

Building Safe Communities

A Publication of the National Highway Traffic Safety Administration



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Welcome to *Building Safe Communities*

Building Safe Communities (BSC) is a free, bimonthly newsletter, funded by the National Highway Traffic Safety Administration (NHTSA) and published by Education Development Center, Inc., with the cooperation of the Institute for Healthcare Improvement (IHI). BSC will offer case studies, interviews, and articles of use to those involved in Safe Communities and other injury prevention and traffic safety programs. The inaugural issue features a message from NHTSA Administrator Dr. Ricardo Martinez, an introduction to the Collaborative on the Prevention of Motor Vehicle Injuries (a project co-sponsored by the American Society for Quality and the Institute for Healthcare Improvement), and interviews on the four defining characteristics of the Safe Communities approach. Information on how to contact us can be found on page 2. We welcome your comments and suggestions.

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A Message to Our Readers

When I came to the National Highway Traffic Safety Administration (NHTSA) in the fall of 1994, I was often asked why I would leave medicine to become Administrator. The answer is simple: injuries are the leading cause of death for Americans aged 1 to 44 years, and the largest number of fatal injuries come from motor vehicle crashes (31 percent)—fatalities that are largely preventable.



Ricardo Martinez, MD

As an emergency room physician, I witnessed the carnage resulting from crashes and began to understand the necessity of prevention as a traffic safety strategy. As NHTSA's Administrator, I have had the opportunity to include that strategy in the Agency's mission. In expanding our mission, we have directed our efforts to the local level and have invited our colleagues in the health care and prevention fields to be active partners in preventing crashes. Through a new national effort, "Safe Communities," we are building local partnerships of health and emergency care providers, public health officials, public safety officials, businesses, educators, and others to focus efforts on traffic safety issues, thereby reducing the nation's \$150.5 billion annual price tag for injuries and fatalities resulting from crashes.

This new publication is provided to demonstrate how each partner can make a difference in building a safe community. Each issue of *Building Safe Communities* will highlight one element of the Safe Communities model, and will provide examples of specific programs, resources, and interviews with partners who are building safe communities across the country. A key partner for the Safe Communities program is the Institute for Healthcare Improvement (IHI), which has been focusing on quality improvement strategies in their motor vehicle breakthrough series. IHI will be routine contributors to *Building Safe Communities*, providing examples of community partnerships to reduce motor vehicle injuries and fatalities. Our partnership with IHI will be invaluable in focusing on local issues requiring attention from all partners within a community, and developing solutions that will be beneficial to the community as a whole.

At NHTSA, we have a deep commitment to reducing the incidence of injuries and fatalities that result from motor vehicle crashes. And by working together, we can invest our resources more wisely to improve the quality of life within our communities. I sincerely hope that you will join with your colleagues and with members of your community to address the preventable mortality caused by crashes.

Working together, we can make a difference. And in view of the costs to society, we must begin now.

Ricardo Martinez, MD, is Administrator of the National Highway Traffic Safety Administration.

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Building Safe Communities is available on the World Wide Web at www.edc.org/HHD/csn/bsc/.

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The Collaborative on the Prevention of Motor Vehicle Injuries

The Institute for Health Care Improvement (IHI) is a nonprofit organization dedicated to accelerating improvements in the health care systems of the United States and Canada. IHI Executive Vice President Maureen Bisognano offers this introduction to the Collaborative on the Prevention of Motor Vehicle Injuries.



For over a year, 10 teams from across the United States have been using an innovative improvement methodology to create rapid, measurable, and lasting changes that lead to measurable reductions in motor vehicle crashes and injuries in their communities. Together, these 10 teams constitute the Collaborative on the Prevention of Motor Vehicle Injuries, a project co-sponsored by the American Society for Quality and the Institute for Healthcare Improvement.

Both the improvement methodology and the community-team approach used in the Collaborative are extremely well-suited to the needs of Safe Community coalitions and other community-based traffic safety and injury prevention programs. Future issues of *Building Safe Communities* will feature case studies of the Collaborative projects and interviews with participants in these projects. We look forward to this opportunity to share our tools—and our successes—with you.

Three Important Injury Prevention Conferences

The Washington, DC area will host three important injury prevention conferences in the fall of 1997.

On September 29 and 30, 1997, the American Society for Quality and the Institute for Healthcare Improvement will sponsor the National Congress on the Prevention of Motor Vehicle Injuries. At this Congress, 10 teams who have applied quality improvement methodology to prevent motor vehicle injuries in their communities will report on their progress. Participants will also have the opportunity to learn how to implement similar programs in their communities in sessions on improvement methodology, data, legislation, collaboration, and topical issues including teen drivers, children in cars, elderly pedestrians, and driving under the influence. For more information on the National Congress, contact the Institute for Healthcare Improvement at (617) 754-4800.

The Third Annual Moving Kids Safely conference, sponsored by the United States Department of Transportation, will be held at the Sheraton Premiere at Tysons Corner in Vienna, Virginia on November 16 - 19, 1997. The theme of Moving Kids Safely '97 will be "Strengthening Safe Communities."

On November 15 and 16, immediately prior to Moving Kids Safely, the National Highway Traffic Safety Administration will sponsor a one-and-a-half day pre-conference seminar on Child Passenger Safety. And, on November 19, Moving Kids Safely '97 will hold joint sessions with the Centers for Disease Control and Prevention's Safe America: Fourth National Injury Control Conference. This joint session is designed to stimulate and strengthen partnerships to promote child safety. The Safe America event will continue through November 21 in Washington, DC.

For more information on Moving Kids Safely '97 and the NHTSA pre-conference seminar, call toll-free, (888) 428-KIDS. For information on Safe America, call Elaine Murray at (301) 468-6555.



Safe Communities: Defining A Vision

Safe Communities represents a new vision of community-based traffic safety and injury prevention programming. The Safe Communities approach is defined by four characteristics: 1) an integrated and comprehensive injury control system, 2) expanded partnerships, especially with health care providers and businesses, 3) the use of multiple data sources to define an injury problem, and 4) citizen involvement and input. In this issue of BSC, four individuals who have distinguished themselves by their commitment to traffic safety and injury prevention share their perspectives on the importance of each of these defining characteristics.

The Injury Control System

Scott Berns, MD, MPH, is the founder and chair of the Providence (Rhode Island) Safe Communities Partnership and the Medical Director of the Pediatric Trauma Service at Hasbro Children's Hospital. BSC spoke with him about creating an integrated and comprehensive injury control system involving not only prevention, acute care, and rehabilitation, but the community that the system is designed to serve.

I'm a pediatric emergency physician. I do acute care full time. When I was at the Children's National Medical Center in Washington, DC, a 16-year-old girl who had just received her license was driving very fast. She was not wearing a seat belt. She drove into a tree and crushed the steering wheel with her chest. Her aorta exploded and she died. And I stood there thinking, "This is just horrible. I have got to do something about this." That was the spark. That is why I became involved in prevention.



Scott Berns, MD

Many of the components of a comprehensive injury control program already exist in your community. You don't have to create them. You may need to improve some of them. Safe Communities is an umbrella that encompasses the three entities [prevention, acute care, and rehabilitation] of a comprehensive injury control system.

It's important to allow the community to shape your interests. If I had stayed in Washington, DC, I might have become more involved with violence prevention. But I moved to Rhode Island. And the data shows that the real problem here is motor vehicle crashes. So I allowed community needs to shape my injury prevention interests. That is what Safe Communities is all about.

The Providence Safe Communities Partnership is working with the Hasbro Children's Hospital Rehabilitation Department. It didn't take much convincing. They see the devastating results of injury and trauma everyday. They realize that patients who come in with broken legs may be more severely injured once they recover if they don't use safety belts or bicycle helmets. And they can educate those patients and

prevent those more serious injuries. We're helping the Rehab Department obtain special-needs car seats needed by their patients through a grant we have. We're helping them with resources. And they are helping the Partnership by educating their patients about injury prevention.

We're also working with the Southern New England Rehabilitation Center. The average cost of a brain injury admission is \$18,000. Much of that is uncompensated care. That's another incentive for rehabilitation centers to get involved.

Someone in your coalition may know someone who works in a hospital. Or an emergency department. Or a rehab department. That may be your key. Or call your local medical association or the local chapter of the American Academy of Pediatrics. Ask if they have an injury prevention or rehab committee. Most of them do. Find someone within an institution who is interested in what you are doing. Be patient. Don't get discouraged. You will find your partners.

Expanded Partnerships

Officer Bob Wall is with the Traffic Safety Section of the Fairfax County (Virginia) Police Department. He spoke with BSC about the benefits of expanding partnerships and the relationship between this aspect of Safe Communities and community policing, a model of crime prevention which is rapidly gaining adherents in law enforcement agencies across the nation.

The point of community policing is to involve the community. The same model can be used for traffic safety. If you want to promote child safety seats, for example, you need to go where kids and parents are. And these places tend to be retail establishments. When you partner with a store like Toys R Us or Baby Superstores, you gain access to a lot more people than you would using normal law enforcement contacts.

We can't afford to buy advertising in *The Washington Post*. But I can call Baby Superstore or Toys R Us or Giant Food and ask them to pay for an ad. Or to drop an announcement in their advertisements saying that the Fairfax County Police Department will be doing child safety seat checks in front of their store this weekend. Or to make hourly announcements over their store's public address system about the safety seat checks. It really helps get the message out.

The media have also been our partners. They are open and interested if you give them the right hook. You have to be able to show them that there is a problem. When we can show, on a local level, that we have child safety seat misuse rates of 95 percent, they pay attention. It shows the problem is newsworthy.

We also partner with other public safety agencies. We've trained firefighters and rescue workers on the correct use of child safety seats. In some places, it's the other way around and the fire department trains police officers.

Emergency nurses offer a different kind of expertise. They can tell parents how misused child safety seats injure children. They can answer the medical questions that police officers cannot. They can tell people about what happens after an injury, about rehabilitation. But, without our police department child safety seat checkpoints, they wouldn't be able to reach the public as effectively.

There are also valuable national partners. We use a lot of the materials distributed by national organizations. But we use them in our own way. We put a local spin on national campaigns. For example, our child safety seat program, Operation Kids, was developed by the International Association of Chiefs of Police.

We use a driving behavior program called Smooth Operator. It has been used in several places. But we added a different twist. We focus on aggressive driving. And we added an enforcement element. We let people know that if they drive aggressively, we're going to write them a ticket. This information is hard hitting. We're using "drop-in" ads. We're using "earned media." We earn coverage by telling the media that we are writing tickets. We have four seven-day enforcement waves. During the first wave, 13 agencies wrote over 12,000 tickets. During the second wave, we wrote over 16,000 tickets. This is news. It helped make the media our partner.

Community policing is getting the community involved in defining the problem and finding a solution. You can do this for traffic safety. Go into a community and ask, "What is the problem?" You may find out the problem is that kids are being injured or killed because they are not using bike helmets or parents are not installing child safety seats correctly. So you work with your partners to come up with a solution. You work with the fire department, the police department, and the emergency nurses. You work with the media and retailers. An individual agency may not have the resources or manpower to overcome obstacles. But a partnership can generate more resources than an individual agency. A partnership is more likely to overcome the inevitable obstacles or failures than an individual agency. Partnerships take work. But the advantages outweigh the disadvantages.

Multiple Data Sources

Pat Nechodom is the Director of the University of Utah CODES project and the National EMSC Data Analysis Resource Center. BSC spoke to her about the role of multiple data sources in Safe Communities.

I presented a workshop at the Lifesavers Conference during the 1997 National Basketball Association's World Championship Finals. My opening slide stated, "The Utah Jazz and Chicago Bulls are tied at two games each." My next slide read, "Who cares?" No one cared as much as people from Utah and people from Chicago. It's the same with data. No



Pat Nechodom

one cares about national data as much as they care about what's happening in their own communities. National numbers don't turn heads. But if I say, "Do you know how much this is costing you in Grant County or in Livingstone County?" people stop and take note.

One community asked us to look at alcohol-involved crashes on prom weekend. They were going to spend thousands of dollars on a prom weekend promotion. We looked at the data for prom weekends over a couple of years and found that they were no different from any other weekend. However, the community *did* have a problem with teenage drivers and alcohol. Based on our data analysis, the community decided to spread its money out over the year.

Another program we've worked with had Safe and Sober seed money. Six police officers were trained to identify drivers who were behaving in ways indicating they might be under the influence. The officers were given a mandate to pull these drivers over and perform sobriety tests. The Safe and Sober program administrators expected the state legislature to kick in some money. But the legislature asked how they knew the program was working. We looked at the data and showed a marked decrease in crashes with injuries and hospitalization during the shifts that these six officers were on duty. This turned the legislature around. The program received funding and was expanded.

States often distribute money based on population. Rural communities have to fight for dollars because they don't have large populations. We worked with a rural county that has one county-supported hospital and a volunteer EMS. Hospital administration was having trouble meeting its payroll. The EMTs were complaining about the lack of resources.

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The crash data revealed that 50 percent of the crashes involved tourists. The hospital data showed the same. A lot of the tourists were young mountain bikers and whitewater rafters who did not have health insurance. Many tourists came from other countries. The hospitals were thus not getting paid for much of this care.

A Safe Community coalition was formed. Hospital personnel joined forces with the local EMS agency and the local health district. State agencies were involved. Within a year, the hospital was included in a rural health care association. It is now subsidized by larger hospitals who understand that it is providing a service. The hospital no longer worries about meeting the payroll and can focus on delivering health care.

The volunteer EMTs were not filing incident reports. They were overworked and didn't have the energy to respond to emergencies and do all the paperwork. The state EMS agency said, "We have to demonstrate community impact. The only way we can show impact is with data. If you show us how many incidents you respond to, and how many involve tourists, we can get you dollars for training and equipment." Resources were tied to compliance with record-keeping. The local EMS system began filling out incident reports and, consequently, received more money for training and equipment.

These problems had been seen as hospital problems and EMS problems. They did not become community problems until the Safe Communities Coalition used local data to pull together a real, workable solution.

Citizen Involvement

Allen Bolton, director of the Greater Dallas Injury Prevention Center, spoke to BSC about the importance of citizen involvement.

All the Safe Communities components are important. But for me, the defining characteristic is citizen participation. If you don't have that, you don't have a Safe Community program.

We have gotten tremendous ideas about how to intervene in injury problems by working with focus groups. We go to where people already meet. We tap into agencies that work in the community and ask them, "Where do you have community people that regularly meet? And can we borrow a one-hour segment of time from you to conduct a focus group?" We've been to maternal and child health programs, WIC programs, senior centers, health clinics, a



Allen Bolton

GED course—all sorts of venues. But we didn't create any on our own. We tried that and it didn't work.

In one community, for example, we were looking at the issue of child pedestrian injuries. We had all sorts of preconceived notions as to how we might prevent those injuries. But the focus group pointed out that the kids don't have a place to play. In the summer, they play in the street, run out from between parked cars, and get hit. They said that a playground could prevent these injuries. It made absolute sense. If we do go forward and construct a playground, we'll use local resources. It would be ideal if the community takes donated resources and builds the playground.

In another community, many of the mothers feel that they are better parents if they hold their children in their laps rather than using car seats, because nurturing mothers hold their children. They think they're better parents if they hold a crying child rather than leaving the child crying in a car seat or trying to pacify him in the seat. A crying child is seen as indicative of bad motherhood. The community is largely Hispanic, with an active Catholic Diocese. One of the focus groups recommended having priests bless the car seats. A bunch of injury prevention specialists huddled together might never have thought of that.

We're also involving citizens through a program similar to one in Philadelphia called the Block Captain Program. We identify residents of targeted neighborhoods to be trained as Block Captains—not people who hold an elected office or have an official title, but good, stable members of the community whom folks respect; long-term residents who have a personal stake in what goes on in the community. We are involving them in a 10-week training session. We're providing them with some leadership training and with some injury prevention training. They will go back to the community as volunteers and be catalysts. One of the first things we want them to do is to organize block parties that feature safety information and safety games and bump the notion of injury prevention up to a different level in the community.

We go into communities with preconceived notions. Some of them are right, but many of them are wrong. Communities correct us. And they do it in a very healthy way. A few years ago, I read a summary of several community-based injury prevention programs that didn't work. One of the recommendations of this study that I think we all need to take to heart is that the community needs to be the source, not just the site, of prevention efforts. That's a very important distinction. If they think you're doing it to them instead of with them, barriers will pop up. Safe Communities helps eliminate those barriers.

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Resources

NHTSA is sponsoring a series of Safe Communities workshops and has created a number of print materials on Safe Communities. Information about these workshops and materials is available from your regional NHTSA office. A list of these offices is available on the World Wide Web at <www.nhtsa.dot.gov/nhtsa/whatis/regions/> or from the Safe Communities Service Center at (817) 978-3653.

Safe Communities Print Materials

Safe Communities Technical Assistance Folios
Best Practices for a Safe Community (12 pages)
Getting Started: A Guide to Developing Safe Communities (91 pages)
Safe Communities Annual Report: 1997 (17 pages)

The Safe Communities Technical Assistance Folios are an expanding series of four-page briefs written by local practitioners. Currently available topics include Health Care Providers in a Safe Community, Tips for Coalition Building, A Look at the Data, Evaluating and Monitoring Safe Communities Programs, Working with Citizens to Set Priorities and Move Forward, The Role of Local Health Departments in Safe Communities, and Partnering With Traffic Safety Specialists. Additional folios will be available in the near future.

Safe Communities Service Center

For technical assistance, print materials, and other Safe Communities resources, contact the Safe Communities Service Center, NHTSA Region VI, 819 Taylor Street, Room 8A38, Fort Worth, Texas, 76102. Telephone: (817) 978-3653. Fax: (817) 978-8339. E-mail: <Safe.Communities@nhtsa.dot.gov>.

