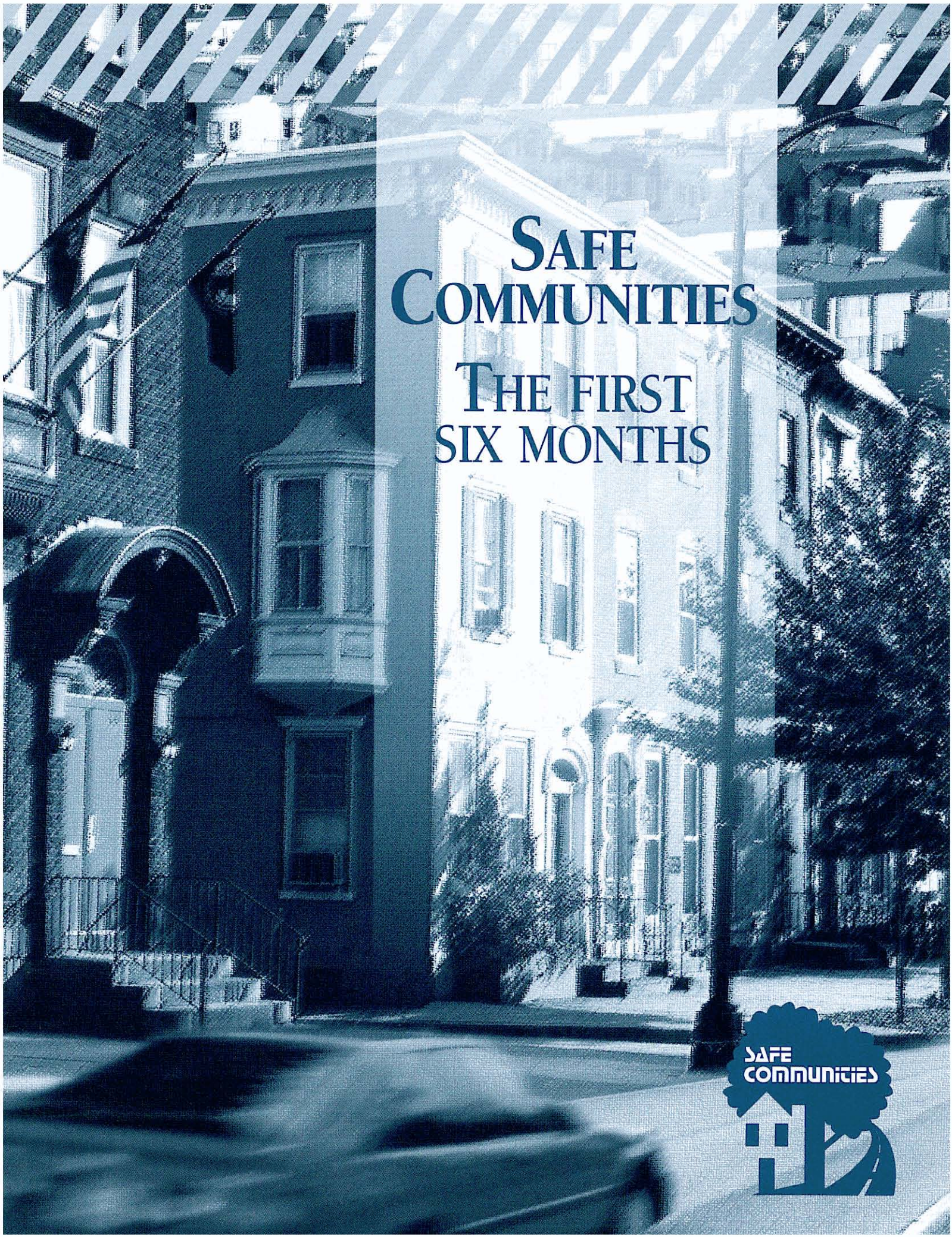

SAFE COMMUNITIES

THE FIRST SIX MONTHS

SAFE COMMUNITIES

The First Six Months

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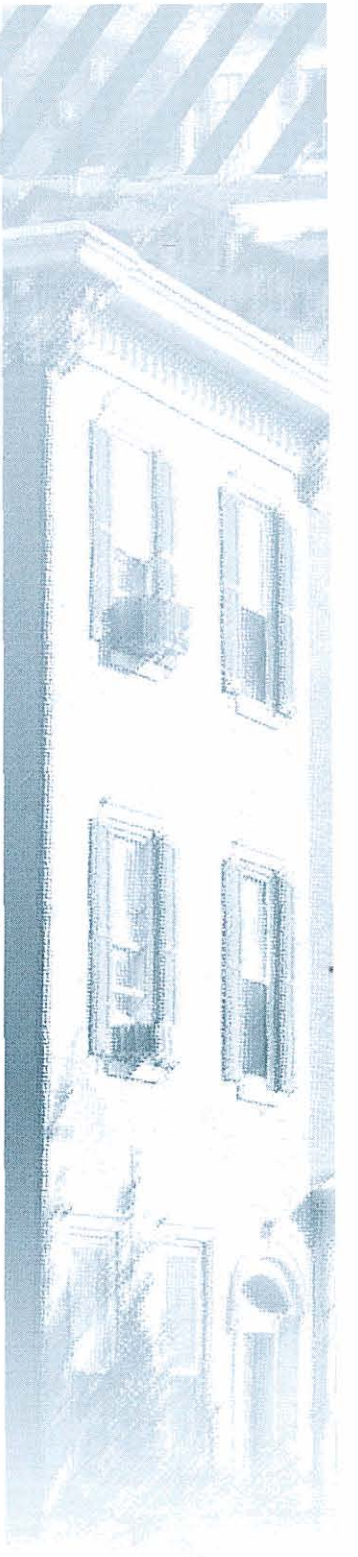


Maybe you're the emergency department nurse who worked the evening shift when the trauma helicopter brought in three victims, two of whom were admitted to critical care, one who was pronounced dead shortly after admission. Maybe you're the mail carrier who delivered the stack of condolence cards to the bereaved family. Or perhaps you're a parent, worried about your teenage son or daughter who will soon be driving.

Whoever you are, and wherever you live, death and serious injury from traffic crashes are a problem that affects everyone, including you. Drivers and passengers, bicyclists, motorcyclists, pedestrians, school bus riders - we are *all* at risk. Motor vehicle injuries are the leading cause of all injury deaths, and the leading cause of death for people of every age from 5 to 29 years old. More than 40,000 otherwise healthy Americans die in traffic crashes every year. Another four million end up in emergency rooms. The motor vehicle injury problem costs our nation over $150 billion every year, nearly ten percent of which is paid directly by tax dollars. And the emotional toll on individuals, families, and communities is unmeasurable.

Yet, we know that motor vehicle injuries are no accident. Like most medical conditions, these injuries are predictable and, as such, can be prevented or controlled. Injury patterns vary by age group, gender, and cultural group. There are also seasonal and geographic patterns to injury. Once the cause of injuries is identified, strategies can be designed to address the cause and thus reduce the number of injuries.

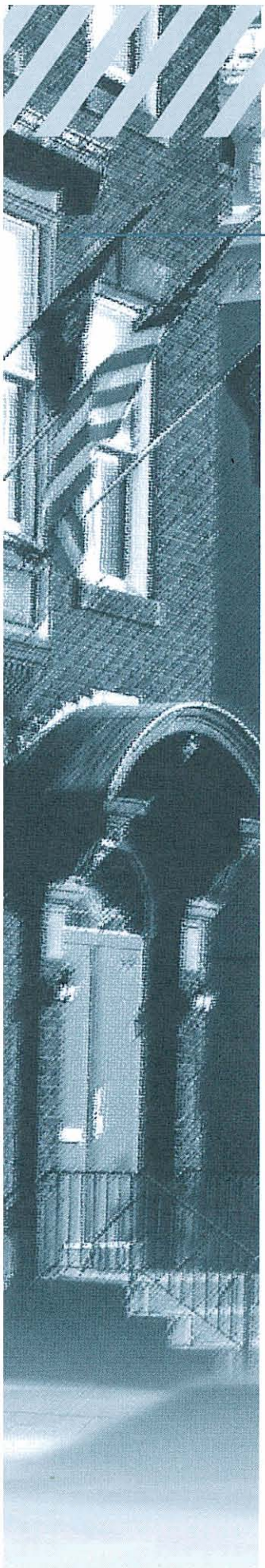
This guide is designed for concerned individuals and community groups who are committed to reducing the motor vehicle injury problem in their community. We have learned a great deal from traffic safety advocates and public health officials about reducing motor vehicle injury in the last twenty years. This guide is intended to serve as a guide to getting the process started and organizing the effort to prevent and reduce injuries in *your* community.

What is a "Safe Community"?

Safe Communities is a model used by communities all across the country to identify and address local injury problems. Safe Communities allow citizens to predict when and where injuries are most likely to strike next and take the best course of action to keep them from happening at all. This manual speaks specifically to those injuries caused by traffic crashes; however, the model can be used to address any local injury problem.

Safe Communities are defined by four essential characteristics:

1. Use of multiple sources of data to identify community injury problems;
2. Citizen involvement;
3. Expanded partnerships; and
4. A comprehensive and integrated injury control system.



Safe Communities

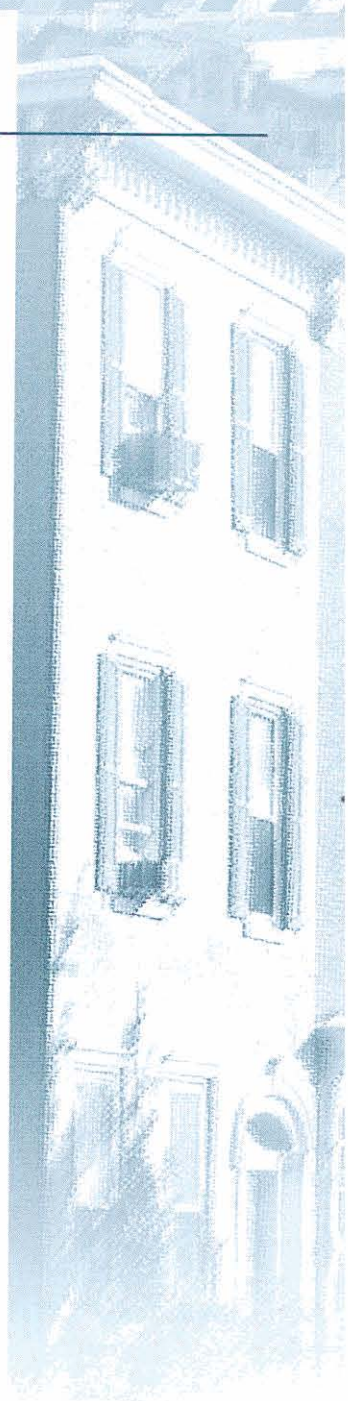
Introduction

Using data from multiple sources enables a Safe Community to look at the type and severity of injuries (fatal and non-fatal), the cost of treatment, and the impact on the community. By looking at data from a variety of sources, a Safe Community can also explore the reasons why the injury problem exists in their community. Injury data can be obtained from state resources (Office of Highway Safety, Department of Health) and local resources (local law enforcement agencies, hospitals, emergency medical services, physicians, public health agencies). Typically, when communities look at their injury data, they discover that motor vehicle injuries are a major issue for their community.

Citizen involvement means that local citizens and community organizations are actively involved in addressing the local injury problem. This is important because citizens ensure that local values and attitudes are considered during the process of identifying the injury problems and shaping successful solutions. A coalition of concerned citizens and community organizations provides the means for gaining local support for the program and for making sure that the Safe Community program continues to be a community-based effort. Focus groups can be used to assess community feelings about a topic or project. Town meetings and community forums can be used to solicit input and feedback from local leaders and the general citizenry.

Expanded partnerships ensure that coalitions working to address the local injury problem work with others in the community who also have a stake in reducing the problem. Partnerships allow communities to develop collaborative strategies and share resources. Partnerships spread program ownership throughout the community and increase the opportunities for reaching target populations. Potential partners include law enforcement personnel, public safety officials, public health departments, civic and advocacy groups, health care providers, emergency medical services, firefighters, employers, media representatives, businesses, schools, courts, transportation engineers, local government and concerned citizens.

An integrated and comprehensive injury control system is a system of health care that includes three components: prevention, acute care and rehabilitation. People who work in prevention focus on reducing and preventing the leading causes of injury in a community. People who work in acute care provide the medical care necessary to save a person's life. Acute care providers include the first responder at a crash scene, emergency room personnel, the surgeon who operates on a trauma patient, as well as the nurse who assesses the patient and provides bedside care. Rehabilitation providers help people re-enter a community's daily routines with skills and capabilities for a productive life. Physical, respiratory and occupational therapists, vocational counselors, and social workers, help people learn to live with the long-term consequences of injury. By linking these three components as active and essential



partners, a Safe Community can better design strategies to reduce the problem at many points before, during, and after the injury has occurred to help solve the community's injury problem.

GETTING ORGANIZED: COALITION DEVELOPMENT

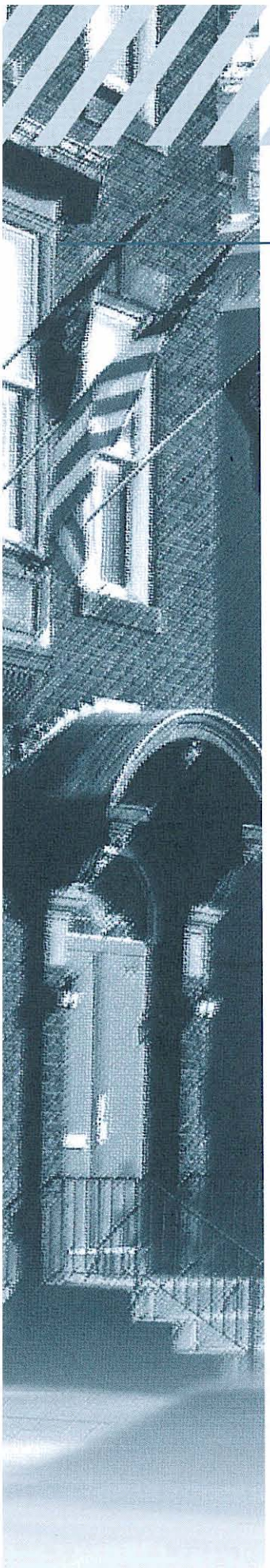
Most problems faced by communities are too complex, and resources are too limited, for one organization to address alone. For example, if we look at one of our best injury prevention tools available - seat belts - we can see how many different people are needed to make them work. Vehicle manufacturers install seat belts as standard equipment, yet people still need to be educated about the importance of using them. Public information and education efforts need to be backed up with seat belt laws and policies. Law enforcement officials need to enforce seat belt laws (and wear belts themselves). Parents need to act as role models by buckling up themselves and ensuring everyone else in the car is also buckled up. The media need to talk about the use of seat belts when they report traffic crashes. One organization cannot accomplish all these tasks alone. A coalition, however, most certainly can.

When individuals work together, we call it teamwork. When groups work together, we call it collaboration and we refer to them collectively as a coalition. A coalition is usually made up of concerned citizens and existing organizations or groups that have decided to work together in a structured way towards a common mission. Building a coalition can be time-consuming and requires excellent organizational and management skills, but coalitions bring a tremendous amount of credibility to an issue. The very act of coming together - of partnering - strengthens the message.

Coalitions almost always start with an idea. An individual or an organization wants to see a certain action take place and decides to organize others with an interest in that issue. Sometimes Safe Community coalitions begin when someone is needlessly killed or injured and family members want to do something to prevent such tragedies for others.

In some communities an appropriate group to work on motor vehicle injury prevention issues may already exist. It might be more sensible to get involved with an existing group and spend your energies on action rather than on organizing. For example, SAFEKids coalitions focus on preventing childhood injury. If a SAFEKids coalition exists in your community, they may be interested in partnering with other groups to prevent traffic-related injuries to all populations. Another alternative might be a community policing organization.

It is possible, however, that existing groups in your community may not be interested in fulfilling your mission or may not be able to expand their focus. Occasionally, differences among members can make finding the "common ground" with existing organizations challenging. If you are not able to identify opportunities to combine forces and share resources, a new and vibrant Safe Community coalition may be just what is needed!



Safe Communities

The Beginning

You have a sense of the problem in your community: too many people are being seriously injured and killed as a result of motor vehicle crashes. You want to stop the carnage, but you cannot do it alone. Where do you begin?

Safe Communities focus on solving injury problems in local communities. Thus, generating support for your intentions begins with a look at what is going on in *your* community. Who is being injured? How serious are the injuries? Why and where are these injuries occurring? And, how does your community compare to others in your state or region? Your State Highway Safety Office and your State Health Department can help you find the answers to these questions. Local EMS providers, hospitals and local law enforcement are also excellent resources for helping you create a picture of the traffic injury problem in your community. An example of how you might arrange the injury data so that it is easy to understand is included in Appendix A.

Who else in the community is touched by this problem? Talk to others who are involved in health and safety groups in the community. Think of five or six critical partners - people who share your concerns and are the "can-do" decision makers in the community. Consider why each of these individuals might want to be involved in getting this effort started. Meet with each person individually to talk about your concerns and your sense of why this particular person should join you in this effort. You might consider leaving behind some reading material (brochures are available to explain the Safe Communities concept). Your objective for the face-to-face meeting should be to secure a commitment from each of your critical partners to help you organize the first community meeting.

Planning The First Meeting

Now that you have a picture of the traffic injury problem in your community, and you have brought together five or six critical partners to help get the effort underway, the next step is to bring the issue to the attention of the larger community. A successful way to accomplish this is to call a community/town hall meeting. The purpose of this first public meeting is twofold: (1) to focus community members on the severity of the injury problem in your community and (2) to make community members aware of the need and the opportunity to do something about it.

The small group of critical partners should plan the first meeting by considering the following issues:

WHO should be invited? Think about who else is (or should be) concerned with the community's injury problem. Consider: public health officials, trauma care providers, first responders, law enforcement, prosecutors, the

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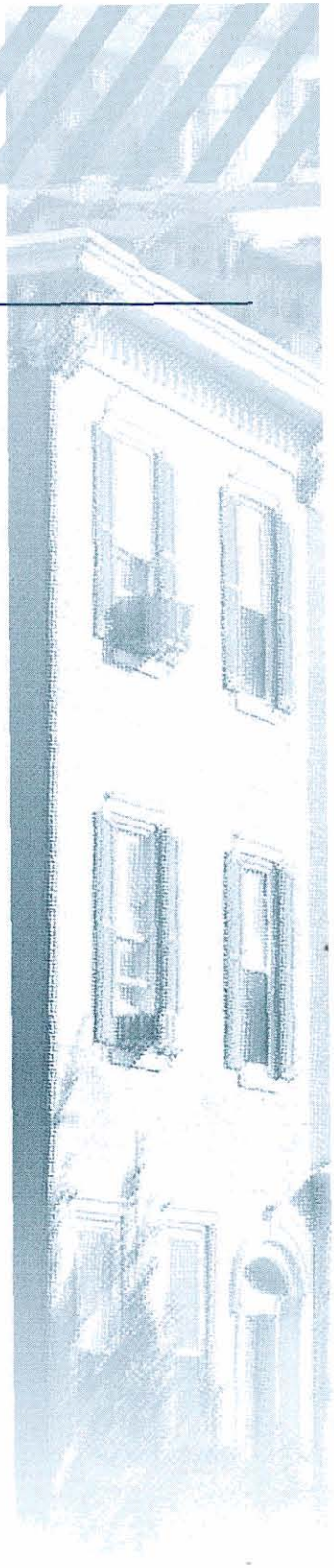


judiciary, schools, parents, students, traffic engineers, key industries and employers, community leaders, local businesses, and local government. Be sure to invite the media. The media reports what they believe to be newsworthy, and can be your best resource for building a sense of importance and urgency in your community. Suggestions for how to write a letter of invitation are included in Appendix B.

WHEN will the meeting be held? Allow enough time to get organized, but not so long that your core group loses its momentum. Decide if it would be easier for interested people to attend a meeting during the day or during the evening.

WHERE will the meeting be held? It's best to choose a neutral facility that will comfortably accommodate a large, participating audience.

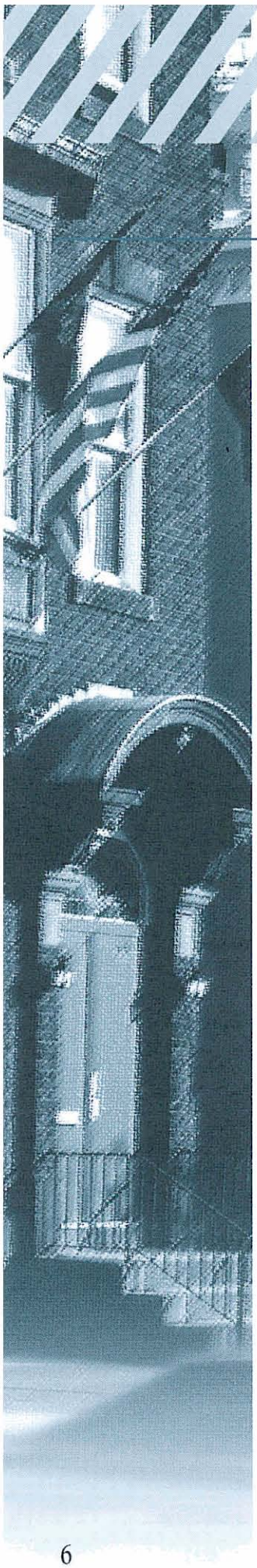
WHAT TIME will the meeting start and end? Allow enough time to accomplish your tasks while keeping in mind that people are busy and too long a meeting will result in some folks having to leave early. A good suggestion is no more than two hours.

WHO WILL CHAIR the meeting? Some communities respond well to meetings conducted by an outside expert who is not involved in the problem and can present the information objectively. If that is the case in your community, consider asking someone from your state Highway Safety Office or state Department of Health to address the group. Other communities, particularly rural communities, prefer to rely on their own members to bring concerns to their attention. In that case, choose an enthusiastic, well-organized individual from among your critical partners to spearhead the first meeting. Consider a local law enforcement official, hospital head, or public health official.

WHAT MATERIALS will you need? Most people enjoy presentations that include a combination of learning methods. Consider using a variety of audio-visual aids including slides, flip charts, overheads, video, computer presentations, etc. Name tags and/or table tents are a convenient way for people to identify themselves and to facilitate conversation. Be sure to have markers available.

WILL YOU PROVIDE REFRESHMENTS? It's always a good idea to make people comfortable. Light snacks and beverages help, but can be costly. A corporate sponsor may recognize the advantages of "food and fellowship" and may be willing to help offset some of the costs.

WHAT SHOULD THE AGENDA INCLUDE? Keep in mind that the purpose of the first community meeting is to raise awareness of the injury problem and to activate community members to do something about it. Thus, it is best to keep the agenda simple. Allow time for



Safe Communities

The Beginning

both presenting information about the problem and for open discussion. Be sure to conclude with a **call to action** by setting up a follow-up meeting with a group of individuals and organizations in the community who are committed to organizing the Safe Community. A sample agenda is included as Appendix C.

Conducting The First Community Meeting

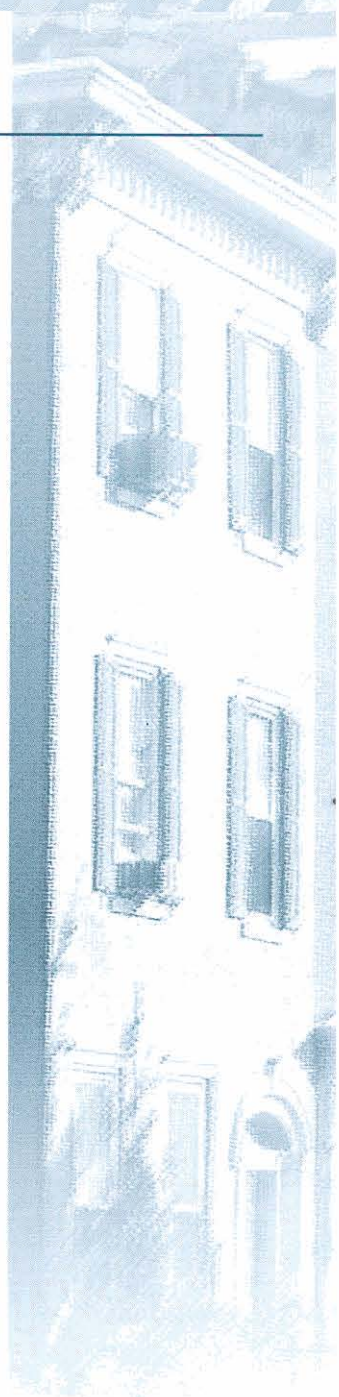
The first public meeting presents a golden opportunity to describe the motor vehicle injury problem in a manner that encourages people to relate personally to the issue. Allow discussion to flow so that those in the audience begin to recall the actual events that are represented by the data. For example, if the data suggest that the most common cause of fatal crashes in the community is a vehicle hitting a fixed object, facilitate the discussion so that the participants start to ask questions about the events: did the crashes involve the same fixed object (ie., is the problem due to a specific hazardous location?); were the crashes primarily due to driver error (ie., did the crashes involve an inattentive, inexperienced or impaired driver?); did the crashes occur a significant distance from emergency services (perhaps the problem reflects a need for additional emergency personnel training)? The answers to the questions may not be readily available at this time; however, by focusing on actual events you will make the issue more concrete and relevant to those in the audience.

When people can relate personally to the injury problem, they will begin to recognize a role for themselves in implementing the solutions. Once the discussion progresses to the point when people start to suggest specific solutions, obtain a commitment to action by encouraging the formation of the Safe Community working group or coalition. The Safe Community working group or coalition should be made up of individuals and community groups that represent the community at large and have an interest in both the motor vehicle injury problem and in the solutions. Draw from those present at the first community meeting and from those who may have expressed an interest in the issue but were not able to attend the first meeting. Be sure to include members of the target population (those at high risk of being injured).

The Next Meeting: Establishing A Working Group or Early Coalition Structure

Teamwork is important to the success of any partnership. A communicative and compatible team will be more effective and accomplish more in the long run. It is difficult to manage an organization of any size without clear leadership and a protocol for making decisions. The decision-making structure can generally be informal; however, clearly defined guidelines will be helpful if the group has difficulty

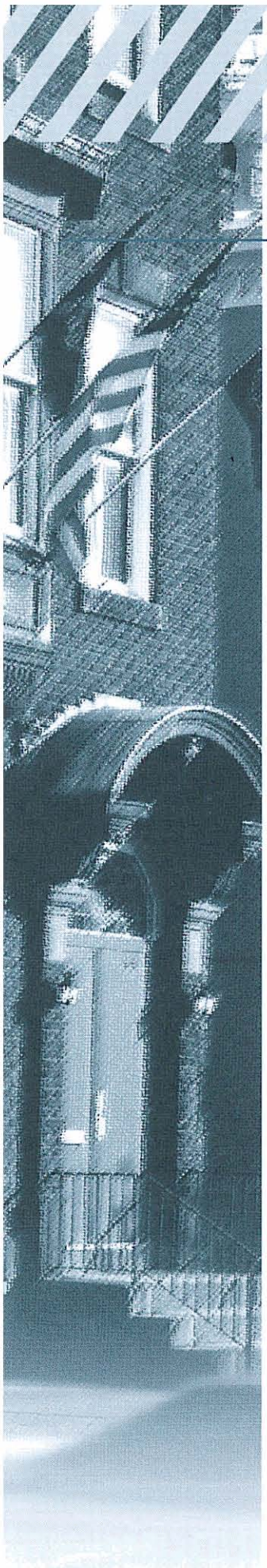
The First Six Months



reaching consensus. In addition, working group or coalition members need to understand their roles and responsibilities.

Certain decisions are best made early in the life of a Safe Community working group or coalition. Consider the following steps:

- Designate or elect a chairperson and determine what other executive officers may be necessary. Suggestions include a vice-chair, secretary (or spokesperson) and treasurer.
- Decide how memberships will be determined and how long members will remain involved.
- Specify the length and frequency of meetings.
- Determine the procedure for making decisions, e.g., consensus, majority vote, executive board decision.
- Determine roles and responsibilities of members including whether one member will serve in the role of a coordinator (the person who will make sure everyone on the coalition is made aware of important issues and who will ensure that volunteers are able to follow through on their commitments).
- Decide if business will be conducted as one group or if working sub-committees will be the norm. Organizations of more than a dozen active participants usually rely on sub-committees to fully engage people's interest. It is important that sub-committees be created by the organization as a whole. Sub-committees can be established based on function (data workgroup, fund-raising committee, planning committee, public relations/ communications committee) or by priority area (impaired driving, childhood injury prevention, safety belts). Members should be invited to join sub-committees based upon their expertise or their interest and desire to participate.



SAFE COMMUNITIES

THE FIRST SIX MONTHS

You've examined and presented a brief overview of the local injury problem to the community, and you've organized a working group or initial coalition of concerned individuals and organizations who have committed themselves to doing something to reduce the injury problem. How does the group decide where to begin?

STRATEGIC PLANNING

Planning provides the guide that outlines how you will get from where you are currently to where you want to be in the future. Planning enables a Safe Community to stay focused on injury prevention, to use data to drive the program, to involve community members in its injury prevention efforts, and to measure its success.

Program planning begins with a comprehensive assessment of both the injury problem and the community's capacity to address the problem (resources as well as potential barriers). The second stage of planning involves establishing goals, objectives, activities, time lines and budgets. The third stage of planning is implementation, which is when ideas are turned into action. The final stage of planning is evaluation which involves reassessing the strategies that worked as well as those that were not successful. Evaluation then brings you back to the first step - assessment - as you plan the next phase of your community organizing effort.

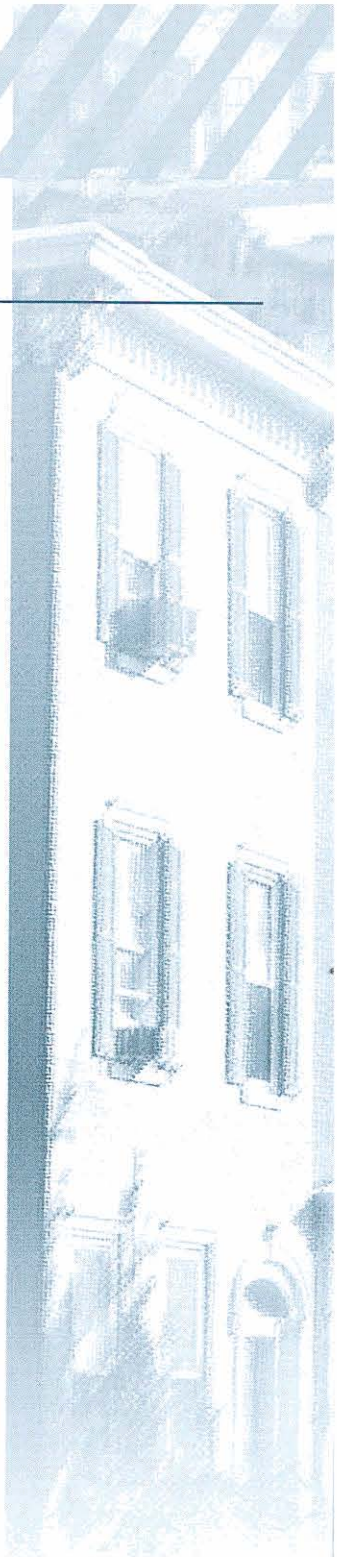
The Safe Community plan should be developed by the working group or coalition and written in terms that are easily understandable. If you cannot describe what you will do, it will be very difficult to get it done, and even more difficult to evaluate.

DATA DRIVEN PLANNING

Data are an injury prevention program's best guide. Data can identify what injury problems a community is experiencing and can help generate financial and political support for an injury prevention program. Data can guide the implementation of programs where they are needed the most and can document what works to reduce the frequency and severity of injuries.

Injury prevention begins with an understanding of the community's injury problems. The brief overview of the local injury problem developed by the first critical partners and presented at the first community meeting provided a catalyst for establishing the Safe Community coalition. The coalition will likely need to investigate the problem further to develop a greater understanding of the community's motor vehicle injury problem. As with any health issue, demographic and risk factor data should be as specific as possible and should come from a variety of sources to explain the who-what-when-where-why that you need to know. Some of the data the coalition should examine includes:

- The type, severity, and frequency of fatal and non-fatal injuries;



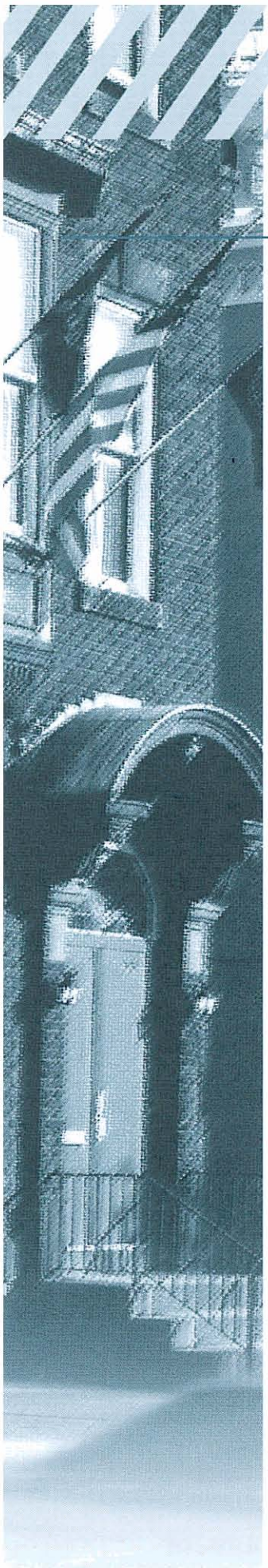
- Persons at risk (age, gender, racial/ethnic makeup);
- Geographic location, time of day and year;
- Contributing factors such as alcohol, weather, lack of (or improper use of) protective devices;
- Costs of injuries (emergency care, medical treatment, rehabilitation, property damage).

Identifying sources of useful data can be a daunting task. Local data are usually collected by multiple agencies and submitted to a few central data collection points. Law enforcement traffic crash reports, hospital admission and discharge reports, emergency room and emergency medical services records are excellent sources of local injury data. Understanding the significance of the injury problem in your community also involves comparing your data with others in the state or nation. Central data collection points usually include Vital Records (statewide fatal injury data), state EMS offices, insurance company reports (claims data), Department of Transportation or Public Safety (statewide traffic crash reports), driver and vehicle licensing agencies, statewide Trauma Registry.

Obtaining data from multiple sources can involve an occasional roadblock. Data "owners" may be reluctant to share their data because of confidentiality issues or concern for how the data will be used. It is helpful to be prepared to address these legitimate concerns before meeting with those from whom you need to obtain the data. Be committed to using the data in aggregate form only (no names or other identifiers), and be able to clearly explain how you intend to use the data.

For the purposes of program planning and evaluation, the coalition also needs to look at *why* the injury problem exists. For example, the data may indicate that a community is experiencing a high rate of injury among young children who were not restrained in car crashes. The coalition must then examine *why* the injured children were not restrained. Perhaps the problem is an issue of education or accessibility. Perhaps the problem is due to a cultural belief that a baby is always safest in a mother's arms. Understanding why the problem exists will determine the best strategy to use.

Researchers and epidemiologists affiliated with community colleges and universities may be able to provide the coalition (or data workgroup) with expert assistance. Additional resources to help you collect, understand and use your data are included in Appendix E.



Safe Communities

The First Six Months

Data collectors can appear to have a language all their own. Sometimes data collected by separate organizations look different because they come from different sources.

Definitions of some key terms may be helpful:

Community Injury Profile: a compilation of information that describes the frequency, nature, severity, and costs of fatal and non-fatal injuries in a community.

Linked Data: identification of records with facts about the same person, vehicle or crash that are located in different data bases that were not originally matched.

CODES: Crash Outcome Data Evaluation System. Data from a variety of sources, such as police crash reports and medical records, are linked to develop a community injury profile. (Only certain states use this program. Check with your State Highway Safety Office to determine if CODES is available in your state.)

E-codes: a subsection of the International Classification of Diseases used to designate external causes of injuries. If these codes are used in medical data systems, the severity and medical charges for motor vehicle crashes can be determined.

Local Data: information collected or compiled at or for a particular community.

Population-based Data: facts or figures that relate to all members of a specified group. The specific group is identified by demographic, socioeconomic and geographic attributes.

Rate: a measure of how frequently an event occurs in a population at a point in time or during a specified period of time.

Target Population: the people a program intends to serve or affect.

Trend: frequency of events over time.

Setting Priorities

Once the data have been collected and a profile of the community's injury problem has been developed, several issues may present themselves as critically important. It may be difficult however, for a coalition to address multiple concerns simultaneously. Thus, most coalitions begin by narrowing their focus and prioritizing their efforts.

Priority areas can be determined based on several variables including injury severity or frequency, human or economic cost to the community, and availability of resources. Sometimes priority areas are determined based on the community's desire to address a particular issue. For example, a recent community tragedy may result in a demand that similar injuries be prevented. Occasionally, the political and social climate in the community is such that the support for your priority area would not be adequate at this time.

Choosing priority areas for which there are known prevention strategies will improve your chances for developing a successful Safe Community program. The success of your initial effort helps gather the resources and political commitment you will need to expand your mission to address injuries that are more challenging to prevent.

GOALS AND OBJECTIVES

Setting goals and objectives is extremely important to your success. The working group can begin to establish goals and objectives which reflect the community's needs as identified by the data.

Goals provide direction, give meaning and purpose, and empower people to reach new levels of performance and productivity. Goals must be *reasonably* attainable; they do not have to be *easily* attainable. A goal is a general statement of what is to be accomplished. It supports the mission to prevent or reduce injuries in the community. Some guidelines for effective goal setting include:

- Identify broad areas needing improvement.
- Involve coalition members. Goals set by one person will likely be met by one person. If you expect to reach your goals through partnerships with other organizations, it's a good idea to include those organizations in establishing your Safe Community goals.
- Set no more than three to five goals. More are unrealistic, less appear to be too easy to accomplish.
- Don't set goals too high. Coalition members will be motivated to continue their efforts when they experience success in achieving goals and objectives.

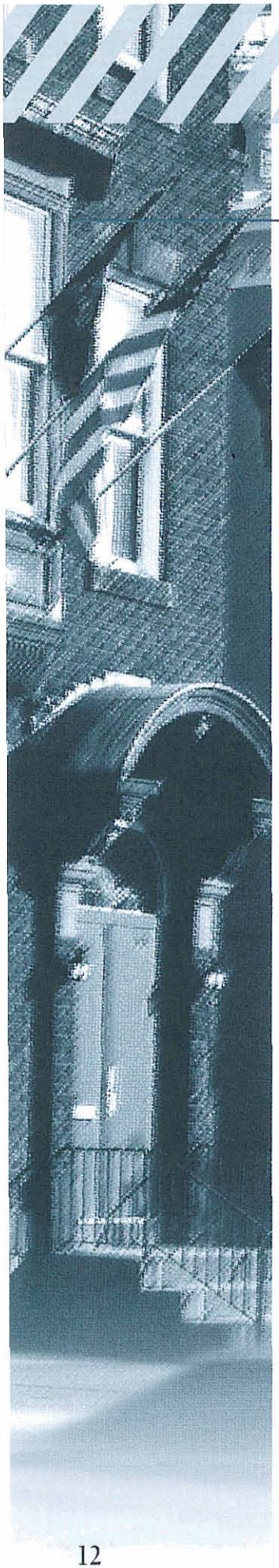
Keep in mind that goals are "floors" not "ceilings". Goals can be re-evaluated and new, higher goals can be set if necessary.

An *objective* is a specific, measurable statement of what is to be accomplished by a given point of time. It always supports the goal and mission. An objective describes what you're going to do, how much of it you're going to do, and when you're going to do it. You should always be able to determine whether you have met your objectives, even if you haven't yet accomplished your goal.

Establishing goals and objectives does not have to be a complicated or overly academic process. Try using language you would use to describe to your friends and neighbors what the Safe Community coalition intends to accomplish. An example of goals and objectives set by a Safe Community coalition are included in Appendix D.

IMPLEMENTATION

Implementing activities to solve the community's injury problems are the **hands-on events** that support the Safe Community program goals and objectives and serve to mobilize the entire community. The working group may choose to not actually implement activities until a more formalized coalition structure has been formed. Conversely, the working group may select to implement a few activities to demonstrate the potential of a formalized, sustained coalition and to generate enthusiasm and support. In either case, it is important for the working group to keep in mind the nature and breath of the implementation effort.



SAFE COMMUNITIES

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It is unlikely that a single prevention activity will significantly reduce a complex injury problem. Therefore, effective programs rely on a combination of strategies that compliment and enhance each other and can change knowledge, attitudes, behavior, policies, and the environment to improve the injury problem in the community. Most of these strategies fall into one or more of the following categories: **education, policy, enforcement, engineering and economic incentives**.

Examples of activities that might be included under each category follows:

EDUCATION - Education about injury risk is a gradual process: a person moves from understanding the message, to believing in it, and finally to consistently modifying their behavior. For example, a high school safety belt incentive program begins with a presentation on the life-saving effects of safety belts, followed by a five-week period of incentives provided to those who are observed to be buckled up, and ends with an increase in belt use among high school students.

POLICIES AND LAWS - State laws, local ordinances, and policies established by government, schools, and businesses can be designed to restrict behavior that increases the risk of injury, or encourage behavior that reduces the risk of injury. A company policy that requires employees to buckle up when conducting company business is an excellent example of a policy designed to reduce the risk of injury by increasing safety belt use.

ENFORCEMENT - Although usually depicted as the role of law enforcement, enforcement strategies also include any agency that establishes and/or regulates rules for compliance. For example, a convenience store that provides consequences for employees who sell alcohol without checking identification of the buyer is an effective enforcement strategy to reduce access to alcohol by minors. Other important components include prosecutors and judges who prosecute and adjudicate traffic cases.

ENGINEERING - Engineering strategies focus on creating a safer physical environment and on the use of protective equipment for personal safety. Pavement markings, traffic control devices, bicycle and pedestrian paths are examples of engineering strategies designed to reduce the risk of injury.

ECONOMIC INCENTIVES - Economic incentives use the cost savings realized through participation in prevention activities to modify behavior. For example, auto insurance companies that provide lower premiums for cars with anti-lock brakes can encourage families to purchase safer vehicles. Insurance companies that provide lower premiums for honor roll students can encourage young drivers to be more responsible.

Many public and private sector organizations publish program planners, idea samplers and examples of "best practices" that can be useful tools for planning prevention strategies. Appendix E provides further Safe Communities resources.

The First Six Months

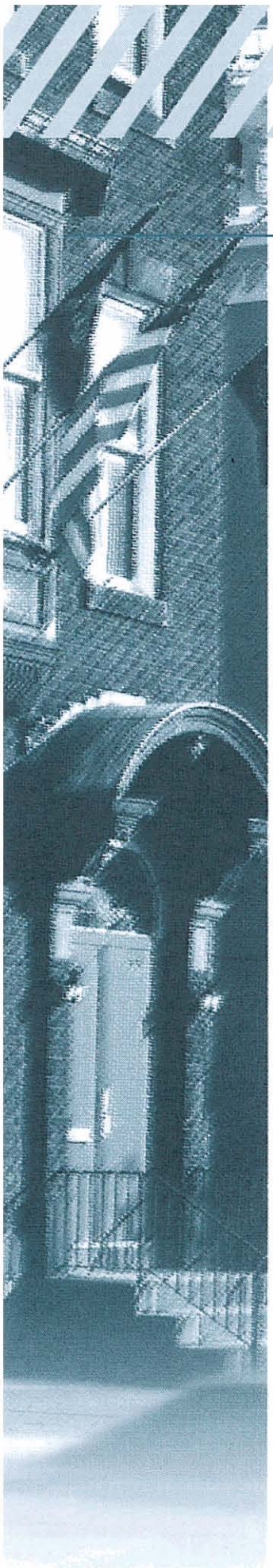
Marketing The Message

Promoting the injury prevention effort becomes very important during the implementation stage. While still in the working group phase, extensive program marketing may not be necessary. However, once your program has evolved into a formal Safe Communities coalition, program marketing becomes an essential ingredient to keep both the coalition and the issue on the community agenda. Keep in mind that you will be promoting three separate themes: the traffic safety message, the Safe Communities coalition, and the activities coordinated or sponsored by the Safe Communities coalition. Although connected, each of these three issues may require a different marketing strategy.

Most health and safety messages are not new, thus the coalition must consider innovative ways to communicate the message by using new words and/or having the message come from a different source (such as one of your many partners). The Safe Communities coalition should begin to establish itself as a much needed and credible entity in the community. Advertising the organizational name and phone number promotes name recognition and ensures that community members know where they can go for resources. It also helps to have a spokesperson ready to respond to any news stories about the issues, legislation or reports about serious crashes.

How you promote the activities coordinated or sponsored by the Safe Communities coalition should be based on your target audience's beliefs, attitudes, and barriers to change. Learning about your target audience is something that should be an ongoing part of planning. You should take every opportunity to learn about your target audience, starting with identifying who they are (parents of young children, impaired drivers, high school students, business leaders, etc.). Understanding how your audience thinks is critical to success. What does your audience think about seat belt policies or laws? What is their attitude about impaired driving? Who does your target audience think should be responsible for reducing injury and its related costs in your community? The answers to these questions are often found in letters to the editor in local newspapers. You can also ask your audience about their beliefs. For example, when designing an evaluation form for a presentation, rather than asking if the speaker was well prepared, ask what the respondent thinks about the problem, or what would encourage the respondent to make the desired change. Focus groups, community forums and town hall meetings can also be used to obtain feedback from your target audience.

If a representative from the media is not already a member of the coalition, this would be a good time to invite someone to join. It would also be beneficial to include someone with a marketing or public relations background. This will assure that awareness is created about the effort and that all the good work that is planned and conducted gets promoted.



Safe Communities

The First Six Months

Evaluation

Are you making a difference? Equally important, can you describe the difference you are making? Evaluation tracks how well a program is meeting its goals and objectives in terms that are meaningful to the community. Therefore, preparing for evaluation is best done early in the planning process - even in the working group stage.

For a Safe Communities program, success will ultimately be a reduction in fatal and non-fatal injuries and their associated costs. This is determined by looking at the data you used to define the problem at the start of the Safe Communities program and comparing those measures to where the community is today. A steady decline over a period of 4-5 years must occur, however, in order to attribute the reduction to the Safe Communities program. Therefore, short term measures of change should be tracked to let you know if your program is heading in the right direction. It is often the short term measures of change that are most meaningful to both the community and your funding sources because short term measures of change are easiest to recognize and understand.

Taking the Pulse of the Community: Tracking Attitudes, Behaviors and Social Norms

The Safe Communities coalition coordinates, sponsors and/or conducts various activities and projects in the community to reduce death and injury from traffic crashes. What is the community's response to these activities? Some questions to consider:

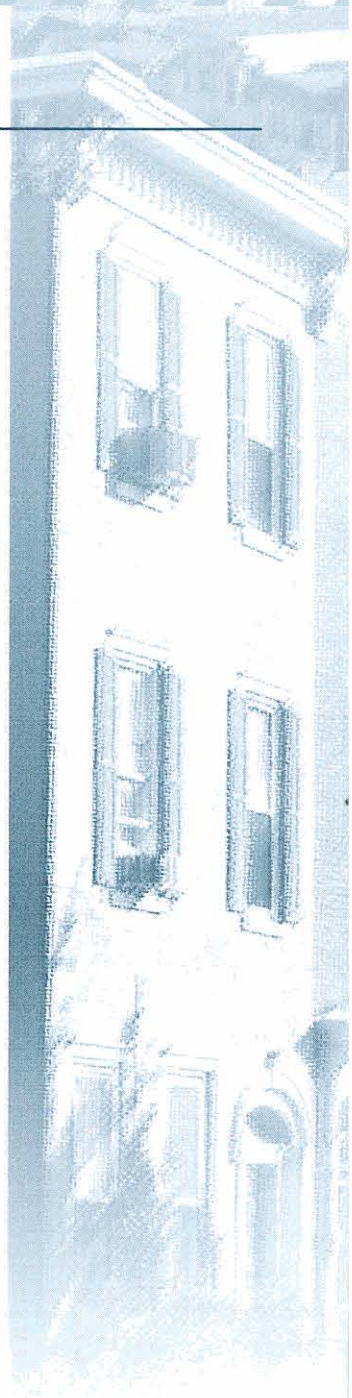
- Are more people buckling up and using child safety seats or bicycle helmets?
- How many businesses and government agencies have seat belt policies for their employees?
- Does law enforcement enforce safety belt and/or child safety seat laws? How about motorcycle helmet laws?
- Does law enforcement participate in other high visibility enforcement operations (for example, red light running, speed, impaired driving)?
- Is the conviction rate for impaired driving changing?
- Are DUI arrests climbing or decreasing?
- Has there been a change in the number of serious crashes caused by alcohol or other drugs?

Measuring Media Relations

The media are inclined to report that which they believe is newsworthy to their readers and listeners. Thus, how the media cover traffic safety concerns is often a reliable indicator of changes in the community. Some questions to consider:

- Are traffic safety issues, such as seat belts, airbags, child safety seats, graduated licensing, red light running, aggressive driving, speeding, or pedestrian safety receiving more attention in the local media?

THE FIRST SIX MONTHS



- Do newspaper articles mention whether safety belts, car seats or motorcycle helmets were used when reporting about traffic crashes?
- Does the local media mention whether or not alcohol or other drugs were a factor when reporting about traffic crashes?
- Does the local media mention whether or not speed was a factor when reporting about traffic crashes?
- Is your organization mentioned or quoted on a regular basis?
- Do you see increased interest or receive extra inquiries after your organization is mentioned in the news?

COALITION BUILDING AND COMMUNITY INVOLVEMENT

Successful coalitions are dynamic: new members provide innovative ideas and a fresh perspective. Successful Safe Communities rely on extensive community involvement and participation. Some questions to consider:

- Are new members from a variety of professions regularly invited to become part of the coalition?
- Are new individuals from the community regularly invited to become part of the coalition?
- Do coalition members consistently show up for meetings?
- Do people in the community volunteer to help with programs - i.e. Scout Troops, students, service organizations, police and fire departments?

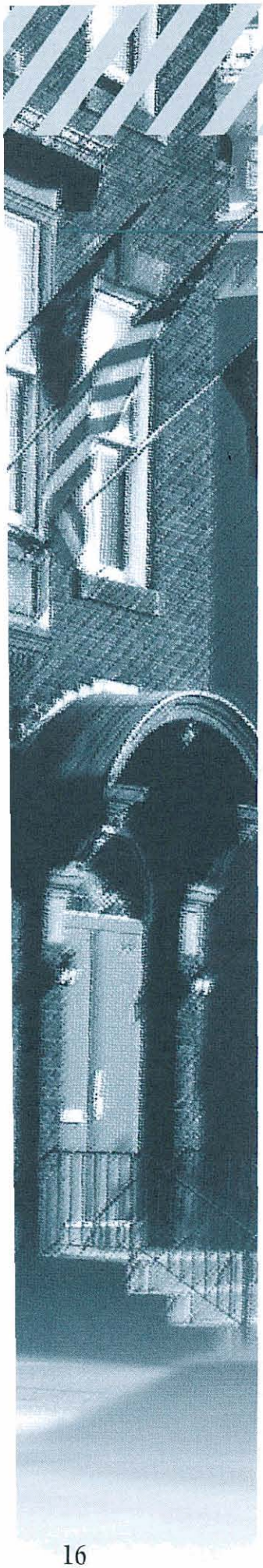
Any of these questions can be used to measure the progress being made in the community. *How* the program was implemented is also important: what was accomplished, were the activities carried out as planned, was the target audience reached, what problems were encountered and how were they addressed? It is a good idea to keep track of the services provided and the people reached. Dividing up the target audiences - children, teens, young adults, senior citizens, workplaces, drinking drivers - makes it easier to keep track of how many in each group received educational materials, attended presentations, requested assistance with policy development, etc.

SUSTAINING YOUR SUCCESS

Safe Communities make a difference. But how do you sustain the effort so that the steady decline in fatal and non-fatal injuries and their associated costs continues?

If you have been working on a more informal basis thus far, consider formalizing your organizational structure into a long-term sustained effort - a Safe Communities coalition. This step will give you status in the community and will allow you to receive financial contributions by becoming a non-profit organization. It will also help you achieve a formal, permanent place in the community with a clearly-defined role.

Safe Communities should be working to achieve community ownership whereby community members come to rely on the resources provided by the coalition, and



SAFE COMMUNITIES

THE FIRST SIX MONTHS

community leaders are committed to providing ongoing support. Support may not always come in the form of dollars - it can be office space, equipment, personnel, anything that helps the coalition meet its goals. By tracking the money saved when injuries are reduced, coalitions can clearly show health care providers, local leaders, businesses, and the public that resources given to injury prevention produce a profitable return on the investment to the community.

Financial support can be generated from multiple sources and can be combined to allow the coalition to control their activities and budgets. Examples of long-term funding sources include:

- fees for services
- earmarked funds (including fines and surcharges)
- in-kind contributions for goods and/or services
- pro-bono and volunteer support
- grants and donations from multiple funding sources
- sponsorship by another organization including state and local government

When requesting financial contributions, seek funding from a variety of sources in the community, especially from those organizations with whom you partner. When possible, request funds to support general operating expenses of the Safe Communities coalition rather than funds for specific projects. This allows the coalition to adapt to unexpected fluctuations in funding cycles and enables the coalition to be more flexible when budgeting.

As more people and organizations become familiar with the goals and accomplishments of the program, opportunities for long-term support become apparent. The coalition will need to consider what type of organization it will become. Some Safe Communities coalitions are most effective as a program within city or county government. Some coalitions opt to become part of a larger non-profit umbrella organization. Safe Communities can also become an independent non-profit organization by applying for 501(c)(3) tax status. Each of these options holds certain advantages. It would be wise to consider these options early in the life of the Safe Communities coalition.

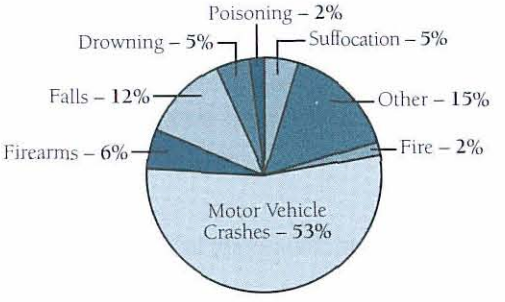
Safe Communities require personal commitment and hard work, but the effort pays off in preventing tragedy and reducing health care costs. Hundreds of communities across the nation are experiencing the satisfaction of making a difference.

WELCOME TO THIS PARTNERSHIP!

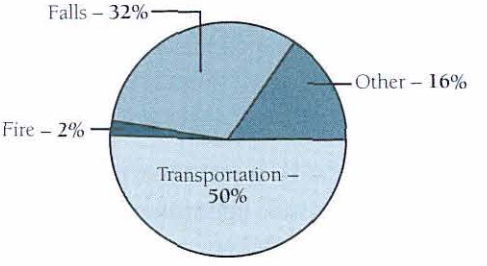
APPENDIX A: INJURY IN OUR COMMUNITY

Begin with a look at *all* deaths and hospitalizations resulting from injury that occurred in your state in a given year or two. This will give you a picture of which types of injuries occur most frequently and which are most severe. Injury and death data are available from your state Health Department (*Vital Records or Vital Statistics*). Data regarding hospitalization from injury should be available from your state Trauma Registry.

DEATHS



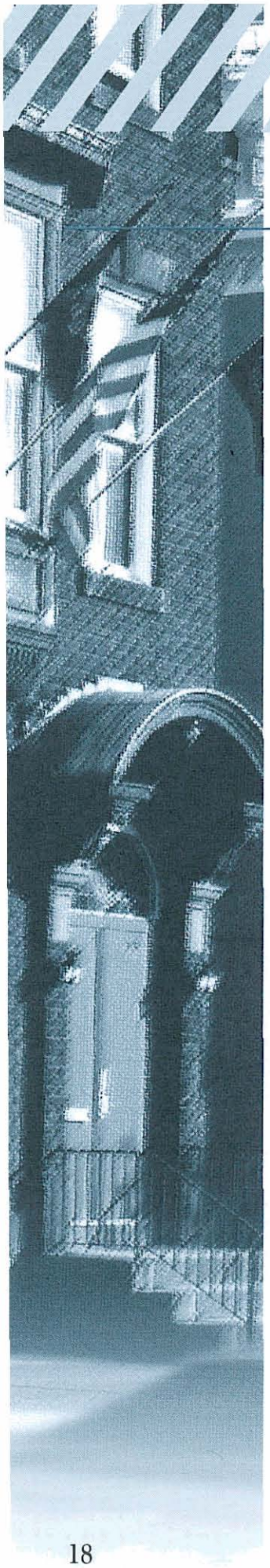
HOSPITALIZATIONS



If you discover that motor vehicle crashes account for the greatest percentage of deaths and hospitalizations from injury (which will likely be the case), your next step is to take a closer look at the traffic crash picture in your own community. It is helpful to compare your community to the rest of your state. The following crash data should be available from your local police department, EMS office or your State Highway Safety Office .

	FATAL CRASHES		SERIOUS INJURY CRASHES	
	YOUR COMMUNITY	YOUR STATE	YOUR COMMUNITY	YOUR STATE
*number/percent** **involving alcohol**				
number/percent* **under age 21**				
number/percent* ***not*** **buckled up**				
most common **type of crash**				

* Some communities may prefer to use population-based rates instead of percentages (ie., number affected per 100,000 population).



SAFE COMMUNITIES

APPENDIX B: SUGGESTIONS FOR WRITING A SAMPLE LETTER OF INVITATION

DETERMINE THE AUTHOR OF THE LETTER

The invitational letter should come from the person who would pique the most interest and get the most participation from the community. The letter could come from the mayor, an emergency department physician, a seat belt survivor or the family member of a victim. If you are not that person, consider writing the letter for that person. If they agree to support your efforts, they will need only to sign the letter.

DETERMINE THE TONE OF THE LETTER

The letter of invitation should reflect the accepted communication style in your community. Some communities will respond better to a more personalized letter with an explanation about why the recipient is being asked to become involved. Some communities respond more favorably to a more formal, general letter of invitation.

PROVIDE FACTUAL INFORMATION

Present some specific information about the injury problem in your community in a way that will spark the reader's interest:

"What do you think is the most pressing health problem for young people in our community? If you ask our Emergency Department staff, they will likely tell you 'motor vehicle crashes'. More than___ people are injured or die each year from traffic crashes in our community. The good news is that most crashes and serious injury can be prevented."

COMMUNICATE EMOTIONAL IMPACT

A personal story is often very effective. You may decide to refer to specific crashes or sites in the community:

"Our community was deeply saddened by the loss of five high school students earlier this year, tragedies that could have been prevented."

EMPOWER THE READER

Let the person receiving the letter know that their involvement is critical to seeing positive results in your community:

"Many of us are already involved in this issue, but we all need to come together, to look at our community as a whole, and to see how we can make a difference in saving lives in our community."

CONVEY A SENSE OF URGENCY

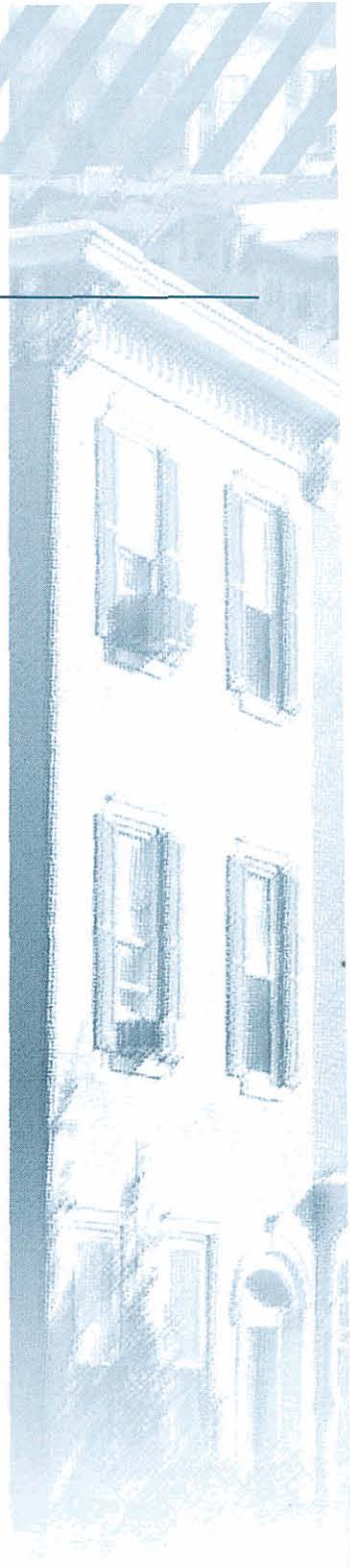
Rally people together to act now:

"We would never tolerate random acts of violence against our children. We can no longer sit by and watch our children be harmed in motor vehicle crashes, mistakenly believing this is an inevitable part of life. By working together, we can strengthen our efforts to prevent crashes and reduce the severity of injury in those that do occur."

GIVE DETAILS OF WHEN AND WHERE THE MEETING WILL BE HELD, AND WHAT WILL BE DISCUSSED

This critical information should be highlighted in some way. You may want to ask for an RSVP or plan to make a follow up phone call to increase attendance and give the reader a sense of participation.

APPENDIX C: SAMPLE AGENDA FOR FIRST COMMUNITY/TOWN HALL MEETING



A. WELCOME AND INTRODUCTIONS

B. WHAT IS A SAFE COMMUNITY?

C. A REVIEW OF THE DATA - HOW SERIOUS IS THE INJURY PROBLEM IN OUR COMMUNITY?

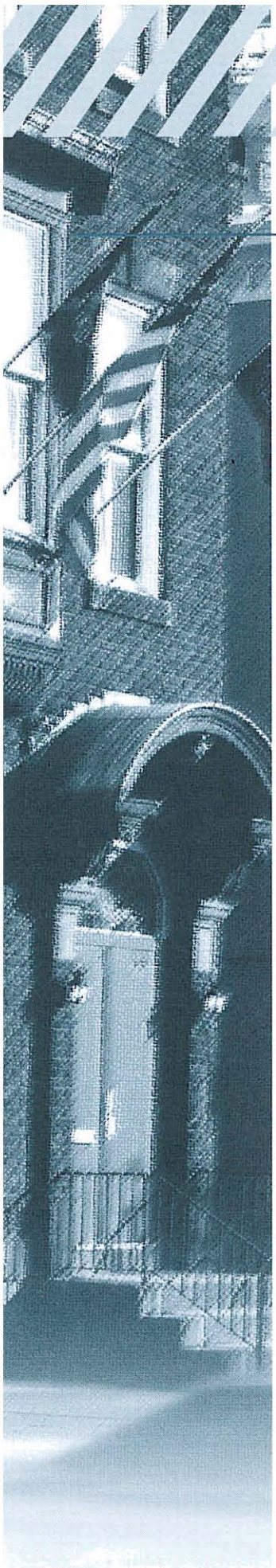
The fact sheet on "Injury in Our Community" (Appendix A) is an excellent tool to use to present the data to community members so that it can be easily understood.

D. DEVELOPMENT OF INITIAL ACTION PLAN

E. OBTAIN A COMMITMENT TO ACTION

Identify individuals and organizations who are committed to establishing a Safe Community. These people will become the Safe Communities coalition; thus, it is important to make sure the community is well represented by this group. Strive to include community leaders, individuals and organizations with an interest in both the problem and the solution, resource providers, and members of the target population (those at high risk of being injured).

F. SET THE NEXT MEETING DATE, TIME, LOCATION, AND TENTATIVE AGENDA.



Safe Communities

Appendix D: Sample Safe communities Program Goals and Objectives

Mission: The Safe Community is a coalition of concerned citizens committed to reducing death and injury from traffic crashes in our community.

Goal #1: To reduce the incidence of impaired driving.

Objectives:

1. The re-arrest rate for impaired drivers will be reduced from our current rate of 15% to 10% within the next year.

   #### Activities:

   A. We will monitor all impaired driving arrests and convictions to identify sentencing standards currently used by the courts in our community.

   B. We will develop and implement the Victim Impact Panel for courts to use as a sentencing option for all impaired driving offenders.

2. The number of alcohol-related crashes caused by underage drinking drivers will be reduced by 10% within the next year.

   #### Activities:

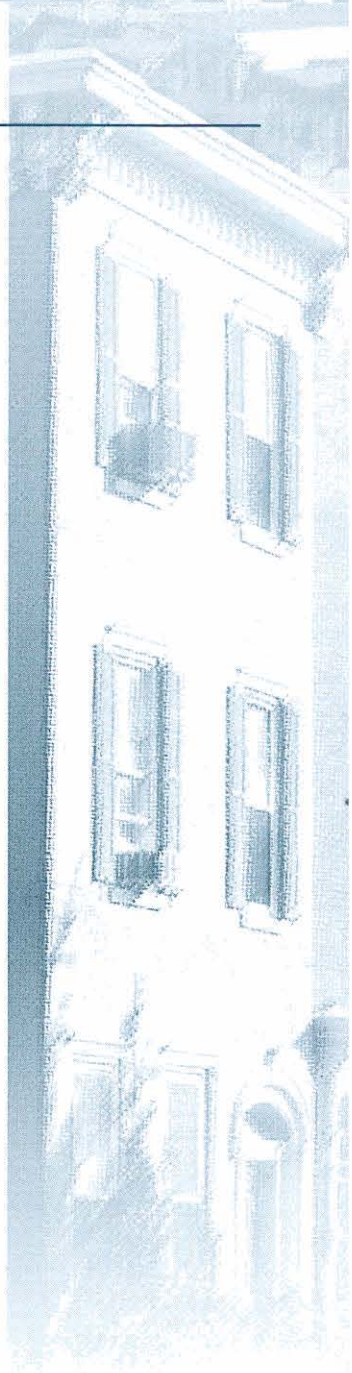
   A. We will review all alcohol-related crashes caused by underage drinking drivers in our community on a monthly basis.

   B. We will offer the Parent-to-Parent Drug Prevention Workshop four times/year for parents of youth convicted of alcohol-related offenses.

   C. We will offer four educational programs/year to high schools in our community (Trauma Nurses, Mock Crash, Mock Trial, Ghost Out).

   D. We will develop and implement the Victim Impact Panel for the courts to use as a sentencing option for all juvenile alcohol offenders.

The First Six Months



Goal #2: To increase the use of occupant protection devices.

Objectives:

1. The use of safety belts by drivers and right front seat passengers will increase from our current rate of 44% to 50% within the next year.

Activities:

A. We will conduct an annual safety belt observation survey of 3500 drivers and right front seat passengers in May.

B. We will offer the following educational programs to students in all schools in our community: Little Convincer safety belt incentive program for Kindergartners, 100-mile Challenge for Middle School students, Safety Belt Competition for High School students.

C. We will develop and implement a Safety Belt Survivor Program for all community residents who have had serious injury prevented because they buckled up in a crash.

2. The use of child safety seats (CSS) for children under age 6 will be increased from our current rate of 68% to 78% within one year.

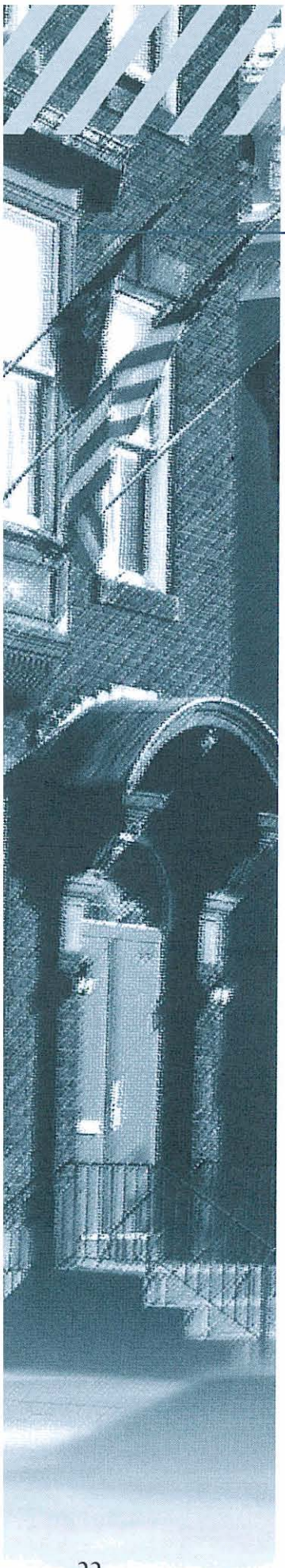
Activities:

A. We will provide CSS training for child care providers once/year.

B. We will monitor and track all CSS citations written in our community on a monthly basis.

C. We will implement a CSS loaner program for low income families.

D. We will develop a "check list" for pediatricians and family practice physicians to use for assessing use of CSS during well-child visits.



SAFE COMMUNITIES

APPENDIX E: RESOURCES

SAFE COMMUNITIES SERVICE CENTER

NHTSA Region VI
819 Taylor Street, Room 8A38
Fort Worth, TX 76102
telephone 817-978-4423
fax 817-978-8339

BUILDING SAFE COMMUNITIES NEWSLETTER

Education Development Center
55 Chapel Street
Newton, MA 02458-1060
telephone 617-618-2351
fax 617-527-4096

AVAILABLE FROM THE SAFE COMMUNITIES SERVICE CENTER

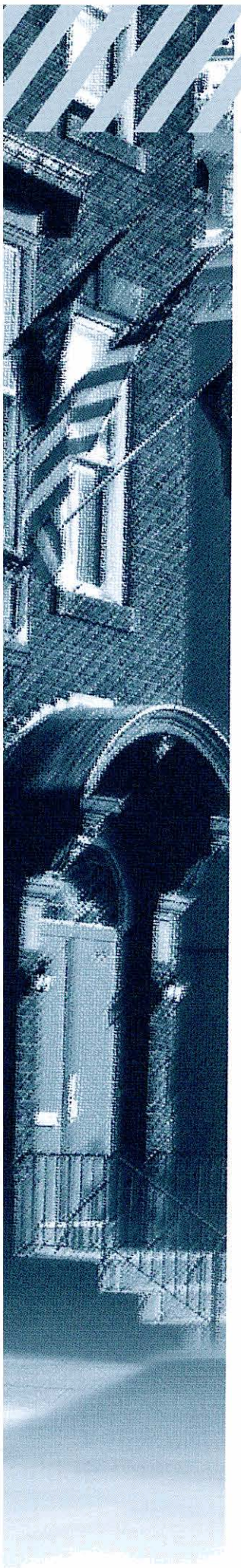
Safe Communities: Taking It To the Streets:
A marketing brochure describing the Safe Communities model, benefits to communities, and how to get started.

Safe Communities Folio Package: A technical information folio offering insights about implementing a Safe Communities program. Inserts provide details about coalition-building, partnering with others in the community, evaluating and monitoring programs, and much more.

For copies of these materials or to receive a free materials catalog, you can also contact NHTSA Headquarters at:

National Highway Traffic Safety Administration
Media and Marketing Division, NTS-21
400 7th Street, S.W.
Washington, D.C. 20590
fax 202-493-2062

Materials and traffic safety data may also be obtained on-line: **www.nhtsa.dot.gov**



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