Introduction

This issue of Building Bridges focuses on two important issues: (1) working with the judiciary and (2) training. Each offers an effective way of strengthening a traffic safety or injury prevention program at relatively low cost.

This is the final issue of Building Bridges Between Traffic Safety and Public Health. But this is not the last time you will be hearing from us. In partnership with the National Highway Traffic Safety Administration and the Institute for Healthcare Improvement, we will be producing a new periodical focusing on the Safe Communities approach. The inaugural issue should be available toward the end of the summer.

Back issues of Building Bridges will continue to be available on the Web at <www.edc.org/HHD/csn/buildbridges/>. Feel free to print and distribute this material, with attribution. Our preferred citation is: from Building Bridges Between Traffic Safety and Public Health, (date of original issue), Newton, MA: Education Development Center, Inc.

We appreciate all of the support we have received from our readers over the course of the past three years, and we look forward to continuing this relationship as we develop our new publication.

Working with the Judiciary

Traffic safety and public health professionals are usually strong advocates of laws that will prevent motor vehicle injuries: laws such as those that concern driving while intoxicated (DWI), safety belt and child safety seat use, and speeding. The courts ultimately decide the fate of those who violate these laws and put themselves and others in danger. Traffic safety and public health professionals are beginning to learn that judges can be powerful allies in efforts to prevent motor vehicle injuries.

Judges can ensure that those convicted of DWI violations are appropriately punished and obtain treatment for alcohol or drug problems. They can enforce safety belt and child occupant laws. Judges can also play important roles off the bench. They can work with state agencies to set up an effective DWI tracking system to ensure that court-ordered treatment is completed before licensing is restored. And they can cooperate with citizen groups that monitor court proceedings and records (which are public information) to ensure that second and third DWI offenders are presented and sentenced as such in court.

Further, judges can collaborate with community organizations and with state and local agencies to educate the public about the importance of safety belts and child safety seats and of obeying traffic laws, especially DWI laws. Some judges speak to high school audiences or participate in mock DWI trials for young people. Judges can also educate themselves and their colleagues about drug and alcohol dependence and treatment, the role of speed in motor vehicle collisions, and the importance of technologies, including seat belts and child safety seats. Moreover, they can work with their state’s judicial educator to bring this information to their colleagues. This is especially critical in districts in which judges are elected who may have no special expertise in these matters and thus underestimate the potential consequences of violating DWI or occupant protection laws.

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Beyond the Bench

Often, the first step in working with the judiciary is convincing judges that their involvement with community-based injury prevention projects does not threaten their judicial impartiality. Fortunately, the Police Executive Research Forum (PERF), with funding from the National Highway Traffic Safety Administration (NHTSA) and the Office of Juvenile Justice and Delinquency Prevention (OJJDP), has produced a powerful videotape (which comes with a discussion and resource guide) that does just that. Beyond the Bench focuses on why and how judges should become involved in community-based anti-DWI programs. It features interviews with the Honorable Michael Witte of Lawrenceburg, Indiana, and the Honorable J. Dean Lewis of Spotsylvania, Virginia (see the excerpt on page 3). Both are strong advocates of judicial involvement in community-based DWI prevention initiatives. Beyond the Bench highlights the importance of juvenile DWI as an issue, explores the role judges can play in preventing this problem (especially in collaboration with community groups and law enforcement agencies), and discusses the extent to which judges can be involved in community advocacy without damaging their judicial neutrality. Beyond the Bench is a valuable tool for organizations seeking to work with the judiciary or for judicial educators or judges trying to convince their peers to take an active role in such programs.

A Model Program for Judicial Collaboration

A growing collaborative practice involving judges and community partners is sentencing programs for young traffic offenders. One of the first such programs was the Traffic Offenders Program (TOP). Judge Foley of the Macon County (Missouri) Associate Circuit Court was frustrated because, while there were a number of treatment and educational programs available for young DWI offenders, there were none for those who had been convicted of speeding. So in 1987 he went to Missouri HEADS UP, a program of the Health Sciences Center/University of Missouri, with the idea of creating an educational program for young traffic offenders that would dramatically demonstrate the potential injury consequences of their actions. HEADS UP is the Missouri brain and spinal cord injury prevention program that provided the model for the nationwide THINK FIRST program. And thus was born TOP.

This one-day program targets young people between the ages of 16 and 22 who have been convicted of speeding violations. During a tour of a Level I trauma facility, they are exposed to some of the medical consequences of high-speed collisions. Participants meet with emergency room nurses, rehabilitation therapists, and neurosurgeons and tour areas of the hospital, including the neuro-surgery intensive care unit and the physical and occupational therapy area. The luncheon speaker is a person who has been disabled as the result of a motor vehicle injury.

The program is mandatory. Participants do not avoid other sanctions by participating. TOP reports back to the judge on whether offenders attended the program. Some of the judges require offenders to submit an essay on what they have learned in the program. TOP was originally funded by the Missouri Division of Highway Participants in the HEADS UP TOP program.
We’re Still Part of the Community: Judge J. Dean Lewis on Judicial Involvement

In these edited excerpts from Beyond the Bench, Judge J. Dean Lewis of Spotsylvania, Virginia, discusses judicial neutrality and her involvement with community activism.

The National Council of Juvenile and Family Court Judges, of which I am a member and an officer, has asserted the position that judges should be proactive in their community—that judges should get out from behind the bench and speak. I don’t know of any state code on judicial ethics that would prevent a judge from educating the public about issues involving children and alcohol. The judge can be involved in a community-wide group that addresses the issues of youth alcohol and drug use, by being the convener of that group, as I did, or if that group already exists, by going to meetings. You have to be very careful what you say at meetings [so] you are not perceived by the public as having lost your neutrality.

I, as the judge, was the convener. I sent out invitations, called the local paper and radio, and said, “We are going to have a meeting to talk about the issues of alcohol and drugs as they affect our children. And everyone is invited.” What we did was to look at, first, what did we feel was our most serious youth alcohol and drug problem. And then look at our existing resources. And it was amazing... There were resources we [in the court system] did not know about: churches, charitable organizations, and support groups for youth. The second step was to look at the resources. We did an inventory of those resources. The third step was to look for gaps in resources. And the fourth [step] was to approach the problem of children with drugs and alcohol.
A 1993 assessment of highway safety and public health professionals identified a need for multidisciplinary training to promote collaboration. NHTSA has funded several training initiatives that should broaden and strengthen the nation’s traffic safety and injury prevention infrastructure and promote effective collaborative programming for traffic safety.

Collaborating to Prevent Traffic Injuries

The first initiative, Collaborating to Prevent Traffic Injuries: A Workshop for Highway Safety and Public Health Professionals, was developed by Education Development Center, Inc. (the people who bring you Building Bridges) and the Department of Emergency Medicine at the University of Illinois at Chicago, with funding from NHTSA. These workshops will bring together state teams of traffic safety and public health professionals who will learn about each other’s approaches to injury prevention and traffic safety, enhance the skills necessary for successful collaboration, identify an important traffic safety issue within their state, and develop an action plan to address that issue. Janet Holden, primary author of the workshop curriculum, described the project’s intent:

I’ve noticed that, in many states, public health and traffic safety agencies are unaware that they are working on the same issues at the same time. These agencies often target different audiences with different approaches but have the same objectives. It struck me that these two types of agencies had a lot to offer each other. However, it’s easier to tell agencies to work together than it is for agencies to actually do this work. The workshops were designed as a way of helping agencies do their homework and get ready to work together.

The workshops were piloted in Chicago in June 1996. Words taken from one of the evaluation forms attest to their value:

[The workshop] offered an opportunity for discussion away from the pressures of the office— a sort of retreat if you like. In that context, sharing the experience with our counterparts from other states was an important element. The workshop allowed us to network. It stimulated ideas.

Mike Witter, NHTSA Region V program manager and one of the pilot workshop trainers, is convinced that the workshop had a real impact:

The workshop showed that public health and highway safety are working on the same issues. It offered [participants] the opportunity of talking about these issues and devising means by which people can work together efficiently. I know of at least two particular cases in which participants made a real connection [with the other participants from their state] and have continued working together.

This summer, NHTSA will conduct a training-of-trainers at which teams will learn how to facilitate workshops. These training teams (each composed of a traffic safety and a public health professional) will respond to requests from states to facilitate workshops in their region. The two-day workshop will be available to participant teams from a single state or from a number of states within a region. States will be required to provide teams of traffic safety and public health professionals who are committed to working together and developing an active collaborative process.

Safe Communities Workshops

The second training project is designed to increase the number and impact of Safe Communities programs. (For more information on Safe Communities, see the spring 1996 edition of Building Bridges.) This initiative is designed for communities in which agencies and organizations are already collaborating on projects to prevent injuries and promote traffic safety. Workshop activities focusing on community assessment, team building, and the Safe Communities approach to injury prevention (continued on page 5)
New Training Opportunities from NHTSA (continued from page 4)

culminate in the creation of an action plan that describes how participants will create their own Safe Community coalitions. The workshop will transform limited and sometimes ad hoc relationships into Safe Community programs that:

• are based upon data and a rigorous examination of the local injury problem
• involve a broad range of traffic safety, public health, medicine, emergency medical services (EMS), law enforcement, business, and community partners
• emphasize citizen involvement
• integrate prevention, acute care, and rehabilitation components into a comprehensive injury control system

Communities wishing to take advantage of these workshops are required to send a multidisciplinary team with some experience in working together. These teams should be composed of seven or eight individuals representing the professions and agencies that should be involved in a comprehensive injury prevention project, including traffic safety, injury prevention, public health, medicine, business, law enforcement, social services, EMS, and education.

NHTSA will offer workshops in states in which the state highway safety office agrees to cosponsor the event and recruit between three and eight communities able to send multidisciplinary teams with some collaborative experience. NHTSA encourages highway safety offices to enlist the state health department as an additional cosponsor. NHTSA will supply all participant materials, audiovisual equipment, and workshop faculty. The workshops are facilitated by faculty teams representing the disciplines that should be involved in a Safe Communities coalition. Each faculty team includes at least one person from a NHTSA regional office, medical professionals, and staff from the state cosponsors, who contribute their knowledge of local problems, traffic laws, and data sources. NHTSA has implemented a major faculty development effort to assist regional staff and others to facilitate the workshops effectively.

The workshop was piloted in Fort Lauderdale, Florida, in October 1996. Two months later, with the sponsorship of the Ohio Governor’s Highway Safety Program, 72 participants from 10 communities gathered in Columbus to begin the process of developing comprehensive injury prevention programs in their towns and cities. Jill Cochran from the Ohio Governor’s Highway Safety Program reported that the workshop was well received by all of the teams:

The Safe Communities workshop rejuvenated the interest of groups already involved in community programming and allowed other communities to begin. I’d really encourage other states to become involved with these workshops.

The Ohio Governor’s Highway Safety Program will continue to support the local Safe Communities programs with a series of quarterly workshops on issues that include marketing, problem identification, and countermeasures.

One of the workshop participants, Sergeant Randy Harvey of the Clermont County Sheriff’s Office, reported that his team was enthusiastic about the ideas presented at the event. The resulting Clermont County Safe Community coalition includes representatives from more than 30 organizations, such as municipal police departments, the County Board of Health and Engineering Office, Clermont Mercy Hospital, the University of Cincinnati–Clermont, several EMS agencies, and the Clermont 2001 Planning Committee. The 20-member Steering Committee has formed subcommittees, each of which is using local data to analyze a particular injury problem (such as traffic injuries) and select countermeasures to be applied to that problem.

For more information on the Collaborating to Prevent Traffic Injuries and/or the Safe Communities (continued on page 6)
New Training Opportunities from NHTSA (continued from page 5)

workshop series, consult your region's NHTSA office. A list of these offices was published in the summer 1996 issue of Building Bridges and is available online at <www.edc.org/HHD/csn/buildbridges/bb3.2/regnoffc.html>.

A Crash Course in Motor Vehicle Injury Prevention

With funding from NHTSA and Subaru of America, the Emergency Nurses Association (ENA) has created A Crash Course in Motor Vehicle Injury Prevention. This one-day workshop includes units on the science of injury control, data collection and analysis, evaluation, coalition building, advocacy, and working with the media, business, and law enforcement. ENA has conducted six regional Crash Course train-the-trainer workshops in which more than 200 people from 40 states participated. The participants in the regional meetings have implemented the Crash Course in their own communities and expanded the "Crash Patrol" to more than 400 people, all of whom are qualified to implement traffic safety programs and train other people to do so. Forty-two states have ENA Crash Course coordinators who help organize additional trainings. Participation is not limited to nurses. The Crash Patrol includes law enforcement officers, firefighters, and state department of transportation staff.

Crash Course graduates can use ENA's adaptation of NHTSA's Campaign Safe & Sober to choose and implement a project in their own communities. (For more information on Campaign Safe & Sober, see the spring/summer 1994 issue of Building Bridges. ENA's Campaign Safe & Sober Manual contains information and resources that enable participants to plan, implement, and evaluate a community-based motor vehicle injury prevention program. The ENA Campaign Safe & Sober Manual describes 10 model programs covering the areas of child passenger safety, drinking and driving, seat belts, and speeding. One of these is the Brake the Habit program, described on page 3.

For information on A Crash Course in Motor Vehicle Injury Prevention or Campaign Safe & Sober, contact Laurie Flaherty, Emergency Nurses Association, 3519 Rittenhouse Square NW, Washington, DC 20015, (202) 364-2461. Manuals and other materials can be purchased from the ENA Nursing Resource Department, (800) 243-8362.

Child Passenger Safety Specialist Certification

A special course available soon from NHTSA will establish a new level of credibility for child passenger safety specialists.

NHTSA's Office of Communications and Outreach is working with partners from various national organizations—including the National SAFE KIDS Campaign, the American Automobile Association, the National Safety Council, the National Seat Belt Coalition, the International Association of Chiefs of Police, and the Emergency Nurses Association—to develop a certification process for individuals who teach child occupant protection to the public. The goal is to develop a standardized technical curriculum and infrastructure for providing the course to professionals nationwide.

The four-day course includes lectures, discussion, role playing, and hands-on sessions. It is targeted both to novices who wish to become trained as technicians and to experienced instructors who wish to be certified to teach the course to others.

Deborah Davis Stewart, an expert in child restraint issues and the editor of Safe Ride News, has worked with representatives from NHTSA, state highway safety offices, and a number of national organizations to draft the course.
New Training Opportunities from NHTSA
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curriculum for the course. The curriculum provides the information necessary to deal with complex issues of child occupant protection, including:

- correct selection of restraints for age/size of child
- correct usage of restraints
- installation incompatibilities with motor vehicles
- an understanding of vehicle restraint systems

To ensure that states and localities have the capacity to provide ongoing training to specialists, certification will be available at three levels:

- Technician: a professional, such as a nurse, police officer, EMS professional, or health department or traffic safety specialist, who teaches child passenger safety to the public
- Trainer: certified to train technicians
- Master trainer: certified to train trainers

“We want to be sure that in every state, if not in every community, we have child passenger safety specialists who are technicians, trainers, and master trainers,” said Cheryl Neverman, a highway safety specialist at NHTSA’s Office of Communications and Outreach. “We will work with our national partners to help train their members across the country.”

NHTSA and other occupant restraint experts have been teaching child passenger safety technical courses for years and have trained specialists across the country to train others in the field. However, until now there has been no standard, written curriculum that could be used to ensure that child passenger safety specialists were being trained using approved materials and a uniform set of instructions.

Hospitals and other service providers are increasingly aware of their potential liability for communicating incorrect—and potentially deadly—information to parents. This potential liability has been made very real by an ongoing lawsuit against a Pennsylvania hospital and its staff who showed an outdated child restraint video to the parents of a newborn. Following the instructions given in this 10-year-old video, the parents placed the infant in a rear-facing safety seat in the front seat of the car. The child was killed when the passenger-side frontal air bag deployed in a collision. The recent documentation of the dangers of air bags to improperly restrained children has also raised concern about the use of approved materials.

“This process of certification will help significantly with hospitals, clinics, and other organizations that are concerned about liability issues and want to document that their staff have been certified through a training using a national, standardized curriculum,” said Neverman.

The draft curriculum is currently being revised based on feedback from pilot trainings held in April 1997 in Fairfax, Virginia, and Milwaukee, Wisconsin. NHTSA is still working with its partners to finalize the scheduling and delivery of these trainings. Eventually, the trainings will be offered regularly through local chapters of national health and safety organizations, including the partners listed above. If you are interested in setting up a training and are a member of one of these national organizations, contact that organization. If you are not a member of one of these organizations, contact Carole Guzzetta, director, National Safety Belt Coalition, at (202) 296-6263, fax (202) 293-0032, e-mail <guzzettc@nsc.org>.

Two New Traffic Safety Resources on the World Wide Web


The CODES Peer-to-Peer Data Linkage Project Homepage is an innovative approach to providing technical assistance for organizations working on CODES (Crash Outcome Data Evaluation System) and other data-linkage projects. The CODES Homepage was developed by the University of Pittsburgh Center for Injury Research and Control with the support of NHTSA’s National Center for Statistical Analysis (NCSA). The site describes and facilitates technical assistance in data linkage by NHTSA and NCSA experts as well as by those actively engaged in CODES projects (the “peers” of “peer-to-peer”). Other resources include a wealth of documents on CODES and data linkage, including links to and descriptions of all the state CODES projects, and two online discussion areas, the Knowledge Archive and a CODES “chat area.” The CODES Homepage can be found at <www.upmc.edu/codes>.
Resources for Working with the Judiciary

The Beyond the Bench video, with accompanying discussion and resource guide, is available for $17 from the Juvenile Justice Clearinghouse, P.O. Box 6000, Department F, Rockville, MD 20849-6000. Phone: (800) 638-8736.

For information on the Traffic Offenders Program, contact Missouri HEADS UP, University of Missouri School of Medicine, 501 Rusk Rehabilitation Center, Columbia, MO 65212. Phone: (373) 882-2370.

For information on FACT, contact Christine Schaub, Alcohol Coordinator Program, Methodist Hospital of Indiana, P.O. Box 1367, Indianapolis, IN 46206-1367. Phone: (317) 929-2300.

For more information on the Young Adult Pre-DUI Visitation Program, contact Nicki Biggs, Corrective Behavior Institute, 6151 Fairmount Avenue, #113, San Diego, CA 92120. Phone: (619) 528-0370.

A number of NHTSA publications are useful for those working with the courts. These include:


- A Guide to Sentencing DUI Offenders, also available from the Office of Traffic Injury Control Programs, at the address given above.