room; a visit from a state trooper who brought the "Convincer" to demonstrate the impact of a five mile-per-hour collision; videos on seat belts and young drivers; a visit from a Councilwoman in City Government to discuss a "traffic calming" project in progress in Elmwood; a session on the Internet, browsing for information on unsafe driving and finding information on crashes that happened in the neighborhood; and a field trip to busy intersections to make videos of driving problems which were reviewed and discussed later. Students also made presentations and created posters. Participants were tested on their knowledge of traffic safety-related topics at the beginning and end of the course to assess its effectiveness.

Another mini-grant project provided funding and support to the Providence Fire Department's effort to introduce "Risk Watch" in the public schools. This comprehensive injury prevention curriculum addresses motor vehicle safety as well as fire prevention and other risks for children in pre-school through eighth grade. The curriculum was developed by the National Fire Protection Association and Lowe's Home Safety Council.

PSCP provided funding and technical support to the Salvation Army Safe Families Project. A child safety seat loaner program was established and courses were held for families of children at the Salvation Army Day Care Program, Mary Fogarty Elementary School and in the surrounding area. The target group was about 760 low income residents of the Enterprise Community. The intervention was in response to observations by day care staff that parents and other family members delivering and picking up the children frequently did not have or use car seats. PSCP held three informational sessions for parents to teach them about the importance of child safety seats and introduce the loaner program. The project was less successful than hoped for, due to difficulties in obtaining certified technicians to supervise hands-on instruction for proper installation of safety seats in the parents' vehicles and the failure of the presentations to significantly increase the parents' knowledge about safety seat use (based on a pre/post test). While this intervention did not succeed, it provided the starting point for the community-wide intervention aimed at development of day care center safety seat policies and development of effective curricula.

The fourth completed mini-grant program was a bike safety event implemented by S.W.A.P, a community organization in the target area, run by community members with minimal support from an established agency. The force behind the initiative was a Providence community police officer assigned to the Enterprise Community. His wish was to make bike helmets available to students of the B.J. Clanton/Mandella Woods Elementary school and increase the number of students who wear them. His strategy was to begin the program with older students in the hope that if older students could be persuaded to wear them, younger students would emulate them. During the days on which the bicycle safety events took place, the Patrolman gave a 15 minute presentation on bike safety. Each student was given a properly fitted helmet. Other police officers assisted students in riding around a short bicycle course on bikes loaned by the police. Positive outcomes included obvious enthusiasm among participants and the intended envy among younger students when the fourth and fifth graders proudly wore their new helmets for the rest of the day. Teachers commented on seeing many more students wearing helmets when they biked or skate-boarded to school on subsequent days. The students did not, however, show significant improvement in understanding the bicycle rules of the road, as measured by tests given before and after the intervention, perhaps due to the brevity of the presentation.

Based on successes and lessons learned through affiliation with PSCP, the Departments of Emergency Medicine at Rhode Island Hospital/Hasbro Children's Hospital and the Miriam Hospital have founded an Injury Prevention Center. The Injury Prevention Center will continue to house PSCP after the demonstration project ends (17).

Greater Dallas Injury Prevention Center

The Northwest Oak Cliff Demonstration Project is sponsored by the Greater Dallas Injury Prevention Center (GDIPC), which serves a population of more than 2.1 million people who reside in 26 municipalities (including the City of Dallas) in Dallas County, Texas. Developed in 1991 and 1992 by a panel of local representatives from the health care, business, religious and social services sectors, the GDIPC adopted the Safe Communities Model at its inception, and in 1996, became the first U.S. site to be certified by the World Health Organization as a Safe Community by international standards.

The demonstration program covers a section of Greater Dallas known as Northwest Oak Cliff, which data analysis has revealed to be at very high risk for motor vehicle-related injuries and fatalities. It is a three zip code area with a population of 110,000 residents, 64 percent of whom are Hispanic. More than a quarter of the residents live below the federal poverty level and 55 percent of the adults have not graduated from high school (compared to 23 percent nationally). The population is relatively young, with 68 percent under age 44, the age group at highest risk of injury.

The age-adjusted injury death rate for the community is 34 deaths per 100,000, versus 22 deaths per 100,000 nationwide. Annually about 750 residents of Northwest Oak Cliff are admitted to area hospitals due to traumatic injury. Approximately 600 Hispanic residents are transported to local hospitals annually due to motor vehicle crashes.

Although the area is urban, motor vehicles are the standard and preferred form of transportation, with only 15 to 20 percent of residents using public transportation. The risk of

Dallas Highlights

- The Demonstration Project concentrates on Northwest Oak Cliff, a mostly Hispanic community of 110,000
- Program works through neighborhood groups
- Los Altos Neighborhood sponsored a block party, a La Posada parade and a Safety Night Out
- Calumet Moms at a Head Start center sponsored workshops, CPS classes and a safety fair
- A home-owners association was started at Las Haciendas, which had no established neighborhood groups
- A Crime Watch group was started in Arcadia Park to address neighborhood concerns while promoting traffic safety
- Crash reports, EMS response records and medical examiner reports have been linked for the target area
- A safety seat loaner program at deHaro Saldivar Clinic increased car seat use from 19% to 65% in two years
- Seat belt use among Hispanic residents has increased 15 percentage points

injury is compounded by the fact that a substantial proportion of the population are recent immigrants from Mexico and a variety of South American countries. According to a recent DOT report, there are several risk factors in such populations like this one that contribute to traffic safety crashes and injuries. They are 1) disorientation due to language, roadway configurations and traffic volume, 2) machismo--a propensity of young Hispanic males to engage in high risk behaviors such as speeding, seatbelt non-compliance and drinking, and 3) age and condition of vehicles driven. Car seat use is also very low in the area, only 20 percent in 1997, compared to 67 percent for the whole Dallas metropolitan area.

In 1996, when the Northwest Oak Cliff Safe Communities Demonstration Project was first conceived, one large community coalition was envisioned. As work began in the target area, it was clear that different neighborhoods had very different needs and different ways of dealing with their needs. Neighborhoods also differed dramatically with regard to the predominant language used, nationality, immigration status, education, employment and income. Consequently, a new strategy was adopted to form small neighborhood community development coalitions. Brief descriptions of the individual coalitions and their activities are provided below:

The Los Altos Neighborhood Group is comprised primarily Mexican natives and is predominantly Spanish speaking. GDIPC has partnered with the Wesley Rankin Community Center which has an established reputation among residents as a place to meet and receive services. A community development group composed of neighborhood residents has been meeting regularly at the Community Center since 1997. The group's safety committee is one of four committees that comprise the group. The others are education, health and housing, and economic development. Safety-oriented activities include a block party and a La Posada (Christmas) parade with presentations on seat belt use and drinking and driving. Other activities include car seat inspections, a "Safety Night Out" and Traffic Safety Workshops.

The Las Haciendas Neighborhood Group targets an enclosed community of 400 homes, a recent residential development promoting home ownership. All residents are Hispanic, but the minimum income is \$30,000 and most speak some English. The Safe Community Project helped organize a home-owners association and a safety committee. After the group implemented a safety block party, apparent leadership problems caused the group to disband. Injury Prevention Center staff are working to revive the association, discovering that part of the problem resulted from language barriers. The home owner association meetings had been conducted in English, and that was a problem for many residents. That problem has been remedied and GDIPC staff has partnered with the two policemen who patrol the community to revitalize the homeowners' group.

The Calumet Moms Group was formed by organizing mothers whose children attend a Head Start program in the Calumet Community Center. The building also houses a Catholic Church and other services. Most residents in the area are Spanish-speaking Mexican Natives. The group meets regularly and there are monthly presentations on highway safety issues from child seats to speeding. The group has sponsored traffic safety workshops, a child passenger safety class and a safety fair.

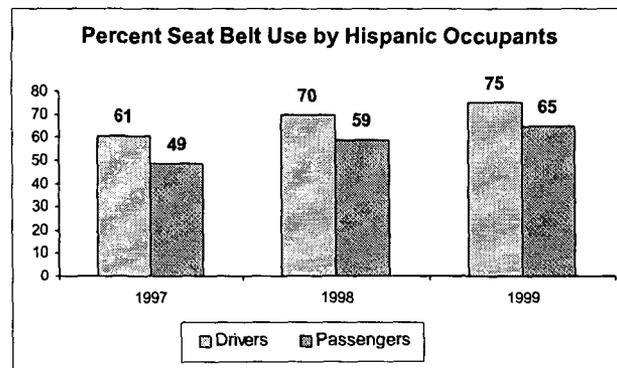
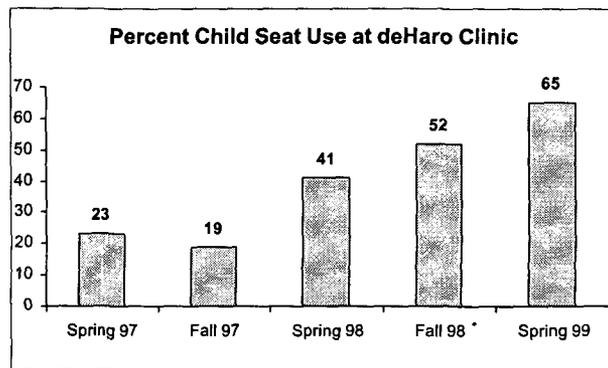
The Arcadia Park Neighborhood Group is in an isolated area South of Loop 12 and I-30. The population includes both African-Americans and Hispanics, and unemployment is high. There is no community meeting place. Although progress has been slower in this area, the group has held a "Town Hall" meeting and sponsored a child safety seat class. Injury Prevention center staff has assisted the group to address their primary concern, which is crime, by helping to organize a neighborhood watch.

At **Adamson High School**, the Injury Prevention Center teaches child passenger safety to students through their parenting class. Students formed a safety council which created a car seat and seat belt video and designed its own safety brochure.

In addition to establishing neighborhood citizen coalitions, the Greater Dallas Injury Prevention Center has accomplished the Project's goal of creating a linked database for the target area. Police crash reports, EMS response records and medical examiner reports have been linked for 1996 through 1998.

Another objective was to expand existing partnerships. In the law enforcement category, the GDIPC works with "La Protectora," a Senior Police Corporal who makes highway safety presentations in the target community as the Hispanic spokesperson for the Police Department.

Three daycare liaison professionals promote child passenger safety at day care centers in the target area. Interventions include an appearance of "Buckle Bear" on seat belts and car seats, the "Willie the Whistle" pedestrian-crossing curriculum, musical car seats (like the game, musical chairs), permanent car seat displays so children can practice buckling up and child passenger safety class vouchers for parents. Non-motor vehicle topics include bike helmets, fire safety at home when alone, water safety and first aid.



In response to low car seat use in the target area and lack of affordable seats for low-income residents, a car seat loaner program has been operated throughout the project. The loaner program consists of a "hands on" one-hour class for parents, who are taught how to install a car seat, how to properly buckle in the child, and how to identify the proper type of seat for the child's age and weight. Most classes are taught at the deHaro Saldivar Primary Care Clinic located in the target area. After completing the class, parents are "loaned" an appropriate car seat and asked for a \$10 deposit. The purpose of the deposit is to encourage return of the seats when they are outgrown so that the child can be fitted with a new seat of the proper type, and to discourage parents from selling or giving away damaged or inappropriate seats to others. However, if the deposit is an obstacle, parents are still given a car seat. The program has placed approximately 2,000 seats. Car seat use rates, checked at the deHaro Saldivar Clinic, have risen from 23 percent in Spring 1997 to 65 percent in Spring 1999.

Seatbelt use is also tracked by the Injury Prevention Center. Observed seatbelt use among the Hispanic population reached a high of 76 percent for drivers and 65 percent for passengers in Spring 1999. By comparison, just over 60 percent of Hispanic drivers were belted in 1997 and about half of passengers were belted (18).

The Future of Safe Communities

The Safe Communities Initiative continues to be one of the Department of Transportation's top safety priorities. The Department's goal is to expand the number of Safe Community Programs from 755 to 1,000 by the end of the year 2000, a goal which is achievable at the current rate of growth.

The growth of Safe Communities shows the enthusiasm of grassroots organizations across America who want to improve safety in their towns and appreciate information about how other communities have addressed the problems that bother them the most. Perhaps the most important result of the first few years of Safe Communities is to show how the power of a few dedicated individuals, working together, can reduce unintentional injuries. *Best Practices* is a popular publication that presents the best ideas and strategies that have worked so that others may try them if they wish.

Demonstration and evaluation of the Safe Communities model will continue, as the current generation of demonstration programs complete their work. This important work documents Safe Community ideas, provides concrete information about what parts might need improvement, and shows the best clear path to success. Integration of continuous process improvement methodology into the Safe Communities model will be demonstrated and evaluated.

The combined resources of the Department and its operating Administrations (NHTSA, the Federal Railroad Administration (FRA), the Federal Highway Administration (FHWA), the Federal Aviation Administration (FAA), the U.S. Coast Guard, the Bureau of Transportation Statistics (BTS), the Research and Special Programs Administration (RSPA), and the Maritime Administration) will continue to be applied to the growth of new Safe Communities and support of existing programs, through the ONE DOT. Safe Communities provide an "umbrella" to promote injury prevention programs in all transportation modes, such as NHTSA's Buckle Up America and You Drink & Drive, You Lose Campaign, FHWA's Red Light Running Campaign and NoZone commercial vehicle campaign, FRA's Operation Lifesaver, Federal Transit Administration's Livable Communities effort, Coast Guard's Prevention through People and Safe Boating campaigns and the St. Lawrence Seaway's Stay Afloat, Don't Drink and Boat prevention efforts. Having already established 24 Inter-modal Safe Communities, the DOT Safety Council Community Outreach Task Force will be coordinating eleven Regional Community Building Forums, working with Regional ONE DOT Leadership teams, to bring together interested parties (19).

The national *Safe Communities Newsletter* will continue to be published through the Education Development Center in Massachusetts. The newsletters reach thousands of Safe Communities coalition members, as well as safety advocates and health care professionals. In addition, the Service Center in Fort Worth, Texas will continue to catalogue tools, resources, and materials, linking community coalitions with providers who can service their needs. A web site, operated by the Service Center, continues to provide on line materials and links to useful

information, and an interactive Town Square information exchange feature is now on-line {www.nhtsa.dot.gov/safecommunities}. From this web site, anyone can download Safe Communities materials and logos and begin their work immediately.

To promote and reward excellence among Safe Communities programs, NHTSA has become a sponsor of the International Safe Communities Transportation Safety Partnership Award, to be conferred for the first time at the 5th World Conference on Injury Prevention and Control in New Delhi, India in March, 2000. The awardee will be selected by an international committee of injury control and prevention specialists (20).

References

1. Leaf, W. A, and Preusser, D. F., Community Traffic Safety Programs: Review and Analysis, Final Report to the National Highway Traffic Safety Administration, Contract Number DTNH-22-91-C-07017, January, 1994.
2. National Highway Traffic Safety Administration, Getting Started: A Guide to Developing Safe Communities, DOT HS 808 404, May, 1996.
3. National Highway Traffic Safety Administration, Safe Communities (Folio), DOT HS 808 578, June, 1999.
4. National Highway Traffic Safety Administration, Safe Communities (1998) Year in Review, <http://www.nhtsa.dot.gov/safecommunities/streets>, October 27, 1999.
5. Shults, B., Safe Communities Service Center, Safe Communities Network (Site List), September 3, 1999.
6. National Highway Traffic Safety Administration, Safe Communities (1998) Year in Review, <http://www.nhtsa.dot.gov/safecommunities/streets>, October 27, 1999.
7. National Highway Traffic Safety Administration, Safe Communities (1998) Year in Review, <http://www.nhtsa.dot.gov/safecommunities/streets>, October 27, 1999.
8. National Highway Traffic Safety Administration, Building Safe Communities, Volume 2, Number 2, January/February, 1999.
9. National Highway Traffic Safety Administration, Building Safe Communities, Volume 2, Number 4, May/June, 1999.
10. National Highway Traffic Safety Administration, Building Safe Communities, Volume 2, Number 1, October/November, 1998.
11. National Highway Traffic Safety Administration, Building Safe Communities, Volume 2, Number 1, October/November, 1998.
12. National Highway Traffic Safety Administration, Building Safe Communities, Volume 1, Number 5, June/July, 1998.
13. National Highway Traffic Safety Administration, Building Safe Communities, Volume 2, Number 3, March/April, 1999.
14. National Highway Traffic Safety Administration, Safe Communities (1998) Year in Review, <http://www.nhtsa.dot.gov/safecommunities/streets>, October 27, 1999.
15. Hudson, D., Report to Congress, Anchorage Safe Communities, July, 1999.
16. Garrison, H., and Smith, J., Information for Report to Congress on the PICES Project, July, 1999.

-
17. Berns, S., Report for the United States Congress, Providence Safe Community Partnership, July, 1999, (and additional information from Quarterly Progress Reports)
 18. Stowe, M. Report to Congress, Northwest Oak Cliff Demonstration Project (Greater Dallas Injury Prevention Center), July, 1999, (and additional information from Quarterly Progress Reports)
 19. National Highway Traffic Safety Administration, Safe Communities Service Center, Safe Communities Newstand, <http://www.nhtsa.dot.gov/safecommunities/ServiCenter/scnews/intermodal.h>, November 12, 1999.
 20. National Highway Traffic Safety Administration, Safe Communities Service Center, Safe Communities Newstand, <http://www.nhtsa.dot.gov/safecommunities/ServiCenter/scnews/special1.i>, November 12, 1999.
 21. National Highway Traffic Safety Administration, National Center for Statistics and Analysis, Traffic Safety Facts 1998, DOT HS 808 956, 1999.

DOT HS 809 258
May 2001



U.S. Department
of Transportation
**National Highway
Traffic Safety
Administration**

NHTSA
People Saving People
www.nhtsa.dot.gov