

# Building Bridges

## Between Traffic Safety and Public Health

Summer 1996  
Volume III, Number 2

A publication of  
Education Development Center, Inc.

## Welcome

The summer 1996 issue of *Building Bridges* is devoted to a series of projects administered by the regional offices of the National Highway Traffic Safety Administration (NHTSA). NHTSA maintains an office within each of the 10 United States Department of Transportation regions. Each of these offices provides agencies and organizations within its region with materials, technical assistance, and other traffic safety resources. The regional offices also help bring the concerns of state and local agencies to the attention of the national office in Washington, D.C. One staff member in each region is designated as an injury

control contact; it is that person's responsibility to promote and facilitate collaboration between public health and traffic safety agencies and organizations within the region. A list of the NHTSA regional offices and their injury control contacts can be found on page 6.

Other items in this issue include a summary of our second evaluation and a list of the Moving Kids Safely regional workshops. We hope that all of our readers are enjoying the summer. You will be hearing from us again in the fall.

## Building Bridges in the Regions

The 10 regional offices of the National Highway Traffic Safety Administration (NHTSA) are using a series of cooperative agreements to foster collaboration between highway safety and public health professionals. Each region's approach is based on existing levels of collaboration, available resources, and other local conditions. The projects are being conducted by public health agencies, hospitals, injury control research centers, and other organizations in conjunction with regional office staff.

### Assessing Existing Levels of Collaboration

A number of the regions began their projects with an assessment of the current level of collaboration. **Regions V and IX** surveyed local health departments to identify the extent of their involvement in traffic safety and to

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**Building Bridges in the Regions**  
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determine what types of agencies and organizations health departments have worked with in the past or would like to work with in the future. The results speak well for the future of collaboration. Both regions found high levels of public health involvement in traffic safety activities and a significant interest in collaborating with traffic safety professionals. **Region IX's** assessment was implemented by the Contra Costa County Department of Health Services Prevention Program, which discovered that almost three-quarters of the health departments responding to the survey are involved in traffic safety programs. Half have dedicated funding for traffic safety. In **Region V**, the Michigan Council on Injury Control found that 37 percent of respondents are involved in traffic safety activities and 22 percent receive funding for traffic safety. Both regions found the most common activities to be child passenger protection, safety belt, and bicycle helmet programs (in that order).

Respondents in **Region V** expressed a strong interest in working together. The **Region V** office is working with Christ Hospital and the Loyola University Medical Center to identify nursing and medical organizations that are good candidates for traffic safety and injury prevention projects and to develop strategies to institutionalize traffic safety programs within these groups. An initial project in Illinois will provide a basis for similar efforts in other states in the region.

**Region IX** is also using the results of its assessment to facilitate collaborative activities, especially those supporting NHTSA's *Safe Communities* initiative (which was the focus of an article in the spring issue of *Building Bridges*). **Region IX** will:

- establish a traffic injury control contact in each county health agency and publish a newsletter to keep these agencies abreast of resources and other programs
- encourage the creation of *Safe Communities* programs and provide technical assistance for these programs
- encourage the governor's highway safety representative and state health department injury control offices to inform local health departments about funding opportunities
- create opportunities for and facilitate meetings between public health and traffic safety agencies

The **Region I** and **II** offices are conducting independent mail surveys of public health, traffic safety, medical, and other organizations to assess levels of collaboration in their regions. In **Region I**, the results of the survey will guide the work of a new technical assistance project for state highway safety and public health agencies. This fall, a team from Education Development Center, Inc. (EDC) and the Harvard Injury Control Center (HICC) will visit each New England state highway

safety and public health office to discuss the results of the survey and determine what follow-up is needed. EDC and HICC will work with staff in each state to develop a technical assistance plan, spelling out the resources or training they need to increase partnerships among highway safety, medical, and public health professionals and to implement *Safe Communities* programs in their state.

**Region II's** survey focuses on traffic safety activities in New York and New Jersey. In New York State, this effort was facilitated by the existence of a legislatively mandated system of county Traffic Safety Boards; these boards were able to provide the names of local organizations that should be included in the survey. Preliminary results reveal that between 120 and 150 agencies and organizations in New York State alone are engaged in traffic safety programs. However, few actively collaborate. According to Jerry Palisi, the NHTSA regional program manager, "The opportunity is there, but the marriage between traffic safety and public health has not been accomplished yet."

Recognizing the growing importance of the private sector for traffic safety and injury control, **Region VII's** assessment included the top 10 businesses in each state, as well as all the region's medical societies (including state chapters of national medical and nursing associations)

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**Building Bridges in the Regions**  
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and state and local highway safety, public health, and law enforcement agencies. Preliminary results show that there is a high level of interest and involvement in the prevention of motor vehicle injuries, but few joint projects. Bob Muelleman, an emergency physician who directed the assessment, predicts that it will be invaluable to *Safe Communities* programs: "We believe that the interest in traffic safety shown in our data will reinforce the confidence of *Safe Communities* projects to approach these groups."

**Other Approaches to Assessment**

**Region VIII** began with a pilot project examining opportunities for and barriers to collaboration in Colorado. A multidisciplinary advisory committee, convened and facilitated by the University of Colorado Health Services Center, identified 65 individuals from public health, medicine, law enforcement, emergency medical services (EMS), fire departments, and traffic safety to respond to a survey exploring their experiences with collaborative projects. One-on-one interviews were conducted with more than half the respondents to provide a more in-depth understanding than is possible from a mail survey alone. The pilot produced a comprehensive report detailing the state of traffic safety programs in Colorado and outlining an ambitious three-year plan to expand collaboration based on the needs and opportunities identified in the research. The Colorado project has been replicated in the other states in the region. A report on South Dakota is also available, and reports for other states are being finalized.

**Region IV** is using its cooperative agreement to expand on the work of an earlier project. In 1995, the **Region IV** office convened focus groups of trauma physicians and nurses, EMS providers,

rehabilitation professionals, hospital administrators, and representatives from health maintenance organizations (HMOs) and insurance companies to explore their knowledge about traffic injuries and their interest in working together to prevent such injuries. Participants' knowledge about and interest in traffic injury prevention were generally high. However, many reported that they were never asked to collaborate on injury prevention projects.

Dr. Philip Graitcer and Marlena Wald of the Emory University Injury Control Center conducted a follow-up survey of the 60 original focus group participants. The survey explored respondents' views of their role in injury prevention, how they currently educate their patients about health issues, and their recommendations for including injury prevention content in patient education materials. Recommendations included materials on air bags and child safety seats. Hospital administrators expressed a concern that their employee wellness education programs fail to emphasize traffic injury prevention, and they were very interested in materials that could be integrated into these programs. Graitcer and Wald developed a *Regional Directory of Injury Professionals* to help states identify key health and medical groups that are potential partners for traffic safety and *Safe Communities* programs.

The **Region IV** team is also developing two regional newsletters. *Building Advocacy for Safe Communities* provides legislative updates and advocacy tips that promote the support of highway safety policies such as zero tolerance and primary seat belt laws. *Traffic Injury Prevention (TIP) Bulletin* focuses on creating awareness of "hot issues" in traffic safety, such as the potential for injury resulting from the interaction of air bags and child safety seats. In addition, Dr. Graitcer contacted the

region's four Injury Prevention Research Centers to discuss organizing a *Safe Communities* consortium and providing technical assistance to **Region IV Safe Communities** programs.

The **Region III** office convened a conference at which highway safety and public health professionals explored common interests and ways of sharing resources and developing joint initiatives. (See "Moving Forward in Region III," page 4.) **Region VI** is using a series of site visits and meetings to encourage agencies and organizations in the Southwest to work together. (See "Working Together in Region VI," page 5.)

**Collaborating with Tribal Governments**

**Region X** is focusing its efforts on building partnerships to promote seat belt use among Native Americans. The region has joined forces with the Harborview Injury Prevention Research Center, the Northwest Portland Area Indian Health Board (NPAIHB), and the Indian Health Service to educate tribal leaders in occupant protection issues and to foster joint efforts.

On March 18, 1996, representatives from highway safety, tribal government, law enforcement, medicine, and public health gathered to plan a pilot project that will educate tribal leaders and community members on the importance of tribal statutes mandating seat belt use. (Many reservations are exempt from state and county seat belt and child restraint laws.) According to Rosemary Nye, **Region X** program manager, the tribal councils represented at this meeting reached a significant consensus that occupant protection should be a public health priority for Native Americans. She reported, "Participants talked about the economic and emotional costs of motor

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## Moving Forward in Region III

In February, NHTSA's **Region III** office convened a Motor Vehicle Injury Control/Prevention Summit to develop collaborative partnerships among the region's traffic safety and medical agencies. Sixty participants, representing the highway safety and medical fields, gathered in Greenbelt, Maryland, to discuss the impact of traffic crashes and to broaden injury prevention efforts in the region. Dr. Ricardo Martinez, NHTSA administrator, delivered the keynote address, discussing the relationship between injury control and *Safe Communities*.

Tilman Jolly, M.D., an emergency physician at George Washington University Medical Center and co-chair of the summit, noted, "We brought together a lot of people who live and work near one another, but who didn't know the others existed." On the second day of the summit, Dr. Jolly encouraged participants to generate recommendations on combining efforts in the fight against motor vehicle-related injuries. The group developed a number of strategies, including conducting peer-to-peer training among medical professionals, providing technical assistance to states in developing partnerships with medical professionals, promoting and providing technical assistance for *Safe Communities*, and providing medical testimony in support of traffic safety legislation.

Participants also identified resources they would need to continue their involvement in collaborative activities. According to Dr. Jolly, one of the primary needs identified was a way to keep professionals abreast of traffic safety activities in the region: "A number of community-based projects were presented at the conference and gave participants an opportunity to learn what had worked in these communities. There are all sorts of community-based programs—at schools, at hospitals, at police departments—that we're not always aware of. We need to find some way to keep informed of each other's activities so that we can share resources and expertise." Conference participants also recommended that the regional office work with medical professionals to develop a presentation package that medical professionals can use to teach their peers about injury control activities.

The summit also attracted the interest of the Injury Prevention Research Center (IPRC) at the Johns Hopkins University School of Public Health. Unable to participate because they were attending the Third World Injury Conference in Australia, representatives from Johns Hopkins requested a post-summit meeting to discuss ways they can work with NHTSA and others in the region.

Dr. Jolly accompanied Lorraine Novak from the regional NHTSA office and representatives of the Maryland Highway Safety Office to the meeting. The group decided that the Johns Hopkins IPRC will serve as one of four Maryland *Safe Communities* resource centers and provide outreach and technical assistance to community traffic safety programs in that state.

Dr. Elizabeth Baker, chief of the Maryland Highway Safety Office, was pleased with this outcome. "We had the rest of the state covered geographically," she said, "but needed a *Safe Communities* center in the Baltimore area. When Johns Hopkins, which has a national reputation for injury research, wanted to get involved in programs, we jumped at the chance."

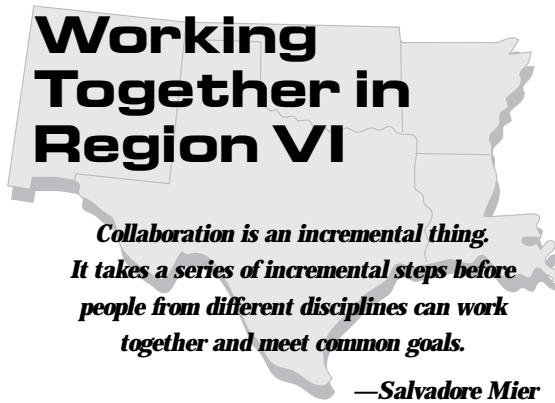
Under a cooperative agreement with the **Region III** office, Dr. Jolly will follow up on progress made at the summit by conducting site visits to each state in the region. His extensive experience with coalition building makes him an important resource for organizations attempting to create effective partnerships. He warns that collaborations should begin with realistic goals: "Early in the formation of a state or local coalition, it is important to start with one or two issues that are doable. Don't try to do 20 things at once or divide into 15 committees. Instead, pick a clearly defined goal that can be reached and that will bring the group together."

The combination of a facilitator experienced in collaboration, a major school of public health, and the region's state and federal traffic safety agencies should be a potent force for traffic safety and injury prevention.

More information on *Safe Communities* can be found in the spring 1996 issue of *Building Bridges*. Information on the IPRCs can be found in the spring/summer 1994 issue.

### Three New Safe Communities Resources

*Getting Started: A Guide to Developing Safe Communities* is a comprehensive guide presenting approaches based on a combination of strategies used in traffic safety, injury prevention, and public health programming. *It Wouldn't Hurt to Live in a Safe Community* is a brochure describing what the benefits of being involved in a *Safe Community* coalition are and who the primary partners in such a coalition should be. Another brochure, *Living in a Safe Community Doesn't Happen by Accident*, outlines the defining factors of a *Safe Community* and the steps necessary to becoming one. All of these resources are available from the NHTSA regional offices (listed on page 6).



## Working Together in Region VI

*Collaboration is an incremental thing. It takes a series of incremental steps before people from different disciplines can work together and meet common goals.*

—Salvatore Mier

In **Region VI**, Salvatore Mier is using a NHTSA cooperative agreement to help states take these steps and form multidisciplinary teams to reduce motor vehicle-related injuries and fatalities.

“In each state, first I meet separately with highway safety professionals and then with public health injury prevention professionals,” said Mier. “This helps me get a feel for what each group is doing and identify areas where they might work with one another. Then we hold joint brainstorming sessions with representatives from both agencies.”

“It was a discovery for both agencies,” said Sue Dixon, assistant director of Louisiana’s Office of Highway Safety, of Louisiana’s first brainstorming session. “We explained how we could break our data down. Not only can we tell that we have a certain number of fatalities, for example, but we can also identify where these occurred, to what age groups, what the causes were, and so on.”

The public health agencies also use these meetings as an opportunity to explain the public health model and how it can be applied to injury prevention. “First, the public health folks explain how they apply the public health model to communicable diseases, and then they demonstrate how it works for addressing motor vehicle injuries,” said Mier.

As a direct result of these brainstorming sessions, several states have taken the first steps toward collaborative projects. In Louisiana, the Office of Highway Safety recently transferred four years of police crash data to the Office of Public Health, where epidemiologists are analyzing the data to look at health and prevention implications. Although the two agencies had shared data in the past for specific projects, this is the first time that a complete database has been transferred and merged with vital records data to drive state-specific interventions.

Part of what has made this joint project so successful is a history of working together. “We’ve always had a really good relationship with the highway safety office,” said

David Lawrence, epidemiology supervisor at the Louisiana Office of Public Health. “Whenever either office is planning an injury prevention program, the other office knows about it, and we try to make it dovetail with what the other agency is doing,” he added. “This data sharing is something we’ve talked about doing in the past. I think it would have happened eventually, but the meetings with Sal Mier served to accelerate it. His weekly calls and e-mail keep it in the front of our minds.”

Sue Dixon also pointed out that the meetings have enhanced the kind of informal sharing that helps professionals do their jobs more effectively: “A lot of times, we are just names on a memo or a voice on the phone. But once you meet people in person and get to know them, it makes for better working relationships. It’s a lot easier now to call them up and say, ‘Look what I’ve discovered today.’” The two Louisiana agencies will meet again this summer to review the results of the data sharing and identify where each group might refocus its traffic safety efforts.

Other states in the region are also exploring opportunities to combine efforts on specific projects. In Texas, the state highway safety and public health agencies will work together to develop a pilot project that combines the *Safe Communities* concept with the World Health Organization’s Healthy Communities approach. In Arkansas, traffic safety and public health agencies will meet to review the health department’s report, the *Status of Injury in Arkansas*, and develop recommendations for addressing motor vehicle injuries.

Mier also advises that federal support is essential to help states continue to build joint initiatives. **Region VI** demonstrates that sort of support by modeling collaboration at the regional level. The NHTSA regional office and the regional office of the Maternal and Child Health Bureau (MCHB) are jointly overseeing this cooperative agreement, an indication of their history of working together. The two offices have long been active participants in each other’s conferences and regional meetings, served on joint task forces, and kept each other aware of their activities.

When asked why the two regional offices have been able to work together so successfully, Linda Marquardt of the Region VI MCHB office replied, “A huge part of it is Jeff [Dismukes, program manager of the NHTSA Region VI office]. He’s very open. He sees that public health has a role in traffic injury prevention, and he sees the big picture.” She added, “NHTSA is also very good about including us in their activities. For example, they’ve asked me to serve on the planning committee for the regional Moving Kids Safely workshop. And whenever we have regional MCHB meetings, Jeff is one of the crowd.”

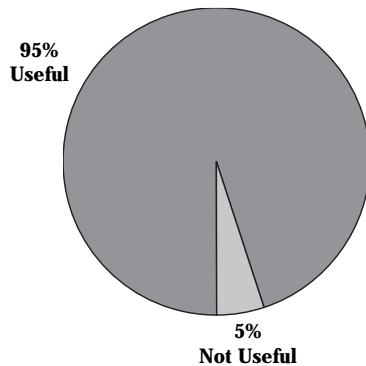
For more information on the Moving Kids Safely regional workshops, see page 7.

# Reader Response

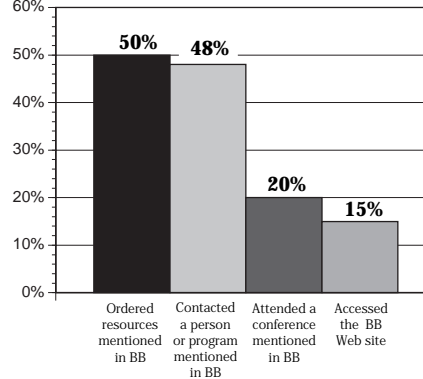
Thanks to all who took the time to return the postcards included in the last issue. We have received 111 responses as of this writing. The responses are summarized below. We were especially gratified to learn that each copy of *Building Bridges* is read by an average of 3 to 4 people—giving us a readership of approximately 5,000.

Only about 15 percent of our readers also use the *Building Bridges* World Wide Web site. Yet our Web site currently averages more than 1,000 "hits" each month. Thus, we reach almost entirely different audiences with our hard copy and our online versions, a fact that speaks to the usefulness of the latter venue for outreach to those involved in promoting traffic safety and preventing injuries.

**Do You Find Building Bridges Useful?**



**Percentage of Readers Who Have ...**



## NHTSA Regional Offices and Injury Control Contacts

**Region I** (Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, Vermont):  
Mario Damiata, Regional Program Manager  
NHTSA—Region I  
Volpe National Transportation Systems Center  
Kendall Square—Code 903  
Cambridge, MA 02142  
(617)494-3427

**Region II** (New York, New Jersey, Puerto Rico, Virgin Islands):  
Jerome Palisi, Regional Program Manager  
NHTSA—Region II  
222 Mamaroneck Avenue, Suite 204  
White Plains, NY 10605  
(914)682-6162

**Region III** (Delaware, District of Columbia, Maryland, Pennsylvania, Virginia, West Virginia):  
Lorraine Novak, Regional Program Manager  
NHTSA—Region III  
BWI Commerce Park  
7526 Connelley Drive, Suite L  
Hanover, MD 21076-1699  
(410)768-7111

**Region IV** (Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina, Tennessee):  
Belinda Jackson, Regional Program Manager  
NHTSA—Region IV  
1720 Peachtree Road, N.W., Suite 1048  
Atlanta, GA 30309-2439  
(404)347-4537

**Region V** (Illinois, Indiana, Michigan, Minnesota, Ohio, Wisconsin):  
Michael Witter, Regional Program Manager  
NHTSA—Region V  
19900 Governors Drive, Suite 201  
Olympia Fields, IL 60461  
(708)503-8822

**Region VI** (Arkansas, Louisiana, New Mexico, Oklahoma, Texas, Indian Nations):  
Jeffrey Dismukes, Regional Program Manager  
NHTSA—Region VI  
819 Taylor Street, Room 8A38  
Fort Worth, TX 76102-6177  
(817)978-2021

**Region VII** (Iowa, Kansas, Missouri, Nebraska):  
Judy Craig, Regional Program Specialist  
NHTSA—Region VII  
P.O. Box 412515  
Kansas City, MO 64141  
(816)822-7233

**Region VIII** (Colorado, Montana, North Dakota, South Dakota, Utah, Wyoming):  
Bill Watada, Regional Program Manager  
NHTSA—Region VIII  
555 Zang Street, Room 403  
Lakewood, CO 80228  
(303)969-6920

**Region IX** (Arizona, California, Hawaii, Nevada, American Samoa, Guam, Mariana Islands):  
Jack Champlin  
Injury Control Program Manager  
NHTSA—Region IX  
201 Mission Street, Suite 2230  
San Francisco, CA 94105  
(415)744-3089

**Region X** (Alaska, Idaho, Oregon, Washington):  
Rosemary Nye, Regional Program Manager  
NHTSA—Region X  
3140 Jackson Federal Building  
915 Second Avenue  
Seattle, WA 98174  
(206)220-7640

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vehicle crashes, as well as the ways such crashes are a potential threat to tribal history and heritage." The group also discussed cultural practices that influence seat belt use, along with past barriers to passing mandatory seat belt legislation at the tribal level. NPAIHB is now seeking additional funding to develop an occupant protection program that will use strategies similar to those used in its highly successful smoking prevention program.

To assist the implementation of occupant protection programs, the collaborators are conducting an assessment of seat belt use on tribal lands in Washington, Oregon, and Idaho. In addition, they are developing an estimate of economic costs associated with motor vehicle crash injuries and fatalities among Native Americans in the Pacific Northwest. (For a more detailed discussion of traffic safety programs and Native American communities, see the spring/summer 1994 issue of *Building Bridges*.)

Further information on these initiatives can be obtained from the NHTSA regional offices, which are listed on page 6. The reports cited in this article are *Assessment of Highway Safety Activities in State and Local Public Health Agencies* (Region IX), *An Assessment of Traffic Safety Activities in Local Public Health Departments in Region V*, *Collaboration Between Traffic Safety and Public Health Agencies in Colorado* (Region VIII), and *Collaboration Between Traffic Safety and Public Health Agencies in South Dakota* (Region VIII).

## Moving Kids Safely Regional Workshops



NHTSA's regional offices are coordinating a series of one-day child transportation safety seminars. Each meeting will bring together professionals who seek to prevent childhood injuries across all modes of transportation, with particular emphasis given to region-specific challenges under the umbrella of *Safe Communities*. Contact your NHTSA regional office (see page 6) for more information.

**Region I:** Friday,  
October 18, 1996  
Cambridge, Massachusetts

**Region II:** Wednesday,  
October 2, 1996  
Kiamesha Lake, New York

**Region III:** Thursday,  
September 26, 1996  
Harrisburg, Pennsylvania

**Region IV:** Tuesday,  
October 1, 1996  
Augusta, Georgia

**Region V:** Wednesday,  
September 18, 1996  
Indianapolis, Indiana

**Region VI:** Wednesday,  
September 18, 1996  
Fort Worth, Texas

**Region VII:** Thursday,  
September 5, 1996  
Kansas City, Missouri

**Region VIII:** Tuesday,  
September 17, 1996  
Colorado Springs, Colorado

**Region IX:** Thursday,  
August 15, 1996  
San Francisco, California

**Region X:** Friday,  
September 20, 1996  
Seattle, Washington

## New Resources from the People Who Bring You Building Bridges

Education Development Center, Inc., with funding from NHTSA, has developed two new publications that should be valuable to any agency involved in traffic safety. Both are available at no cost.

*Moving Forward: Expanding Collaborations Between Traffic Safety and Public Health* presents case studies of collaborations between public health and highway safety agencies and the strategies they used to ensure a successful relationship. For copies, write Bob Ross, NHTSA, NTS-22, 400 Seventh Street, S.W., Washington, DC 20590. Or fax requests to (202)366-2766.

*Who's Who in Traffic Safety: A Guide to Agencies and Organizations* is a directory listing the major federal agencies and national organizations involved in traffic safety. Each entry provides contact information and a description of activities and materials. Available from Michelle Stober, Education Development Center, Inc., 55 Chapel Street, Newton, MA 02158-1060. Phone (617)969-7100, ext. 2207, fax (617)244-3436. E-mail <michells@edc.org>.



**To:**

## Resources

*Compendium of Traffic Safety Research Projects: A Decade and Beyond*, an annotated bibliography of behavioral research and evaluation sponsored by NHTSA over the last 10 years, is available free from the Office of Program Development and Evaluation, NHTSA, NTS-30, 400 Seventh Street, S.W., Washington, DC 20590. Copies can be requested by fax at (202)366-7086 and found on the NHTSA World Wide Web site at <[www.nhtsa.dot.gov](http://www.nhtsa.dot.gov)>.

*Impaired Driving Update*, a multidisciplinary report devoted to innovative programs, legal developments, and services and research, is published six times a year. Subscriptions are \$125 and available from Civic Research Institute, Inc., 4490 U.S. Route 27, P.O. Box 585, Kingston, NJ 08528. Phone (609)683-4011.

"Reducing Alcohol-Impaired Driving in Massachusetts: The Saving Lives Program," by Ralph Hingson and others, is a study demonstrating how community-based programs can reduce driving after drinking. It appeared in the June 1996 issue of the *American Journal of Public Health* (vol. 86, no. 6, pp. 791-797).

*Teen Drinking Prevention Program* helps groups create community-based teen-drinking prevention programs. The kit, developed by the Center for Substance Abuse Prevention, includes action guides for community groups, law enforcement professionals, and teens; a Community Risk Assessment Guide; material on communicating and holding events; parent materials; and posters and postcards. The kit is available free from the National Clearinghouse for Alcohol and Drug Information, P.O. Box 2345, Rockville, MD 20847. Phone (800)729-6686, TDD (800)487-4889. Order no. AVD76.

## Conferences

September 16-17, 1996, Sacramento, California: *10th Annual California Childhood Injury Control Conference*. For information, contact the California Center for Childhood Injury Prevention, Graduate School of Public Health/MCH Division, San Diego State University, 6505 Alvarado Road, Suite 208, San Diego, CA 92120. Phone (619)594-3691.

October 7-9, 1996, Vancouver, British Columbia: *40th Annual Conference of the Association for the Advancement of Automotive Medicine (AAAM)*. For information, contact AAAM, 2340 Des Plaines Avenue, Suite 106, Des Plaines, IL 60018. Phone (847)390-8927, fax (847)390-9962.

Fall 1996: Various locations. *Moving Kids Safely '96 Regional Workshops*. For complete information, see page 7.